EXCLUSIVE BREASTFEEDING FAILURE FACTORS DURING PANDEMY TO WORKER MOTHERS IN PUSAT DAMAI VILLAGE, SANGGAU DISTRICT, WEST KALIMANTAN

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ABSTRACT
The unsuccessful exclusive breastfeeding must be avoided during a pandemic, because breast-milk can increase immunity for both mother and baby. The Pusat Damai public health center data shows that there is a decrease in the exclusive breastfeeding trend in 5 villages, namely in the Damai Center village by 69.2%, Gunam village by 80.0%, Dosan village by 87.0%, Marita village 87.0%, and Suka Gerundi village 88.9%. This study aims to determine the failure factors of exclusive breastfeeding in working mothers (a study of the Pusat Damai village, Sanggau district, West Kalimantan). This study used a case control design. The population in the study was 94 respondents. The research sample was 46 respondents (23 cases and 23 controls) who were taken by purposive sampling technique, using the chi square test with a confidence level of 95%. The results showed that there was a significant relationship between husband's support and the failure of exclusive breastfeeding to working mothers (p value = 0.003), distance traveled (p-value = 0,000), travel time (p-value = 0,000), availability of place / breastfeeding facilities (p-value = 0.015), family trust (p-value = 0.030), mother's perceptions about formula milk (p-value = 0.002). Therefore, recommendation for health workers in the work area of the Pusat Damai public health center e.i. increasing information through counseling, educating about the importance of exclusive breastfeeding for babies, approaching families / husbands to support mothers in exclusive breastfeeding, advising mothers to provide stocks of breastmilk before mother left for work.

Keywors :Unsuccessful exclusive breastfeeding, Worker mother, formula milk

1. INTRODUCTION

Indicators of success in health development can be seen from the increase or decrease in health status. One of the main indicators of the degree of public health is the Infant Mortality Rate (IMR). The Infant Mortality Rate (IMR) in 2017 is still high, namely 24 per 1,000 live births (SDKI, 2017). The Infant Mortality Rate (IMR) is related to several other factors, such as the success rate of the Maternal and Child Health (KIA) program and the achievement of community nutrition improvement, one of which is the provision of exclusive breast milk

According to the 2017 Indonesian Demographic and Health Survey (IDHS), one of the causes of infant mortality in Indonesia is because one in three babies under six months of age does not

receive the benefits of exclusive breastfeeding related to nutrition and protection against disease. The United Nation Children Fund (UNICEF) and the World Health

Organization (WHO) recommend that children are only breastfed (ASI) for at least six months without complementary food and drinks, which are given from birth to 6 months of age. Exclusive breastfeeding is one of the government programs to reduce morbidity and mortality in infants. Although exclusive breastfeeding is the obligation of breastfeeding mothers, there are still many mothers who do not provide breastfeeding exclusively (World Health Organization & Unicef, 2019).

One of the factors that causes mothers not to give breast milk exclusively is a working mother, which hinders the mother from giving breast milk. There are many obstacles experienced by breastfeeding mothers, such as working time, distance from work, support from leaders, husbands and families. On the other hand, most companies or workplaces have not provided a place for breastfeeding or provide a break for nursing mothers to express breast milk or breastfeed the baby. This becomes an obstacle and a hindrance for working mothers in giving exclusive breastfeeding to babies (Abdullah & Ayubi, 2012).
The impact that occurs if a baby is not breastfed is that the baby does not receive immune substances and does not receive high nutritional and quality food, so that the baby is prone to illness which results in stunted growth and intelligence development. 94 times greater than babies who are exclusively breastfed (Kementrian Kesehatan RI, 2018). Globally, infants who are exclusively breastfed are still low. Based on World Health Organization (WHO) data, 41% of babies who get breast milk (ASI) exclusively for 0-6 months(World Health Organization & Unicef, 2019).

The percentage of babies who received exclusive breastfeeding in 2016 in West Kalimantan Province was 62.3%, decreased in 2017 by 48.2%, and experienced an insignificant increase in 2018 as much as 62.83%(Dinkes Provinsi Kalimantan Barat, 2018). Based on Per-Regency data in West Kalimantan, the number of babies who were given exclusive breastfeeding in 2018 was Sambas district (65.9%), Bengkayang (22.7%), Landak (37.8%), Mempawah (60.6%), Sanggau (73.0%), Ketapang (49.2%), Sintang (51.9%), Kapuas Hulu (48.7%), Sekadau (59.1%), Melawi

(74.9%), Kayong North (37.5%), Kubu Raya (17.3%), Pontianak (61.5%) and Singkawang (64.8%) (Dinkes Provinsi Kalimantan Barat, 2018).

