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Factors Influencing Exclusive Breastfeeding: The Role of Knowledge, Attitude, and Family Support in Plaosan, Magetan

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ABSTRACT The effort to improve the quality of human resources (HR) begins from infancy in the womb. One of the efforts to ensure a well-growing and developing baby is by providing Exclusive Breastfeeding (EBF). Globally, the provision of EBF is lower than needed. This study aims to determine the relationship between knowledge, attitude, and family support towards the provision of exclusive breastfeeding in the working area of UPTD Puskesmas Plaosan Magetan. This research is an analytical survey study with a cross-sectional design. The research sample was taken using Simple Random sampling technique, amounting to 37 mothers with infants aged 0-6 months. The independent variables are knowledge, attitude, and family support, and the dependent variable is the provision of Exclusive Breastfeeding. Data collection was conducted using questionnaires and baby register books. To analyze the relationship between knowledge, attitude, and family support, Bivariate analysis was used, and the tests used were chi-square or fisher exact tests. The results showed that there was no relationship between knowledge and the provision of Exclusive Breastfeeding (p-value = 0.447), there was a relationship between attitude and the provision of Exclusive Breastfeeding (p-value = 0.005), and there was a relationship between family support and the provision of Exclusive Breastfeeding (p-value = 0.002). Based on the results of the study, The implications it is concluded that the success of Exclusive Breastfeeding is related to attitude and family support; however, attitude and family support are formed from good knowledge and a positive mindset. Therefore, it is recommended for UPTD Puskesmas Plaosan to develop educational programs involving family participation and community leaders, as well as to improve health services.

INDEX TERMS Exclusive Breastfeeding; knowledge; attitude; family support

I. INTRODUCTION

Improving the quality of human resources (HR) starts from the womb of the mother; one effort to ensure the optimal growth and development of babies is by providing Early Initiation of Breastfeeding (EIB) and Exclusive Breastfeeding (EBF) [1]. The lack of EBF is one of the reasons why babies are susceptible to diseases and have low birth weights [2]. Despite government efforts to promote EBF, the rate of EBF remains low. Factors associated with EBF include Age, Occupation, Education, Knowledge, Parity, Support from husband, family, and healthcare providers [3].

Nationally, the coverage of infants receiving EBF in 2021 in Indonesia was 56.9%. This figure exceeded the target coverage set by the strategic plan for 2021, which was 40% (Ministry of Health, 2021). In East Java in 2022, the coverage of EBF reached 69.72%, exceeding the strategic

plan target for East Java of 40% [4]. However, this figure has significantly decreased compared to the achievement of an EBF coverage rate of 80% in 2020 with a target coverage of 40% [5].

According to data from the Health Profile of Magetan District in 2022 obtained from the Nutrition Section of the Magetan District Health Office, the coverage of infants receiving EBF was 73.85%, while in Plaosan Primary Health Center in 2022, the coverage of EBF was 72.4% [6]. The achievement of EBF in Plaosan Primary Health Center is still below the achievement in Magetan District.

The impact of not providing EBF includes decreased immunity, jaundice, lack of bonding attachment, and inadequate nutrition for the baby. The provision of EBF can be addressed with support from various parties including mothers, babies, families, and healthcare providers as part of efforts to increase EBF. One influential factor is the mother

[7]. Efforts to increase EBF can be broadly categorized as early breast care, healthcare provider support in breastfeeding, and good lactation management preparation [7].

Local governments, especially in Magetan District, have also made efforts. With a focus on maternal and child health, the Magetan District Health Office has provided lactation rooms. The availability of lactation rooms is intended for employees and visitors who often bring their babies, demonstrating the government's commitment to ensuring babies' rights to receive breast milk. This is aimed at allowing mothers everywhere to breastfeed their babies. Additionally, there are promotional tools for EBF such as leaflets and banners. This is aimed at allowing mothers everywhere to breastfeed their babies. Additionally, there are promotional tools for EBF such as leaflets and banners.

Based on the above description, the coverage of EBF is still insufficient, while EBF is crucial for the growth and development of children. Therefore, the author is interested in conducting research on "The Relationship Between Knowledge and Family Support with Exclusive Breastfeeding in the Plaosan Primary Health Center Area."

