

CORRELATION BETWEEN SOCIOECONOMIC AND MOTHER'S KNOWLEDGE WITH EXCLUSIVE BREASTFEEDING IN THE WORKING AREA OF WIRE HEALTH CENTER

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Abstract. Exclusive breastfeeding is what it is given by mother to baby without any additional food until the baby is 6 months old. Even though it is the healthiest food for babies, breast milk has not been used properly by society. This is evidence that the working area of the Wire Health Center has the lowest coverage of exclusive breastfeeding. Socio-economic factors and mother's knowledge are the contributing factors. The purpose of this study was to determine the relationship between socio-economic and mother's knowledge of exclusive breastfeeding in the working area of Wire Health Center the design of this research is *correlation analytic research*. The population in this study were 143 mothers. The samples in this study were 105 mothers and taken by *purposive sampling*. Data collection using a questionnaire. Data analysis was performed using the *Chi-Square test*. Based on the results of the Chi-Square test with a p value of $0.160 > 0.05$, it was determined that there was no relationship between the mother's socio-economic status (education) and exclusive breastfeeding. With a p value of $0.088 > 0.05$, there was no relationship between the mother's socio-economic status (income) and exclusive breastfeeding. With a results of $0.099 > 0.05$, there was no relationship between mother's knowledge and exclusive breastfeeding. Socio-economic factors and knowledge have no relationship with breastfeeding because apart from social economic factors and knowledge there are other factors such as physical factors of the mother, cultural factors, and psychological factors that can influence exclusive breastfeeding for toddlers.

Keywords: Socioeconomic, Knowledge, Exclusive breastfeeding

1 INTRODUCTION

The health of human resources starts from the fetus and continues through childhood, adulthood and old age. Life cycle refers to this time frame. There will definitely be various life problems at every stage of the life cycle, especially those related to nutrition. Nutritional problems should be resolved as soon as possible. Exclusive breastfeeding for the first six months of a baby's life is one strategy to encourage healthy growth and development. In addition, breastfeeding is allowed until the child is 24 months old (Jama et al., 2020) (Hatala, 2022).

One of the best single foods for babies aged 0 to 6 months is breast milk (Chakona, 2020). All the nutrients a newborn needs are in breast milk. The digestive enzymes in breast milk help with the digestion and absorption of nutrients by the baby's digestive system. It turns out that even though it is the healthiest food for babies, breast milk has not been used properly by society. Seen that some people have a tendency to switch to formula milk for their young babies under the age of five (Hatala, 2022).

According to World Health Organization, from 2020, only 44% of infants aged 0 to 6 months worldwide were exclusively breastfed between 2015 and 2020, far short of the target of 50% (Jamaludim et al., 2022).

Table 1. Percentage Data for Babies Less Than 6 Months Who Get Exclusive Breastfeeding in Indonesia and East Java

Year	Indonesia	East Java
2020	69,62%	66,90%
2021	71,58%	69,61%
2022	72,04%	69,72%

According to the Performance Report of the Ministry of Health in 2020 The percentage of babies less than 6 months receiving exclusive breastfeeding reached 69.62% of the target of 40% (Kementerian Kesehatan Republik Indonesia, 2021) (Dinas Kesehatan Provinsi Jawa Timur., 2020).

Table 2. Data on the development coverage of exclusive breastfeeding in Tuban Regency.

Year	Tuban Regency	Wire Health Center
2019	79,5%	62,5%
2020	76,7%	49,7%
2021	84,6%	61,2%

Source: Tuban Health Service Profile. (Year 2019,2020,2021) (Dinkes Jawa Timur, 2020).

The data shows that Tuban Regency has met the target of above 70%, but there are still several working areas of the public health center that have exclusive breastfeeding coverage that have not reached the wrong target. One of which is the working area of the Wire Health Center in the period 2019-2021 the Wire Health Center work area had the lowest coverage of exclusive breastfeeding out of all the health centers in Tuban Regency. Socio-economic problems, socio-cultural factors, psychological factors, the physical characteristics of the mother, and the lack of health workers can all have an impact on breastfeeding because they prevent individuals from understanding the benefits and purposes of exclusive breastfeeding (Ekholuenetale et al., 2021) (Nurfatimah et al., 2022).

