East Asian Journal of Multidisciplinary Research (EAJMR)
Vol. 5, No. 8, 2026: 3333 - 3344

Multivariate Analysis of Determinant Factors of The Decision to Provide Exclusive Breastfeeding in The Working Area of The Genuk Public Health Center in Semarang City

Agustin Nur Hidayah[1]*, Nurjanah[2], Enny Rachmani[3]
Universitas Dian Nuswantoro, Indonesia
Corresponding Author: Agustin Nur Hidayah p34202400012@mhs.dinus.ac.id

A R T I C L E I N F O

Keywords: Exclusive breastfeeding, husband's support, health workers, socio-economic, stress levels.

Received : 12, June
Revised : 14, July
Accepted: 31, August

A B S T R A C T

This study aims to analyze the determinants of the decision to provide exclusive breastfeeding in the working area of the Genuk Community Health Center in Semarang City. The study used a quantitative analytical design with a cross-sectional approach. The study sample consisted of 89 mothers with babies aged 6–12 months with a total sampling technique. Data analysis was performed using the Chi-Square test and multiple logistic regression. The results showed that 76.4% of respondents provided exclusive breastfeeding. Bivariate analysis showed that support from health workers (p=0.024), husband's support (p=0.023), and maternal stress levels (p=0.045) were significantly associated with exclusive breastfeeding. Multivariate analysis showed that husband's support was the most dominant factor (Exp(B)=2.432), followed by support from health workers and socioeconomic factors. It was concluded that increased husband support, the role of health workers, and socio-economic conditions contributed to the success of exclusive breastfeeding.

DOI prefix: https://doi.org/10.55927/eajmr.v5i8.263
ISSN-E: 2828 – 1519 (Online)
https://journaleajmr.my.id/index.php/eajmr

INTRODUCTION

Breast milk (ASI) is the best food for babies because it contains complete nutrients to support optimal growth and development. Exclusive breastfeeding is the decision to provide only breast milk without any additional food or drink for the first six months of life (Khotimah et al., 2024). The WHO recommends exclusive breastfeeding because it has been proven to reduce infant morbidity and mortality. Although exclusive breastfeeding coverage in Indonesia has reached around 67–69%, this figure still falls short of the national target of 80%. In the Genuk Community Health Center (Puskesmas) area of Semarang City, exclusive breastfeeding coverage in 2022 was 73.2%, so efforts are still needed to improve its success.

In addition to individual characteristics, access to health services is also a crucial factor. The availability of mother- and baby-friendly health facilities, such as lactation rooms, lactation counseling services, and support from health workers, can increase mothers' motivation and decision to exclusively breastfeed. Visits to health facilities, both during antenatal care (ANC) and postnatal care (PNC), provide opportunities for health workers to provide education and guidance on the importance of exclusive breastfeeding (Kementerian Kesehatan RI, 2020). Socioeconomic factors also play a significant role in the decision to exclusively breastfeed. Mothers with low incomes are sometimes more motivated to breastfeed for economic reasons, while mothers with high incomes and full-time employment often struggle to exclusively breastfeed due to time constraints and a lack of lactation facilities at work (Agustina Kurniasih, 2020).

Furthermore, the husband's support plays a crucial role in the decision to exclusively breastfeed. As the mother's primary companion, the husband plays a key role in providing motivation, assisting with household chores, and creating a comfortable environment for breastfeeding mothers. Emotional support from a husband can boost a mother's confidence in breastfeeding, especially in the early postpartum period when the mother is still adapting physically and psychologically (Silaen et al., 2022). Therefore, this study was conducted to analyze the factors influencing the decision to provide exclusive breastfeeding in the Genuk Community Health Center area in Semarang City. Based on this background, the research question in this study is how to conduct a multivariate analysis of the determinants of exclusive breastfeeding decisions in the Genuk Community Health Center (Puskesmas) area of Semarang City. This study aims to analyze the factors influencing exclusive breastfeeding decisions in the Genuk Community Health Center area of Semarang City. Specifically, this study aims to describe maternal characteristics, including age, education, occupation, and parity. It also describes the role of health workers, socioeconomic status, husband's support, maternal stress levels, and exclusive breastfeeding practices. Furthermore, this study also aims to analyze the relationship between maternal characteristics, the role of health workers, socioeconomic status, husband's support, and maternal stress levels on exclusive breastfeeding decisions.

