
Relationship Between Parity and Exclusive Breastfeeding in Breastfeeding Mothers

Loladianis Putri Ifada¹, Syska Atik Maryanti², Syaiful Bachri³

^{1,2,3} Health Polytechnic Ministry of Health Malang, Midwifery Study Program Jember, Jember, Indonesia

*Corresponding author: lolaifada01@gmail.com

ABSTRACT

Introduction: Based on data by Indonesia's Minister of Health, the coverage of exclusive breastfeeding has decreased from 2018 – 2020 which is the coverage reach 66,06%. This coverage didn't fulfill the target set by Minister of Health, aiming 80% coverage of exclusive breastfeeding. Factors associated with this matter, one of them is parity. This study aims to determine the relationship of parity with exclusive breastfeeding practice.

Methods: The study used is a literature study with the type of Systematic Mapping Study. The articles were taken from the Google Scholar and Microsoft Academic databases which obtained a total 319 articles, then were screened using PEOS framework and based on with inclusion and exclusion criteria researcher succeed to earn ten final articles consisting seven national articles and tree international article.

Results: The results of the analysis of 10 articles show that the majority of respondents are multipara mother which is 55%-62%, the majority of respondents gave exclusive breastfeeding to their babies which is 52,5%-69,8% and all articles shows p-value < α which means there is relationship between parity and exclusive breastfeeding practice.

Discussion: Parity is a factor of exclusive breastfeeding practice. Health provider should give informations related to the benefit of exclusive breastfeeding to boost mother's knowledge about the importance of exclusive breastfeeding practice.

Keywords: *Parity; Exclusive Breastfeeding; Breastfeeding Mothers*

Introduction

Infant morbidity rate is one of the indicators of public health status. One of the factors causing high morbidity rates in infants is poor nutritional status. Inadequate nutritional status is caused by inadequate breastmilk intake because many breastfeeding mothers do not provide exclusive breastfeeding to their babies due to the lack of experience mothers have regarding exclusive breastfeeding so that the coverage of exclusive breastfeeding decreases. Exclusive breastfeeding is the provision of breast milk alone to babies from birth until the baby is 6 months old, without the provision of additional food or drinks such as sugar water, honey, and also formula milk.

The Indonesian Central Bureau of Statistics explained that East Java has the second highest morbidity rate among other Java regions at 16.64% in 2019. Exclusive breastfeeding coverage for infants in 2017 in Indonesia reached 61.33% (Ministry of Health, 2017). While in 2018 the coverage increased to 68.74% (Ministry of Health, 2018). In 2019 the coverage of exclusive breastfeeding decreased to 67.74%, (Ministry of Health, 2019). In 2020, the coverage of exclusive breastfeeding decreased again, reaching 66.06% (Ministry of Health, 2020). The data shows that the coverage of exclusive breastfeeding in Indonesia for infants experienced a downward trend from 2018-2020 and the achievement is still below the target of 80% while the target of exclusive breastfeeding is 80%.

Exclusive breastfeeding is higher in mothers who have more than one child. This is stated by Roesli (2000) that the more children born or owned will affect the mother's experience in taking care of children and also affect exclusive breastfeeding to her baby (Afriyani, Savitri and Sa'adah, 2018). The impact if babies are not given exclusive breastfeeding is that they have a higher risk of diarrhea compared to babies who are given exclusive breastfeeding (Ministry of Health, 2010) in (Salamah and Prasetya, 2019). In addition, according to Khamzah (2012) babies who are not given exclusive breastfeeding will be more susceptible to various diseases such as infections, allergies, and malnutrition (Agustin, Laelia and Idaningsih, 2018).

The impact that can occur from low exclusive breastfeeding such as diarrhea, digestive disorders, malnutrition etc. So a new program was formed, namely "Peer Education for Breastfeeding". This program is carried out through increasing the ability of health workers to provide IEC using language that is easy to understand, besides that the approach taken is very

friendly and can place their position as a source of information equal to the mother (Khamidah, Prabandari and Nurdianti, 2021).

