



Determinants of Mother's Willingness to Breastfeed Exclusively in the Working Area of Polonia Health Center

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ABSTRACT

Breast milk is an ideal source of nutrition because it is balanced in composition and meets the growing needs of the infant. Exclusive breastfeeding is a form of healthy behavior for infants. The research design is an analytical survey utilizing an explanatory research approach with the objective of analyzing the relationship between the independent variables of predisposing, enabling, and reinforcing factors and the dependent variable of mother's willingness to breastfeed exclusively. The chi square test and logistic regression were used in this study's analysis. The results indicated that the chisquare test indicated that there is a relationship between predisposing and reinforcing factors and nursing mothers' willingness to breastfeed exclusively. There is no correlation between enabling factors and breastfeeding mothers' willingness to breastfeed exclusively. The result of the logistic regression test indicates that predisposing and reinforcing variables have an effect on nursing mothers' willingness to breastfeed exclusively. Predisposing variables are the most important factor affecting breastfeeding mothers' willingness to breastfeed exclusively. It is recommended that Polonia Puskesmas staff improve breastfeeding mothers' attitudes and motivation toward exclusive breastfeeding by counseling them on the importance of exclusive breastfeeding for infants during pregnancy and lactation.

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1. INTRODUCTION

Nutrient needs for infants up to the age of two years are very important to be considered by mothers. Giving breast milk (ASI) to babies is the best way to improve the quality of human resources from an early age who will become the nation's successors because breast milk is the perfect food for babies both in quality and quantity (Untari, 2017).

Breastfeeding can create a strong psychological and affectionate bond between mother and baby. The baby feels protected in his mother's arms, hears the mother's heartbeat, and feels the mother's touch when breastfed. It will not be handled by the baby when drinking milk other than breast milk (Sartika, 2015).

Breast milk provides protective factors and appropriate nutrients to ensure good nutritional status and reduce child morbidity and mortality. Colostrum contains 10-17 times more immune substances than mature milk. Immune substances contained in breast milk, among others, will protect babies from diarrheal diseases and reduce the possibility of babies getting ear infections, coughs, colds and allergic diseases.

Breast milk is the first and main natural food for babies to achieve optimal growth and development. The occurrence of nutritional insecurity in infants is due to not only lack of food but also because breast milk (ASI) is mostly replaced with bottled milk in ways and quantities that do not meet the needs (Ayutifanie et al., 2015). Exclusive breastfeeding is breast milk given to babies from birth for six months, without adding or replacing it with other food or drinks (PP Number 33 of 2012). The Indonesian government has established a policy of exclusive breastfeeding until the baby is in the first six months of life and continues until two years old (Bahriyah, 2017) .

Exclusive breastfeeding is one strategy for promoting newborn growth. Mother's milk is an environmental factor and a nurturing requirement that contains the optimal nutrients for babies because breast milk contains all the nutrients in the optimal amount and composition, and the nature of breast milk, which is very easily absorbed by the baby's body, is extremely beneficial for promoting optimal growth and development of babies and protecting them against various diseases (Intani, 2019; Oktiyan, 2015).

Breastfeeding can also improve cognitive development and reduce obesity in adulthood. Mother's milk or breast milk has many advantages and benefits for children. Not only to support the growth and development of children, but breastfeeding also creates a healthier and smarter generation when they grow up. To realize all that, children need to get breast milk for two years, including getting exclusive breastfeeding for six months (Adiguna, 2016). Exclusive breastfeeding for infants is a form of healthy behaviour. The general concept used to diagnose behaviour is the behaviour is influenced by three main factors, namely predisposing, enabling and reinforcing elements (Dwitama, 2018; Siregar, 2020).

Healthy children must be prepared from the time they are in the womb and during childbirth until their growth and development (Sabri, 2019; Rahayu, 2015). Because since in the womb, the fetus has experienced a rapid phase of development. The delivery time is decisive for babies who get optimal breast milk as nutrition that can meet all the nutritional elements for the development of babies to become healthy and intelligent children (Eugenie, 2015; Adinda, 2020).

