



The Analysis of Factors Affecting Exclusive Breastfeeding in Grobogan Regency

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Abstract

Exclusive breastfeeding is the giving of breast milk (ASI) in newborns to 6 months babies without being given drinks or other food, breast milk can be given up to 2 years. Coverage of Exclusive ASI in Central Java Province 2017 (54.5%). In Grobogan Regency 2015 (67.67%), 2016 (10.18%), 2017 (11.1%), 2018 (10.38%). The research objective was to analyze the factors that influence exclusive breastfeeding in Grobogan Regency. The research was using cross sectional design. The research sample was 92 respondents that were obtained by cluster random sampling technique. Data collection techniques were interviews, observation, questionnaire. Data analysis in the study used the Chi Square test and logistic regression test. The results found no influence of family support variables ($p = 0,000$), prenatal guidance ($p = 0,000$), the role of midwives ($0,000$), culture ($0,000$), no effect of venostyle style ($p = 0.493$) on exclusive breastfeeding in Grobogan Regency. The most influential variables were prenatal guidance with $p = 0,000$; EXP (B) / OR = 0.040. Health centers in Grobogan Regency need to improve cadre orderliness, increase counseling for mothers and the community.

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INTRODUCTION

The average number of exclusive breastfeeding in the world is only around 38%. This figure is still far from the 2018 WHO target of 80%, while Indonesia ranks third in the bottom 51 countries in the world. Indonesian women breastfeed about 96% but only 42% of babies aged 6 months get exclusive breastfeeding. In infants <2 years old, only 55% of babies are still breastfed (Central Java Provincial Health Office, 2017).

Coverage of exclusive breastfeeding in Indonesia for infants aged <6 months in 2015 reached around 55.7%, this achievement has increased in 2016 which is around 54.22% and in 2017 has decreased again which is around 54.4% (Department of Health Central Java Province, 2018). The same thing is exclusive breastfeeding coverage in Grobogan Regency which is still below the WHO recommendation, which is around 11.1% (Grobogan District Health Office, 2017).

Exclusive breastfeeding is breast milk that is given to newborn babies without being given a mixture of food and other drinks, given for 6 months and continued for up to 2 years (Marmi, 2012). Family support factors, research conducted by (Fajar et al, 2018) in Palembang stated that there is a relationship between maternal or in-law support with exclusive breastfeeding for infants with a value (p -value = 0.001). Research conducted (Amalia, R., & Rizki, L. K. 2018) at RW 02 Karah, Jambangan, Surabaya stated that the husband influences the success of exclusive breastfeeding by working mothers (p value <0.05).

The role factor of the midwife / doctor, this factor is a reinforcing factor whose aim is to increase the mother in providing exclusive breastfeeding for up to 6 months. Another role for midwives is to help mothers in solving obstacles and problems related to breastfeeding and provide information on exclusive breastfeeding (Widdefrita & Mohanis, 2013). Socio-cultural factors, this factor plays an important role in exclusive breastfeeding. Relates to compliance and habits that exist in the community. The culture in the community for example the baby is

given sugar water, thick coconut milk as a substitute if the mother's milk has not come out, at the baby akikahan event is given honey so that the baby is not hot (Hervilia et al, 2016).

Prenatal guidance factors, these factors aim to strengthen the bride and groom to become nursing mothers in order to provide exclusive breastfeeding (Suradi et al, 2010). From the results of an interview on 11 April 2019 with the head of KUA in Kedungjati Sub-district and the head of KUA in Sub-District of Gubug, stated that health education regarding exclusive breastfeeding has been given to prospective brides but not in detail. Venostyle style factors are related to breastfeeding mothers, that is, everything that wants to be instant or practical, does not burden and breastfeed the beauty (Suradi et al, 2010).

