

The Relationship Of Knowledge And Social Culture To The Success Of Exclusive Breast Feeding In Kuprik Health Center

Lamtiar Manurung, Nining Istighosah, Riza Tsalatsatul Mufida, Nita Dwi Astikasari

Institut Ilmu Kesehatan STRADA Indonesia

***Corresponding author :** lamtiarmanurung05@gmail.com

ABSTRACT

One way to prevent infant mortality is exclusive breastfeeding without additional food. A preliminary study at the Kuprik Community Health Center in 2023, of 20 breastfeeding mothers, only 14 (70%) were implementing exclusive breastfeeding and 6 (30%) weren't implementing exclusive breastfeeding. To determine the relationship between knowledge and socio-culture on the success exclusive breastfeeding in the Kuprik Community Health Center working area. The research was conducted on 11 December 2023-12 January 2024 in the working area of Kuprik Community Health Center. The research uses an analytical observational research design with a retrospective approach. With the stratified random sampling technique, a sample of 63 was obtained. The Chi-Square test was used to determine relationship between two variables. The research results showed that 43 (68.3%) respondents had poor knowledge about exclusive breastfeeding, 35 (55.6%) had poor social culture regarding exclusive breastfeeding, and 39 (61%) didn't give exclusive breastfeeding to their babies. .9%). Chi-Square analysis found that there was a relationship between knowledge and exclusive breastfeeding, $p \text{ value} = 0.000 < 0.05$, and there was a socio-cultural relationship with exclusive breastfeeding, $p \text{ value} = 0.001 < 0.05$. There is a relationship between knowledge and social culture towards exclusive breastfeeding. It is hoped that midwives will provide accurate and comprehensive counseling about exclusive breastfeeding, especially its benefits, so that mothers can understand it and can change a bad culture into a good culture for the sake of the baby's health.

Keywords: Exclusive Breastfeeding, Knowledge, Social Culture

INTRODUCTION

One of the indicators of a country's welfare is the Infant Mortality Rate (IMR). The target by 2030 is to end preventable deaths of newborns and toddlers with all countries trying to reduce the Neonatal Mortality Rate to at least 12 per 1000 Live Births and the Under-Five Mortality Rate to 25 per 1000 Live Birth. The World Health Organization (WHO) and the United Nations of Children's Fund (UNICEF) in their global strategy for feeding infants and children, say that preventing infant mortality is by providing appropriate food, namely exclusive breastfeeding for 6 months of life without additional food (WHO, 2021).

Breast milk is the first, main and best food for babies, which is natural. Breast milk contains various nutrients needed for the growth and development of babies. Not providing breast milk

contributes to infant mortality due to poor nutritional status which affects the baby's health and survival (Muslimah, Laili and Saidah, 2020). Breast milk is a source with a balanced composition for the growth and development needs of babies. Apart from that, breast milk is also the main source of life, so efforts are made for babies to drink only breast milk without any other additions such as formula milk, tea, honey, water and no complementary foods until they are less than 6 months old (Habibah, 2021).

Exclusive breast milk is breast milk given to babies aged less than 6 months without other additions such as formula milk, tea, honey, water and without complementary foods. Babies aged less than 6 months receiving exclusive breast milk is an indicator listed in the Ministry of Health's Strategic Plan for the period 2020-2024 (Directorate of PPKPL, 2020).

Breast milk contains immune substances that can protect children from infections and chronic diseases, and reduce the possibility of suffering from health problems in the future (Yushida and Zahara, 2021).

Exclusive breastfeeding has benefits for both baby and mother. For babies, the nutrients contained in breast milk contain bioactive components that can protect babies from infection, thereby reducing the risk of infections in children such as pneumonia, diarrhea and intestinal diseases. For mothers, exclusive breastfeeding can reduce the risk of bleeding after childbirth, postpartum depression, and ease the economic burden (Yusnita and Rusnita, 2020).

Breastfeeding provides benefits for babies and mothers, starting from supporting healthy brain development in babies and young children, protecting against infection, reducing the risk of obesity and disease, reducing health care costs, and protecting mothers from ovarian and breast cancer. Increasing exclusive breastfeeding could save the lives of 820,000 children every year (UNICEF, 2020).

