



## ANALYSIS OF FACTORS AFFECTING EXCLUSIVE BREASTFEEDING IN INFANTS AGED 6-30 MONTHS AT KAGUNGAN CLINIC

Hany Adeliانا Muthia \*, Melisa Putri Rahmadhena

Sekolah Tinggi Ilmu Kesehatan Abdi Nusantara

Jl. Swadaya No.7, RT.001/RW.014, Jatibening, Kec. Pd. Gede, Kota Bks, Jawa Barat 17412, Indonesia

Email: [hnyadelianamuthia345@gmail.com](mailto:hnyadelianamuthia345@gmail.com)

### Abstract

**Background:** Exclusive breastfeeding is the practice of giving only breast milk to babies until they reach 6 months of age, without adding additional fluids or food. The prevalence of exclusive breastfeeding in infants aged 0-1 months reached 48.7%, but decreased to 42.2% at the age of 2-3 months, months reached 48.7%, but decreased to 42.2% at the age of 2-3 months, and continued to decrease with increasing age, namely 36.6% at the age of 4-5 months and 30.2% at the age of 6 months. **Objective:** To analyze the factors of exclusive breastfeeding in infants aged 6-30 months at Kagungan Clinic. **Methods:** The research conducted was quantitative research using an analytic design. This study used a cross sectional method. Total sample needed for this research is 60 people. **Results:** Of the 60 respondents, there were 32 (53.3%) respondents with good knowledge about exclusive breastfeeding, 22 (36.6) of them who provided exclusive breastfeeding and 10 (16.7%) others who did not provide exclusive breastfeeding did not know about exclusive breastfeeding. **Conclusions and Suggestions:** The conclusion of this study is that maternal age can have an influence on exclusive breastfeeding for various reasons related to health and social factors. Nevertheless, it is important to remember that these factors are general and do not always apply to every situation or individual.

**Keywords:** Exclusive Breastfeeding, Education, Knowledge

### Introduction

Exclusive breastfeeding is the practice of giving only breast milk to babies until they reach 6 months of age, without adding additional fluids or food. These recommendations are based on international guidelines that rely on scientific evidence on the benefits of breast milk for the health of infants, mothers, families, and countries. According to Basic Health Research (2017), The prevalence of exclusive breastfeeding in infants aged 0-1 months reached 48.7%, but decreased to 42.2% at the age of 2-3 months, and continued to decrease with increasing age, namely 36.6% at the age of 4-5 months and 30.2% at the age of 6 months.

Data from Indonesia's Health Profile in 2016 and 2017 showed that only 29.5% of infants received exclusive breastfeeding up to 6 months of age in 2016, but this figure increased to 35.73% in 2017. Despite the increase, the achievement of exclusive breastfeeding still has not reached the desired target, which is 80% (Indonesian Health Profile, 2018). Decrease in breastfeeding rates Exclusion as infants age shows challenges in maintaining this practice, and further efforts are needed to achieve the targets that have been set.

Breast milk has been recognized as a source of nutrition that is very suitable to meet the needs of babies. Recommendations from the World Health Organization (WHO) emphasize the importance of exclusive breastfeeding practices. That is, the mother should only give breast milk to the baby without adding other substances, including water, except in the case of the use of vitamins, minerals or drugs in

the form of drops or syrup. This recommendation is valid for the first six months of the baby's life and should be continued until the baby reaches the age of 2 years (Fikawati & Syafiq, 2010; WHO, 2013). The practice of exclusive breastfeeding is considered an international standard for providing optimal nutrition to infants. The practice of exclusively breastfeeding, in accordance with recommendations from the World Health Organization (WHO), has very important health implications. Breast milk provides complete nutrition that needed by babies during the first six months of life. During this period, breast milk is not only the main source of nutrition, but also provides protection against diseases and infections. The recommendation to exclusively breastfeed without the addition of other substances, including water, aims to make the baby receive optimal nutrition and adequate fluids through breast milk. Breast milk contains all the essential nutrients, enzymes, antibodies, and other immune factors that support optimal growth and development of the baby.

