

# ANALYSIS OF MOTIVATION PHASE OF THE HAPA THEORY (HEALTH ACTION PROCESS APPROACH) AND INTENTION TO EXCLUSIVE BREASTFEEDING IN THE SIDOSERMO PRIMARY HEALTHCARE CENTER, SURABAYA

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## ABSTRACT

Exclusive breastfeeding can encourage optimal growth and development, especially during the child's critical period which spans from when the baby is born until 2 years old. The objective of this study was to analyze the motivational phase of the Health Action Process Approach (HAPA) theory with the intention of exclusive breastfeeding in the work area of the Sidosermo Primary Healthcare Center. This study was a quantitative cross-sectional study with an observational research design. The sampling technique was conducted through the systematic random sampling technique with a total sample of 32 people. The study showed that risk perception has a significant influence on the intention of exclusive breastfeeding with a significance value of  $0.014 < \alpha$  (0.05) and an odds ratio of 0.101. This suggests that respondents who had the right perception about exclusive breastfeeding are 0.101 times more likely to exclusively breastfeed their child than respondents who had a wrong perception. This study also showed that there was a significant influence between self-efficacy towards the intention of exclusive breastfeeding, with a significance value of  $0.006 < \alpha$  (0.05). Respondents who felt that they were able to give exclusive breastfeeding were 17 times more likely to provide exclusive breastfeed than those who felt they were less able. The results of this study indicated that there was an influence between the outcome expectancies with the intention of exclusive breastfeeding with a significance value of  $0.004 < \alpha$  (0.05) and an odds ratio of 28.8. It means that respondents who had high expectations had 28.8 times more intention to provide exclusive breastfeeding than respondents who had low expectations.

**Keywords:** exclusive breastfeeding, intention, Health Action Process Approach (HAPA)

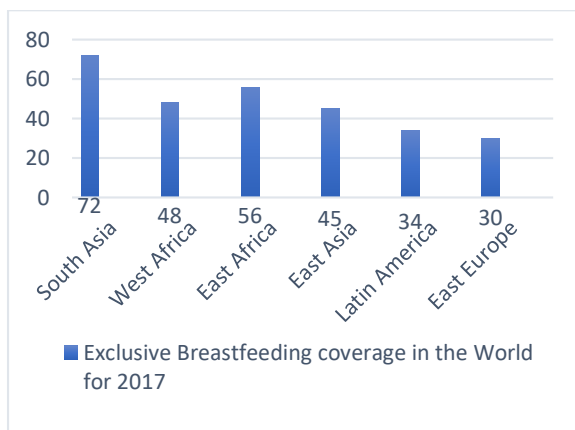
## INTRODUCTION

Breast milk is the baby's first natural intake from the mother. It contains a lot of energy and nutrients that the baby needs during the first 6 months of life. Breast milk also provides nearly half of the nutritional needs of children aged 24 months. Furthermore, breastfeeding can also protect babies from infectious and chronic diseases (Dong & Lim, 2007). This is supported by a study conducted in Aceh Province which stated that there is a significant relationship between exclusive breastfeeding with the onset of infectious diseases in infants. It was found that breastfeeding intake could help the baby recover faster and reduce the risk of diseases that commonly attack infants such

as pneumonia or diarrhea (Nur, Marissa, Penelitian, & Aceh, 2013). The World Health Organization (WHO) states that newborns should be immediately breastfed and for the first six months after birth, newborns do not need to be given food (including water) other than breast milk, while for babies aged 6 months to a minimum of 2 years should be given nutritious and safe complementary feeding to accompany their breastfeeding. Exclusive breastfeeding also ensures the babies have good antibodies to be less susceptible to disease (WHO, 2002).

Moreover, exclusive breastfeeding can encourage optimal development and growth, especially for babies' critical period which spans from birth until the age of 2. Ideally, newborns should be breastfed

within one hour of birth, then exclusively breastfed for their first 6 months of life, and then breastfed until the age of 2 years and above (WHO, 2002). This is in line with the results of a study that was conducted at the Integrated Healthcare Center in Karah, Surabaya in 2015 which stated that babies that were not given breast milk from when they were two to four months old experienced delays in gross motor skills and were not developing at the same pace as 2-year old children's growth standards (Novita & Simatupang, 2015).

