

# Relationship Between Mothers' Attitudes and The Practice of Exclusive Breastfeeding in Maros Regency

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## ABSTRACT

**Background:** Mothers' knowledge and attitudes are important factors influencing the success of exclusive breastfeeding. This study aims to analyze the relationship between mothers' attitudes and the practice of exclusive breastfeeding for children aged 6-24 months in the working area of Mandai Health Center, Maros Regency.

**Method:** The method used is quantitative with a cross-sectional approach. The study population comprises all mothers with children aged 6-24 months, totaling 87 individuals. The sample was determined using the total population sampling technique, thus the sample size is 87. The data analysis included both univariate and bivariate analyses.

**Result:** The results showed that 75.9% of the mothers had a good attitude, 17.2% had a moderate attitude, and 6.9% had a poor attitude. Statistical tests revealed a significant relationship between mothers' attitudes and the practice of exclusive breastfeeding for children aged 6-24 months in the Mandai Health Center area ( $p = 0.000$ ). The study concludes that there is a significant relationship between mothers' attitudes and the practice of exclusive breastfeeding in the Mandai Health Center working area. It is recommended that mothers maintain a positive attitude by requiring prospective and new mothers to read materials on the benefits of exclusive breastfeeding.

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## INTRODUCTION

Children are a nation's most valuable asset and the future bearers of its aspirations, destined to become the leaders who will continue the country's progress. However, not all children have the right to develop as others do. One contributing factor is mothers' insufficient provision of breast milk during infancy. The growth and development of infants are greatly influenced by the amount of breast milk they receive, which includes essential energy and nutrients. Exclusive breastfeeding without any additional food can meet the growth needs of infants up to around 6 months of age. Beyond this period, breast milk is the primary source of protein, vitamins, and minerals for infants who begin receiving rice-based complementary foods. (1)

According to the World Health Organization (WHO), exclusive breastfeeding is the best feeding method for infants, which is defined as feeding only breast milk, without any other additional food, from birth up to 6 months of age. Growth and development issues in infants are often caused by early malnutrition, the premature or delayed introduction of complementary foods, complementary foods that do not meet the nutritional needs of the infant, inadequate infant care, and the failure of mothers to practice exclusive breastfeeding.(2) Based

on the 2018 National Basic Health Research, the coverage of exclusive breastfeeding in Indonesia has not yet reached the desired target. Despite the significant benefits of exclusive breastfeeding, only 37.3% of infants received exclusive breastfeeding, which is still far below the 50% target set by WHO and the Indonesian Ministry of Health.(3) The practice of exclusive breastfeeding is influenced by several factors, including the mother's age, occupation, knowledge, family support, healthcare worker support, and mother's attitude.(4)

Nutrition is a dominant influence on children's growth, especially in early life until the age of 6 months. Breast milk is optimal for infant feeding because it contains nutrients, hormones, immune factors, growth factors, and anti-inflammatory properties. Malnutrition in infants under 6 months occurs in the womb. Malnutrition in children can be prevented by providing exclusive breastfeeding and monitoring growth and development from the beginning of life. (5)

A person's attitude represents their internal response to a specific stimulus or object, encompassing their opinions and emotions. This attitude significantly influences individual behavior when making decisions, including breastfeeding mothers in their choice to provide exclusive breastfeeding. Mothers' attitudes toward

exclusive breastfeeding can be categorized as either positive or negative. Mothers with a positive attitude towards exclusive breastfeeding will likely express affection, enthusiasm, and full support for this practice, making them more inclined to provide exclusive breastfeeding to their infants consistently. These mothers understand the benefits of exclusive breastfeeding and are confident in their decision. Conversely, mothers with a negative attitude toward exclusive breastfeeding may exhibit dislike or reluctance. They might be less confident in the benefits of exclusive breastfeeding or feel burdened by the demands and commitments required for exclusive breastfeeding. This negative attitude can hinder them from providing exclusive breastfeeding, even though they may be aware of its benefits. Negative attitudes are one of the contributing factors to the low rates of exclusive breastfeeding. Therefore, mothers' attitudes are crucial in determining their decisions and behavior regarding exclusive breastfeeding.(6)

