

Determinants of Behavior and Exclusive Breastfeeding: Logistic Regression Test On Babies Aged 7-12 Months

Cucu Herawati¹, Reynalda Pooja Lestari², Awis Hamid Dani³, Lilis Banowati⁴, Laili Nurjannah Yulistiyana⁵, Suzana Indragiri⁶, Iin Kristanti⁷

¹Faculty of Public Health, Sekolah Tinggi Ilmu Kesehatan Cirebon, Indonesia, cucueherawatie@gmail.com

²Faculty of Public Health, Sekolah Tinggi Ilmu Kesehatan Cirebon, Indonesia, poojalestari16@gmail.com

³Faculty of Public Health, Sekolah Tinggi Ilmu Kesehatan Cirebon, Indonesia, alwishdani@yahoo.com

⁴Faculty of Public Health, Sekolah Tinggi Ilmu Kesehatan Cirebon, Indonesia, lilisbanowati@gmail.com

⁵Faculty of Public Health, Sekolah Tinggi Ilmu Kesehatan Cirebon, Indonesia, lailinurjannah7@gmail.com

⁶Faculty of Public Health, Sekolah Tinggi Ilmu Kesehatan Cirebon, Indonesia, suzanaindragiri@gmail.com

⁷Faculty of Public Health, Sekolah Tinggi Ilmu Kesehatan Cirebon, Indonesia, inkris76@gmail.com

*Corresponding Author: E-mail: cucueherawatie@gmail.com

ARTICLE INFO

Manuscript Received: 03 May, 2025

Revised: 25 Dec, 2025

Accepted: 27 Dec, 2025

Date of publication: 27 Dec, 2025

Volume: 15

Issue: 2

DOI: 10.56338/promotif.v15i2.7409

KEYWORDS

Support family;
knowledge;
pattern foster care;
exclusive breastfeeding

ABSTRACT

Introduction: Research purposes this for analyze knowledge, patterns of nurturing, and support families to exclusive breastfeeding.

Methods: Types of research quantitative design *cross-sectional*, a population is a mother who has babies 7-12 months old as many as 90 respondents, and techniques taking a sample with *simple random sampling*. Data collection method with interview. Data was analyzed using a *multivariate logistic regression* test. Ethical permission for this research was obtained from the research and community service institute, Cirebon College of Health Sciences with number No.045/LP3M_STIKes Crbn/IV/2023.

Results: Research results show exists connection between knowledge (*p-value* 0.001), pattern foster (*p-value* 0.001), and support family (*p-value* 0.003) with exclusive breastfeeding. Analysis multivariate obtained pattern foster as the most influential variable to exclusive breastfeeding (OR=9.357), meaning mother who has pattern foster not enough have risk more than 9 times big no give exclusive breast milk to the baby.

Conclusion: Public health centers are expected to increase efforts promotion of health. Should mothers increase attention and time for babies. For working mothers, It's best to regularly pump breast milk at home or the office. Mothers increase awareness of will importance look after healthy babies by providing exclusive breastfeeding.

Publisher: Fakultas Kesehatan Masyarakat Universitas Muhammadiyah Palu

INTRODUCTION

Inside the house stairs, the target main or indicator pattern life clean and healthy can reflect behavior life healthy, like only giving the mother's milk breast milk (1). Breast milk is one of the needs the baby must fulfill by the mother during the baby's new newborn until at least six months. Breast milk has lots of benefits for mother and baby (2).

Babies who receive breast milk exclusively and breast-feed for up to two years not only accept the nutrition best, but also have a system more defensive, progress more cognitively, and decline morbidity and mortality consequences of infection channel breathing and diarrhea (3).

Several global reports from the United Nations Children's Fund (UNICEF) and the World Health Organization (WHO) show the growing trend in exclusive breastfeeding practices internationally. According to the Global

Breastfeeding Scorecard 2023, the prevalence of exclusive breastfeeding in infants under six months of age has increased by more than 10 percentage points in the past decade and reached approximately 48% globally. This achievement is approaching the World Health Assembly's target of increasing exclusive breastfeeding coverage to at least 50% by 2025. However, this figure indicates that more than half of the world's babies are not receiving optimal exclusive breastfeeding, so stronger promotional efforts and support systems are still needed to achieve this target.

According to WHO research in 2020, exclusive breastfeeding is standard gold for a nutrition baby and it is recommended that all baby is given exclusive breast milk until with age of six months. 41% of babies worldwide are exclusively breastfed and WHO hopes the number will increase by at least 50% by 2025 (4).