General objective of this research is to determine the relationship between knowledge, attitude, and family support with exclusive breastfeeding in the working area of Plaosan Primary Health Center. The specific objectives of this research are to identify individual characteristics (age, education, occupation, and parity), as well as the relationship between knowledge, attitude, and family support towards exclusive breastfeeding in Plaosan Primary Health Center.

II. METHODS

This research is a quantitative study and the type of research used is an analytical survey with a cross-sectional study design. The research was conducted at Plaosan Primary Health Center from February to June 2024. The population in this study is the average number of visits of infants aged 0-6 months in 1 year who came to Plaosan Primary Health Center in 2023, totaling 37 infants using the Slovincs formula and selected based on inclusion and exclusion criteria set using Simple Random Sampling technique. The sampling method involves selecting every mother of an infant aged 0-6 months who visits the Child Examination Room at UPTD Puskesmas Plaosan to be included as a research sample. The independent variables in this study are maternal knowledge, maternal attitude, and family support, while the dependent variable is exclusive breastfeeding. The research instrument used is a questionnaire. Data analysis is processed using SPSS to analyze the Chi-Square test and further Fisher Exact test with a significance level ($P\text{-Value} \leq \alpha 0.05$). Ethical considerations include an Informed Consent form, not including the respondents' names (Anonymity), and maintaining the confidentiality of the information provided.

III. RESULT

The research was conducted in the working area of Puskesmas Plaosan, which includes 2 urban villages and 6 rural villages, namely Kelurahan Plaosan, Kelurahan Sarangan, Desa Bulugunung, Desa Ngancar, Desa Dadi, Desa Plumpung, Desa Puntukdoro, and Desa Pacalan. Puskesmas Plaosan has 46 integrated health posts (posyandu) for toddlers spread across all villages/urban areas. Routine posyandu activities are conducted every month with the assistance of approximately 230 active posyandu cadres. The working area of Puskesmas Plaosan is characterized by hills and valleys sloping down from Mount Lawu. However, all areas within the working area of Puskesmas Plaosan are accessible by land transportation. Puskesmas Plaosan is located 10 km away from RS Syaaidiman Magetan.

A. CHARACTERISTICS OF RESPONDENTS

TABLE 1
Characteristics of Age, Education Level, Occupation, and Parity of Mothers with Infants Aged 0-6 Months in the Working Area of Puskesmas Plaosan Magetan in 2024.

Characteristics	f	(%)
Age (Year)		
20-25	10	27,0
26-30	12	32,5
31-35	11	29,7
36-40	4	10,8
Total	37	100,0
Education levels		
Basic (SD-SMP)	19	51,4
Intermediate (SMA/SMK)	15	40,5
High Education (Diploma-Sarjana)	3	8,1
Total	37	100,0
Occupation		
PNS/TNI/POLRI	2	5,4
Entrepreneur	19	51,4
Farmer	7	18,9
Laborer	0	0
House wife	9	24,3
Total	37	100,0
Parity		
Primipara	16	43,2
Multipara	21	56,8
Total	37	100,0

There are 37 mothers of infants aged 0-6 months, with the majority being aged 26-30 years, accounting for 12 (32.5%). The characteristics of the mothers' education level mostly include basic education (elementary and junior high school), totaling 19 (51.4%). The majority of mothers work in the private sector (entrepreneurs), accounting for 19 (51.4%). Most mothers have a multipara parity status, with 21 (56.8%), as shown in [TABLE 1](#).

B. CHARACTERISTICS OF KNOWLEDGE LEVELS

Among 37 mothers with infants aged 0-6 months in the working area of Puskesmas Plaosan, the majority of mothers have a good level of knowledge, totaling 19 respondents.

TABLE 2

Frequency Distribution of Knowledge Levels of Mothers with Infants Aged 0-6 Months in the Working Area of Puskesmas Plaosan, Magetan,

Knowledge levels	f	(%)
Low	4	10,8
Enough	15	40,5
Good	18	48,7
Total	37	100,0

C. FREQUENCY DISTRIBUTION OF ATTITUDE

Among the 37 mothers of infants aged 0-6 months, the majority have a positive attitude, with 32 respondents (86.5%), while a minority have a negative attitude, with 5 respondents (13.5%), as shown in [TABLE 3](#).