Socioeconomic factors include the first education, Mother's decision to breastfeed exclusively will be influenced by their level of education, and mothers with low levels of education are 7.8–8.8 times more likely not to do so (Hegazi et al., 2019) (Rana et al., 2020). The majority of mothers who give exclusive breastfeeding are mothers who do not work, which is the second factor. Housewives can breastfeed their babies whenever they ask because they can take them wherever they go. The percentage of high-income respondents who did not provide exclusive breastfeeding was (50%) while the percentage who did was (50%) (Nurfatimah et al., 2022).

According to Nurfatimah et al (2022) and Machila et al (2021) highlighted that there are more variables that may have an impact on exclusive breastfeeding, including limited awareness of women about the practice. The main factor that influences a person's behavior is knowledge (Hasan et al., 2021). Behavior that is supported by solid information will last longer than behavior that is not supported by solid information. If a mother knows the benefits of exclusive breastfeeding, she will breastfeed her child for six months without introducing other foods. If babies are not exclusively breastfed and instead given formula milk, it can result in gastrointestinal infections (vomiting and diarrhea), respiratory infections, increased allergy and asthma attacks, decreased cognitive function, increased obesity (obesity), in-

creased heart disease and blood vessel problems, increased diabetes (diabetes), increased risk of childhood cancer, and other diseases (Fadila & Komala, 2018) (Mulatu et al., 2021) (Wulandari et al., 2022).

Efforts to overcome the problem of low exclusive breastfeeding is by providing counseling in the form of information on exclusive breastfeeding, the impact of not exclusive breastfeeding on toddlers and questions and answers regarding breastfeeding problems or delivering material related to exclusive breastfeeding, conducting counseling using breastfeeding practices starting when the mother gives birth by practicing IMD (Early Breastfeeding Initiation) (Mahadewi & Heryana, 2020).

2 RESEARCH METHODS

The design of this research is *correlation analytic research*. The population in this study were 143 mothers. The number of samples in this study were 105 mothers who were taken by *purposive sampling technique*. Data collection using a questionnaire. Data analysis was performed using the *Chi-Square test*.

3 RESULT

Table 1. Analysis Of The Relationship Between Mother’s Education And exclusive Breast Feeding For Babies Aged 6-12 Months In The Region Of Wire Health Center

Education	Breastfeeding						Value of p
	Good		Less		Total		
	N	%	N	%	N	%	
College	2	14,3	12	85,7	14	100,0	0,160
Senior High School	12	24,5	37	75,5	49	100,0	
Junior High School/ Elementary	16	38,1	26	61,9	42	100,0	
Total	30	28,6	75	71,4	105	100,0	

Based on table 4.1, it was found that of the 14 mothers with tertiary education, almost all (85.7%) were given exclusive breastfeeding in the poor category and only a small proportion (14.3%) were given exclusive breastfeeding in the good category. The results of the Chi-Square test between mother's education and exclusive breastfeeding in toddlers aged 6-12 months showed $p = 0.160 > 0.05$ which showed that there was no relationship between mother's education level and exclusive breastfeeding in babies aged 6 to 12 months in the working area Wire Health Center.

Table 2. Analysis Of Work Relationship With Mother’s Exclusive Breast Feeding For Toodlers Babies Aged 6-12 Months In The Region Of Wire Health Center

Work	Breastfeeding	Value of p
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	Good		Less		Total		
	n	%	N	%	N	%	
Work	5	16,7	25	83,3	30	100,0	0,142
No Work	25	33,3	50	66,7	75	100,0	
Total	30	28,6	75	71,4	105	100,0	

Based on table 4.2, it was found that of the 30 working mothers, almost all (83.3%) were given exclusive breastfeeding in the less category and only a small proportion (16.7%) were given exclusive breastfeeding in the good category. Chi-Square test results between the mother's occupation and exclusive breastfeeding for infants aged 6-12 months, the results was $p = 0.145 > 0,05$ which indicated that there was no relationship between maternal occupation and exclusive breastfeeding for infants aged 6 to 12 months in the Wire Health Center work area.

