

## The Relationship Between The Role of The Family and The Success of Exclusive Breastfeeding in Karangpring Village Jember

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Article Info	Abstract
<b>Received:</b> April 5, 2023	Breast milk (ASI) is the best food for the baby's growth. The nutrients found in breast milk are very complete and beneficial for babies' growth. ASI is exclusive breastfeeding to baby food and drinks without an escort which started at birth. The purpose of this research is to find the relationship between the role of the family and the success of exclusive breastfeeding in Karangpring village, Sukorambi district, Jember regency. The research design used was observational with a cross-sectional approach. The sample of this study consisted of 37 respondents, sampling with a non-probability sampling technique in total sampling. Measurement of the role of the family and the success of exclusive breastfeeding using a questionnaire. Based on the results of the chi-square test, a p-value = 0.000 was obtained, meaning there was a relationship between the role of the family and the success of exclusive breastfeeding in Karangpring village, Sukorambi district, Jember regency. From this study, big expectations for all of the family are more active to support breastfeeding mothers, which would affect to the success of exclusive breastfeeding.
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### INTRODUCTION

Breast milk (breast milk) is the term for the white liquid produced by a woman's breast glands through the lactation process. Breast milk consists of various nutritional and non-nutritional components. The composition of breast milk is not the same during the breastfeeding period, at the end of breastfeeding the fat content is 4-5 times and the protein content is 1-5 times higher than at the beginning of breastfeeding (Linda, 2019). Breastfeeding does have a positive effect on the health of mothers and babies. Breastfeeding reduces the risk of acute infections such as diarrhoea, pneumonia, ear infections, Haemophilus influenza, meningitis and urinary tract infections (Linda, 2019). Breast milk is very necessary for the growth and development of children's intelligence. Children who are not breastfed have a relatively lower Intelligence Quotient (IQ) of seven to eight points compared to those who are exclusively breastfed. In addition, children who are not breastfed are also more susceptible to chronic diseases such as cancer, heart disease, hypertension, malnutrition, obesity (overweight) and diabetes when they grow up. (Karo, 2021).

Breast milk is the first and main food for babies that has high nutritional value, is affordable and can protect babies from sudden infant death syndrome or SIDS (Sudden Infant Death Syndrome). The incidence of diarrhea can occur 3 and 14 times higher in children who are given formula milk compared to children who are only given breast milk. The composition of breast milk changes at any time and according to the lactation period, while the composition of formula milk remains the same (Karo, 2021).

Based on Riskesdas data taken from 2014 - 2018 the coverage of exclusive breastfeeding in Indonesia in 2014 was 37.3%, 2015 was 55.7%, 2016 was 54%, 2017 was 61.33%, and in 2018 it experienced a significant decrease of 37.3%. When compared with the target set by the Indonesian Ministry of Health, which is 80%, exclusive breastfeeding at the Indonesian level still does not meet the target. (Riskesdas, 2018). Meanwhile, based on data from BPS for 2021, the percentage of babies aged less than 6 months who get exclusive breastfeeding is 71.58%. This shows an increase from the previous year. East Java Province ranks 19th out of 35 provinces in Indonesia, namely 69.61%. (Central Bureau of Statistics, 2022). Data from Regencies/Cities show that the coverage of babies receiving exclusive breastfeeding in East Java in 2020 is 61.0%. This coverage has decreased compared to 2019 (68.2%). This coverage is above the 2020 RPJMN target of 40% but is still below the target of the Indonesian Ministry of Health (80%) (East Java Health Office, 2021). The trend in the coverage of babies who receive exclusive breastfeeding in Jember Regency in 2020 is 58.4%. This coverage indicates that there has been a very significant decrease compared to the previous year. In 2018 the coverage of exclusive breastfeeding in Jember district was 84.56% and in 2019 (86.58%), from these data it can be seen that in 2020 there was a difference of up to 28.18% from 2019. The percentage of coverage of babies receiving exclusive breastfeeding in 2020 in Jember district has not met the target of the Indonesian Ministry of Health (Jember Health Office, 2021). The achievement of exclusive breastfeeding in the working area of the Sukorambi Health Center reached 89.5%. This achievement has reached the target of the Indonesian Ministry of Health, however there is one village whose achievements are far from the other achievements, namely Karangpring village with an achievement of 61.1%. Apart from being very different from the achievements of other villages, the achievements of Karangpring village did not reach the target of the Indonesian Ministry of Health. Based on a preliminary study through interviews at a posyandu in Karangpring village, out of 10 respondents only 1 person was still doing exclusive breastfeeding. Various reasons were expressed by respondents who were unable to carry out exclusive breastfeeding.