Based on the data described, it is known that the number of mothers who do not provide exclusive breastfeeding is one of the factors that cause death in infants. So it is very important to pay attention to exclusive breastfeeding by mothers to their babies. Therefore, researchers are very interested in conducting research on "The Relationship between Parity and Exclusive Breastfeeding in Breastfeeding Mothers".

Method

This research is a literature review. Article searches through google scholar and microsoft academic databases using boolean AND and keywords in accordance with Medical Subject Heading (MesH) namely ((Maternal Parity) AND (Exclusive Breastfeeding) AND (Breastfeeding Mother)) and ((Parity) AND (Exclusive Breastfeeding) AND (Breastfeeding)) then 319 articles were found and further screening based on PEOS and fulltext obtained 10 articles that have met the requirements consisting of 7 national articles and 3 international articles and continued with article review.

Results

The results of this literature review will discuss data regarding general data (study characteristics, and respondent characteristics) and specific data (parity in mothers, exclusive breastfeeding in breastfeeding mothers, and analysis of the relationship between parity and exclusive breastfeeding in breastfeeding mothers). In the study characteristics of the ten articles, most of them came from national journals as many as 7 articles and international journals as many as 3 articles. The research design of all articles used cross sectional, with sampling techniques almost half using accidental sampling (3 articles), purposive sampling (2 articles), stratified random sampling (2 articles), and a small portion using quota sampling (1 article), cluster random sampling (1 article), random sampling (1 article). The analysis technique used almost entirely was Chi square (9 articles) and a small part was Spearman rank (1 article), with almost all of them being questionnaires (9 articles), and a small proportion being observation, interviews and medical records (1 article). Then for data on respondent characteristics from the ten articles

reviewed, there were nine articles that included study characteristics, while one other article did not include study characteristics. Most of the ten articles were multiparous mothers. For age data, only four articles included the data, which was more mothers who were not at risk than mothers who were at risk. For education, there were only 3 articles that included education data, where almost all articles had high education. Then for employment data, there were eight articles that included employment data where most of the articles were not working. And for health worker support data, there are only three articles that include health worker support data where most of the articles are supported by health workers.

Table 1. The results of the article search are presented in table form as below, with each article discussing parity and exclusive breastfeeding

No.	Researcher, Year of Publication, Article Source	Methode (Design, Population, Sample, Sampling, Variables, Instrument, Analysis)	Hasil
1.	(Ervina & Ismalita, 2018) Jurnal Obstretika Scientia Vol. 6 No . 1 ISSN : 2337 - 6120	Design : Cross Sectional Population: mothers who have babies aged 7-12 Sample: 208 sampling technique: Quota Sampling Variable: - Independent : Parity - Dependent : exclusive breastfeeding Instrument : questionnaires Analysis: chi square	The results of the study, there were 87 (41.8%) primiparous mothers, and 121 (58.2%) multiparous and grandemultiparous mothers. And the results of the study there were 120 (57.7%) mothers who provided exclusive breastfeeding and 88 (42.3%) mothers who did not provide exclusive breastfeeding. So based on the results of the chi square test obtained $P = 0.0004915$ ($P < \alpha 0.05$) that there is a relationship between parity and exclusive breastfeeding.
2.	(Sutama, Arifin, Yuliana, 2020) Homesotasi s Vol. 3 No. 3 ISSN : 2722-4333	Design : cross sectional Population: mothers who have infants aged >6 - 12 months Sample: 50 moms Sampling Technique : cluster proportional random sampling Variable : - Independent : Occupation, Parity, and Breast care skills - Dependent : exclusive breastfeeding Instrument : questionnaires Analysis: Chi Square	The results of the study, there were 23 (46%) primiparous mothers, 27 (54%) multiparous mothers. And the results of the study were 27 (54%) mothers who provided exclusive breastfeeding and 23 (46%) mothers who did not provide exclusive breastfeeding. So that based on the results of the chi square test obtained $P = 0.005$ ($P < \alpha 0.05$) that there is a relationship between parity and exclusive breastfeeding.
3.	(Herdiani & Ulfa, 2019) Jurnal 'Aisyiyah Medika Vol. 4 No .2 ISSN : 2622-3872	Design : cross sectional Population: mothers who have infants aged >6 - 12 months Sample: 88 moms Sampling technique: accidental sampling Variable : - Independent : employment, parity, family support - Dependent : exclusive breastfeeding Instrument : questionnaires Analysis: chi square	The results of the study, there were 38 (43.1%) primiparous mothers and 50 (56.9%) multiparous mothers. And the results of the study were 52 (59%) mothers who provided exclusive breastfeeding and 36 (41%) mothers who did not provide exclusive breastfeeding. So that based on the results of the chi square test obtained $P = 0.037$ ($P < \alpha 0.05$) that there is a relationship between parity and exclusive breastfeeding.