TABLE 3

Frequency Distribution of Attitude of Mothers with Infants Aged 0-6 Months in the Working Area of Puskesmas Plaosan, Magetan, in 2024.

Attitude	f	%
Negative	5	13,5
Positive	32	86,5
Total	37	100,0

D. FREQUENCY DISTRIBUTION OF ATTITUDE

Among the 37 mothers of infants aged 0-6 months, the majority receive family support, with 30 respondents (81.1%), while only a minority do not receive family support, with 7 respondents (18.9%), as shown in [TABLE 4](#).

TABLE 4

Frequency Distribution of Family Support of Mothers with Infants Aged 0-6 Months in the Working Area of Puskesmas Plaosan, Magetan, in 2024 (51.4%), and a sufficient level of education, totaling 18 respondents (48.6%),

Family Support	f	%
Not Support	7	18,9
Support	30	81,1
Total	37	100,0

E. FREQUENCY OF PROVIDE BREASTFEEDING

Among the 37 mothers of infants aged 0-6 months, the majority provide exclusive breastfeeding, with 29 respondents (78.4%), while only a minority do not provide exclusive breastfeeding, with 8 respondents (21.6%), as shown in [TABLE 5](#).

TABLE 5.

Frequency Distribution of Provide Breastfeeding of Mothers with Infants Aged 0-6 Months.

Provide Breastfeeding	f	%
Not Exclusive	8	21,6
Exclusive	29	78,4
Total	37	100,0

F. RELATIONSHIP BETWEEN KNOWLEDGE AND EXCLUSIVE BREASTFEEDING IN THE WORKING AREA OF UPTD PUSKESMAS PLAOSAN

The data analysis using the chi-square test that was conducted on the variable knowledge level did not meet the

requirements because there were 2 cells (50%) with an expected frequency value of less than 5. Therefore, an alternative Fisher's exact test was performed, resulting in a p-value of $0.447 > \alpha 0.05$, so H_0 is accepted, which means there is no relationship between knowledge level and the provision of exclusive breastfeeding. The data analysis results on the relationship between knowledge level and the provision of exclusive breastfeeding in the working area of Puskesmas Plaosan Magetan can be seen in the following table:

TABLE 6.

Relationship Between Knowledge with Provide Breastfeeding in the Working Area of UPTD Puskesmas Plaosan

Knowledge Levels	Provide Breastfeeding				Total	p	Fisher Exact
	Not Exclusive	Exclusive					
	f	%	f	%	n	%	
Low	0	0	0	0	0		
Enough	5	27,8	13	72,2	18	100	0,37
Good	3	15,8	16	84,2	19	100	6

G. RELATIONSHIP BETWEEN ATTITUDE AND EXCLUSIVE BREASTFEEDING IN THE WORKING AREA OF UPTD PUSKESMAS PLAOSAN

The analysis of the data using the Chi-square test on the attitude variable did not meet the requirements because there were 2 cells (50%) with an expected frequency of less than 5. Therefore, an alternative Fisher's exact test was conducted, resulting in a p-value of 0.005, which is less than $\alpha 0.05$. Hence, the null hypothesis (H_0) is rejected, indicating that there is a significant relationship between attitude and the provision of exclusive breastfeeding, as shown in [TABLE 7](#).

TABLE 7.

Relationship Between Attitude with Provide Breastfeeding in the Working Area of Puskesmas Plaosan, Magetan, in 2024

Attitude	Provide Breastfeeding				Total		p	Fisher Exact
	Not Exclusive		Eixclusive					
	f	%	f	%	n	%		
Negative	4	80	1	20	5	100	0,001	0,005
Positive	4	12,5	28	87,5	32	100		

H. RELATIONSHIP BETWEEN FAMILY SUPPORT AND EXCLUSIVE BREASTFEEDING IN THE WORKING AREA OF UPTD PUSKESMAS PLAOSAN

The analysis of the data using the Chi-square test on the family support variable did not meet the requirements because there was 1 cell (25%) with an expected frequency of less than 5. Therefore, an alternative Fisher's exact test was conducted, resulting in a p-value of 0.002, which is less than $\alpha 0.05$. Hence, the null hypothesis (H_0) is rejected, indicating that there is a significant relationship between family support and the provision of exclusive breastfeeding, as shown in [TABLE 8](#).

