



## Role Factors That Affecting Non Exclusive Breastfeeding (Qualitative Study At Pegandan Health Center)

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### Article Info

History of Article :  
Accepted 15 Januari  
2020  
Approved 29 April  
2020  
Published 20 August  
2020

Keywords:  
Non-exclusive  
breastfeeding,  
knowledge,  
motivation, family  
support

### Abstract

Exclusive breastfeeding decreases with age. Based on data in Semarang City, Pegandan Health Center is the second consecutive year (2016-2017) in the lowest exclusive breastfeeding (24.69%). This shows that there are still many mothers who give non-exclusive breastfeeding. The problem in this study is what factors cause non-exclusive breastfeeding. The purpose of this study was to obtain an overview of the causes of non-exclusive breastfeeding by mothers in area of Pegandan Health Center. The research is a descriptive study with a qualitative approach. The informants in this study were mothers who had babies aged 0-12 months and obtained as many as 12 informants. The data collection technique was done by in-depth interviews using interview guidelines. The results found that low knowledge, lack of motivation, lack of husband and family support made mothers fail to provide exclusive breastfeeding. Suggestions for health center are to increase counseling about exclusive breastfeeding, not only mothers, but also those closest to them such as grandmothers / husbands that can be done through routine meetings such as PKK or other routine meeting activities.

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## INTRODUCTION

Breast milk has perfect nutrition that is needed for baby's growth and development. Exclusive breastfeeding is giving only breast milk for 6 months of life, without providing food or other drinks. Children who are exclusively breastfed are more likely to be protected from diarrhea, respiratory infections, and slow growth (Diallo, Bell Moutquin, & Garant, 2009).

WHO states that the average exclusive breastfeeding in the world is only 35%. In Indonesia the percentage of exclusive breastfeeding decreases as the age of the baby increases. Among infants aged 0-1 months, 39.8% were exclusively breastfed and 55.1% had consumed several types of solid food. 32.5% in the 1 month age group, 30.7% in the 2 month age group, 25.2% in the 3 month age group and 15.3% in the 5-6 month age group (Ministry of Health, 2014). The low level of breastfeeding, especially exclusive breastfeeding, is one of the triggers for the low nutritional status of infants and balitta.

Several studies have shown that there are differences between babies given and not given exclusive breastfeeding. The incidence of infectious diseases is more common in non-exclusive breastfeeding women than exclusive breastfeeding (81.8%: 27.3%) (Yustianingrum & Adriani, 2017). Even the long-term impact is poor academic performance, decreased productivity and impaired cognitive and social development (Egata, Yemame, Alemayehu, 2013).

Coverage of exclusive breastfeeding in Central Java ranks fourth lowest (19.5%). Exclusive breastfeeding tends to fluctuate each year. Pegandan Public Health Center is the second lowest (24.69%) which provides exclusive breastfeeding (Semarang City Health Office, 2016, 2017) which means more non-exclusive breastfeeding.

The cause of non-optimal exclusive breastfeeding is caused by various interrelated factors. According to Green (2002) there are three factors that can influence health behavior,

namely predisposing, enabling and reinforcing factors. Predisposing factors can be knowledge, attitudes, beliefs, values, beliefs. Enabling factors are health facilities / facilities, health regulations. And the reinforcing factors include the behavior and attitude of health workers, good information on family, friends, mass media and health cadres.

The results of interviews with Pegandan Community Health Center staff have made efforts to increase the scope of exclusive breastfeeding by holding programs related to exclusive breastfeeding, including socialization about the importance of exclusive breastfeeding, breastfeeding counseling from the health center and cadres, and the formation of ASI support groups. But the fact is that there are still many mothers who give non-exclusive breastfeeding. Based on a preliminary study conducted non-exclusive breastfeeding is due to the provision of early MPASI, supplementary milk and other drinks before the baby is six months old. Based on these problems the researcher wants to know the factors that play a role in non-exclusive breastfeeding according to L.Green's theory in terms of predisposing, driving and enabling.

