

Analysis of Demographic Factors Affecting Exclusive Breastfeeding Success among Breastfeeding Mothers

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ABSTRACT

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Successful breastfeeding significantly impacts the health of both mothers and infants. This study aims to analyze factors affecting breastfeeding success through a quantitative design incorporating bivariate and multivariate analyses. Data were collected from 90 breastfeeding mothers and analyzed using statistical tests. The results reveal that maternal age is a significant factor (p -value=0.007); mothers aged 20–35 are 1.6 times more likely to breastfeed successfully than those younger than 20 or older than 35. Maternal education also plays a critical role (p -value=0.002); mothers with higher education levels are 2.3 times more likely to succeed in breastfeeding than those with primary education. Employment status is another significant factor (p -value=0.013); non-working mothers are 1.8 times more likely to breastfeed successfully than working mothers. Parity also influences success (p -value=0.029); multiparous mothers are 1.2 times more likely to succeed than primiparous mothers. These findings highlight the need for targeted interventions. Educational programs should prioritize mothers with primary or secondary education and those employed. Support mechanisms for working and primiparous mothers are crucial to address breastfeeding challenges. Policies such as extended maternity leave and workplace lactation facilities are also recommended to foster breastfeeding success. In conclusion, maternal age, education, employment status, and parity significantly impact breastfeeding outcomes. Tailored programs and supportive policies can improve breastfeeding rates and enhance maternal and infant health.

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INTRODUCTION

Successful breastfeeding refers to a mother's ability to breastfeed her baby for the first six months exclusively, followed by continued breastfeeding alongside complementary foods until the child reaches two years or beyond. It encompasses both the quality and quantity of breastmilk provided, measured by the infant's and mother's health, growth, and development.

Exclusive breastfeeding involves providing only breast milk—without any additional food or drink—to infants from birth up to six months of age. The World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) (2023) strongly advocate this practice due to its numerous benefits for both the mother and child. Breast milk contains essential components, including the hormones prolactin and oxytocin, which facilitate lactation, and white blood cells, which enhance the baby's immune system.

According to 2023 data from the WHO, the

global exclusive breastfeeding rate for infants aged 0–6 months was approximately 44% during 2015–2020, falling short of the 50% target. In Indonesia, the exclusive breastfeeding coverage was 67.96% in 2022, down from 69.7% in 2021. Among provinces, Central Java had the highest coverage (78.71%), while North Sumatra had the lowest (57.17%). In Lampung Province, exclusive breastfeeding coverage increased from 74.93% in 2021 to 76.76% in 2022 but slightly declined to 76.2% in 2023 (Susenas BPS, 2023).

In West Tulang Bawang District, the exclusive breastfeeding rate fell significantly below the district's target of 90%. Coverage declined from 76.2% in 2020 to 68.5% in 2021 and dropped to 47.9% in 2022. This downward trend highlights the urgent need for research to identify factors influencing exclusive breastfeeding success, notably demographic variables.

Despite the well-documented benefits of exclusive breastfeeding, Indonesia's success rates

remain suboptimal. Several factors contribute to this challenge: Many mothers, especially those in rural or remote areas, need more understanding of breastfeeding's benefits and proper techniques. This knowledge gap can significantly impede breastfeeding practices (Fadjriah et al., 2021). Rapid urbanization and modern lifestyles often result in dietary shifts, including a greater reliance on formula milk over breast milk. The pressure to return to work and insufficient workplace support for breastfeeding can hinder exclusive breastfeeding practices. Family, spousal, and community support play crucial roles in encouraging exclusive breastfeeding. However, cultural myths or societal norms can undermine this support. Aggressive promotion and inconsistent regulation of formula milk marketing can create misconceptions, reducing the emphasis on exclusive breastfeeding for the first six months.

This study aims to examine the impact of maternal age, education, occupation, and number of children on exclusive breastfeeding success and to identify the most influential factors in West Tulang Bawang Regency, Lampung Province.