Putri (2016) and Patrick (2016) research predisposing factors to the failure of exclusive breastfeeding is the lack of knowledge about exclusive breastfeeding, so there is no strong motivation from mothers to give exclusive breastfeeding to their babies. The results of Fadliyah (2019) showed the factors of health workers as birth attendants, length of work time and knowledge were related to exclusive breastfeeding .

Data from Basic Health Research (Riskesdas) in 2010 shows that breastfeeding in Indonesia is currently still a concern. The percentage of infants who breastfeed exclusively up to 6 months is only 15.3 per cent. This is because public awareness in encouraging increased breastfeeding is still relatively low. In Indonesia, based on the results of a study in 2012, only 49% of infants in Indonesia who received breast milk in the first hour and who received exclusive breastfeeding were only 42% (Kementerian Kesehatan RI, 2018).

Based data from Polonia Health Center in 2016 shows that the coverage of exclusive breastfeeding is very worrying because its achievement is very far from the standard set by the government, which is 80%, where Polonia Health Center only has breastfeeding coverage of 19% (12). Based on a preliminary survey conducted by the author in the Medan Polonia sub-district (Polonia Health Center), the mother's behaviour will determine the success of exclusive breastfeeding to her baby. Behaviour is a factor that affects the health of individuals, groups or communities. Therefore, efforts to change one's behaviour are not easy to do. Behaviour change is based on high awareness.

Variable that influences exclusive breastfeeding is the attitude variable. the knowledge that mothers have about exclusive breastfeeding is still very limited, and they do not have the skills to practice it (Géa-Horta, 2016). Hastuti (2015) found a very significant positive relationship between social support and exclusive breastfeeding. A person's behaviour can be influenced by reinforcing factors (reinforcement) obtained from the social support of people around them. Based on the data and description above, the researcher is interested in researching the factors that influence the willingness of mothers to breastfeed exclusively in Medan Polonia. So what will be the formulation of the problem in this writing are: what factors affect the willingness of mothers to breastfeed exclusively in the Polonia Health Center area in 2017.

2. RESEARCH METHODE

This type of research is an exploratory analytic survey research with a cross-sectional design. The aim is to determine the effect of 3 factors, including predisposing factors, supporting elements, and driving characteristics, on the willingness to breastfeed exclusively. The time of research conducted to complete this research is from April 2017 to August 2017.

The population in this study were mothers who were known to give birth from July to December 2017. The people in this study were all breastfeeding mothers from July to August 2017, with as many as 146 breastfeeding mothers. The sample in this study was partly from breastfeeding mothers from July to August 2017. The sample was calculated based on the formulation of the sample by Slovin (17) into 59 breastfeeding mothers: After the data

was collected, the researchers processed (editing, coding, and entry) and then statistically analyzed it.

Univariate analysis is an analysis that describes the frequency distribution of each answer to the questionnaire of the independent variable and the dependent variable. Bivariate analysis, namely the analysis used to see whether there is a relationship between the characteristics of the independent variable and the dependent variable using the chi square test, taking into account the data scale which is an ordinal scale. Multivariate analysis, which is the analysis used to determine the most dominant and influential factors of the independent variables on the dependent variable, was carried out using multiple logistic regression tests at a 95% confidence level. The independent variable tested is the independent variable that has a p-value < 0.25.

3. RESULT AND ANALYSIS

Table 1 Correlation of Predisposing Factors with Mother's Willingness to Breastfeed Exclusively

Faktor Predisposing	Exclusive Breastfeeding				Total		<i>P</i>
	Not Exclusive Breastfeeding		Exclusive Breastfeeding		N	%	
	n	%	n	%			
Less Category	0	0	0	0	0	0	0,002
Enough Category	20	33,9	12	20,3	32	54,9	
Good Category	6	10,2	21	35,6	27	45,8	
Total	26	44,1	33	55,9	59	100	

This study indicates that exclusive breastfeeding has a predisposing factor in the good category as much as 35.6%, while not being given exclusive breastfeeding tends to have a predisposing factor in the good category as much as 33,9%. The results of the chi-square analysis test showed that there was a correlation between predisposing factors and exclusive breastfeeding ($p= 0,002$).

