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Supports from place of delivery and mother in-law were associated with successful exclusive breastfeeding

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ABSTRACT

Background and purpose: The 2019 Health Profile of Klungkung District in Bali Province shows that the area of Dawan I Public Health Center has the coverage of exclusive breastfeeding below 80% (72.6%). This study aimed at determining factors associated with the success of exclusive breastfeeding.

Methods: This cross-sectional study involved all breastfeeding mothers with children aged 6-11 months old at the time of the data collection who resided in the area of Dawan I Public Health Center. The total number of samples was 105 mothers. Data was obtained from an online survey, using a structured questionnaire. The variables include maternal age, education and working status, parity, birth spacing, mother's attitude and knowledge on breastfeeding, supports from place of delivery and family, including husband and mother-in-law. Data were analyzed using Chi Square Test and Logistic Regression.

Results: We found 81.90% of mothers were 20-35 years old, had high education (76.19%) and were working (53.33%). The success rate of exclusive breastfeeding in the working area of Dawan I was only 40.95%. The strongest predictors were the supports from place of delivery and mother-in-law. Mothers who received good supports from the place of delivery had a 4.12 times higher chance ($p=0.03$; 95%CI: 1.10-15.35) to successful exclusive breastfeeding. Mothers who received good supports from their mother-in-law had a 2.68 times higher chance ($p=0.02$; 95%CI: 1.13-6.34) to successfully give exclusive breastfeeding to their baby.

Conclusion: Supports from place of delivery and mother-in-law are important determinants to be considered in increasing the success rate of exclusive breastfeeding.

Keywords: Exclusive breastfeeding, family support, place of delivery

INTRODUCTION

Exclusive breastfeeding (EBF) is essential to reduce infant mortality and to prevent stunting.¹⁻⁴ The World Health Organization (WHO) targeted 50% of exclusive breastfeeding coverage in all countries by year 2025.⁵ Coverage of EBF in Badung District is 70.7%, slightly lower than the coverage in Bali Province (73.8%) and nationally in Indonesia (74.5%).⁶⁻⁸

Stunting in children remains a major nutritional problem in Indonesia. WHO reported that Indonesia is one of the top three countries with the highest stunting prevalence in the Southeast Asia region.¹ Stunting prevalence had been fluctuating since 2007 up to 2013, but it has been in a steady decrease since 2018 onward. The prevalence of stunting in Indonesia had dropped from 37.2% in 2013 to 30.8% in 2018.¹ According to the results of the Indonesian Nutrition Status Survey of Ministry of Health in 2021, the prevalence of under-fives experiencing stunting in Indonesia was 24.4%.² However, the acceleration has been slower than expected. In view of this condition, reducing stunting prevalence has been designated as a national priority. One of the prevention efforts initiated for mothers is the early initiation of breastfeeding counseling and improvement of knowledge on the importance of exclusive breastfeeding.

Exclusive breastfeeding and good practice of complementary feeding are two important determinants for stunting. Thus, to reduce infant morbidity and mortality, the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) recommend breastfeeding until the baby reaches 6 months old or exclusive breastfeeding. For this reason, the government stipulates Law No. 39 Year 2009 concerning Health and Indonesian Government Regulation No. 33 Year 2012 concerning Exclusive Breastfeeding, which guarantee the right of babies to receive exclusive breastfeeding.³

Despite the well-known benefits of exclusive breastfeeding, the coverage of exclusive breastfeeding in Indonesia remains low. Indonesian Nutrition Status Survey of Ministry of Health reported that the rate of exclusive breastfeeding was 52.5% in 2021.² Basic Health Research in 2010 shows that babies who received exclusive breastfeeding in Indonesia were only 15.3% and in 2018 it increased to 37.3%. But it is still far below the national target of 80%.^{3,4} This is similar to the 2016 National Nutritional Assessment results which found that the percentage of infants receiving exclusive breastfeeding in 2016 was 29.55% and in 2017 was 35.7%.⁵

Based on the 2019 Klungkung District Health Profile, the coverage of exclusive breastfeeding in the district in 2019 was 72.0% while the national target for exclusive breastfeeding was 80%. Some public health centers (PHCs) in Klungkung have not been able to meet the target of exclusive breastfeeding coverage, one of which is the Dawan I PHC (*puskesmas*). The coverage in its working area is 72.6%. The Dawan I PHC does not provide an inpatient service and categorized as a rural PHC. It is located in the Dawan Sub-District area and covers seven villages. To provide health services, especially for mothers and children, the PHC is supported by seven auxiliary PHCs, 36 *posyandu* (integrated community health post), and three private practice midwives as a network of the PHC.