THEORETICAL REVIEW

The Influence of Maternal Age on Exclusive Breastfeeding Decisions Explanation of theory here

Maternal age is one of the characteristics that may influence the success of exclusive breastfeeding. Mothers who are within the healthy reproductive age (20–35 years) generally have better physical, psychological, and emotional maturity than younger or older mothers. This maturity affects their ability to understand health information, make appropriate decisions, and practice optimal breastfeeding. In contrast, younger mothers often have limited experience and readiness for breastfeeding, while older mothers may experience physical conditions that can affect the lactation process. Therefore, maternal age is expected to influence the decision to practice exclusive breastfeeding (Ariyani et al., 2023).

H1**:** Maternal age has a significant influence on the decision to practice exclusive breastfeeding in the working area of Genuk Public Health Center, Semarang City.

The Influence of Maternal Education on Exclusive Breastfeeding Decisions

Education is an important factor that influences an individual's ability to obtain, understand, and apply health-related information. Mothers with higher educational attainment generally possess better knowledge regarding the benefits of exclusive breastfeeding, appropriate breastfeeding techniques, and the importance of fulfilling infants' nutritional needs during the first six months of life. Higher education also enables mothers to critically evaluate health information and avoid misconceptions or the influence of infant formula promotion. Therefore, a higher level of maternal education is expected to increase the likelihood of practicing exclusive breastfeeding (Naufal et al., 2023).

H2: Maternal education has a significant influence on the decision to practice exclusive breastfeeding in the working area of Genuk Public Health Center, Semarang City.

The Influence of Maternal Occupation on Exclusive Breastfeeding Decisions

Maternal occupation is one of the factors that may affect exclusive breastfeeding practices. Working mothers often face time constraints and limited opportunities to breastfeed directly, particularly when workplaces do not provide breastfeeding facilities or supportive policies. Conversely, mothers who do not work outside the home generally have more opportunities to breastfeed their infants directly. However, working mothers can still successfully practice exclusive breastfeeding if they possess adequate knowledge about breast milk expression and storage and receive sufficient support from their families and workplaces. Therefore, maternal occupation is expected to influence the decision to practice exclusive breastfeeding (Marwiyah & Khaerawati, 2020).

H3: Maternal occupation has a significant influence on the decision to practice exclusive breastfeeding in the working area of Genuk Public Health Center, Semarang City.

The Influence of Parity on Exclusive Breastfeeding Decisions

Parity refers to the number of childbirths a mother has experienced. Mothers with previous childbirth and breastfeeding experience generally have better knowledge, greater confidence, and more effective breastfeeding skills than first-time mothers. Previous breastfeeding experience enables mothers to manage breastfeeding challenges more effectively and increases their confidence in maintaining exclusive breastfeeding. In contrast, primiparous mothers often experience anxiety and lack practical experience, requiring greater support from healthcare professionals and family members. Therefore, parity is expected to influence the decision to practice exclusive breastfeeding (Almuslim et al., 2021).
H4: Parity has a significant influence on the decision to practice exclusive breastfeeding in the working area of Genuk Public Health Center, Semarang City.

The Influence of Healthcare Workers' Role on Exclusive Breastfeeding Decisions

Healthcare professionals play an essential role in promoting successful exclusive breastfeeding through health education, counseling, motivation, and continuous support provided during pregnancy and the postpartum period. Information and guidance from healthcare providers improve mothers' knowledge regarding the benefits of exclusive breastfeeding, appropriate breastfeeding techniques, and strategies for overcoming breastfeeding difficulties. Furthermore, professional support enhances mothers' confidence and motivation to continue exclusive breastfeeding. Therefore, the role of healthcare workers is expected to positively influence exclusive breastfeeding decisions (Permatasari et al., 2024).
H5: The role of healthcare workers has a significant influence on the decision to practice exclusive breastfeeding in the working area of Genuk Public Health Center, Semarang City.