4.	(Khofiyah, Nidatul, 2019) Jurnal Kebidanan Vol. 8 No . 2 ISSN : 2549-7081	Design : cross sectional Population: mothers with infants aged 6-12 months Sample: 162 moms Sampling technique: accidental sampling Variable : <ul style="list-style-type: none"> - Independent : knowledge, parity, education, employment, family support - Dependent : exclusive breastfeeding Instrument : questionnaires Analysis: chi square	<p>The results of the study, there were 70 (43.2%) primiparous mothers, and 92 (56.8%) multiparous mothers. And the results of the study there were 72 (44.4%) mothers who provided exclusive breastfeeding and 90 (55.6%) mothers who did not provide exclusive breastfeeding. So that based on the results of the chi square test obtained $P = 0.001$ ($P < \alpha 0.05$), that there is a relationship between parity and exclusive breastfeeding.</p>
5.	(Manungkalit, Dewi, Wardani, 2019) Jurnal Antara Kebidanan Vol. 2 No .4 ISSN : 2656-9167	Design : cross sectional Population: mothers with infants aged 6-12 months Sample: 73 moms Sampling technique: accidental sampling Variable : <ul style="list-style-type: none"> - Independent : Maternal Age, Parity, Gestation, Infant Birth Weight, and History of Early Breastfeeding Initiation - Dependent : exclusive breastfeeding Instrument : questionnaires Analysis: spearman rank correlation test	<p>The results of the study, there were 27 (36.9%) primiparous mothers, 46 (63.1%) multiparous mothers. And the results of the study there are mothers who provide exclusive breastfeeding 51 (69.8%) and mothers who do not provide exclusive breastfeeding 22 (30.2%). So that based on the results of the spearman test obtained $P = 0.155$ ($P < \alpha 0.5$), that there is a relationship between parity and exclusive breastfeeding.</p>
6.	(Fakhidah & Palupi, 2018) Jurnal Kebidanan Vol. 10 No .02 ISSN : 2085-6521	Design : cross sectional Population: mothers who have infants aged > 6 months to 8 months Sample: 38 moms Sampling technique: purposive sampling Variable : <ul style="list-style-type: none"> - Independent : age, education, employment status, parity, place of delivery, delivery process and early breastfeeding initiation measures - Dependent : exclusive breastfeeding Instrument : quisioner Analysis: chi square	<p>The results of the study, there were 16 (42.1%) primiparous mothers and 22 (57.9%) multiparous mothers. And the results of the study were 22 (57.9%) mothers who provided exclusive breastfeeding and 16 (42.1%) mothers who did not provide exclusive breastfeeding. So based on the results of the chi square test obtained $P = 0.031$ ($P < \alpha 0.05$) that there is a relationship between parity and exclusive breastfeeding.</p>
7.	(Lumbantoruan , Mestika, 2018) Jurnal Maternal dan Neonatal Vol. 3 No.1	Design : cross sectional Population: mothers with infants aged 6-12 months Sample: 47 moms Sampling technique : purposive sampling Variable : <ul style="list-style-type: none"> - Independent : age, education, working status, parity, - Dependent : exclusive breastfeeding Instrument : observation and interviews directly to	<p>The results of the study, there were 70 (43.2%) primiparous mothers and 92 (56.8%) multiparous mothers. And the results of the study were 15 (31.9%) mothers who provided exclusive breastfeeding and 32 (68.1%) mothers who did not provide exclusive breastfeeding. So based on the results of the chi square test obtained $P = 0.001$ ($P < \alpha 0.05$) that there is a relationship between parity and exclusive breastfeeding.</p>