TABLE 8.

Relationship Between Family Support with Provide Breastfeeding in the Working Area of Puskesmas Plaosan, Magetan, in 2024.

Family Support	Provide Breastfeeding		Total	p	Fisher Exact
	Not Exclusive	Exclusive			
	f	%			

	f	%	f	%	n	%		
Not Support	4	80	1	20	5	100	0,00	0,005
Support	4	12,5	28	87,5	32	100	1	

IV. DISCUSSION

This study aims to identify the relationship between knowledge, attitudes, and family support with exclusive breastfeeding in the working area of UPTD Puskesmas Plaosan in 2024. This chapter will discuss the research findings.

A. CHARACTERISTICS OF MOTHERS WITH INFANTS AGED 0-6 MONTHS

Mothers of infants aged 0-6 months in the working area of UPTD Puskesmas Plaosan are predominantly aged 26-30 years, an age that falls within the range of healthy reproductive age, allowing mothers to be more emotionally mature in caring for and meeting their babies' nutritional needs. According to Lawrence Green, a person's age also influences exclusive breastfeeding. The educational level of mothers with infants is primarily basic education (elementary and junior high school). According to the research by Permatasari, Andhini, and Rahmawati [8], the higher the level of education, the greater the exposure to information and the wider social interaction, resulting in more information being received.

The education level of mothers with infants is one factor that can determine the success of exclusive breastfeeding. If a mother's education level is low, it will be more challenging for her to understand the messages or information received. Conversely, if a mother has a higher education and broader knowledge, it will be easier for her to obtain and understand the information provided.

Most mothers in this study are self-employed. Self-employment is not a barrier to exclusive breastfeeding because many self-employed mothers work from home or have their offices, creating a comfortable and supportive environment for breastfeeding and offering more flexible timing. Most mothers are multiparous. The prevalence of exclusive breastfeeding increases with the number of children; the third child or beyond is more likely to be exclusively breastfed compared to the first or second child. Therefore, parity influences exclusive breastfeeding [9]. Multiparous mothers generally have better knowledge about exclusive breastfeeding and effective breastfeeding techniques.

Moreover, in the present study, an increase in parity was associated with increased odds of EBF practice. This association was supported by a study done in Kenya which showed a 39.4% rate of EBF among primiparous mothers compared to a 49.3% prevalence among multiparous ones [17]. In this sense, it is necessary to provide primiparous with more breastfeeding related information during pre or/and postnatal periods. Mothers with more frequent birth experiences would obviously be occupied with better knowledge and thus intention and practice of EBF. Mothers

with more frequent birth experiences would obviously be occupied with better knowledge and thus intention and practice of EBF.

B. RELATIONSHIP BETWEEN KNOWLEDGE AND EXCLUSIVE BREASTFEEDING

The relationship between knowledge and exclusive breastfeeding in the working area of UPTD Puskesmas Plaosan in 2024 shows no significant correlation. Knowledge level is not the only factor influencing exclusive breastfeeding. This finding aligns with the research by Wijaya & Ismarwati [10] who stated that almost all breastfeeding mothers have good knowledge but do not practice exclusive breastfeeding. This is due to other factors affecting mothers' behavior in providing exclusive breastfeeding, such as psychological factors, issues with the baby, breast abnormalities, environment, and culture.

This also aligns with Ramli's research [11], which showed no significant relationship between knowledge about exclusive breastfeeding. This condition can be caused by the fact that not all mothers with good knowledge find it easy to apply it. Many myths circulating in society about breastfeeding can easily influence and change mothers' behavior towards breastfeeding. Factors influencing someone's behavior include knowledge, attitudes, beliefs, and support from husbands, parents, community leaders, and healthcare providers. The living environment and experiences from parents and the community reinforce the belief that children who are not exclusively breastfed can still grow normally. This belief is deeply ingrained in mothers, making it difficult to change this behavior. Therefore, it is important to provide breastfeeding education and counselling to improve maternal breastfeeding practices [12]

Study by Laksono et al, also suggests the government to formulate policies focusing on clear targets to be achieved by referring to these study findings. It can target mothers who have poor education, are employed, and live in rural areas. Policies focusing on these targets need to be implemented for a wider coverage of EBF [15].

