

Hubungan Karakteristik Ibu Menyusui Dengan Pemberian ASI Eksklusif di Desa Leran, Kecamatan Kalitidu, Kabupaten Bojonegoro

Relationship between Characteristics of Breastfeeding Mother with Exclusive Breastfeeding in Leran Village, Kalitidu District, Bojonegoro Regency

Ana Istighfarisma^{*1}, Shintia Yunita Arini², Anggara Widyartanto³, Banatul Lariza³, Hidayatul Rulling Amanda Sari¹

ABSTRAK

Latar Belakang: Air Susu Ibu merupakan sumber makanan yang dapat memenuhi kebutuhan gizi bayi dalam berbagai tahap pertumbuhan hingga 6 bulan setelah lahir. Faktor yang mempengaruhi pemberian ASI eksklusif pada ibu antara lain: sosiodemografi ibu, pra/post natal, serta psikososial. Kabupaten Bojonegoro merupakan salah satu wilayah di Indonesia yang memiliki cakupan ASI Eksklusif cukup baik pada tahun 2018 hingga mencapai 87%. Akan tetapi, terdapat salah satu desa yang belum bisa mencapai target cakupan ASI oleh Kemenkes pada tahun 2015, yakni Desa Leran, Kecamatan Kalitidu, Kabupaten Bojonegoro.

Tujuan: Penelitian ini bertujuan untuk mengetahui hubungan karakteristik ibu menyusui yang terdiri dari umur, pendidikan, pekerjaan, dan paritas dengan pemberian ASI Eksklusif di Desa Leran, Kecamatan Kalitidu, Kabupaten Bojonegoro.

Metode: Penelitian ini menggunakan teknik pengambilan sampel nonprobability sampling dengan sampling jenuh sebanyak 25 ibu. Instrumen penelitian menggunakan kuisioner. Analisis statistik menggunakan Fisher's Exact Test. **Hasil:** Sebanyak 56% ibu tidak memberi ASI Eksklusif. Sebagian besar ibu yang tidak memberi ASI Eksklusif memiliki pendidikan rendah (78,6%), berumur 36-45 tahun (57,1%), merupakan ibu rumah tangga (64,3%), dan multipara (50%). Analisis statistik menunjukkan tidak adanya hubungan terhadap variabel umur ($p=0,099$), pekerjaan ($p=0,165$), dan paritas ($p=0,208$) ibu dengan pemberian ASI Eksklusif. Sedangkan pendidikan ($p=0,003$) memiliki hubungan dengan pemberian ASI Eksklusif.

Kesimpulan: Kesimpulan penelitian ini adalah tidak terdapat hubungan antara umur, pekerjaan, dan paritas ibu dengan pemberian ASI Eksklusif. Namun terdapat hubungan antara pendidikan ibu dengan pemberian ASI Eksklusif.

Kata kunci: ASI eksklusif, usia ibu, pendidikan ibu, pekerjaan ibu, paritas.

ABSTRACT

Background: Breast milk is a food source that covers all the nutritional requirements of an infant in its different stages of growth up to six months after birth. Factors that influence exclusive breastfeeding to mothers include maternal sociodemographic, pre/postnatal, and psychosocial. Bojonegoro Regency is one of the regions in Indonesia that has quite good exclusive breastfeeding coverage in 2018 to reach 87%. However, there are still several sub-districts in Bojonegoro that have not been able to reach the target of breastfeeding coverage by the Ministry of Health in 2015. One of them is Leran Village, Kalitidu District, Bojonegoro Regency.

Objective: This study determined the relationship between characteristics of breastfeeding mothers consisting of age, education, occupation, and parity with exclusive breastfeeding in Leran Village, Kalitidu District, Bojonegoro Regency.

Methods: This study used non-probability sampling with a saturated sampling of 25 mothers. The instrument of this study was a questionnaire. Statistical analysis used Fisher's Exact Test.

