



DESCRIPTION OF MOTHERS' KNOWLEDGE ABOUT EXCLUSIVE BREASTFEEDING

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ABSTRACT

Exclusive breastfeeding is very important for infant health, but its coverage in Indonesia is still low. One of the causes is the lack of knowledge of mothers about the importance of exclusive breastfeeding. This study aims to describe the level of knowledge of mothers about exclusive breastfeeding in the Kartasura Health Center Working Area and analyze the factors that influence it. This method uses a quantitative descriptive research design with a cross-sectional approach. The sample consisted of 51 mothers with babies aged 0-24 months, selected using a purposive sampling technique. Data were collected through a questionnaire that had been tested for validity and reliability, then analyzed univariately. The results showed that 51% of respondents had sufficient knowledge, 31.4% low, and 17.6% good. Contributing factors include age, education, occupation, number of children, and age of the last child. Higher education is associated with better knowledge. This conclusion shows that there are still many mothers with low levels of knowledge about exclusive breastfeeding, so more intensive health education and interventions are needed. Socialization and counseling by health workers are expected to increase the success of exclusive breastfeeding.

Keywords: community; exclusive breastfeeding; mother's knowledge

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INTRODUCTION

Exclusive breastfeeding refers to the practice of feeding infants solely with breast milk from birth until they reach six months of age. Initiating breastfeeding early plays a crucial role in strengthening an infant's immune system, offering significant health benefits. According to recommendations from the World Health Organization, infants should receive exclusive breastfeeding for the first six months of life. After this period, breastfeeding should be continued alongside the introduction of nutritionally appropriate complementary foods, ideally up to two years of age or even longer (WHO, 2022). All mothers should receive encouragement and assistance to begin breastfeeding as soon as possible after childbirth, ideally within the first hour. They should also be provided with practical guidance to help them successfully start and sustain breastfeeding while addressing any common challenges they may face. Exclusive breastfeeding refers to feeding infants only with breast milk, without the addition of any food or beverages, except for necessary medications. However, after six months, breast milk alone is insufficient to meet the infant's mineral needs, particularly iron, making the introduction of complementary foods essential (Kemenkes, 2022).

According to Government Regulation (PP) No. 33 on Exclusive Breastfeeding, Article 6 mandates that "Every mother who gives birth must provide exclusive breastfeeding to her newborn baby." Breast milk is a natural emulsion consisting of fats, proteins, lactose, and organic salts, which is secreted by the mother's mammary glands and serves as the primary source of nutrition for infants. As a vital, living fluid, breast milk provides the best nourishment essential for a baby's growth and development (Suciati & Wulandari, 2020). However, many mothers still choose not to breastfeed their babies for various reasons. In Indonesia, the percentage of mothers who provide breast milk to their infants remains low,

despite the national target being set at 80%. One of the main factors contributing to this issue is the lack of awareness and knowledge about the benefits of breastfeeding. This is concerning, as breast milk contains essential nutrients that are fully capable of meeting a baby's nutritional needs during the early stages of life (Nidaa & Hadi, 2022). Breast milk is recognized as the gold standard for infant nutrition because, in addition to providing essential nutrients such as carbohydrates, lipids, proteins, vitamins, and minerals, it also contains a variety of bioactive compounds. These include growth factors and anti-infection molecules such as immunoglobulins (Ig), cytokines (CK), and oligosaccharides. These components play a crucial role in supporting a baby's optimal growth, both in terms of anatomical and neurological development. Moreover, they help strengthen the infant's immune system by promoting microbiota colonization and enhancing overall immunity (Rio-Aige et al., 2023).

Recognizing various factors that have an impact on childbirth is essential, including a mother's knowledge of exclusive breastfeeding, educational background, psychological well-being, congenital abnormalities in infants, and breast-related conditions. Additionally, the availability and accessibility of healthcare resources and facilities, as well as the attitudes and approaches of healthcare professionals, play a significant role. All of these aspects are closely connected to the broader discussion on breastfeeding and its importance in maternal and infant health (Notoadmojo, 2015). One significant factor contributing to the low rate of exclusive breastfeeding is the insufficient maternal education regarding its benefits. A lack of knowledge among mothers becomes a major obstacle to the successful implementation of exclusive breastfeeding programs. Maternal behavior plays a crucial role in determining breastfeeding success, as it encompasses various human experiences and interactions with their surroundings, which are reflected in their knowledge, attitudes, and actions. The concept of behavior refers to an individual's actions or responses to both internal and external stimuli. However, several other factors also influence societal behaviors, shaping how individuals act and react. A mother's psychological state plays a pivotal role in determining how frequently she breastfeeds her child. Mothers who receive strong encouragement and support are generally more motivated to continue breastfeeding for at least six months. Ultimately, a mother's mindset and commitment to feeding her baby are key determinants in whether she will practice exclusive breastfeeding or not (Notoadmojo, 2015).

