DEVOTION
Journal of Research and Community Service
Volume 7, Number 8, August 2026
e-ISSN: 2797-6068 and p-ISSN: 2777-0915

The Relationship between Family Support and Exclusive Breastfeeding among Breastfeeding Mothers at The Posyandu in Weragati Village, Palasah Subdistrict, Majalengka Regency, in 2025

Sumarni* , Uun Kurniasih, Sri Lestari, Lin Herlina, Siti Halisa Nurlailasari
Sekolah Tinggi Ilmu Kesehatan Cirebon, Indonesia
Email: sumarnisopian180@gmail.com* , arshaq.rafasya@gmail.com, sungai_liatin@yahoo.com, linherlinasubandi@yahoo.com, halisalail@gmail.com

Keywords:
Exclusive Breastfeeding; Family Support; Breastfeeding Mothers; Cross-Sectional; Posyandu

Abstract
Exclusive breastfeeding is an important effort to improve infant health outcomes. However, the coverage of exclusive breastfeeding remains below the national target. One of the factors influencing the success of exclusive breastfeeding is family support. This study aimed to analyze the relationship between family support and exclusive breastfeeding among breastfeeding mothers at the Posyandu in Weragati Village, Palasah Subdistrict, Majalengka Regency. The study employed a quantitative approach with a cross-sectional design. The study population consisted of 51 breastfeeding mothers with infants aged 6–24 months, and a total sampling technique was applied, resulting in all members of the population being included as research participants. Data were collected using questionnaires that had been tested for validity and reliability, then analyzed using univariate and bivariate analyses with the Chi-square test. The results showed that the majority of respondents received high levels of family support, accounting for 46 respondents (90.2%), and 38 respondents (74.5%) practiced exclusive breastfeeding. The bivariate analysis revealed a p-value of 0.012 ($p < 0.05$), indicating a significant relationship between family support and exclusive breastfeeding among breastfeeding mothers. Family support was significantly associated with the success of exclusive breastfeeding. Higher levels of family support increased the likelihood that mothers would provide exclusive breastfeeding. Therefore, family involvement should be strengthened through education and health promotion programs to support the successful implementation of exclusive breastfeeding initiatives.

INTRODUCTION

Newborns rely on breast milk as an essential and valuable source of nutrition. According to the Ministry of Health (Kementerian Kesehatan Republik Indonesia), exclusive breastfeeding from birth until 6 months of age is crucial for infant growth, development, and health. Breast milk plays an important role in shaping children's health outcomes from the first six months of life through the age of 2 years (Kemenkes, 2024). Exclusive breastfeeding provides benefits not only for infants but also for breastfeeding mothers. Breastfeeding for six months can reduce the risk of breast cancer, uterine cancer, and ovarian cancer (Roesli, 2017).

Based on the research conducted by Purnamasari et al. (2022), exclusive breastfeeding among infants is influenced by several factors, including maternal knowledge, family support, and assistance from health workers. Factors that can support or hinder exclusive breastfeeding include partner confidence, family involvement, social interaction, social support, maternal

education, and the mother's intention to provide exclusive breastfeeding (Purnamasari et al., 2022).

Another study conducted by Syukri and Nurcahyani (2022) showed that one of the factors inhibiting exclusive breastfeeding was the lack of family support. Support from family members, particularly husbands and in-laws, can influence parenting patterns and breastfeeding practices. A mother's confidence in her ability to breastfeed, known as breastfeeding self-efficacy, can be strengthened through adequate family support, especially from her husband. This is related to the influence of husbands and in-laws on childcare decision-making processes. Since exclusive breastfeeding coverage has not yet reached the expected target, strengthening family support is necessary to improve breastfeeding practices (Syukri & Nurcahyani, 2022).

In 2021, UNICEF reported that less than 48% of infants aged 0–6 months worldwide received exclusive breastfeeding. In South Asia, more than 60% of infants were exclusively breastfed, whereas in North America, only 26% of infants aged 0–5 months received exclusive breastfeeding (UNICEF, n.d.).

