



## Socio-Economic and Mothers' Knowledge of Exclusive Breastfeeding

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**Abstract** The coverage of exclusive breastfeeding at the Sikan Community Health Center from 2018-2019 decreased from 50.8% to 28%. Lack of knowledge and the intensive promotion of formula milk are among the causes of the low exclusive breastfeeding rate. The purpose of this study was to determine the relationship between socioeconomic factors and the level of maternal knowledge about exclusive breastfeeding in the Tokorondo Community Health Center Work Area. This study used an analytical method with a cross-sectional approach. The population was 46 mothers with toddlers aged 6-12 months in the Sikan Community Health Center work area. The sample in this study was 36 people, the sampling technique was consecutive sampling. The results showed that exclusive breastfeeding was more common in mothers with low education (60%), unemployed mothers (23.5%), high income (50%), and well-informed (100%). Conclusion: There is a relationship between the level of knowledge and exclusive breastfeeding ( $p < 0.001$ ), while education ( $p = 0.217$ ), occupation ( $p = 1.000$ ), and income ( $p = 0.436$ ) have no relationship with exclusive breastfeeding. It is hoped that health workers can be a source of information about the importance of exclusive breastfeeding for babies up to 6 months of age and after six months of age. After six months, it is continued with the provision of complementary foods while continuing to provide breast milk until the age of 2 years and there is support from the family, especially the husband, as an effort to increase the coverage of exclusive breastfeeding.

**Keywords:** Breastfeeding Coverage; Exclusive Breastfeeding; Infant Nutrition; Knowledge; Socio-Economic.

### 1. INTRODUCTION

Exclusive breastfeeding is known to have nutritional and health benefits for babies. Exclusive breastfeeding is a condition where a baby receives only breast milk from their mother or a foster mother for the first 6 months and no other solid foods or liquids except drops or syrups containing vitamins, minerals, supplements, or medications. 1,2 Exclusive breastfeeding for 6 months is in accordance with Government Regulation Number 33 of 2012 concerning Exclusive Breastfeeding. Article 6 of this government regulation states that every mother is obliged to provide exclusive breastfeeding to her newborn baby. However, this regulation does not apply if there are medical indications or the baby is motherless. Breast milk is the primary food for babies, beneficial for growth and intelligence. Breastfed babies receive health protection from the antibodies still present in breast milk, as well as digestive health, intelligence, and a sense of conduciveness and comfort experienced by the baby.

According to World Health Organization (WHO) data, as of 2020, only around 44% of babies worldwide aged 0-6 months were exclusively breastfed. This is not in accordance with the WHO target of 2025, which is to increase exclusive breastfeeding in the first 6 months to at least 50%. In Indonesia, exclusive breastfeeding coverage in 2018-2019 decreased from 68.74% to 67.74%. Central Sulawesi health profile data in 2019 showed that exclusive breastfeeding coverage in 2018-2019 decreased from 57.7% to 54.7%. This coverage has reached the 2019 target of 50%. However, good cooperation between health workers is still needed to provide

breastfeeding counseling and education about exclusive breastfeeding to pregnant and breastfeeding mothers to increase exclusive breastfeeding. Based on data from the Poso Regency Health Office in 2018-2019, the coverage of infants aged 0-6 months receiving exclusive breastfeeding increased from 57.4% to 59.9%. The lowest exclusive breastfeeding coverage was at the Sikan Community Health Center at 28%. Exclusive breastfeeding coverage at the Sikan Community Health Center (Puskesmas) decreased from 50.8% to 28% from 2018 to 2019. Based on a preliminary study, the coordinating midwife stated that people in the Sikan Community Health Center's work area were more proud to provide formula than breast milk.

Factors influencing breastfeeding include socioeconomic factors, sociocultural factors, psychological factors, maternal physical factors, and a lack of health workers, resulting in a lack of awareness among the community about the benefits and objectives of exclusive breastfeeding. Another factor is mothers' low knowledge about exclusive breastfeeding. Maulida's research found that mothers with high incomes were less effective at exclusive breastfeeding, while mothers with low incomes were more successful at exclusive breastfeeding. This is because mothers with high incomes can afford complementary foods or breast milk substitutes, while mothers with low incomes save more money on complementary foods or breast milk substitutes.