		respondents, through secondary data (Medical Records)	
8.	(Sinta, Salimo, Pamungkasari, 2017) Journal of Maternal and Child Health Vol. 2 No .4 ISSN : 2549-0257	<p>Design : cross sectional Population: mothers with infants aged 6-12 months Sample: 200 moms Sampling technique: stratified random sampling Variable :</p> <ul style="list-style-type: none"> - Independent : pregnancy nutritional status, parity, employment, income, health worker support, culture, and integrated service post - Dependent : exclusive breastfeeding <p>Instrument : questionnaires, medical records and maternal and child health books Analysis: Chi square</p>	The results of the study, there were 90 (45%) primiparous mothers and 110 (55%) multiparous mothers. And the results of the study were 130 (65%) mothers who provided exclusive breastfeeding and 70 (35%) mothers who did not provide exclusive breastfeeding. So that based on the results of the chi square test obtained $P = 0.005$ ($P < \alpha 0.05$) that there is a relationship between parity and exclusive breastfeeding.
9.	(Wiliyani, Marlinae, Husaini, Noor, 2020) International Journal of Scientific and Research Publication Vol. 10 No .8	<p>Design : cross sectional Population: mothers with infants aged 7-12 months Sample: 61 moms Sampling technique: random sampling Variable :</p> <ul style="list-style-type: none"> - Independent : age, occupation, parity, knowledge, place and birth attendant - Dependent : exclusive breastfeeding <p>Instrument : questionnaires Analysis: chi-square</p>	The results of the study, there were 25 (59%) primiparous mothers and 36 (41%) multiparous mothers. And the results of the study were 32 (52.5%) mothers who provided exclusive breastfeeding and 29 (47.5%) mothers who did not provide exclusive breastfeeding. So that based on the results of the chi square test obtained $P = 0.032$ ($P < \alpha 0.05$) that there is a relationship between parity and exclusive breastfeeding.
10.	(Fadjriah, Salamah, Jafar, Nur, Bohari, 2020) International Journal of Psychosocial Rehabilitation Vol 24 No 6 ISSN : 1475-7192	<p>Design : cross sectional Population: mothers with toddlers aged 7-12 months Sample: 75 moms Sampling technique: proportionate stratified random sampling Variable :</p> <ul style="list-style-type: none"> - Independent: knowledge, family support, employment, health worker support, formula milk promotion, and parity - Dependent : exclusive breastfeeding <p>Instrument : questionnaires Analysis: chi square</p>	The results of the study, there were 39 (52%) primiparous mothers and 36 (48%) multiparous mothers. And the results of the study were 35 (46.7%) mothers who provided exclusive breastfeeding and 40 (53.3%) mothers who did not provide exclusive breastfeeding who did not provide exclusive breastfeeding. So that based on the results of the chi square test obtained $P = 0.008$ ($P < \alpha 0.05$) that there is a relationship between parity and exclusive breastfeeding.

Discussion

1. Identifying Parity in breastfeeding mothers

10 articles that have been analyzed, 8 articles most of the respondents are multiparous mothers with a range of 55% - 63% and 2 articles almost half are primiparous mothers with a range of 52% - 66%. In theory, parity is the number of circumstances of giving birth to either a dead or live baby, but not an abortion, regardless of the number of children, so that the birth of twins is still counted only once parity (Pratiwi and Apripan, 2021). Parity is the number of pregnancies that result in a fetus that can live outside the uterus (28 weeks) (Prawirohardjo, 2014) in (Leiwakabessy and Azriani, 2020). According to Globe et al (2012) Parity is associated with maternal experience regarding exclusive breastfeeding. Where, mothers with more than one parity have higher self-confidence because they have experience at the time of their first birth, such as mothers better understand how to overcome obstacles that can occur during the breastfeeding process.

The results of 10 articles, 8 articles state that mothers who are at risk of not providing exclusive breastfeeding are mothers with 1 child, this is because the more children the mother eats the more experience the mother has. A mother who has been successful in breastfeeding in previous childbirth will be easier and confident that she will be able to breastfeed her baby in the next childbirth, mothers with the first child are likely to experience problems when breastfeeding because of the lack of knowledge and experience that mothers have, this will have an impact on the mother's behavior in breastfeeding, this can be seen from how the mother overcomes problems during breastfeeding such as the mother does not understand how to breastfeed her baby properly, how to take care of her baby and others. While 2 articles stated that a small proportion of primiparous mothers provide exclusive breastfeeding, this is influenced by high maternal education so that mothers will be easier to receive information, which will affect the awareness and compliance of mothers to apply exclusive breastfeeding later to their babies.