Table 2 Correlation of Enabling Factors with Mother's Willingness to Breastfeed Exclusively

Enabling Faktor	Exclusive Breastfeeding				Total		<i>P</i>
	Not Exclusive Breastfeeding		Exclusive Breastfeeding		N	%	
	n	%	n	%			
Less Category	0	0	0	0	0	0	0,081
Enough Category	11	18,6	7	11,9	18	30,5	
Good Category	15	25,4	26	44,1	41	69,5	
Total	26	44	33	56	59	100	

This study indicates that exclusive breastfeeding tends to be carried out by respondents who have enabling factors in the good category as much as 44.1%, while not giving exclusive breastfeeding tends to be carried out by respondents who have enabling factors in enough category as much as 25.4%. The results of this study indicate that there is not correlation between enabling factors and exclusive breastfeeding ($p=0.081$).

Table 3 Correlation of Reinforcing Factors with Mother's Willingness to Breastfeed Exclusively

Reinforcing Faktor	Exclusive Breastfeeding				Total		<i>P</i>
	Not Exclusive Breastfeeding		Exclusive Breastfeeding		N	%	
	n	%	n	%			
Less Category	0	0	0	0	0	0	0,004
Enough Category	13	22	5	8	18	30	
Good Category	13	22	28	48	41	70	
Total	26	44	33	56	59	100	

This study indicates that exclusive breastfeeding tends to be carried out by respondents who have reinforcing factors in the good category as much as 48%, while not giving exclusive breastfeeding tends to be carried out by respondents who have reinforcing factors in enough category as much as 22%. The results of this study indicate that there is correlation between reinforcing factors and exclusive breastfeeding ($p=0.004$).

4. DISCUSSION

Predisposing Factors, including knowledge and attitudes of the community towards health, traditions and public beliefs on matters related to health, the value system adopted by the community, level of education, socioeconomic class and motivation (Tarigan, 2020). This predisposing factor can affect the behaviour taken by a person.

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The predisposing factors for the failure of exclusive breastfeeding are the lack of knowledge about exclusive breastfeeding so that there is no strong motivation from mothers to give exclusive breastfeeding to their babies (Kuchenbecker, 2015). Most mothers who do not provide exclusive breastfeeding have a secondary school education, lack of knowledge and low motivation (Maonga, 2016).

According to Tambunan (2020), attitude is a readiness to react to objects in a certain environment to appreciate the thing. According to Azwar (21), expressing attitude as a pattern of behaviour, anticipatory tendencies or readiness, predisposition to adapt in social situations or simply attitude is a response to conditioned social stimuli.

Predisposing factors for the failure of exclusive breastfeeding is the lack of Knowledge about exclusive breastfeeding, so there is no strong motivation from mothers to give exclusive breastfeeding to their babies (Ramli, 2020). Various research results show that predisposing factors such as length of time working, attitudes and knowledge are related to health problems (Emryssyah, 2021).

Predisposing factors are assumed to be factors that determine the willingness of breastfeeding mothers in exclusive breastfeeding. Predisposing Factors, including Knowledge, attitudes, culture and motivation of the community towards health, will be related to the behaviour taken by the community related to health, the value system adopted by the community, education level, socio-economic level and motivation (Marfuah, 2017; Siregar, 2019).

An attitude that has not been optimistic manifested in action. To realise an attitude into action, a supporting factor / an enabling condition is needed. Therefore, postpartum

mothers should take good actions by getting health programs within the specified time to get maximum benefits. This includes the level of guided response action, namely being able to do something in the right order and, according to the example, is an indicator of level two practice (Siregar, 2019).

According to Nasution (2016), the more an individual's attitude shows a good/like assessment, the individual's attitude is positive towards exclusive breastfeeding; on the other hand, the attitude that shows a bad/disliked assessment, the individual's attitude is negative towards exclusive breastfeeding. Attitudes or views on exclusive breastfeeding will be derived from environmental norms that will shape children's views and affect the motivation of breastfeeding mothers in exclusive breastfeeding (Patrick, 2016).