Result: As many as 56% of mothers didn't give exclusive breastfeeding. Most of the mothers who didn't provide exclusive breastfeeding had low education (78,6%), aged 36-45 years (57,1%), were housewives (64,3%), and multiparous (50%). Statistical analysis showed no relation to the variables age ($p=0,099$),

occupation ($p=0,165$), parity ($p=0,208$) with exclusive breastfeeding. While education ($p=0,003$) has a relation with exclusive breastfeeding.

Conclusion: The conclusion of this study was there was no relation between age, occupation, and parity of mothers with exclusive breastfeeding. However, there was a relationship between mother's education and exclusive breastfeeding.

Keywords: exclusive breastfeeding, mother's age, mother's education, mother's occupation, parity.

*Korespondensi:

Ana.istighfarisma-2016@fkm.unair.ac.id

Ana Istighfarisma

¹Departemen Epidemiologi, Biostatistika dan Kependudukan, dan Promosi Kesehatan dan Ilmu Perilaku, Fakultas Kesehatan Masyarakat, Universitas Airlangga, Kampus C Mulyorejo, 60115, Surabaya, Jawa Timur, Indonesia

²Departemen Kesehatan dan Keselamatan Kerja, Fakultas Kesehatan Masyarakat, Universitas Airlangga, Kampus C Mulyorejo, 60115, Surabaya, Jawa Timur, Indonesia

³Departemen Kesehatan Lingkungan, Fakultas Kesehatan Masyarakat, Universitas Airlangga, Kampus C Mulyorejo, 60115, Surabaya, Jawa Timur, Indonesia

INTRODUCTION

According to United Nations (United Nations, 2019) the nutritional situation for children under five years in the world, as many as 149 million or 22% of children under five years suffer from stunting. Meanwhile, 49 million or 7.3% of children under five years experienced wasting. There were also 40 million or 5.9% of children under five years are overweight. About 45% of child deaths under 5 years are caused by nutritional deficiencies. In Indonesia, based on Baseline Health Research in 2018 (Indonesia Ministry of Health, 2018) the prevalence of children under five years who were suffering from stunting was 30.79%. Meanwhile, 17.8% of other children under five years are underweight. As well as wasting of toddlers as much as 10.19%. Some toddlers are overweight (obese) as much as 8.04% in 2018.

Breastfeeding to infants was closely related to the condition of undernutrition and overnutrition (fat) in children (Indonesia Ministry of Health, 2018). Several epidemiological studies suggest that breast milk could protect babies from infectious diseases, such as diarrhea, otitis media, and acute lower respiratory tract infections (Indonesia Ministry of Health, 2014). Babies who were not breastfed will be susceptible to infectious diseases (Indonesia Ministry of Health, 2018). The incidence of infants and toddlers suffering from repeated infectious diseases would result in the occurrence of toddlers with poor nutrition and underweight (Indonesia Ministry of Health, 2018). Based on study data and global facts in The Lancet Breastfeeding Series in 2016, it proved that exclusive breastfeeding reduced the mortality rate due to infection by 88% in infants aged less than 3 months (Lancet Breastfeeding Group, 2016). The relation between breastfeeding and the incidence of overnutrition in children under five years old was replacing breast milk with formula milk. Based on Sankar (Sankar, 2015) it was known that breastfeeding reduced the risk of being overweight and obese by 10% compared to formula milk. Therefore, improving and enhancing child nutrition was the focus of Indonesia's current study, by the Ministry of Health's Strategic Plan in 2020-2024 (Indonesia Ministry of Health, 2020). One of the efforts that could be done was through exclusive breastfeeding.