The low level of exclusive breastfeeding in Indonesia is caused by 2 factors, namely (1) internal factors, namely the low knowledge and attitudes of mothers about exclusive breastfeeding, and maternal psychological factors, and (2) external factors, namely the lack of family roles, strong culture, and lack of support from health workers or breastfeeding counseling to implement government policies on exclusive breastfeeding (Fahriani et al., 2014). The family has a vital role in shaping humans as members of a society that is biopsychosocial-spiritually healthy. Mother's psychology is a major factor that determines the success of breastfeeding. Mothers who do not have confidence in being able to produce breast milk generally end up with reduced milk production. In this case the family then plays its role in increasing the mother's self-confidence (Dompas, 2021).

The role of the family is very important for the success of breastfeeding, say the father and grandmother of the baby who have a very big role. Therefore, it is important for both parties to be involved when an explanation about the importance of breastfeeding for babies is given by health workers, not only to mothers. (Dompas, 2021). This is in line with the results of Umami & Margawati's research explaining that there is a relationship between family support and exclusive breastfeeding ( $p = 0.002$ ). (Umami & Margawati, 2018). Based on the background of the problems above, the researcher is interested in

conducting research on "The Relationship between the Role of the Family and the Success of Exclusive Breastfeeding in Karangpring Village, Sukorambi District, Jember Regency".

## METHODS

This research is a quantitative analytic observational study with a cross sectional approach. Samples were obtained from a total sampling technique of 60 people taking into account inclusion and exclusion criteria, in Karangpring Village, Sukorambi District, Jember Regency. The research was conducted in September 2022 with the Chi-Square test as data analysis.

## RESULTS AND DISCUSSION

### Family Role

**Table 1. General Characteristics of Respondents**

Characteristics	Frequency	Percentage
Parity		
Primipara	12	20.0
Multipara	48	80.0
Education		
Elementary (SD – SMP)	37	61.7
Intermediate (High School)	18	30.0
Height (D3,S1)	5	8,3
Job status		
Doesn't work	48	80.0
Work	12	20.0
Earning Status		
High (> 2,355,662)	18	30.0
Low (< 2,355,662)	42	70.0
Family form		
Big	26	43,3
Core	34	56,7

Source: Primary Data

**Table 2. Characteristics of Respondents Based on Family Roles**

Family Role	Frequency	Percentage
PTB (Bad role)	14	23,3
PB (Good role)	31	51,7
PSB (Very good role)	15	25.0

Source: Primary Data

Based on table 2 above, it shows that most of the respondents have a good family role as many as 31 respondents (51.7%).

According to (Rida, 2018), the factors that influence the implementation of family participation include: social class, family form which is divided into 6 forms, family background, knowledge and experience. The role of the family in this study is the support of people who live under the same roof as the mother. Decision making in the household often does not only involve the husband and wife, but sometimes also involves the opinion of each family between the husband and wife. Someone who lives under the same roof as the mother (respondent) is a person in the family who has influence in making family decisions in various family matters, including exclusive breastfeeding.

Respondent's mother, mother-in-law, sister, and other relatives who are considered experienced in breastfeeding will be a reference in breastfeeding. Most mothers have given food other than breast milk to their babies at the age of 0-6 months because their families told them to. This is because the pattern of feeding that his parents did like that. The success of mothers in breastfeeding is inseparable from the continuous role of the husband. A mother's motivation to breastfeed will rise if she gains self-confidence and gets the full role of her husband.