Table 3. Analysis Of Family Income Relationships With Exclusive Breastfeeding For Toddlers Aged 6-12 Months In The Region Of Wire Health Center

Income	Breastfeeding						Value of p
	Good		Less		Total		
	n	%	N	%	N	%	
High	14	40,0	21	60,0	35	100,0	0,109
Low	16	22,9	54	77,1	70	100,0	
Total	30	28,6	75	71,4	105	100,0	

Based on table 4.3, it was found that out of 70 mothers with low income, almost all (77.1%) gave exclusive breastfeeding in the less category and only a small proportion (22.9%) gave exclusive breastfeeding in the good category. The results of the Chi-Square test between family income and exclusive breastfeeding for infants aged 6-12 months showed $p = 0.109 > 0.05$ which indicated that there was no relationship between family income and exclusive breastfeeding for infants aged 6 to 12 months in the work area of the Wire Health Center.

Table 4. Relationship Analysis Of Mother's Knowledge With Exclusive Breastfeeding For Babies Aged 6-12 Month In The Region Of Wire Health Center

Knowledge	Breastfeeding						Value of p
	Good		Less		Total		
	n	%	N	%	N	%	
Good	22	36,7	38	63,3	60	100,0	0,099
Enough	6	19,4	25	80,6	31	100,0	
Less	2	14,3	12	85,7	14	100,0	
Total	30	28,6	75	71,4	105	100,0	

Based on table 4.4, it was found that of the 14 mothers who had less knowledge, almost all (85.7%) gave exclusive breastfeeding in the poor category and only a small proportion (14.3%) gave exclusive breastfeeding in the good category. The results of the *Chi-Square* test between mother's knowledge and exclusive breastfeeding in babies aged 6-12 months obtained $p = 0.099 > 0.05$, which means there is no relationship between mother's knowledge and exclusive breastfeeding in babies aged 6 to 12 months in the work area of Wire Health Center.

4 DISCUSSION

The relationship between mother's education and exclusive breastfeeding for babies aged 6-12 months in the Working Area of the Wire Health Center

Based on the Chi-Square test, the value was not significant, so it can be concluded that in babies aged 6 to 12 months in the wire health center work area, there is no relationship between mother's education and exclusive breastfeeding.

A person's education is very important to his or her ability to live a fulfilling life. One may find their true identity in life by pursuing knowledge. Thanks to knowledge, a person's life can be directed, can help others, know and get what he wants. The goal of national education is generally acknowledged to be to educate society and grow all of Indonesia's human resources. Education, both formal and informal, is used to organize education in order to achieve these national education goals. There are many stages of schooling available in the formal education system, including preschool, primary, secondary, and higher education (Pirdaus, 2019).

Research results (Nasihah, 2015) Someone who has a level higher education will have a high level of knowledge enabling mothers to provide exclusive breastfeeding, and vice versa. Low educational attainment will result in a lack of information, which will prevent mothers from exclusively breastfeeding their babies.

This study shows that in babies aged 6 to 12 months in the working area of the Wire Health Center there is no significant relationship between the mother's education level and exclusive breastfeeding. This is supported by (Pasaribu et al., 2017) Mothers with higher education should be more likely to give exclusive breastfeeding to their babies, but in this study, mothers with higher education did not give exclusive breastfeeding. This is due to their misunderstanding of what is meant by "exclusive breastfeeding", which is defined as giving only breast milk for six months without any other food or fluids (other than necessary medicines or vitamins).

Mothers with higher education should have more opportunities of provide exclusive breastfeeding, because mothers with higher education find it easier to receive and understand the information conveyed. However, in this study, highly educated individuals did not report exclusive breastfeeding. Other factors that affect exclusive breastfeeding apart from socio-economic (education) are psychological (fear of losing beauty as a woman) and physical (sick mothers, for example mastitis, or mothers whose milk does not come out).