Based on data from the Sanggau District Health Office, 5 puskesmas work areas have the lowest exclusive breastfeeding coverage in 2018, namely in the work area of the Central Damai puskesmas (65.2%), Sanggau puskesmas (69.0%), Belangin III puskesmas (69.4%) %), Entikong health centers (69.9%), and Tanjung Sekayam health centers by 70.4%) (Dinkes Kabupaten Sanggau, 2018).

Based on data obtained from the Puskesmas Pusat Damai, it shows that there is a decline inthe trend of exclusive breastfeeding, in 2016 the coverage of exclusive breastfeeding was 89.5%, in 2017 it was 83.3%, and in 2018 it continued to decline by 65.2%. The lowest exclusive breastfeeding coverage was found in 5 villages in the working area of the Central Damai Health Center, namely in the Damai Center village at 69.2%, Gunam village at 80.0%, Dosan village at 87.0%, Marita village at 87.0%, and Suka Gerundi village at 88.9%. So it can be concluded that based on the Profile of the Puskesmas Damai Center, the lowest coverage of exclusive breastfeeding is in the Central Damai Village of 69.2%. (Profil Puskesmas Pusat Damai, 2018).

2. METHODS

This research was conducted in the Central Damai Village, the working area of the Central Damai Community Health Center, Parindu District, Sanggau Regency from July to August 2020. This research method used a Case Control design. 12 months who did not provide exclusive breastfeeding or exclusive breastfeeding as many as 94 people. This study uses purposive sampling technique with the results of the sample calculation obtained as many as 23 samples with a comparison of case samples and control samples 1: 1 or 23: 23 so that the total sample in this study was 46 people. Data analysis techniques using Chi square statistical test.

3. RESULT

Tabel 1. Respondents characteristic distribution

Karakteristik Responden	Pemberian ASI Eksklusif			
	Kasus		Kontrol	
	n	%	n	%
Age				
26-31	11	8	11	47,8
32-40	12	52,2	12	52,2
Total	23	100	23	100
Education				
SMA	3,5	17,4	5	13,0
D3	13,5	65,2	13,5	52,2
S1/S2	6	17,4	6	34,8
Total	23	100	23	100
Occupation				
Swasta	18,5	82,6	18,5	78,3
PNS	4,5	17,4	4,5	21,7
Total	23	100	23	100

Jumlah Anak				
1 Anak	5,5	26,1	5,5	21,7
2 Anak	14,0	56,5	14,0	65,2
3 Anak	3,5	17,4	3,5	13,0
Total	23	100	23	100
Umur Anak				
6 Bulan	9	56,5	9	21,7
7 Bulan	5	17,4	5	26,1
8 Bulan	3,5	8,7	3,5	21,7
9 Bulan	4	13,0	4	21,7
10 Bulan	1,5	4,3	1,5	8,7
Total	23	100	23	100

Tabel 2. Faktor Yang Berhubungan Dengan Kegagalan Pemberian ASI Eksklusif Pada Ibu Pekerja

Faktor Kegagalan Pemberian ASI Eksklusif	Pemberian ASI Eksklusif			
	Kasus	Kontrol	Jumlah	P Value

	n	%	n	%	n	%	
Dukungan Pimpinan							
Tidak Mendukung	16	69,6	14	60,9	30	65,2	0,757
Mendukung	7	30,4	9	39,1	16	34,8	
Jumlah	23	100	23	100	46	100	
Dukungan Suami							
Tidak Mendukung	19	82,6	8	34,8	27	58,7	0,003
Mendukung	4	17,4	15	65,2	19	41,3	
Jumlah	23	100	23	100	46	100	
Jarak Tempuh							
Jauh	22	95,7	6	26,1	28	60,9	0,000
Dekat	1	4,3	17	73,9	18	39,1	
Jumlah	23	100	23	100	46	100	