The 2021 World Health Organization (WHO) reported data on exclusive breastfeeding globally, namely that around 44% of babies aged 0-6 months worldwide received exclusive breastfeeding during the 2015-2020 period, this has not yet reached the target for coverage of exclusive breastfeeding in the world namely 50% (WHO, 2021).

Data from the Central Statistics Agency for 2023 shows that in Indonesia, the coverage of babies receiving exclusive breast milk in 2020 was 69.62%. Coverage of exclusive breastfeeding increased in 2021, namely by 71.58%, and continued to increase in 2022, namely by 72.04% (Central Statistics Agency, 2023).

Data from the Central Statistics Agency for 2023 shows that the percentage of exclusive breastfeeding coverage in Papua Province in 2020 was 74.56%, and decreased slightly in 2021 during Covid-19, namely 74.08%. In 2022 the coverage of exclusive breastfeeding will again increase by 0.1%, namely from 74.08% to 74.18% (Central Statistics Agency, 2023).

Based on data obtained from the Merauke District Health Service in 2023, it shows that the coverage of exclusive breastfeeding in Merauke Regency in 2021 is 56%, and in 2022 it is 65.9%. Kuprik Community Health Center is one of the Community Health Centers in Merauke Regency. Exclusive breastfeeding coverage at the Kuprik Community Health Center in 2021 is 8.9%, and in 2022 it is 35.56%. This data is still far from being compared to the 6 Community Health Centers in Merauke Regency, namely Kumbe Community Health Center, Sota Health Center, Ilwayab Health Center, Karin Health Center, Kelapa Lima Health Center and Ulilin Health Center, which have reached 100%. Apart from that, the Kuprik Community Health Center's exclusive breastfeeding data coverage is still below the target set by the Indonesian Ministry of Health, namely 80% (Merauke District Health Service, 2023).

Various efforts have been made by the Government and health officials to implement an exclusive breastfeeding program. Efforts have been made to support breastfeeding mothers so that babies aged < 6 months receive exclusive breast milk for a long time. The policy regarding exclusive breastfeeding is contained in Law number 36 of 2019 concerning Health article 128 paragraph 1, Government Regulation number 33 of 2012 concerning Exclusive Breastfeeding, Minister of Health Regulation number 15 of 2013 concerning Procedures for Providing Special Facilities for Breastfeeding, Minister of Health Regulation number 39 of 2013 concerning Baby Formula Milk and other Baby Products, and Minister of Health Regulation number 41 of 2014 concerning Guidelines for Balanced Nutrition. Apart from that, several Provinces also have policies regarding Exclusive Breastfeeding through Regional Regulations, Regent Regulations, and other similar things (Ministry of Health of the Republic of Indonesia, 2022).

Even though various efforts have been made to implement an exclusive breastfeeding program, it turns out that there are still obstacles that impact the risk of failure to achieve exclusive breastfeeding. In general, the factors that hinder mothers from maintaining exclusive breastfeeding during the first 6 months of life are socio-demographic factors, health and health facilities, mother's knowledge about breastfeeding, perception of inadequate breastfeeding, socio-cultural and environmental factors (Yusnita and Rusnita, 2020) .

Among a number of factors that influence the low level of exclusive breastfeeding, one of which plays quite an important role is mothers' knowledge about exclusive breastfeeding. This is because the mother's lack of knowledge about exclusive breastfeeding causes the failure of exclusive breastfeeding. The knowledge that mothers have is generally limited to the "know" level, so they are not very in-depth and do not have the skills to put it into practice. If the mother's knowledge is broader and has experience regarding exclusive breastfeeding, whether experienced by herself or seen by friends, neighbors or family, then the mother will be more inspired to practice it (Utami Roesli, 2018).

The low level of understanding about the importance of breast milk during the first 6 months of a baby's birth is due to the lack of knowledge that mothers have regarding all the nutritional values and benefits contained in breast milk. Mothers' lack of knowledge about the benefits of breast milk causes mothers to be easily influenced and switch to formula milk. A high level of knowledge determines whether it is easy for mothers to understand and absorb information about exclusive breastfeeding. The higher the mother's level of knowledge, the higher the mother's ability to absorb information about exclusive breastfeeding (Siti and Oktavianis, 2019).