Initiating breastfeeding as early as possible and consuming foods rich in lactagogues are common practices among mothers to enhance breast milk production. Papaya fruit, for example, contains alkaloids, flavonoids, and polyphenols, which have the potential to stimulate the release of oxytocin and prolactin hormones, both essential for milk production. Similarly, katuk leaves and moringa leaves are known for their galactagogue properties, which help boost breast milk supply. Additionally, green beans are a valuable source of protein, iron, and vitamin B1, all of which contribute to improving the flow of breast milk. These traditional practices are widely adopted in communities with the primary goal of increasing breast milk supply, ensuring that newborns receive only breast milk during their early months of life (Ramadhani et al., 2023). The World Health Organization recommends the practice of exclusive breastfeeding (EBF) throughout the first six months of a baby's life. Mothers have the potential to make a significant contribution to facilitating exclusive breastfeeding if they are equipped with sufficient knowledge and a good mindset. The purpose of this study was to present a comprehensive analysis of maternal knowledge, attitudes, and behavior related to exclusive breastfeeding in the Kartasura Health Center Work Area, comprehensively (Dukuzumuremyi et al., 2020).

METHOD

This study uses a quantitative descriptive method with a cross-sectional approach, where data is collected once without repetition. Data were collected using a questionnaire to describe the

level of maternal knowledge about exclusive breastfeeding at the Kartasura Health Center without analyzing the relationship between variables (Sugiyono, 2024) The population in this study was 103 mothers who had babies aged 0-24 months and were examined at the Kartasura Health Center as the main data source for the study. The sample in this study were mothers with babies aged 0-24 months, who were selected using the purposive sampling method. This study uses the Slovin formula to determine the number of samples, in order to obtain representative and valid results regarding the description of maternal knowledge about exclusive breastfeeding and the results were 51 respondents. The inclusion criteria in this study include mothers who have children aged 0-24 months, domiciled in Kartasura, and routinely visit the Kartasura Health Center Work Area. The selected respondents must be able to read and write and willing to participate in the study. Meanwhile, exclusion criteria include mothers who cannot read and write, are unwilling to be respondents, and mothers who have certain health conditions that hinder breastfeeding. In addition, mothers with mental disorders that affect the ability to think rationally are also excluded from this study.

The questionnaire was used as a data collection method in this study to determine the characteristics of respondents and the level of knowledge of breastfeeding mothers. The study uses a single variable, so the data analysis technique that will be used is the univariate analysis technique. Through this analysis, researchers can calculate the frequency and percentage of each answer given by the respondents, so that it can be clearly seen how many mothers understand the importance of exclusive breastfeeding. The maternal knowledge instrument about exclusive breastfeeding consisting of 17 statement items has been compiled by (Rasna, 2019) Maternal knowledge refers to the level of understanding of mothers who have babies aged 0-24 months regarding exclusive breastfeeding. Knowledge measurement was conducted using a questionnaire, with the results categorized into three levels, namely good (76-100%), sufficient (56-75%), and lacking (<56%) according to the classification of Notoadmojo (2018) and tested for validity using the product moment correlation test (correlation product moment) $r_{count} > 0.3$ and its reliability using the Cronbach alpha test (> 0.6) The researcher has conducted an Ethical Clearance test to ensure that this study meets applicable ethical standards. The test was carried out by obtaining official permission with the number 5566 / B.1 / KEPK-FKUMS / II / 2025, issued by the Health Research Ethics Committee of the Faculty of Medicine, Muhammadiyah University of Surakarta.