In 2020, exclusive breastfeeding coverage in Indonesia was 72.04%, and in West Java Province 76.11 %. Whereas according to BPS, exclusive breastfeeding coverage in Cirebon Regency in 2020 was 72.39% (5). However, numbers the not yet achieved national targets that is by 80%. Exclusive breastfeeding coverage at Pukesmas Sindanglaut in 2020 was 54.78%, in 2021 it was 62.99%, and in 2022 it was 60.1%. Although thereby Still Far from the target of the Regulation Government Republic of Indonesia 100% (6). Based on PHBS indicator data at Community Health Centers Sindanglaut 2023 coverage exclusive breastfeeding at 88%, is ranking 2nd which has not yet achieved 100%.

Factors that can influence exclusive breastfeeding include education of mothers, knowledge, attitudes, behavior, working mothers, support family, culture, and formula feeding (7). Maternal education, knowledge, mother's employment, family support, and provision of formula milk influence breastfeeding (8). The practice of providing exclusive breastfeeding is still low, this is influenced by the mother's age, mother's education, mother's occupation, and place of birth (9).

A study by Sjawie et.al (2019), shows there is a connection between knowledge of exclusive breastfeeding (10) and Siti (2018) research exists a connection between pattern care and exclusive breastfeeding (11); and according to research by Nanik (2018), shows that level support the most families in the category less obtained *p-value* 0.01 exists connection between support family with exclusive breastfeeding (12).

Based on studies preliminary on May 24, 2023, obtained knowledge of exclusive breastfeeding there are 70% of respondents know less, pattern foster 100% of respondents own pattern lack of care, and support family there are 70% of respondents who have support family low. There are some reasons why mothers do not provide exclusive breastfeeding Because give replacements with formula milk, the mother is Busy working, does not have enough breast milk, and is not out, as well as part of the mother-work baby entrusted to grandma or you. Lack of support from parents or husband optimally caused no stay close by with parents nor in-laws and lack thereof attention from family to medium mother breast-feed.

The novelty of this study lies in: the parenting variable is not merely the mother's attitude, but a reflection of structural limitations (work, time, substitute caregivers) and in the finding that the mother's parenting pattern is the most dominant behavioral determinant of exclusive breastfeeding, surpassing the role of knowledge and family support, thus confirming the importance of a parenting practice-based intervention approach in exclusive breastfeeding promotion programs. Study this needs to be done to overcome the problem continued exclusive breastfeeding coverage low so that expected can increase system immunity body for the baby and can reduce number pain or death in babies. "Research purposes this for analyze which behavioral domain factors have the most influence on exclusive breastfeeding.

METHOD

Research Type

Study this uses an approach quantitative with a design *cross-sectional*.

Population and Sample/Informants

Population in study this is amount baby 7-12 months old in 2023 the number will be 879, with a sample amounting to 90 samples. A respondent is a mother who has a baby. Retrieval method sample with use *Simple random sampling*. Criteria inclusion in study this namely the mother who owns it baby aged 7-12 months and the criteria exclusion is moderate respondents no be in place at the moment study taking place as well as no can communicate with good.

Research Location

This research was conducted in the Sindanglaut Health Center Working Area, Cirebon Regency in 2023.

Instrumentation or Tools

The questionnaire used in this study was adopted from a previous research questionnaire that had undergone validity and reliability tests.

Data Collection Procedures

The method of data collection by interviewing respondents using a questionnaire. Primary data collected in this study include: knowledge, parenting patterns, and family support by interviewing mothers who have babies.

Data Analysis

The measurement results for: Exclusive breastfeeding are 1. not exclusive if the baby gets food/drinks other than breast milk at the age of 0-6 months and 2. Exclusive if the baby is only given breast milk from the age of 0-6 months, Mother's Knowledge is 1. Poor if less than the median of 9 and 2. Good if more than the median of 9, Parenting Pattern is 1. Poor if less than the median of 6 and 2. Good if more than the median of 6, and Family Support is 1. Less supportive if less than the median of 6 and 2. Supportive if more than the median of 6. Data was analyzed using a *multivariate logistic regression* test.

Ethical Approval

The ethical principles applied in this research are four principles: respect for human dignity, respect for privacy and confidentiality, respect for justice and inclusiveness, and balancing harms and benefits. Ethical permission for this research was obtained from the research and community service institute, Cirebon College of Health Sciences with number No.045/LP3M_STIKes Crbn/IV/2023.