The Influence of Socioeconomic Status on Exclusive Breastfeeding Decisions

Socioeconomic status reflects a family's ability to meet daily living needs, including healthcare services for both mother and infant. Family income may influence access to healthcare facilities, breastfeeding information, and supportive resources. Additionally, economic conditions may affect mothers' decisions regarding exclusive breastfeeding due to employment demands or the preference for infant formula feeding. Consequently, socioeconomic status is expected to influence exclusive breastfeeding decisions (Dikta, 2022).
H6: Socioeconomic status has a significant influence on the decision to practice exclusive breastfeeding in the working area of Genuk Public Health Center, Semarang City.

The Influence of Husband's Support on Exclusive Breastfeeding Decisions

Husband's support is an important form of social support that contributes significantly to successful exclusive breastfeeding. This support may include emotional, informational, instrumental, and appraisal support. Husbands who provide encouragement, assist with infant care and household responsibilities, and offer emotional support can enhance mothers' confidence, comfort, and motivation during the breastfeeding period. Conversely, insufficient support

from husbands may increase maternal stress and contribute to early discontinuation of exclusive breastfeeding. Therefore, husband's support is expected to positively influence exclusive breastfeeding decisions (Sistha et al., 2022).
H7: Husband's support has a significant influence on the decision to practice exclusive breastfeeding in the working area of Genuk Public Health Center, Semarang City.

The Influence of Maternal Stress Level on Exclusive Breastfeeding Decisions

Maternal stress during the breastfeeding period may affect the success of exclusive breastfeeding. High levels of stress can interfere with the secretion of prolactin and oxytocin, hormones that are essential for breast milk production and release. Stress may also reduce maternal motivation, confidence, and ability to cope with breastfeeding challenges. Conversely, mothers with lower stress levels are generally more capable of maintaining exclusive breastfeeding for the recommended six months. Therefore, maternal stress level is expected to influence exclusive breastfeeding decisions (Aminah et al., 2024).
H8: Maternal stress level has a significant influence on the decision to practice exclusive breastfeeding in the working area of Genuk Public Health Center, Semarang City.

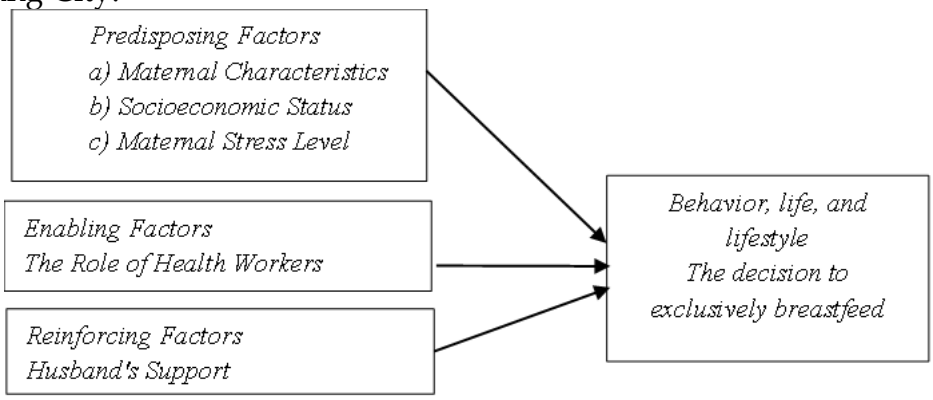

Figure 1. Conceptual Framework

METHODOLOGY

This research is a quantitative analytical study with a cross-sectional design that aims to analyze factors related to the decision to provide exclusive breastfeeding in mothers with infants aged 6–12 months in the working area of the Genuk Community Health Center in Semarang City. The study population was 89 mothers, with a total sampling technique so that the entire population became respondents. Independent variables include maternal characteristics (age, education, occupation, and parity), the role of health workers, socioeconomic status, husband's support, and stress levels, while the dependent variable is the decision to provide exclusive breastfeeding. Data were collected through structured interviews using questionnaires and analyzed using SPSS version 24. Data analysis included univariate analysis to describe the characteristics of respondents, bivariate analysis using the Chi-Square test to identify relationships between variables, and multivariate analysis with multiple

logistic regression to determine the most dominant factors influencing the decision to provide exclusive breastfeeding with a significance level of 5% ($p<0.05$).

