

*Research Article*

# Experience of Breastfeeding Mothers in Providing Exclusive Breastfeeding in Lambangsari Village, Bojonegara District

Silvia<sup>1</sup>, Nofa Anggraini<sup>2</sup>

<sup>1,2</sup>*Sekolah Tinggi Ilmu Kesehatan Abdi Nusantara, Indonesia*

Email: [silvia228@gmail.com](mailto:silvia228@gmail.com)

Academic Editor: Nguyen Ngoc Anh

Copyright © 2023 Silvia & Nofa Anggraini. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

**Abstract.** Breast milk can provide a better life for babies, breast milk will protect babies from various types of diseases or viruses. Information on the coverage of infants aged less than 6 months who receive exclusive breastfeeding in Banten Province in 2020 is 68.84%. However, this data has not been able to reach the government program target of 80%. The purpose of this study was to find out the experiences of breastfeeding mothers in providing exclusive breastfeeding in Lambangsari Village, Kec. Bojonegara. The design of this research is analytic observational research. Researchers observed and looked for the relationship between the variables of husband's support, support from health workers and knowledge, to exclusive breastfeeding. The research approach used in this study is cross-sectional. The population in this study were breastfeeding mothers who had babies aged 6-12 months in Lambangsari Village, Bojonegara District, totaling 424 people. The required sample is 81 respondents. The sampling technique for respondents used a simple random sampling technique. The instrument in this study was to use a questionnaire. Researchers used the Chi Square test with a confidence level of 95% or a significance level of 5%. The research results show that the P value of husband's support = 0.021; P value Support of health workers = 0.000; and P value of knowledge = 0.000, the conclusion is that p value < (0.05) so there is a relationship between husband support, health workers and knowledge of exclusive breastfeeding in Lambangsari Village, Bojonegara District.

**Keywords:** *Support, Husband, Health workers, knowledge, Breast Milk.*

## A. INTRODUCTION

Exclusive Mother's Milk (ASI) is the best nutritional intake for newborns until they reach the age of six months. Breast milk is a living liquid because it contains white blood cells, immune substances, enzymes, hormones and proteins suitable for babies. Mother's Milk (ASI) is the main food needed by babies aged 0-6 months. There is no other food that can compete with the nutritional content of breast milk (Hull et al., 2020; Ericson & Palmer, 2019). The content of breast milk consists of protein, sugar, fat, and calcium with the right levels. Breast milk also has anti-inflammatory and immunological properties, so it can protect mothers and babies from various infections and diseases. Therefore, an important factor in the growth and development of infants is breastfeeding (Angraresti & Syauqy, 2016; Awaliyah et al., 2019).

The Ministry of Health (Kemenkes) noted that the percentage of exclusive breastfeeding for babies aged 0-5 months was 71.58% in 2021. This figure shows an improvement from the previous year which was 69.62%. However, most provinces still have a percentage of exclusive breastfeeding below the national average. Gorontalo was recorded as the province with the lowest percentage, namely only 52.75%. Followed by Central Kalimantan and North Sumatra at 55.98% and 57.83%. The percentage of exclusive breastfeeding in West Papua was reported at 58.77%. Meanwhile, in the Riau Archipelago it

was 58.84%. DKI Jakarta is also a province whose percentage is below the national level, which is 65.63% (RI Ministry of Health, 2021). Information on the coverage of infants aged less than 6 months who receive exclusive breastfeeding in Banten Province in 2020 is 68.84%. However, this data has not been able to reach the 2014 Ministry of Health program target of 80% (Nurkhalizah et al., 2021).