Breast milk remains an important source of nutrition for children during the transition period from exclusive breastfeeding to complementary feeding. However, only three out of five children (59%) aged 12–23 months continue to receive the benefits of breastfeeding (UNICEF & WHO, 2023). Breastfeeding is recommended until the age of 2 years; therefore, infants should continue breastfeeding after 6 months of age alongside complementary foods. At 6–8 months, breast milk provides approximately 65% of infants' energy requirements; at 10–12 months, it provides around 50%; and at 1–2 years, it contributes approximately 20% of energy requirements (Sekeon, 2024).

The exclusive breastfeeding coverage rate in Indonesia reached 63.9% in 2023, according to the Ministry of Health (2023). This figure indicates that the national target of 80% has not yet been achieved, while West Java Province recorded an exclusive breastfeeding coverage rate of 67.2% (Kemenkes RI, 2023). According to the 2023 report from the Majalengka Health Office, the exclusive breastfeeding coverage rate in Majalengka Regency was 79.03%, while Palasah Subdistrict recorded a coverage rate of 74.52% (Dinas Kesehatan Kabupaten Majalengka, 2023).

A preliminary study conducted at the Posyandu in Weragati Village on September 14, 2024, found that among 51 breastfeeding mothers, 11 mothers did not provide exclusive breastfeeding. Some mothers reported that they discontinued exclusive breastfeeding because they planned to return to work, experienced insufficient breast milk production, or had concerns about breastfeeding due to giving birth at an older maternal age. In addition, some mothers reported receiving family advice to use formula milk instead (Appleton et al., 2018; Rabinowitz et al., 2018; Radzyminski & Callister, 2016; Rahman & Akter, 2019; Zhang et al., 2015).

Family assistance is an external factor that strongly influences the success of exclusive breastfeeding. Increased maternal confidence and willingness to breastfeed can be strengthened through family support, particularly from husbands (Ogbo et al., 2020; Su & Ouyang, 2016). Support from the government, health workers, and families can influence mothers' decisions and motivation to continue breastfeeding (Roesli, 2017).

Support from other individuals and family members is essential in achieving successful exclusive breastfeeding. The greater the support provided for continued breastfeeding, the

higher the likelihood of successful exclusive breastfeeding practices. Conversely, mothers who do not receive support from husbands, mothers, families, or friends may be more likely to switch to formula feeding. Therefore, family support plays an important role for breastfeeding mothers in achieving exclusive breastfeeding goals (Anggorowati & Nuzulia, 2018). Mothers who lack support from their families and husbands have a higher risk of not providing exclusive breastfeeding for up to 6 months (Muchsin, 2024).

A study conducted by Suhertusi and Nirmalasari (2024) entitled "The Effect of Family Support on Exclusive Breastfeeding" found that among 31 respondents who provided exclusive breastfeeding, 6 respondents (21%) received low family support. Furthermore, among respondents who did not provide exclusive breastfeeding, 23 respondents (79%) also received low family support (Suhertusi & Nirmalasari, 2024). Research by Timiyatun and Oktavianto (2021) entitled "Family Support Correlates with Breastfeeding Self-Efficacy" showed that 29 respondents (77.5%) had good breastfeeding self-efficacy and received family support. Breastfeeding self-efficacy is an important factor contributing to the success of exclusive breastfeeding programs (Timiyatun & Oktavianto, 2021). Helianty et al. (2023), in a study entitled "Family Support and Exclusive Breastfeeding for Infants at the Mamajang Makassar Health Center," found that among 25 respondents, 19 respondents (76%) received inadequate family support related to exclusive breastfeeding practices (Helianty et al., 2023).