WHO (World Health Organization) and UNICEF (United Nations International Children's Emergency Fund) have recommended that every baby should be given exclusive breastfeeding (breast milk without any addition or supplementation, even though it's plain water), except medicines and vitamins or mineral drops, until the minimum age of 6 months. When they reached the age of 6 months, the baby was gradually given complementary foods, in the form of fruit, Tim rice, milk porridge, and others. The government through the Ministry of Health of the Republic of Indonesia has also stipulated the Minister of Health Decree No. 450/Men.Kes /SK/IV/2004, which contained the stipulation of exclusive breastfeeding in Indonesia for 6 months, and it was recommended that it would be continued until children aged 2 years or over with appropriate supplementary feeding (Indonesia Ministry of Health, 2004)

Indonesia Ministry of Health targeted exclusive breastfeeding coverage to reach 80% (Indonesia Ministry of Health, 2015). Bojonegoro Regency was one of the regions in Indonesia that has quite good coverage of exclusive breastfeeding in the last 10 years, even in 2018 the coverage of exclusive breastfeeding reached 87% (Departement Of Health Bojonegoro Regency, 2019). However, the Pungpungan Public Health Center which had a working area, namely Leran Village, had not been able to achieve the target of breastfeeding coverage by the Ministry of Health in 2015 (Departement Of Health Bojonegoro Regency, 2019).

Several factors that influenced exclusive breastfeeding were, maternal sociodemographic factors (age, occupation, education, socioeconomic, residence), pre/postnatal factors (parity, type of delivery, complications,

insufficient milk production, sucking problems, and so on), psychosocial factors (husband and family support, belief, desire, perception), lack of health care professionals (Lumbantoruan, 2018).

Research by Hikmawati (Hikmawati, 2008) explained that low education level and mother's employment status were risk factors for breastfeeding failure. Mother's education level and mother's knowledge could support the success of exclusive breastfeeding for babies. The higher person's education, the easier to receive information and also the more knowledge they got. On the other hand, a lack of education would detain the development of one's attitude towards the values introduced (Hartini, 2014). A Swiss study found that more than 60% of subjects had a high level of education (at least a high school graduate). This retrospective cohort study concluded that there was a significant correlation between the level of education and success of exclusive breastfeeding for up to 6 months ($P < 0.0001$). The mean duration of breastfeeding was 12 weeks for mothers with higher education levels and 7 weeks for mothers with low levels of education (Taveras, 2003).

In addition, Nugraheni (Nugraheni et al's, 2018) showed that another factor affecting the failure of exclusive breastfeeding was too early complementary feeding. Based on this research, it was known that the research subjects gave early complimentary feeding at the age of the baby 4-5 months old and even 2 weeks old, in the form of giving baby porridge, baby biscuits, baby crackers, bananas, and papaya. Complementary food was given with the reason to train the child to want to eat, and the baby's condition that cries a lot. The behavior of mothers who gave too early complementary breastfeeding was also supported by their lack of knowledge regarding exclusive breastfeedings, such as they are worried that the child would starve.

Therefore, in this study, researchers wanted to examine the relation between the characteristics of breastfeeding mothers and exclusive breastfeeding. The characteristics of mothers consist of age, education, occupation, and parity.

METHOD

This research was an observational analytic study with a cross-sectional design. This research had also been approved by the Health Research Ethics Committee of the Faculty of Nursing, Airlangga University No: 1769-KEPK.

This research was an observational analytic study with a cross-sectional design. This research had also been approved by the Health Research Ethics Committee of the Faculty of Nursing, Airlangga University No: 1769-KEPK.

The population of this research was mothers who had babies aged 0-6 months old who were in Leran Village, Kalitidu District, Bojonegoro Regency. Based on data from Pungpungan Health Center, among 171 mothers with 0-5 years old babies, 25 were selected according to inclusion criteria which have babies aged 0-6 months. This research used a nonprobability sampling technique with saturation sampling. Saturation sampling was a sampling technique when all populations are used as samples and is also known as a census (Sugiyono, 2015). According to Sugiyono (Sugiyono, 2015) suggests that if the subject is less than 30, it's better to take all of them so that the research is a population study. In this study, all members of the population were used as research samples. The study instrument used in this study was a questionnaire. Statistical analysis with the Fisher's Exact test to determine whether or not there was a relationship between each variable. Presentation of data in the form of frequency distribution. This research was conducted from 27 December 2019 to 30 January 2020.