Lestari (2018) found that maternal education, mother's knowledge and information on breastfeeding received from health workers were associated with successful breastfeeding.⁶ Meanwhile, according to Sriningsih (2011), maternal age, education, family income, and mother's knowledge affect exclusive breastfeeding while the number of children and working status do not.⁷ Another factor for the failure of exclusive breastfeeding is the possibility that mothers did not receive support from her family, especially mother-in-law and husband. Mother-in-law has a dominant emotional influence on their daughter-in-law, so

they often become the driving force in introducing food to babies from an early age.⁸ According to Roesli (2012) the role of the husband/father as the closest person to the mother is very important to support the success of breastfeeding.⁹

Considering low coverage of exclusive breastfeeding in Dawan I PHC, the huge benefits of breastfeeding and the various problems surrounding successful exclusive breastfeeding, it is important to conduct research on factors associated with the success of exclusive breastfeeding in the area of Dawan I PHC.

METHODS

The study applied a cross-sectional design and data collection was carried out in November 2020. The study population were breastfeeding mothers who had 6-11 months old babies at the time of data collection and resided in the working area of Dawan I PHC. The total number of samples was 105 mothers and the sample size fulfilled the calculation to test the hypothesis on 2 proportions with P1 being the proportion of mothers who have a positive attitude and give exclusive breastfeeding (0.345).⁸ P2 is the proportion of mothers who have a negative attitude and give exclusive breastfeeding (0.136).⁸ The data obtained from online questionnaires using a google form which link was sent to mothers via WhatsApp. The samples were selected purposively from the midwife's records, based on the ownership of WhatsApp number.

The independent variables in this study include mother's age, education and working status, parity, birth spacing, mother's attitude and knowledge, supports from place of delivery and family, including husband and mother-in-law. While, the dependent variable is the success of exclusive breastfeeding. Exclusive breastfeeding was categorized into two, exclusive breastfeeding and not exclusive breastfeeding based on score obtained from 5 screening questions. The questions were: did you breastfeed your last child?, since when did you start breastfeeding your last child?, did you give colostrum at the time after giving birth?, until what age did you give only breast milk to your baby? did you provide food and drink other than breast milk to your baby during the age 0-6 months?. Those who received a score of 5 were categorized as giving exclusive breastfeeding while those received less than 5 were not. Mother's attitude, knowledge and family support questionnaires were self-made.

Validity and reliability tests had been carried out at the Banjarangkan I PHC in 20 mothers who have babies aged 6-11 months with the results of the validity test showing that all questions are valid with r count greater than or equal to 0.44 and reliable with all Cronbach coefficient values alpha is greater than 0.60. Data were first presented in descriptive statistics, and analyzed further using Chi Square test and Fisher's exact test as an alternative if the data did not meet the assumptions for Chi-square test. Variables with $p < 0.25$ in bivariate analysis were then included in a logistic regression test. The significance value was set at $p < 0.05$ with 95% confidence interval (CI).

The research was approved by the Research Ethics Commission of the Faculty of Medicine, Udayana University/Sanglah Hospital with number: 2268/UN14.2.2.VII.14/LT/2020 on 17 November 2020.