## METHODS

This research is a descriptive study with a qualitative approach. Qualitative research intends to explore more in behavioral factors that influence non-exclusive breastfeeding include predisposing factors: knowledge and motivation, supporting factors: family support, health workers and formula milk promotion, as well as enabling factors including health problems in mothers and infants and exclusive breastfeeding campaigns. This research was conducted on mothers in the working area of Pegandan Health Center who have babies aged 0-12 years who provide non-exclusive breastfeeding until as many as 12 participants were obtained. The data collection technique was carried out by in-depth interviews and to test the validity of the data the triangulation of sources was carried out namely the baby's

grandmother and husband, amounting to 3 informants.

## RESULTS AND DISCUSSION

### Results

Participants in this study amounted to 12 people with an age range between 24-32 years, the type of work participants were housewives and private employees. Owned parity is primipara and multipara. Participants failed to give exclusive breastfeeding for various reasons, among them because they were given prelactal (formula milk) and early MPASI. The various reasons that cause non-exclusive breastfeeding are insufficient / little breast milk, shame, birth separation, illness and the return of mothers to work.

This study produced seven categories of factors that play a role in exclusive breastfeeding. The categories are maternal knowledge about exclusive breastfeeding, motivation, health problems for mothers and babies, exclusive breastfeeding campaigns, family support, health support and promotion of formula milk.

#### 1. Knowledge

Participants' knowledge about exclusive breastfeeding is quite good. This is because almost all participants know the meaning of exclusive breastfeeding, this is known from the following statement:

*"If exclusive breastfeeding is giving ASI for up to 6 months, if possible up to two years"*

*"Breastfeeding from the age of 0-2 years, but if given breast milk without any additional additions until the age of 6 months"*

*"If exclusive breastfeeding is giving ASI for up to 6 months, if possible up to 2 years"*

Judging from the benefits of exclusive breastfeeding, most agree that breast milk is beneficial for the body, the best nutrition for babies, and good baby growth and development. The benefits mentioned by participants tended to benefit felt by infants only. Here are the connotations:

*"Children who are breastfed are not easily sick and their growth and development will be*

*fulfilled, besides breast milk is easily digested by the stomach so that it does not cause problems" P5*

*"More practical, easy to carry everywhere, there is no expired. The disadvantage is maybe development, closeness with mother especially, the closeness is different" P3*

*"The benefits for baby antibodies and nutrients are good compared to other milk"*

#### 2. Motivation

Limited knowledge about the benefits of breastfeeding makes the mother's lack of motivation in providing exclusive breastfeeding. In general, participants have a desire to breastfeed a baby since becoming pregnant. But not all participants do care that supports the smoothness of breastfeeding. Here are the connotations:

*"There is no preparation, just self-assured that the milk comes out ..."*

*"When I was pregnant, I never washed my nipples or pulled my mother. But at the start of breast milk, I already drank a lot of breastfeeding milk, dripping dandruff, breast milk tea for vegetables."*

*"In fact, 100% of that is, there is no preparation ... just sure of its own if ASI comes out"*

Most participants already have the desire and willingness to breastfeed breast milk to their babies after birth but do not think about continuing to give exclusive breastfeeding for up to 6 months.

*"Yes, if you want to be born breastfeeding, miss, if you are born alone ... but if it's exclusive, don't even think about it, sis ..."*

*"Yes, I want to be still pregnant, the problem is it's cheap"*

#### 3. Exclusive breastfeeding campaign

Promotions about exclusive breastfeeding can be done in various ways. Campaigns about breastfeeding can be carried out during pregnancy, post-birth even in certain activities, namely posyandu. Exclusive breastfeeding information that is compacted by participants is generally in the post-partum period, from social media such as Facebook, and from close relatives who recommend breastfeeding. In Posyandu and PKK activities there is rarely / no socialization regarding

exclusive breastfeeding, with the following connotations:

*"There isn't any if Posyandu just weighs it"*

*"There has never been an ASI counseling in PKK.*

*Usually it's KB ... flicking, PSN ... "*

In general it is known that posyandu is a weighing place for toddlers to find out the growth and development of toddlers. Posyandu can also be an appropriate means to campaign for exclusive breastfeeding when weighing toddlers. There are also no routine monthly activities during the PKK or fathers' meetings to discuss exclusive breastfeeding.