2. Identification of Exclusive Breastfeeding in breastfeeding mothers

10 articles that have been analyzed, 7 articles most of the respondents give exclusive breastfeeding to their babies with a range of 52.5% - 69.8%, and 3 articles almost half of the mothers who give exclusive breastfeeding to their babies with a range of 31.9% - 46.7%. In theory, exclusive breastfeeding is breastfeeding without other additional food and drink. Other foods or drinks include formula milk, oranges, honey, tea water, or solid foods such as bananas, papayas, milk porridge, biscuits, rice porridge and teams. Even water is not given in the exclusive breastfeeding stage. Providing exclusive breastfeeding to infants for two years after their birth has proven to be extremely beneficial (Kodrat, 2010).

In the researcher's view, parity can affect exclusive breastfeeding. Parity is related to a mother's experience in her previous life, which will affect her knowledge and behavior. The mother's experience from previous lactation makes the mother have a lot of knowledge in breastfeeding her baby so that exclusive breastfeeding for her baby will be much easier. Previous lactation experience also helps mothers relieve anxiety in providing breast milk to their babies. Primiparous mothers have no previous lactation experience so primiparous mothers are likely to experience stress. Stress experienced by primiparous mothers can increase the level of cortisol hormone in the blood. This increase in cortisol hormone will cause a decrease in oxytocin hormone levels resulting in a delay in the onset of lactation. In addition, factors that influence exclusive breastfeeding include education, health worker support, age and occupation.

The results of the analysis of 10 articles, 3 articles listed education as a factor causing exclusive breastfeeding, of which of the 3 articles 2 articles the majority of highly educated mothers provide exclusive breastfeeding, this is because mothers who have a high level of education will make someone want to seek experience and encourage their curiosity. The higher the education, the easier it will be to receive new knowledge about exclusive breastfeeding which will affect the behavior of a mother in exclusive breastfeeding to her baby. However, 1 article stated that there was no difference between mothers with high and low education in exclusive breastfeeding, because all mothers with high or low

education could easily find the latest information about exclusive breastfeeding through electronic media or from cadres or health workers.

The results of the analysis of 10 articles, 8 articles listed work as a factor affecting exclusive breastfeeding, where 7 articles stated that working mothers were at great risk of providing exclusive breastfeeding, this was due to inadequate leave so that mothers did not have much time for their babies and could hinder breastfeeding to their babies, so that mothers would be more likely to choose formula milk for their babies because it was more practical. In addition, the busyness experienced by working mothers makes a mother inactive in providing exclusive breastfeeding to her baby because the mother does not have much time to breastfeed. However, there is one article that states that working mothers can still provide exclusive breastfeeding, because mothers can dig up information from pregnancy checks that they have done, and also the awareness that mothers have in providing exclusive breastfeeding so that their babies get good nutritional intake.

3. Analysis of the Relationship between Parity and Exclusive Breastfeeding in breastfeeding mothers

Based on the results of the literature review analysis regarding the relationship of parity in exclusive breastfeeding in breastfeeding mothers, the results showed that of the ten articles where nine articles used the Chi square test with a p-value $< \alpha$, with a value of $\alpha = 0.05$, and one article used the Spearman test with a p-value $< \alpha$, with a value of $\alpha = 0.5$. This value shows that the more children the greater the chance of the mother to provide exclusive breastfeeding, so that all articles show the relationship between parity and exclusive breastfeeding in breastfeeding mothers.

