

THE KNOWLEDGE AND SOCIO-ECONOMIC RELATIONSHIPS OF MOTHERS WITH EXCLUSIVE BREASTFEEDING

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ABSTRAK : PENGETAHUAN DAN HUBUNGAN SOSIAL EKONOMI IBU YANG MENYEDIAKAN ASI EKSKLUSIF

Pemberian ASI eksklusif pada bayi diharapkan dapat meningkatkan pencapaian target Sustainable Development Goals (SDGs) ke-3 target ke-2 yaitu pada tahun 2030 mengakhiri kematian bayi dan balita, dengan seluruh negara berusaha menurunkan angka kematian neonatal setidaknya hingga 12 per 1.000 kelahiran hidup. World Health Organization (WHO) dan United Nations Childrens Fund (UNICEF) (Artini, 2013). Meskipun demikian cakupan ASI eksklusif di seluruh dunia hanya sekitar 37,3% selama periode 2007-2018 (Rikesdas 2018). Rikesdas (2018) juga menjelaskan bahwa perilaku Ibu dalam memberikan MP-ASI dini di Indonesia juga tergolong tinggi, dibuktikan dengan jumlah bayi yang mendapatkan ASI eksklusif hanya 30,2% sedangkan bayi yang telah diberikan MP-ASI dini adalah 69,8% dari seluruh total bayi di Indonesia. Bayi usia 0-6 bulan di Nusa Tenggara Timur sebagian besar sudah memperoleh ASI eksklusif, namun karena alasan sosial ekonomi keluarga dan minimnya pengetahuan tentang ASI Eksklusif sehingga masih terdapat Ibu yang memberikan MP-ASI dini kepada bayi sebelum berusia enam bulan yaitu sebanyak 22,2% (Profil Kes. NTT, 2013). Khususnya di Kabupaten Sumba Barat, salah satunya ialah di wilayah kerja Puskesmas Kabukarudi, tingkat pemberian MP-ASI dini masih cukup tinggi. Sebanyak 12,9% bayi usia 0-6 bulan pada tahun 2014 telah diberi MP-ASI dini seperti air tajin, the, biskuit, dan susu formula. Pada Bulan Januari sampai dengan April 2020 terdapat 68,2% bayi sudah diberikan MP-ASI dini oleh Ibu (Puskesmas Kabukarudi, 2021). Adapun Tujuan dari penelitian ini adalah Menganalisis hubungan status sosial ekonomi dan pengetahuan Ibu dengan pemberian ASI Eksklusif di wilayah kerja Puskesmas Kabukarudi Kabupaten Sumba Barat. Metode penelitian adalah analisis univariat dan bivariat menggunakan uji Chi Square. Hasil Penelitian menunjukkan Terdapat hubungan status sosial ekonomi (pendidikan, pekerjaan dan penghasilan) Ibu dengan pemberian ASI Eksklusif di wilayah kerja Puskesmas Kabukarudi Kabupaten Sumba Barat. Perlunya pencegahan dini terjadinya pemberian MP-ASI dini dengan pelaksanaan program kunjungan rumah secara berkala, pola penyuluhan berdasarkan tingkatan pendidikan dan pengetahuan masyarakat dan proses pengontrolan ketat serta evaluasi pelaksanaan program dalam upaya menurunkan angka kejadian pemberian MP-ASI dini.

Kata Kunci: Pengetahuan, Bayi 0-6 Bulan, Status Sosial Ekonomi Ibu Menyusui

ABSTRACT

Exclusive breastfeeding of infants is expected to improve the achievement of the 3rd Sustainable Development Goals (SDGs) target 2, which is to end infant and under-five mortality by 2030, with all countries striving to reduce neonatal mortality to at least 12 per 1,000 live births. The World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) (Artini, 2013). However, exclusive breastfeeding coverage worldwide was only around 37.3% during 2007-2018 (Rikesdas 2018). Rikesdas (2018) also explains that the behavior of mothers in providing early complementary foods in Indonesia is also relatively high, as evidenced by the number of babies who are exclusively breastfed is only 30.2% while babies who have been given early complementary foods are 69.8% of all babies in Indonesia. Infants aged 0-6 months in East Nusa Tenggara have mostly received exclusive breastfeeding. However, due to socioeconomic reasons and lack of knowledge about exclusive breastfeeding, there are still mothers who give early complementary foods to infants before the age of six months, as many as 22.2% (Profile Kes. NTT, 2013). Especially in West Sumba Regency, one of which is in the working area of the Kabukarudi Health Center, the level of early complementary feeding is still quite high. 12.9% of infants aged 0-6 months in 2014 were given early complementary foods such as air tajin, biscuits, and formula milk. From January to April 2020, 68.2% of infants were given early solids by their mothers (Puskesmas Kabukarudi, 2021). The purpose of this study was to analyze the relationship between socioeconomic status and maternal knowledge with exclusive breastfeeding in the work area of the Kabukarudi Health Center, West Sumba