The stunting rate in Maros significantly decreased in 2023, from the second-highest in South Sulawesi to the eighth-highest. This reduction indicates improvements in addressing stunting in the region.(7) However, stunting cases in Maros have increased again. A key cause of this rise is the large number of pregnant women who rarely undergo prenatal check-ups, believing that they are already in good health. Additionally, unhealthy lifestyles, mainly due to the consumption of instant foods, mothers who have a low level of education and live in rural areas contribute to the increasing stunting cases.(8) This aligns with the relationship between mothers' attitudes and exclusive breastfeeding, where a negative attitude toward prenatal check-ups and a healthy lifestyle can affect their decision to provide exclusive breastfeeding. Mothers who are less concerned about their health during pregnancy and postpartum demonstrate a low awareness of the importance of nutrition for their infants. A previous study by Juliana also found a significant relationship between attitude and exclusive breastfeeding. The study revealed that children who were not exclusively breastfed were 61 times more likely to experience stunting compared to those who were exclusively breastfed. Therefore, exclusive breastfeeding for infants is crucial as it can reduce the risk of stunting.(9)

Research on mothers' attitudes toward exclusive breastfeeding in the Mandai Health Center working area is vital for improving infant health and supporting the exclusive breastfeeding program recommended by WHO and the Indonesian Ministry of Health. Several previous studies have examined the factors influencing the success of exclusive breastfeeding. A previous study by Sunarmin and Adi found a significant relationship between postpartum mothers' knowledge and attitudes and the

utilization of exclusive breastfeeding for infants aged 0-6 months. It provides insights into the importance of mothers' knowledge and attitudes in the provision of complementary foods. Although the focus is on complementary feeding, these findings are relevant as they highlight how mothers' knowledge and attitudes play a role in the practice of proper infant feeding. Based on the findings from previous studies, it can be concluded that mothers' knowledge and attitudes are important factors influencing the success of exclusive breastfeeding. However, no study has specifically examined mothers' attitudes toward exclusive breastfeeding in the Mandai Health Center working area. Therefore, further research in this area is necessary to deepen understanding and provide more specific recommendations to increase the rate of exclusive breastfeeding in the region.(10)

There has also never been research on the attitudes of breastfeeding mothers in the highest areas of exclusive breastfeeding coverage. The mother's attitude is the closest parameter in determining whether the mother wants to breastfeed exclusively or not. Maros, as a district that supports the economy of the capital of South Sulawesi province, has a unique position because it is a crossing area to Pangkep, Gowa, and Sinjai districts. Culturally, it is inhabited by the two largest ethnic groups in South Sulawesi, Bugis and Makassar. Topographically, it has both sea and mountains, representing a society that is considered heterogeneous. In addition, exclusive breastfeeding coverage is relatively high at 83%. Only surpassed by Enrekang at 90%, North Luwu at 88%, and Takalar, Gowa, and Sinjai at 85% each. Based on the above explanation, the researcher is interested in conducting a study on mothers' attitudes toward exclusive breastfeeding in the Mandai health center area.

## **METHOD**

### **Design, Location, and Time**

This study employed a quantitative method with a cross-sectional approach. Quantitative research involves objective measurement and statistical analysis of data collected through questionnaires or other research instruments to validate or test the hypotheses posed in the study. The operational definition in this study was taken from the assessment category using the Likert Scale found in Notoatmodjo (2007). The extent of the reaction or response of breastfeeding mothers about exclusive breastfeeding with good criteria if the score obtained (76-100%), sufficient if the score obtained (40-75%) and less if the score obtained (<40%). The operational definition for exclusive breastfeeding is the provision of nutrition to infants in the form of breast milk alone without additional food or other drinks, including water, until the age of 6 months with the criteria of exclusive breastfeeding and not