#### 4. Maternal and Child Health Problems

The results of interviews conducted no participants or infants who are medically indicated are advised to get milk substitutes for breast milk. There were participants who did not breastfeed their babies during the illness and gave bottle milk because they felt sorry for the baby. Even though a baby's health problems can be overcome if the baby consumes breast milk. Some participants believe if what the mother eats can cause a healthy baby or vice versa can cause health problems for the baby. All participants agreed that the mother consumes ice or chili sauce while breastfeeding can cause health problems in her baby, thereby limiting consumption of ice or spicy food. Adapu participants whose children had been sick because they were given milk during the time they still had exclusive breastfeeding (age 3 months) continued to keep breast milk because breast milk had not come out.

*"When I was 3 months old, I always used to .. take a break. then I don't take it to the hospital ... from the doctor, I told you to give your mother's milk ... but piye, yo, my mother, my mother, my sister, my sister. "P3*

#### 5. Family Support

Family support is the support of the people closest to the husband, mother / mother-in-law who have a role in the process of exclusive breastfeeding. In general, both the husband or grandmother of the baby continues to support breastfeeding. When experiencing obstacles in breastfeeding participants try to ask people closest, read the internet and consume

food that can expedite milk production. The support of the closest person in supporting the smoothness of breastfeeding is done by participants' mothers or husbands. This can be seen from the connotation as follows:

*"Yes, told to drink herbal medicine ... wajah let so much milk"*

*"Yes, eat green vegetables, then you can't eat fried foods ... you can't eat spicy or sour, too, you can't ..."*

*"So that the milk is given a lot to drink with sister ... it drinks Pr \*\*\* gen katuk leaves, then drink soy juice like that ..."*

In general, both husband and mother's family supports breastfeeding, but some participants also get suggestions for giving milk and water.

*"Yes, support, if the husband is not too demanding sister. It's up to you ... want to breastfeed bottles or breast milk. Because the milk is a little ... I work too ... sorry for the baby, even if I'm hungry ... just add the milk to it "*

*"Yes, I have been given water, sis ... if you only have water, it's fine"*

There are also participants whose husbands support but also a corner at the beginning of the childbirth. Here are the connotations:

*"The husband supports it, but yes, it just says" I like the best way to breastfeed "*

#### 6. Promotion of Formula Milk

The place of birth gives an effect to the exclusive breastfeeding of infants because it is a starting point for mothers to choose whether to continue to give their babies exclusive breastfeeding or to provide formula milk given by health and non-health workers before the milk comes out. The results of the interview found that there are still birth places that give gifts in the form of formula milk after returning from the place of delivery. Participants who failed to provide exclusive breastfeeding were mostly due to the baby having received prelactal formula milk at the delivery place. So that makes the perception of milk as a substitute for breast milk is the same. Here are the connotations:

*"According to wong-wong, baby milk or milk is neat ASI ... but in my own opinion it is the same*

*... from birth, formula milk is given right at the hospital ... " P2*

*"It's fine milk, the nutrition is the same too ..."*

#### 7. Health Staff Support

The results of research efforts to support from health workers who still are given is trying for the baby's mother to give her milk. This is done after the birth mother. The official support for exclusive breastfeeding is only in the form of advice and advice. Advice to consume foods that can facilitate milk and to give milk. The following are the connotations of interviewing subjects who get information from health workers:

*"Mom, if the child can be given milk, mom ... so that the body's immune system is strong, economical, ma'am, if later it will not be given milk, sorry for the child ... ma sing, ok, ben, OK, OK ... "P3*

#### Discussion

Mother's behavior to give non-exclusive breastfeeding is based on three factors, namely predisposing, reinforcing and enabling factors. Predisposing factors consist of knowledge and motivation, the possibilities of exclusive breastfeeding campaigns and maternal and infant health problems, and reinforcing factors in the form of family support, health workers and the promotion of formula milk.

Knowledge is the result of knowing, and this happens after people sensing certain objects (Wawan & Dewi, 2011). Exclusive breastfeeding has benefits for both mother and baby. Benefits for babies are breast milk increases endurance, breast milk increases intelligence, has optimal nutrition (Ballard & Morrow, 2014). Breast milk can also prevent infectious diseases such as ARI (Prameswari, 2009) and reduce the risk of diarrhea (Puput & Victoria, 2011) and even minimal breastfeeding also affects stunting (Khoeroh, 2017).