The urgency of this research is highlighted by the persistent gap between exclusive breastfeeding targets and actual achievement in Indonesia, including Majalengka Regency. Given the continued prevalence of suboptimal breastfeeding practices and the important role of family support as a determinant of breastfeeding success, understanding strategies to strengthen family involvement is essential for improving exclusive breastfeeding rates. This research is particularly relevant in supporting national efforts to improve child health and nutrition outcomes as part of the Sustainable Development Goals. Furthermore, increasing awareness of the importance of exclusive breastfeeding for infant health and development highlights the need for evidence-based interventions in health programs and policies. This study aims to provide practical insights for health workers and community health programs in developing effective strategies to enhance family support for exclusive breastfeeding.

Based on the problem of low exclusive breastfeeding coverage and the importance of family support in breastfeeding success, this study was conducted to analyze the relationship between family support and exclusive breastfeeding among breastfeeding mothers at the Posyandu in Weragati Village, Palasah Subdistrict, Majalengka Regency. This study aimed to identify the level of family support, describe exclusive breastfeeding practices among breastfeeding mothers, and analyze the relationship between these two variables. The findings are expected to contribute to the development of nursing science, particularly in community and maternity nursing, as well as provide references for educational institutions, health workers, and healthcare managers in developing breastfeeding education programs. In addition, this research is expected to increase awareness among families and breastfeeding mothers regarding the importance of family support in promoting successful exclusive breastfeeding and improving maternal and infant health outcomes.

METHODS

1. Types of Research

This study employed a quantitative approach with a cross-sectional design and descriptive analysis. The cross-sectional design was used to measure the independent and dependent variables simultaneously during the observation period. The independent variable was family support, while the dependent variable was exclusive breastfeeding. This study aimed to analyze the relationship between family support and exclusive breastfeeding among breastfeeding mothers at the Posyandu in Weragati Village, Palasah Subdistrict, Majalengka Regency.

2. Population and Sample

The study population was all breastfeeding mothers who had babies aged 6-24 months and were registered at the Weragati Village Posyandu, Palasah District, Majalengka Regency, with a total of 51 respondents. The sampling technique used is non-probability sampling with the total sampling method, where all members of the population are used as research samples. This technique was chosen because the population is relatively small, so all respondents who meet the criteria can be involved in the study. By using total sampling, it is hoped that the results of the study will be able to describe the condition of the population more thoroughly and reduce the risk of bias in sample selection.

3. Data Collection Techniques

Data collection was carried out using primary data and secondary data. Primary data was obtained directly from respondents through filling out questionnaires containing questions about family support and exclusive breastfeeding. Before data collection, the researcher first takes care of licensing to related agencies, provides an explanation of the purpose of the research, and asks for respondents' consent through informed consent. Secondary data were obtained from books, scientific journals, documents, and target data of the Family Assistance Team (TPK) at the Weragati Village Posyandu as supporting information for the research. The research instrument was adopted from previous research that had been declared valid and reliable, so that no validity and reliability test was carried out again.

4. Data Analysis Techniques

The data that has been obtained is then processed through several stages, namely editing, coding, data entry, cleaning, and tabulating to ensure that the data is complete, correct, and ready for analysis. Data analysis was carried out univariate to describe the characteristics of respondents and the distribution of each research variable in the form of frequency and percentage. Furthermore, bivariate analysis was carried out using the Chi-Square test to determine whether or not there is a relationship between family support and exclusive breastfeeding in breastfeeding mothers. The entire process of data processing and analysis is carried out using statistical software so that research results can be presented systematically and accurately.

RESULTS AND DISCUSSION

Univariate Analysis

Table 1. Distribution of Family Support Frequency for Breastfeeding Mothers at Posyandu Weragati Village, Palasah District, Majalengka Regency in 2025

No.	Family Support	f	%
1.	Low Support	5	9,8%
2.	High Support	46	90,2%
	Total	**51**	**100%**

(Source: Primary Data Processing Results, 2025)

Based on the results of data processing in Table 1, it can be seen that of all 51 respondents (100%), a small percentage of respondents 5 (9.8%) received low support and most of respondents 46 (90.2%) received high support.