The attitude of breastfeeding mothers about exclusive breastfeeding is related to their exclusive breastfeeding because breastfeeding mothers who support exclusive breastfeeding tend to give exclusive breastfeeding. In contrast, breastfeeding mothers who have less supportive attitudes towards exclusive breastfeeding tend not to give exclusive breastfeeding. This attitude can not be separated from the views of breastfeeding mothers regarding the behaviour of giving formula milk to babies aged 6 months has become a habit that is usually done by breastfeeding mothers so that they do not feel strange if they do not give exclusive breastfeeding to their babies. The attitude of mothers in exclusive breastfeeding is also independent of the customs or habits of breastfeeding mothers in their respective areas, previous breastfeeding experience, mother's Knowledge about exclusive breastfeeding, whether or not pregnancy is desired so that it will have an impact on the mother's willingness to give exclusive breastfeeding.

Many breastfeeding mothers at Polonia Health Center have bad attitudes and are quite good; it is inseparable from the lack of knowledge of breastfeeding mothers about the importance of exclusive breastfeeding for infants and breastfeeding mothers. The majority of breastfeeding mothers who have completed elementary and junior high school education make breastfeeding mothers not exposed to information about the importance of exclusive breastfeeding. Mothers at Polonia Health Center also rarely want to participate in socialization and info about exclusive breastfeeding, which is generally carried out by Polonia Health Center officers when there is an opportunity for counselling.

Socio-cultural factors are a pull factor that is strong enough for someone to behave because everyone has a culture that always binds them in doing a behavior (Efendy , 2016) (24). Culture is the whole attitude and pattern of behaviour and knowledge, a habit inherited and owned by a member of a particular society (Rambe, 2020; Sitorus, 2020). The problem of exclusive breastfeeding is a problem that is also influenced by the socio-cultural conditions of the community. The ways, habits, and beliefs applied during pregnancy, childbirth, and breastfeeding directly affect the coverage of exclusive breastfeeding. (24)

Breastfeeding at the Polonia Health Center has a close relationship with the socio-cultural characteristics of breastfeeding mothers, including the belief that mothers and families give liquids such as honey, formula milk, or solid food (bananas and rice that are mashed or chewed first) so that the baby is not fussy, get big quickly, get full quickly so it's easy for a mom to leave to work or do other activities such as shopping and social gathering. There is a habit of mothers who will give formula milk when they want to leave the house so that the baby does not cry and fuss when the mother leaves even though the baby is still less than six months old.

Many mothers feel that they cannot provide breast milk to their babies or mothers who feel that the breast milk given to their babies will not meet their babies' needs. They must be fulfilled by providing formula milk and complementary feeding. The negative behaviour that often occurs in mothers is less confidence when the baby cries because they do not have the

motivation and strong desire to breastfeed. There is also a belief that breastfeeding will interfere with the beauty of their body because their breasts will drop due to breastfeeding. This will further strengthen the faith of breastfeeding mothers not to give exclusive breastfeeding and give formula milk.

According to that motivation can be influenced by knowledge gained from one's experience. Breastfeeding experience can be obtained from the mother's previous breastfeeding history to grow the mother's motivation in breastfeeding her baby. Parity positively influences one's experience; mothers who have had children before will be motivated to exclusively breastfeed their second child because mothers in breastfeeding are inspired by efforts to breastfeed their precious children.

The low motivation of breastfeeding mothers in exclusive breastfeeding at Polonia Health Center makes mothers not give exclusive breastfeeding. The low motivation of mothers to provide exclusive breastfeeding is inseparable from the education of breastfeeding mothers who only graduated from elementary and junior high schools. The low level of education in breastfeeding mothers will impact the knowledge that breastfeeding mothers have too little, so the information obtained will be difficult to receive properly so that the motivation from within the mother is also not good. Moreover, suppose the surrounding environment, including parents, community and health workers, does not encourage the mother. In that case, this situation will further reduce breastfeeding mothers' motivation to provide exclusive breastfeeding to their babies.

This study indicates that exclusive breastfeeding tends to be carried out by respondents who have enabling factors in the good category as much as 44.1%, while not giving exclusive breastfeeding tends to be carried out by respondents who have enabling factors in enough category as much as 25.4%. The results of this study indicate that there is not correlation between enabling factors and exclusive breastfeeding ($p=0.081$).

