

**THE FACTORS THAT INFLUENCE MOTHERS TO PROVIDE EXCLUSIVE BREASTFEEDING FOR BABIES AGED 0-6 MONTHS AT THE BECORA COMMUNITY HEALTH CENTER IN DILI, IN 2023**

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**Abstract**

*The lactation period is a natural process that occurs in mothers who have already given birth. During this period, it is not easy for mothers, as they need to have good knowledge in the process of providing exclusive breastfeeding. The high-quality protein and nutrition in maternal milk are crucial for providing newborn babies aged 0-6 months. According to data from the Ministry of Health (MoH), the prevalence of mothers who provide exclusive breastfeeding to their babies during the first few months decreased from 62.3% in 2013 to 50.2% in 2016, then increased to 64.2% in 2020. Meanwhile, the prevalence of babies consuming formula milk decreased from 50% in 2016 to 32.1% in 2020. This research aims to identify the factors influencing mothers to provide exclusive breastfeeding to babies aged 0-6 months at the Becora Community Health Center in Dili, in the year 2023. The researcher employs an analytical quantitative method with a cross-sectional study approach for this research. The bivariate analysis results show an influence between knowledge and the provision of exclusive breastfeeding based on the Chi-Square statistical analysis with a p-value of  $0.00 < 0.05$ , and the Kendall's tau-b analysis indicates a result of 0.69, suggesting a strong influence between maternal knowledge and the provision of exclusive breastfeeding to babies. The Chi-Square statistical analysis results between maternal attitude and the provision of exclusive breastfeeding indicate a p-value of  $0.05 < 0.05$ , and the contingency coefficient analysis shows a result of 0.21, suggesting a weaker influence between maternal attitude and the provision of exclusive breastfeeding. There is a strong influence between maternal knowledge and the provision of exclusive breastfeeding, and there is also a weaker influence between maternal attitude and the provision of exclusive breastfeeding.*

**Keywords:** Attitude, knowledge, exclusive breastfeeding.

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## INTRODUCTION

In developed nations, almost 10 million babies are affected by mortality, and nearly 60% of this mortality can be significantly reduced through breastfeeding. Maternal milk has been proven to enhance the baby's health conditions; hence, around 1.3 million babies could be saved from mortality, (Umami & Margawati, 2018). Many mothers supplement complementary foods and formula milk to babies under six months old due to their unfavorable attitudes towards exclusive breastfeeding. This current practice has a negative impact on babies' health, leading to conditions like diarrhea and increasing infant mortality rates, (Kristianto & Sulistyarini, 2013). The lactation period is a natural process that occurs in mothers who have already given birth. During this period, mothers may face challenges in producing sufficient breast milk and need adequate knowledge for successful exclusive breastfeeding. Maternal milk provides high-quality protein and essential nutrients crucial for babies' health from 0-6 months of age. Additionally, some mothers encounter issues with inadequate breast milk production during this period, (Salamah & Prasetya, 2019).

According to the World Health Organization (2021), global data on exclusive breastfeeding reveals that nearly 44% of babies aged 0-6 months worldwide were exclusively breastfed during the period from 2015 to 2020, (Ahlia, Ardhia, & Fitri, 2022).

The World Health Organization reports that the percentage of mothers providing exclusive breastfeeding to babies in Asian countries is as follows: India 46%, the Philippines 34%, Vietnam 27%, Myanmar 24%, and Indonesia with 54.3%. Based on this data, it indicates that there is a shift towards babies consuming exclusive breast milk, but they have not yet reached the World Health Organization's target, (Salamah & Prasetya, 2019).

