

# The Effect of Counselling about Exclusive Breastfeeding on the Knowledge and Attitude of Pregnant Mother

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## ABSTRACT

**Abstract: Preliminary :** Giving a exclusive breast milk for 0-6 month baby are very important to provide a better life for baby growth. The exclusive breast milk at Indonesia has reached the target that was 65.16 percent. In east Java it has reached until 79.20 percent suitable with the advice from ministry of health, that was 80 percent. The percentage of exclusive breast milk at Saturejo village was so low that was 42.96 percent. Then this problem needs to be studied further more. This research use counselling methods provide information, in still confidence in the community and increase knowledge, skills and attitudes.

**Purpose :** This research have a purpose to know the effect of exclusive breast milk's counseling for the knowledge and attitude of expectant mother in Desa Saturejo, the region of Puskesmas Kecamatan Baureno Kabupaten Bojonegoro at 2019.

**Method :** This research have cross sectional with one group pretest – post test as the types of research. The participants from this research was all of the expectant mother in Saturejo village, the region of Public Health Center Baureno District, Bojonegoro Regency at October 2019 with 32 person as the participants for this research. The sample for this research was a expectant mother who attend to exclusive breast milk's counseling in Saturejo Village the region of Public Health Center Baureno District and Saturejo Village Baureno District, Bojonegoro Regency. The instrument used in the research was a questionnaire with data analytics use paired sample t-test statistic.

**Result :** From the research result show that knowledge before the counseling program got score 25.66 and attitude got score 9.50. After having a counseling as the score have improve to 29.63 as the knowledge's score and 14.00 as the attitude's score.

**Conclusion :** From the research result can be concluded that a counseling as the way of promoting healthiness influence people to improve the knowledge and attitude from expectant mother to giving exclusive breast milk. Most of the expectant mother was a working mother and 2 of them have a elementary school's level of education.

**Keywords:** Expectant Mother, Counseling, Exclusive Breast Milk, Knowledge, Attitude

## INTRODUCTION

Breast milk is mother's milk that is issued directly through the breast glands of a mother for the baby. Breast milk is the most perfect baby food. Contains the most complete nutrition for infants in the first 6 months [18]. Exclusive breastfeeding is the best food needed by babies aged 0-6 months, which contains immune substances to protect babies from various kinds of infectious diseases, bacteria, viruses, parasites and fungi [15].

The benefits of breast milk for babies are to provide a good life in the growth and development of babies, contains antibodies that protect babies from bacterial, viral, fungal and parasitic infections. Other benefits can improve the baby's intelligence, avoid allergies, babies feel the mother's love

directly during the breastfeeding process. Babies who are not exclusively breastfed will be more susceptible to disease. Exclusive breastfeeding is also beneficial for mothers, namely as a natural contraception when mothers breastfeed and before menstruation, maintains maternal health by reducing the risk of breast cancer and helps mothers to bond with their children [18].

Coverage of exclusive breastfeeding for infants aged 0-6 months in Indonesia by 65.16% and coverage in East Java 79.20% [18]. The coverage of infants receiving exclusive breastfeeding at the Baureno Bojonegoro Health Center in 2018 was 78.34%. With exclusive breastfeeding coverage in Saturejo Village, it is only 42.96% compared to 13 villages in the working area of Baureno Health Center [3]. Meanwhile, the target set by the Ministry of Health is 80% [10]. With the

achievement of breastfeeding is still far below the target of the Ministry of Health due to lack of knowledge of mothers, working mothers, lack of family support, breastfeeding techniques that are not appropriate and there are myths that watery breast milk is not good for babies [2]. This is because public awareness in Sraturejo village in encouraging the increase in exclusive breastfeeding is still relatively low. Whereas the content in breast milk is rich in carotenoids and selenium, which play a role in the body's defense system and prevent various diseases. And contains minerals and enzymes that can also protect babies from various diseases and antibodies work more effectively than the content of formula milk [10]. From the results of research at Posyandu II Public Health Center Kwala Bekala Assistant Medan in 2015 it was found that counseling as an effort to increase mother's knowledge and attitudes about exclusive breastfeeding had a great influence [2].

This research to find out more about the effect of exclusive breastfeeding counseling on the knowledge and attitudes of pregnant women in Sraturejo Village, Baureno Health Center Work Area, Bojonegoro Regency. The results of the research are expected to be one of the inputs to improve performance achievement regarding exclusive breastfeeding.