Breast Milk (hereinafter referred to as ASI) is very important and must be given to babies from the first birth, because breast milk has ingredients that are beneficial for both the baby and the mother. The benefits of ASI for babies include, namely ASI as the main source of nutrition for babies, because the nutrition in ASI can meet all the needs of the baby's growth and development, ASI can provide a better life for babies, ASI will protect babies from various types of diseases or viruses, because in Breast milk contains antibodies that are good for babies, increases the intelligence of the baby's brain and can reduce the risk of developing hypertension, obesity and type II diabetes as an adult (Kabakian et al., 2019; Lebron et al., 2020). As for the benefits of breastfeeding for mothers, including helping reduce postpartum bleeding, accelerating uterine involution, reducing the mother's risk of developing breast cancer, increasing the bond between the mother and good and helping to reduce economic expenses in the family (Rahayu et al., 2015; Regan & Brown, 2019).

The large number of babies who are not exclusively breastfed may be caused by several factors, including the age of the mother who is too young as a result of not understanding the needs of her baby, the lack of knowledge of the mother due to lack of exposure to information, the status of the mother's work, and other factors, namely the husband's support because the husband is a human being. the closest person who always accompanies the mother, can be in the form of time availability, positive support, concern from husband, then support from health workers to support the success of exclusive breastfeeding during the Covid-19 pandemic (Purwanti et al., 2020; Robinson et al., 2019).

Success in giving breast milk (ASI) to babies exclusively should be prepared early, because someone who will be a physical and psychological mother must be ready and always receive support from the family. Breastfeeding can be successfully fulfilled because there are several factors that affect success in breastfeeding, including external factors, namely external factors that can influence mothers in exclusive breastfeeding, namely by changing socio-cultural, support from health workers, incessant promotion of formula milk and the husband's role in participating in the process of exclusive breastfeeding (Taylor et al., 2019; Francis et al., 2020). Internal factors or characteristics of the mother are internal factors, which include the level of knowledge and education of the mother, the work done by the mother, the age of the mother during pregnancy and childbirth, parity and ethnicity. Then there are characteristics that come from the baby, namely the baby's weight at birth and the baby's health condition, lactation counseling, place of delivery and birth attendant (Amalia et al., 2019).

Based on Aditia's 2019 research with the aim of the research is to find out the mother's experience in exclusive breastfeeding. The research design used is phenomenology. The results of the study show that there are eight categories of mother's experience in exclusive breastfeeding, namely supporting factors, advantages, constraints, intervals, mother's feelings in exclusive breastfeeding, how mothers increase breast milk, breastfeeding techniques and how to know the baby is getting enough breast milk. New mothers are advised to give exclusive breastfeeding to their babies. Family including husband, mother/mother-in-law to support exclusive breastfeeding (Aditia, 2019).

Another study, namely Wijayanti in 2016, found that the research objective was to find out the experience of working mothers in exclusive breastfeeding at the Muhammadiyah University of Magelang. This research design is qualitative with a transcendent

phenomenological approach. This study resulted in 6 categories, namely: Mother's experience of expressing breast milk while working is less enjoyable, factors supporting exclusive breastfeeding are complex, mother's knowledge of exclusive breastfeeding is good, physical, technical and mental preparation is needed to provide exclusive breastfeeding, and expectations for a safe workplace. support exclusive breastfeeding. Conclusion: The experience of mothers in trying to give exclusive breastfeeding while working is not pleasant, because milk production decreases when mothers return to work, there are no facilities for expressing milk, and they are forced to express in the bathroom. Efforts made by mothers are to equip themselves with knowledge about exclusive breastfeeding, requiring physical, technical and mental preparation to provide exclusive breastfeeding. Mother's hope is a workplace that supports exclusive breastfeeding (Wijayanti et al., 2016).

Based on the preliminary study, through interviews with 10 breastfeeding mothers who have babies aged 6 to 12 months in Lambangsari Village, Kec. Bojonegara resulted in 5 mothers giving exclusive breastfeeding and 5 mothers not being given exclusive breastfeeding, with reasons including: the mother's busy life as a career woman, and hormonal abnormalities in breastfeeding mothers so that breast milk doesn't run smoothly or doesn't even come out. From the description above, the authors are interested in researching the experiences of breastfeeding mothers in providing exclusive breastfeeding in Lambangsari Village, Bojonegara District.