Relationship between mother's work and exclusive breastfeeding for toddlers aged 6-12 months in the Working Area of the Wire Health Center

Based on the Chi-Square test, the value was not significant, so it can be concluded that in babies aged 6 to 12 months in the wire health center work area, there is no relationship between mother's work and exclusive breastfeeding.

Everyone works at some point in their life to meet their needs and generate income. Of course, everyone has a different job some have easy jobs, others have medium jobs, and some have high and even very high paying jobs (Pirdaus, 2019).

According to the ISCO (International Standard Classification Of Occupations) guidelines, jobs can be divided into six categories: professional technical experts and type experts, leadership and management, administrative administration and the like, services, farmers, production, and equipment operators (Pirdaus, 2019).

This study shows that in babies aged 6 to 12 months in the working area of the Wire Health Center there is no significant relationship between the level of maternal employment and exclusive breastfeeding. This is supported by research results from (Ramli, 2020). Compared to mothers who are busy outside the home, women who are not constrained by work outside the home should have more time to show affection and use their baby's right to suckle (Shofiya et al., 2020) (Gebrekidan et al., 2020). But unfortunately, many of them do not understand the essential needs of babies and do not provide opportunities for their babies to benefit from exclusive breastfeeding.

Actually, breast milk will be retained and supplied to the baby later if a working woman can continue to exclusively breastfeed her child by pumping or expressing (Tangsuksan et al., 2020). The majority of working mothers only breastfeed their babies. Many working women now choose to continue breastfeeding even though some working mothers cannot exclusively breastfeed their newborns (Chen et al., 2019). Breast milk expression is one possible effort. Mothers can express breast milk properly to maintain its benefits. Breast milk that has been expressed from the mother and stored before being given to the child is known as expressed milk. Other factors that affect exclusive breastfeeding apart from socio-economic (occupation) are psychological (fear of losing beauty as a woman) and physical (a mother who is sick, for example mastitis, or a mother whose milk does not come out).

The relationship between family income and exclusive breastfeeding for toddlers aged 6-12 months in the Working Area of Wire Health Center

Based on the Chi-Square test, the value was not significant, so it can be concluded that in babies aged 6 to 12 months in the working area of the Wire health center there is no relationship between family income and exclusive breastfeeding.

According to (Pirdaus, 2019) Income is the amount of money earned by residents for the work they complete during a certain period of time, whether it is daily, weekly, monthly or yearly. Income is the entire amount received by a person or a family over a specified period of time (including monetary and non-monetary).

According to (Pirdaus, 2019) Income is the money that people and businesses receive in the form of salaries, wages, interest, rent, and profits, as well as various benefits including health and retirement. This study shows that in babies aged 6 to 12 months in the Wire Health Center work area there is no significant relationship between family income and exclusive breastfeeding. This is supported by research results from (Pirdaus,

2019). Although respondents with lower incomes should be more inclined to exclusively breastfeed their babies, in this study, they only did so occasionally. This is due to the respondents' inability to afford nutrient- dense foods during pregnancy, which causes problems when they try to breastfeed their babies for the first time or continue to do so after they are born.

Almost all mothers under five in the working area of the Wire Health Center have low incomes. Because mothers who have toddlers aged 6-12 months do not work, so there is nothing to help the family's economy.

This also affects exclusive breastfeeding because if the income in the family is low, the mother cannot fulfill the nutrition needed by breastfeeding mothers. that bit doesn't even come out. Other factors that affect exclusive breastfeeding apart from socio-economic (income) are psychological (fear of losing beauty as a woman) and physical (sick mothers, for example mastitis, or mothers whose milk does not come out) (Mekebo et al., 2022).

The relationship between mother's knowledge and exclusive breastfeeding for babies aged 6-12 months in the Working Area of Wire Health Center

Based on the Chi-Square test, the value was not significant, so it can be concluded that in babies aged 6 to 12 months in the working area of the wire health center there is no relationship between mother's knowledge and exclusive breastfeeding.