Regency. The research method is univariate and bivariate analysis using the Chi-Square test. The results showed that there was a relationship between socioeconomic status (education, employment, and income) of mothers with exclusive breastfeeding in the working area of the Kabukarudi Health Center, West Sumba Regency. The need for early prevention of early complementary feeding by implementing regular home visit programs, counseling patterns based on the level of education and knowledge of the community, and the process of strict control and evaluation of program implementation to reduce the incidence of early complementary feeding.

Keywords: Knowledge, Infants 0-6 Months, Socioeconomic Status of Breastfeeding Mothers

INTRODUCTION

Exclusive breastfeeding for 6 months is recommended by the Ministry of Health of the Republic of Indonesia. Solid and semi-solid foods may be given to infants after 6 months of age as complementary foods in addition to breast milk (Data and Information Center of the Indonesian Ministry of Health, 2014). However, the Government's recommendation has not been fully achieved, as evidenced by the results of WHO research (2018), stating that only 40% of infants in the world are exclusively breastfed while 60% of other infants are found to have received complementary foods when they are less than 6 months old. However, exclusive breastfeeding coverage worldwide was only around 37.3% during the 2007-2018 period (Rikesdas 2018). Rikesdas (2018) also explains that the behavior of mothers in providing early complementary foods in Indonesia is also relatively high, as evidenced by the number of babies who are exclusively breastfed is only 30.2% while babies who have been given early complementary foods are 69.8% of all babies in Indonesia. Early complementary foods given to infants aged 0-6 months include formula milk (78.9%), honey (14.3%) and water (13.2%). The factors that influence early complementary feeding in infants under six months of age are family socioeconomics (48.3%), education (21.8%), and parity (12.9%), Asdan (2013). In addition, family income causes the decline in breastfeeding prevalence to occur faster in middle and upper economic groups compared to families with lower economic status where mothers tend to start breastfeeding late, discard colostrum, and provide prenatal foods. In addition, many people are now feeding formula milk and other baby products without medical indication (Kristianto and Sulistyani, 2013). The Indonesian government has made various efforts to prevent breastfeeding limitations. The Ministry of Health has recommended mothers to exclusively breastfeed their babies for six months until the issuance of Government Regulation (PP) Number 33 of 2012 concerning Exclusive

Breastfeeding as an effort to reduce the provision of complementary foods under the age of 6 months. However, several factors such as knowledge, education, and employment are still the main obstacles to the Indonesian government's program (Complementary Feeding WHO, 2013). Infants aged 0-6 months in East Nusa Tenggara have mostly received exclusive breastfeeding. However, due to socio-economic reasons and lack of knowledge about exclusive breastfeeding, there are still mothers who give early complementary foods to infants before the age of six months, which is 22.2% (Profile Kes. NTT, 2013). Especially in West Sumba Regency, one of which is in the working area of the Kabukarudi Health Center, the level of early complementary feeding is still quite high. 12.9% of infants aged 0-6 months in 2014 were given early complementary foods such as air tajin, biscuits, and formula milk. From January to April 2020, 68.2% of infants were given early solids by their mothers (Puskesmas Kabukarudi, 2021). Based on the above phenomenon, the researcher is interested in knowing the relationship between knowledge and socioeconomic status of mothers with exclusive breastfeeding in the working area of the Kabukarudi Health Center, West Sumba Regency.

RESEARCH METHODS

This research is a type of analytical observational research with a cross-sectional research design, which is a study of the dynamics of the correlation between risk factors and effect factors, using an approach, observation, or data collection at one time (point time approach). In the sense that each subject is only observed once and measurements are made of the status of the character or subject variable at the time of the examination (Notoatmodjo, 2010). The population and sample in this study were all mothers who had babies aged 0-6 months in the working area of the Kabukarudi Health Center, West Sumba Regency, totaling 65 mothers. The sampling technique in this study was to use a total sampling technique. This study was conducted in West Sumba Regency in

one of the working areas of Kabukarudi Health Center which consists of eleven villages (Rajaka, Ringurara, Kabukarudi, Laboya Dete, Laboya Bawa, Bondosula, Palamoko, Patiala Bawa, Sodana, Watukarere, Welibo). This research was conducted from April to June 2023.