According to research conducted by Rahmawati & Dianing (2010), parity is related to exclusive breastfeeding, that multiparous mothers already have knowledge and experience from previous parities so that they have a greater chance of providing exclusive breastfeeding. Multiparous mothers have experience from previous lactation, this makes the mother more prepared in

breastfeeding when having another baby so that breastfeeding becomes more effective. The research results from the 10 articles suggest that parity is one of the factors that can affect a person's knowledge. One of the sources of knowledge that mothers have comes from previous experiences. The lower the number of parities the mother has, the lower the experience and knowledge she has about exclusive breastfeeding. Multiparous mothers have more breastfeeding experience so that their lactation period will be much better than primiparous mothers. Mothers who have new breastfeeding experience will usually be very sensitive when it comes to breastfeeding their babies. In addition, from the analysis of 10 articles, 3 articles include the support of health workers where all mothers who get good health worker support provide exclusive breastfeeding, because mothers will find it easier to obtain information about exclusive breastfeeding, besides that mothers also get emotional support from health workers so that they can encourage mothers to breastfeed their babies.

Conclusion

1. Based on the review of ten articles, 7 articles showed that most of the respondents were multiparous mothers with a range of 55% - 63% and 3 articles were almost half of multiparous mothers with a range of 34% - 48%.
2. Based on the results of a review of ten articles, 7 articles showed that most of the respondents gave exclusive breastfeeding to their babies with a range of 52.5% - 69.8%, and 3 articles were almost half of the mothers who gave exclusive breastfeeding to their babies with a range of 31.9% - 46.7%.
3. Based on the review of ten articles, it shows that nine articles with p value $< \alpha$ 0.05 and one article with p value $< \alpha$ 0.5, which means that 100% of the journal articles reviewed state that there is a relationship between parity and exclusive breastfeeding in breastfeeding mothers.

References

- Adliyani, Z. O. N. (2015). Pengaruh perilaku individu terhadap hidup sehat. 4(7), pp. 109–114.
- Adventus, J. I. M. M., Mahendra, N. D. (2019). Buku ajar promosi kesehatan. Jakarta: Universitas Kristen Indonesia.
- Afriyani, R., Savitri, I., Sa'adah, N. (2018). Pengaruh pemberian asi eksklusif di bpm maimunah palembang', *Jurnal Kesehatan*, 9(2), pp. 330–334. doi: 10.26630/jk.v9i2.640.
- Agustin, R. T., Laelia, L., Idaningsih, A. (2018). Hubungan pemberian asi eksklusif dengan kejadian ispa (batuk non pneumoni) pada balita di Wilayah Kerja UPTD Puskesmas DTP Maja Kabupaten Majalengka Tahun 2016. *Jurnal Kampus STIKes YPIB Majalengka*, 7(14), pp. 99–108.
- Amir. A., Nursalim., Widyansyah. (2018). Faktor - faktor yang mempengaruhi pemmerian ASI pada bayi neonatal di RSIA Pertiwi Makassar. *Media Gizi Indonesia*, 25(1), pp. 47–54.
- Ari, N. M. A. F., Dewi, N. P. W. L. (2019). Faktor-Faktor yang mempengaruhi pemberian asi eksklusif di Banjar Kaja Sesetan Wilayah Kerja Puskesmas I Denpasar Selatan Ni. *Jurnal MID- Z (Midwifery Zigot) Jurnal Ilmiah Kebidanan*, 2(2), pp. 48–51.
- Damayanti, N. A., Doda, V., Rompas, S. (2020). Status gizi, umur, pekerjaan dengan pemberian asi eksklusif pada bayi usia 6-12 bulan saat ibu kembali bekerja. *Jurnal Keperawatan (JKp)*, 8(1), pp. 23–32.
- Dewi, V. N. L., Sunarsih, T. (2012). Asuhan kebidanan ibu nifas. Jakarta Selatan: Salemba Medika.
- Dinkes Jawa Timur. (2020). Profil Kesehatan Provinsi Jawa Timur Tahun 2020.
- Djami, M. E. U., Noormartany., Hilmanto, D. (2013). Frekuensi pemeriksaan kehamilan, konseling laktasi, dan pemberian air susu ibu eksklusif frequency. *Jurnal Kesehatan Masyarakat Nasional*, 7(12), pp. 557–561.
- Ervina, A., Ismalita, W. (2018). Hubungan paritas dengan asi eksklusif pada bayi usia 7-12 bulan. *Jurnal Obstretika Scientia*, 6(1), pp. 170–178. Available at: <https://ejurnal.latansamashiro.ac.id/index.php/OBS/article/view/354>.
- Fatimah, S. (2017). Hubungan karakteristik dan pengetahuan ibu dengan pemberian ASI Eksklusif di wilayah kerja Puskesmas Turi Tahun 2017. Politeknik Kementrian Kesehatan Yogyakarta.
- Fikawati, S., Syafiq, A., Karima, K. (2015). Gizi ibu dan bayi. Jakarta: Rajawali Pers.