RESULTS

The Relationship Between Health Worker Support and the Decision to Provide Exclusive Breastfeeding

Table 1. Chi-Square Test Results of Health Worker Support in the Decision to Provide Exclusive Breastfeeding

Healthcare Provider Support	Non-Exclusive Breastfeeding n (%)	Exclusive Breastfeeding n (%)	Total	χ^2	p-value	Contingency Coefficient
Poor	0 (0.0%)	1 (1.1%)	1	1.293	0.024	0.820
Fair	0 (0.0%)	3 (3.4%)	3			
Good	21 (23.6%)	64 (71.9%)	85			
Total	21 (23.6%)	68 (76.4%)	89			

Most respondents received good support from health workers (85 respondents), with 64 respondents (71.9%) providing exclusive breastfeeding and 21 respondents (23.6%) not providing exclusive breastfeeding. In the sufficient and insufficient support categories, all respondents provided exclusive breastfeeding. The Chi-Square test results showed a p value = 0.024 ($p < 0.05$), so there is a significant relationship between health worker support and the decision to provide exclusive breastfeeding. The Contingency Coefficient value = 0.820 indicates that the relationship between the two variables is classified as strong.

Analysis of the Relationship between Stress Levels and the Decision to Provide Exclusive Breastfeeding

Table 2. Chi-Square Test Results of the Relationship Between Stress Levels and the Decision to Provide Exclusive Breastfeeding

Husband's Support	Non-Exclusive Breastfeeding n (%)	Exclusive Breastfeeding n (%)	Total	χ^2	p-value	Contingency Coefficient
Poor	1 (1.1%)	1 (1.1%)	2	3.399	0.023	0.892
Fair	3 (3.4%)	3 (3.4%)	6			
Good	17 (19.1%)	64 (71.9%)	81			
Total	21 (23.6%)	68 (76.4%)	89			

Most respondents received good husband support (81 respondents), with 64 respondents (71.9%) providing exclusive breastfeeding and 17 respondents (19.1%) not providing exclusive breastfeeding. In the category of insufficient and sufficient husband support, the proportion of respondents who provided and did not provide exclusive breastfeeding was relatively smaller. The results of the Chi-Square test showed a p value = 0.023 ($p < 0.05$), so there is a significant relationship between husband support and the decision to provide exclusive breastfeeding. The Contingency Coefficient value = 0.892 indicates that the closeness of the relationship between the two variables is classified as very strong.

Analysis of the Relationship between Stress Levels and the Decision to Provide Exclusive Breastfeeding

Tabel 3. Chi-Square Test Results on the Relationship Between Stress Levels and the Decision to Provide Exclusive Breastfeeding

Maternal Stress Level	**Non-Exclusive Breastfeeding n (%)**	**Exclusive Breastfeeding n (%)**	**Total**	**χ^2**	**p-value**	**Contingency Coefficient**
Mild Stress	3 (3.4%)	1 (1.1%)	4	6.209	0.045	0.755
Moderate Stress	4 (4.5%)	17 (19.1%)	21			
Severe Stress	14 (15.7%)	50 (56.2%)	64			
Total	21 (23.6%)	68 (76.4%)	89			

Most respondents had high levels of stress (64 respondents), with 50 respondents (56.2%) providing exclusive breastfeeding and 14 respondents (15.7%) not providing exclusive breastfeeding. In the mild and moderate stress categories, the number of respondents providing exclusive breastfeeding was relatively smaller. The Chi-Square test results showed a p value = 0.045 ($p < 0.05$), so there is a significant relationship between stress levels and the decision to provide exclusive breastfeeding. The Contingency Coefficient value = 0.755 indicates that the relationship between the two variables is classified as strong.