Apart from maternal knowledge, social and cultural factors also greatly influence exclusive breastfeeding. The cultural problems that are still found are very varied. Some of them interfere with breastfeeding practices. The main problem in giving exclusive breast milk is socio-cultural, namely in the form of a person's habits and beliefs in giving exclusive breast milk. The habits of mothers that do not support breastfeeding are the habit of giving formula milk as a substitute for breast milk, and the habit of giving solid food/cereal to babies before the age of 6 months so that the baby gets full quickly and is not fussy, giving pre-lacteal food using honey, sugar water, tea, and also bananas (Padeng, Senudin and Laput, 2021).

A preliminary study conducted by researchers at the Kuprik Community Health Center in August 2023, with direct interviews, data was obtained from 20 breastfeeding mothers, only 14 people (70%) had implemented exclusive breastfeeding for their babies and 6 people (30%) had not implemented breastfeeding. Exclusive breastfeeding for the baby. This shows that the achievement of breastfeeding at the Kuprik Community Health Center has not reached the target of the Indonesian Ministry of Health, namely 80%. Most breastfeeding mothers do not know about

the benefits and importance of exclusive breastfeeding, and the existence of social culture in society which also influences breastfeeding behavior. Providing water, bananas, porridge and biscuits to early age babies is a behavioral pattern that has been passed down from generation to generation based on the values of the local community, so this causes mothers to not be able to breastfeed exclusively.

In research conducted by Junaedah with the title "The Relationship between Mother's Knowledge and the Provision of Exclusive Breast Milk in the Working Area of Muara Badak Health Center in 2020" shows that mothers' knowledge about exclusive breast milk is 64 people (69.6%), while knowledge There were 28 good mothers regarding exclusive breast milk (30.4%). There were 51 mothers (55.4%) who did not give exclusive breast milk to their children, while there were 41 mothers who gave exclusive breast milk to their children (44.6%). There is a relationship between maternal knowledge and exclusive breastfeeding in the Muara Badak Community Health Center working area, with p value: $0.006 < \alpha: 0.05$. There is a need for education regarding the importance of exclusive breastfeeding and the correct way to store breast milk (Junaedah, 2020).

According to research conducted by Padeng et al with the title "Socio-Cultural Relationships to the Success of Exclusive Breastfeeding in the Working Area of Waembeleng Health Center, Manggarai, NTT in 2021" shows that of the 55 mothers, the majority had poor social culture and did not provide exclusive breastfeeding to their babies. those aged 0-6 months were 36 people (65.5%). Based on the results of the Chi square test, it was found that the p-value was $0.011 < 0.05$, indicating that there was a significant relationship between social culture and the success of exclusive breastfeeding in the Waembeleng Health Center working area (Padeng, Senudin and Laput, 2021).

Research of Muhammad Husaini and Anasril entitled "The Influence of Knowledge and Culture on Exclusive Breastfeeding in the Working Area of West Woyla Health Center, West Aceh Regency in 2020" shows that knowledge has a significant influence on exclusive breastfeeding with a p value of 0.032 ($p < 0.05$), and culture also has a significant influence on exclusive breastfeeding with a p value of 0.005 ($p < 0.05$) (Husaini and Anasril, 2020).

The solution that will be carried out as health workers, especially midwives, in dealing with problems regarding exclusive breastfeeding is to provide accurate, unbiased, complete and comprehensive counseling about exclusive breastfeeding, so that mothers can understand it and hopefully change bad habits or culture regarding breastfeeding. exclusive. Apart from that, banners/benners about exclusive breastfeeding can also be installed in the Integrated Management of Sick Toddlers (MTBS) room so that people who visit can get information through this media.

Based on the background above, the author is interested in conducting research on the relationship between knowledge and socio-culture on the success of exclusive breastfeeding in the Kuprik Community Health Center working area.

METHODS

This research uses an analytical observational research design with a retrospective approach. Using stratified random sampling technique, a sample of 63 respondents was obtained. The independent variable (knowledge and social culture) and the dependent variable (success in providing exclusive breastfeeding) use a questionnaire. The Chi-Square statistical test was used to determine the relationship between the two variables. Data analysis found that there was a relationship between knowledge and exclusive breastfeeding, $p \text{ value} = 0.000 < 0.05$, and there was a socio-cultural relationship with exclusive breastfeeding, $p \text{ value} = 0.001 < 0.05$.