## **B. METHOD**

The design of this research is analytic observational research, namely observational research conducted without manipulating the system under study because researchers only observe, while analytic research is research that seeks to find relationships between one variable and another. (Sugiyono, 2018) Researchers observe and look for relationships between variables of husband's support, support from health workers and knowledge, on exclusive breastfeeding. The research approach used in this study is cross-sectional. According to Sugiyono, he stated that cross-sectional is an observational (non-experimental) research design, in which the researcher only makes observations and measures of variables at one particular moment and the research does not have to be carried out exactly at the same time, but means that each subject is subjected only once. measurements, without follow-up or repeated measurements (Sugiyono, 2016).

The population in this study were breastfeeding mothers who had babies aged 6-12 months in Lambangsari Village, Bojonegara District, totaling 424 people. The required sample is 81 respondents. The sampling technique for respondents used a simple random sampling technique. The instrument in this study was to use a questionnaire. Researchers used the Chi Square test with a confidence level of 95% or a significance level of 5%.

## **C. RESULT AND DISCUSSION**

### **1. Univariate Analysis**

Univariate analysis is the simplest form of analyzing data. Uni means one, so in other words the data has only one variable. Univariate data requires to analyze each variable separately. Data is gathered for the purpose of answering a question, or more specifically, a research question.

**Table 1. Description of Exclusive Breastfeeding in Lambangsari Village, Bojonegara District**

| No           | Exclusive breastfeeding     | Frequency (f) | Percentage (%) |
|--------------|-----------------------------|---------------|----------------|
| 1.           | Exclusive breastfeeding     | 55            | 67.9           |
| 2.           | Not Exclusive Breastfeeding | 26            | 32.1           |
| <b>Total</b> |                             | <b>81</b>     | <b>100%</b>    |

Source: Results of 2022 SPSS Data Processing

Based on table 1 it is known that exclusive breastfeeding in Lambangsari Village, Bojonegara District, it is known that the majority are given exclusive breastfeeding, namely as many as 55 respondents (67.9%).

**Table 2. Description of Husband's Support in Exclusive Breastfeeding in Lambangsari Village, Bojonegara District**

| No           | Husband Support | Frequency (f) | Percentage (%) |
|--------------|-----------------|---------------|----------------|
| 1.           | Support         | 56            | 69.1           |
| 2.           | Less Support    | 25            | 30.9           |
| <b>Total</b> |                 | <b>81</b>     | <b>100%</b>    |

Source: Results of 2022 SPSS Data Processing

Based on table 2, it is known that the husband's support in exclusive breastfeeding in Lambangsari Village, Bojonegara District, it is known that the majority of husbands support exclusive breastfeeding, namely as many as 56 respondents (69.1%).

**Table 3. Description of the Support of Health Workers in Exclusive Breastfeeding in Lambangsari Village, Bojonegara District**

| No           | Health Workers Support | Frequency (f) | Percentage (%) |
|--------------|------------------------|---------------|----------------|
| 1.           | Support                | 44            | 54.3           |
| 2.           | Less Support           | 37            | 45.7           |
| <b>Total</b> |                        | <b>81</b>     | <b>100%</b>    |

Source: Results of 2022 SPSS Data Processing

Based on table 3 it is known that the support of health workers in exclusive breastfeeding in Lambangsari Village, Bojonegara District, it is known that the majority of health workers support exclusive breastfeeding, namely as many as 44 respondents (54.3%).

**Table 4. Description of Knowledge in Exclusive Breastfeeding in Lambangsari Village, Bojonegara District**

| No           | Knowledge  | Frequency (f) | Percentage (%) |
|--------------|------------|---------------|----------------|
| 1.           | Good       | 47            | 58.0           |
|              | Enough     | 18            | 22.2           |
| 2.           | Not enough | 16            | 19.8           |
| <b>Total</b> |            | <b>81</b>     | <b>100%</b>    |

Source: Results of 2022 SPSS Data Processing

Based on table 4 it is known that knowledge in exclusive breastfeeding in Lambangsari Village, Bojonegara District, it is known that the majority of knowledge is good in exclusive breastfeeding, namely as many as 47 respondents (58%).