RESULT

Table 1.
Respondent Characteristics

Respondent Characteristics	f	%
Age		
< 20 years	3	5.9
20 – 35 years	22	43.1
> 35 years	26	51
Education		
Did not graduate from elementary school	8	15.7
Elementary school	7	13.7
Junior high school	7	13.7
High school	21	41.2
Diploma	2	3.9
Bachelor's degree	6	11.8
Job		
Not Working	42	82.4
Working	9	17.6
Number of children		
Primipara	14	27.5
Multipara	22	43.1
Grandepara	15	29.4

Respondent Characteristics	f	%
Child Age		
6-12 Months	20	39.2
13-24 Months	31	60.8

The majority of respondents were over 35 years old (51%), had a high school education (41.2%), were unemployed (82.4%), and were multiparous (43.1%). Additionally, most respondents had children aged 13–24 months (60.8%). These demographic characteristics provide important context for understanding mothers' knowledge about exclusive breastfeeding.

Table 2.
Distribution of Respondents' Knowledge Level

Level of Knowledge	f	%
Low	16	31.4
Quite	26	51
Good	9	17.6

Furthermore, this study also analyzed mothers' knowledge about exclusive breastfeeding. The results showed that respondents' knowledge was divided into three categories: low, sufficient, and good. Of the 51 respondents, 16 people (31.4%) had low knowledge, 26 people (51%) had sufficient knowledge, and 9 people (17.6%) had good knowledge.

Table 3.
Distribution of Knowledge Levels Based on Respondent Characteristics

Knowledge Level Category	Low		Quite		Good	
	f	%	f	%	f	%
Age						
< 20 years	0	0	2	7.7	1	11.2
20 – 35 years	2	12.5	16	61.5	4	44.4
> 35 years	14	87.5	8	30.8	4	44.4
Education						
Did not graduate from elementary school	8	50	0	0	0	0
Elementary school	6	37.5	1	3.8	0	0
Junior high school	2	12.5	5	19.5	0	0
High school	0	0	19	73.1	2	22.2
Diploma	0	0	1	3.8	1	11.1
Bachelor's degree	0	0	0	0	6	66.7
Job						
Not working	14	87.5	23	88.5	5	55.6
Working	2	12.5	3	11.5	4	44.4
Number of Children						
Primipara	0	0	9	34.6	5	55.6
Multipara	3	18.8	15	57.7	4	44.4
Grandepara	13	81.2	2	7.7	0	0
Child Age						
6-12 Bulan	8	50	10	38.5	2	22.2
13-24 Bulan	8	50	16	61.5	7	77.8

Analysis shows that maternal knowledge about exclusive breastfeeding is influenced by age, education, occupation, number of children, and age of the child. Age: The majority of respondents with sufficient knowledge are aged 21–35 years (61.5%). Respondents with low knowledge are dominated by mothers aged >35 years (87.5%), while those with good knowledge are divided between the ages of 20–35 years and >35 years (44.4% each). Education: Respondents with sufficient knowledge are mostly high school educated (73.1%), while those with low knowledge are mostly elementary school dropouts (50%). Respondents with good knowledge are dominated by bachelor's degree graduates (66.7%). Occupation: Most mothers with sufficient knowledge (88.5%) and low knowledge (87.5%) are unemployed, while in the good knowledge category, 44.4% of mothers are employed. Number of Children: Primipara (mothers with their first child) tend to have better knowledge

than multipara and grandepara. The majority of mothers with good knowledge come from the primipara group (55.6%), while mothers with low knowledge are dominated by grandepara (81.2%). Child Age: Mothers with children aged 13–24 months tended to have better knowledge (77.8%), compared to mothers with children aged <12 months (22.2%). Overall, mothers with younger age, higher education, employment, first child, and older children tended to have better knowledge about exclusive breastfeeding.

DISCUSSION

Respondent Characteristics

The demographic characteristics of respondents in this study showed that the majority of study participants were over 35 years old with a proportion of 51%. Age is a factor that can influence the level of knowledge, attitudes, and practices in providing exclusive breastfeeding. Older age groups tend to have more experience in childcare, but they may also be more attached to norms and habits that have long been adopted in their social environment. This can have implications for their level of acceptance of new information about breastfeeding, especially in the context of changing medical recommendations that continue to evolve (Friska Margareth Parapat et al., 2022). In terms of education, there was a significant difference in the level of education of respondents, with the majority having a high school education (41.2%) and a small portion (15.7%) not finishing elementary school. Education is a variable that plays an important role in the accessibility and understanding of health information, including the importance of providing exclusive breastfeeding (Akbar et al., 2021). In terms of employment, 82.4% of respondents were unemployed. Employment status has a close correlation with the level of access to sources of information and health services. Working mothers are more likely to receive information about exclusive breastfeeding through various communication channels, both from colleagues and health programs provided by the company or institution where they work. On the other hand, non-working mothers may be more limited in obtaining this information, thus requiring proactive efforts to increase the accessibility of information for them (Ramli, 2020).