- Helanda. (2019). Pengaruh model experiential learning terhadap keterampilan proses sains ditinjau dari kemandirian belajar siswa pada materi biologi kelas X SMAN 01 Bandar Lampung. Universitas Islam Negeri Raden Intan Lampung.
- Herdiani, R., Ulfa, N. (2019). Hubungan pekerjaan, paritas dan dukungan petugas kesehatan terhadap pemberian asi eksklusif. *Jurnal 'Aisyiyah Medika*, 4(2), pp. 165–173. doi: 10.36729/jam.v4i2.217.
- Kemendes RI. (2017). Profil kesehatan Indonesia 2017. Jakarta: Kementerian Kesehatan Republik Indonesia. doi: 10.1002/qj.
- Kemendes RI. (2018). Profil Kesehatan Indonesia 2018. Kementerian Kesehatan Republik Indonesia. Available at: http://www.depkes.go.id/resources/download/pusdatin/profil-kesehatan-indonesia/Data-dan-Informasi_Profil-Kesehatan-Indonesia-2018.pdf.
- Kemendes RI. (2019). Profil Kesehatan Indonesia Tahun 2019, Kementerian Kesehatan Republik Indonesia. Jakarta: Kementerian Kesehatan Republik Indonesia. doi: 10.5005/jp/books/11257_5.
- Kemendes RI. (2020). Profil Kesehatan Indonesia 2020, Kementerian Kesehatan Republik Indonesia. Jakarta: Kementerian Kesehatan Republik Indonesia. Available at: <https://pusdatin.kemkes.go.id/resources/download/pusdatin/profil-kesehatan-indonesia/Profil-Kesehatan-Indonesia-Tahun-2020.pdf>.
- Khamidah, N., Prabandari, Y. S., Nurdianti, D. S. (2021). Pendekatan multilevel sebagai upaya meningkatkan pemberian asi eksklusif. *Jurnal Ilmiah Kedokteran Wijaya Kusuma*, 10(1), pp.45–56. doi: 10.30742/jikw.v10i1.942.
- Khofiyah, N. (2019). Analisis faktor- faktor yang mempengaruhi pemberian asi eksklusif di Puskesmas Umbulharjo I Yogyakarta', *Jurnal Kebidanan*, 8(2), pp. 74–85. doi: 10.26714/jk.8.2.2019.74-85.
- Kirimunun, M. P., Noer, E. R. (2014). Hubungan frekuensi kunjungan ANC (Antenatal Care) dengan riwayat pemberian ASI pada bayi usia 6 bulan. *Journal of Nutrition College*, 3(4), pp. 730–736.
- Leiwakabessy, A., Azriani, D. (2020). Hubungan umur, paritas dan frekuensi menyusui dengan produksi air susu ibu', *Journal of Midwifery Science and Women's Health*, 1(1), pp. 27–33.
- Mamangkey, S. J. F. (2018). Hubungan dukungan keluarga dengan pemberian ASI Eksklusif pada bayi di Puskesmas Ranotana Weru', *e-Journal Keperawatan (eKp) Volume*, 6(1), pp. 1–6.
- Marzali, A. (2016). ETNOSIA. *Jurnal Etnografi Indonesia*, 1(2), pp. 27–36.