## 2. Bivariate Analysis

Bivariate analysis is one of the statistical analysis where two variables are observed. One variable here is dependent while the other is independent. These variables are usually denoted by X and Y. So, here we analyse the changes occurred between the two variables and to what extent.

**Table 5. The Effect of Husband's Support on Exclusive Breastfeeding in Lambangsari Village, Bojonegara District**

| Husband Support | Exclusive breastfeeding |      |                             |      | Total |     | P value | OR    |
|-----------------|-------------------------|------|-----------------------------|------|-------|-----|---------|-------|
|                 | Exclusive breastfeeding |      | Not Exclusive Breastfeeding |      | f     | %   |         |       |
|                 | f                       | %    | f                           | %    |       |     |         |       |
| Support         | 43                      | 76.8 | 13                          | 23.2 | 56    | 100 | 0.021   | 3.583 |
| Less Support    | 12                      | 48   | 13                          | 52   | 25    | 100 |         |       |
| Amount          | 55                      | 67.9 | 26                          | 32.1 | 81    | 100 |         |       |

Source: Results of SPSS Data Processing

From table 5, it was found that the effect of husband's support on exclusive breastfeeding in Lambangsari Village, Bojonegara District, it was found that husbands who supported more were exclusively breastfed, namely 43 out of 56 respondents (76.8%) and husbands who were less supportive, more were not exclusively breastfed, namely by 13 out of 25 respondents (52%). Statistical test results obtained P value = 0.021, meaning p value  $< \alpha$  (0.05) so it can be concluded that there is an influence of husband's support on exclusive breastfeeding in Lambangsari Village, Bojonegara District. From the results of the analysis, the OR value is 3.583, meaning that a supportive husband has a 3.5 times chance of experiencing exclusive breastfeeding compared to a husband who is less supportive.

**Table 6. The Effect of Health Workers' Support on Exclusive Breastfeeding in Lambangsari Village, Bojonegara District**

| Health Worker Support | Exclusive breastfeeding |      |                             |      | Total |     | P value | OR    |
|-----------------------|-------------------------|------|-----------------------------|------|-------|-----|---------|-------|
|                       | Exclusive breastfeeding |      | Not Exclusive Breastfeeding |      | f     | %   |         |       |
|                       | f                       | %    | f                           | %    |       |     |         |       |
| Support               | 38                      | 86.4 | 6                           | 13.6 | 44    | 100 | 0.000   | 7.451 |
| Less Support          | 17                      | 45.9 | 20                          | 54.1 | 37    | 100 |         |       |
| Amount                | 55                      | 67.9 | 26                          | 32.1 | 81    | 100 |         |       |

Source: Results of SPSS Data Processing

From table 6, it was found that the effect of the support of health workers on exclusive breastfeeding in Lambangsari Village, Bojonegara Subdistrict, it was found that health workers who supported more exclusive breastfeeding, namely 38 out of 44 respondents (86%) and health workers who were less supportive, more were not exclusive breastfeeding namely 20 out of 37 respondents (54.1%). The statistical test results obtained a P value = 0.000, meaning a p value  $< \alpha$  (0.05) so that it can be concluded that there was an effect of the support of health workers on exclusive breastfeeding in Lambangsari Village, Bojonegara District. From the results of the analysis, the OR value is 7.451, meaning that health workers who support have a 7.4 times chance of experiencing exclusive breastfeeding compared to health workers who are less supportive.