exclusive breastfeeding. The source of the questionnaire questions created their questions and validated them internally for breastfeeding mothers, not from the Public Healthcare Center sample. This study has passed the ethical test from the Health Research Ethics Committee Sekolah Tinggi Ilmu Kesehatan (STIK) Maluku Husada with number: RK. 131/KEPK/STIK/II/2024. The research was conducted in the working area of Mandai Health Center, Maros Regency, South Sulawesi. Mandai sub-district was chosen as the research location because out of 14 sub-districts, Mandai has the third highest exclusive milk coverage of 85.9%, and Mandai sub-district has easy access to reach because it is on the edge of the provincial axis road. In addition, the community is more heterogeneous from various fields, both socio-culturally and economically, representing rural and urban communities. Tompobulu sub-district only represents rural communities because it is mountainous, while Marusu only represents urban communities. The study took place from April 15 to April 26, 2024.

**Sample Size**

The population of this study consisted of all mothers with children under five years old, totaling 650 individuals. The sampling method used was total sampling by using the Slovin formula, resulting in a sample size of 87 respondents how to get a sample by visiting five active Public Healthcare Centers and many visits from nursing mothers or mothers who have children in the working area of the Mandai 1 Community Health Center, Tenrilangkae Village.

**Types and Methods of Data Collection**

The data for this study comprised both primary and secondary data. The researcher directly obtained primary data. This study collected primary data from mothers with young children who agreed to be interviewed using a questionnaire. Secondary data were obtained from Mandai Health Center, including data on exclusive breastfeeding practices in the Mandai Health Center.

**Data Processing and Analysis**

The data were processed using the SPSS software. The data analysis included both univariate and bivariate analyses. Univariate analysis was conducted to describe the distribution of variables in the study results. In this study, univariate analysis was applied to variables such as the age of the mother and the age of the child. Bivariate analysis was performed to test the relationship between mothers' attitudes and exclusive breastfeeding using the Chi-Square test with a 95% confidence level (0.05).

**RESULT AND DISCUSSION**

Exclusive breastfeeding is a critical factor in a child's health and development, significantly influenced by various factors, including the mother's age. The age of the mothers in this study was categorized into three groups: 18-25 years, comprising 34 individuals (39.1%); 26-30 years, comprising 33 individuals (37.9%); and 31-45 years, comprising 20 individuals (23.0%).

**Table 1.** Distribution of subjects based on mothers' age

Age (Years)	n	%
18 -25	34	39.1
26-30	33	37.9
31-45	20	23.0
<b>Total</b>	<b>87</b>	<b>100</b>

Based on Table 1, the analysis reveals that the most dominant age group among the respondents is young mothers, with 34 respondents (39.1%) falling within this category. A study conducted by Hasyim (2020) suggests that pregnant mothers giving birth and breastfeeding can optimally perform their roles if they are within the age range of 20-35 years. This age is considered ideal because, during this period, mothers tend to have greater emotional maturity, physical strength, and better access to information about exclusive breastfeeding. Emotional maturity and physical strength at this age enable mothers to be more prepared for pregnancy, childbirth, and breastfeeding challenges. Additionally, higher exposure to information on the importance of exclusive breastfeeding plays a crucial role in supporting the success of exclusive breastfeeding practices. (11)

During the age of 20-35 years, mothers are generally more active in seeking and utilizing various sources of information about exclusive breastfeeding, whether through mass media, the internet, or support from communities and healthcare professionals. This improved access to information enhances mothers' knowledge and awareness of the benefits of exclusive breastfeeding, motivating them to provide exclusive breastfeeding to their babies. Moreover, at this age, mothers are more likely to have better cognitive abilities and be more open to innovation and new techniques in breastfeeding, which can support more effective and efficient breastfeeding practices. The widespread use of digital media provides easier access to information, allowing young mothers to interact with other young mothers and exchange parenting experiences without needing face-to-face meetings. This information is often more comprehensive, including visual formats, images, videos, and textual content. The ease of access and diversity of information formats enable young

mothers to gain better insights into parenting and exclusive breastfeeding, which can influence their decisions in caring for and raising their children. (12)