Overview of Mothers' Knowledge of Exclusive Breastfeeding

The level of mothers' knowledge regarding exclusive breastfeeding in this study varied, with 31.4% having low knowledge, 51% having sufficient knowledge, and only 17.6% having good knowledge. This variation indicates that there is still a gap in mothers' understanding of the importance of exclusive breastfeeding, which can be influenced by various demographic and social factors.

Age

Respondents aged over 35 years showed a lower level of knowledge, with 87.5% of them in the low category. According to research from (Friska Margareth Parapat et al., 2022) which states that Factors contributing to this include lack of access to relevant information in the past and the influence of stronger cultural norms among the older generation. In contrast, mothers aged 20-35 years tend to have better knowledge because they are more open to new information and are more often exposed to health education programs through digital media and modern health services. The mother's age greatly determines maternal health and is related to the condition of pregnancy, childbirth and postpartum as well as how to care for and breastfeed her baby. Mothers who are under 20 years old are still immature and not ready physically and socially in facing pregnancy, childbirth and in raising the baby that is born (Assriyah et al., 2020).

Education

The level of education plays a significant role in shaping the mother's knowledge about exclusive breastfeeding. Respondents who did not graduate from elementary school had a

very low level of knowledge, with 50% of them in the low category. Meanwhile, mothers with high school and college education backgrounds showed a better understanding. Formal education provides a stronger literacy base in understanding medical information and health recommendations, which contributes to more rational decision-making in breastfeeding practices. (Herman et al., 2021) stated that the role of a mother in providing exclusive breastfeeding to her baby is very important. Therefore, an understanding of this program is very necessary for these groups. Mothers' understanding or knowledge of exclusive breastfeeding is greatly influenced by the mother's level of education (Akbar et al., 2021). Mothers who have good knowledge do not come from a counseling program about exclusive breastfeeding in the environment. They spontaneously take the initiative to ask health workers about exclusive breastfeeding during Posyandu activities. Mothers also often get information about exclusive breastfeeding from family or friends with a health background. The mother's good level of knowledge and high motivation to breastfeed exclusively are influenced by positive interactions between mothers who have babies. Mothers become enthusiastic because of the support from the surrounding environment, especially mothers who have friends with a health background, so that indirectly the mother gets counseling (Ramli, 2020).

Work

This study is in line with (Polwandari et al., 2021) which states that work is not a reason to stop providing exclusive breastfeeding. There is research that explains the relationship between employment status and providing exclusive breastfeeding where working mothers tend not to provide exclusive breastfeeding. Correct knowledge about breastfeeding, breast milk pumping equipment and work environment support, a mother can continue to provide exclusive breastfeeding. With the demands and opportunities to work to help the family economy, some mothers choose to work outside the home (Suciati & Wulandari, 2020). Therefore, by working mothers cannot fully relate to their babies, as a result mothers tend to provide formula milk which causes the frequency of breastfeeding to decrease and breast milk productivity to decrease (Ibrahim & Rahayu, 2021).

Number of Children

This study is in line with research conducted by (Polwandari et al., 2021) which states that the majority of mothers who provide exclusive breastfeeding are multiparous or grande multipara mothers with a total of 31 people (77.5%). A mother's experience in providing breast milk to her baby is influenced by the number of deliveries experienced by the mother (Lelo et al., 2021). Parity is a woman who has given birth. Parity is divided into several terms, namely primipara, a woman who has given birth to a fetus for the first time, multipara, a woman who has given birth to a fetus more than once, and grande multipara, a woman who has given birth to a fetus more than five times. The number of children a mother has can affect her level of knowledge about exclusive breastfeeding. Mothers who have just given birth for the first time (primipara) generally have more motivation greater to seek information about breastfeeding. They tend to actively consult with health workers, attend lactation classes, and access information through online media to ensure proper breastfeeding practices (Ginting et al., 2022). In contrast, mothers who have had more than one child (multipara and grandepara) often rely on previous experiences in breastfeeding. Although this experience is valuable, it is possible that the information used is no longer in accordance with the latest medical recommendations. This can lead to suboptimal breastfeeding practices, such as providing complementary foods before the age of six months or using formula milk without medical indications (Sakinah, 2020). Therefore, ongoing education is very important for all mothers, both those who are giving birth for the first time and those who already have several children. This effort can be carried out through health services, education classes for pregnant and breastfeeding mothers, and digital-based information campaigns. Thus, every mother has

access to accurate and up-to-date information, so that they can implement breastfeeding practices according to recommended health standards (Suhaibatun et al., 2023).