**Table 7. The Effect of Knowledge on Exclusive Breastfeeding in Lambangsari Village, Bojonegara District**

| Knowledge | Exclusive breastfeeding |      |                             |      | Total |     | P value | OR |
|-----------|-------------------------|------|-----------------------------|------|-------|-----|---------|----|
|           | Exclusive breastfeeding |      | Not Exclusive Breastfeeding |      | f     | %   |         |    |
|           | f                       | %    | f                           | %    |       |     |         |    |
| Good      | 40                      | 85,1 | 7                           | 14,9 | 47    | 100 | 0,000   | -  |
| Enough    | 8                       | 44,4 | 10                          | 55,6 | 18    | 100 |         |    |
| Not Good  | 7                       | 43,8 | 9                           | 56,3 | 16    | 100 |         |    |
| Amount    | 55                      | 67,9 | 26                          | 32,1 | 81    | 100 |         |    |

Source: Results of SPSS Data Processing

From table 7, it was found that the effect of knowledge on exclusive breastfeeding in Lambangsari Village, Bojonegara Subdistrict, it was found that good knowledge was more exclusive breastfeeding, namely 40 out of 47 respondents (85.1%), sufficient knowledge was not exclusive breastfeeding, namely 10 out of 18 respondents (55.6%), and more or less knowledge that they were not exclusive breastfeeding, namely 9 out of 16 respondents (56.3%). Statistical test results obtained P value = 0.000, meaning p value  $< \alpha$  (0.05) so it can be concluded that there is an influence of knowledge on exclusive breastfeeding in Lambangsari Village, Bojonegara District.

Filling out the questionnaire that was filled in by the respondent himself so that it could happen (information bias), namely information submitted by subjective respondents. The results of the respondents' answers depend on the honesty of the respondents. Questionnaires with closed questions so they cannot dig up in-depth information.

### 3. The Effect of Husband's Support on Exclusive Breastfeeding in Lambangsari Village, Bojonegara District

Based on the results of the study, it was found that the effect of husband's support on exclusive breastfeeding in Lambangsari Village, Bojonegara Subdistrict, found that husbands who supported more were exclusive breastfeeding, namely 43 out of 56 respondents (76.8%) and husbands who were less supportive, more were not exclusively breastfed, namely by 13 out of 25 respondents (52%). Statistical test results obtained P value = 0.021, meaning p value  $< \alpha$  (0.05) so it can be concluded that there is an influence of husband's support on exclusive breastfeeding in Lambangsari Village, Bojonegara District. From the results of the analysis, the OR value is 3.583, meaning that a supportive husband has a 3.5 times chance of experiencing exclusive breastfeeding compared to a husband who is less supportive.

In line with Wulandari & Nurlaela's research in 2022 with the aim of knowing the relationship between husband's support obtained by mothers and exclusive breastfeeding. Results: The results of the statistical test showed that there was a correlation between the husband's support received by the mother and exclusive breastfeeding with a p-value (0.015)  $< \alpha$  (0.05). This indicates that there is a relationship between the husband's support received by the mother and exclusive breastfeeding (Wulandari & Nurlaela, 2021).

According to Haryono & Setianingsih Theory, this support is obtained by the mother from two parties, namely the family and health workers. But the biggest influence of support is family support, especially from husbands. This is because the husband is the main family and the closest person to the mother. However, in reality, husband's support in the practice of breastfeeding is still minimal, partly because there is a cultural division of roles, where the husband acts as the breadwinner and all household affairs are taken care of by the wife. Husband's support is an important factor in exclusive breastfeeding. Basically, husband's

support is very meaningful in dealing with mother's pressure in carrying out the breastfeeding process. Husband and family support calms the mother, thereby facilitating milk production. So, in order for the breastfeeding process to run smoothly, a breastfeeding father is needed, namely the father helps the mother to be able to breastfeed comfortably so that the milk produced is maximized. (Bakri et al., 2019). However, many existing studies refer more to the dimensions of family support according to Friedman, namely informational support, appraisal support, emotional support, and instrumental support which focus more on support tasks by family members in general (Friedman, 2015).