Table 2. Distribution of Frequency of Exclusive Breastfeeding at Posyandu Weragati Village, Palasah District, Majalengka Regency in 2025

No.	Exclusive Breastfeeding	f	%
1.	Exclusive Breastfeeding	38	74,5%
2.	Non-Exclusive Breastfeeding	13	25,5%
	Total	**51**	**100%**

(Source: Primary Data Processing Results)

Based on the data processing in Table 2, the results were obtained from all respondents 51 (100%), most of the respondents 38 (78.4%), gave exclusive breastfeeding and a small percentage of respondents 13 (22.6%) did not exclusively breastfeed.

Bivariate Analysis

To ascertain how independent and dependent variables are interrelated, bivariate analysis was used, namely family support by exclusive breastfeeding to breastfeeding mothers at the Weragati Village Posyandu, Palasah District, Majalengka Regency.

Table 3. Results of Statistical Test of Family Support Relationship in Breastfeeding Mothers at Posyandu Weragati Village, Palasah District, Majalengka Regency in 2025

No	Family Support	Exclusive Breastfeeding				Quantity		*p-value*
		Exclusive Breastfeeding		Non-Exclusive Breastfeeding				
		f	%	f	%	f	%	
1.	Low Support	1	2,0%	4	7,8%	5	9,8%	
2.	High Support	37	72,5%	9	17,6%	46	90,2%	0,012
	Total	**38**	**74,5%**	**13**	**25,5%**	**51**	**100%**	

(Source: Primary Data Processing Results)

The results obtained from data processing in table 3 found that out of all 51 (100%) respondents, there was a small percentage of respondents, 5 (9.8%) who received low support did not provide exclusive breastfeeding, there were 4 (7.8%) and 1 (2.0%) provided exclusive breastfeeding. In addition, the respondents who received high support were mostly 46 (90.2%) respondents, of which 9 (17.6%) respondents did not breastfeed exclusively, while 37 (72.5%) respondents gave exclusive breastfeeding.

The results of *the chi-square* statistical test in Table 5.10 with a significance level of α < 0.05 show that Ho is rejected and Ha is accepted, with a *p-value* of 0.012 < 0.05. Therefore, it can be concluded that there is a relationship between family support and exclusive breastfeeding.

Research Limitations

1. **Space Limitations**
   When the research was carried out at the Weragati Village Posyandu, posyandu activities for all targets were carried out simultaneously at the same time. As a result, the atmosphere was not conducive because there were several children who had tantrums when weighing was carried out, affecting the condition of other children.
2. **Respondent Limitations**
   Because the atmosphere at the Posyandu was not conducive, when the respondents filled out the questionnaire, the respondents did not do it calmly and seemed in a hurry because they were worried that their child would have a tantrum again.
3. **Knowledge Limitations**
   Due to the limited knowledge of the researcher, the preparation of this thesis takes a long time, but with the help of the supervisor, any obstacles that exist can be overcome.
4. **Limitations of Literature**
   Because the literature sources that are suitable for this study are still limited, it is difficult for researchers to find the latest literature studies that support the theoretical foundation in this study.

Family Support for Breastfeeding Mothers

Family support is a beneficial bond and has an important meaning for the individual who obtains it. One of the benefits of providing support is that it can provide a better sense of confidence and self-understanding as well as lower anxiety. However, family support was not a factor that had a definite relationship in this study.

Based on the results of the research carried out on January 13-22, 2025, it can be seen that out of 51 (100%) respondents at the Weragati Village Posyandu, 46 (96.2%) respondents have received more family support than respondents who received less support, namely 5 (9.8%).

This discovery is in accordance with the findings made by Dewi et al. (2023) entitled "The Relationship between Family Support and Exclusive Breastfeeding in Infants Aged 0-6 Months" that out of 63 (100%) respondents, 54 (85.7%) received high support and 9 (14.3%) respondents received less support (Dewi et al., 2023).

Based on the above description, the researcher argues that most of the respondents have received high support from families which means that both informational, instrumental, rewarding and emotional support has been provided by the family to breastfeeding mothers. In addition, respondents who received high family support were also caused by respondents who lived together with their parents or parents while respondents who received low support did not live together and did not live close to parents, in-laws, or even husbands.