Exclusive breastfeeding also plays a role in forming an emotional bond between mother and baby, providing comfort, and creating a sense of psychological security in the baby. In addition, the recommendation to continue breastfeeding until age 2 years or older provides ongoing benefits in maintaining child health and development. Not only that, but this practice also supports global efforts to reduce infant mortality and improve the health and well-being of mothers and children. Therefore, understanding and implementing the practice of exclusive breastfeeding in accordance with international health guidelines is an important step to improve the quality of life of infants and support the growth of a healthy generation. But in reality, the achievement of exclusive breastfeeding in Indonesia is still below the target set in the Action Plan for Community Nutrition Development Activities 2010–2014 which targets to reach 80%. Based on the results of Susenas 2010, the achievement of exclusive breastfeeding only reached 61.5%, indicating that there are still limitations in achieving exclusive breastfeeding recommendations in Indonesia. Factors such as lack of understanding of the benefits of exclusive breastfeeding, social pressure, and promotion of formula milk can be reasons for low rates of exclusive breastfeeding. That is why further efforts need to be made in raising public awareness of the importance of this practice, as well as overcoming obstacles that may hinder the achievement of the national target of exclusive breastfeeding (Ministry of Health RI, 2012).

Low achievement in exclusive breastfeeding reflects the presence of elements that prevent mothers from exclusively breastfeeding for six months to their babies. The low level of exclusive breastfeeding practices can be triggered by the mother's lack of awareness of the importance of breastfeeding in supporting child growth and development. Some elements that have the potential to influence exclusive breastfeeding involve maternal sociodemographic variables, such as age, occupation, education level, knowledge, socioeconomic status, and place of residence. In addition, pre- or postnatal factors, such as childbirth experience and type of delivery, as well as psychological factors, such as family support, health worker support, exposure to formula, and attitudes, also play a role in the mother's decision-making process.

## Research Methods

This type of research is a correlation analytical method with a cross sectional design. Correlation analytic studies are techniques used to analyze the relationship of independent and dependent variables (Lapau, 2013). Cross sectional is a study to study the correlation between risk factors by means of Approach or Collection data all at once at one particular moment. The independent variables in this study include knowledge, family support, maternal education, economic factors, and maternal age, while the dependent variable is exclusive breastfeeding in infants aged 6-30 months.

## Population and Sample

The population in this study refers to all research objects or subjects that are the focus of research (Notoadmojo, 2015). The population of this study was divided into two groups, namely the case population and the control population. The case population consists of all mothers who exclusively breastfeed their babies. Meanwhile, the control population included all mothers who did not exclusively breastfeed their babies in the Kagungan Clinic Environment. The total number of this population is 153 mothers who have babies aged 6-30 months.

Sample refers to a small percentage of characteristics and numbers belonging to a population group (Notoadmojo, 2015). In this study, the samples were divided into two groups, namely case samples and control samples. The case sample consisted of mothers who exclusively breastfed, while the control sample consisted of mothers who did not exclusively breastfeed infants aged 6-30 months in the Kagungan Clinic Environment.

## Research Results

### Univariate Analysis

This study is directly related to mothers who have babies 6-30 months who are in the Kagungan Clinic environment with a total of 153 mothers. The sample used in this study amounted to 60 people.

Table 1 Exclusive Breastfeeding Frequency Distribution

Exclusive Breastfeeding	Frequency	
	N	%
Yes	30	50.0
Not	30	50.0
Total	60	100.0

  

Mother's Knowledge	Frequency	
	N	%
Good	32	53.3
Less	28	46.7
Total	60	100.0

  

Family Support	Frequency	
	N	%
Good	34	56.7
Less	26	43.3
Total	60	100.0

  

Education Factors	Frequency	
	N	%
>SMA/K	24	40.0
<SMP	36	60.0
Total	60	100.0

  

Economic Factors	Frequency	
	N	%

Good	21	35.0
Less	39	65.0
Total	60	100.0
Mother's Age	Frequency	
	N	%
>27 Years	40	66.6
<27 Years	20	33.4
Total	60	100.0

*Data Processed by Researchers in 2023*

Based on table 5.1 it is explained that there are 60 (100%) mothers who have babies aged 6-30 months, 30 (50%) of whom provide exclusive breastfeeding (50%) others do not provide exclusive breastfeeding. Of those of those with babies aged 6-30 months, 32 (53.3%) knew about the importance of exclusive breastfeeding and 28 (46.7%) did not know about the importance of providing exclusive breastfeeding. Of those with infants aged 6-30 months, 35 (56.7%) of them were given support by the family to do exclusive breastfeeding and 36 (43.3%) were less supported by the family to do exclusive breastfeeding. Of those with babies aged 6-30 months, 21 (35%) have a good economy and 39 (65%) have a low economy, and those with infants aged 6-30 months, 40 (66%) Among them have the age of > 27 years and another 20 (33%) have the age of < 27 years.