C. RELATIONSHIP BETWEEN ATTITUDE AND EXCLUSIVE BREASTFEEDING

The relationship between attitude and exclusive breastfeeding shows a significant correlation. This is consistent with the research by Kurniati, Nauli, and Pertiwi [13] which showed a significant influence between mothers' attitudes and their behavior towards exclusive breastfeeding. A mother's attitude determines whether she is willing or unwilling to practice exclusive breastfeeding. Attitude involves the readiness to behave positively or negatively, which encompasses both thought and emotion. In this context, attitude plays an essential role in an individual's behavior in making decisions, including decisions about exclusive breastfeeding.

For an attitude to manifest into actual behavior, supporting factors or conditions are needed, such as personal experience, the influence of important people, cultural influence, mass media, educational and religious institutions, emotional influence, socioeconomic factors, physical readiness, health status, and psychological readiness. These factors can suggest specific opinions, forming a particular direction of attitude. A positive attitude held by a mother will generally show a positive direction towards the attitude of exclusive breastfeeding [14]. A positive attitude towards exclusive breastfeeding is crucial to support the successful breastfeeding process. This positive attitude helps mothers be more confident and motivated to provide exclusive breastfeeding [18].

Mothers with positive or desired attitude showed more than twice higher odds of EBF when compared to those with less positive or undesired attitude. Quite logically, mothers positively inclined towards breastfeeding are more likely to continue breastfeeding and have a greater chance of successful EBF practice. Hence, evidence supports that antenatal and early Postpartum education and counseling related to breastfeeding could improve maternal attitudes and knowledge toward optimal breastfeeding practices [16].

Mothers with experience of infant formula feeding in public places because of the inconvenience of breastfeeding were less likely to practice EBF compared with their counterpart. A society that is perceived by women to disapprove of breastfeeding in public is not conducive to prolonged breastfeeding. Attitudes against breastfeeding in public can serve as a barrier for those attempting EBF and might contribute to a low EBF prevalence [17].

D. RELATIONSHIP BETWEEN FAMILY SUPPORT AND EXCLUSIVE BREASTFEEDING

This study shows a significant relationship between family support and exclusive breastfeeding. This finding is consistent with the research by Aggorowati, which stated that family support influences exclusive breastfeeding. Breastfeeding mothers need to enhance their confidence and motivation to breastfeed and increase their knowledge about proper breastfeeding practices. Families providing both direct and indirect support, including parents and husbands who assist with household chores like sweeping, mopping, washing, cooking, and helping with baby care, encourage mothers to provide exclusive breastfeeding by explaining the numerous benefits of breast milk compared to formula, its practicality, and cost-free nature. Family support significantly influences mothers to provide exclusive breastfeeding [13].

Family support for mothers after childbirth plays a crucial role in exclusive breastfeeding. The postpartum period is an adaptation phase for both mothers and families. New mothers must adapt physically and psychologically to their new roles, including providing proper nutrition for their babies. Each mother's breastfeeding experience is unique, and they may

face challenges, difficulties, and obstacles requiring help or support from their families, especially for inexperienced mothers.

The Limitation based the study In this research, not all variables that influence the provision of exclusive breastfeeding could be explored due to time constraints and the limited number of respondents. The Data collection was conducted while the respondents were at the Puskesmas and accompanied by their children, causing respondents' concentration to be divided between filling out the questionnaire and attending to their children. As a result, the data collected may not be optimal. The researcher provided assistance during the questionnaire completion process to minimize the likelihood of respondents answering without reading the questions.

V. CONCLUSION

Mothers who provide exclusive breastfeeding are predominantly aged 26-30 years. The majority of these mothers have a basic education level (elementary and junior high school). Most of them are self-employed, and multiparous mothers are the most common. These mothers generally have good knowledge about exclusive breastfeeding. Most have a positive attitude towards exclusive breastfeeding and receive family support in their breastfeeding efforts. There is no significant relationship between knowledge and exclusive breastfeeding. However, there is a significant relationship between attitude and exclusive breastfeeding, as well as between family support and exclusive breastfeeding.

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