The first variable that influences the role of the family is the form of the family. Based on the results of the distribution of the form of the respondent's family, it can be seen in table 1 that the majority of the respondents based on the form of the family were the nucleus of 34 respondents (56.7%), of which 17(50.0%) of the respondents got a good role, 10(29.4%) of them got a very good role from the family and 7(20.6%) got a bad role. This is in line with the theory put forward by Hurlock (1990) in Pakpahan's book, the form of the family influences the formation of a child's personality and behavior. Grandparents and/or other family members who live with the nuclear family will influence the pattern of life of the nuclear family itself. Grandfather, grandmother and/or other older family members have 3 (three) general roles for the nuclear family, These include the formal role, the role of the source of happiness, and the role of surrogate parent. The most dangerous role for nuclear family life is that of surrogate parents. It is not uncommon for there to be differences between the rules applied by grandparents and/or other family members and the rules applied by parents. This will make you confused and tend to follow the rules made by your parents even though they are actually not good(Pakpahan, 2021). This is in line with the results of Andriani et al.'s study, which stated that from the results of bivariate analysis using the chi square test, the OR value was 2.709 and the p value = 0.019 ( $p < 0.05$ ) so it can be concluded that there is an effect of family form on the level of adolescent depression in the era of the Covid-19 pandemic.(Andriani et al., 2021).

The results of the researcher's analysis of the form of the family greatly influence the role of the family because the form of a large family will influence decision making in all matters, where decision making for the extended family will affect the nuclear family. The results of observations by researchers during the study, respondents who form large families or who still live under one roof with their parents get more pressure not the role of the family. Older people are more in control of all the rules even if the rules are applied incorrectly because the younger ones are more respectful.

The second variable that influences family roles is family background, especially family income. Based on table 1 above, it shows that almost all respondents based on income status were low ( $< 2,355,662$ ) as many as 42 respondents (70%), where from the respondents with low income status most of the respondents had a good role from family 22 (52.4%), almost half of the respondents had a very good role from family 12 (28.6%) and a small number of respondents had a bad role 8 (19%). This is in line with the theory that family background is one of the factors that influence family roles. Family resources or family income is a person's acceptance in return for all that has been done by one's energy or mind towards another person or another organization. Family income will affect roles because of differences in needs and interests. In the family cycle the roles of the members are different, for example the mother acts as foster, asah and compassion, the father is the breadwinner and the child's job is to study and study.(Rida, 2018).

Based on this, the researchers argue that family income status affects the role of the family because low income status will make the family more supportive of each other in something and have a lot of time together if at any time they need help, in contrast to high family income status which will make time, energy and thoughts focus on each other's work.

The third variable that influences the role of the family is education. Based on table 1 above, it shows that the majority of respondents based on their mother's education were basic (SD-SMP) as many as 37 respondents (61.7%) where most of the respondents 20(54.1%) had a good family role, a small proportion of respondents 9(9.3%) had a very good role and a small proportion of respondents 8(21.6%) had a bad role from the respondents. According to theory, knowledge is understanding or information about a subject obtained through experience or study that is known either by one person or by people in general. Knowledge or cognitive is a very important domain for the formation of one's actions (over behavior), because from experience and research it turns out that behavior is based on knowledge.(Swarjana, 2022). From the results of the analysis it was found that the level of education of the respondents affected the role of the family which was not in line with the theory. A low level of education makes it easy for someone to believe something without a clear theory so that it is easier to believe in something that is seen or heard. The role of the families of the respondents was mostly good even though the level of education was low because the role of the family was not seen in terms of education level but in terms of beliefs.