Waktu Tempuh							
Lama	22	95,7	4	17,4	26	56,5	0,000
Cepat	1	4,3	19	82,6	20	43,5	
Jumlah	23	100	23	100	46	100	
Ketersediaan Tempat/Fasilitas Menyusui Di Tempat Kerja							
Tidak Tersedia	19	82,6	10	43,5	29	63,0	0,015
Tersedia	4	17,4	13	56,5	17	37,0	
Jumlah	23	100	23	100	46	100	
Kepercayaan Dalam Keluarga							
Negatif	19	82,6	11	47,8	30	65,2	0,030
Positif	4	17,4	12	52,2	16	34,8	
Jumlah	23	100	23	100	46	100	

Persepsi Ibu Tentang Susu Formula							
Kurang Baik	21	91,3	10	43,5	31	67,4	0,002
Baik	2	8,7	13	56,5	15	32,6	
Jumlah	23	100	23	100	46	100	

Based on table 1, it is found that 52.2% of respondents are in the 32-40 year age group, 52.2% have a D3 education background, 78.3% have private employment status, 65.2% have 2 children, and 26.1% of respondents have children in the 7 month age group. Table 2 also explains that there are 5 variables related to the failure of exclusive breastfeeding to working mothers, namely husband's support with p-value (0.003), distance traveled (0,000), travel time (0,000), availability of place / facilities for breastfeeding at work (0.015), family trust (0.030), and mother's perception of formula milk (0.002).

Leadership support in exclusive breastfeeding plays a very important role in the success of working mothers in exclusive breastfeeding, but leadership support does not necessarily encourage mothers to provide exclusive breastfeeding. This is influenced by internal and external factors. Internal factors come from within the mother herself such as intention, commitment, knowledge and attitudes of mothers in exclusive breastfeeding, while external factors come from outside the mother such as support from husband and family, support from leaders, support from colleagues, support from health workers and promotion of milk. formula. Good support will give a positive response to mothers in providing exclusive breastfeeding, the better support for mothers in providing exclusive breastfeeding, the higher the success rate of exclusive breastfeeding. Good support is not always able to encourage mothers to provide exclusive breastfeeding, because good support without the intention and commitment of the mother herself

in giving exclusive breastfeeding will not encourage mothers to be able to provide exclusive breastfeeding for their babies.

This research is in accordance with what Abdullah did, who stated that there was no significant relationship between leadership support and exclusive breastfeeding (p-value = 0.173) (Abdullah & Ayubi, 2012).This study is not in line with the research conducted by Kristiyanti and Chabibah, showing the results of the analysis with the chi square test obtained a p-value of 0.008 (> 0.05), this shows that there is a significant relationship between company support / leadership and the performance of breastfeeding mothers. (Kristiyanti & Chabibah, 2020). Based on the description above, the researcher draws the conclusion that leadership support in exclusive breastfeeding plays an important role in the success of working mothers in exclusive breastfeeding. Good support will give a positive response to mothers in providing exclusive breastfeeding, the better support for mothers in providing exclusive breastfeeding, the higher the success rate of exclusive breastfeeding.

Researchers found a discrepancy between theory and research results. The results showed that there was no relationship between leadership support and failure to provide exclusive breastfeeding to working mothers. Researchers analyzed that the results of this study were not in line with the theory which explains that good leadership support will give a positive response to mothers in providing exclusive breastfeeding. However, on the contrary, good superiors' support will not necessarily make mothers successful in giving exclusive breastfeeding because there are stronger factors, namely how the mother's commitment or intention is, but the support and policies of agencies that do not support breastfeeding can certainly be a greater number of working mothers who do not succeed. provide breast milk (Septiani et al., 2017).

Husband's support in exclusive breastfeeding will have an impact on increasing self-confidence or motivation of mothers in the success of exclusive breastfeeding. Husband's support in exclusive breastfeeding can be in the form of emotional support by being caring and empathetic in order to convince breastfeeding mothers that they are cared for, motivating mothers to provide exclusive breastfeeding, changing the role of mothers in doing homework, helping mothers in expressing breastmilk, bathing babies, and seeking information through print / electronic media,

health workers such as midwives and doctors about the benefits of exclusive breastfeeding (Anggorowati & Nuzulia, 2011).

This research is in accordance with that conducted by Vitasari, namely there is a relationship between husband's support and exclusive breastfeeding at the Umbulharjo I Health Center in Yogyakarta City. (Vitasari, 2017). Likewise, this study agrees with the results of research conducted by Trisnawati, showing that there is a significant relationship between husband's support and exclusive breastfeeding, this is because the higher the support, the more motivated, enthusiastic and confident the mother will be during breastfeeding. (Trisnawati, 2012).