From the results of an interview on 13 February 2019 with the head of Grobogan District's public health department and nutrition holder in Grobogan Regency stated that exclusive breastfeeding coverage in Grobogan Regency for the last 3 years was still far from the national target of 80%. Some influential factors are when the mother goes outside the baby entrusted by her grandmother or neighbor and then given formula milk, water, porridge so as not to fuss. Less optimal information about exclusive breastfeeding provided by ASI health workers because many mothers do not come when counseling is held.

Many mothers who do not want to express milk when the baby is left working. One of the effects of babies who are not exclusively breastfed causes the body's power to become weak so that babies are susceptible to diseases such as diarrhea. In a study conducted by (Irfan, 2016) states that one of the variables that influence the occurrence of diarrhea is the cessation of breastfeeding with a p value of 0,000.

The longer the exclusive breastfeeding is performed, the lower the frequency of upper respiratory tract infections will occur in children and the shorter the exclusive breastfeeding, the higher the respiratory frequency of channel infections in children. The purpose of this study was to analyze the influence of family support,

prenatal guidance, the role of midwives, venostyle style, and culture on exclusive breastfeeding in Grobogan district.

METHOD

This research was conducted using cross sectional design. The population taken is breastfeeding mothers who have babies aged 7 months-24 months in Grobogan Regency. The sample in this study was 92 nursing mothers. The sampling technique used is cluster random sampling.

The independent variables in this study were family support, the role of midwives, venostyle style (lifestyles of nursing mothers who like beauty such as fear of fat, fear of breasts not tight anymore), prenatal guidance and culture. The dependent variable in this study is exclusive breastfeeding. Data collection techniques are interviews, observation and questionnaire. In this study, univariate, biivariate analysis using Chi Square and multivariate tests using logistic regression tests to see the effect on the dependent and independent variables.

RESULTS AND DISCUSSION

Table 1. Univariate Analysis

Variable	Frequency	Percentage (%)
Exclusive breastfeeding		
Not Exclusive	42	45,7
Exclusive	50	54,3
Total	92	100,0

Based on table 1 it can be seen that in Grobogan District respondents who did not

exclusively give ASI were less than those who gave exclusive ASI.

Table 2. Univariate Analysis

Variable	Frequency	Percentage (%)
Family Support		
Does not supporting	35	38,0
Supporting	57	62,0
The Role of Midwives		
Do not contribute	49	53,3%
Contribute	43	46,7%
Pranatal Guidance		
Do not join prenatal guidance	56	60,9
Join prenatal guidance	36	39,1
Venostyle Style		
Having <i>venostyle</i> style	19	20,7
Do not have <i>venostyle</i> style	73	79,3
Culture		
There is a culture	54	58,7
There is no culture	38	41,3

Based on table 2 it can be seen that the proportion of family support in Grobogan Regency in 2019. The proportion of mothers

who received family support as many as 35 people (38.0%) and mothers who did not get

family support as many as 57 people (62.0%). The proportion of midwives' roles in Grobogan

Regency in 2019. The proportion of mothers who did not get the role of midwives was 49 people (53.3%) and mothers who received the role of midwives were 43 (46.7%).

The proportion of prenatal guidance in Grobogan Regency in 2019. The proportion of mothers who did not get prenatal guidance were 56 people (60.9%) and mothers who received prenatal guidance were 36 people (39.1%). The proportion of venostyle styles in Grobogan Regency in 2019. The proportion of venostyle-style mothers was 19 (20.7%) and venostyle-style mothers were 73 (20.7%). The proportion of culture in Grobogan Regency in 2019. The proportion of mothers who still followed the culture were 54 people (58.7%) and mothers who did not follow the culture were 38 people (41.3%).

Table 3. Bivariate Analysis

Variable	P-value
Family Support	0.000
The role of midwives	0.000
Prenatal Guidance	0.000
<i>Venostyle</i> Style	0.493
Culture	0.026

Based on table 3 it is known that the family support factor has a p-value of 0,000 <0.05. It was concluded that H_0 was rejected or could be interpreted that there was an influence between family support for exclusive breastfeeding in Grobogan district. According to the theory states that family support affects the psychological mother, especially women such as mother-in-law, sister, or other female friends who have experience and are successful in providing exclusive breastfeeding. This is very much needed and the support of a husband who understands that breast milk is good food for his baby (Padila, 2014).