Analysis of the Relationship between Mother's Age and the Decision to Provide Exclusive Breastfeeding

Tabel 4. Chi-Square Test Results of the Relationship Between Age and the Decision to Provide Exclusive Breastfeeding

Maternal Age	Non-Exclusive Breastfeeding n (%)	Exclusive Breastfeeding n (%)	Total	χ^2	p-value	Contingency Coefficient
< 20 years	4 (4.5%)	11 (12.4%)	15	0.187	0.911	0.046
20–35 years	14 (15.7%)	45 (50.6%)	59			
> 35 years	3 (3.4%)	12 (13.5%)	15			
Total	21 (23.6%)	68 (76.4%)	89			

Most respondents were aged 20–35 years (59 respondents), with 45 respondents (50.6%) providing exclusive breastfeeding and 14 respondents (15.7%) not providing exclusive breastfeeding. The proportion of exclusive breastfeeding in the age groups <20 years and >35 years was relatively lower. The results of the Chi-Square test showed a p value = 0.911 ($p > 0.05$), so there was no significant relationship between maternal age and the decision to provide exclusive breastfeeding. The Contingency Coefficient value = 0.046 indicates that the relationship between the two variables is classified as very weak.

Analysis of the Relationship between Mother's Education and the Decision to Provide Exclusive Breastfeeding

Tabel 5. Chi-Square Test Results of the Relationship Between Age and the Decision to Provide Exclusive Breastfeeding

Maternal Education Level	Non-Exclusive Breastfeeding n (%)	Exclusive Breastfeeding n (%)	Total	χ^2	p-value	Contingency Coefficient
Junior High School or Equivalent	3 (3.4%)	12 (13.5%)	15	0.138	0.333	0.639
Senior High School or Equivalent	12 (13.5%)	38 (42.7%)	50			
Higher Education	6 (6.7%)	18 (20.2%)	24			
Total	21 (23.6%)	68 (76.4%)	89			

Most respondents had a high school education (50 respondents), with 38 respondents (42.7%) providing exclusive breastfeeding and 12 respondents (13.5%) not providing exclusive breastfeeding. The proportion of exclusive breastfeeding among respondents with junior high school education and college education was relatively lower. The Chi-Square test results showed a p value = 0.333 ($p > 0.05$), so there was no significant relationship between maternal education level and the decision to provide exclusive breastfeeding. The Contingency Coefficient value = 0.639 indicates that the closeness of the relationship between the two variables is classified as strong.

Analysis of the Relationship between Work and the Decision to Provide Exclusive Breastfeeding

Tabel 6. Chi-Square Test Results on the Relationship Between Employment and the Decision to Provide Exclusive Breastfeeding

Maternal Employment Status	Non-Exclusive Breastfeeding n (%)	Exclusive Breastfeeding n (%)	Total	χ^2	p-value	Contingency Coefficient
Employed	15 (16.9%)	50 (56.2%)	65	0.036	0.850	0.020
Unemployed	6 (6.7%)	18 (20.2%)	24			
Total	21 (23.6%)	68 (76.4%)	89			

Most respondents worked (65 respondents), with 50 respondents (56.2%) providing exclusive breastfeeding and 15 respondents (16.9%) not providing exclusive breastfeeding. Among unemployed respondents, 18 respondents (20.2%) provided exclusive breastfeeding and 6 respondents (6.7%) did not provide exclusive breastfeeding. The Chi-Square test results showed a p value = 0.850 ($p > 0.05$), so there was no significant relationship between maternal employment status and the decision to provide exclusive breastfeeding. The Contingency Coefficient value = 0.020 indicates that the relationship between the two variables is classified as very weak.