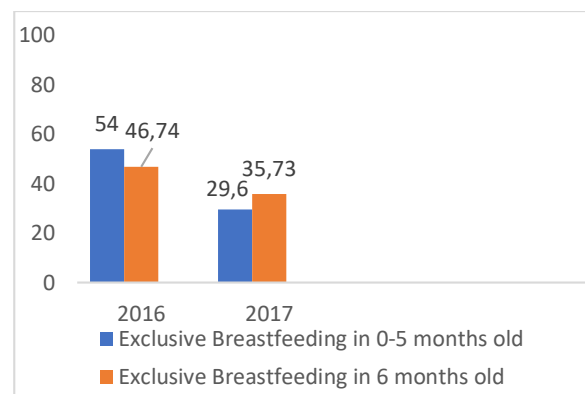


**Figure 1.** Exclusive Breastfeeding Coverage in the World in 2017

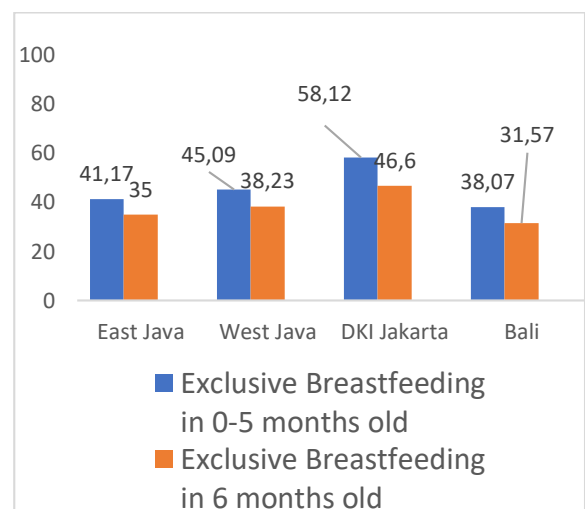
The average exclusive breastfeeding coverage in the world based on data collected by UNICEF is 58%. Figure 1 shows the coverage of exclusive breastfeeding in several regions around the world. Indonesia is one of the countries in East Asia where the average overall coverage of exclusive breastfeeding is 45%, which means that East Asia's exclusive breastfeeding coverage is still below the world average. Figure 2 shows that the coverage of exclusive breastfeeding in babies between 0-5 months old nationally in 2016 is 54%, while those who were exclusively breastfed up to 6 months of age are 46.74%. In 2017 the national coverage of exclusive breastfeeding for infants aged 0-5 months was 29.6% and exclusive

breastfeeding for infants up to 6 months was 35.73%.

Figure 3 illustrates the coverage of exclusive breastfeeding in several provinces in Indonesia. In the province of East Java, as much as 35% of babies are exclusively breastfed until 6 months of age and the coverage of exclusive breastfeeding at the age of 0-5 months is 41.17%. This shows that the achievements of the provinces in East Java have not yet reached the target. The strategic plan shows that the target of exclusive breastfeeding in 2017 is 80%.



**Figure 2.** National Exclusive Breastfeeding Coverage for 2016-2017

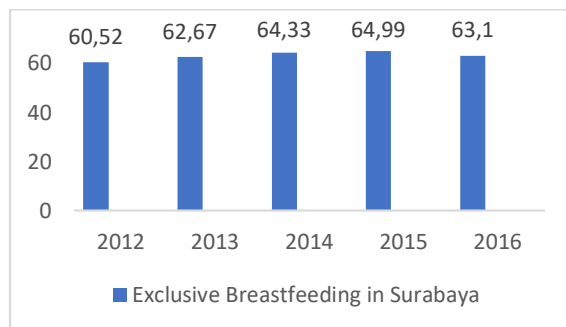


**Figure 3.** Exclusive Breastfeeding Coverage in Several Provinces in Indonesia

Figure 3 shows that more exclusive breastfeeding is seen in infants aged 0-5

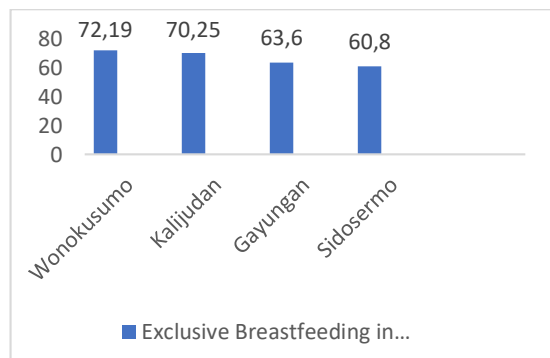
months compared to those who were given exclusive breastfeeding until the age of 6 months. The East Java Province, in particular, experienced a decrease of 6.17%.