## MATERIAL AND METHOD

This research is a cross-sectional study, namely measurement or research at one time. With the approach of one group pre test - post test design, which is carried out in one group without a comparison group. The population is all pregnant women in Sraturejo Village, Baureno Health Center Work Area, Bojonegoro Regency. The sample of this study were pregnant women who participated in exclusive breastfeeding counseling in Sraturejo Village, Baureno Bojonegoro Health Center Work Area who had met the inclusion and exclusion criteria. The sample size uses a population sample or a total population of 32 pregnant women in Sraturejo Village, Baureno Health Center Work Area, Bojonegoro Regency. The sampling technique was purposive consecutive sampling, is that, all samples totaling 32 pregnant women and meeting the research criteria were included in the study. The measuring instrument in this study was a questionnaire used including several questions to assess the level of knowledge and attitudes of pregnant women related to exclusive breastfeeding where data were collected one time.

## RESULT

Frequency distribution based on age group, education, occupation and number of children of pregnant women can be seen in the following :

**Table 1. Age, Education, Occupation and Number of Children of Pregnant Women**

Age					
Group		Frequency	Percentage (%)	Valid Percent	Cumulative Percent
Age	20-35 years	29	90.6	90.6	90.6
	>35 years	3	9.4	9.4	100.0
Education	JuniorHigh School	2	6.3	6.3	6,3
	SMP	3	9.4	9.4	15.6
	SMA	22	68.8	68.8	84.4
	Bachelor Degree	5	15.6	15.6	100.0
Occupation	Housewife	16	50.0	50.0	50.0
	Self	4	12.5	12.5	62.5
	Private Employees	11	34.4	34.4	96.9
	Servant / TNI/Polri	1	3.1	3.1	100.0
Number of Children	1-2 children	28	87.5	87.5	87.5
	3-4 children	4	12.5	12.5	100.0

	Total	32	100.0	100.0	
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Based on table 1 it can be seen that the age of respondents between 20 to 35 years was 29 people (90.6%), while the age of respondents was more than 35 years as many as 3 people (9.4%). Based on the table, the majority of pregnant women have high school education as many as 22 people (68.8%), junior high school education as many as 3 people (9.4%), S1/S2 education as many as 5 people (15.6%) and elementary education as many as 2 people (6.3%). Based on the occupation of pregnant women, the majority of mothers work as housewives as many as 16 people (50%), who work as private employees as many as 11 people (34.4%), then as many as 4 people who work as entrepreneurs (12.5%) and 1 person (3.1%). Based on the number of children, the majority of pregnant women have children 1 to 2 as many as 28 people (87.5%) and pregnant women who have children 3 to 4 as many as 4 people (12.5%).

**Table 2. Age Pregnancy**

Respondent s	Age Pregnancy
1.	Trimester 2
2.	Trimester 1
3.	Trimester 2
4.	Trimester 3
5.	Trimester 2
6.	Trimester 1
7.	Trimester 3
8.	Trimester 3
9.	Trimester 1
10.	Trimester 1
11.	Trimester 2
12.	Trimester 3
13.	Trimester 2
14.	Trimester 2
15.	Trimester 1
16.	Trimester 1
17.	Trimester 2
18.	Trimester 2
19.	Trimester 2
20.	Trimester 2
21.	Trimester 2
22.	Trimester 2
23.	Trimester 2
24.	Trimester 1

25	Trimester 2
26	Trimester 2
27	Trimester 2
28	Trimester 2
29	Trimester 1
30	Trimester 1
31	Trimester 1
32	Trimester 2

Based on the gestational age of the respondents in this study, it was found that the respondents who had the first trimester of pregnancy were 10 mothers, the second trimester was 18 mothers and the third trimester was 4 mothers. So, the majority of respondents have a gestational age of trimester

The following is the average knowledge and attitude of pregnant women before and after counseling.

**Table 3. Average Knowledge and Attitude of Pregnant Women**

Descriptive Statistics					
	N	Minimum	Maximum	Mean	Std.Deviation
Knowledge Pre-test	2	23	29	25.66	1.977
Attitude Pre-test	32	5	13	9.50	1.884
Knowledge Post-test	32	29	30	29.63	.492
Attitude Post test	32	13	15	14.00	.842
Valid N (listwise )	2				

Based on the table above, it was found that the average knowledge before exclusive breastfeeding was given to 32 mothers in the puskesmas working area was 25.66 and the average attitude before exclusive breastfeeding counseling was done to 32 mothers in the puskesmas working area was 9.50. After counseling, it was found that the average value of

knowledge and attitudes of mothers was increased to 29.63 and attitudes to 14.00.