RESULTS

Tabel. 1 Distribution of Respondent Characteristics and Variables

Result of the research	Frequency (f)	Percentage(%)
Age		
<20 years	21	33,3
20-35 years	26	41,3
>35 years	16	25,4
Ethnic		
Papua	33	52,4
Non Papua	30	47,6
Religion		
Islam	15	23,8
Katolik	18	28,6
Protestan	21	33,3
Hindu	6	9,5
Budha	3	4,8
Level of Education		
Elementary School	43	68,3
Junior High School	15	23,8
Senior High School	4	6,3
College	1	1,6
Occupation		
Unemployee	51	81
Working	12	19
Knowledge		
Poor	43	68,3
Good	20	31,7
Social Culture		
Poor	35	55,6
Good	28	44,4
Exclusive Breast Feeding		
No	39	61,9
Yes	24	38,1
Total	63	100

Source: Research Questionnaire, 11th December 2023

Tabel 2. Cross Tabulation Between Variables

			Breast Feeding Criteria		Total
			No	Yes	
Knowledge Criteria	Poor	Frequency	33	10	43
		%	84,6%	41,7%	68,3%
	Good	Frequency	6	14	20
		%	15,4%	58,3%	31,7%
Total		Frequency	39	24	63
		%	100%	100%	100%
Social Culture Criteria	Poor	Frequency	28	7	35
		%	71,8%	29,2%	55,6%
	Good	Frequency	11	17	28
		%	28,2%	70,8%	44,4%
Total		Frequency	39	24	63
		%	100%	100%	100%

Source: Research Questionnaire, 11th December 2023

Based on table 2 above, it is known that respondents who had poor knowledge did not provide exclusive breast milk to their babies aged 0-6 months, namely 33 respondents (84.6%), and respondents who had poor social culture did not provide exclusive breast milk to babies aged 0-6 months were 28 respondents (71.8%).

Analysis of Research Statistical Test Results

		Value	Approx. Sig
Nominal by Nominal	Contingency Coefficient	10.743	.000
N of valid Cases		63	

The results of the research analysis regarding the relationship between knowledge and the success of providing exclusive breastfeeding based on statistical tests using the Chi-Square test showed that $p = 0.000 < 0.05$, so H_0 was rejected and H_1 was accepted, which means there is a relationship between knowledge and the success of providing exclusive breastfeeding in the working area of the Kuprik Community Health Center.

		Value	Approx. Sig
Nominal by Nominal	Contingency Coefficient	9.276	.001
N of valid Cases		42	

The results of research analysis on the socio-cultural relationship to the success of exclusive breastfeeding based on statistical tests using the Chi-Square test showed that $p = 0.001 < 0.05$, so H_0 was rejected and H_1 was accepted, which means there is a socio-cultural relationship to the success of exclusive breastfeeding in the work area of the Community Health Center. Kuprik.

DISCUSSION

Identification of Knowledge

Based on table 1, it is known that the majority of mothers' knowledge about exclusive breastfeeding is not good, namely 43 respondents (68.3%).

The results of this research are in line with research conducted by (Putri, 2019), that the majority of mothers' knowledge about exclusive breastfeeding is in the poor category, namely good knowledge at 32.2% and poor knowledge at 67.8%.

In the researcher's opinion, knowledge is the beginning of behavior change. This means that if you want to change the behavior of breastfeeding mothers, then start by increasing the knowledge of pregnant women first. Increasing this knowledge can be done by providing as much information as possible to breastfeeding mothers about the importance of exclusive breastfeeding.

Most mothers' knowledge about exclusive breastfeeding is poor due to low maternal education and lack of information sources so that mothers do not fully know about the benefits of colostrum and the benefits of exclusive breastfeeding for babies. Vice versa, the mother's knowledge about exclusive breastfeeding is good because the mother's education is high and the mother has received sources of information from health workers, especially midwives, about the importance of exclusive breastfeeding so that the mother applies the exclusive breastfeeding program to her baby.

Identification of Social Culture

Based on table 1, it is known that most of the social culture regarding exclusive breastfeeding is not good, namely 35 respondents (55.6%).

Based on research conducted by (Husaini and Anasril, 2020), most respondents have a culture that does not support exclusive breastfeeding, namely 18 people (56.2%).