Figure 4 illustrates the coverage of exclusive breastfeeding in Surabaya in 2012-2016 which experienced fluctuations. The decline in exclusive breastfeeding occurred in 2016, from 64.99% to 63.1% with a difference of 1.89%.



**Figure 4.** Exclusive Breastfeeding Coverage in Surabaya in 2012-2016

Surabaya has 63 Primary Healthcare Centers with varying exclusive breastfeeding coverage. There are four Primary Healthcare Centers with low exclusive breastfeeding coverage, namely the Wonokusumo Primary Healthcare Centers, Kalijudan Primary Healthcare Centers, Gayungan Primary Healthcare Centers, and Sidoserma Primary Healthcare Centers.



**Figure 5.** Exclusive breastfeeding coverage in the Work Area of Surabaya Primary Healthcare Center

Figure 5 shows that there are four Primary Healthcare Centers within the working area of the Surabaya Primary Healthcare Center that has low exclusive breastfeeding coverage. The Sidoserma Primary Healthcare Center has the lowest exclusive breastfeeding coverage out of the other Primary Healthcare Centers in the area at 60.8%. This means that the Sidoserma Primary Healthcare Center has a coverage that is below average.

Based on the minimal data on exclusive breastfeeding mentioned above, we could see that it is necessary to change the behavior of mothers towards exclusive breastfeeding. Based on the Health Action Process Approach (HAPA) Theory, changes in a person's behavior occur in two phases. The first phase is the motivational phase while the second phase is the volitional phase. In the motivation phase, it is explained that before a person changes his/her behavior, a person must first have an intention. A person's intention is influenced by three things, namely self-efficacy, risk perception, and outcome expectancies. Various theories of behavior change related to intention have been put forward by several experts. However, the HAPA theory not only explains how the process of forming intentions but it also explains the process of maintaining a healthy behavior that has been formed. The HAPA theory is also widely used in predicting changes in behavior. The HAPA theory variable was used in a previous study about reproductive health in adolescents (Lestari, 2017). The results of the study showed that there was an influence between these three variables on one's intention to maintain personal hygiene during menstruation (Badriyah, 2017). Therefore, based on these statements, the researchers were interested to analyze the motivational phase of the HAPA theory in regard to mothers and exclusive breastfeeding.

## **METHOD**

### **Type and Design of Research**

This study is a quantitative descriptive study. The method used in this study was observational research. The research design used was cross-sectional. The ethics certificate number in this study is 468/HRECC.FODM/VII/2019 as obtained from the Faculty of Dentistry, Airlangga University.

### **Population and Sample**

The population of this study was 32 mothers with 0-5-month-old children in the working area of the Sidosermo Primary Healthcare Center. This study used the total population technique for sampling, therefore the sampling used the total population. This technique was used because the population is less than 100 people (Sugiyono, 2007).

### **Research Location and Time**

The location of this study was the working area of the Sidosermo Primary Healthcare Center. The study was conducted from June to July 2019.

### **Data Collection Techniques**

This study took both secondary and primary data. The secondary data on exclusive breastfeeding was obtained from the Surabaya Health Office and Sidosermo Primary Healthcare Center. The primary data was obtained through questionnaire sheets that were distributed by researchers and answered by respondents. If the respondent had difficulties in the filling process, the researchers helped by providing explanations. The independent variables in this study were self-efficacy, risk perception, and outcome expectancies. The dependent variable in this study was the mother's intention to breastfeed her baby.

The questionnaire provided contained several statements that were in accordance with the indicators. The

questionnaire created was based on the HAPA's theory motivational phase: self-efficacy, risk perception, and outcome expectancies. The questionnaire contained open questions and closed questions. The Likert scale was used to measure the respondent's self-efficacy, risk perception, and outcome expectancies. The answers to each item on the instrument had levels ranging from "very positive" to "very negative". The instruments in the research questionnaire used a Likert scale with 5 favorable answer choices including the value of 1 for strongly disagree statements, value 2 for disagreeing statements, value 3 for doubtful statements, value 4 for agree with statements, and value 5 for strongly agree statements. The unfavorable answer choices include value 5 for strongly disagree statements, value 4 for disagreeing statements, value 3 for doubtful statements, value 2 for agreeing with statements, and value 1 for strongly agree statements.