Exclusive Breastfeeding

Exclusive breastfeeding means giving only breast milk and not providing additional food or fluids for the first six months of life other than medications. After the age of 6 months has

passed, the baby needs additional food and fluids, but breastfeeding can still be continued until they are 24 months or 2 years old (Walyani, 2021).

According to the results of the research that has been carried out on January 13-22, 2025, it can be seen that of the 51 (100%) respondents at the Weragati Village Posyandu, 38 (74.5%) respondents carried out exclusive breastfeeding and 13 (25.5%) respondents did not exclusively breastfeed.

The results of these findings are in line with research conducted by Indraswari et al. (2023) with the research title "The Relationship between Family Support and Exclusive Breastfeeding for Infants in the Working Area of the Pringsewu Health Center in 2021" showing that out of 73 (100%) respondents, 46 (63.0%) gave exclusive breastfeeding and 27 (37.0%) respondents did not give exclusive breastfeeding (Indraswari, 2023).

Based on the information above, the researcher argues that most of the respondents who have carried out exclusive breastfeeding have almost reached the target significantly. This shows that, compared to preliminary statistics, exclusive breastfeeding practices have shown an increase in breastfeeding.

The Relationship between Family Support and Exclusive Breastfeeding at the Posyandu of Weragati Village, Palasah District, Majalengka Regency in 2025

Refers to the results of statistical tests *chi-square* In Table 5.10 with a GIG level of $\alpha < 0.05$, the results were obtained *p-value* $0.012 < 0.05$ indicates that Ho is rejected and Ha is accepted, so it can be concluded that there is a relationship between family support and exclusive breastfeeding. Not all respondents who received low support in this study did not exclusively breastfeed their babies, nor were respondents who received high support able to provide exclusive breastfeeding.

In accordance with the findings made by Suhertusi and Nirmalasari (2024) with the research title "Family Support for Exclusive Breastfeeding in the Working Area of the Padang City Cold Water Health Center," obtaining the results of the study, there was a significant relationship between family support and exclusive breastfeeding in the Padang City Cold Water Health Center Working Area with a test score chi square P = 0.000. Where in her research it is stated that family support is very necessary for a mother to increase confidence in her ability to provide exclusive breastfeeding (Suhertusi & Nirmalasari, 2024).

Research conducted by Indraswari et al. (2023) with the research title "The Relationship between Family Support and Exclusive Breastfeeding for Infants in the Working Area of the Pringsewu Health Center in 2021" showed similar results by obtaining value results *p-value* $0.000 < 0.05$, which means that there is a meaningful relationship between family support and exclusive breastfeeding in infants in the work area of UPT Puskesmas Pringsewu in 2021 (Indraswari, 2023).

Manggiasih et al. (2024) presented the results of the research which is in line with the research title "*The Relationship Between Family Support And The Attitudes Of Partworld Mothers In Exclusive Breastfeeding At The Hj Clinic. Tarpianie Amd. Prambon District, Sidoarjo*." From the test results *Spearman Rank* which followed the normal distribution with a significant level ($\alpha = 0.05$) obtained a p value of $< \alpha$ or $0.001 < 0.05$ which means that H0 is rejected and H1 is accepted. It is therefore concluded that there is a relationship between family support and maternal attitudes towards exclusive breastfeeding (Manggiasih et al., 2024).

However, a study conducted by Dewi et al. (2023) with the research title "The Relationship between Family Support and Exclusive Breastfeeding in Infants Aged 0-6 Months" showed different results. Where the results of this study show that there is no significant relationship between family support and exclusive breastfeeding in infants aged 0-6 months in the working area of the Taliwang Health Center, Mataram City where the p value = 0.177 > 0.05 (Dewi et al., 2023). Dewi et al. (2023) reported that the influencing factors were not related in the study conducted because the baby was directly given formula milk because breast milk did not come out during delivery. Babies are also given other foods before they are three months old because the mother feels that the breast milk she gives is insufficient. In addition, the habit of giving honey to babies is still considered profitable, causing the failure of exclusive breastfeeding (Dewi et al., 2023).