Other research shows that knowledge is also related to exclusive breastfeeding; knowledge is a key factor in shaping a person's behavior. Behavior based on sound knowledge is more sustainable than behavior that is not based on knowledge. Mothers with good knowledge about exclusive breastfeeding will breastfeed their babies exclusively, or for six months, without any additional food. The purpose of this study was to determine the relationship between socioeconomic factors and knowledge levels and exclusive breastfeeding.

## **2. RESEARCH METHOD**

This research is an analytical study with a cross-sectional approach. It was conducted between March and April 2021. The study was conducted in the Tokorondo Community Health Center (Puskesmas) area. The population was all 46 mothers with infants aged 6-12 months in the Sikan Community Health Center area. Consecutive sampling was used, resulting in 36 respondents.

The dependent variables were exclusive breastfeeding, socioeconomic status, and maternal knowledge. The variable for exclusive breastfeeding refers to mothers exclusively breastfeeding their infants for 6 months without any additional food or drink, except for vitamins, minerals, and medications in syrup form. Respondents' socioeconomic status was measured by their education level, occupation, and income. Education level: Elementary, Middle, High School/Vocational

High School, University/Diploma; occupation: Housewife, student, honorary; Income: low if the average father and mother's income is <the Poso Regency Minimum Wage (Rp. 2,503,734), high if the average father and mother's income is >the Poso Regency Minimum Wage (Rp. 2,503,734). The knowledge variable is categorized as good if the score is 76%-100%, sufficient if the score is 56%-75%, and poor if the score is <56%.

The exclusive breastfeeding questionnaire in this study corresponds to the exclusive breastfeeding questionnaire taken from the 2018 Basic Health Research (Riskesdas). The questionnaire contains 10 questions, and the researcher guided respondents in completing the questionnaire. Exclusive breastfeeding is assessed from questions 1, 3, and 9, which can determine whether the mother has ever breastfed, since when the mother breastfed, and when the mother first gave food or fluids other than breast milk to the baby. Questions number 2, 4, 5, 6, 7, 8, and 10 are supporting questions from questions number 1, 3 and 9. The knowledge questionnaire in this study is in accordance with the research questionnaire of Fatimah, 2017. The questionnaire uses the Guttman scale with yes and no answer alternatives. The questionnaire contains 20 statements; there are 12 positive statements and 8 negative statements. Data analysis in this study is univariate and bivariate analyses.

### 3. RESULTS AND DISCUSSION

The results of the study regarding the socioeconomic status and mothers' knowledge regarding exclusive breastfeeding in the Sikan Community Health Center area are presented in the following table:

#### Respondent Characteristics

**Table 1.** Frequency Distribution Based on Respondent Characteristics.

Variable	Category	f	%
Respondent Age	<20 Years	2	5,6
	20-35 Years	28	77,8
	>35 Years	6	16,7
Education	Elementary School	5	13,9
	Junior High School	9	25,0
	High School/Vocational School	21	58,3
	University/Diploma	1	2,8
Occupation	Housewife	34	94,4
	Bachelor	1	2,8
	honorary	1	2,8

Income	Low	32	88,9
	High	4	11,1
Delivery Assistant	Midwife	27	75,0
	Doctor	9	25,0
Parity	Primipara	8	22,2
	Multipara	27	75,0
	Grandemultipara	1	2,8
Knowledge	Good	5	13,9
	Adequate	23	63,9
	Poor	8	22,2
Exclusive Breastfeeding	Yes	8	22,2
	No	28	77,8
Total		36	100

Table 1 shows that most respondents were aged 20-35 years (77.8%), had a high school education (58.3%), and were housewives (94.4%). Respondents with low incomes were 88.9%. The most frequent birth attendants were midwives (75%). The most frequent parity was multiparous with 27 respondents (75%). The most frequent knowledge was in the sufficient category, with 23 respondents (63.9%), and 28 mothers (77.8%) did not provide exclusive breastfeeding.

## Socioeconomic

### a. Education

**Table 2.** Exclusive Breastfeeding Based on Maternal Education.

Education	Breastfeeding						p-value
	Exclusive		Not Exclusive		Total		
	n	%	n	%	N	%	
University	0	0	1	100%	1	100,0	
High School	3	14,3	18	85,7	21	100,0	0,217
Middle School	2	22,2	7	77,8	9	100,0	
Elementary School	3	60,0	2	40,0	5	100,0	
Total	8	22,2	28	77,8	36	100,0	

Table 2 shows that the respondents who mostly provided exclusive breastfeeding were elementary school graduates (60.0%).