The characteristics of mothers referred to in this study consisted of mother's age, mother's education, mother's occupation, and parity. The distribution of maternal age was divided into 2 groups, such as mothers aged 20-35 years old and 36-45 years old. Based on Law Number 20 of 2003 concerning the National Education System, the education level distribution of respondents was classified into 2 types of education levels, for instance, low and secondary education. The education of mothers who have gone to junior high school was classified as low education, while the education of mothers who have attended senior high school (both SMA/SMK) was classified as secondary education. The distribution of maternal work was classified into 2 groups, namely working mothers and housewives. Meanwhile, the number of live births owned by a woman or parity were classified into 2 groups, for example, primiparous and multiparous (BKKBN, 2006). Primiparous was a woman who had given birth to a viable baby once. Multiparous was a woman who had given birth to two or more viable babies.

RESULT AND DISCUSSION

Table 1. Description of Respondents According to Research Variables

Variables	Frequency (n)	Percentage (%)
Mother's age		
20-35 years old	15	60,0
36-45 years old	10	40,0
Total	25	100
Mother's education		
Elementary to Junior (SD-SMP)	13	52,0
Senior (SMA/SMK)	12	48,0
Total	25	100
Mother's occupation		
Working mother	12	48,0
Housewife	13	52,0
Total	25	100
Parity		
Primiparous	9	36,0
Multiparous	16	64,0
Total	25	100
Exclusive breastfeeding status		
Nonexclusive Breastfeeding	14	56,0
Exclusive Breastfeeding	11	44,0
Total	25	100

The distribution of breastfeeding mother's characteristics (age, education, parity, exclusive breastfeeding status) in Leran Village, Kalitidu District, Bojonogoro Regency was presented in table 1. Table 1 showed that from 25 mothers with children aged 0-6 months, most of the mothers were aged 20-35 years old (60%), had low education (52%), unemployed mothers or housewives (52%), parity with primipara (64%), and didn't give their children exclusive breastfeeding (56%).

Table 2. Relationship Between Characteristics Of Breastfeeding Mother (Age, Education, Occupation, Parity) With Exclusive Breastfeeding in Leran Village, Kalitidu District, Bojonegoro Regency

Variables	Exclusive Breastfeeding				p value
	Nonexclusive Breastfeeding		Exclusive Breastfeeding		
	(n)	(%)	(n)	(%)	
Mother's Age					
20-35 years old	6	42,9	9	81,8	0,099 (p>0,05)
36-45 years old	8	57,1	2	18,2	
Mother's Education					
Low education (elementary to junior)	11	78,6	2	18,2	0,003 (p<0,05)
Secondary education (SMA/SMK)	3	21,4	9	81,8	
Mother's Occupation					
Working mother	5	35,7	7	63,6	0,165 (p>0,05)
Housewife	9	64,3	4	36,4	
Parity					
Primiparous	7	50,0	2	18,2	0,208 (p>0,05)
Multiparous	7	50,0	9	81,8	

The mother's age was divided into two groups based on the biological condition of the mother. The age of 20-35 years old was the reproductive age/childbearing age and healthy for a woman because she experienced very few complications during pregnancy and childbirth. Meanwhile, age > 35 years old was a high-risk age for birth and childbirth and affected exclusive breastfeeding (Utami, 2012). In terms of breast milk production, young mothers were better at producing enough breast milk than those who were older, primiparous who were more than 35 years old tend not to produce sufficient amounts of breast milk (Pujiadi, 2000).

Table 2 showed that the majority of mothers who gave exclusive breastfeeding were aged 20-35 years old, which was 81.8%. Meanwhile, the majority of mothers who did not give exclusive breastfeeding were aged 36-45 years old (57.1%). The results of statistical tests with Fisher's Exact Test showed that the significance value was 0.099 (sig > 0.050). This showed that the age of the mother was not related to exclusive breastfeeding for babies of 0-6 months old.