The benefits for mothers that are obtained are reducing bleeding, natural birth control, reducing the occurrence of anemia, shrinking the uterus, reducing the risk of cancer, more economical, and giving satisfaction to the mother (Roesli, 2007).

Knowledge can be sourced from various types such as mass media, electronics, manuals, health workers, friends or relatives. Behavior that is based on knowledge will be more lasting than that which is not (Notoatmodjo, 2007).

Mother's knowledge of exclusive breastfeeding in the Pegandan Puskesmas work area tends to be quite good. Research participants know the benefits of breastfeeding are very important for immunity so that all mothers continue to try to give breast milk to their babies despite failing to provide exclusive breastfeeding. Camurdan et al's (2007) study states that mothers with sufficient knowledge tend to give full milk longer than mothers with less knowledge. In Ankara, Turkey, important breastfeeding counseling during the first few months is necessary to achieve long-term breastfeeding success as desired. Low knowledge of exclusive breastfeeding causes most mothers to not give exclusive breastfeeding in Ethiopia (Bayissa et al., 2015).

According to (Bonia et al., 2013) and (Utami, Huda, & Sugihantono, 2017) although mothers have the knowledge that breast milk is the best, they also have the mindset that formula milk is as good, or maybe even better than breast milk. They believe that in formula milk the vitamin content is more complete and formula milk that has been circulating cannot possibly be bad because it has entered the sales rack meaning it has fulfilled the marketing regulations. The incomplete knowledge of exclusive breastfeeding causes informants not to feel guilty when giving formula milk. In addition, knowledge about the sign of breastfeeding is really lacking also important because many informants who provide formula milk for reasons of lacking breast milk or assume that babies who cry when breastfeeding means the baby is still hungry and should be given additional drinks.

Motivation is an impetus in the subject that encourages exclusive breastfeeding which includes the desire and reason for the subject to give exclusive breastfeeding. The willingness to give ASI already exists in the subject since becoming pregnant, but when there are

obstacles and that cannot be handled the participants choose to give formula milk. These results are consistent with Man Ku and Chow's research (2010) in Hong Kong, that mother's belief or motivation is a factor influencing the practice of breastfeeding. Mothers who have a good level of motivation and are more able to provide breast milk, compared with mothers with low motivation.

The low motivation of mothers in providing exclusive breastfeeding is associated with the mother's belief that giving additional milk provides direct benefits for children, which will make children smart. Besides that when mothers work it becomes easier compared to mothers who have to pump breast milk (Pries et al., 2016).

The government has been aggressively promoting the exclusive breastfeeding both through print and electronic media. At the Pegandan Health Center, efforts were made to display exclusive breastfeeding videos in the waiting room, as well as disseminating information during pregnancy exercises.

The media can be an effective means of delivering campaigns. Media has the nature of influencing audiences. The media also has a wide reach in spreading various messages. These advantages are not possessed by other communication channels. The exclusive ASI campaign carried out by the government can be made a policy agenda through the media so that the public can get true and accurate information on negative issues of toddler health, suspected formula milk containing bacteria, and issues of toddlers who are allergic due to consuming formula milk.

The target of the campaign about the importance of exclusive breastfeeding is not only breastfeeding mothers, but husbands and adolescents. Wibowo, Februhartanty, Wibowo, Fahmida, & Roshita (2012) found that information exposure about breastfeeding is related to exclusive breastfeeding practices. The likelihood of mothers giving exclusive breastfeeding is higher if the mother receives information about breastfeeding before pregnancy and after pregnancy.

From the results of the study found that mothers who do non-exclusive breastfeeding have never experienced health problems in mothers and babies who require to give formula milk to babies. Mothers with sick conditions stop or temporarily postpone full breastfeeding on the grounds that breast milk is uncomfortable and pity because the baby is not satisfied due to maternal illness. Maternal health status is one of the reinforcing factors of a mother in providing exclusive breastfeeding to her baby. Mothers whose body condition is healthy, the milk production will also be more and more. The number of children born is associated with maternal health status and fatigue which can affect the status of milk production. Primiparous mothers aged 35 years or older have a high risk of not exclusively breastfeeding (Kitano et al., 2016)

Social support plays an important role in the success or failure of exclusive breastfeeding. The results showed that the informants received support in breastfeeding babies. The support given is the enthusiasm and material support that can support the smoothness of ASI. although it supports mothers to breastfeed, there are also those who permissive to give formula milk and submit the decision of full baby care to the baby's mother.