This is in line with research conducted by (Sohimah., & Lestari, Y, A. 2017) at the Cilacap Tengah I Public Health Center, Cilacap District, stating that family support is the most influential factor in exclusive breastfeeding with a value (p value = 0,000 > 0.05). Research conducted by (Amalia, D et al, 2018) at the Arjasa Public Health Center in Jember Regency stated that

there were differences in grandmother's support in extended families in exclusive and non-exclusive breastfeeding. Grandmother can influence the mother's decision to provide exclusive breastfeeding with a p value = 0.001 (p value α = 0.05).

Family support provided by husband, grandmother, parents or other relatives is crucial to the success of breastfeeding. Increasing the role of family and social support can support exclusive breastfeeding and have a positive effect on the growth and development of social personal, language, motor skills in infants (Suryanto, H Purwandari, & WA, M. 2014).

The midwife's role factor has a p-value of 0,000. So it can be concluded that the role of midwife / doctor influences exclusive breastfeeding in Grobogan Regency. According to the theory states that the role of health workers in this case midwives / doctors can be a supporting factor for mothers to provide exclusive breastfeeding.

The roles of midwives include giving advice, motivation, health education, explaining how to breastfeed properly (Haryono & Setianingsih, 2014). In general, breastfeeding mothers obey and follow the advice of health workers, therefore the role of health workers is needed for the success of mothers in providing exclusive breastfeeding. Professional health workers can be a supporting factor for mothers in breastfeeding.

The role of health workers in relation to the advice to mothers to give ASI to their babies determines the success of mothers in breastfeeding (Haryono, & Setianingsih, 2014). Support is divided into 4 types, namely emotional support which includes expressing empathy, caring and caring for the individual concerned and providing a sense of security, a sense of belonging and a sense of being loved. Instrumental support is support that comes from the family such as sources of practical and concrete help, including the health of sufferers in terms of food and drink needs, rest, avoidance of sufferers from fatigue.

Appraisal Support, namely support comes from families who act as feedback guidance,

guide and mediate problem solving, as a source and validator of family member identity including providing support, appreciation, attention. Informational support: the family functions as a collector and disseminator (disseminator) of information about the world. Actions that are included in informational support that is giving advice, suggestions, providing information that can be used to express a problem.

The benefit of this support is that it can suppress the emergence of a stressor because the information provided can contribute to specific suggestion actions on individuals. Aspects of this support are advice, proposals, suggestions, instructions and providing information (Friedman, 2013).

This is in line with research conducted by (Solikhati et al, 2018) in Wonotunggal Subdistrict, Batang Regency, stating that the health worker support factor is related to exclusive breastfeeding with p value = 0.001. The role of health workers is very important in providing information about the benefits of breast milk, as well as the negative effects of formula milk. Persuasive communication that is good health workers will be able to support mothers to provide exclusive breastfeeding.

Research conducted by (Armini et al, 2015) in the city of Denpasar states that the support of health workers affects the status of breastfeeding mothers with the Wald coefficient 13,369. Research conducted by (Fajriani et al, 2018) in the Kuripan and Gangga Health Center area states that maternal knowledge and the role of health workers have a significant effect on alpha 5.0% on the probability of mothers giving exclusive breastfeeding.

The prenatal guidance factor has a p -value of 0,000 <0.05. It was concluded that H_0 was rejected or could be interpreted that there was an influence between prenatal guidance on exclusive breastfeeding in Grobogan district. This is because prenatal guidance is needed by breastfeeding mothers, because with the guidance of mothers can express barriers in breastfeeding / consulting other breastfeeding problems. Prenatal counseling in which there are

several home visits to nursing mothers and health education regarding exclusive breastfeeding given when registering with KUA and at the time of TT injection at midwives.