According to data from the Ministry of Health (MoH), the prevalence of mothers breastfeeding within one hour after childbirth decreased from 93.4% in 2013 to 75.2% in 2016 and further decreased to 46.8% in 2020. The prevalence of mothers providing exclusive breastfeeding to their babies during the first few months decreased from 62.3% in 2013 to 50.2% in 2016, then increased to 64.2% in 2020. Meanwhile, the prevalence of babies consuming formula milk decreased from 50% in 2016 to 32.1% in 2020, (Ministerio da Saúde, 2020)

Based on the research results conducted at the Becora Community Health Center in Dili in 2023, with a total sample of 166, the statistical analysis using Chi-Square showed a p-value of  $0.00 < 0.05$ , and the Kendall's tau-b analysis resulted in 0.69, indicating a strong influence between maternal knowledge and the provision of exclusive breastfeeding to babies. The Chi-Square statistical analysis results between maternal attitude and the provision of exclusive breastfeeding showed a p-value of  $0.05 < 0.05$ , and the contingency coefficient analysis resulted in 0.21, suggesting a

# The Factors That Influence Mothers To Provide Exclusive Breastfeeding For Babies Aged 0-6 Months At The Becora Community Health Center In Dili, In 2023

weaker influence between maternal attitude and the provision of exclusive breastfeeding for babies.

The influence on exclusive breastfeeding stems from both the condition of the baby and the mother. Apart from these factors, failure in breastfeeding initiation occurs due to late initiation, lack of maternal experience, insufficient family support, limited knowledge and attitude, education level, maternal employment, and minimal healthcare facilities to support lactation. Failure in breastfeeding can also result from the nutritional status of the mother before pregnancy, during pregnancy, and the lactation period. This happens because during breastfeeding, there is a mobilization of lipids in the mother's body to produce breast milk, and the storage of lipids depends on the mother's nutritional status before pregnancy. If the mother has good nutritional status during pregnancy, there is sufficient lipid storage in the body to provide breast milk for the baby for 4-6 months. However, when the mother has poor nutritional status, there may not be enough lipid reserves in the body to provide breast milk for the baby for 4-6 months. (Umami & Margawati, 2018)

Increasing government commitment, international organizations' involvement, and other interconnected stakeholders' efforts regarding the promotion of maternal milk provision to babies are crucial. From the healthcare perspective, providing counseling on exclusive breastfeeding to mothers after childbirth is essential because exclusive breastfeeding is ineffective and can lead to nutritional problems, morbidity, and mortality in babies. (Wardhani, Wijayanti, & Hidayah, 2022).

As of August 2023, provisional data from the Becora Community Health Center indicates that a total of 210 mothers have been providing exclusive breastfeeding to babies aged 0-6 months.

## METHODS

The research method employed here is an analytical quantitative method with a cross-sectional approach. The research was conducted at the Becora Community Health Center in Dili from November to December 2023, targeting a population of mothers who brought their infants for consultation at the health center. The sample for this research consisted of mothers bringing their infants aged 0-6 months for consultation at the Becora Community Health Center in Dili. Purposive sampling technique was used for sampling.

## RESULTS

### 1. Characteristics of Mothers

Table 1. Characteristics of respondents based on the age and education level of their mothers at the Becora Community Health Center in Dili

Distribution	Frequency	Percentage
<b>Mother's Age</b>		
< 25	60	36.1%
26-32	91	54.8%

>33	15	9.1%
<b>Total</b>	<b>166</b>	<b>100%</b>
<b>Mother's Education Level</b>		
Primary	17	10,2%
Pre-Secondary	53	31,9%
Secondary	70	42,2%
Bachelor's Degree	26	15,7%
<b>Total</b>	<b>166</b>	<b>100%</b>

According to Table 1 above, the characteristics of mothers from the total sample of 166 show that a majority of respondents, totaling 91 individuals, aged 26-32, accounting for 54.8%. Conversely, the minority of respondents, totaling 15 individuals, aged >33, with a percentage of 9.1%. Regarding the level of education of mothers, the majority of respondents, totaling 70 individuals, have a secondary education level, representing 42.2%, while the minority of respondents, totaling 17 individuals, have a primary education level, representing 10.2%.

## 2. Univariate analysis

Table 2. Frequency Distribution based on maternal knowledge variable, maternal attitude, and provision of exclusive breastfeeding for babies at the Becora Community Health Center in Dili in 2023.