METHOD

This study employed a descriptive quantitative research design to examine the influence of maternal age, maternal education, maternal employment, the number of children, and the most dominant factor on the success of exclusive breastfeeding in Lampung Province. A cross-sectional approach enabled the researchers to describe field phenomena and analyze the relationships between the variables under study.

This study's population comprised 173

mothers with infants aged six months or older who attended the West Tulang Bawang District Health Office in Lampung Province in 2023. The sample was selected using a simple random sampling technique. The sample size was determined using the Slovin formula with a 95% confidence level and a 5% margin of error, resulting in a sample of 90 respondents. The research was conducted from March to October 2023 within the jurisdiction of the West Tulang Bawang District Health Office.

Primary data were collected directly from respondents through structured questionnaires. The questionnaire was divided into sections, including demographic information (maternal age, education, occupation, and number of children) and data on breastfeeding success (duration of exclusive breastfeeding, frequency of breastfeeding, and challenges encountered). Before implementation, the questionnaire underwent rigorous validity and reliability testing.

Data analysis comprised both descriptive and inferential statistical methods. Descriptive statistics were presented in frequencies and percentages to summarize respondents' demographic characteristics, caregiver support levels, and breastfeeding success rates. Inferential statistics, specifically the Chi-square test, examined the relationship between maternal age, education, occupation, number of children, and the most dominant factor influencing exclusive breastfeeding success.

This study adhered to ethical research principles from the health ethics commission Poltekkes Kemenkes Tanjung Karang with No. 281/KEPK-TJK/IV/2023. Respondents have fully explained the purpose of the study and their rights. Informed consent was obtained from each participant before completing the questionnaire.

RESULTS

Table 1. Distribution of the influence of independent variables on breastfeeding success

| Independent variable | Breastfeeding success | | p-value | n | |
|----------------------|---------------------------------|---------------------------|---------|-------|----|
| | Very good | Good | | | |
| | Mother's age | Not at risk (20-35 years) | | | 70 |
| | At risk (<20 and >35 years old) | 8 | 4 | | 12 |
| Education | Basic | 18 | 12 | 0.002 | 15 |
| | Medium | 40 | 18 | | 58 |
| | High | 8 | 2 | | 10 |
| Jobs | Work | 22 | 30 | 0.013 | 52 |
| | Not working | 26 | 13 | | 38 |
| Parity | Primigravida | 22 | 18 | 0.029 | 40 |
| | Multigravida | 30 | 28 | | 58 |

Influence of maternal age on breastfeeding success Table 1 indicates that 70 respondents aged 20–35 breastfed successfully, with 8 achieving very good breastfeeding success. Meanwhile, respondents younger than 20 and older than 35 showed 8 and 4 cases of successful breastfeeding, respectively. Statistical analysis yielded a p-value of 0.009, indicating that maternal age during pregnancy significantly impacts breastfeeding success in the intervention group.

Effect of education on breastfeeding success Table 1 reveals that among respondents with higher education levels, 8 achieved outstanding breastfeeding success, while 2 succeeded in breastfeeding well. Respondents with secondary education backgrounds recorded 40 cases of outstanding breastfeeding success and 18 cases of success. Those with basic education backgrounds achieved 18 cases of outstanding breastfeeding success and 12 cases of success. Statistical tests produced a p-value of 0.002, confirming maternal education significantly influences breastfeeding success in the

intervention group.

Influence of employment status on breastfeeding success Table 1 shows that among working mothers, 22 achieved outstanding breastfeeding success, and 30 succeeded in breastfeeding well. In contrast, 26 non-working mothers achieved outstanding breastfeeding success, and 12 succeeded in breastfeeding well. The statistical analysis yielded a p-value of 0.013, signifying a significant relationship between maternal employment status and breastfeeding success in the intervention group.