Helianty et al. (2023) with the title of the study "Family Support and Exclusive Breastfeeding for Infants at the Mamajang Makassar Health Center" has similar results where the results of the chi square statistical test obtained a P value = 0.278 > a value = 0.05, which can be interpreted that there is no relationship between family support and breastfeeding in babies aged 0-6 months in the working area of the Mamajang Makassar Health Center. The nature of the unrelated nature is because the family does not have enough knowledge about exclusive breastfeeding, and also because the family is busy in sharing work, therefore the family does not have time to look for information about breastfeeding (Helianty et al., 2023).

Researchers argue based on the results of the above research that support from families in the form of information, assessment, appreciation and emotional support makes breastfeeding mothers feel more listened to, respected and cared for. This will have a positive impact on how the practice of giving exclusive breastfeeding to the baby is done.

CONCLUSION

A study examining the relationship between family support and exclusive breastfeeding among 51 breastfeeding mothers at the Posyandu in Weragati Village, Palasah Subdistrict, Majalengka Regency, produced the following findings. Family support among breastfeeding mothers at the Posyandu in Weragati Village, Palasah Subdistrict, Majalengka Regency, in 2025 was categorized as high, with 46 respondents (90.2%) receiving strong family support. Regarding exclusive breastfeeding practices, 38 breastfeeding mothers (74.5%) at the Posyandu in Weragati Village, Palasah Subdistrict, Majalengka Regency, in 2025 practiced exclusive breastfeeding. The results of the Chi-square test showed a significant relationship between family support and exclusive breastfeeding, with a p-value of 0.012 ($p < 0.05$). These findings indicate that family support was significantly associated with exclusive breastfeeding practices among breastfeeding mothers at the Posyandu in Weragati Village, Palasah Subdistrict, Majalengka Regency, in 2025.

Based on these findings, it is recommended that the development of nursing science, particularly in maternity and community nursing, continue through further studies examining the role of family support in improving exclusive breastfeeding practices. Breastfeeding mothers and their families are encouraged to actively seek information regarding exclusive breastfeeding from the preconception period, pregnancy, and postpartum period. The Posyandu in Weragati Village and health cadres are also encouraged to increase counseling and health promotion activities related to the benefits and practices of exclusive breastfeeding by

involving family members as key supporters of breastfeeding mothers. In addition, educational institutions are expected to expand scientific references related to family support and exclusive breastfeeding to support academic learning and research activities. Future researchers are encouraged to investigate other factors that may influence the success of exclusive breastfeeding, such as maternal employment status, knowledge level, healthcare provider support, and socioeconomic factors.

REFERENCES

Appleton, J., Laws, R., Russell, C. G., Fowler, C., Campbell, K. J., & Denney-Wilson, E. (2018). Infant formula feeding practices and the role of advice and support: An exploratory qualitative study. *BMC Pediatrics*, *18*(1), 12.

Anggorowati, H., & Nuzulia, F. (2018). Hubungan antara dukungan keluarga dengan pemberian ASI eksklusif pada bayi di Desa Bebengan Kecamatan Boja Kabupaten Kendal. *Jurnal Keperawatan Maternitas, 1*(1), 1–8.

Appleton, J., Laws, R., Russell, C. G., Fowler, C., Campbell, K. J., & Denney-Wilson, E. (2018). Infant formula feeding practices and the role of advice and support: An exploratory qualitative study. *BMC Pediatrics, 18*(1), 12.

Dewi, R., R., Ardian, J., & Lastyana, W. (2023). Hubungan dukungan keluarga dengan pemberian ASI eksklusif pada bayi usia 0–6 bulan. *Nutriology: Jurnal Pangan, Gizi, Kesehatan, 4*(2), 39–44.