### Bivariate Analysis

To determine the correlation between factors that affect exclusive breastfeeding, calculations are made using *chi-square* analysis, the results can be seen in the table below:

**Table 2 Bivariate Analysis Results**

Mother's Knowledge	Exclusive Breastfeeding				Sum	P Value	Odd Ratio	
	Yes		Not					
	N	%	N	%	N	%		
Good	22	36.6	10	16.7	32	53.3	0.004	16.681
Less	8	13.3	20	33.4	28	46.7		
Total	30	50	30	50	60	100		
Family Support	Exclusive Breastfeeding				Sum	P Value	Odd Ratio	
	Yes		Not					
	N	%	N	%	N	%		
Good	25	41.7	9	15.0	34	56.7	0.00	40.220
Less	5	8.3	21	35.0	26	43.3		
Total	30	50.0	30	50.0	60	100.0		
Mother's Education	Exclusive Breastfeeding				Sum	P Value	Odd Ratio	
	Yes		Not					
	N	%	N	%	N	%		
> SMA/K	8	13.3	16	26.7	24	40.0	0.032	0.938
< SMP	22	36.7	14	23.3	36	60.0		
Total	18	50.0	18	50.0	36	100.0		
Mother's Age	Exclusive Breastfeeding				Sum	P Value	Odd Ratio	
	Yes		Not					
	N	%	N	%	N	%		
> 27 Years	24	40.0	16	26.6	40	66.6	0.027	4.091
< 27 Years	6	10.0	14	23.4	20	33.4		

Total	18	50.0	18	50.0	36	100.0		
Economic Factors	Exclusive Breastfeeding				Sum	<i>P Value</i>	<i>Odd Ratio</i>	
	Yes		Not					
	N	%	N	%	N	%		
Good	13	21.7	8	13.3	21	35.0	0.279	0.771
Less	17	28.3	22	36.7	39	65.0		
Total	18	50.0	18	50.0	36	100.0		

Based on the results of data processing in thick 2, it was explained that there were 32 (53.3%) respondents with good knowledge about exclusive breastfeeding, 22 (36.6) of them who provided exclusive breastfeeding and 10 (16.7%) others who did not provide exclusive breastfeeding did not know about exclusive breastfeeding, obtained a P-Value value of  $0.004 < 0.05$  which means there is a correlation between maternal knowledge of exclusive breastfeeding and an Odd Ratio value of 16.681, respondents with good family support about exclusive breastfeeding, 25 (41.7) of them who provided exclusive breastfeeding and 9 (15.0%) others who did not provide exclusive breastfeeding were less given family support about exclusive breastfeeding, obtained a P-Value value of  $0.00 < 0.05$  which means there is a correlation between family support for exclusive breastfeeding and an Odd Ratio value of 40.220, respondents with education above high school/K, 8 (13.3%) among those who provide exclusive breastfeeding and 16 (26.7) others who do not provide exclusive breastfeeding, obtained a P-Value value of  $0.032 < 0.05$  which means that there is a correlation between maternal education and exclusive breastfeeding with an Odd Ratio value of 0.938, respondents with a fairly good economy, 13 (21.7%) of whom provide exclusive breastfeeding and 8 (13.3) others who do not provide exclusive breastfeeding, obtained a P-Value value of  $0.279 > 0.05$  which means that there is no correlation between economic factors on exclusive breastfeeding with an odd ratio value of 0.771, respondents over the age of 27 years, 24 (40.0%) of whom provide exclusive breastfeeding and 16 (26.6) others do not breastfeeding exclusively, obtained a P-Value value of  $0.027 < 0.05$  which means there is a correlation between the age of the mother to exclusive breastfeeding with an Odd Ratio value of 4.091.

## Discussion

Based on the results of research conducted by the Kagungan Clinic environment in 2023 on 60 respondents, 30 of them were exclusively breastfeeding and 30 others were with formula milk. 32 (53.3%) respondents knew about the importance of exclusive breastfeeding and another 28 (46.7%) knew less about the importance of exclusive breastfeeding. 35 (56.7%) respondents were given support by their families to exclusively breastfeed and 36 (43.3%) others are less supported by the family to do exclusive breastfeeding. 24 (40%) respondents had a high school education  $>$  and another 36 (60.0%) with a maximum junior high school education. 21 (35%) respondents have a good economy and another 39 (65%) have a low economy. 40 (66%) of respondents were  $>$  27 years old and another 20 (33%) had  $<$  27 years old.