Age of Children

The age of the child plays an important role in determining the level of knowledge of the mother regarding exclusive breastfeeding. Mothers who have children aged 13–24 months generally have a better understanding of the benefits and practices of breastfeeding compared to mothers whose children are still under 12 months old. This is due to several main factors. (Sari, 2020). First, longer breastfeeding experience provides an opportunity for mothers to better understand various aspects of breastfeeding, such as correct breastfeeding techniques, signs of adequate breast milk supply, and challenges that may be faced during the breastfeeding process. (Polwandari et al., 2021). As time goes by, mothers also tend to become more skilled at dealing with various problems related to breast milk, such as poor attachment or decreased breast milk production (Herman et al., 2021). Second, as the child grows older, mothers have more opportunities to access health information from various sources, such as health workers, breastfeeding guide books, and breastfeeding communities. Routine check-ups at the integrated health post or health facility also provide opportunities for mothers to consult and receive education about the importance of exclusive breastfeeding and optimal breastfeeding practices. (Sakinah, 2020). On the other hand, mothers with younger children may still be in the early stages of learning and adapting to the breastfeeding process. They may face challenges such as lack of experience, anxiety about breast milk production, or difficulty in finding a comfortable breastfeeding position. Therefore, mothers with younger children need more intensive support and guidance, both from health workers and the surrounding environment, so that they can undergo the breastfeeding process with more confidence and optimally. (Assriyah et al., 2020).

CONCLUSION

The majority of respondents in this study were >35 years old, had a high school education, and most were unemployed. Most respondents were multiparous mothers who had given birth 2-5 times and had children aged 13-24 months. The level of knowledge of the majority of respondents was in the sufficient category. Respondents with low knowledge were generally <35 years old, had not graduated from elementary school, were unemployed, were grandepara, and had children aged 6-12 months or 13-24 months. Respondents with sufficient knowledge were mostly 20-35 years old, had a high school education, were unemployed, were multiparous, and had children aged 13-24 months. Meanwhile, respondents with high knowledge were generally 20-35 years old or <35 years old, had a bachelor's degree, were unemployed, were primipara, and had children aged 13-24 months

REFERENCES

- Akbar, H., Nurul Hikma Saleh, S., Muzayyana, & Agustin. (2021). Hubungan Tingkat Pengetahuan Ibu dengan Pemberian ASI Eksklusif pada Bayi 0-6 Bulan di Puskesmas Motoboi Kecil. *Journal of Health Education and Literacy*, 4(1), 34–39. <https://doi.org/10.31605/j-healt.v4i1.1003>
- Assriyah, H., Indriasari, R., Hidayanti, H., Thaha, A. R., & Jafar, N. (2020). Hubungan Pengetahuan, Sikap, Umur, Pendidikan, Pekerjaan, Psikologis, Dan Inisiasi Menyusui Dini Dengan Pemberian Asi Eksklusif Di Puskesmas Sudiang. *Jurnal Gizi Masyarakat Indonesia: The Journal of Indonesian Community Nutrition*, 9(1), 30–38. <https://doi.org/10.30597/jgmi.v9i1.10156>
- Dukuzumuremyi, J. P. C., Acheampong, K., Abesig, J., & Luo, J. (2020). Knowledge, attitude, and practice of exclusive breastfeeding among mothers in East Africa: A systematic review. In *International Breastfeeding Journal* (Vol. 15, Issue 1). BioMed Central. <https://doi.org/10.1186/s13006-020-00313-9>