Dinas Kesehatan Kabupaten Majalengka. (2023). *Laporan indikator kinerja gizi triwulan 4*. Dinas Kesehatan Kabupaten Majalengka.

Helianty, Ibrahim, S. A., & Dahrianti, E. S. T. (2023). Dukungan keluarga dan pemberian ASI eksklusif pada bayi di Puskesmas Mamajang Makassar. *Jurnal Penelitian Kesehatan Suara Forikes, 14*(3), 554–557.

Kementerian Kesehatan Republik Indonesia. (2023). *Profil kesehatan Indonesia 2023*. Kementerian Kesehatan Republik Indonesia.

Kementerian Kesehatan Republik Indonesia. (2024). *Ketahui manfaat ASI eksklusif bagi bayi dan ibu*. UPK Kementerian Kesehatan Republik Indonesia.

Muchsin, E., & N. (2024). Dukungan suami pada pelaksanaan pemberian ASI eksklusif. *Jurnal Kesehatan, 13*(1), 38–46.

Ogbo, F. A., Akombi, B. J., Ahmed, K. Y., Rwabilimbo, A. G., Ogbo, A. O., Uwaibi, N. E., Ezeh, O. K., & Agho, K. E. (2020). Breastfeeding in the community—How can partners/fathers help? A systematic review. *International Journal of Environmental Research and Public Health, 17*(2), 413.

Purnamasari, F., Selvia, S., & Astuti, F. (2022). Faktor-faktor yang berhubungan dengan pemberian ASI. *Jurnal Berita Kesehatan, 15*(2), 10–16.

Rabinowitz, M. R., Kair, L. R., Sipsma, H. L., Phillipi, C. A., & Larson, I. A. (2018). Human donor milk or formula: A qualitative study of maternal perspectives on supplementation. *Breastfeeding Medicine, 13*(3), 195–203.

Radzyminski, S., & Callister, L. C. (2016). Mother's beliefs, attitudes, and decision making related to infant feeding choices. *The Journal of Perinatal Education, 25*(1), 18–28.

Rahman, A., & Akter, F. (2019). Reasons for formula feeding among rural Bangladeshi mothers: A qualitative exploration. *PLOS ONE, 14*(2), e0211761.

Roesli, U. (2017). *Inisiasi menyusui dini: Plus ASI eksklusif*. Pustaka Bunda.

Sekeon, S. (2024). *ASI eksklusif*. Direktorat Jenderal Pelayanan Kesehatan, Kementerian Kesehatan Republik Indonesia. https://yankes.kemkes.go.id/view_artikel/1046/asi-eksklusif

Su, M., & Ouyang, Y.-Q. (2016). Father's role in breastfeeding promotion: Lessons from a

quasi-experimental trial in China. *Breastfeeding Medicine, 11*(3), 144–149.
Suhertusi, B., & Nirmalasari, F. (2024). Pengaruh dukungan keluarga terhadap pemberian ASI eksklusif di wilayah kerja Puskesmas Air Dingin Kota Padang. *JIK Jurnal Ilmu Kesehatan, 8*(1), 179–186.
Syukri, M., & Nurcahyani, I. D. (2022). Faktor penghambat pemberian ASI eksklusif pada ibu. *Jurnal Ilmu Kesehatan, 4*(1), 163–173.
Timiyatun, E., & Oktavianto, E. (2021). Dukungan keluarga berkorelasi dengan breastfeeding self-efficacy pada ibu menyusui. *Jurnal Keperawatan Notokusumo, 9*(2), 24–34.
UNICEF, & World Health Organization. (2023). *Global breastfeeding scorecard 2023: Rates of breastfeeding increase around the world through improved protection and support*. https://www.unicef.org/media/150586/file/Global%20breastfeeding%20scorecard%202023.pdf
UNICEF. (n.d.). *Breastfeeding*. UNICEF Data. https://data.unicef.org/topic/nutrition/breastfeeding/
Walyani. (2021). *Asuhan kebidanan: Masa nifas & menyusui*. Pustaka Baru Press.