To perform a paired t-test, it is preceded by a normality test. Based on the results of the normality test, the following results were obtained:

**Table 4. Normality Test Results**

Tests of Normality			
	Shapiro-Wilk		
	Statistics	df	Sig.
Difference in Knowledge	,932	32	,045
Difference in Attitude	,921	32	,022
a. Lilliefors Significance Correction			

In this study, the number of samples used was 32 samples. Therefore, the researcher used the normality test *Shapiro-Wilk* because the number of samples was  $<50$ . The results of the normality test obtained a significant value of knowledge 0.045 ( $P < 0.05$ ) and attitude 0.022 ( $P < 0.05$ ). The data is said to be normal if the p value  $> 0.05$ . The results of this study obtained  $p < 0.05$  so, continued with the test *Wilcoxon*.

The purpose of this study was to determine the differences in knowledge and attitudes before and after counseling about exclusive breastfeeding. Based on the results of the test *Wilcoxon*. The results obtained:

**Table 5. Wilcoxon Test Results**

Ranks				
		N	Mean Rank	Sum of Ranks
Knowledge Post test - Pre Test	Negative Ranks	0 <sup>a</sup>		00,00
	Positive Ranks	30 <sup>b</sup>	15.50	465.00
	Ties	2 <sup>c</sup>		
	Total	32		
	Negative Ranks	0 <sup>d</sup>		00,00

Attitude Post test – Pre Test	Positive Ranks	30 <sup>e</sup>	15.50	465.00
	Ties	2 <sup>f</sup>		
	Total	32		
a. Post test knowledge < Pre test knowledge				
b. Post test knowledge > Pre test knowledge				
c. Post test knowledge = Pre test knowledge				
d. Post test attitude < Pre test attitude				
e. Post test attitude > Pre test attitude				
f. Post-test attitude = Pre-test attitude				

**Table 6.** Significant Value of Knowledge and Attitude

Test Statistics <sup>a</sup>		
	Post test knowledge – Pre test knowledge	Post test attitude – Pre test attitude
Z	-4,799b	-4,826b
Asymp. Sig. (2-tailed)	,000	,000
a. Wilcoxon Signed Ranks Test		
b. Based on negative ranks.		

In the test, *Wilcoxon* there was an increase in knowledge from before exclusive breastfeeding counseling was carried out and after exclusive breastfeeding counseling, 30 samples were found to have increased and 2 samples did not increase or remained. Increased attitudes before exclusive breastfeeding counseling and after exclusive breastfeeding counseling were found 30 samples increased and 2 samples did not increase or remain.

From the previous description, it was found that the p value for knowledge = 0.000 ( $p < 0.05$ ) and attitude = 0.000 ( $p < 0.05$ ) which means that there was a significant increase in knowledge and attitudes after exclusive breastfeeding counseling.

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## DISCUSSION

### 1. Knowledge and Attitude of Pregnant Women Before and After Counseling

#### 1.1. Knowledge of pregnant women about exclusive breastfeeding before being given counseling

Due to many factors that can affect exclusive breastfeeding to pregnant women. According to WHO quoted

by Notoatmodjo (2014) [12] that is by being given information to increase knowledge of pregnant women so that it can raise awareness and can be done by way of counseling.

The characteristics of pregnant women which include age, education, occupation, number of children and gestational age can affect the process of changing their behavior. The average age of the respondents is still in the productive age category so that they are still able to receive and capture the information provided and can recall it. Likewise, the job characteristics of the respondents, the majority of whom are housewives, are very supportive in providing time to attend, listen and read *leaflets* counseling.

Based on the educational characteristics of the respondents, it can be seen that the majority have a high school education level. This is in line with research by Syamsial, et al., (2011)<sup>16</sup> which states that education has a role in the social aspects of society, so if someone has a high education, his knowledge will also be good.

According to the results of the study, the average number of pregnant women before counseling about exclusive breastfeeding was 25.66. It can be said that the knowledge of pregnant women about exclusive breastfeeding is still low and this can be caused by a lack of counseling about exclusive breastfeeding and can also be caused by low information dissemination such as print or electronic media. given counseling.