### **Data analysis**

The data collected were analyzed univariately and bivariately. The univariate analysis was conducted to see the characteristics and frequency distribution of all variables. This study had two types of data, namely specific data and general data. General data included maternal status, age, occupation, education, history of childbirth, and family income, while special data included the dependent variable, which was the mother's intention to exclusively breastfeed their infants aged 0 - 6 months, and the independent variable was support from the husband.

The bivariate analysis was conducted to study the presence or absence of influence between two variables. The bivariate analysis in this study used a logistic regression test ( $\alpha = 0.05$ ). The results of the analysis also obtained the best model (fit) that can be used to describe the effect of independent variables on the dependent variable. The logistic regression

produced odds ratios.

## RESULTS

The Sidosermo Primary Healthcare Center in Surabaya was established in 1982. Its work area covers Bendul Merisi, Sidosermo, and Margorejo. The Sidosermo Primary Healthcare Center has a total of 50 Integrated Healthcare Centers which are spread throughout the area. The Sidosermo Primary Healthcare Center has several programs related to exclusive breastfeeding including the “Amazing Dad” (*Ayah Hebat*) Class, *Mother and Child Village (Kampung ASI)*, and Nutrition Park (*Taman Gizi BGM (Bawah Garis Merah)*) which are routinely held every 3 months each year. This Primary Healthcare Center also has 2 supporting Primary Healthcare Centers and 3 sub-district health posts. The activities conducted in these health centers are in form of sharing information about breastfeeding (what is breastfeeding, the importance of breastfeeding, how to breastfeed), home visits if problems are found such as chafed nipples, lack of confidence, and support for working mothers.

### Characteristics of Respondents

Based on Table 1, it is known that the majority of respondents were high school graduates at 56.25% of the population.

**Table 1.** Education Level of Respondents

No	Self- efficacy	Total	Percentage (%)
1.	Elementary	4	12.50
2	Junior High	3	9.40
3	Senior High	18	56.25
4.	D3/S1	7	34.35
Total		32	100

The respondents in this study also had various types of work backgrounds.

Based on Table 2, it is known that the majority of respondents worked as private employees at 50%.

**Table 2.** Type of Respondent's Work

No	Type of work	Total	Percentage (%)
1.	Housewife	15	46.90
2	Private employees	16	50.00
3	Police officer	1	3.10
Total		32	100

The respondents in this study covered several age ranges. As shown in Table 3, most respondents were 30-35 years old at 46.8%.

**Table 3.** Respondent's Age Ranges

No	Age	Total	Percentage (%)
1.	18-23	5	15.60
2	24-29	9	28.20
3	30-35	15	46.80
4.	36-41	3	9.40
Total		32	100

### Mothers' Risk Perception in Conducting Exclusive Breastfeeding

Based on Table 4, it is known that most respondents had the correct perception about exclusive breastfeeding, with a percentage of 59.4%. Most respondents chose to agree that if they do not provide exclusive breastfeeding, their babies will experience malnutrition.

### Self-Efficacy (Mother's Efficacy) in Exclusive Breastfeeding

Most respondents answered that they agree that they were able to give their babies exclusive breastfeeding for the first six months without any additional food.

**Mothers’ Outcome Expectancies In Providing Exclusive Breastfeeding**

Outcome expectancies are an individual's belief in results if they take an action. Based on Table 4, most respondents had high expectations at 59.4%. Most respondents answered that they agreed that if they provide exclusive breastfeeding, their babies would grow up healthy and would not easily fall ill.

**Table 4.** Respondent's Risk Perception, Self-Efficacy, and Outcome Expectancies

Variables	Category	Total	Percentage
Risk Perception	Correct Perception	19	59.40
	Wrong Perception	13	40.60
Self Efficacy	Able	19	59.40
	Quite capable	4	12.50
	Less able	9	28.10
Outcome Expectancies	High expectations	19	59.40
	Low expectations	13	40.60

**Intention to Exclusive Breastfeeding**

Intention is interpreted as a person's likelihood to perform certain behaviors. The results show that most respondents have the intention to provide exclusive breastfeeding to their babies, at

71.8%. Most respondents answered that they intend to provide exclusive breastfeeding for up to six full months without additional food intake.

**Table 5.** The intention of Respondents in Providing Exclusive Breastfeeding

Category	Total	Percentage
There is an intention	23	71.80
No Intend	9	28.20
Total	32	100

**Effect of Risk Perception on Intention in Exclusive Breastfeeding**

Risk perception influences the intention to make changes in behavior according to the HAPA theory.