RESULTS

Table 1. Exclusive breastfeeding, Mother's knowledge, Mother's Parenting Style, and support Family

Variable	Frequency	Presentation
Exclusive breastfeeding		
Not exclusive	57	63.3
Exclusive	33	36.7
Mother's Knowledge		
Not enough	62	68.9
Good	28	31.1
Mother's Parenting Style		
Not enough	46	51.1
Good	44	48.9
Support Family		
Does not support	43	47.8
Support	47	52.2
Total	90	100

Based on table 1. shows that more than half of no give exclusive breast milk to babies his that is as many as 57 respondents (63.3%), more from half knowledge Mother not enough that is as many as 62 respondents (68.9%), more than half own pattern foster not enough that is as many as 46 respondents (51.1%), and more from half family respondents support that is as many as 47 respondents (52.2%).

Table 2. Relationship knowledge of mother, parenting style, and support family with exclusive breastfeeding

Variable	Exclusive breastfeeding				Total		P-Value
	Not exclusive breastfeeding		Exclusive breastfeeding				
	n	%	n	%	n	%	
Knowledge							
Not enough	46	74.2	16	25.8	62	100.0	0.001
Good	11	39.3	17	60.7	28	100.0	
Parenting							
Not enough	37	80.4	9	19.6	46	100.0	

Variable	Exclusive breastfeeding				Total		<i>P-Value</i>
	Not exclusive breastfeeding		Exclusive breastfeeding				
	n	%	n	%	n	%	
Good	20	45.5	24	54.5	44	100.0	0.001
Family support							
Does not support	34	79.1	9	20.9	43	100.0	
Support	23	48.9	24	51.1	47	100.0	0.003
Total	57	63.3	33	36.7	90	100	

Based on table 2. shows respondents who do know not enough no provide exclusive breastfeeding as many as 46 (74.2%), obtained a mark *p-value* of 0.001. Respondents who have pattern foster not enough part big no provide exclusive breastfeeding as many as 37 (80.4%), obtained a mark *p-value* of 0.001. Respondents who have support family not enough part big no support exclusive breastfeeding as many as 34 (79.1%), obtained a mark *p-value* of 0.003.

Table 3. Modeling regression logistics first

Variable	B	P-value	OR	95%CI
Knowledge	0.200	0.749	1,221	0.360 - 4.143
Parenting Patterns	2,157	0.001	8,643	2,467 – 30,282
Support Family	1,958	0.004	7,087	1,872 – 26,829

Based on table 3. of modeling first variables that have the largest *p-value* is knowledge, and then variable knowledge is excluded from the analysis modeling final.

Table 4. Modeling regression logistics final

Variable	B	P-value	OR	95%CI
Support Family	2,064	0.001	7,877	2,441 – 25,417
Parenting	2,236	0,000	9,357	2,921 – 29,976

Based on table 4, the results of the multivariate analysis show that the most dominant variable refers to the highest OR, namely the variable that has the most influence on exclusive breastfeeding is parenting patterns with an Odds Ratio (OR) of 9.357 with a confidence interval of 2.921 - 29.976, meaning that respondents who have poor parenting patterns are at more than 9 times greater risk of not providing exclusive breastfeeding to their babies.

DISCUSSION

Knowledge Mothers with exclusive breastfeeding

Research results obtained exists connection between knowledge with exclusive breastfeeding (*p-value* 0.001), in line with results study previously among them study Sjawie (2019) stated a connection between knowledge with exclusive breastfeeding *p-value* =0.000 (10,13).

Mothers have higher education own more opportunities big for provide exclusive breastfeeding. Knowledge and attitude positive show enhancement more than double taller for provide exclusive breastfeeding (14). Knowledge is knowledge gained after sensing something. Increased knowledge can cause changes in perceptions, habits, and beliefs (6). The knowledge possessed is the result effort to find the truth or problem (15).

Knowledge level Mother part big respondents good by 80%. Education, information obtained, economics, and the environment are several reasons failure of exclusive breastfeeding (16). According to Seni Rahayu (2019), in part, Mother still believes if you don't have breast milk yet after giving birth, then the baby is given honey or formula milk. If power health gives formula milk to the baby because the baby keeps crying, the mother will agree because worry the baby's starvation (17).