Effect of parity on breastfeeding success Table 1 demonstrates that among respondents with primigravida status, 22 achieved outstanding breastfeeding success, and 18 succeeded in breastfeeding well. Meanwhile, respondents with multigravida status recorded 30 cases of outstanding breastfeeding success and 28 cases of success. Statistical tests yielded a p-value of 0.029, confirming that parity significantly affects breastfeeding success in the intervention group.

Table 2. Distribution of the influence of independent variables on breastfeeding success

| Independent variable | Breastfeeding success | | | p-value | n | |
|----------------------|---------------------------------|------|------------|---------|-------|----|
| | Very good | Good | Odds ratio | | | |
| Mother's age | Not at risk (20-35 years) | 59 | 20 | 1.623 | 0.007 | 79 |
| | At risk (<20 and >35 years old) | 6 | 5 | | | |
| Education | Basic | 13 | 23 | 2.260 | 0.003 | 36 |
| | Medium | 32 | 14 | | | |
| | High | 5 | 3 | | | |
| Jobs | Work | 22 | 21 | 1.785 | 0.022 | 43 |
| | Not working | 22 | 25 | | | |
| Parity | Primigravida | 11 | 20 | 1.222 | 0.035 | 31 |
| | Multigravida | 24 | 35 | | | |

The most dominant variable in breastfeeding success

All variables analyzed showed a significant p-value (<0.25), indicating that each of these factors plays an essential role in the breastfeeding success model:

1. Maternal age (p-value 0.007) was found to have a statistically significant impact on breastfeeding success. This suggests that maternal age is one of the dominant factors to be considered in the breastfeeding model. Mothers in the 20-35 age range have a 1.6 times higher chance of breastfeeding successfully compared to those at greater risk (under 20 or over 35 years old).
2. Maternal education also demonstrated a highly significant influence on breastfeeding success. The results indicate that a mother's level of education

significantly contributes to breastfeeding success. Mothers with higher education have a 2.3 times greater likelihood of successful breastfeeding than those with only a basic education.

3. A mother's occupation has a notable effect on breastfeeding success. The breastfeeding model included maternal employment, and non-working mothers have a 1.8 times higher chance of successfully breastfeeding than working mothers.
4. Maternal parity emerged as an important factor in breastfeeding success. The analysis found that multiparous mothers have a 1.2 times greater chance of successfully breastfeeding than primiparous mothers, highlighting the significance of parity in the breastfeeding model.

DISCUSSION

Influence of maternal age on breastfeeding success

Several recommendations have been proposed based on the findings: Pregnant women under the age of 20 require additional psychological and social support to address the challenges associated with breastfeeding. Education and counseling programs should be provided more intensively to this group. Additionally, pregnant women over the age of 35 should receive more frequent medical check-ups to identify and manage any potential complications that may affect breastfeeding success. While mothers aged 20–35 tend to have higher breastfeeding success rates, it is crucial to ensure that all mothers, regardless of age, have access to the information and support necessary for successful breastfeeding.

Intervention programs should be age-specific to optimize the support and resources provided. Tailoring support to each age group can help improve breastfeeding success across all maternal age categories. Maternal age during pregnancy significantly impacts breastfeeding success, with mothers in the 20-35 age range demonstrating higher success rates. Therefore, an age-specific approach is essential to ensure breastfeeding success for mothers in all age groups.

Effect of maternal education on breastfeeding success

The results demonstrated a significant relationship between a mother's level of education and breastfeeding success within the intervention group. The data indicate that mothers with higher education levels tended to experience tremendous success in breastfeeding, with 8 mothers achieving outstanding success and 2 others achieving reasonable success. However, this number was smaller than those in the secondary and primary education groups. Mothers with secondary education had the highest breastfeeding success, with 40 achieving outstanding success and 18 achieving reasonable success. In contrast, mothers with primary education showed lower success rates, with 18 achieving outstanding success and 12 achieving reasonable success. The p-value of 0.002 indicated a significant effect between maternal education and breastfeeding success in the intervention group.