Mothers who have a husband's role have 9.86 times the opportunity to give exclusive breastfeeding compared to mothers who do not have a husband's role (Astuti, 2013). The husband has a role in influencing the decision to breastfeed, initiating breastfeeding practices, the duration of breastfeeding and the risk of formula feeding. The role of fathers who support exclusive breastfeeding includes support during childbirth, early initiation, giving advice to mothers to breastfeed immediately, providing nutritious food for mothers to increase milk production and buying breast pumping equipment to stimulate first-time breastfeeding, and father's involvement in doing household chores.

If the family gives encouragement and direction to the mother to give non-exclusive breastfeeding, then most likely the mother will

give non-exclusive breastfeeding, and vice versa if the family does not provide dorngan and directives the possibility that the mother will give exclusive breast milk (Roesli, 2005). Husband's support in exclusive breastfeeding affects the exclusive breastfeeding. So that the involvement of the husband is needed for pregnant women until after giving birth by being given counseling and education about exclusive breastfeeding.

Iddrisu S research (2013) conducted in Ghana found that exclusive breastfeeding for women in Ghana is inseparable from family factors such as family knowledge, increased knowledge about exclusive breastfeeding in the family and religion / belief in the family. Socio-cultural factors such as the influence of the baby's grandmother on the part of the father (mother-in-law) also need to get attention (Inayati 2012)

The results of this study found that the incessant promotion of formula milk indirectly was carried out at the maternity hospital. This is known from the gift of formula milk after the mother was discharged from the maternity hospital. This has an indirect effect on exclusive breastfeeding.

In a study by Nuraini, Julia & Dasuki (2013), it was found that mothers who received a promotion of formula milk samples were 3.67 times more likely to not give exclusive breastfeeding than mothers who did not get formula milk samples. Some hospitals provide samples of newborn formula before the mother produces milk, which results in the mother not giving milk to her baby. The place of delivery has an effect on exclusive breastfeeding or formula feeding according to the American Academy of Pediatrics journal, 2012 that hospitals that distribute packages to maternity mothers in the form of souvenirs containing baby formula have a negative effect on exclusive breastfeeding.

Incessant promotion of formula milk in health facilities in fact there are still those who provide formula milk to post partum mothers on the grounds that colostrum has not come out. Advertising of formula milk in Indonesia

has been regulated in the Minister of Health Regulation 237 / MENKES / SK / IV / 1997, stating that infant formula milk (0-4 / 6 months) and advanced formula milk (6-12 months) can only be done in health media that have get ministerial approval (Astutik, 2014).

According to Soedjiningsih (2012) breastfeeding is not optimal given by mothers because of the limited knowledge and skills of health workers in providing counseling on how to give ASI properly and correctly to mothers and families.

The attitude of health workers influences the choice of baby food by the mother. The attitude does not encourage and help if there are obstacles and obstacles in lactation and instead recommends giving formula milk to babies.

The results showed that the support of health workers for exclusive breastfeeding is only in the form of advice and advice, that is advice to consume foods that can facilitate breastfeeding, and to provide breast milk. When it was found that the mother faced more frequent discussions with family when having difficulty in breastfeeding, information before pregnancy and nipple examination was still very minimal obtained from the officer.

Important information support is performed for pregnant and lactating women in providing exclusive breastfeeding. Such support can be obtained from influential people, health workers, health services and Community-Based Health Services (UKBM), as well as easy access to information about exclusive breastfeeding (Wibowo, 2016).

In addition to information support from health workers, information support from peer groups is more effective in sharing information about breastfeeding. the results of the study (Sudfeld, Fawzi, & Lahariya, 2012), that peer support is able to increase the duration of exclusive breastfeeding in low- and middle-income countries, so that culture starts to emerge to reduce the consumption of formula milk.

## CONCLUSION

The practice of giving non-exclusive breastfeeding to mothers in the working area of pegandan Puskesmas is formula feeding and early MPASI. The influential factor is limited ap non exclusive breastfeeding in the Pegandan Puskesmas work area consists of low knowledge about exclusive breastfeeding, low motivation, promotion of formula milk in the form of delivery from the place of delivery and family support.

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