**b. Occupation****Table 3.** Exclusive Breastfeeding Based on Maternal Occupation.

Occupation	Breastfeeding						p-value
	Exclusive		Not Exclusive		Total		
	n	%	n	%	N	%	
Working	0	0	2	100,0	2	100,0	1,000
Not Working	8	23,5	26	76,5	34	100,0	
Total	8	22,2	28	77,8	36	100,0	

Table 3 shows that the respondents who exclusively breastfed the most were unemployed mothers (23.5%).

**c. Income****Table 4.** Exclusive Breastfeeding Based on Family Income.

Income	Breastfeeding						Nilai p
	Exclusive		Not Exclusive		Total		
	n	%	n	%	N	%	
Low	6	18,7	26	81,3	32	100,0	0,436
High	2	50,0	2	50,0	4	100,0	
Total	8	22,2	28	71,8	36	100,0	

Table 4 shows that the respondents who exclusively breastfed most had high incomes (50%).

**Knowledge Level****Table 5.** Exclusive Breastfeeding Based on Mother's Knowledge Level.

Knowledge	Breastfeeding						Nilai p
	Exclusive		Not Exclusive		Total		
	n	%	n	%	N	%	
Good	5	100,0	0	0	5	100,0	
Enough	3	13,0	20	87,0	23	100,0	<0,001
Poor	0	0	8	100,0	8	100,0	
Total	8	22,2	28	77,8	36	100,0	

Table 5 shows that of the 23 respondents with sufficient knowledge, 20 (87%) did not provide exclusive breastfeeding, and of the 8 respondents with insufficient knowledge, 8 (100%) did not provide exclusive breastfeeding.

**Table 6.** Frequency Distribution of Respondents' Answers Based on Statements Regarding Mothers' Knowledge of Exclusive Breastfeeding.

No	Statement	Correct	%	Wrong	%
1	The mother exclusively breastfeeds without any additional food or drink until the baby is six months old.	22	61	14	39
2	The mother only gives medicine or vitamins in the form of drops or syrup until the baby is six months old.	22	61	14	39
3	The mother has given the baby honey before the baby is six months old.	26	72	10	28
4	The mother never gives the baby rice water before the baby is six months old.	36	100	0	0
5	The mother never gives the baby tea or syrup before the baby is six months old.	13	36	23	64
6	Mothers give mashed bananas to babies as a supplement before they are six months old.	23	64	13	36
7	Mothers never give oranges or other fruits to babies before they are six months old.	19	53	17	47
8	Mothers never give babies biscuits or bread before they are six months old.	20	56	16	44
9	Mothers only breastfeed when their babies cry.	17	47	19	53
10	The composition of breast milk on the first day after birth is different from the composition of breast milk three days after birth.		53	17	
11	Babies can consume formula as a supplement to breast milk before they are six months old.	15	42	21	58
12	The composition of breast milk is more difficult for babies to digest.	22	61	14	39
13	Babies who are exclusively breastfed will have better intelligence than babies who are not exclusively breastfed.	26	72	10	28
14	Breastfeeding reduces the risk of breast cancer, ovarian cancer, and endometrial cancer.	27	75	9	25
15	Breastfeeding mothers find it easier to feed their babies because they don't need equipment like hot water and bottles to make formula.	29	81	7	19
16	Exclusive breastfeeding increases family expenses.	22	61	14	39
17	Breastfeed your baby until he or she is satisfied with the milk.	31	86	5	14
18	Breastfeed at least every two hours.	28	78	8	22
19	Do not wake your baby for milk if they are sleeping for more than two hours.	11	31	25	69

20	Breastfeed whenever and wherever your baby wants it.	36	100	0	0
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Based on Table 6, it can be seen that the statements most frequently answered correctly by respondents were statements 4 and 20, namely 36 respondents (100%). The statement most frequently answered incorrectly by respondents was statement 19, namely 25 respondents (69%).

## Discussion

### Exclusive Breastfeeding

For toddlers, especially those aged 0-6 months, breast milk is the best source of nutrition, with benefits that cannot be replaced by anything other than vitamins and medication. Breastfeeding fulfills the rights of every mother and child. Children who receive exclusive breastfeeding and proper parenting will develop and grow optimally and are less susceptible to illness. Furthermore, breastfeeding can strengthen the emotional bond between mother and child, hopefully fostering a resilient and independent child. In 2017, research from the Global Breastfeeding Collective indicated that a country would incur an economic loss of \$300 billion annually due to low exclusive breastfeeding coverage, which results in increased maternal and infant mortality and increased healthcare costs due to high incidences of diarrhea and other infections. Breast milk is also considered the first vaccine for infants, containing antibodies that provide immunological protection against death from infectious diseases.