According to Green in Notoatmodjo (2014), the factors causing health problems are behavioural and non-behavioural; enabling factors or enabling factors are non-behavioural factors that can support health problems. Enabling Factors, including the availability of facilities and infrastructure or health facilities for the community (Siregar, 2020b).

If health workers did not want to do so, then the process of initiating early breastfeeding and exclusive breastfeeding would not work. In addition, it is possible that the management of the hospital or delivery centre does not support the success of breastfeeding because of the procedures that must be carried out, such as bathing the baby, or making the identity of the baby, etc. so that the enabling factors do not have an impact on exclusive breastfeeding.

Supporting factors are also assumed to be factors that determine the willingness of breastfeeding mothers in exclusive breastfeeding. Still, suppose the condition of the community is in a homogeneous category, both social and economic. In that case, the facilities owned by the community will be homogeneous so that they will not impact the health behaviour of a person. Enabling factors, including the availability of facilities and infrastructure or health facilities for the community . Enabling factors for the failure of exclusive breastfeeding is the lack of health personnel facilities to support exclusive breastfeeding from posyandu. Health centres and Hospital facilities meanwhile have adequate facilities to help them promote formula milk to breastfeeding mothers.

Explaining social support is instrumental support, namely, assistance that is given directly in the form of facilities or materials, for example, providing the necessary facilities, lending money, providing food, games or other assistance. Support in providing facilities to increase the willingness and ability of breastfeeding mothers to breastfeed exclusively is important. Still, due to unsupportive socio-economic conditions, instrumental support cannot be provided.

The community's economic condition at the Polonia Health Center makes the community unable to provide facilities for breastfeeding mothers to provide exclusive breastfeeding. Breastfeeding mothers feel they do not have sufficient facilities if breastfeeding mothers cannot offer exclusive breastfeeding because they have to go with other family members or nursing mothers shopping at the market. At the same time, their babies will continue to cry, demanding breast milk from the mother so that family members will decide to give formula milk to their children baby so that the baby does not continue to cry.

Several facilities can help breastfeeding mothers give breast milk to babies if they leave their children at home, such as milking machines. Still, economic conditions do not allow mothers to have a milking machine besides the absence of a refrigerator as part of the refrigerator to store breast milk that has been expressed. Make breastfeeding mothers give formula milk to babies, so they don't starve when breastfeeding mothers leave the house. Health workers at Polonia Health Center also do not have the budget to provide assistance related to facilities that can support exclusive breastfeeding in their working areas so that health workers can give breastfeeding advice and motivation to breastfeeding mothers to continue providing exclusive breastfeeding with the current atmosphere and conditions.

5. CONCLUSION

Most of the breastfeeding mothers in this study had elementary to high school education, had primipara children, the status of biological children and the majority of breastfeeding mothers gave exclusive breastfeeding to their babies. Enabling factors are not related to the willingness of breastfeeding mothers to give exclusive breastfeeding to babies. Predisposing factors and reinforcing factors affect the willingness of breastfeeding mothers to give exclusive breastfeeding to babies. The most dominant variable on the willingness of breastfeeding mothers to give exclusive breastfeeding is the predisposing variable. Advice to the Polonia Public Health Center officers must increase the understanding, attitude and aetiology of breastfeeding mothers about the importance of exclusive breastfeeding for infants through counselling during pregnancy and breastfeeding about exclusive breastfeeding for infants and breastfeeding mothers. The Polonia Public Health Center officers are expected to approach the families of breastfeeding mothers and explain to the families of breastfeeding mothers to support and motivate breastfeeding mothers in giving exclusive breastfeeding to their babies for 0-6 months. It is hoped that breastfeeding mothers will consistently provide exclusive breastfeeding to their babies for 0-6 months and motivate themselves to continue to give exclusive breastfeeding for babies aged 0-6 months.