According to the researcher's assumption that husband's support is a vital part in the success or failure of breastfeeding. There are still many husbands who think wrongly, these husbands think that breastfeeding is the business of the mother and the baby. They think that it is enough to be a passive observer. In fact, the husband has a very decisive role in the success of breastfeeding because the husband will also determine the smoothness of the milk ejection reflex, which is greatly influenced by the mother's emotional state or feelings.

#### **4. The Effect of Husband's Support on Exclusive Breastfeeding in Lambangsari Village, Bojonegara District**

Based on the results of the study, it was found that the effect of the support of health workers on exclusive breastfeeding in Lambangsari Village, Bojonegara District, it was found that health workers who supported more exclusive breastfeeding, namely 38 out of 44 respondents (86%) and health workers who were less supportive, more were not exclusive breastfeeding, namely 20 out of 37 respondents (54.1%). The results of the statistical test obtained a P value = 0.000, meaning a p value  $< \alpha$  (0.05) so that it can be concluded that there was an effect of the support of health workers on exclusive breastfeeding in Lambangsari Village, Bojonegara District. From the results of the analysis, the OR value is 7.451, meaning that health workers who support have a 7.4 times chance of experiencing exclusive breastfeeding compared to health workers who are less supportive.

In line with Kusumawati's research in 2021. The aim of this study was to determine the relationship between the support of health workers and the success of exclusive breastfeeding. The results showed that 61 people (78.2%) received good support from health workers and 40 people (62.82%) succeeded in giving exclusive breastfeeding. This study concluded that there was a significant relationship between the support of health workers and the success of exclusive breastfeeding with a p value of 0.007. This means, the better the support provided by health workers, the success of exclusive breastfeeding will also increase (Kusumawati, 2022).

In the PRECEDE-PROCEED theory, the support of health workers is included in the reinforcing factors that encourage and strengthen behavior (Rahmiyati Ria, Widyasih Hesty, 2019). Midwives are recognized as responsible and accountable professionals, who work as women's partners to provide support, care starting from pregnancy, childbirth, postpartum and newborns (Argaheni et al., 2021). Law Number 4 of 2019 concerning midwifery, in article 47 says that midwives can act as midwifery service providers, midwifery service managers, extension workers and counselors, educators, mentors and clinical facilitators, mobilizers of community participation and women empowerment and or researchers of implementation midwifery practice.

According to the researcher's assumption that in providing care, midwives always involve the mother and her family as a unit, so that a healthy and empowered family environment is formed, supporting the next life. Support from professionals in the health sector is needed for mothers, especially primiparas. Education about the importance of breastfeeding must be given from the antenatal period, which is carried out by all health

workers, both midwives and doctors. Health workers provide information and counseling about breastfeeding and breastfeeding to mothers and their husbands.

### **5. The Effect of Husband's Support on Exclusive Breastfeeding in Lambangsari Village, Bojonegara District**

Based on the results of the study, it was found that the effect of knowledge on exclusive breastfeeding in Lambangsari Village, Bojonegara Subdistrict, found that good knowledge was more exclusive breastfeeding, namely 40 out of 47 respondents (85.1%), sufficient knowledge was not exclusive breastfeeding, namely 10 out of 18 respondents (55.6%), and more or less knowledge that they were not exclusive breastfeeding, namely 9 out of 16 respondents (56.3%). Statistical test results obtained P value = 0.000, meaning p value <  $\alpha$  (0.05) so it can be concluded that there is an influence of knowledge on exclusive breastfeeding in Lambangsari Village, Bojonegara District.

This is in line with Damanik's research in 2020 which aims to find out the relationship between mother's knowledge and exclusive breastfeeding at the Trade Center in Simalungun Regency. The results of the statistical test showed that the p-value was 0.01, which means that the p-value was < 0.05 so that the null hypothesis (HO) was rejected so that it was found that there was a significant relationship between mother's knowledge and exclusive breastfeeding in the working area of the Trading Health Center, Simalungu Regency (Damanik, 2020).