### Breastfeeding success

**Table 3. Characteristics of Respondents Based on the success of breastfeeding**

Success	Frequency	Percentage
Not successful	22	36,7
Succeed	38	63,3

Source: Primary Data

The first variable that influences the success of breastfeeding is parity. Based on table 1 above, it shows that almost all respondents were multiparas, 48 (80%), where most of the respondents 30 (62.5%) succeeded in giving exclusive breastfeeding and only half of the respondents 18 (37.5%). According to the theory of parity in breastfeeding, the experience of exclusive breastfeeding, breastfeeding at the birth of a previous child, breastfeeding habits in the family and knowledge about the benefits of breastfeeding influence a mother's decision to breastfeed or not. Mothers with parity > 1 will affect the duration of breastfeeding, this is due to the experience that the mother has gained. The parity status that is at risk of not giving exclusive breastfeeding is primipara, because knowledge and experience are closely related to what will be done.(Wiji, 2017).

Based on the results of Purnamasari & Khasanah's research, most of those who had children >2 gave exclusive breastfeeding, namely 22 respondents (44%) and mothers who had only a single child, most of them did not give exclusive breastfeeding, namely 19 respondents (38%). The results of chi square analysis using SPSS found a p-value of 0.005 and less than 0.05. It is concluded that there is a relationship between parity and exclusive breastfeeding(Purnamasari & Khasanah, 2020). The researchers argue that this research has something to do with it because a mother who has successfully breastfed her child exclusively will be more confident in breastfeeding the next born child and will make the breastfeeding process easier than a mother who has experienced breastfeeding difficulties.

The success of exclusive breastfeeding is also influenced by education. Table 1 shows that the majority of respondents based on their mother's education were basic (SD-SMP) as many as 37 respondents (61.7%), most of the respondents 28 (75.7%) were successful in exclusive breastfeeding and a small proportion of respondents 9 (24.3%) were unsuccessful in exclusive breastfeeding. This contradicts Mubarak's theory (2018) which says that education means guidance given by someone to someone else about something so they can understand. It cannot be denied that postpartum mothers who have higher



education will find it easier to understand the information and knowledge they have, on the contrary if someone has a low level of education, will hinder a person in developing and changing attitudes towards receiving information and knowledge that is of novelty value. However, many factors influence it so that higher education sometimes does not apply the knowledge it has, one of which is work, and activities outside the home (organization). (Mubarak, 2018). This theory is in line with the results of research from Hastuti et al., which stated that the variable level of education had no effect on the value of  $p > 0.05$  ( $p = 0.358$ ), there was no relationship between the education level of the mother and exclusive breastfeeding. (Hastuti et al., 2015).

Researchers argue that a person's level of education is not a factor that greatly influences exclusive breastfeeding, plus now there is a paradigm shift where mothers who have a higher level of education tend to be working mothers, thereby indirectly influencing mothers in proper breastfeeding for their babies. Besides that, mothers in this era think that giving breast milk makes the body look ugly, saggy breasts.

Next is the mother's employment status. Based on table 1, almost all respondents were unemployed mothers, 48 respondents (80.0%), where most of the respondents 34 (70.8%) succeeded in giving exclusive breastfeeding and almost half of the respondents 14 (29.2%) did not succeed in giving exclusive breastfeeding. This is in line with the theory put forward by Dini (2017) which states that behavior influences mother's work. Mother's employment status has an effect on breastfeeding, working mothers generally tend to provide breast milk substitutes when working. In fact, with the right knowledge about breastfeeding and the support of the work environment, a working mother can provide breast milk. Working mothers experience difficulties in exclusive breastfeeding because they have to share their time with their work (Danso, 2018). The results of this study are also in accordance with the results of the study by Timporok et al., which stated that from the results of the chi-square analysis the relationship between employment status and exclusive breastfeeding obtained a significant value ( $p$  value) of 0.000 ( $< 0.005$ ) and the conclusion obtained was that  $H_0$  was rejected (Timporok et al., 2018).

Based on the above, researchers have concluded that the status of the mother is working, so it is likely for the mother not to give exclusive breastfeeding, this is because a lot of time the mother spends on her job. On the other hand, if the mother's status is unemployed, there is a high possibility for the mother to provide exclusive breastfeeding, because a lot of the mother's spare time can be used to care for and provide affection for her baby. Actually, if a working mother can still give exclusive breastfeeding to her baby by pumping or expressing breast milk, then it can be stored and given to her baby later. However, there are many things that do not support working mothers pumping breast milk.