6. REFERENCES

- Adiguna. (2016). Pengetahuan Ayah Sebagai Breastfeeding Father Tentang Pemberian Asi Eksklusif Di Wilayah Kerja Puskesmas Tampaksiring I Gianyar Bali 2014'. *E-Jurnal Medika Udayana*, 5(6), 1-5.
- Adinda, D. (2020). Gambaran Kebiasaan Makan, Body Image Dan Status Gizi Remaja Putri di SMK Negeri 2 Sibolga. *Contagion: Scientific Periodical Journal Of Public Health And Coastal Health*, 2(1), 39-50. <https://doi.org/10.30829/contagion.v2i1.7787>
- Ayutifanie, D., Ratnawati, L. Y., & Herawati, Y. T. (2015). *Hubungan antara Inisiasi Menyusu Dini (IMD) dengan Pemberian ASI Eksklusif pada Ibu Primipara dengan Bayi Usia > 6-12 Bulan*. Gizi Kesehatan Masyarakat. Fakultas Kesehatan Masyarakat. Universitas Jember.
- Bahriyah. (2017). Hubungan Pekerjaan Ibu Terhadap Pemberian Asi Eksklusif Pada Bayi. *Journal Endurance*, 2(2), 113-118.
- Dwitama, Y. S. (2018). Hubungan pemberian ASI Eksklusif dan Makanan Pendamping ASI terhadap Balita Pendek Usia 2 sampai 5 tahun di Kecamatan Jatinangor. *JSK*, 3(3), 142-148.

- Efendy, Nor, Siregar, Putra Apriadi, Fauzan, A. (2016). Kaki Gajah dalam Balutan Budaya Etnik Sula. In Wasis Budiarto (Ed.), *PT Kanisius*. PT Kanisius.
- Emryssyah, C. J. (2021). Characteristics, Demographics And Malnutisi Of Toddlers In West Papua Province. *Contagion : Scientific Periodical of Public Health and Coastal Health*, 3(1), 42-53. <https://doi.org/10.30829/contagion.v3i1.9270>
- Eugenie. (2015). Pengetahuan Ibu Merupakan Faktor Dominan dalam Pemberian ASI Eksklusif. *Jurnal Ilmu Dan Teknologi Kesehatan*, 2(2), 1-10.
- Fadllyyah, R. (2019). Determinan Faktor yang Berpengaruh Pada Pemberian ASI Eksklusif di Indonesia. *Jurnal IKESMA*, 15(1), 37-42.
- Géa-Horta. (2016). Association Between Maternal Socioeconomic Factors and Nutritional Outcomes in Children Under 5 Years of Age., *J Pediatr*, 92(1), 574- 580.
- Hastuti. (2015). Hubungan Pengalaman Menyusui dan Tingkat Pendidikan Ibu dengan Pemberian ASI Eksklusif di Kelurahan Barukan, Kecamatan Manisrenggo, Kabupaten. *JKKI*, 6(4), 1-10.
- Intani, T. M. (2019). Hubungan Pemberian ASI Eksklusif dan Stimulasi Psikososial dengan Perkembangan Bayi Berumur 6 - 12 Bulan. *Jurnal Kesehatan Andalas*, 8(17-13). <https://doi.org/https://doi.org/10.25077/jka.v8i1S.920>
- Kementerian Kesehatan RI. (2018). Hasil Utama Riset Kesehatan Dasar 2018. *Kementerian Kesehatan Republik Indonesia*.
- Kuchenbecker. (2015). Exclusive Breastfeeding and Its Effect on Growth of Malawian Infants: Results From A Cross-Sectional Study. *Paediatrics and International Child Health. Suite*, 10(1), 14-23.
- Maonga. (2016). Factors Affecting Exclusive Breastfeeding among Women in Muheza District Tanga Northeastern Tanzania: A Mixed Method Community Based Study'. *Maternal and Child Health Journal*, 20(1), 77-87. <https://doi.org/10.1007/s10995-015-1805-z>
- Marfuah. (2017). Hubungan Pendidikan dan Pekerjaan Ibu terhadap Pemberian MP-ASI Dini pada Balita Usia 6-24 bulan. *Media Publikasi Penelitian*, 15(1), 51-57.
- Nasution. (2016). Faktor-Faktor yang Berhubungan dengan Pola Pemberian ASI Eksklusif di Wilayah Kerja Puskesmas Bungus Tahun 2014. *Jurnal Fakultas Kedokteran Andalas*, 5(3), 635-639.
- Notoatmodjo, S. (2017). *Promosi Kesehatan Teori dan Aplikasinya*. Rineka Cipta.
- Oktiyani. (2015). Hubungan Pemberian ASI Eksklusif dengan Perkembangan Bayi Usia 0 - 6 Bulan Di Wilayah Kerja Puskesmas Padangsari Kota Semarang. *Jurnal Kesehatan Masyarakat*, 3(1), 271-277.
- Patrick, M. (2016). Relationship between Maternal Knowledge on Exclusive Breastfeeding and Breastfeeding Practices Among Mothers with Infants (0-6 Months) in Kibera Slums, Nairobi County, Kenya. *International Journal of Health Sciences and Research*, 6(10), 221-228.
- Putri. (2016). *Hubungan Antara Faktor Ibu dan Inisiasi Menyusu Dini (IMD) dengan Pemberian ASI Eksklusif oleh Ibu Multipara pada Bayi Usia 6-12 Bulan*. Universitas Jember.
- Rahayu. (2015). Faktor yang berhubungan dengan Kejadian Stunting pada Balita. *Jurnal Media Gizi Indonesia*, 10(1), 14-23.
- Rambe, H. M. (2020). The Effect Of Children's Value On Family Planning Participation On Mothers Of Couples Of Reproductive Age. *International Archives of Medical Sciences and Public Health*, 1(2), 13-24.
- Ramli, R. (2020). Hubungan Pengetahuan dan Status Pekerjaan Ibu dengan Pemberian ASI Eksklusif di Kelurahan Sidotopo. *Jurnal Promkes: The Indonesian Journal of Health Promotion and Health Education*, 8(1), 36-46. <https://doi.org/10.20473/jpk.V8.I1.2020>.
- Sabri, R. (2019). Faktor yang Memengaruhi Tingginya Penyakit ISPA pada Balita di Puskesmas Deleng Pookhiksen Kabupaten Aceh Tenggara. *Contagion :Scientific Periodical of Public Health and Coastal Health*, 1(2), 69-82. <https://doi.org/10.30829/contagion.v1i2.6883>
- Sartika. (2015). Hubungan Usia Pendidikan dan Pekerjaan Ibu dengan Pemberian ASI Eksklusif di BM Elis Fitriana Palembang. *Jurnal Harapan Bangsa*, 1(1), 198-201.
- Siregar, P. A. (2019). Perilaku Ibu Nifas dalam Mengonsumsi Kapsul Vitamin A di Kecamatan Kota Pinang Kabupaten Labuhanbatu Selatan. *Jurnal Kesehatan*, 12(1), 115-127.