According to Notoatmodjo's theory, a person's knowledge or cognitive is a very important domain in shaping the person's actions (Notoatmodjo, 2014). According to Sarwono in Umami (2018) states that the action of a mother to give or not give exclusive breastfeeding to babies is an action based on knowledge, understanding and interpretation of a particular object or situation.

According to the researcher's assumption that there are several reasons and cultural factors inherent in the community, babies are often given additional food at the age of 0-6 months, whereas the behavior of mothers in exclusive breastfeeding can only be formed if the mother has good and correct knowledge about exclusive breastfeeding. which includes the meaning, reasons for exclusive breastfeeding, the benefits and impacts that can be caused if you do not give exclusive breastfeeding. For this reason, mothers who have adequate knowledge about exclusive breastfeeding will pay more attention to the importance of exclusive breastfeeding for their babies and themselves.

### **D. CONCLUSION**

Based on the results of the research and discussion presented by the researchers, the following conclusions can be drawn: 1) Exclusive breastfeeding in Lambangsari Village, Bojonegara District, it is known that the majority are given exclusive breastfeeding, the majority of husbands support exclusive breastfeeding, the majority of health workers support breastfeeding exclusive and the majority of mothers' knowledge is good in exclusive breastfeeding; 2) There is an influence of husband's support on exclusive breastfeeding in Lambangsari Village, Bojonegara District; 3) There is an influence of the support of health workers on exclusive breastfeeding in Lambangsari Village, Bojonegara District; and 4) There is an influence of knowledge on exclusive breastfeeding in Lambangsari Village, Bojonegara District.

## REFERENCES

1. Aditia. (2019). Pengalaman Ibu dalam Pemberian ASI Eksklusif. *Jurnal Kesehatan Ilmiah Indonesia*, 4(2), 22–28.
2. Amalia, U., Amir, Y., & Lita. (2019). Faktor-Faktor yang Mempengaruhi Cakupan ASI Eksklusif di Wilayah Kerja Puskesmas Sidomulyo Kecamatan Tampan. *Photon: Jurnal Sain dan Kesehatan*. <https://doi.org/10.37859/Jp.V10i1.1378>
3. Angraresti, I. E., & Syauqy, A. (2016). Faktor-Faktor yang Berhubungan dengan Kegagalan Pemberian ASI Eksklusif di Kabupaten Semarang. *Journal of Nutrition College*.
4. Awaliyah, S. N., Rachmawati, I. N., & Rahmah, H. (2019). Breastfeeding Self-Efficacy as a Dominant Factor Affecting Maternal Breastfeeding Satisfaction. *BMC Nursing*, 18(1), 1-7.
5. Bakri, I., Sari, M. M., & Pertiwi, F. D. (2019). Hubungan Dukungan Suami dengan Pemberian ASI Eksklusif di Wilayah Kerja Puskesmas Sempur Kota Bogor Tahun 2018. *Promotor*. <https://doi.org/10.32832/Pro.V2i1.1786>
6. Damanik, D. (2020). Hubungan Pengetahuan Ibu dengan Pemberian ASI Eksklusif di Wilayah Kerja Puskesmas Perdagangan Kabupaten Simalungun. *Jurnal Keperawatan Priority*. <https://doi.org/10.34012/Jukep.V3i1.798>
7. Ericson, J., & Palmér, L. (2019). Mothers of Preterm Infants' Experiences of Breastfeeding Support in the First 12 Months after Birth: A Qualitative Study. *Birth*, 46(1), 129-136.
8. Francis, J., Mildon, A., Stewart, S., Underhill, B., Tarasuk, V., Di Ruggiero, E., ... & O'Connor, D. L. (2020). Vulnerable Mothers' Experiences Breastfeeding with an Enhanced Community Lactation Support Program. *Maternal & Child Nutrition*, 16(3), e12957.
9. Friedman. (2015). Buku Ajar Keperawatan Keluarga Riset , Teori Dan Praktik. In *Majalah Kedokteran Andalas*.
10. Hull, N., Kam, R. L., & Gribble, K. D. (2020). Providing Breastfeeding Support during the COVID-19 Pandemic: Concerns of Mothers Who Contacted the Australian Breastfeeding Association. *Breastfeeding Review*, 28(3), 25-35.
11. Kabakian-Khasholian, T., Nimer, H., Ayash, S., Nasser, F., & Nabulsi, M. (2019). Experiences with Peer Support for Breastfeeding in Beirut, Lebanon: A Qualitative Study. *PloS one*, 14(10), e0223687.
12. Kemenkes RI. (2021). *Enam Isu Kesehatan Jadi Fokus Kemenkes di Tahun 2021*. Kementerian Kesehatan.
13. Kusumawati, S. (2022). Hubungan Sikap dan Dukungan Tenaga Kesehatan dengan Keberhasilan Pemberian ASI Eksklusif di Wilayah Puskesmas Berangas Kabupaten Barito Kuala. *Jurnal Keperawatan Suaka Insan (Jksi)*. <https://doi.org/10.51143/Jksi.V6i2.295>
14. Lebron, C. N., St. George, S. M., Eckembrecher, D. G., & Alvarez, L. M. (2020). “Am I Doing This Wrong?” Breastfeeding Mothers' Use of an Online Forum. *Maternal & child nutrition*, 16(1), e12890.
15. Nurkhalizah, S., Rochmani, S., & Septimar, Z. M. (2021). Hubungan Faktor Internal & Eksternal dengan Keberhasilan Pemberian ASI Eksklusif pada Ibu WFH di Masa Pandemi Covid 19. *Nusantara Hasana Journal*, 1(1), 95–101.
16. Purwanti, R., Diananingrum, I., Azni, H., Savitri, R. A., Rahmarani, H., & Febrianah, N. (2020). Program Pendampingan Keluarga Balita Gizi Kurang di Wilayah Puskesmas Karanganyar Kota Semarang. *Wikrama Parahita: Jurnal Pengabdian Masyarakat*. <https://doi.org/10.30656/Jpmwp.V4i2.1976>