RESULT

Table 1 shows the respondents' characteristics. The majority (81.90%) of respondents were aged 20-35 years old, which is within the healthy reproductive age. Most (76.19%) of them had a high level of education (ie high school and college graduate). More than half (53.33%) of all mothers were not working . and had a birth spacing greater than 2 years (50.48%), and most had more than 1 children (64.76%). Based on the level of knowledge on breastfeeding, the majority (70.48%) had high knowledge score, while 62.86% of respondents have a positive attitude towards exclusive breastfeeding. However, as many as 87.62% of respondents received

inadequate breastfeeding support at the place of delivery during childbirth. In addition, only 53.33% received good support from mother-in-law, meanwhile, 91.43% received good support from their husbands. The results also show that the coverage of exclusive breastfeeding in Dawan I PHC was very low (40.95%).

Table 1. Characteristics of respondents

Variable	Frequency	Percentage (%)
Age (years)		
20–35	86	81.90
<20	11	10.48
>35	8	7.62
Education		
High	80	76.19
Middle	25	23.81
Working status		
Working	56	53.33
Not working	49	46.67
Type of occupation		
Formal	20	19.05
Informal	29	27.62
Not Working	56	53.33
Birth Spacing (years)		
>2	53	50.48
≤2	52	49.52
Parity		
>1	68	64.76
1	37	35.24
Knowledge		
High	74	70.48
Low	31	29.52
Attitude		
Positive	66	62.86
Negative	39	37.14
Exclusive Breastfeeding		
Yes	43	40.95
No	62	59.05
Support from place of delivery		
Good	13	12.38
Lacking	92	87.62
Support from mother-in-law		
Good	56	53.33
Lacking	49	46.67
Support from husband		
Good	96	91.43
Lacking	9	8.57

Table 2 shows the results of the Chi Square Test. There was no association between age ($p=0.09$), occupation ($p=1.07$), birth spacing ($p=0.49$), parity ($p=0.63$), knowledge ($p=0.57$) and attitude ($p=0.10$) with the success of exclusive breastfeeding. The variable of husband's support did not meet the requirements for the

Chi Square Test, therefore Fisher Exact Test was used as an alternative. The result also shows no significant relationship ($p=0.23$) between husband's support with successful breastfeeding. Meanwhile, education ($p=0.02$), supports from place of delivery ($p=0.02$) and from mother-in-law ($p=0.04$) show a significant relationship with the success of exclusive breastfeeding.

Mothers with higher education had lower (0.61 times) chance of succeeding in exclusive breastfeeding compared to mothers who had middle level education. Mothers who received good support from the place of delivery had a higher (2.04 times) chance of succeeding in exclusive breastfeeding compared to those who did not receive such support. In addition, mothers with supportive mother-in-law also had a higher (1.38 times) chance of succeeding in exclusive breastfeeding compared to mothers who had lack of support from their mother-in-law.

Table 2. Correlations between independent variables with exclusive breastfeeding

Variable	Exclusive Breastfeeding				OR (95% CI)	p
	Yes		No			
	n	%	n	%		
Age (years)						
20-35	32	37.21	54	62.79	0.67	0.09
<20 or >35	11	57.89	8	42.11	(0.38-1.16)	
Education						
High	28	35.00	52	65.00	0.61	0.02*
Middle	15	60.00	10	40.00	(0.37-1.02)	
Working status						
Not working	24	42.86	32	57.14	1.07	0.67
Working	19	38.78	30	61.22	(0.77-1.47)	
Birth spacing (years)						
>2	20	37.74	33	62.26	0.89	0.49
≤2	23	44.23	29	55.77	(0.65-1.23)	
Parity						
>1	29	42.65	39	57.35	1.08	0.63
1	14	37.84	23	62.16	(0.78-1.49)	
Knowledge						
High	29	39.19	45	60.81	0.90	0.57
Low	14	45.16	17	54.84	(0.62-1.30)	
Attitude						
Positive	31	46.97	35	53.03	1.30	0.10
Negative	12	30.77	27	69.23	(0.95-1.77)	
Support from place of delivery						
Good	9	69.23	4	30.77	2.04	0.02*
Lacking	34	36.96	58	63.04	(0.89-4.70)	
Support from mother-in-law						
Good	28	50.00	28	50.00	1.38	0.04*
Lacking	15	30.61	34	69.39	(1.00-1.91)	
Support from husband						
Good	41	42.71	55	57.29	1.35	0.23**
Lacking	2	22.22	7	77.76	(0.91-2.00)	

*Significant correlation ($p<0.05$); ** used Fisher Exact Test

Table 3 shows the results of multivariate analysis using Logistic Regression Test. It was found that support from the place of delivery and mother-in-law are the strongest predictors for exclusive breastfeeding.