- Siregar, P. A. (2020a). *Buku Ajar Promosi Kesehatan*. Universitas Islam Negeri Sumatera Utara. <http://repository.uinsu.ac.id/8775/>
- Siregar, P. A. (2020b). *Promosi Kesehatan Lanjutan dalam Teori dan Aplikasi* (Edisi Pert). PT. Kencana.
- Sitorus, M. A. (2020). Analisis Preferensi Jumlah Anak Ideal di Provinsi Sumatera Utara (Analisis Data Skunder SDKI 2017). *Contagion : Scientific Periodical of Public Health and Coastal Health*, 2(2), 87-98. <https://doi.org/10.30829/contagion.v2i2.7989>
- Tambunan, M. (2020). Factors Associated with the Use of HIV Screening in the PMTCT Program by Pregnant Women. *International Archives of Medical Sciences and Public Health*, 1(1), 1-15.
- Tarigan, M. I. (2020). Health Film Promotion Media And Motivation On Community Knowledge In Preventing Dengue Fever. *International Archives of Medical Sciences and Public Health*, 1(1), 37-50.
- Untari, J. (2017). Hubungan Antara Karakteristik Ibu Dengan Pemberian Asi Eksklusif Di Wilayah Kerja Puskesmas Minggir Kabupaten Sleman. *Jurnal Formil (Forum Ilmiah) KesMas Respati*, 2(1), 17-23. <https://doi.org/10.35842/formil.v2i1.58>