Exclusive breastfeeding refers to the practice of giving only breast milk without any other mixture to infants during the first 6 months of life. In this context, the baby receives only breast milk as the only source of nutrition during the period and is not given any other mixture including water or formula.

Exclusive breastfeeding is recommended by world health organizations, such as the World Health Organization (WHO) and UNICEF, as an optimal practice for providing nutrition and protection for infants in the first six months of life. After six month, gradual supplementary feeding can begin, while still breastfeeding for up to a minimum of two years or more according to the needs and desires of mother and baby.

### **The Relationship between Maternal Knowledge of Exclusive Breastfeeding Behavior**

Knowledge is the degree to which a person understands or knows certain information, facts, concepts, or knowledge about a subject or topic. The level of knowledge can vary from individual to individual, and it includes an understanding of various aspects of knowledge relating to a particular field.

Based on the results of the analysis, it was found that the P-Value value is 0.004, which is smaller than 0.05. This shows that there is a significant relationship between maternal knowledge of exclusive breastfeeding. In addition, an odd ratio of 16,681 shows that maternal knowledge has a significant influence in increasing the likelihood of exclusive breastfeeding in infants aged 6-30 months by 16%.

The research findings of Widya Fadila and Ramadhana Komala (2018) are in line with the findings of this study. In their study, of the 24 respondents who had poor knowledge, as many as 87.5% of mothers did not exclusively breastfeed their babies. Analysis using the chi-square test at an error rate of 5% yielded P-value = 0.036 (P-value <  $\alpha$  0.05), which concluded that there was a relationship between knowledge and exclusive breastfeeding practices. The results of the analysis also showed a value of OR=7,000, which indicates that mothers with poor knowledge have a 7,000 times higher risk of not providing exclusive breastfeeding compared to mothers who have good knowledge (Aisyah, 2018). These findings provide support. In addition, it concludes that maternal knowledge has a significant impact on the practice of exclusive breastfeeding of infants.

Maternal knowledge has a key role to play in improving exclusive breastfeeding practices. Education and support programs by health workers, families, and communities are also important to increase maternal knowledge and ensure adequate support during the breastfeeding period. The more knowledge the mother has, the more likely she will understand and adopt the practice of exclusive breastfeeding.

### **The Relationship between Family Support and Exclusive Breastfeeding**

Family support is a crucial aspect in motivating someone to encourage exclusive breastfeeding and reduce fear or confusion that may arise. Increased awareness and shared understanding within the family can contribute to better infant health.

Based on the results of the study, a P-Value value of 0.00 was obtained, which is lower than 0.05. This shows a significant link between family support for exclusive breastfeeding practices. In addition, an odd ratio of 40,220 indicates that support from family has a strong influence in increasing the tendency of mothers to exclusively breastfeed their babies, which is around 40%.

This finding is also in line with the results of Anggorowati's research in 2021. Through statistical analysis of Kendal tau, a p-value of 0.003 (<0.05) was found, indicating a significant relationship between family support and the practice of exclusive breastfeeding for infants. Positive correlation between endorsements family and success Exclusive breastfeeding is stronger, especially when families have adequate knowledge of correct breastfeeding techniques. Therefore, it is important for breastfeeding mothers to increase self-confidence and motivation in breastfeeding, as well as increase understanding of correct techniques through counseling activities in health care facilities.

With strong support from the family, mothers are more likely to feel supported and empowered to continue exclusive breastfeeding. This creates a positive and motivating environment, which can contribute to the success and continuity of the practice of exclusive breastfeeding.

### **The Relationship Between Maternal Education and Exclusive Breastfeeding**

Tingkat pendidikan dapat dikelompokkan menjadi tingkat pendidikan dasar, menengah, dan tinggi, dan setiap tingkat memiliki program dan kurikulumnya sendiri. Tingkat pendidikan juga sering diukur dengan gelar akademis yang diberikan setelah menyelesaikan suatu tingkat atau jenjang tertentu. Misalnya, gelar sarjana diberikan setelah menyelesaikan program sarjana di perguruan tinggi atau universitas. Tingkat pendidikan mencerminkan derajat keahlian, pengetahuan, dan keterampilan yang dimiliki oleh individu.