The findings of this study indicate that the majority of respondents (28 respondents) did not exclusively breastfeed. This study identified several reasons for the failure of exclusive breastfeeding: mothers not having breast milk after delivery, mothers who were breastfeeding but stopped breastfeeding several months after birth, and mothers who gave birth in hospitals often gave their babies formula milk after delivery. This is consistent with research showing that the success of exclusive breastfeeding is inseparable from the support of health workers and cadres who actively educate mothers about breastfeeding, ensuring mothers' confidence and resistance to formula milk advertisements. Furthermore, support, especially from husbands, is crucial to increasing exclusive breastfeeding coverage. Therefore, it is necessary to establish breastfeeding support groups.

Other studies have shown that the low success rate of exclusive breastfeeding programs is due to the separation of mothers and their babies from shared care after delivery, mothers experiencing persistently low milk production, breast rejection, difficulty latching, and maternal employment.

## **Socioeconomic**

### **a. Education**

The findings of this study indicate that the respondents with the highest level of exclusive breastfeeding were those with an elementary school education (60%). Meanwhile, none of the respondents with a university education exclusively breastfed. However, in this study, mothers with an elementary school education were more likely to exclusively breastfeed. It can be assumed that education is not a factor influencing exclusive breastfeeding. Respondents with higher education still lacked knowledge and understanding of the information provided by health workers regarding exclusive breastfeeding, given the busy schedules of working mothers. Some mothers believed that breastfeeding was an act that fostered a direct bond with their child without requiring further study. This is inconsistent with other research, which states that higher education levels significantly influence a mother's willingness to exclusively breastfeed, and mothers with low education are 7.8-8.8 times more likely not to breastfeed exclusively.

### **b. Occupation**

The findings of this study indicate that the majority of mothers who exclusively breastfed were unemployed. This is in line with research by Idang et al. (2015) that found a significant relationship between occupation and exclusive breastfeeding practices. The majority of exclusive breastfeeding practices are performed by housewives. Housewives can take their babies with them wherever they go, allowing them to breastfeed whenever they request it. It can be assumed that respondents who work as housewives can exclusively breastfeed because they have ample free time at home and can devote sufficient attention to their children. However, interviews with housewives indicated that they did not exclusively breastfeed due to a lack of breast milk production in the early stages of their children's lives, which led them to use formula milk as a substitute, and the respondents' lifestyles, which made them prouder when giving formula milk to their babies.

Research by Ella (2016) indicates that employment is the primary factor contributing to mothers' inability to practice exclusive breastfeeding, as most mothers are farmers. Farming mothers are busy with farming activities, leaving them with insufficient time to breastfeed, especially without the support of other family members. 26 Working mothers can reduce the likelihood of exclusive breastfeeding, with mothers who work full-time being 1.54 times more likely not to exclusively breastfeed than mothers who do not work. Working mothers face various obstacles in exclusive breastfeeding, including time allocation, quality of time spent with their babies, workload, stress, and confidence in exclusive breastfeeding. Working mothers have low confidence in their ability to exclusively breastfeed. Furthermore, mothers report that it is tiring

and difficult to continue breastfeeding after returning to work because they have to nurse their babies at night and wake up early for work.

The results of this study are inconsistent with other studies that found that non-working mothers have better exclusive breastfeeding practices. These results are similar to other studies that show that working mothers are less likely to exclusively breastfeed their children. They tend to have less time and opportunity to interact with their children, including breastfeeding.

### **c. Income**

The findings of this study indicate that 81.3% of low-income respondents did not exclusively breastfeed compared to 18.7% who did. 50% of high-income respondents did not exclusively breastfeed, while 50% of respondents who did exclusively breastfeed. The researcher assumed that there was an imbalance between low-income and high-income respondents, resulting in 50% of high-income respondents exclusively breastfeeding. This is also due to a lack of ability to purchase nutritious food during pregnancy, which, at birth, can hinder mothers from breastfeeding their children for the first time, or from breastfeeding after birth but discontinuing due to reduced milk production.