The significance level for testing the effect of risk perception on intention is  $0.014 < \alpha (0.05)$ . This suggests that there is a significant influence between risk perception and intention to act in exclusive breastfeeding. Table 5 shows the Exp (b) or odds ratio which indicates that respondents who have the correct perception have 0.101 times more intention to exclusively breastfeed their infants compared to those who have the wrong perception.

**Effect of Self-efficacy on the Intention of Exclusive Breastfeeding**

Self-efficacy is an assessment of self-confidence related to how capable someone is to take important actions related to the existing situation.

The significance value on the effect test from using logistic regression is  $0.006 < \alpha (0.05)$ , this shows a significant result. Thus, there is an effect of self-efficacy on the intention of exclusive breastfeeding. Table 6 shows the Exp (B) or odds ratio so a conclusion can be drawn that respondents who have a level of “able” self-efficacy

have 17 times more greater intention to give exclusive breastfeeding than those who have a level of self-efficacy of “less”.

### **Effect of Outcome Expectancies on the Intention of Exclusive Breastfeeding**

Outcome expectancies are the individual's personal beliefs about the results they will get if they take a certain action. Based on the significant value in table 6,  $0.004 < \alpha (0.05)$ .

The results of calculations from using logistic regression tests showed that the results are significant, which means that there is an effect of outcome expectancy on the intention of exclusive breastfeeding. Table 6 shows the Exp (B) or odds ratio which showed that respondents who have a “high” expectancy outcome level are 28.8 times more likely to give exclusive breastfeeding than those who have a “low” expectancies outcome level.

**Table 6.** The Effect of Risk Perception, Self-Efficacy, and Outcome Expectancies on the Intention of Exclusive breastfeeding

No	Variable	Sig.	Exp(B)
1	Risk Perception	0.014	0.101
2	Self-efficacy	0.006	17.000
3	Outcome Expectancies	0.004	28.800

## **DISCUSSION**

### **The Effect of Risk Perception on Intention to Exclusive Breastfeeding**

The results showed that risk perception influenced the intention of exclusive breastfeeding. Based on the HAPA theory, risk perception is one of the factors that influence the mothers' intention to provide exclusive breastfeeding. A study conducted by Fitriani in 2018 stated that mothers' perception towards exclusive breastfeeding is influenced by several

factors, namely knowledge, experience, and culture.

Knowledge is very closely related to the information that has been obtained and understood by an individual. The higher the knowledge, the higher the person's level of accuracy towards the object of perception. According to the results of the study and experience of mothers who are breastfeeding, someone who knows more about a topic will tend to consider the behavior they will do compared to someone who does not know (Fitriani, 2018). Most respondents in this study have the perception that if they do not provide exclusive breastfeeding, their baby will experience malnutrition. Therefore, it can be interpreted that the respondents have good enough knowledge of the risks of not providing exclusive breastfeeding.

However, there are still respondents who have the wrong perception. Some of the respondents disagree regarding the statement that babies who are given formula milk are prone to allergies. This can be interpreted as the respondent does not understand the risks of formula feeding for infants. Based on a study by Natanael (2013), there is a relationship between formula feeding and allergic symptoms. This is because the nutritional content of exclusive breastfeeding can increase antibodies so that babies are not susceptible to allergic symptoms (Susanti et.al., 2015). As mentioned previously, the extension programs at the Sidoseremo Primary Healthcare Center are conducted only once every 3 months so this will certainly affect people's knowledge and information provided by health workers.

Moreover, the experience of breastfeeding in a previous birth also affects exclusive breastfeeding in subsequent births. A mother's experience with exclusive breastfeeding influences the mother's perception towards it (Fitriani, 2018). A mother who has breastfed their first born child will tend to give exclusive

breastfeeding to their subsequent infants. The perception of mothers who have experience in providing exclusive breastfeeding tends to be better when compared to new mothers. Therefore, inexperience could be a cause of the wrong perception.

Additionally, certain beliefs and cultures are also considered to be related to a mother's perception of exclusive breastfeeding. Fitriani (2018) showed that there is a cultural influence on the perception of mothers while breastfeeding. Belief is often obtained from previous generations in the family. People will accept beliefs based on what has been delivered by the previous generation without the need for scientific proof.

A person's trust in their beliefs depends on the strength of the beliefs inherited from their ancestors and the various experiences they have. Beliefs or myths are obstacles to the act of breastfeeding. Many mothers believe that exclusive breastfeeding alone does not have enough nutrition for the baby, so they provide many additional intakes without thinking about the effects it will have on the baby. This will certainly affect the growth and development of the baby in the future.