Table 3. Multivariate Logistic Regression Model for Successful Breastfeeding

Variable	Initial Model			Final Model		
	OR	95%CI	p	OR	95%CI	p
Age (years)						
20-35	0.35	0.11 – 1.11	0.07	0.35	0.11 – 1.06	0.06
<20 or >35	Ref			Ref		
Education						
High	0.51	0.17 – 1.50	0.22			
Middle	Ref					
Working status						
Not working	1.19	0.48 – 2.91	0.70			
Working	Ref					
Birth spacing (years)						
>2	0.79	0.32 – 1.93	0.60			
≤2	Ref					
Parity						
>1	1.11	0.43 – 2.86	0.82			
1	Ref					
Support from place of delivery						
Good	4.37	1.11 – 17.26	0.03	4.12	1.10–15.35	0.03*
Lacking	Ref			Ref		
Knowledge						
High	0.78	0.29 – 2.09	0.62			
Low	Ref					
Attitude						
Positive	0.53	0.03 – 7.27	0.63			
Negative	Ref					
Support from husband						
Good	2.10	0.32 – 13.45	0.43			
Lacking	Ref					
Support from mother-in-law						
Good	1.93	0.71 – 5.25	0.19	2.68	1.13–6.34	0.02*
Lacking	Ref			Ref		

*Significant correlation (p<0.05)

Mothers who received good support from the place of delivery had 4.12 times (p=0.03; 95%CI: 1.10-15.35) higher chance to successfully provide exclusive breastfeeding compared to mothers who did not receive such support. Similarly, the group of mothers who received good mother-in-law's support had a 2.68 times higher chance (p=0.02; 95%CI: 1.13-6.34) to successfully give exclusive breastfeeding when compared to mothers who did not receive the support from their mother-in-law.

DISCUSSION

This study found that support from place of delivery and mother-in-law are significant predictors for successful breastfeeding among mothers in the Dawan 1 PHC area. Support from the place of delivery is the most significant determinant for the success of exclusive breastfeeding. This is in accordance with a study conducted by Ida and Irianto (2015) who found that mothers who received good support from health care

facilities and health care workers had an increased chance (3.974 times) in giving exclusive breastfeeding.¹⁰ Likewise, research conducted by Syamiyah and Helda (2018) found a statistically significant relationship between health care workers' support and exclusive breastfeeding among mothers.¹¹

The low success of exclusive breastfeeding in this study area is partly due to the non-optimal implementation of the 10 steps to successful breastfeeding in the PHC and its network. The involvement of all health workers in supporting breastfeeding is still lacking. Some respondents stated that they received formula milk, were given pacifiers and some did not receive early initiation of breastfeeding in the health facility. In addition, once they were discharged from the facility, they were given gift package with infant formulas in it and they were not referred to any breastfeeding support group or services. This result is in line with qualitative research conducted by Aeda Ernawati (2014) in Pati District, where lack of optimal support from health service on the implementation of 10 steps to successful breastfeeding resulted in low coverage of exclusive breastfeeding.¹²

Another dominant factor related to the success of exclusive breastfeeding in this study was the mother-in-law's support. In a patriarchal community, such as in Bali, mother-in-law is the closest person with strong influence on the decision to breastfeed among mothers. In the daily life of families in Bali, especially in the working area of Dawan I PHC, the people are still strongly adhering to local customs and culture. Decision making in the family does not only involve the husband, but also other family members, one of which is the mother-in-law. Mother-in-law is the closest person in the family that has a strong influence in decision-making on various matters, including the care of children from birth to adulthood. This is in line with Dini's research (2017) which was conducted at Pejuang Health Center Bekasi and showed that respondents who received support from their mother-in-law had a three times higher rate of exclusive breastfeeding compared to mothers who did not receive support from their in-laws.⁸ Likewise, research from Nurlinawati (2016) in Bebengan Village, Kendal District, also found that the more family support received, the better chance for the baby to receive exclusive breastfeeding.¹³