Maternal education plays a crucial role in breastfeeding success. Mothers with higher levels

of education tend to have better access to health and nutrition information and a greater understanding of the importance of proper breastfeeding practices. Education also shapes mothers' perceptions of their children's health, including their commitment to exclusive breastfeeding (Winingsih & Yanuarti, 2023).

Moreover, more educated mothers are more likely to be proactive in seeking medical assistance and lactation support when they encounter breastfeeding challenges. They are also more likely to participate in educational programs and interventions to improve breastfeeding outcomes.

While mothers with secondary education demonstrated higher breastfeeding success rates in this study, this finding may also be influenced by additional factors such as family support, prior experience, and access to local resources.

Previous studies have further supported the link between maternal education and breastfeeding success. Farida (2022) showed that more educated mothers tend to have stronger beliefs in their ability to breastfeed and are more likely to overcome breastfeeding challenges. Similarly, Hapsari (2024) found that maternal education is a key factor in the success of exclusive breastfeeding, as more educated mothers tend to have better information about the benefits of breastfeeding and proper techniques.

The analysis indicated that maternal education significantly affected breastfeeding success in the intervention group. Mothers with secondary and tertiary education were more likely to breastfeed successfully than mothers with only primary education.

First, more educated mothers are likely to understand better the importance of exclusive breastfeeding and correct breastfeeding techniques, which enhances the likelihood of breastfeeding success. Secondly, mothers with higher education tend to have better access to information and resources that support successful breastfeeding. Thirdly, they may have more time and resources to dedicate to breastfeeding than less educated mothers who may face work or financial constraints.

However, breastfeeding success can also be influenced by other factors, such as family support, workplace policies, and the availability of healthcare services. Therefore, while education is a key factor, comprehensive interventions are needed to improve breastfeeding success across all educational levels.

More intensive educational programs should be aimed at mothers with lower education levels to enhance their knowledge and breastfeeding skills. These materials should be designed to be easily understood and accessible to all educational backgrounds. Breastfeeding support services, such as lactation counseling, should be made widely available, particularly for mothers with lower education who may require more support. These services can be integrated into existing programs to reach a broader audience. Supportive health policies, such as sufficient maternity leave and workplace breastfeeding facilities, should be strengthened to support working mothers, regardless of their educational level. Community strengthening through breastfeeding support groups can also improve breastfeeding success, especially for mothers with lower education.

Influence of employment on breastfeeding success

The results revealed a significant relationship between maternal employment status and breastfeeding success in the intervention group. According to the data, working mothers demonstrated varying levels of breastfeeding success, with 22 successfully breastfeeding very well and 30 breastfeeding well. In contrast, unemployed mothers exhibited a higher success rate, with 26 achieving outstanding breastfeeding success and 12 achieving good breastfeeding success. The statistical test yielded a p-value of 0.013, indicating that maternal employment status significantly impacts breastfeeding success. Theories and literature suggest that a mother's employment status can influence her ability and success in breastfeeding.

Working mothers often face challenges related to time and work environments that may not be conducive to breastfeeding. These challenges include limited time to pump breast milk or the absence of supportive facilities in the workplace. Such factors can negatively affect breastfeeding frequency and milk production, ultimately influencing breastfeeding success.

On the other hand, mothers who are not employed or have more flexible schedules tend to have more opportunities for direct breastfeeding, which can improve mother-child bonding and support optimal milk production. Additionally, non-working mothers may experience less work-related stress, further contributing to breastfeeding success.

Several previous studies have indicated that working mothers may struggle to maintain

exclusive breastfeeding, particularly when returning to work after maternity leave. For instance, studies have shown that mothers working full-time are less likely to exclusively breastfeed for six months than those who do not work or work part-time. A study by Iskandar & Stefani (2022) also found that mothers working long hours were at a higher risk of discontinuing breastfeeding prematurely.

The results of this study support previous findings, showing that maternal employment status significantly influences breastfeeding success. Non-working mothers exhibited a higher success rate than working mothers, likely due to more time for direct breastfeeding and fewer pressures from the work environment.