The distribution of mother's education was classified into 2, based on Law Number 20 of 2003 concerning the National Education System, namely low education and secondary education. The education of mothers who had gone to junior high school was classified as low education, while the education of mothers who had attended SMA/SMK was classified as secondary education. Since none of the mothers attended higher education, there is no classification of higher education.

The distribution of mother's education in this study was presented in table 2. Table 2 showed that from the results of the study, most mothers who did not provide exclusive breastfeeding for their babies were mothers with low education (Elementary to Junior), namely 78.6%. Meanwhile, most mothers who provide exclusive breastfeeding have secondary education (SMA/SMK), which is 81.8%. The results of statistical tests with Fisher's Exact Test showed that the significance value was 0.003 (sig < 0.05). This showed that maternal education was related to exclusive breastfeeding for infants of 0-6 months old.

Based on the results of the study, most of the mothers who gave exclusive breastfeeding for their babies were working mothers, namely 63.6% of the 11 respondents. Meanwhile, 64.3% of mothers who do not provide exclusive breastfeeding are housewives. The results of statistical tests with Fisher's Exact Test show that the significance value is 0.165 (sig > 0.05). This showed that the mother's occupation was not related to exclusive breastfeeding for babies of 0-6 months old.

The distribution of mother's parity in this study was presented in table 2. Table 2 showed that from the results of the study, most of the mothers who gave exclusive breastfeeding for their babies were mothers who had a history of giving birth more than once, namely 81.8% of the 11 respondents. Meanwhile, 50% of mothers who did not provide exclusive breastfeeding were mothers who had a history of giving birth once. The result of the statistical test with Fisher's Exact Test showed that the significance value was 0.208 (sig > 0.05). This showed that maternal parity was not associated with exclusive breastfeeding for infants of 0-6 months old.

The Relation Between Mother's Age with Exclusive Breastfeeding

The results of statistical tests with Fisher's Exact Test showed that the significance value was 0.099 (sig > 0.050). This showed that the age of the mother was not related to exclusive breastfeeding for babies of 0-6 months old. This was following the research conducted by Shaliha (Shaliha, 2019), which stated that there was no relation between age and the practice of exclusive breastfeeding in the Purwodadi I Health Center. This study was also in line with the results of Kendek's study (Kendek, 2013) which showed there was no significant relationship between mother's age and exclusive breastfeeding behavior.

Based on the results of the study, it can be seen that the percentage of mothers with an age range of 20-35 years old who provide exclusive breastfeeding was greater, namely, 81.8% compared to mothers aged > 35 years old, who provide exclusive breastfeeding was 18.2%. It occurred because the age of 20-25 years old was a safe age range for reproduction. In general, this age range was the peak of a woman's fertility, as well as a good period for pregnancy and lactation (Wati, 2011).

However, based on the data collection process in the field, it was found that many mothers had given their children other complimentary food or drinks, such as mineral water and porridge before they were 6 months old. In addition, it is also caused by the availability of little or no mother's milk. To fail of exclusive breastfeeding until the 6th month.

The Relation Between Mother's Education with Exclusive Breastfeeding

The results of statistical tests with Fisher's Exact Test showed that the significance value was 0.003 (sig < 0.05). This showed that maternal education was related to exclusive breastfeeding for infants of 0-6 months old. This result was in line with Sihombing's research (Sihombing, 2018) that there was a significant relationship between maternal education and exclusive breastfeeding. According to Fikawati and Syafiq (Fikawati, S. & Syafiq, 2010), an important factor to support the success of exclusive breastfeeding was the factor of a mother's education level. A good level of education will make it easier to receive information, especially about meeting children's nutritional needs, so that it will ensure children's nutritional adequacy. In general, mothers who have a good education can accept new things and can accept changes to maintain their health, especially about exclusive breastfeeding. They will be motivated to want to know, seek experiences so that the information obtained will become knowledge and will be applied to their lives. However, it does not mean that someone with low education always had a low level of receiving information.