## 1.2. Knowledge of pregnant women about exclusive breastfeeding after being given counseling

Terminologically, knowledge is a result of knowing activities with the discovery of reality into the soul in the end there is no doubt [2]. From the results of this study, the level of knowledge was assessed based on 15 questions in the questionnaire. In table 5.5, it was found that there were 32 pregnant women with the level of knowledge after counseling there was an increase in the average knowledge to 29.63.

The results of the research by Merdhika, et al., (2014) [13] showed that there was an effect of counseling on exclusive breastfeeding on mother's knowledge, after counseling there was an increase where very significant results were obtained, there was an average difference between before and after counseling. And the counseling method with lectures can increase the mother's knowledge after the carried out *post-test is*. Mother's knowledge about exclusive breastfeeding can affect exclusive breastfeeding.

From this research, it can be proven according to Kholid (2018) [9] that knowledge is the result of knowing and occurs after someone has sensed an object. Sensing occurs through the five human senses, namely the senses of sight, hearing, smell, taste and touch. Most of human knowledge is obtained through the eyes and ears. According to Palupi (2011) [14], there are factors that influence knowledge, including: (1) education, (2) occupation, (3) age, (4) interests, (5) experience, (6) culture, (7) information This causes mothers not to give exclusive breastfeeding to their children.

The educational factor according to Palupi (2011) [14] says that the higher a person's education, the easier it is for them to receive information, but if someone has a low level of education, it will hinder the development of a person's attitude in receiving information.

Based on previous research by Notoatmodjo (2010) [11], education is estimated to have a link in exclusive breastfeeding and this can also be related to the level of knowledge that mothers with higher education will have broad knowledge compared to low levels of education.

The results of the research in the field are based on the percentage of the mother's education level of 68.8% or as many as 22 people have a high school education level, as many as 5 people have an S1/S2 education level, 3 people have a junior high school education level and 2 people have an elementary education level. Education is one of the factors of knowledge and attitude in getting information to pregnant women about exclusive breastfeeding. From the research results of Syamsiah, et al., (2011) [16] stated that if education has a role in the social aspects of society so that someone with relatively low education, then his knowledge will be good.

This is also in line with the results of research by Astuti (2002) [1], which states that the educational method with counseling (lecture) can increase knowledge after the carried out *post-test is* compared to knowledge *pre-test*.

Exclusive breastfeeding for working mothers is usually an obstacle not to give exclusive breastfeeding. Based on the percentage of research results, the majority of mothers work as housewives as many as 16 people, 11 people work as private employees, 4 entrepreneurs and 1 person who works as a civil servant/TNI/Polri. Because the majority of respondents are housewives so mothers have more free time that can be used to read books or watch television related to exclusive breastfeeding and mothers will find it easier to give exclusive breastfeeding than working mothers.

There are many factors that can influence a person to do or not to do this, although they are very important. Mothers who work or do not work tend not to give exclusive breastfeeding. There are other factors that can influence awareness about exclusive breastfeeding.

The age factor of pregnant women which usually makes mothers not give exclusive breastfeeding to their children. According to Palupi's theory (2011) [14], as a person's age increases, there are changes in physical, psychological and level of thinking so that they can receive information well. Age <20 years is considered to have a great risk and is still considered mentally immature to deal with pregnancy and childbirth and may find it difficult to receive information because it is not yet mature enough [6]. The age of 20-35 years is the best age group for pregnancy because physically and mentally are quite mature. Age > 35 years is categorized as old age which has a higher risk during pregnancy [6].

The results were obtained based on the percentage after counseling about exclusive breastfeeding for mothers aged 20-25 years were 29 people, who scored 29 on knowledge as many as 11 people (37.9%) while those who got a maximum score of 30 were 18 people (62.1 %). It can be said that a mother who has good knowledge can be influenced by the age factor. Those ages are productive age and adult age group. So the more mature a person's age will be able to affect a person's knowledge so that it can affect how a person gets information and experiences that will affect his mindset [11].

In the results of the study, based on the percentage of respondents aged <35 years as many as 3 people, after counseling all three experienced an increase in knowledge about exclusive breastfeeding. 1 person (33.3%) got a score of 29 after counseling and 2 people (66.7%) got a maximum score of 30. The majority of respondents were still in the productive age category so they were still able to capture the information provided and could recall it. So it is very supportive in providing time to listen to counseling and read *leaflets*.