Conversely, for mothers over the age of 35, although they may have more experience in providing exclusive breastfeeding, their opportunities to acquire the latest information on exclusive breastfeeding tend to decline. This is because, at this age, many mothers may no longer be actively working or engaging in productive activities outside the home, thus being less exposed to current sources of information on exclusive breastfeeding. Furthermore, at this age, mothers might face more significant health challenges, such as fatigue and decreased physical strength, which can affect their ability to provide exclusive breastfeeding. (13)

Another study showed that the highest risk factors for not providing exclusive breastfeeding were mothers aged <20 years and having inadequate breastfeeding knowledge, while the lowest risk was associated with pre-pregnancy intention to breastfeed, excellent knowledge about breastfeeding was mothers age 26-30 years. Mothers aged >20 or older tended to have higher exclusive breastfeeding intentions than younger mothers or those aged <20. Older mothers had a stronger intention to breastfeed exclusively, probably due to better knowledge and higher control.(14) Younger mothers have not had extensive social interactions, and most did not finish high school and did not have time for higher education. Getting married young hampered their opportunity to continue their education. This is one of the reasons why young mothers are at risk of having stunted children.

The data collected in this study focuses on the relationship between mothers' attitudes towards exclusive breastfeeding in the Mandai Health Center area. Attitude is an individual's closed response to a specific stimulus or object involving opinion and emotional factors. In this context, mothers' attitude is crucial to human behavior, particularly in deciding whether to breastfeed exclusively. Mothers' attitudes were categorized into good, fair, and poor. The study found that 66 mothers (75.9%) had a good attitude, 15 mothers (16.1%) had a fair attitude, and six mothers (6.9%) had a poor attitude.

**Table 2.** Distribution of subjects based on mothers' attitude

Mothers' attitude	n	%
Good	66	75.9
Fair	15	17.2
Poor	6	6.9
<b>Total</b>	<b>87</b>	<b>100</b>

Table 2 shows that the most prevalent mothers' attitude in this study is a positive attitude towards exclusive breastfeeding, with 66 respondents (75.9%) categorized as having a good attitude. Mothers' attitudes significantly influence their decisions regarding exclusive breastfeeding. Mothers with a positive attitude towards exclusive breastfeeding are more likely to understand and value its importance and benefits. With a positive attitude, mothers are more motivated to implement and practice exclusive breastfeeding consistently. This indicates that mothers' attitudes directly impact the practice of exclusive breastfeeding. The more positive a mother's attitude towards exclusive breastfeeding, the greater her awareness and commitment to providing exclusive breastfeeding to her baby, ultimately contributing to optimal child health and development.

Digital media facilitates easier access to information, allowing young mothers to interact with other young mothers and exchange experiences about exclusive breastfeeding and parenting practices without face-to-face meetings. Digital media provides clear information, not only in textual form but also with visual aids such as images and videos. (12)

The growth phase of infants is crucial for achieving optimal development. According to the Global Strategy for Infant and Young Child Feeding, WHO/UNICEF recommends four key actions: first, provide breast milk to the baby within 30 minutes of birth; second, offer only breast milk or exclusive breastfeeding from birth to 6 months of age; third, introduce complementary foods from 6 to 24 months of age; and fourth, continue breastfeeding until the child is 24 months or older. (15)

Exclusive breastfeeding is vital in supporting a child's development and growth. The essential nutrients in breast milk not only aid in physical development but also enhance motor intelligence, making it the best choice for early-life nutrition. (16) Children who are breastfed from birth tend to experience faster development than those who are only given formula. Conversely, children receiving only formula often exhibit slower development, affecting their overall growth quality. (17)

Moreover, the benefits of exclusive breastfeeding extend beyond the infant to the mother. Antibodies in breast milk can survive in the infant's digestive tract because they are resistant to stomach acid and digestive enzymes, creating a protective layer that prevents pathogenic bacteria and enteroviruses from entering the intestinal mucosa.(18) Research from developed countries shows that exclusively breastfed infants have reduced rates of lower respiratory tract infections, ear infections, diarrhea, otitis media, and urinary tract infections.(19) For mothers, exclusive breastfeeding helps prevent postpartum hemorrhage, delays the return of menstruation, accelerates

uterine involution, is practical and cost-effective, and reduces the risk of developing breast cancer.(20) This study analyzed the relationship between mothers' attitudes and exclusive breastfeeding using the Chi-Square test, and the results are presented in Table 3.