Variable	Frequency	Percentage
<b>Maternal Knowledge</b>		
Good	47	28,4%
Average	58	34,9%
Less	61	36,7%
<b>Total</b>	<b>166</b>	<b>100%</b>
<b>Maternal attitude</b>		
Positive >50	85	51,2%
Negative <50	81	48,8%
<b>Total</b>	<b>166</b>	<b>100%</b>
<b>Provision of exclusive breastfeeding</b>		
Provide	80	48,2%
Not provide	86	51,8%
<b>Total</b>	<b>166</b>	<b>100%</b>

Based on Table 2 above, the results indicate that out of the total sample of 166: For the knowledge variable, the majority of respondents have less knowledge, with approximately 61 individuals, representing 36.7%, while the minority with good knowledge consists of 47 respondents, representing 28.3%. Regarding the attitude variable, the majority of respondents have a positive attitude, comprising 85 individuals, with a percentage of 51.2%, whereas the minority with a negative attitude consists of 81 respondents, representing 48.8%. Concerning the exclusive

The Factors That Influence Mothers To Provide Exclusive Breastfeeding For Babies  
Aged 0-6 Months At The Becora Community Health Center In Dili, In 2023

breastfeeding supply variable, the majority of respondents do not provide exclusive breastfeeding to their babies, totaling 86 respondents, with a percentage of 51.8%, while the minority of respondents provide exclusive breastfeeding, totaling 80 individuals, representing 48.2%.

### 3. Bivariate analysis

Table 3. Analysis of the influence between maternal knowledge and the provision of exclusive breastfeeding.

Maternal Knowledge	Provision of exclusive breastfeeding				Total		Chi-Square	
	Provide		Not provide				Kendall's tau-b	Sig. (2-tailed)
	F	%	F	%	F	%		
Good	30	63,8	17	36,2	47	28,3	0.69	0.00
Average	33	56,8	25	43,2	58	34,9		
Less	17	27,8	44	72,2	61	36,8		
<b>Total</b>	<b>80</b>	<b>48,2</b>	<b>86</b>	<b>51,8</b>	<b>166</b>	<b>100</b>		

Based on Table 3 above, the results of the Chi-Square statistical analysis show that the P-value is 0.00, indicating that  $P < \alpha$  (0.05). Therefore, we conclude that the alternative hypothesis ( $H_a$ ) is accepted, suggesting that there is a relationship between the level of knowledge and the provision of exclusive breastfeeding for babies aged 0-6 months at the Becora Community Health Center in Dili in 2023.

Furthermore, the analysis result from Kendall's tau-b is 0.69, indicating a strong positive correlation between maternal knowledge and the provision of exclusive breastfeeding for babies.

Table 4. Analysis of the influence between maternal attitude and the provision of exclusive breastfeeding.

Maternal attitude	Provision of exclusive breastfeeding				Total		Chi-Square	
	Provide		Not provide				Coefficient t	Sig. (2-tailed)
	N	%	N	%	n	%		
Positive >50	50	58,8	35	41,2	85	51,2	0.21	0.05
Negative <50	30	37,1	51	62,9	81	48,8		
<b>Total</b>	<b>80</b>	<b>48,1</b>	<b>86</b>	<b>51,8</b>	<b>166</b>	<b>100</b>		

Based on Table 4 above, the results of the Chi-Square statistical analysis show that the P-value is 0.05, indicating that  $P < \alpha$  (0.05). Therefore, we conclude that the alternative hypothesis ( $H_a$ ) is accepted, suggesting that there is an influence between

maternal attitude and the provision of exclusive breastfeeding for babies aged 0-6 months at the Becora Community Health Center in Dili in 2023.

Furthermore, the analysis result from the contingency coefficient is 0.21, indicating a weak influence between maternal attitude and the provision of exclusive breastfeeding for babies.

## **DISCUSSION**

### **The characteristics of mothers based on age**

Based on the data from Table 1, it shows that the majority of respondents fall within the age group of 26-32, totaling 91 individuals, comprising 54.8% of the total sample. Similar findings were reported in a study by Ahlia et al. (2022) on the characteristics of mothers who provide exclusive breastfeeding at the Lampaseh Center, where the majority of respondents were in the age group of 20-35.

According to (Hidajati, 2012) mothers under the age of 20 may lack the physical, psychological, and mental preparedness required for pregnancy, childbirth, and exclusive breastfeeding. Changes in age can influence an individual's knowledge and attitude. This theory is consistent with the research results obtained at the Becora Community Health Center, indicating that mothers under the age of 25 may have less knowledge and experience.