Analysis of the Relationship between Maternal Parity and the Decision to Provide Exclusive Breastfeeding

Tabel 7. Chi-Square Test Results on the Relationship Between Employment and the Decision to Provide Exclusive Breastfeeding

Parity	Non-Exclusive Breastfeeding n (%)	Exclusive Breastfeeding n (%)	Total	χ^2	p-value	Contingency Coefficient
Primiparous (1 child)	5 (5.6%)	16 (18.0%)	21	0.134	0.935	0.039
Multiparous (2–3 children)	13 (14.6%)	40 (44.9%)	53			
Grand Multiparous (≥4 children)	3 (3.4%)	12 (13.5%)	15			
Total	21 (23.6%)	68 (76.4%)	89			

Most respondents were multiparas (2–3 children) (53 respondents), with 40 respondents (44.9%) providing exclusive breastfeeding and 13 respondents (14.6%) not providing exclusive breastfeeding. In the primipara and grand multipara groups, the proportion of exclusive breastfeeding was relatively lower. The Chi-Square test results showed a p value = 0.935 ($p > 0.05$), so there was no significant relationship between maternal parity and the decision to provide exclusive breastfeeding. The Contingency Coefficient value = 0.039 indicates that the relationship between the two variables is classified as very weak.

Multivariate Analysis of Factors Associated with the Decision to Provide Exclusive Breastfeeding

Tabel 8. Logistic Regression test results

Variables	p-value (Sig.)	Adjusted Odds Ratio (Exp(B))
Healthcare Provider Support	0.039	0.000
Husband's Support	0.027	2.432
Maternal Stress Level	0.065	1.783
Maternal Age	0.068	1.204
Maternal Education Level	0.738	0.880
Maternal Employment Status	0.050	0.900
Parity	0.818	1.095
Socioeconomic Status	0.035	0.936

The results of the multivariate analysis showed that support from health workers ($p = 0.039$), husband's support ($p = 0.027$), and socioeconomic status ($p = 0.035$) significantly influenced the decision to provide exclusive breastfeeding ($p < 0.05$). Meanwhile, stress level ($p = 0.065$), age ($p = 0.068$), education ($p = 0.738$), occupation ($p = 0.050$), and parity ($p = 0.818$) did not show a significant influence. The most dominant variable influencing the decision to provide exclusive breastfeeding was husband's support with an Exp(B) value of 2.432, which indicates that mothers who received good husband's support were 2.432 times more likely to provide exclusive breastfeeding than mothers with less husband's support.

DISCUSSION

The analysis results showed that the majority of respondents who received good support from health workers provided exclusive breastfeeding (64 respondents; 71.9%). The Chi-Square test showed a significant relationship between health worker support and the decision to provide exclusive breastfeeding (p = 0.024), with a Contingency Coefficient value of 0.820 indicating a strong relationship. These findings indicate that education, motivation, and support from health workers play an important role in increasing mothers' confidence in providing exclusive breastfeeding (Tobe, 2023). The analysis results showed that most respondents with high stress levels continued to exclusively breastfeed (50 respondents; 56.2%). The Chi-Square test showed a significant relationship between stress levels and the decision to exclusively breastfeed (p = 0.045), with a Contingency Coefficient value of 0.755 indicating a strong relationship. These findings suggest that the mother's psychological condition, including stress levels, plays a role in the success of exclusive breastfeeding because it can affect the production of the hormone oxytocin, which supports milk release (Aminah et al., 2024). The analysis results showed that most respondents who received good husband support provided exclusive breastfeeding (64 respondents; 71.9%). The Chi-Square test showed a significant relationship between husband support and the decision to provide exclusive breastfeeding (p = 0.023), with a Contingency Coefficient value of 0.892 indicating a very strong relationship. These findings indicate that emotional support, motivation, and husband's assistance in maternal and infant care play an important role in increasing the success of exclusive breastfeeding (Manjorang et al., 2026).