RESEARCH RESULTS

Based on Table 1, the results show that the knowledge of research respondents in the working area of the Kabukarudi public health center 43.9%

have high or good knowledge about the importance of exclusive breastfeeding in infants aged 0-6 months and provide exclusive breastfeeding to their babies, while the low knowledge of respondents is 1.9% about the importance of exclusive breastfeeding in infants aged 0-6 months not providing exclusive breastfeeding to their babies. The results of the analysis with a p-value of 0.000 which means that there is a relationship between maternal knowledge and exclusive breastfeeding.

Table 1
Maternal Knowledge Relationship with Exclusive Breastfeeding

Knowledge	Exclusive Breastfeeding				Total		P value
	Good		Poor		n	%	
	n	%	n	%			
High	49	87.5%	7	12.5%	56	100%	0.000
Low	2	22.2%	7	77.8%	9	100%	

Table 2
Socioeconomic Status of Mothers with Exclusive Breastfeeding

Characteristics	Exclusive Breastfeeding				Total		P value
	Good		Poor		n	%	
	n	%	n	%			
Education							0.001
Elevated	42	85.7%	7	14.3%	49	100%	
Lower	9	56.3%	7	43.8%	16	100%	
Employment							0.001
Employed	42	89.4%	5	10.6%	47	100%	
Non-employed	9	50.0%	9	50.0%	18	100%	
Earnings							0.000
Large (>Rp.1.250.000)	38	92.7%	3	7.3%	41	100%	
Small (<Rp.1.250.000)	13	54.2%	11	45.8%	24	100%	

Kabukarudi Health Center working area. The results showed that 85.7% of respondents who had high knowledge provided exclusive breastfeeding to infants aged 0-6 months while 14.3% of respondents did not provide exclusive breastfeeding to infants aged 0-6 months. As for the work of respondents in the Kabukarudi Health Center working area, 89.4% of respondents continue to provide breast milk to their babies even though they have a job, while 10.6% choose not to provide exclusive breastfeeding. Respondents who did not have a job 50% did not provide exclusive breastfeeding to their babies. Income earned by respondents 92.7% had a high income and gave exclusive breastfeeding to their babies while respondents with a small income 45.8% did not breastfeed exclusively.

DISCUSSION

Breast milk is one of the programs of the World Health Organization (WHO) as an important intake of infants in the development process before the baby learns to digest another intake after the age of six months. Breast milk is the optimal nutrition for infants. In addition to acting as a source of essential nutrients, breast milk also contains immune substances and bioactive components that prevent inflammation, infection, and probiotics. Indicators of community nutrition improvement based on the Ministry of Health's nutrition surveillance implementation guidelines, one of which is the number of infants reaching the age of 5 months and 29 days receiving exclusive breastfeeding for 6 months to the total number of infants reaching the age of 5 months and 29 days multiplied by 100% (Ministry of Health, 2018).

Non-exclusive breastfeeding in infants is rooted in a lack of knowledge, self-confidence, family support, and the surrounding environment (Hikmawati, 2008). Low maternal knowledge about the benefits of breast milk and lactation management from pregnancy to childbirth will have an impact on maternal attitudes that can affect behavior toward exclusive breastfeeding (Hasrimayana, 2009). In addition, the lower the knowledge, the lower the awareness to provide exclusive breastfeeding to their babies (Sari & Lestari, 2018). Respondents at the Kabukarudi Health Center have high knowledge (78.5%) about the importance of exclusive breastfeeding in infants aged 0-6 months, information obtained mostly from health workers, when mothers go to Posyandu, Puskesmas, and through social media so that they continue to feed their babies exclusively until the age of six months. While low knowledge respondents (21.5%) about the importance of exclusive breastfeeding in infants aged 0-6 months do not provide exclusive breastfeeding to their babies because respondents still follow the traditions that exist in the family, work and economic levels are still relatively low. A comprehensive level of knowledge about the benefits of exclusive breastfeeding generally increases the likelihood of exclusive breastfeeding. Mothers who have a better understanding of the fact that breastmilk provides optimal nutrition, protects babies from infection, and has long-term health benefits, are more likely to implement exclusive breastfeeding.