- Masturoh, I., Anggita T, N. (2018). *Metodologi Penelitian Kesehatan*. Jakarta Selatan: Kementrian Kesehatan Republik Indonesia.
- Nabilla. (2016). Hubungan antara persepsi dengan perilaku ibu menyusui menurut teori health belief model di Desa Singojuruh Kecamatan Singojuruh Kabupaten Banyuwangi. Universitas Airlangga. Availabl at: [http://repository.unair.ac.id/54717/13/FK.BID.85-16 Nab h-min.pdf](http://repository.unair.ac.id/54717/13/FK.BID.85-16Nab%20h-min.pdf).
- Notoadmodjo, S. (2014). *Ilmu Perilaku Kesehatan*. Jakarta: Rineka Cipta.
- Nurhayati, Ilyas, H., Murhan, A. (2015). Faktor-faktor yang berhubungan dengan pemberian asi eksklusif di Desa Candimas. *Jurnal Keperawatan*, XI(1), pp. 86–95.
- Polwandari, F., Wulandari, S. (2021). Gambaran usia , paritas , tingkat pendidikan , status pekerjaan, dukungan suami dan tingkat pengetahuan ibu dalam pemberian asi eksklusif. *Faletehan Health Journal*, 8(1), pp. 58–64.
- Pratiwi, H., Apripan, R. (2021). Pengetahuan ibu hamil tentang ASI Ekskluaif pada bayi di Desa Manunggang Jae Kota Padangsidempuan Tahun 2020. *Aksen Jurnal*, 1(1), pp. 12–23.
- Purwanti, R. et al. (2021). Program ketapel asi di Puskesmas Karangdoro kota. *Jurnal Penelitian dan Pengabdian kepada Masyarakat*, 9(1), pp. 79–88
- Rambu, S. H. (2019). Hubungan dukungan keluarga terhadap pemberian asi eksklusif pada bayi di Puskesmas Biak Kota. *Jurnal Ilmiah Kesehatan Pencerah*, 08(2), pp. 123–130. doi: <https://doi.org/10.12345/jikp.v8i02.128>.
- Retnawati, S., Okta, D. (2019). Hubungan paritas dengan asi eksklusif pada bayi usia 7-12 bulan. *Jurnal Obstretika Scientia*, X(02), pp. 149–153. Available at: <https://ejurnal.latansamashiro.ac.id/index.php/OBS/article/view/354>.
- Riska, R., Arif, A. (2013). Hubungan umur dan paritas dengan kejadian berat bayi lahir rendah (BBLR). *E-Jurnal Obstretika*, 1(1), pp. 22–37.
- Salamah, U., Prasetya, P. H. (2019). Faktor-faktor yang mempengaruhi kegagalan ibu dalam pemberian asi eksklusif. *Jurnal Kebidanan Malahayati*, 5(3), pp. 199–204. doi: 10.33024/jkm.v5i3.1418.
- Santik, Y., Faida, A. (2020). Praktik pemberian asi eksklusif di Wilayah Kerja Pusekesmas Melly. *Higeia Journal of Public Health Research and Development*, 4(3), pp. 435–447.
- Sholikah, B. M. (2018). Hubungan Penolong Persalinan, Inisiasi Menyusu Dini dan Dukungan Petugas Kesehatan dengan Perilaku Ibu dalam Pemberian ASI Eksklusif, *Jurnal Keperawatan Muhammadiyah*, 3(2), pp. 6–12.
- Soraya, N. (2017). Hubungan usia dan paritas dengan BBLR di RSUP H. Adam Malik Medan dan RS Jejaring. Universitas Sumatera Utara.

- Sumini, S. (2018). Hubungan paritas dengan kejadian kekurangan energi kronik (kek) pada ibu hamil di BPM Ny. “A” Desa Gombang Kecamatan Slahung Kabupaten Ponorogo. *Jurnal Delima Harapan*, 9(8), pp. 1–11. doi: 10.31935/delima.v5i1.3.
- Umami, W., Margawati, A. (2018). Faktor - faktor yang mempengaruhi pemberian ASI Eksklusif, *Jurnal Kedokteran Diponegoro*, 7(4), pp. 1720–1730.
- Warsiti, Rosida. L., Sari, D. F. (2020). Faktor mitos dan budaya terhadap keberhasilan asi eksklusif pada suku jawa. *Jurnal Ilmiah Keperawatan Stikes Hang Tuah Surabaya*, 15(1), pp. 151–161.
- Yuliawati, R., Kurniasari, L., Maryam, S. (2018). Hubungan antara pendidikan dan dukungan keluarga dengan kegagalan asi eksklusif, 3(2), pp. 79–86.