Based on the description above, the researcher draws the conclusion that the support of the husband is very influential on the success of the mother in giving exclusive breastfeeding. Husband's support will have an impact on increasing mother's confidence in the success of exclusive breastfeeding. As long as the mother is breastfeeding her husband can be empathetic in order to convince the mother that he is cared for. Therefore, the support of husband and family is needed to encourage mothers to continue to provide exclusive breastfeeding to their babies because exclusive breastfeeding is very good for the growth and development of the baby.

Distance is the human ability to organize observations. Workplace distance is the range from home to work place (office or company). Distance is one of the factors why mothers do not give exclusive breastfeeding to their babies because of the long distances so that mothers cannot go home with a short break. (Paramita, 2016). This is consistent with what is stated by Lawrence Green in Notoatmodjo (2005), that physical environmental factors / geographic location affect the behavior of a person / society towards health (Notoatmodjo, 2005).

The results of this study agree with Utari's stating that there is a significant relationship between the distance from the mother's residence to the workplace and the failure of exclusive breastfeeding. (Utari, 2015). This study also agrees with the results of research conducted by Septianingrum et al. The results of the chi square test show a p-value <0.05, this indicates that there is a relationship between work place distance and exclusive breastfeeding for working mothers. (Setianingrum et al., 2018).

Based on the description above, the researcher draws the conclusion that long distances tend to prevent mothers from giving exclusive breastfeeding to babies. The long distance made the mother unable to go home with a short break. This needs to be a consideration for working mothers to be able to continue to provide exclusive breastfeeding to their babies even though they work by finding other ways such as expressing breast milk before leaving for work so that breast milk is available when the mother goes to work.

Travel time is the time a person has to travel from home to work. (Afrizal et al., 2018). Travel time is the average time a vehicle takes to travel a road segment with a certain length (Anindyawati et al., 2008). Long travel time will have an impact on workers when going to the office for a long time, someone will be late to the office, if someone is late they will be at risk for their work. If a working mother has a baby who is still breastfeeding, the mother will find it difficult to give ASI, because it takes a relatively long time to go home (Violet, 2010).

This study is in accordance with that conducted by Sari et al. On mothers of the working group who have babies aged 6-12 months, that there is a significant relationship between travel time and the failure of exclusive breastfeeding (P value = 0.000) (Sari, et.al., 2015). Based on the description above, the researcher draws the conclusion that a long travel time can affect the mother in giving exclusive breastfeeding. The long time for the mother to go home makes the mother not give exclusive breastfeeding to the baby. Time travel for someone to work can affect in exclusive breastfeeding, someone will find it difficult to be able to go home during recess hours to be able to breastfeed the baby because the time it takes is relatively long. This needs to be a consideration for working mothers to be able to continue to provide exclusive breastfeeding to their babies even though they work by finding other ways such as expressing breast milk before leaving for work so that breast milk is available when the mother goes to work. The availability of lactation facilities is a facility / space provided in the workplace to support exclusive breastfeeding, especially for breastfeeding mothers.

This study is in accordance with that conducted by Saputri and Efriska, namely that there is a significant relationship between the availability of breastfeeding facilities in the workplace and the failure of exclusive breastfeeding. (Saputri & Efriska, 2017). This study also agrees with the

results of research conducted by Sutrisno, namely that there is an effect of the availability of a breastfeeding room on exclusive breastfeeding. (Sutrisno, 2015).
Based on the description above, the researcher draws the conclusion that the availability of a place to breastfeed in the workplace is very important in supporting exclusive breastfeeding for working mothers, with a special room in the workplace, it will make it easier for mothers to express breast milk and breastfeed babies.

There is a need for a workplace policy in accordance with government policies on government / non-government offices regarding the provision of breastfeeding facilities at work which have been regulated by the Minister of Health Regulation number 15 of 2013 and Government Regulation number 33 of 2012 in order to protect, support and promote giving Exclusive breastfeeding needs to be made efforts to increase support from the government, local governments, health care facilities and health workers, breastfeeding facilities in public places and workplaces, communities and families so that mothers can provide exclusive breastfeeding for babies.

The beliefs and traditions that exist in the family and society accompany the people's mindset on the actions that will be taken to uncover something. The belief that exists in society is very important in shaping a person's behavior. This happens because people do not know the real facts behind this belief.