According to KUA Grobogan district officials stated that the prospective bride and groom when they came to register themselves with KUA had been given health education. The health education provided about the obligations of a wife, one of which is breastfeeding her baby for up to 6 months. While the interview with midwives in Grobogan regency stated that health education regarding exclusive breastfeeding was given when a husband and wife visit to inject TT, but not all mothers who give breastfeeding application in the community for up to 6 months.

The visits of health workers in Grobogan district according to respondents and observations were compared to posyandu activities. There the mothers were accompanied by midwives, nutrition officers and regional cadres to carry out posyandu activities such as weighing, measuring body weight, immunization. In nursing mothers who actively ask and consult with officers will be given a solution, but for mothers who are passive do not want to consult they do not receive health education. So this is what causes many mothers who lack knowledge about breastfeeding and exclusive breastfeeding.

According to the theory states that breastfeeding is something that occurs naturally, but not instant. Nursing mothers generally must be equipped with knowledge about breastfeeding long before the birth process occurs. In this process nursing mothers can directly condition themselves to breastfeed their children.

This prenatal guidance program serves to prepare everything related to the preparation of prenatal ASI (Suradi, R. 2010). This is in line with research conducted by (Rahmadhona et al, 2017) in the city of Mataram stating that of all pre and post natal factors that have a relationship with the success of exclusive breastfeeding is breastfeeding counseling, ANC place, delivery method, place of delivery, delivery attendant, the implementation of IMD, the implementation

of combined care, administration of milk after birth, history of hospitalization at age.

Of all these factors that have a significant relationship with a very strong correlation is the provision of MPASI ($r = -0.844$, p value = 0,000), factors that have a significant relationship with a weak correlation are problems when breastfeeding ($r = 0.253$, p value = 0,000), while other factors have a significant relationship with a very weak correlation are the ANC ($r = -0.139$, p value = 0.016), the delivery method ($r = -0.142$, p value = 0.014), birth attendants ($r = -0.121$, p value = 0.036), the implementation of IMD ($r = 0.151$, p value = 0.009), the implementation of combined care ($r = 0.124$, p value = 0.032), administration of milk powder after birth ($r = -0.160$, $p = 0.005$), history of hospitalization at age.

Venostyle style factor has a p -value of $0.493 > 0.05$. It was concluded that H_0 was accepted or could be interpreted that there was no influence between venostyle style on exclusive breastfeeding in Grobogan district. According to respondents stated that they are not afraid of being fat when giving milk, not afraid that the breasts are not tight anymore.

Nursing mothers who work outside the home rarely bring their babies and do not want to express their milk in places that have been provided by the company. They chose to leave formula milk to their grandmother / baby sitter at home because it was easier and more practical. Whereas for mothers who trade / farm, babies are also often entrusted to grandmothers / other families and prefer to give formula milk.

This is not in accordance with the theory that a venostyle-style breastfeeding mother will be afraid to breastfeed. This results in breasts becoming no longer tight, afraid of being fat, feeling shy about breastfeeding in public and preferring to use pacifiers containing formula milk rather than giving breast milk (Suradi, 2010). This is in line with research conducted by (Silwanah, 2016) in the working area of Maccini Sawah Makassar Public Health Center stating that aesthetic factors are not related to exclusive

breastfeeding in infants aged 7-11 months with a p value = $1,000 > 0.05$.

Cultural factors have a p -value of 0.026 < 0.05 . It was concluded that H_0 was rejected or could be interpreted that there was an influence between culture on exclusive breastfeeding in Grobogan district. According to Jensen and Trenholm in research (Handayani et al, 2014) culture is part of culture, which means customs. The form of culture is ideas, ideas. Concepts, values, status.