17. Rahayu, D., Santoso, B., & Yunitasari, E. (2015). Produksi ASI Ibu dengan Intervensi Acupresure Point for Lactation Dan Pijat Oksitosin. *Ners*.
18. Regan, S., & Brown, A. (2019). Experiences of Online Breastfeeding Support: Support and Reassurance versus Judgement and Misinformation. *Maternal & Child Nutrition*, 15(4), e12874.
19. Robinson, A., Lauckner, C., Davis, M., Hall, J., & Anderson, A. K. (2019). Facebook Support for Breastfeeding Mothers: A Comparison to Offline Support and Associations with Breastfeeding Outcomes. *Digital Health*, 5, 2055207619853397.
20. Sugiyono. (2016). Metode Penelitian Pendidikan Kuantitatif, Kualitatif dan R & D. Bandung: Alfabeta. *Metode Penelitian*.
21. Sugiyono. (2018). Sugiyono Metode Penelitian Kuantitatif Kualitatif. *Metode Penelitian Kuantitatif Kualitatif*.
22. Taylor, A. M., van Teijlingen, E., Alexander, J., & Ryan, K. M. (2019). The Therapeutic Role of Video Diaries: A Qualitative Study Involving Breastfeeding Mothers. *Women and Birth*, 32(3), 276-283.
23. Wijayanti, K., Prawitasari, S., & Wenny, W. (2016). Pengalaman Ibu Bekerja dalam Pemberian ASI Eksklusif di Lingkungan Universitas Muhammadiyah Magelang. *Jurnal Kesehatan Reproduksi*, 3(1), 41. <https://doi.org/10.22146/jkr.13879>
24. Wulandari, S., & Nurlaela, E. (2021). Hubungan Dukungan Suami dengan Pemberian ASI Eksklusif: Literature Review. *Prosiding Seminar Nasional Kesehatan*, 1(1), 1984–1995. <https://doi.org/10.48144/prosiding.v1i.960>