The analysis results showed that most respondents aged 20–35 years provided exclusive breastfeeding (45 respondents; 50.6%). However, the Chi-Square test showed no significant relationship between maternal age and the decision to provide exclusive breastfeeding (p = 0.911), with a Contingency Coefficient value of 0.046 indicating a very weak relationship. This finding indicates that the success of exclusive breastfeeding is more influenced by other factors, such as family support, knowledge, and maternal motivation, compared to maternal age (Naufal et al., 2023). The analysis showed that most mothers with a senior high school education or equivalent practiced exclusive breastfeeding (38 respondents; 42.7%). However, the Chi-square test indicated no significant association between maternal education and exclusive breastfeeding decisions (p = 0.333), although the Contingency Coefficient = 0.639 suggested a strong association. These findings indicate that maternal education alone is not the primary determinant of successful exclusive breastfeeding (Setiyarini, 2024). The analysis showed that most employed mothers practiced exclusive breastfeeding (50 respondents; 56.2%). The Chi-square test revealed no significant association between maternal employment status and exclusive breastfeeding decisions (p = 0.850), with a Contingency Coefficient = 0.020, indicating a very weak association. These findings suggest that employed mothers can successfully practice exclusive breastfeeding when they receive adequate family support and workplace facilities (Tahiru et al., 2024).

The analysis showed that most multiparous mothers (2–3 children) practiced exclusive breastfeeding (40 respondents; 44.9%). However, the Chi-square test indicated no significant association between parity and exclusive breastfeeding decisions (p = 0.935), with a Contingency Coefficient = 0.039, indicating a very weak association. These findings suggest that previous childbirth experience does not necessarily determine the success of exclusive breastfeeding (Buckman et al., 2020). Based on the multivariate analysis, husband's support was the most dominant factor influencing exclusive breastfeeding decisions (p = 0.027). Mothers who received good support from their husbands were 2.432 times more likely to practice exclusive breastfeeding than those with limited support (Exp(B) = 2.432). These findings highlight the crucial role of husbands in promoting successful exclusive breastfeeding through emotional support, motivation, and practical assistance during the breastfeeding period.

CONCLUSIONS AND RECOMMENDATIONS

Based on the research results, it can be concluded that support from health workers, husband's support, and stress levels are significantly associated with the decision to provide exclusive breastfeeding, while age, education, occupation, and parity do not show a significant relationship. The results of the multivariate analysis indicate that husband's support is the most dominant factor influencing the decision to provide exclusive breastfeeding, making husband's involvement a crucial aspect in increasing the success of exclusive breastfeeding. Health workers should strengthen family-based education by involving husbands in exclusive breastfeeding promotion. Husbands are encouraged to provide emotional and practical support, while mothers should enhance their breastfeeding knowledge and utilize family support. Future studies should include additional variables and larger samples to provide more comprehensive findings.

FURTHER STUDY

This study was conducted only in the working area of one community health center (Puskesmas Genuk, Semarang City), so the results cannot be generalized to other areas. It also did not include several other factors that may influence the decision to exclusively breastfeed, such as maternal knowledge, workplace support, maternity leave policies, culture, and Early Initiation of Breastfeeding (IMD) practices.

REFERENCES

Agustina Kurniasih. (2020). *Partisipasi Ibu Dalam Bidang Ekonomi Terhadap Keberhasilan Pemberian Asi Eksklusif Di Indonesia (Analisis Hasil Sdki 2017)*. *1*(6), 221–227.

Almuslim, U., Peusangan, K., Bireuen, K., Asan, B., Peusangan, K., & Pekerjaan, S. (2021). *Hubungan Status Pekerjaan Ibu Dengan Pemberian Asi Eksklusif Di Desa Blang Asan Kecamatan Peusangan Kabupaten Bireuen*. *2018*(1), 40–45.

Aminah, S., Dimiati, H., Utami, N. A., Kedokteran, F., Ilmu, D., Anak, K., Kedokteran, F., Syiah, U., Pengajar, S., Kedokteran, F., Kuala, U. S., Aminah, S., Dimiati, H., & Utami, N. A. (2024). *Stres Ibu Menyusui Dan Keberhasilan Asi*

Eksklusif Di Banda Aceh: Studi. *26*(3), 1–7.