Beliefs in family and society often assume that giving other fluids besides breast milk such as honey or sweet water when the baby is born can make the baby stronger, providing complementary food to the baby because only breastfeeding the baby does not feel full. Basically, the digestive system of a newborn is still not strong, so it is feared that the baby will not be able to digest other foods besides breast milk. This belief can easily weaken the implementation of exclusive breastfeeding, which is supposed to breastfeed the baby with breast milk only from birth until the baby is 6 months old.
This research is in accordance with what Setyaningsih and Farapti did, namely the existence of a relationship between belief and tradition in the family and the failure to provide exclusive breastfeeding in RW XI, Sidotopo, Semampir, East Java, p-value = 0.045 <0.05. (Setyaningsih &

Farapti, 2018). This study also agrees with that conducted by Anggrani et al, namely that there is a significant relationship between trust and exclusive breastfeeding p-value = 0.000 <0.05(Anggraeni et al., 2014).

Based on the description above, the researcher draws the conclusion that trust in the family and society is very influential in exclusive breastfeeding. Beliefs that have existed for generations in the family and society are difficult to change. This of course becomes an obstacle in exclusive breastfeeding. Therefore, it is necessary to conduct outreach or counseling that involves several parties and across sectors such as health centers, health offices and village officials with the aim of changing family and community perceptions about beliefs and traditions related to exclusive breastfeeding. In addition, there is a need for intervention studies related to information media or approaches and service programs that have been provided related to exclusive breastfeeding.

According to Jalaludin (in Kurniawan et al., 2009) perception is the experience of objects, events or relationships obtained by summarizing information and interpreting messages. The results of this study are in accordance with research conducted by Kurniawan et al, namely the existence of a relationship between maternal perceptions of formula milk and the behavior of giving formula milk to infants aged 0-6 months. (Kurniawan et al., 2014).

This research is also supported by research conducted by Nuraini et al which states that the mother will have 3.67 times the risk of giving non-exclusive breastfeeding to the baby after receiving a sample promotion of formula milk. (Nuraini et al., 2013). Based on the description above, the researcher draws the conclusion that the perception of mothers about formula milk is very influential in exclusive breastfeeding, especially for working mothers. A good mother's perception of formula milk will have an impact on the failure of exclusive breastfeeding, especially to working mothers. There needs to be support from various related parties such as health workers in promoting health education related to the importance of exclusive breastfeeding for babies, support from husbands or families to always motivate mothers to only give breast milk without formula milk, leadership support at the place where mothers work by providing special lactation rooms for mothers can express breastfeeding and breastfeeding, and the attitudes and intentions of the mother herself in exclusive breastfeeding.

4. CONCLUSION

Factors related to the failure of exclusive breastfeeding to working mothers are husband's support, distance traveled, travel time, availability of places / facilities for breastfeeding at work, trust in the family and mother's perception of formula milk. Meanwhile, leadership support was not statistically significant. Breastfeeding mothers who work should express breast milk or stock up on breastmilk before leaving for work so that when the mother goes to work, the baby is given exclusive breastfeeding. Husbands / families should always support mothers in exclusive breastfeeding by providing information about the benefits of the importance of exclusive breastfeeding for babies. For health workers to improve the performance of the exclusive breastfeeding program by approaching the community, promoting and educating about the importance of exclusive breastfeeding for babies 0-6 months, and not promoting formula milk to breastfeeding mothers. There is a need for education to community leaders such as village heads, hamlet heads, and local customary leaders to coordinate regarding community and family beliefs about exclusive breastfeeding by promoting and educating on the importance of exclusive breastfeeding for breastfeeding mothers and babies. It is hoped that other researchers will conduct a more in-depth study both quantitatively and qualitatively regarding the Failure Factors of Exclusive Breastfeeding in Working Mothers by including other variables which are factors of failure in exclusive breastfeeding.

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REFERENCES

Abdullah, G. I., & Ayubi, D. (2012). Determinan Perilaku Pemberian Air Susu Ibu Eksklusif pada Ibu Pekerja Determinant of Exclusive Breastfeeding Behavior on Working Mothers.