Changing a tradition is indeed quite difficult, especially since the tradition has been passed down from generation to generation and is believed by the community. However, health workers must strive to increase public awareness, especially breastfeeding mothers, to understand the actual condition, even though it is not in accordance with community traditions, through health education (Husaini and Anasril, 2020).

In the opinion of researchers, most of the social culture regarding exclusive breastfeeding is not good because of the community's habit of giving additional food to babies before the age of 6 months. Providing additional food like this has been a tradition passed down from generation to generation and recommended by parents. The reason they give this additional food to babies at an early age is because they think that if a baby continues to cry, it means the baby is hungry. However, there are also respondents whose social culture regarding exclusive breastfeeding is good because the mother is not influenced by unfavorable culture from generation to generation. Mothers already know the benefits of exclusive breastfeeding so that with this knowledge, mothers are able to apply it to their babies.

Identification of Exclusive Breast Feeding

Based on table 1, it is known that the majority do not provide exclusive breastfeeding, namely 39 respondents (61.9%).

Based on research conducted by (Husaini and Anasril, 2020), the majority of respondents did not exclusively breastfeed their babies, namely 22 people (71.9%). Exclusive breastfeeding for 6 months is the optimal way to feed a baby. Breast milk improves sensory and cognitive development, and protects babies from infectious and chronic diseases. Exclusive breastfeeding reduces infant mortality due to common childhood diseases (Padeng, Senudin and Laput, 2021).

In the opinion of researchers, mothers still give their babies breast milk, but not exclusively because of the mother's lack of knowledge about exclusive breastfeeding and its benefits, as well as a poor culture regarding giving food and drinks other than breast milk too early. People think that giving food and drinks other than breast milk is not harmful to babies because this habit has been implemented since ancient times and has no health impact. Vice versa, mothers who give babies exclusive breast milk do so because the mother has good knowledge and good social culture.

Analysis of the Relationship between Knowledge and the Success of Exclusive Breastfeeding

Based on table 2, it shows that most of the 39 mothers had poor knowledge and did not provide exclusive breast milk to their babies aged 0-6 months, namely 33 people (84.6%). The results of the chi square test show that $p \text{ value} = 0.000 < 0.05$, so H_0 is rejected and H_1 is accepted, which means there is a relationship between knowledge and the success of providing exclusive breastfeeding in the Kuprik Community Health Center working area.

The results of this study are in line with research conducted by (Herman et al., 2021), it can be seen that there are 34 mothers (36.6%) who do not provide exclusive breastfeeding with more or less knowledge, namely 49 mothers (52.7%), compared to those who have good knowledge, there are only 15 mothers (16.1%), while mothers who have a good level of knowledge will tend to provide exclusive breastfeeding, where research results show that as many as 44 mothers (47.3%) provide Those with exclusive breastfeeding had more good knowledge, namely 27 mothers (29.0%) and 17 mothers (18.3%) who had less knowledge. So mothers who have a good level of knowledge about exclusive breastfeeding tend to give exclusive breastfeeding than mothers whose knowledge is not good.

Mother's knowledge is one of the internal factors in the success of exclusive breastfeeding. Knowledge will determine a person's perceptions and habits so that it is important in determining a person's behavior, including in terms of exclusive breastfeeding. Good knowledge is needed to form the right healthy behavior. Knowledge is the basis or motivation for mothers to breastfeed exclusively (Oki Rahma Prihandani, 2021).

Knowledge gained from formal education is not the only main source for obtaining information about breast milk. Knowledge about breastfeeding can be obtained through health workers, people around breastfeeding mothers, as well as print media such as magazines, posters and leaflets. Apart from that, along with the rapid development of information technology, information about breast milk can be easily accessed by anyone via mobile applications and the internet (Oki Rahma Prihandani, 2021).

The better a mother's knowledge about the benefits of exclusive breastfeeding, the more a mother will give exclusive breast milk to her child. Vice versa, the lower the mother's knowledge about the benefits of exclusive breastfeeding, the fewer opportunities the mother has to provide exclusive breastfeeding (Herman et al., 2021).