Ariyani, W., Nulhakim, L., & Siregar, N. (2023). Hubungan Karakteristik Dan Tingkat Pengetahuan Ibu Dengan Pemberian Asi Eksklusif Di Wilayah Kerja Puskesmas Bunyu. *Aspiration Of Health Journal*, *1*(3), 382–392. Https://Doi.Org/10.55681/Aohj.V1i3.183

Dikta. (2022). *Sosial Ekonomi Dan Pengetahuan Ibu Terhadap Pemberian Asi Eksklusif*. *November*. Https://Doi.Org/10.33761/Jsm.V17i1.585

Kementerian Kesehatan Ri. (2020). *Manfaat Asi Eksklusif Bagi Bayi*. Kemenkes Ri.

Khotimah, K., As Satillah, S., Fitriani, V., Miranti, M., Maulida, M., Hasmalena, H., Pagarwati, L. D. A., & Zulaiha, D. (2024). Analisis Manfaat Pemberian Asi Eksklusif Bagi Ibu Menyusui Dan Perkembangan Anak. *Paudia: Jurnal Penelitian Dalam Bidang Pendidikan Anak Usia Dini*, *13*(2), 254–266. Https://Doi.Org/10.26877/Paudia.V13i2.505

Manjorang, N., Pinem, S., Sembiring, A., Silaban, M., Sari, A., & Fidelia, G. (2026). Relationship Between Spousal Support And Exclusive Breastfeeding In Mothers Of 0-6 Month Old Infant. *Indonesian Health Issue*, *5*, 229–237. Https://Doi.Org/10.47134/Inhis.V5i1.178

Marwiyah, N., & Khaerawati, T. (2020). Faktor–Faktor Yang Berhubungan Dengan Pemberian Asi Eksklusif Pada Ibu Bekerja Di Kelurahan Cipare Kota Serang. *Faletehan Health Journal*, *7*, 18–29. Https://Doi.Org/10.33746/Fhj.V7i1.78

Naufal, F. F., Indita, H. R., & Muniroh, L. (2023). *The Relationship Between Maternal Knowledge And Family Support With Exclusive Breastfeeding Hubungan Pengetahuan Ibu Dan Dukungan Keluarga Dengan Pemberian Asi*. *7*(3), 442–448. Https://Doi.Org/10.20473/Amnt.V7i3.2023.442

Permatasari, R. P., Simbolon, D., & Yunita, Y. (2024). Stunting Prevention Through Exclusive Breastfeeding In Indonesia: A Meta-Analysis Approach; [Pencegahan Stunting Melalui Pemberian Asi Eksklusif Di Indonesia: Pendekatan Meta-Analisis]. *Amerta Nutrition*, *8*(1sp), 105 – 112. Https://Doi.Org/10.20473/Amnt.V8i1sp.2024.10

Setiyarini, A. D. (2024). *Correlation Between Maternal Education And Employment Status With Exclusive*. *8*(4), 371–377. Https://Doi.Org/10.20473/Imhsj.V8i4.2024.371-377

Silaen, R. S., Novayelinda, R., & Zukhra, R. M. (2022). *Hubungan Dukungan Suami Dengan Pemberian Asi Eksklusif*. *5*(1), 1–10.

Sistha, D., Firdaus, A., Karnasih, I. G. A., & Restanty, D. A. (2022). *Hubungan Dukungan Suami Dalam Pemberian Asi Eksklusif , Literature Review*. *3*(2), 58–65.

Tahiru, R., Amoako, M., & Apprey, C. (2024). Exclusive Breastfeeding: An Exploratory Thematic Analysis Of The Perspectives Of Breastfeeding Mothers And Significant Others In The Tamale Metropolis Of Northern Ghana. *Bmc Nutrition*, *10*. Https://Doi.Org/10.1186/S40795-024-00973-4

Tobe, D. I. (2023). Pengaruh Dukungan Suami, Teman, Dan Tenaga Kesehatan Terhadap Pemberian Asi Eksklusif Pada Ibu Usia Remaja Di Puskesmas Tarus Kecamatan Kupang Tengah. *Naskah Publikasi. Politeknik Kesehatan Kementrian Kesehatan*.