However, it is important to note that working mothers in this study still achieved considerable breastfeeding success despite facing more challenges. With the proper support, working mothers can achieve successful breastfeeding outcomes. Support could include workplace policies that accommodate breastfeeding mothers, such as providing lactation rooms and flexible working hours.

Workplaces should provide breastfeeding-friendly facilities, including comfortable lactation rooms and adequate breastfeeding leave policies. This support is crucial to enable working mothers to continue breastfeeding optimally. Working mothers should be educated about the importance of breastfeeding and effective pumping techniques, enabling them to continue breastfeeding even when they return to work. To support successful breastfeeding, consideration should be given to providing flexibility in working hours or options for remote work, particularly in the initial period following maternity leave. Government policies supporting breastfeeding-friendly work environments should be strengthened and widely implemented to ensure that working mothers can continue breastfeeding exclusively.

Maternal employment status significantly influenced breastfeeding success in the intervention group, with non-working mothers achieving a higher success rate. However, working mothers can achieve optimal breastfeeding outcomes with the appropriate support. Therefore, additional interventions and support are necessary to help working mothers breastfeed successfully.

Effect of parity on breastfeeding success

The results revealed a significant relationship between parity (primigravida and

multigravida) and breastfeeding success in the intervention group. Table 1 indicates that multigravida mothers (those who have given birth before) were more successful in breastfeeding, with 30 achieving outstanding success and 28 achieving reasonable success. In contrast, primigravida mothers (those experiencing pregnancy for the first time) showed slightly lower success rates, with 22 achieving outstanding breastfeeding success and 18 achieving good breastfeeding success. A p-value of 0.029 suggests a significant effect of maternal parity on breastfeeding success within the intervention group.

A mother's parity or pregnancy history is important in breastfeeding success. Multigravida mothers who have prior experience with breastfeeding tend to be more confident and skilled, which helps them manage breastfeeding challenges more effectively.

Conversely, primigravida mothers may face more difficulties due to a lack of experience. While they may possess theoretical knowledge about breastfeeding, they often need more confidence and practical familiarity with effective breastfeeding techniques.

Additionally, the support received by multigravida mothers may differ from that of primigravida mothers. Multigravida mothers typically have more established support networks from family and health professionals, which can help them navigate breastfeeding challenges. Previous research has demonstrated that parity influences breastfeeding success. For instance, a Juwairiyah (2024) study found that multigravida mothers were more successful in breastfeeding than first-time mothers. This success was attributed to their prior experiences, which helped them overcome obstacles during breastfeeding.

Similarly, Purnamasari (2023) found that multigravida mothers were likelier to breastfeed for longer durations than primigravida mothers. This was partly because they were already familiar with the benefits and challenges associated with breastfeeding.

The analysis in this study confirms that maternal parity significantly influences breastfeeding success. Multigravida mothers were more likely to achieve excellent breastfeeding outcomes than primigravida mothers. Their previous experience made them physically and mentally better prepared for breastfeeding, as they were already familiar with proper techniques and how to manage common issues such as sore nipples or ensuring adequate milk supply.

In contrast, primigravida mothers, despite receiving breastfeeding education, may feel less

confident or need more guidance in overcoming the challenges they encounter. As a result, they may require additional support and encouragement to reach the same level of breastfeeding success as multigravida mothers.

However, it is important to recognize that other factors, such as partner support, guidance from healthcare professionals, and access to breastfeeding resources, also significantly impact breastfeeding success for primigravida and multigravida mothers Suciati (2020).

Several recommendations arise from these findings: Intervention programs designed explicitly for primigravida mothers should be developed to enhance their practical breastfeeding skills and build confidence. This could include hands-on training, counseling, and direct support from healthcare professionals during the postpartum period. Intensive breastfeeding counseling should be provided to primigravida mothers to help them overcome the challenges they may face. Multigravida mothers also benefit from counseling with a more tailored approach that considers their previous experiences. The dissemination of breastfeeding information should be expanded through guidebooks, video tutorials, or group education sessions to ensure that primigravida mothers have access to the knowledge they need for successful breastfeeding. Building and strengthening support networks, whether through family, community, or healthcare professionals, will be vital in helping mothers, particularly primigravida, feel more supported and prepared to face breastfeeding challenges.