In the opinion of researchers, mothers' lack of knowledge about exclusive breastfeeding is caused by low maternal education and a lack of sources of information so that mothers do not fully know about the benefits of colostrum and the benefits of exclusive breastfeeding for babies. Therefore, the role of health workers is needed to provide education about exclusive breastfeeding to mothers during pregnancy, especially in the final trimester so that pregnant women can prepare themselves to breastfeed their babies exclusively. In addition, there is a need to increase promotional efforts regarding exclusive breastfeeding through electronic media (for example: television / radio / internet), print media (for example: newspapers / magazines / leaflets / posters / flip sheets), and from banners or banners placed in health facilities (for example: Hospital / Community Health Center / Independent Practicing Midwife). Thus, it is hoped that the knowledge gained later about exclusive breastfeeding can be applied by breastfeeding mothers.

Analysis of Socio-Cultural Relationships on the Success of Exclusive Breastfeeding

Based on table 2, it shows that of the 39 mothers, most of them had poor social culture and did not provide exclusive breast milk to their babies aged 0-6 months, namely 28 people (71.8%). The results of the chi square test show that $p\text{ value} = 0.001 < 0.05$, so H_0 is rejected and H_1 is accepted, which means there is a socio-cultural relationship to the success of exclusive breastfeeding in the Kuprik Community Health Center working area.

The results of this research are in line with research conducted by (Padeng, Senudin and Laput, 2021), of the 55 mothers, the majority had poor social culture and did not provide exclusive breast milk to their babies aged 0-6 months, namely 36 people (65.5%) . Based on the results of the Chi square test, it was found that the $p\text{-value} = 0.011 < 0.05$, indicating that there was a significant relationship between social culture and the success of exclusive breastfeeding in the

Waembeleng Health Center working area. The odds ratio (OR) value is 1.11, which means that mothers who have a negative social culture have a 1.11 times greater influence than mothers who have a positive social culture regarding exclusive breastfeeding.

Social culture can influence maternal behavior. Therefore, access to information and positive socio-cultural factors increase the readiness of pregnant women to provide exclusive breastfeeding. Health promotion initiatives are recommended to increase access to information and increase positive socio-cultural values and beliefs in order to increase the readiness of pregnant women to provide exclusive breastfeeding (Padeng, Senudin and Laput, 2021).

Socio-cultural factors that exist in society influence mothers' behavior in the practice of giving exclusive breast milk to their babies. This is in accordance with previous research which states that myths/beliefs have a close cultural relationship with exclusive breastfeeding. Usually people are often influenced by local culture, especially intervention from families not to give exclusive breast milk to their babies. Giving honey, water, honey water/brown sugar water, bananas, porridge and biscuits to early age babies is a behavioral pattern that has been passed down from generation to generation based on the values of the local community, so this causes mothers to not be able to breastfeed exclusively. (Padeng, Senudin and Laput, 2021).

In the researcher's opinion, the failure to provide exclusive breastfeeding in the work area at the Kuprik Community Health Center is influenced by local social culture which does not support the success of exclusive breastfeeding.

There are several myths/beliefs that hinder this, including: colostrum is a dirty liquid because it is not white so it is not good if given to babies, there is a hereditary belief that a baby who often cries indicates that the baby is still hungry because the breast milk given is not enough and needs to be given. coupled with the provision of formula milk or other additional foods such as bananas, porridge and biscuits, babies do not get enough food or fluids if they are only given breast milk so mothers try to provide food other than breast milk to fulfill these needs, and there are myths that occur in the surrounding environment that Giving exclusive breast milk will make the breasts less firm (saggy) different from before giving birth. Therefore, so that the unfavorable socio-cultural influence regarding exclusive breastfeeding can be reduced, the focus of education provided by health workers regarding exclusive breastfeeding is not only conveyed to the mother but must also involve her husband and family.

CONCLUSION

1. Most mothers' knowledge about exclusive breastfeeding is poor, namely 43 respondents (68.3%).
2. Most of the social culture regarding exclusive breastfeeding is not good, namely 35 respondents (55.6%).
3. Exclusive breastfeeding: Most of them do not breastfeed exclusively, namely 39 respondents (61.9%).
4. There is a relationship between mother's knowledge of exclusive breastfeeding with a value (p) of 0.000 ($p < 0.05$).
5. There is a socio-cultural relationship to exclusive breastfeeding with a value (p) of 0.001 ($p < 0.05$)

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