Table 3 shows that among the 87 respondents in the working area of Puskesmas Mandai, Maros District, the majority had good knowledge and practiced exclusive breastfeeding, with 67 respondents (77.0%) adhering to this practice. None of the respondents with fair or poor knowledge practiced exclusive breastfeeding.

Breast milk is the primary source of optimal nutrition and energy for infants, especially during the first month of life, where it fulfills all of the baby's nutritional needs. In the second six months of the first year, breast milk provides half or more of the baby's dietary needs, and in the second year, it continues to supply one-third or more of the child's nutritional needs. Although the calcium content in breast milk is lower than cow's milk, the calcium in breast milk has a higher absorption rate by the infant's body, thereby meeting the essential calcium needs for optimal growth.(21)

Female view of breastfeeding support focuses on instrumental support, such as in public places where lactation rooms are unsuitable or difficult to reach, restrictions on working hours and work policies for working mothers, inadequate breastfeeding facilities, breast milk pumping, inadequate storage, inadequate child care facilities, and the lack of a caregiver at home, that's all inhibit exclusive breastfeeding. Providing instrumental and creative family support can help women dealing with physical discomfort, such as enlarged breasts, which can affect their self-esteem and job performance. This support can help mothers balance effectively breastfeeding and work responsibilities.(22)

Exclusive breastfeeding refers to providing only breast milk without additional foods or drinks for the first six months of an infant's life. During this period, the baby can breastfeed as needed without restrictions on frequency or duration. Practicing exclusive breastfeeding during the first six months is crucial as it contributes to providing

healthy food with good energy and nutritional quality and helps combat hunger and malnutrition in children.(23)

Based on the research data above, it can be seen that there are differences in the development of infants aged 0-6 months who are exclusively breastfed and non-exclusively breastfed. This means that babies who are exclusively breastfed have the possibility of good growth compared to babies who are given non-exclusive breastfeeding. Infancy is the period at the age of 0-12 months. Exclusive breastfeeding is a baby who is given only breast milk without other liquids such as formula, honey, water, or solid foods such as bananas, porridge, milk, biscuits, etc., for 6 months from birth because a healthy baby does not need additional food other than breast milk until 6 months after that it is introduced to solid food, while breast milk is still given until the age of 2 years.(24)

Another factor in providing exclusive breastfeeding is breastfeeding counseling training. Breastfeeding counseling training activities for cadres integrated healthcare centers could increase knowledge about giving good and correct counseling. Counseling training teaches an open attitude, being a good listener, and creating a comfortable atmosphere so that it can explore and develop a mother's knowledge for better breastfeeding quality. Most mothers with first children needed to gain basic knowledge about breastfeeding in person, asking other family members or parents even though the information could be less accurate. This indicated that one of the attitude assessments was the confidence of the mother who would and was breastfeeding and the mother's perspective on problems or challenges while breastfeeding. Attitudes did not only depend on the mother; some studies said the husband's attitude had the most potent influence on the mother in deciding whether to start and continue breastfeeding. (25)

The strengths of this study include its large sample size, its status as the first new research conducted in a region with high breastfeeding rates, and its focus on an urban setting. However, a limitation of this study is that it involved only five active Public Healthcare Centers, which may not accurately reflect mothers' attitudes overall.

**Table 3.** Influence of mothers' attitudes on exclusive breastfeeding

Mothers' attitude	Breastfeeding				Total		P-value
	Yes		No		n	%	
	n	%	n	%			
Good	66	75.9	0	0	66	75.9	0.000
Fair	1	11	14	16.1	15	17.2	
Poor	0	0	6	6.9	6	6.9	

## CONCLUSION

Based on the research findings, a significant relationship exists between mothers' attitudes and exclusive breastfeeding practices. Future researchers should conduct research in all Public Healthcare Centers.

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## Conflict of Interest

The authors declare that there's no conflict of interest.

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