Based on the results of the analysis, a P-Value value of  $0.032 < 0.05$  was obtained, so there is a relationship between maternal education and exclusive breastfeeding with an Odd Ratio value of 0.938, which means that 0.9% of the role of education can help increase exclusive breastfeeding in the kagungan clinic environment in 2023. The results of this study can be drawn conclusions related to education that has a significant impact on exclusive breastfeeding, and this can be understood through several perspectives such as Knowledge and Information. Individuals who have pursued higher levels of education are generally able to more easily access health-related information and knowledge. A good knowledge of the benefits of exclusive breastfeeding, correct breastfeeding techniques, and the importance of this practice can increase the likelihood a person to choose and continue exclusive breastfeeding. Therefore, increasing access to education and knowledge, especially in the areas of health and nutrition, can contribute positively to exclusive breastfeeding practices and the well-being of infants and their mothers. Health education programs targeted at communities with lower levels of education can also help improve understanding and practice of exclusive breastfeeding.

### **The Relationship between Economic Factors and Exclusive Breastfeeding**

Family economics refers to the management of financial and economic resources by a family or household. It involves managing income, expenses, investments, and making financial decisions to meet needs and achieve family financial goals. Family economics is an important aspect of daily life, as managing financial resources wisely can provide financial stability and well-being for family members. Involving all family members in the financial decision-making process can create better understanding and mutual support in achieving financial goals.

Based on the results of the analysis, the P-Value value was obtained at  $0.279 > 0.05$ , so there is no relationship between Family Economy to Exclusive Breastfeeding with an Odd Ratio value of 0.711 which means that 0.7% of the economic role can help increase exclusive breastfeeding in the Kagungan clinic environment in 2023.

Findings from Suci Wulansari's 2022 research stated that the distribution of exclusive breastfeeding was mostly greater based on household income level, except for respondents with an income of 3-4 million per month (36.2%). The results of the analysis stated a p-value of 0.706, which showed that there was no correlation between household income and exclusive breastfeeding of respondents. These findings are in line with the study and show that household income has no significant correlation with the practice of exclusive breastfeeding of mothers.

Although economic factors can play a role in decisions related to exclusive breastfeeding, other factors also play a role, such as knowledge, culture, social support, and work environment policies. Therefore, while family economics can affect some aspects of exclusive breastfeeding, no single factor can fully explain this practice. Comprehensive education and support involving these factors can help improve exclusive breastfeeding practices across different economic groups.

### **The Relationship Between Maternal Age and Exclusive Breastfeeding**

Age is a period of time that has elapsed since the moment of birth of a particular person or object. Generally, age is measured in units of time such as years, months, weeks, or days, depending on the context and object discussed. Note that there are several contexts that are relevant when talking about maternal age: 1. Age Chronological Mother: This is the mother's age based on years from her date of birth. 2. Reproductive Age: It refers to the age range in which a woman has the possibility to conceive and bear children. The reproductive age range usually begins after puberty and ends when menopause begins. 3. Gestational Age: When people talk about maternal age in the context of pregnancy, they may refer to the mother's age at pregnancy, which can be an important factor in health monitoring mother and fetal development.

Based on the results of the analysis, it was found that the P-Value value of  $0.027 < 0.05$  then there is a relationship between the age of the mother to exclusive breastfeeding with an Odd Ratio value of 11,017 which means that 11% of the age can help increase exclusive breastfeeding in the kagungan clinic environment in 2023.

The conclusion of this study is that maternal age can have an influence on exclusive breastfeeding for various reasons related to health and social factors. Nevertheless, it is important to remember that these factors are general and do not always apply to every situation or individual. All mothers, regardless of age, can choose to exclusively breastfeed with appropriate support and access to good health information. Therefore A holistic, supportive approach to mothers, regardless of their age, can help improve exclusive breastfeeding practices.