Family income status also influences the success of breastfeeding. Based on table 1 above, it shows that almost all respondents based on income status were low ( $< 2,355,662$ ) as many as 42 respondents (70%), of which 30 (71.4%) or most of the respondents succeeded in giving exclusive breastfeeding and almost half of the respondents 12 (28.6%) did not succeed in giving exclusive breastfeeding. According to low economic theory, they have a greater opportunity to provide exclusive breastfeeding because expensive formula milk causes most of the family's income to only buy milk so that it does not meet other needs compared to mothers with high economics. Increased family income or high socioeconomic status or employment opportunities for women, make parents think about replacing their breast milk with formula milk. Mothers with low socioeconomic status have 4.6 times the chance to breastfeed compared to mothers with high socioeconomic status (Katmawati et al., 2021). This is in line with the results of research (Illahi et al., 2020) that respondents with low family income levels who gave exclusive breastfeeding were 12 respondents (70.6%) and who did not provide exclusive breastfeeding were 5 respondents (29.4%), respondents with high income levels who gave

exclusive breastfeeding were 27 respondents (42.9%) and those who did not exclusively breastfed were 36 respondents (57.1%) with p values (0.042), OR (0.313), and 95% CI (0.098-0.993). The p value indicates a significant relationship between family income level and exclusive breastfeeding. The researcher concluded that respondents with low income levels were more successful in exclusive breastfeeding because if they provide free breastfeeding, respondents do not need to bother spending money to buy formula milk or eat milk substitutes which are not cheap. Actually breast milk is sufficient to meet the nutrition for the baby.

### **The Relationship between Family Role and the Success of Exclusive Breastfeeding**

The role and family environment is an environment that greatly influences the success of exclusive breastfeeding mothers. The role of the husband and family will determine the smoothness of the milk ejection reflex which is greatly influenced by the emotional state or feelings of the mother (Mayasari, 2018). The role of the family is the external factor that has the greatest influence on the success of exclusive breastfeeding, because family support has a very large influence on the mother's self-confidence. The hormone oxytocin, a hormone that helps expel breast milk, is very sensitive to the mother's feelings (Mayasari, 2018).

The results of this study are in line with the results of research by Mardhiyah et al., which stated that the role of the family shows 64.4% the role of husbands who support exclusive breastfeeding and 59.3% of the role of mothers-in-law who support exclusive breastfeeding. Bivariate analysis showed that there was a relationship between the husband's role and exclusive breastfeeding behavior ( $p < 0.001$ ) and the mother-in-law's role with exclusive breastfeeding ( $p < 0.001$ ). There is a relationship between the role of the family, namely the role of the husband and the role of the mother-in-law on exclusive breastfeeding behavior, but these two variables interact simultaneously (Mardhiyah et al., 2018).

Based on this, the researcher argues that the family is a source of practical and concrete help. Breastfeeding mothers really need direct assistance in the process of breastfeeding because mothers find it difficult to take care of their babies alone. The role of the family is in the form of assistance in carrying out household tasks, accompanying the mother to health services, the role is in the form of material to meet nutritional needs, and providing a comfortable place and atmosphere for breastfeeding.

### **CONCLUSION**

The conclusions in this study were: most of the respondents got a good family role, namely as many as 31 (51.7%) of respondents and most of the respondents succeeded in giving exclusive breastfeeding, namely as many as 38 (63.3%). Meanwhile, based on the analysis of research data using the chi-square statistical test,  $P = 0.000 < 0.05$ , which means that  $H_0$  is rejected, so there is a relationship between the role of the family and the success of exclusive breastfeeding in Karangpring village, Sukorambi District, Jember Regency.

It is hoped that the results of this study can provide information regarding the relationship between family roles and the success of exclusive breastfeeding. For breastfeeding mothers, increase knowledge in families of breastfeeding mothers, especially husbands, about the importance of exclusive breastfeeding and the benefits of exclusive breastfeeding.

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