Based on data collection in the field, it was found that many mothers had given complimentary food or drink other than breast milk to their babies aged 0-6 months old. This is because the mother is not sure that her

baby will be full just by giving breast milk alone, and mothers feel that complementary feeding with breast milk (MP-ASI) will help the baby grow bigger and faster. So that the role of health workers to provide correct perceptions regarding exclusive breastfeeding for mothers who have babies of 0-6 months old in their work area is important.

The Relation Between Mother's Occupation with Exclusive Breastfeeding

The results of the statistical test showed that the p-value obtained was 0,165, indicating that $p\text{-value } 0,165 > \alpha 0,05$. Therefore, it could be concluded that there was no relationship between mother's employment status and exclusive breastfeeding. Based on the respondents' average occupation, it is known that most of the mothers were housewives, which was 52% of the 25 respondents. However, it was still found that mothers who did not provide exclusive breastfeeding because there is little to no breast milk produced, the baby did not want anymore, or had been given complimentary foods (MP ASI). This is influenced by the lack of knowledge of mothers on the importance of exclusive breastfeeding (Wiji, 2013). According to Yuliarti (Yuliarti, 2010), many breastfeeding mothers complain that their children are impatient. They said their breast milk did not come out; her child did not want to suckle. In fact, the complaints of breastfeeding mothers can be prevented if they know the reason why the child did not want to suckle, why the children cry when they suckle, and so on. It happens because of the lack of mother's knowledge about breastfeeding.

The results of this study were in line with the research of Pipitcahyani (Pipitcahyani, 2017), which stated that the statistical test results with the Fisher Test obtained a (p) value of 0.270 ($p > 0,05$), meaning that there was no significant relationship between maternal occupation and exclusive breastfeeding. The results of this study were also in line with the research of Umami & Margawati (Umami, Wilda & Margawati, 2018) which states that there is no relation between maternal work and exclusive breastfeeding ($p = 0.394$). There was also a similarity with Ramli's research (Ramli, 2020), which states that there was no significant relationship between mother's occupation status and the behavior of mothers giving exclusive breastfeeding.

The Relation Between Parity and Exclusive Breastfeeding

The results of the statistical test showed that the p-value obtained was 0,208, indicating that $p\text{-value } 0,208 > \alpha 0,05$. Therefore, it could be concluded that there was no relationship between mother's parity and exclusive breastfeeding. The results of this study were in line with Estuti research (Estuti, 2012) which stated that there was no relation between mother's parity and the practice of exclusive breastfeeding. In addition, the results of this study were also in line with research conducted by Untari (Untari, 2017), which stated that there was no significant relationship between mother's parity and exclusive breastfeeding.

Based on data collection in the field, it was found that many mothers had given complimentary food or drink other than breast milk to their babies aged 0-6 months old. Some mothers gave the reason for not giving only breast milk (exclusive breastfeeding) before the age of 6 months because the mother was taught by the family to provide other foods besides breast milk so that the baby would soon grow big, strong. The application of this culture was what ultimately caused the mother to give breast milk predominantly, namely breastfeeding but by giving additional drinks such as formula milk, tea water, water, or partial breastfeeding, namely breastfeeding but also providing additional food and drinks, such as bananas, porridge before the baby is 6 months old. Mother's belief in giving the baby food early before the age of 6 months was a hereditary tradition that was believed to be beneficial for the good of the baby (Arsyati, 2019).

CONCLUSION

The results showed that age, occupation, and parity had no relation with the practice of exclusive breastfeeding for infants 0-6 months. However, the mother's education had a relation with the practice of exclusive breastfeeding in infants of 0-6 months old. The error rate of this study was relatively small due to sampling by including all members of the population. Meanwhile, the limitation of the saturation sampling technique was not suitable for a large population. The recommendation for a future similar study was to research the factors affecting the success of exclusive breastfeeding in rural communities, so that they could be emulated for other communities.

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