In conclusion, maternal parity significantly influenced breastfeeding success in the intervention group. Therefore, support programs that address the unique needs of primigravida mothers should be developed to enhance their breastfeeding outcomes. A comprehensive approach, which includes education, psychological support, and access to adequate healthcare services, is essential to ensure breastfeeding success across all parity groups.

Multivariate analysis results

The results of the multivariate analysis revealed that all the variables analyzed had significant p-values, indicating that each variable contributed meaningfully to breastfeeding success.

Maternal age is often linked to various physical and emotional health factors influencing breastfeeding success. Younger mothers have

more energy and are generally more responsive to their baby's needs. In contrast, older mothers may have more experience handling breastfeeding challenges. Interventions targeting at-risk mothers under 20 and over 35 can help increase breastfeeding success by providing tailored education and support (Efriani & Astuti, 2020).

Higher levels of education are typically associated with increased knowledge about the benefits of breast milk, proper breastfeeding techniques, and strategies for overcoming breastfeeding difficulties. Educated mothers are more likely to seek information and support when faced with breastfeeding challenges. Breastfeeding education programs should prioritize mothers with primary or secondary education to ensure they receive sufficient information and assistance (Wulandari et al., 2020).

A mother's occupation can often pose a barrier to successful breastfeeding due to factors such as limited time, workplace stress, and the lack of supportive breastfeeding facilities. Working mothers may need help in maintaining breastfeeding, particularly in the absence of maternity leave policies or adequate lactation rooms. Numerous studies indicate that working mothers generally experience lower breastfeeding success rates compared to non-working mothers, especially in countries with insufficient maternity leave provisions. To support working mothers in continuing successful breastfeeding, workplace policies that provide maternity leave and proper lactation spaces should be strongly encouraged (Marwiyah & Khaerawati, 2020).

Mothers with prior breastfeeding experience are more likely to successfully

breastfeed subsequent children, as they have already developed the necessary skills and knowledge. In contrast, primiparous mothers may face more challenges and uncertainties during the breastfeeding process. Research shows that prior breastfeeding experience enhances a mother's confidence and ability to overcome potential obstacles, thereby improving breastfeeding success. Additional support for primiparous mothers, including lactation counseling and peer support, can help them navigate early challenges and boost breastfeeding success (Rosmadewi & Warjadin, 2022).

In conclusion, maternal age, education, occupation, and parity factors significantly influence breastfeeding success. Tailored interventions that address the unique challenges associated with these variables can help improve breastfeeding outcomes for mothers across various demographics (Sringati et al, 2016).

CONCLUSION

The analysis revealed that maternal age, education, employment, and parity influence breastfeeding success. Targeted interventions aimed at higher-risk groups in each area could enhance breastfeeding success rates within the population. A comprehensive mentoring and education program addressing all these factors is strongly recommended for broader implementation, particularly in communities facing unique challenges. This approach would better support breastfeeding mothers and improve overall breastfeeding outcomes.