Socioeconomic status often affects adherence to exclusive breastfeeding. Mothers with lower socioeconomic status may face economic barriers such as limitations in purchasing supplementary foods, which in turn can affect their ability to practice exclusive breastfeeding. They may also be more likely to have to work outside the home, which can reduce the time they have for exclusive breastfeeding, and often have limited access to facilities that support this practice, such as breastfeeding-supportive workplaces. The socioeconomic status of respondents in the Kabukarudi Health Center working area consists of education, employment, and income. Respondents in the Kabukarudi Public Health Center working area have various levels of education. Respondents with high education levels (high school and university) were 75.4% while low education levels (elementary and junior high school) were 24.6%. Respondents who work in the Kabukarudi Health Center work area are 72.3% and those who do not work are 27.7%. Based on the education and occupation of the respondents, the income of each

respondent is different. Respondents who had a large income (>Rp.1,250,000) were 63.1% and respondents who had a small income (<Rp.1,250,000) were 36.9%. According to Sulistiyowati and Siswantara (2014), the disruption of the exclusive breastfeeding process occurs due to the distance of the workplace which is quite far from home, the lack of availability of milking room facilities in the workplace, the type of work and working environment conditions that do not support and the low implementation of reproductive health rights in female workers. Even though the government through the Ministry of Health has issued a policy related to exclusive breastfeeding in the workplace in Government Regulation No. 33/2012 article 30 paragraph 3 (Abdullah, 2013). In addition, high parental education tends to seek information about the health aspects of age-appropriate infant feeding choices, and knowledge of the benefits of breastfeeding has been shown to predict breastfeeding. Parental income may influence breastfeeding as income is associated with employment. In general, income may influence breastfeeding by being a marker of knowledge and attitudes, and because women with higher incomes may be better able to afford breastfeeding supplies (Heck et al, 2006).

The period of exclusive breastfeeding is 0-6 months of age and this period is the golden period of rapid growth and development. This is by WHO's recommendation that exclusive breastfeeding is the first 6 months of life without providing additional food, breastfeeding can be given to babies aged 2 years so that growth and development to achieve optimal maturity is determined by adequate nutritional intake (WHO & UNICEF, 2020). The presence of breastfeeding counselors is one of the important factors to increase the number of breastfeeding mothers in Indonesia. Breastfeeding counselors have an active role in providing support to breastfeeding mothers through practical assistance and also providing relevant information needed by mothers. In line with the results of research (Prihanti, G. S, 2015), breastfeeding counselor training affects officers to support mothers in providing exclusive breastfeeding. Koba et al (2019), suggests that work is a position that a person has and has obligations and main tasks in meeting daily needs. Types of work such as housewives tend to have a lot of free time to provide breast milk, compared to some working mothers who provide breast milk not optimally, where sometimes mothers who have worked all day will feel lazy and tired of breast milk pumping activities (Bahriyah et al, 2017).

In contrast, 89.4% of breastfeeding mothers at the Kabukarudi Health Center continued to breastfeed their babies despite their busy work schedules. Breastfeeding mothers explained that breast milk is expressed and then stored in bottles or containers that they provide at home to be given to their babies when they go to work. As it is known that breast milk that has just been expressed, can last an average of 4 hours at room temperature, while breast milk stored in a special freezer with a temperature of less than, 180C, breast milk is safe to be stored for up to 6-12 months (Maryunani, 2015). Respondents who work (10.6%) and provide non-exclusive breastfeeding to their babies have reasons that there is no family support while they work, a culture that believes that breast milk is not enough for babies and must be supported by formula milk and complementary foods, misperceptions with promotions about the level of knowledge that children are good if given formula milk early on. The Government of Indonesia has made various efforts to prevent breastfeeding limitations. The Ministry of Health has recommended mothers exclusively breastfeed their babies for six months until the issuance of Government Regulation (PP) Number 33 of 2012 concerning Exclusive Breastfeeding and two Minister of Health Regulations namely Permenkes Number 15 of 2013 concerning Procedures for Providing Special Facilities for Breastfeeding and/or Expressing Breast Milk and Permenkes Number 39 of 2013 concerning Infant Formula and Other Baby Products as an effort to reduce the provision of complementary foods under the age of 6 months. However, several factors such as knowledge, education, and employment are still the main obstacles to the Indonesian government program (Stewart et al. 2013). Therefore, the role of health workers in helping to change mothers' views on exclusive breastfeeding is crucial. Another factor that plays an important role is social support. Respondents who receive strong support from family, friends, or the community are generally more likely to successfully implement exclusive breastfeeding, regardless of their socioeconomic status. This support can help mothers overcome any barriers that may arise. The relationship between a mother's knowledge and socioeconomic status and exclusive breastfeeding is a topic of significance in the context of maternal and child health. Exclusive breastfeeding refers to the practice of feeding infants only breastmilk with no other food or drink for the first six months of life, and then breastmilk can be given along with complementary foods for up to two years or more.