Knowing something about something is the result of human perception, or knowing someone about something with their senses (eyes, nose, hearing, and so on). The intensity of attention and perception of objects at the time of sensing has a significant impact on the production of knowledge itself (Wadani, 2010).

Knowing from those who simply give "what" answers generates knowledge. A scientific discipline is created when knowledge has clear goals and strategies for investigating a certain matter in order to produce findings that can be systematically arranged and widely accepted. Knowledge is greatly influenced by one's educational level; those with higher education will be different from those with lower education (Wadani, 2010).

This study shows that in babies aged 6 to 12 months in the working area of the Wire Health Center there is no significant relationship between the level of knowledge of mothers and exclusive breastfeeding. This is supported by research results from (Ramli, 2020)

Many mothers who had knowledge about exclusive breastfeeding and complete breastfeeding for six months or more stated that they were aware of the culture around them. Mothers do not accept this because they are aware of the risks and the link between improper feeding techniques and infant mortality. However, mothers who are knowledgeable and wait to start breastfeeding until their child is six months old are more confident and have more faith in the local culture. So that breastfeeding is no longer influenced by the mother's understanding of exclusive breastfeeding. A woman's inability to motivate herself to breastfeed her child may be at the root of this disease. Mothers who have knowledge about exclusive breastfeeding do not participate in counseling programs about exclusive breastfeeding.

Health workers often provide counseling to mothers about exclusive breastfeeding, but unfortunately there are still many mothers who do not understand the basic needs of newborns (exclusive breastfeeding), even though health workers have provided counseling about exclusive breastfeeding and do not provide opportunities for mothers to breastfeed exclusively their babies to experience the benefits of exclusive breastfeeding.

5 CONCLUSION

Based on the results of the research that has been done, it can be concluded as follows

1. There is no Wire in the Puskesmas work environment relationship between socio-economic status (education) and exclusive breastfeeding in infants aged 6 to 12 months.
2. There is no Wire in the Puskesmas work environment relationship between socio-economic status (occupation) and exclusive breastfeeding in infants aged 6 to 12 months.
3. There is no Wire in the Puskesmas work environment relationship between socio-economic status (income) and exclusive breastfeeding in infants aged 6 to 12 months.
4. There is no Wire in the Puskesmas work environment relationship between knowledge and exclusive breastfeeding in infants aged 6 to 12 months.

6 SUGGESTION

From the research results obtained, suggestions that can be conveyed are as follows:

1. For health workers

In providing counseling, health workers not only provide information about the importance of exclusive breastfeeding, but also with psychological support and conditions or physical care for the mother during breastfeeding. Thus, the mother will have the motivation to give exclusive breastfeeding and take care of herself during breastfeeding.

2. For mothers

Mothers must provide exclusive breastfeeding to babies regardless of socioeconomic status (education, work, income) and knowledge because in addition to the benefits of exclusive breastfeeding which are very important for babies, exclusive breastfeeding is also the responsibility of a mother.

7 REFERENCES

- Chakona, G. (2020). Social circumstances and cultural beliefs influence maternal nutrition, breastfeeding and child feeding practices in South Africa. *Nutrition Journal*, 19(1), 1–15.
- Chen, J., Xin, T., Gaoshan, J., Li, Q., Zou, K., Tan, S., Cheng, Y., Liu, Y., Chen, J., Wang, H., Mu, Y., Jiang, L., & Tang, K. (2019). The association between work related factors and breastfeeding practices among Chinese working mothers: a mixed-method approach.

International Breastfeeding Journal, 14(1), 28. <https://doi.org/10.1186/s13006-019-0223-z>

Dinas Kesehatan Provinsi Jawa Timur. (2020). Profil Kesehatan Provinsi Jawa Timur 2019. *Dinas Kesehatan Provinsi Jawa Timur.*, tabel 53.

Dinkes Jawa Timur. (2020). Profil Kesehatan Provinsi Jawa Timur 2019. *Dinas Kesehatan Provinsi Jawa Timur*, 1–73.