### **The characteristics of mothers based on their education level.**

Based on the data from Table 1, it indicates that the majority of respondents have a secondary education level, totaling 70 individuals, comprising 42.2% of the total sample. Conversely, the minority of respondents have a primary education level, totaling 17 individuals, comprising 10.2% of the total sample. These findings align with the results of a study by (Ulfah & Nugroho, 2020) on the "relationship between age, employment, and maternal education level with the provision of exclusive breastfeeding." In their research, out of 94 respondents, 41 had a secondary education level, accounting for 43.6%, while only 1 respondent had a primary education level, accounting for 1.1%.

According to (Notoatmodjo, 2018) education level also becomes a significant factor influencing knowledge and attitude. Individuals with higher education levels generally have better knowledge and attitudes. This theory is consistent with the research results obtained at the Becora Community Health Center, indicating that mothers with a minimum education level have a significant influence on their knowledge and attitude. Some mothers with a minimum education level exhibit a positive attitude towards providing exclusive breastfeeding because they receive maximum information from healthcare personal.

## **Univariate analysis**

### **The distribution of respondents based on knowledge**

## The Factors That Influence Mothers To Provide Exclusive Breastfeeding For Babies Aged 0-6 Months At The Becora Community Health Center In Dili, In 2023

The results from Table 2 show that the majority of respondents have a lower level of knowledge, totaling 61 individuals, comprising 36.7% of the total sample. Conversely, the minority have a good level of knowledge, totaling 47 individuals, comprising 28.3% of the total sample. This research is similar to a study by (Pertwi, Mu'ti, & Buchori, 2022) on the "description of maternal knowledge regarding exclusive breastfeeding for babies aged 0-6 months at the Segiri Samarinda health center." However, the results of this research differ because the findings of the mentioned study indicate that the majority of mothers have good knowledge, totaling 41 respondents, accounting for 41.7%, compared to mothers with lower knowledge, totaling 21 respondents, accounting for 21.9%.

According to (notoatmodjo 2018), good maternal knowledge about exclusive breastfeeding positively influences the provision of exclusive breastfeeding to babies. Conversely, lower knowledge negatively affects the provision of exclusive breastfeeding. This theory aligns with the research results obtained at the Becora Community Health Center, indicating that many mothers do not provide exclusive breastfeeding to their babies due to a lack of knowledge about the definition, function, advantages, and benefits of exclusive breastfeeding..

### **The distribution of respondents based on attitude**

The results from Table 2 indicate that the majority of respondents have a positive attitude level, totaling 85 individuals, comprising 51.2% of the total sample. Conversely, the minority have a negative attitude level, totaling 81 individuals, comprising 48.8% of the total sample. These findings are consistent with the results of a study by (Arisdiani & PH, 2016) on the "Description of maternal attitude regarding exclusive breastfeeding," which found that the majority of mothers had a positive attitude, totaling 55 respondents, accounting for 88.7%, while those with a negative attitude totaled 7 respondents, accounting for 11.3%.

According to (Arisdiani & PH, 2016), attitudes emerge from various observations and behavioral tendencies. Attitudes can also undergo change through experiences and factors such as health promotion or education. Health institutions, when regulated, can positively influence respondents' attitudes and provide benefits to them, thereby increasing the number of exclusive breastfeeding provisions. This theory aligns with the research findings obtained at the Becora Community Health Center, indicating that mothers with a positive attitude often bring their babies for regular check-ups at the health center, and healthcare personnel consistently explain to them how to provide exclusive breastfeeding properly. On the other hand, mothers with a negative attitude often do not bring their babies for regular check-ups and never participate in any training sessions in the village. Therefore, these mothers lack information on how to provide exclusive breastfeeding adequately to their babies.

### **The distribution of respondents based on exclusive breastfeeding provision**

The results from Table 2 indicate that the majority of respondents do not

provide exclusive breastfeeding to their babies, totaling 86 individuals, comprising 51.8% of the total sample. Conversely, the minority of respondents provide exclusive breastfeeding to their babies, totaling 80 individuals, comprising 48.2% of the total sample. These findings are consistent with the results of a study by (Sriningsih, 2011) on "maternal knowledge about breastfeeding and exclusive breastfeeding provision," which found that the majority of respondents do not provide exclusive breastfeeding to their babies, totaling 82 individuals, comprising 72.6% of the total sample.