In this context, it is important to keep in mind that the many factors that influence the relationship between knowledge, socioeconomic status, and exclusive breastfeeding are complex. Therefore, a comprehensive approach is needed that includes better health education, stronger social support, supportive policy changes, and community cultural changes that promote exclusive breastfeeding as a valued and widely implemented practice. Respondents in the Kabukarudi Health Center working area also explained that they often have busy schedules. They have limited time for exclusive breastfeeding because they have to return to work a short time after giving birth.

This can make it difficult for them to provide exclusive breastfeeding for six months, in addition, they also explained that not all workplaces have facilities that support breastfeeding, such as special rooms for breastfeeding or storing breast milk. This can make it difficult for respondents to continue exclusive breastfeeding practices when they are working. In addition, other respondents explained that they felt forced to return to work as soon as possible due to economic pressures. They did not have adequate leave or enough financial support to stay at home longer. Thus, it is important to remember that every mother has a unique situation, and decisions regarding exclusive breastfeeding are influenced by various factors. Despite the barriers that working mothers may face, many efforts have been made to improve support and facilities that allow mothers to continue exclusive breastfeeding even when they return to work. Family income levels affect mothers' access to economic resources. Mothers with higher incomes tend to have better access to food and health services that support exclusive breastfeeding. In this study, 92.7% of respondents who had a large income (>Rp.1,250,000) exclusively breastfed their babies.

Higher-income often allows mothers to have more flexibility in their work. They may have more time to provide exclusive breastfeeding because they can choose a work schedule that better suits the baby's needs. Respondents with higher incomes tend to have better access to health services and medical support. This can help them overcome health issues that may affect their ability to provide exclusive breastfeeding. Higher-income often allows mothers to access better education and information on the benefits of exclusive breastfeeding. They may be able to attend prenatal classes or get lactation counseling that supports exclusive breastfeeding. Although income has an important role in exclusive breastfeeding, it is important to remember that many other factors also contribute to

respondents' decisions about exclusive breastfeeding. In this study, 45.8% of respondents who had a small income (<Rp.1,250,000) did not exclusively breastfeed their babies. Therefore, a holistic approach, which includes education, social support, and better access to health services, can help promote exclusive breastfeeding practices in all walks of life, regardless of income level. In addition, higher-income often allows mothers to access better education and information on the benefits of exclusive breastfeeding. They may be able to attend prenatal classes or get lactation counseling that supports exclusive breastfeeding.

CONCLUSION

This research shows that there is a relationship between maternal knowledge and exclusive breastfeeding in the working area of the Kabukarudi Health Center, West Sumba Regency and there is a relationship between the mother's socio-economic status (education, employment, and income) and exclusive breastfeeding in the working area of the Kabukarudi Public Health Center, West Sumba Regency. Thus, there is a need to increase understanding of the importance of exclusive breastfeeding and the risks of giving MP-ASI if it is not appropriate for the baby's age. Apart from that, there is also a need to increase the role of cadres in providing education and approaches to the community about the importance of exclusive breastfeeding when babies are 0-6 months old and providing MP-ASI when babies are 6-24 months old as well as early prevention of early complementary feeding by implementing programs. Regular home visits, counseling patterns based on the level of education and knowledge of the community, and a strict control process and evaluation of program implementation to reduce the incidence of early complementary feeding.

SUGGESTION

Provide individualized counseling sessions that address the specific concerns and challenges faced by mothers from low socioeconomic backgrounds. Explore programs or initiatives that offer financial support to mothers, such as subsidies for breastfeeding equipment or nutritional supplements. Advocate for policies that support breastfeeding. Partner with local community leaders and religious figures attendants to promote the benefits of exclusive breastfeeding. Organize community-based workshops and health fairs to raise awareness about breastfeeding and dispel myths.

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