Ekholuenetale, M., Mistry, S. K., Chimoriya, R., Nash, S., Doyizode, A. M., & Arora, A. (2021). Socioeconomic inequalities in early initiation and exclusive breastfeeding practices in Bangladesh: findings from the 2018 demographic and health survey. *International Breastfeeding Journal*, 16(1), 73. <https://doi.org/10.1186/s13006-021-00420-1>

Fadila, W., & Komala, R. (2018). Hubungan Tingkat Pengetahuan dan Pendidikan Ibu dengan Rendahnya Pemberian ASI Eksklusif di posyandu Lestari Desa Tanjung Raya Kota Bandar Lampung Tahun 2018. *Jurnal Gizi Aisyah*, 01(01), 36–44.

Gebrekidan, K., Fooladi, E., Plummer, V., & Hall, H. (2020). Enablers and barriers of exclusive breastfeeding among employed women in low and lower middle-income countries. *Sexual & Reproductive Healthcare*, 25, 100514. <https://doi.org/https://doi.org/10.1016/j.srhc.2020.100514>

Hasan, M., Hassan, M. N., Khan, M. S. I., Tareq, M. A., & Afroj, M. S. (2021). Prevalence, knowledge, attitudes and factors associated with exclusive breastfeeding among mothers in Dhaka, Bangladesh: A cross-sectional study. *Population Medicine*, 3(September), 1–7. <https://doi.org/10.18332/popmed/140132>

Hatala, T. N. (2022). Hubungan Pengetahuan Dengan Tingkat Pemberian ASI Eksklusif Pada Bayi Usia 0-6 Bulan. *Jurnal Ilmiah Permas: Jurnal Ilmiah STIKES Kendal*, 12(3), 527–532.

Hegazi, M. A., Allebdi, M., Almohammadi, M., Alnafie, A., Al-Hazmi, L., & Alyoubi, S. (2019). Factors associated with exclusive breastfeeding in relation to knowledge, attitude and practice of breastfeeding mothers in Rabigh community, Western Saudi Arabia. *World Journal of Pediatrics*, 15(6), 601–609. <https://doi.org/10.1007/s12519-019-00275-x>

Jama, A., Gebreyesus, H., Wubayehu, T., Gebregyorgis, T., Teweldemedhin, M., Berhe, T., & Berhe, N. (2020). Exclusive breastfeeding for the first six months of life and its associated factors among children age 6-24 months in Burao district, Somaliland. *International Breastfeeding Journal*, 15, 1–8.

Jamaludim, hana fathiyah zahra, Titaley, christiana rialine, Tando, yudhie djuhastidar, & Tahitu, R. (2022). Hubungan Efikasi Diri Ibu dengan Pemberian ASI Eksklusif pada Bayi Usia 0-6 Bulan di Wilayah Kerja Puskesmas Waihaong, Kota Ambon. *Patimura Medical Review*, 4(1).

Kementerian Kesehatan Republik Indonesia. (2021). Laporan Kinerja Kementerian Kesehatan Tahun 2020. *Kementerian Kesehatan Republik Indonesia Tahun 2021*, 1–224.

Machila, C. M., Karonjo, J., Mogere, D., & Kariuki, P. (2021). Level of awareness of the benefits, socio-demographic and cultural factors influencing exclusive breastfeeding among mothers attending MCH clinic in Tudor sub county hospital. *International Journal Of Community Medicine And Public Health*, 8(5), 2150. <https://doi.org/10.18203/2394-6040.ijcmph20211731>