REFERENCES

- Efriani, R., & Astuti, D. A. (2020). Hubungan umur dan pekerjaan ibu menyusui dengan pemberian ASI eksklusif. *Jurnal Kebidanan*, 9(2), 153-162. <https://doi.org/10.26714/jk.9.2.2020.153-162>
- Fadjriah, R. N., Krisnasari, S., & Gugu, Y. (2021). Relationship between family social support and exclusive breastfeeding behavior at talise health center, indonesia. *Open Access Macedonian Journal of Medical Sciences*, 9(E), 312-316. <https://doi.org/10.3889/oamjms.2021.5987>
- Farida, F., Fitriani, R. K., Nafiisah, M., & Indawati, R. (2022). Hubungan Pendidikan dan Pekerjaan Ibu Terhadap Pemberian Asi Eksklusif di Desa Pelem, Kecamatan Purwosari, Kabupaten Bojonegoro. *Media Gizi Kesmas*, 11(1), 166-173. <https://doi.org/10.20473/mgk.v11i1.2022.166-173>
- Hapsari, Q. R., & Sarajar, D. K. (2024). Hubungan Dukungan Sosial Dengan Self-Efficacy Pada Ibu Menyusui Yang Bekerja. *Jurnal Sosial Ekonomi Dan Humaniora*, 10(2), 123-130. <https://doi.org/10.29303/jseh.v10i2.502>
- Iskandar, A., & Stefani, M. (2022). Pengaruh Metode Pemberian ASI Eksklusif pada Ibu Bekerja secara WFH terhadap Status Gizi Bayi Masa Pandemi COVID-19. *Amerta*

- Nutrition Vol. 6 Issue 1SP*. <https://e-journal.unair.ac.id/AMNT/article/download/39822/23616>
- Juwariyah, J., & Hamidah, S. (2024). Evaluasi Keberhasilan Menyusui Ibu Post Sectio Caesarea. *IJMT: Indonesian Journal of Midwifery Today*, 3(2), 59-69. <http://dx.doi.org/10.30587/ijmt.v3i2.7730>
- Marwiyah, N., & Khaerawati, T. (2020). Factors Associated with Exclusive Breastfeeding for Working Mothers in Cipare Village Serang City. *Faletahan Health Journal*, 7(1), 18-29. <https://dx.doi.org/10.33746/fhj.v7i1.78>
- Purnamasari, S. (2023). Analysis of factors influencing exclusive breastfeeding behavior among breastfeeding mothers. *Proceedings of National Conference, UNIMUS*, 15-18.
- Rosmadewi, R., & Aliyanto, W. (2022). Pengaruh Pengembangan Model Suami Siaga terhadap Dukungan Suami pada Pelaksanaan Inisiasi Menyusu Dini. *Jurnal Kesehatan*, 13(1), 94-100. <http://www.ejurnal.poltekkes-tjk.ac.id/index.php/JK/article/view/2968>
- Sringati, S., Walean, J., Ahmil, A., Fitrihanur, W. L., & Upa'Pangli, V. (2016). Hubungan pengetahuan dan motivasi ibu terhadap pemberian ASI Eksklusif di Desa Jono'oge. *Healthy Tadulako Journal (Jurnal Kesehatan Tadulako)*, 2(1), 58-67.
- Suciati, S. (2020). Faktor-Faktor yang Mempengaruhi Pemberian ASI Eksklusif: Literature Review. *Kebidanan*, 10(2), 1-6. <https://journal.unita.ac.id/index.php/bidan/article/view/406>
- Susenas BPS. (2023). Persentase Bayi Usia Kurang Dari 6 Bulan Yang Mendapatkan Asi Eksklusif Menurut Provinsi. Jakarta: Badan Pusat Statistik. <https://www.bps.go.id/indicator/30/1340/1/persentase-bayi-usia-kurang-dari-6-bulan-yang-mendapatkan-asi-eksklusif-menurut-provinsi>
- United Nations Children's Fund (UNICEF). (2023). *Breastfeeding: A Mother's Gift for Every Child*.
- Winingsih, A., & Yanuarti, T. (2023). Faktor-Faktor yang Mempengaruhi Keberhasilan Pemberian Asi Eksklusif. *Malahayati Nursing Journal*, 5(3), 889-902. <https://ejournalmalahayati.ac.id/index.php/manuju/article/view/8078>
- WHO. (2023). *Infant and young child feeding*. World Health Organization.
- Wulandari, M. R. S., Suartha, I. N., & Dharmawati, N. L. P. (2020). Hubungan Motivasi Ibu Menyusui Dengan Keberhasilan Pemberian Asi Eksklusif. *Journal Center of Research Publication in Midwifery and Nursing*, 4(2), 33-39.