We found no relationship between the respondent's age and the success of exclusive breastfeeding in the work area of Dawan I PHC. This is in line with findings from Lestari (2018) and Sriningsih (2011) which states that there is no relationship between exclusive breastfeeding and maternal age. According to Sriningsih (2011), the absence of a relationship between age and exclusive breastfeeding is because exclusive breastfeeding is not only influenced by the mother's age but also influenced by sufficient information and support regarding exclusive breastfeeding.^{7,14}

There was an inverse relationship between education and the success of exclusive breastfeeding. This result is supported by Lestari, Melizah and Asmarani (2018) who also concluded that most respondents with lower secondary education were more successful in exclusive breastfeeding because they are more active in participating in *posyandu* (integrated community-based health post) activities. Hence, they often exposed to information about exclusive breastfeeding and it became their reference in providing exclusive breastfeeding to their babies.¹⁴

We also found there was no significant relationship between working status and the success of exclusive breastfeeding. It is in contrast with findings from Sugiarti, Zulaekah and Susi Dyah Puspowati (2011) who conducted research in Karangmalang. The study found that most working mothers (95.65%) did not give exclusive breastfeeding to their babies, while more than half of mothers who did not work (54.39%) gave exclusive breastfeeding. The reason for working mothers unable to breastfeed were perceived low milk production, busy life that makes the mother has lack of time to breastfeed.¹⁵

Birth spacing has no relationship with the success of exclusive breastfeeding. This is in line with the research conducted by Jati Utari (2017), which found that there was no relationship between birth spacing and exclusive breastfeeding. Likewise, there is no relationship between parity and exclusive breastfeeding. However, Jati Utari (2017) found the opposite where parity was significantly associated with exclusive breastfeeding. The majority of mothers who gave exclusive breastfeeding in her study were multiparous. This is due to previous experience in breastfeeding which increase the likelihood to breastfeed. We argue that the different finding in this study is because family support is stronger in our study, thus maternal choice is highly interfered by this support.¹⁶

We found there was no relationship between knowledge and the success of exclusive breastfeeding. This is in line with Ida and Irianto (2015) who argued that there is no statistically significant association between knowledge of mothers and exclusive breastfeeding. Likewise, it was also shown that attitudes had no relationship with the success of exclusive breastfeeding.¹⁰ This result is supported by Fajar et al (2018) which stated that there is no relationship between mothers' knowledge and attitude with exclusive breastfeeding practice. This might be due to the change of attitude towards exclusive breastfeeding after mothers experienced breastfeeding problems such as perceived lack of breast milk, sore nipples, fussy baby and lack of support from husband and other family member.¹⁷

Because the entire area of the Dawan I PHC has been exposed to COVID-19, data collection was carried out online to avoid transmission of the virus. The weakness of this approach is that it could not reach targeted mothers who did not have a WhatsApp application. Another limitation is the possibility of information bias because respondents provided information according to their memory.

CONCLUSION

Factors associated to the successful exclusive breastfeeding were supports from the place of delivery and from mother-in-law. Thus, from the supply side perspective it is important for the District Health Office and the PHC to carry out supervision of the implementation of 10 steps of successful breastfeeding in the PHC and midwives' private practice as the network. This can be done by conducting training on 10 steps for successful breastfeeding as well as training on lactation management and counseling. In addition, to increase support from the mother-in-law, health care workers should provide information about exclusive breastfeeding not only to mothers but also to their mother-in-law. Hence, the mothers-in-law can be expected to provide support for breastfeeding mothers to only give breast milk for the first six months.

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AUTHOR CONTRIBUTION

WBA designed and conceptualized the research, collected and analyzed data, wrote the first draft of the manuscript and edited the manuscript; NPW was involved in the study design and concept, supported analysis, provided feedback and edited manuscripts; KTA critically reviewed the study proposal, data analysis and edited the manuscript.

CONFLICT OF INTEREST

None declared

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