- Friska Margareth Parapat, Sharfina Haslin, & Ronni Naudur Siregar. (2022). Hubungan Pengetahuan Ibu Dengan Pemberian Asi Eksklusif. *Jurnal Kesehatan Tambusai*, Volume 3,(2), 16–25.
- Ginting, M., Tamba, D., & Novita. (2022). Pengetahuan Ibu Primigravida Tentang Pemberian Asi Eksklusif Di Rsia Stella Maris Medan. *Jurnal Darma Agung Husana*, 9(1), 24–31.
- Herman, A., Mustafa, M., Saida, S., & Chalifa, W. O. (2021). Hubungan Pengetahuan dan Sikap Ibu dengan Pemberian ASI Eksklusif. *Professional Health Journal*, 2(2), 84–89. <https://doi.org/10.54832/phj.v2i2.103>
- Ibrahim, F., & Rahayu, B. (2021). Analisis Faktor yang Berhubungan dengan Pemberian ASI Eksklusif. *Jurnal Ilmiah Kesehatan Sandi Husada*, 10(1), 18–24. <https://doi.org/10.35816/jiskh.v10i1.497>
- Kemkes. (2022). ASI Eksklusif.
- Lelo, N. S., Mau, D. T., & Rua, Y. M. (2021). Gambaran Tingkat Pengetahuan Ibu Tentang Pemberian Asi Eksklusif Di Uptd Puskesmas Haliwen. *Jurnal Sahabat Keperawatan*, 3(01), 18–22. <https://doi.org/10.32938/jsk.v3i01.913>
- Nidaa, I., & Hadi, E. N. (2022). Inisiasi menyusui dini (IMD) sebagai upaya awal pemberian ASI eksklusif: scoping review. *Jurnal Riset Kebidanan Indonesia*, 6(2), 58–67. <https://doi.org/10.32536/jrki.v6i2.221>
- Notoadmojo. (2015). *Promosi Kesehatan dan Perilaku Kesehatan*. Rineka Cipta.
- Polwandari, F., Wulandari, S., Kunci, K., Eksklusif, A., Ibu, K., & Ibu, P. (2021). Gambaran Usia, Paritas, Tingkat Pendidikan, Status Pekerjaan, Dukungan Suami dan Tingkat Pengetahuan Ibu dalam Pemberian ASI Eksklusif The Depiction of Age, Parity, Education Level, Employment Status, Husband Support, and Maternal Knowledge Level in Exclu. *Faletehan Health Journal*, 8(1), 58–64.
- Ramadhani, P. A., Nuryanti, D., Syafira, A. N., Shafiyah, A. R., Nurjanah, Gusriani, & Retnowati, Y. (2023). Makanan Sehat Untuk Memperlancar Produksi ASI Putri. *Jurnal Kesehatan Republik Indonesia*, 1(1), 40–46.
- Ramli, R. (2020). Correlation of Mothers' Knowledge and Employment Status with Exclusive Breastfeeding in Sidotopo. *Jurnal PROMKES*, 8(1), 36. <https://doi.org/10.20473/jpk.v8.i1.2020.36-46>
- Rio-Aige, K., Fernández-Bargalló, A., Vegas-Lozano, E., Miñarro-Alonso, A., Castell, M., Selma-Royo, M., Martínez-Costa, C., Rodríguez-Lagunas, M. J., Collado, M. C., & Pérez-Cano, F. J. (2023). Breast milk immune composition varies during the transition stage of lactation: characterization of immunotypes in the MAMI cohort. *Frontiers in Nutrition*, 10(November), 1–15. <https://doi.org/10.3389/fnut.2023.1252815>
- Sakinah, I. (2020). Gambaran Karakteristik Dan Pengetahuan Ibu Menyusui Dalam Pemberian Asi Eksklusif Di Desa Pandat Puskesmas Mandalawangi Pandeglang. *Jurnal Menara Medika*, 2(2), 119–127.
- Sari, W. A. (2020). Hubungan Pengetahuan Ibu Menyusui Tentang Manfaat Asi Dengan Pemberian Asi Eksklusif Kabupaten Jombang. *JPK: Jurnal Penelitian Kesehatan*, 10(1), 6–12.
- Suciati, S., & Wulandari, S. (2020). Faktor-Faktor yang Mempengaruhi Pemberian ASI Eksklusif: Literature Review Tinjauan Pustaka Tujuan Penelitian. *Jurnal Kebidanan*, 10(2), 1–6.
- Suhaibatun, S., Idawati, I., Yustiananda, Y., Dewi Safitri, & Mutiawati, M. (2023). Pengaruh Konseling Terhadap Motivasi Ibu dalam Pemberian ASI Eksklusif. *SEHATMAS: Jurnal Ilmiah Kesehatan Masyarakat*, 2(3), 661–669. <https://doi.org/10.55123/sehatmas.v2i3.2068>
- WHO. (2022). Step up for Breastfeeding; Educate and Support. 2 August 2022. <https://www.who.int/srilanka/news/detail/02-08-2022-step-up-for-breastfeeding--educate-and-support>