Afrizal, Saleh, S. M., & Sugiarto. (2018). Analisis Penghematan Nilai Waktu Tempuh Dan Biaya Operasional Kendaraan Pada Rencana Pembangunan Jalan Krueng Meusagop-Teupin mane. 1(3), 122–130. http://www.jurnal.unsyiah.ac.id/JARSP/article/download/10276/9891

Anggorowati, & Nuzulia, F. (2011). Hubungan antara Dukungan Keluarga dengan Pemberian ASI Eksklusif pada Bayi di Desa Bebengan Kecamatan Boja Kabupaten Kendal. Jurnal Keperawatan Maternitas, 1(1), 1–8. https://jurnal.inimus.ac.id/index.php/JKMat/article/view/927

Anggraeni, M. F., Herawati, S., & Mustika, D. N. (2014). Pemberian Asi Eksklusif Berdaarkan Status Bekerja Ibu Yang Memiliki Bayi Usia 6-11 Bulan Di Wilayah Kerja Puskesmas Karangwen 1 Kabupaten Demak. 001.

Anindyawati, N., Yulipriyono, E., & Siswanto, J. (2008). Analisis Hubungan Waktu Tempuh Dengan Derajat Kejenuhan Ruas Jalan Perkotaan (Stusi Kasus Kota Semarang). PILAR, 18(5), 1–8. http://ejournal.undip.ac.id/index.php/pilar/article/view/2003

Dinkes Provinsi Kalimantan Barat. (2018). Profil Kesehatan Provinsi Kalimantan Barat.2018.https://www.kemkes.go.id/resources/download/profil/PROFIL_KES_PROVINSI_2017/20_Kalbar_2017.pdf

Kementrian Kesehatan RI. (2018). Data dan Informasi Profil Kesehatan Indonesia. https://www.kemkes.go.id/resources/download/pusdatin/profil-kesehatan-indonesia/data-dan-informasi_Profil-Kesehatan-Indonesia-2018.pdf

Kristiyanti, R., & Chabibah, N. (2020). DUKUNGAN KELUARGA DAN DUKUNGAN PERUSAHAAN PADA IBU. 11(1), 145–152.

Kurniawan, G., Lestari, W., & Hd, S. R. (2014). HUBUNGAN PERSEPSI IBU TENTANG SUSU FORMULA DENGAN PEMBERIAN SUSU FORMULA PADA BAYI USIA 0-6 BULAN.

Notoatmodjo, P. D. S. (2005). PROMOSI KESEHATAN Teori dan Aplikasi.

Nuraini, T., Julia, M., & Dasuki, D. (2013). Sampel Susu Formula dan Praktik Pemberian Air Susu Ibu Eksklusif Milk Formula Sample Promotion and Exclusive Breastfeeding Practice. 551–556.

Saputri, E. M., & Efriska, D. Y. (2017). FAKTOR-FAKTOR YANG BERHUBUNGAN DENGAN KEGAGALAN PEMBERIAN ASI EKSKLUSIF. VIII, 21–24.

Septiani, H., Budi, A., & Karbito. (2017). Faktor- Faktor Berhubungan dengan Pemberian Asi Eksklusif Oleh Ibu Menyusui yang Bekerja Sebagai Tenaga Kesehatan. Julrnal Ilmu Kesehatan, 2(2). http://media.neliti.com/media/publications/217373-faktor-faktor-yang-berhubungan-dengan-pe.pdf

Setianingrum, D. R., Widiastuti, Y. P., Studi, P., Keperawatan, I., Tinggi, S., & Kesehatan, I. (2018). FAKTOR-FAKTOR YANG BERHUBUNGAN DENGAN PEMBERIAN ASI PADA. 10(3), 187–195.

Setyaningsih, F. T. E., & Farapti, F. (2018). MENYUSUI DENGAN PEMBERIAN ASI EKSKLUSIF DI. 160–167.

Sutrisno, arum H. (2015). KETERSEDIAAN RUANG MENYUSUI TERHADAP ASI EKSKLUSIF PADA IBU BEKERJA DI SLEMAN.

Utari. (2015). PENGALAMAN IBU PEKERJA YANG TIDAK MEMBERIKAN ASI EKSKLUSIF PADA ANAK DI MOJOSONGO SURAKARTA.

World Health Organization, & Unicef. (2019). Global Breasfeeding Scorecard, 2019 Increasing Commitment To Breasfeeding Through Funding And Improved Policies And Programmes (pp. 2017–2019). https://www.who.int/nutrition/publications/infantfeeding/global-bl-scorecard-2019/en/