According to (Arisdiani & PH, 2016) exclusive breastfeeding provision depends on the knowledge and attitude of individuals. If both knowledge and attitude are positive, they will positively influence exclusive breastfeeding provision. This theory is consistent with the research findings obtained at the Becora Community Health Center, indicating that mothers who do not provide exclusive breastfeeding to their babies often have limited knowledge about breastfeeding.

### **Bivariate analysis**

#### **The influence between maternal knowledge and exclusive breastfeeding provision for the baby**

The results from Table 3 show that out of 61 respondents with lower knowledge, 17 respondents provide exclusive breastfeeding to their babies, accounting for 27.8%, while 44 respondents do not provide exclusive breastfeeding, accounting for 72.2%. Statistical analysis using Chi-Square test indicates a P-value of 0.00, which is less than the significance level ( $P < \alpha$ ) of 0.05, leading to the conclusion that the alternative hypothesis ( $H_a$ ) is accepted, suggesting that there is an influence between the level of knowledge and the provision of exclusive breastfeeding to babies aged 0-6 months at the Becora Community Health Center in Dili in 2023. The analysis result of Kendall's tau-b = 0.69 indicates a strong relationship between maternal knowledge and the provision of exclusive breastfeeding to babies. This research is consistent with a study by (Herman et al, 2021) on the "influence between maternal knowledge and attitude and the provision of exclusive breastfeeding," which showed that the Chi-Square result was 0.03, indicating an influence between knowledge and the provision of exclusive breastfeeding to babies.

The research findings align with the theory proposed by (Notoatmodjo 2018) which states that maternal knowledge plays a crucial role in exclusive breastfeeding provision to babies. According to the researcher, good maternal knowledge regarding exclusive breastfeeding will have a positive influence on its provision. The provision of exclusive breastfeeding is related to the knowledge factor because it can positively influence the practice of exclusive breastfeeding. If an individual has good knowledge, they will have the opportunity to access new information and other resources that will further enhance their practice of exclusive breastfeeding.



### **The influence between maternal attitude and the provision of exclusive breastfeeding to babies**

The results from Table 3 show that out of 85 respondents, the majority (58.8%) had a positive attitude. Among these respondents, 50 provided exclusive breastfeeding to their babies. Conversely, 35 respondents (41.2%) did not provide exclusive breastfeeding. The statistical analysis using Chi-Square indicates a p-value of 0.05, which is less than the chosen significance level (0.05), leading to the conclusion that there is a significant influence between attitude and the provision of exclusive breastfeeding to babies aged 0-6 months at the Becora Community Health Center in Dili in 2023. The analysis of the contingency coefficient reveals a weak influence between maternal attitude and the provision of exclusive breastfeeding to babies. These research findings differ from those of (Sabrina et al, 2022) regarding the influence between maternal knowledge and attitude on the provision of exclusive breastfeeding, where the Chi-Square result was 0.06, indicating no influence between knowledge and the provision of exclusive breastfeeding.

According to (Herman et al, 2021), attitude significantly influences a mother's behavior in providing exclusive breastfeeding to her baby. Mothers with a negative or unfavorable attitude towards exclusive breastfeeding are at a higher risk of not being able to provide exclusive breastfeeding to their babies. This theory is consistent with the research findings conducted at the Becora Community Health Center, where mothers with a positive attitude towards exclusive breastfeeding reported regularly bringing their babies to the health center every month, where health personnel always explain to them how to provide exclusive breastfeeding properly. On the other hand, mothers with a negative attitude often fail to bring their babies for monthly check-ups and never participate in any training sessions in their village, resulting in a lack of information on providing exclusive breastfeeding properly to their babies

### **CONCLUSIONS**

From the results of this research, it can be concluded that the factor of knowledge has a significant strong influence, while the factor of attitude has a weaker influence on the exclusive breastfeeding of infants aged 0-6 months at the Becora Community Health Center in Dili in 2023.

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The Factors That Influence Mothers To Provide Exclusive Breastfeeding For Babies  
Aged 0-6 Months At The Becora Community Health Center In Dili, In 2023

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