According to respondents stated that the people of Grobogan Regency believed that babies who cried after being breastfed meant that they were still hungry, so besides giving breast milk babies were also given solid foods such as mushy rice, spinach, porridge, formula milk. This is in line with research conducted by (Wismantari et al, 2018) stating that on environmental factors, socio-cultural influences are an obstacle in exclusive breastfeeding, despite the support of her husband, family and community, in Pandanaran Public Health Center in Semarang there are still many mothers who do not can give exclusive breastfeeding because the mother is busy working so can not give breast milk.

Research conducted by (Ningsih, 2018) there is still a culture with restrictions on eating spicy and sour foods and some foods that are considered good one of them katuk leaves, in terms of the place of delivery all informants give birth in health care providers, thus affecting in giving exclusive breastfeeding mothers. Research conducted by (Nishimura, H. et all 2018) in a South Indian city stated that mothers felt that their milk was not enough (23.7%), babies who were not breastfed, were given formula milk (42.6%) or castor oil / ghee (28.4%). In South India formula milk, castor oil is used as a substitute for breast milk.

Research conducted by (Yulidasari et al, 2017) at Sungai Ulin Community Health Center states that there is a relationship between culture and the status of exclusive breastfeeding with values (p -value = 0.0001, OR = 8.90). Research conducted by (Titilola. T., & Obilade. 2015) around the Infant Friendly Hospital Initiative

(BFHI) states that the practice of breastfeeding is largely influenced by education and nursing mothers themselves. Certain beliefs about ASI are statistically significant in all the social demographic data studied.

Research conducted by (Subbiah, N., & Jeganathan, A. 2012) states that mothers are late

in breastfeeding due to family rituals and disorders of elderly women, some people give sugar water as food before breastfeeding. Research conducted by (Suryani et al, 2017) in the city of Bengkulu states that self-confidence and limited perception of milk production is a factor of failure in exclusive breastfeeding.

Table 4. Multivariate Logistic Regression Analysis

	Variable	B	p-value	Exp(B)	95,0% C.I. for EXP(B)	
					Lower	Upper
STAGE I	Family Support	3.214	.000	.040	.008	.204
	Prenatal Guidance	2.888	.001	.056	.010	.320
	Culture	.935	.161	2.548	.688	9.431
	The Role of Midwives	-.354	.620	.702	.174	2.837
	Constant	2.935	.004	18.824		
STAGE II	Family Support	3.271	.000	.038	.008	.191
	Prenatal Guidance	3.020	.000	.049	.009	.259
	Culture	.982	.138	2.669	.729	9.773
	Constant	2.785	.004	16.203		
STAGE III	Family Support	3.470	.000	.031	.006	.152
	Prenatal Guidance	3.218	.000	.040	.008	.213
	Constant	3.617	.000	37.244		

Table 5. Multivariate Logistic Regression Results of the Most Influential Factors on Exclusive breastfeeding in Grobogan Regency

No	Variable	B	p-value	Exp (B)	95,0% C.I. for EXP (B)	
					Lower	Upper
1	Family Support	3.470	0.000	.031	.006	.152
2	Family Guidance	3.218	0.000	.040	.008	.213
	Constant	3.617	0.000	37.244		

Based on table 5 results from the Logistic Regression analysis that all variables have a significant influence on exclusive breastfeeding. This is because all variables have a p value <0.05. From these results, the value of p value for both variables is equal to 0,000, but seen from the OR value, the largest Exp (B) / OR value obtained in the prenatal guidance variable is 0.040, CI 95% = 0.008 - 0.213.

Research conducted by (Sarina et al, 2017) Mokoau Health Center in Kendari City stated that there was a relationship between family support and the duration of exclusive breastfeeding with p value = 0.002 <0.05. This happens because the greater the husband's support for the mother to give ASI the higher the willingness of the mother to breastfeed exclusively so that the longer the exclusive breastfeeding is given to the baby.

CONCLUSION

The factors that influence exclusive breastfeeding are family support, the role of midwives, prenatal guidance, culture and there is no influence of venostyle style on exclusive breastfeeding in Grobogan district. The most influential factor for exclusive breastfeeding in Grobogan District is prenatal guidance.

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