### **Conclusion**

Based on the result of research and analysis of factors that affect exclusive breastfeeding in infants aged 6-30 months in the Kagungan Clinic Environmrnt, conclusions can be drawn, namely:

1. There is a significant influence between maternal knowledge of exclusive breastfeeding with a P-Value of 0.004 and an Odd Ratio of 16.681 meaning that  $H_0^1$  is rejected and  $H_a^1$  is accepted.
2. There is a significant influence between family support for exclusive breastfeeding with a P-Value of 0.000 and an Odd Ratio of 40.220 meaning that  $H_0^2$  is rejected and  $H_a^2$  is accepted.
3. There is a significant influence between maternal education on exclusive breastfeeding with a P-Value value of 0.032 and an Odd Ratio of 0.938 meaning that  $H_0^3$  is rejected and  $H_a^3$  is accepted.
4. There is no significant influence between Economic Factors on Exclusive Breastfeeding with a P-Value value of 0.279 and an Odd Ratio of 0.711 meaning that  $H_0^4$  is Accepted and  $H_a^4$  is Rejected.
5. There is a significant influence between maternal age on exclusive breastfeeding with a P-Value of 0.027 and an Odd Ratio of 11.017 meaning that  $H_0^5$  is rejected and  $H_a^5$  is accepted.



## References

- [1] Agustinus, Reny I'tishom, MPB Diyah Pramesti. (2018). *Biologi Reproduksi Pria*. Surabaya: Airlangga University Press.
- [2] Ara M.A, Etti Sudaryati, Zulhaida Lubis (2018). *Perbedaan perkembangan bayi usia 6-12 bulan berdasarkan pemberian ASI*. Jurnal Muara Sains, Teknologi, Kesehatan dan Ilmu Kesehatan Vol.2 No.1.
- [3] Bahriah. F, Monifa Putri, Abdul Khodir Jaelani (2017). *Hubungan pekerjaan ibu terhadap pemberian ASI Eksklusif pada bayi*. Journal Endurance Vol.2 No.2.
- [4] Hasil Utama Riskesdas. (2018) (dilihat pada tanggal 1 Juni 2019 pukul 12:00 WITA)
- [5] Imron I. F., &Andri.K (2018). *Fenomena Sosial (Edisi 1)*. LPPM Institut Agbama Islam Ibrahimy Ganteng Banyuwangi Kaur. A, Karnail Singh, M.S. Pannu, Palwainder Singh Neeraj Sehgal, Rupinderjeet Kaur (2016). *The effect of exclusive breastfeeding on hospital stay and morbidity due to various diseases in infants under 6 months of age: a prospective observational study*. International Journal of Pediatrics. 2016 14:3
- [6] Kemenkes RI. (2017). *Pedoman penyelenggaraan pekan ASI sedunia (PAS) tahun 2017*. Jakarta Lenja. A, Tsegaye Demissie, Bereket Yohannes, Mulugeta Yohannis (2016) *Determinants of exclusive breastfeeding practice to infants aged less than six months in Offa district, Southern Ethiopia: a cross-sectional study*. International Breastfeeding Journal (2016) 11:32
- [7] Koba E.R, Sefti S Rompas, Vandri D Kalalo (2019). *Hubungan jenis pekerjaan ibu dengan pemberian ASI pada bayi di Puskesmas Ranomuut Manado*. E-journal Keperawatan (e-Kp) Vol.7 No.1.
- [8] Kusmiyati. Y, Sumarah, Nurul Dwiawati, Hesty Widiasih, Yani Widawati, Khadizah Haji Abdul Mumin (2018). *The influence of exclusive breastfeeding to emotional development of children aged 48-60 months*. Kesmas: National Public Health Journal. 2018: 12 (4)
- [9] Kusumaningsih T.P, Novia Ayunita. (2017). *Hubungan tingkat pengetahuan ibu tentang pertumbuhan dan perkembangan dengan tumbuh kembang balita di Posyandu Desa Kalikotes, Kecamatan Pituruh, Kabupaten Purworejo tahun 2017*. Jurnal Komunikasi Kesehatan Vol.8 No.2
- [10] Lumbantoruan. M (2018). *Hubungan karakteristik ibu menyusui dengan pemberian ASI Eksklusif pada bayi di Desa Bangun Rejo Dusun 1 Kecamatan Tanjung Morawa tahun 2018*. Jurnal Maternal dan Neonatal Vol.3 No.1.
- [11] Maulida. H, Effatul Afifah, Desiana Pitta Sari. (2015). *Tingkat ekonomi dan motivasi ibu dalam Pemberian ASI Eksklusif pada bayi usia 0-6 bulan di Bidan Praktek Swasta (BPS) Ummi Latifah Argomulyo, Sedayu Yogyakarta*. Jurnal Ners dan Kebidanan Indonesia. JNKI, Vol.3 No.2.