- Mahadewi, E. P., & Heryana, A. (2020). Analisis Perilaku Pemberian ASI Eksklusif Di Puskesmas Bekasi. *Gorontalo Journal of Public Health*, 3(1), 23. <https://doi.org/10.32662/gjph.v3i1.850>
- Mekebo, G. G., Argawu, A. S., Likassa, H. T., Ayele, W., Wake, S. K., Bedada, D., Hailu, B., Senbeto, T., Bedane, K., Lulu, K., Daraje, S., Lemesa, R., Aga, G., Alemayehu, E., Kefale, B., Bechera, T., Tadesse, G., Galdassa, A., Olani, J., ... Diriba, G. (2022). Factors influencing exclusive breastfeeding practice among under-six months infants in Ethiopia. *BMC Pregnancy and Childbirth*, 22(1), 630. <https://doi.org/10.1186/s12884-022-04955-x>
- Mulatu, T., Yimer, N. B., Alemnew, B., Linger, M., & Liben, M. L. (2021). Exclusive breastfeeding lowers the odds of childhood diarrhea and other medical conditions: evidence from the 2016 Ethiopian demographic and health survey. *Italian Journal of Pediatrics*, 47(1), 166. <https://doi.org/10.1186/s13052-021-01115-3>
- Nasihah, L. (2015). Hubungan Tingkat Pendidikan dengan Perilaku Ibu dalam Pemberian Asidi BPM Ny. Andre Kediri. *Jurnal Ners Dan Kebidanan (Journal of Ners and Midwifery)*, 2(2), 144–149. <https://doi.org/10.26699/jnk.v2i2.art.p144-149>
- Nurfatimah, N., Labusa, P., Noya, F., Longgupa, L. W., Entoh, C., Siregar, N. Y., Ramadhan, K., & Usman, H. (2022). Sosial Ekonomi dan Pengetahuan Ibu Terhadap Pemberian Asi Eksklusif. *Jurnal Sehat Mandiri*, 17(1), 99–114. <https://doi.org/10.33761/jsm.v17i1.585>
- Pasaribu, P., Mayulu, N., & Malonda, N. S. H. (2017). Hubungan Status Sosial Ekonomi Orangtua Dengan Pemberian ASI Eksklusif Di Kota Manado. *Jurnal Kesehatan Masyarakat*, 6(3), 1–9.
- Pirdaus, R. Y. (2019). *Pengaruh Kondisi Sosial Ekonomi Keluarga Terhadap Motivasi Belajar Dan Implikasinya Terhadap Prestasi Belajar Siswa (Survey Pada Siswa Kelas XI IPS SMA Negeri Se-Kabupaten Ciamis)*. 10.
- Ramli, R. (2020). Correlation of Mothers' Knowledge and Employment Status with Exclusive Breastfeeding in Sidotopo. *Jurnal PROMKES*, 8(1), 36. <https://doi.org/10.20473/jpk.v8.i1.2020.36-46>
- Rana, M. M., Islam, M. R., Karim, M. R., Islam, A. Z., Haque, M. A., Shahiduzzaman, M., & Hossain, M. G. (2020). Knowledge and practices of exclusive breastfeeding among mothers in rural areas of Rajshahi district in Bangladesh: A community clinic based study. *PLoS ONE*, 15(5), 1–11. <https://doi.org/10.1371/journal.pone.0232027>
- Shofiya, D., Sumarmi, S., & Ahmed, F. (2020). Nutritional Status, Family Income and Early Breastfeeding Initiation as Determinants to Successful Exclusive Breastfeeding. *Journal of Public Health Research*, 9(2), jphr.2020.1814. <https://doi.org/10.4081/jphr.2020.1814>
- Tangsukan, P., Ratinthorn, A., Sindhu, S., Spatz, D. L., & Viwatwongkasem, C. (2020). Factors influencing exclusive breastfeeding among urban employed mothers: A case-control study. *Pacific Rim International Journal of Nursing Research*, 24(1), 54–72.
- Wadani, L. (2010). konsep pengetahuan. *Keperawatan Indonesia*, 2003, 21–26.
- Wulandari, R. A., R. Azizah, Juliana Binti Jalaludin, Lilis Sulistyorini, & Khuliyah Candraning Diyanah. (2022). Meta-Analysis Factor of Hand Washing Habits and Exclusive Breastfeeding with Diarrhea Between 2017-2021 in Indonesia. *Jurnal Kesehatan Lingkungan*, 14(3), 209–217. <https://doi.org/10.20473/jkl.v14i3.2022.209-217>