So that age can affect knowledge, increasing age will affect development and ways of thinking, making the knowledge gained better, which can be caused because someone can make adjustments to new situations.

Increased knowledge and attitudes indicate that there is awareness and motivation of respondents to give exclusive breastfeeding to their children. The emergence of awareness can also be influenced by the increased knowledge of

respondents so that there is a change in their attitude to exclusive breastfeeding. And besides this, the intervention and delivery method with the right lecture method will give good results or as expected.

The attitude of nursing mothers on exclusive breastfeeding is influenced by the mother's knowledge on the same thing, and it is also possible attitudes are already formed due to social and cultural factors in the neighborhood [13].

In addition to the factors - these factors through personal experience can also be used as an effort to gain knowledge, this is done by repeating the experience that has been obtained in solving problems. Because experience is a description of knowledge or a way to get the truth of knowledge.

This study is in line with research conducted by Merdhika, et al., (2014) [13] that there is an effect of counseling on knowledge about exclusive breastfeeding and the attitude of breastfeeding mothers using both the pocket book method and the simulation method.

This study is not in line with Handayani, et al., (2017) [5] that there is no effect of breastfeeding classes on the knowledge and attitudes of health cadres in Karangbendo Hamlet, Banguntapan, DIY.

### **1.3. The attitude of pregnant women about exclusive breastfeeding before being given counseling**

Attitude is a closed response from a person to an object. Attitude manifestations cannot be directly seen, but can only be interpreted beforehand from closed behavior [17]. From the results of the study, there were 32 pregnant women before counseling with an average attitude value of 9.50. After counseling there was an increase in the average attitude to 14.00.

This is supported by the demographic data of pregnant women, the majority of whom have a high school education level. Shows that a mother's actions are good or bad in exclusive breastfeeding depending on the mother's own response. If the mother responds well, then exclusive breastfeeding will also be good.

The results of the study are in line with Notoatmodjo (2010), attitude is a response from someone who is good or bad to a stimulus or an object. With a good attitude, there will be a good reaction to a stimulus or an object. If someone has an attitude that supports a stimulus or object, then that person will have an attitude that accepts, responds, appreciates and is responsible. But otherwise the person will have the attitude was not conducive to a stimulus or object, so that would indicate disapproval [11].

According to the assumptions of the researcher if the mother has a perception correct, there will be the success of exclusive breastfeeding, so the attitude of pregnant women continue pleased with exclusive breastfeeding and the mother's mental condition is stable. Thus, the mother will happily give exclusive breastfeeding without feeling anxious, depressed, stressed and confused which will result in a less

harmonious relationship between the mother and the baby and cause the frequency of breastfeeding to decrease.

### **2. Attitudes of pregnant women about exclusive breastfeeding after being given counseling**

After being given counseling, the questionnaires were distributed again or re-testing, the results were that there was an increase in the attitude of pregnant women after being given counseling about exclusive breastfeeding. With the average value of the attitude of 14.00 it can be said that it has a good category on the attitude of pregnant women.

So that it can be interpreted that counseling can affect the improvement of an individual's attitude towards something. The attitude of pregnant women about this is influenced by knowledge, and it is possible that attitudes also already exist or have been formed due to socio-cultural factors and the environment around the place of residence. Because it is very influential on the attitude of the individual.

The results of the study said that H0 was rejected and H1 was accepted, which means that there is an effect of exclusive breastfeeding counseling on the knowledge and attitudes of pregnant women. At the time of *pre-test* and *post-test* there was an effect of exclusive breastfeeding, which means that pregnant women can receive information conveyed by researchers during counseling and mothers respond to exclusive breastfeeding for their babies.

Success in exclusive breastfeeding is self-confidence, mothers are hesitant in giving and feel breastfeeding alone is not enough. This can affect the mother's self-confidence so that the mother does not give breast milk to her child.

## **CONCLUSION**

From the results of the previous analysis and discussion, it can be concluded that the first counseling has a positive effect, as can be seen from the significant increase in knowledge and attitudes before and after counseling about exclusive breastfeeding. Second, the increase in the average value of knowledge of pregnant women by 29.63 and an increase in the average value of mother's attitude by 14.00. Third, the behavior change can be evaluated on the respondent by the relevant health personnel. And fourth, most of the respondents are working mothers and there are two respondents who have an elementary/elementary school education level.

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## **CONFLICT OF INTEREST**

There is no conflict of interest in this research

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