This is consistent with other studies that suggest that income does not influence exclusive breastfeeding; however, low income hinders exclusive breastfeeding. A study in Zimbabwe observed that women with limited income and low economic status found breastfeeding difficult due to inadequate food with low nutritional value. Other studies have reported that exclusive breastfeeding is more common among low-income mothers than among high-income mothers. This is because they find it more practical to breastfeed their babies directly rather than buy expensive formula. In contrast, mothers with higher incomes will provide more expensive formula, making it less likely to breastfeed their babies exclusively. Traditions and beliefs will develop as something that will guide people's behavior to do things according to the traditions and beliefs that exist in their environment; they are more receptive to input from family and those around them. In addition, a lack of information about exclusive breastfeeding also causes new mothers to tend to panic when their milk has not come in and their babies cry.

According to researchers, exclusive breastfeeding in the Sikan Community Health Center (Puskesmas) area is also influenced by social factors. Traditions passed down through generations lead mothers to trust their families more than health workers. The study found that most mothers substituted breast milk for other foods or fluids, such as formula, while waiting for their milk to come in. Respondents who provided supplementary foods, such as mashed bananas, even though breast milk alone was sufficient, argued that these foods did not affect the baby's growth and development, as this had been a family tradition for generations. Interviews with the coordinating

midwife revealed that people gave their babies formula for several reasons. One common reason is that breast milk had not yet come in at birth, and some people were prouder to give their babies formula than breast milk, even if their families had low incomes. One cultural practice that has been passed down through generations is to introduce food early while waiting for breast milk to come in. The reason for this is that early feeding reduces fussiness, helps babies sleep soundly, reduces hunger, and promotes faster growth.

### **Knowledge**

The results of the study indicate a relationship between knowledge level and exclusive breastfeeding. Of the 23 respondents with sufficient knowledge, 20 (87%) did not exclusively breastfeed, and of the 8 respondents with insufficient knowledge, 8 (100%) did not. This demonstrates that many breastfeeding mothers still do not fully understand the importance of exclusive breastfeeding, despite having a good cognitive understanding of its importance. In the questionnaire, respondents most correctly answered that breastfeeding should be whenever and wherever the baby desires. Many respondents answered correctly regarding the statement that exclusive breastfeeding would increase family expenses, but many respondents still did not exclusively breastfeed their babies.

The results of the study above are in line with research by Amir et al. (2018) that, in principle, exclusive breastfeeding is determined by a mother's level of knowledge. The higher a person's level of knowledge about breastfeeding, the more it will influence their mindset, attitude, and behavior. A good understanding of exclusive breastfeeding will be a model for a mother in deciding whether to breastfeed her child or not. When a mother understands the importance of breastfeeding to increase immunity and reduce morbidity and mortality rates in infants, the mother will provide exclusive breastfeeding to her baby. In the study of Sariati et al. (2017), mothers with good knowledge should breastfeed their babies exclusively. However, some mothers do not give it to their babies because they do not know, and do not want to learn and practice because they lack awareness of breastfeeding their babies. Some mothers think breastfeeding their babies only lasts a few months. For various reasons, including stopping breast milk production and mothers worrying about their babies crying constantly, mothers introduce solid foods to their babies before the age of 6 months. Other studies show that mothers who do not provide exclusive breastfeeding argue that breastfeeding makes them fat because they eat too much and worry about having difficulties during weaning. Increasing maternal knowledge about exclusive breastfeeding and its benefits should be done through health education and counseling conducted by healthcare professionals. Several of these activities have been shown to increase maternal knowledge about

exclusive breastfeeding, and it is hoped that this increased knowledge will encourage mothers to exclusively breastfeed their children.

#### 4. CONCLUSION

Exclusive breastfeeding is more common in mothers with low education (60%), unemployed mothers (23.5%), high income (50%), and good knowledge (100%). Conclusion: There is a relationship between the level of knowledge and exclusive breastfeeding ( $p < 0.001$ ), while education (0.217), employment ( $p = 1.000$ ), and income ( $p = 0.436$ ) have no relationship with exclusive breastfeeding. It is hoped that health workers can be a source of information about the importance of exclusive breastfeeding for babies up to 6 months of age and after six months of age. After six months, it is continued with the provision of complementary foods while continuing to provide breast milk until the age of 2 years, and there is support from the family, especially the husband, as an effort to increase the coverage of exclusive breastfeeding.

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