### **Effect of Self-Efficacy on Intention to Exclusive Breastfeeding**

The results showed that there was a significant relationship between self-efficacy with the intention of exclusive breastfeeding. Mothers that have "high" self-efficacy are 17 times more likely to have the intention to exclusively breastfeed than women who have "low" self-efficacy. The results of this study indicate similarities to the HAPA (Health Action Procurement Approach) theory which stated that that intention is influenced by self-efficacy. High self-efficacy will affect the intention of mothers in providing exclusive breastfeeding. Based on the theory, the most dominant

factors are self-efficacy and expectancy outcomes (Ogden, 2007).

This is also supported by the study conducted by Fahriani et al., (2014) which found that self-efficacy affects the intention of exclusive breastfeeding. Mothers who feel that they lack breastmilk production will have low self-confidence. However, mothers who believe that they are capable of breastfeeding and can face difficulties and challenges when breastfeeding, will feel that their milk production is sufficient. Various factors can affect the production of breast milk such as the use of contraceptives, environmental influences such as passive smoking, and breast care by pregnant women both during pregnancy and while breastfeeding (Safitri, 2016).

Some respondents have low self-efficacy. The respondents answered that they were not sure that they could provide exclusive breastfeeding if they did not get family support. This is caused by various factors. According to a study by Sari (2019), breastfeeding mothers' self-efficacy is influenced by support from health workers and their husbands. Support from health workers includes providing information that can improve a mother's confidence in her ability to provide exclusive breastfeeding. The higher the support from health workers, the higher the mother's self-efficacy in providing exclusive breastfeeding (Puspitasari, 2015). In this study by Puspitasari, it was also mentioned that the support of close family, especially the husband, in assisting with breastfeeding, greatly affects the mother's self-efficacy. Support from the husband in the form of emotional support and motivation is very important for mothers. According to this study, the husband's support is more influential than the support obtained from health workers. Close relatives, especially husbands, interact more often than health workers, thus, the husband's support is very influential regarding breastfeeding.



### **Effect of Outcome Expectancies on Intention to Exclusive Breastfeeding**

The results showed that outcome expectancies influenced the intention to exclusively breastfeed. Most respondents have high expectations that if they do exclusive breastfeeding, their baby will have good antibodies.

The results of this study is in line with the HAPA theory which states that outcome expectancies influences a person's intention to take an action (Ogden, 2007). Based on a study conducted by Gewa in 2016, mothers who have low outcome expectancies tend not to have the intention to exclusively breastfeed. Meanwhile, mothers who have high outcome expectancies tend to have the intention to exclusively breastfeed (Gewa & Chepkemboi, 2016).

Several factors influence the outcome expectancies, such as motivation. A study by Susanti et al., (2015) stated that expectations are strongly related to individual motivation. In general, expectations arise if someone is motivated to achieve certain goals. There are 2 types of motivation, namely extrinsic and intrinsic motivation. Intrinsic motivation is the motivation that arises from a person without the need for external stimulation. A study conducted by Armini et al. (2010) showed that a person's intrinsic motivation in providing exclusive breastfeeding has a more dominant influence than extrinsic motivation.

Extrinsic motivation is the motivation that a person gets from his/her environment. Motivation obtained by a mother during lactation can be sourced from her husband or immediate family and health workers. The existence of friendly and competent health workers that support breastfeeding is needed to increase exclusive breastfeeding coverage. Intensive exclusive breastfeeding counseling by health workers for pregnant women in the third trimester significantly influences the success of early

breastfeeding initiation and exclusive breastfeeding (Rahmawati, 2011).

### **CONCLUSIONS**

It was found that there was an effect of risk perception on the mothers' intention to provide exclusive breastfeeding. Therefore, health workers are expected to provide information to mothers and immediate family members such as husbands and in-laws or parents since the women's pregnancy. Furthermore, self-efficacy and outcome expectancies also has effects on the mothers' intention to provide exclusive breastfeeding. Most respondents also had high expectations about the results from exclusive breastfeeding. Their motivation to take action is partly due to the motivation obtained from people. Therefore, the Primary Healthcare Center is expected to facilitate counseling on exclusive breastfeeding to all mothers since pregnancy and during breastfeeding as often as possible (at least every month) so that mothers obtain sufficient information exposure.

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