Research results this obtained part big respondents knowledge not enough good and not provide exclusive breastfeeding as many as 46 (74.2%) because still there are Mothers who don't know what that's exclusive

breastfeeding and it arrives age how many babies given exclusive breast milk. Exclusive breastfeeding is still less than optimal, therefore that important to give education counseling on breastfeeding, to increase the attitudes and knowledge of Mothers toward breastfeeding practices (6). Expected power health capable do promotion and mentoring to Mothers breast-feed like counseling about the benefits of exclusive breastfeeding (13).

Parenting With Exclusive Breastfeeding

Research results found there is a connection between pattern foster with exclusive breastfeeding (*p-value* 0.001), in line with the results of Siti's research (2018) showing exists connection between pattern foster with exclusive breastfeeding *p-value*=0.010 (10),(18). According to Fitra (2011), a toddler who has pattern foster no good of 32.3%, expected officer health can give counseling about pattern care and its implementation in life daily.

Parenting is the parents' way of educating children, and the responsibility answer to ensure that a child's own life is good physically, in good health, good development, and better behavior by religious and cultural values them (19). According to Siti (2018), many factors influence the pattern of foster Mothers that as attitude, knowledge, social culture, age, and occupation. A good mother will notice all the needs of, her son, starting from a maintenance baby, love affection, and protection (10).

Research result this obtained part big respondents own pattern foster not enough good mother no provide exclusive breastfeeding as many as 37 (80.4%), this because of lack of attention and time for baby because Mother working, caring servant or his grandmother, working mother no pump breast milk well at home or in place work, giving formula milk to less baby from 6 months due to lack of breast milk go out, and give complementary foods for breast milk to less baby from 6 months because child fussy. Repairing parental attitudes to breastfeeding by educating the public will increase awareness public to the benefits of breast milk (20).

Support Family with Exclusive breastfeeding

Research results found exists connection between support families with exclusive breastfeeding (*p-value* 0.003), in line with the results of research by Nanik, et al (2018) showing exists connection between support families with exclusive breastfeeding *p-value* =0.01, (11). Assistance provided to member families in the form of goods, services, information, and advice is known as support family. Form support can be moral or material (21).

Very important for medium mothers to breastfeed to support family. Good support can push Mothers to breastfeed for doing so. Exclusive breastfeeding during six months needs it support family like husband, parents, and in-laws (22). Most respondents received family support in efforts to provide exclusive breastfeeding (23).

Research results in the respondents who did not get support from their family or did not provide exclusive breastfeeding as many as 34 (74.1%), This because most respondents who answered no get support from their family, and no listen mother's complaint convey if Mother experience problem smoothness breast milk. Supporting adequate family relates in a way significant to the practice of exclusive breastfeeding for working mothers (24).

Parenting is a factor the most dominant risk of exclusive breastfeeding

Parenting is the most influential variable in exclusive breastfeeding with an *Odds Ratio* (OR) of 9.357, meaning respondents who have pattern foster not enough have risk more than 9 times big Mother no provide exclusive breast milk to the baby, in line with the results study Mariyanah (2021), obtained *p-value* (0.000) mothers who have pattern foster not enough good own 6 times more risk big her toddler experience development hampered (16) Siti's research (2016), shows an OR value of 4.27 that children raised by mothers content 4.27 times more possibly succeed in exclusive breastfeeding (25).

According to the assumption researcher, pattern fostering is the most influential variable to exclusive breastfeeding, this because of lack of attention and time Mother for baby because the Mother work then the one who takes care of it baby's servant or his grandmother. Working mother no pump breast milk well at home or in place work, then it is very important to prepare expressed breast milk since beginning before the baby leaves Work return.

Limitations and Cautions

The limitations in this study include: limited time for data collection because most respondents are very busy, which can influence respondents' answers and the possibility of information bias when respondents answer questions, namely dishonesty between reality and the answers given.

Recommendations for Future Research

Based on the results of this study, Community health centers need to develop and implement family centered breastfeeding counseling that involves the mother, husband, and the baby's primary caregiver (grandmother or other family member). Should Mothers increase attention and time for their babies, so can provide exclusive breastfeeding. Working mothers regularly pump breast milk, and mothers increase their knowledge as well as awareness of will importance look after healthy babies by providing exclusive breastfeeding.

CONCLUSION

More than half of the respondents did not provide exclusive breastfeeding to their infants, amounting to 57 respondents (63.3%). More than half of the mothers had insufficient knowledge, totaling 62 respondents (68.9%). Additionally, more than half of the mothers had inadequate parenting practices, with 46 respondents (51.1%), while more than half of the respondents reported receiving family support, comprising 47 respondents (52.2%). There's a relationship between knowledge ($p\text{-value} = 0.001$), pattern foster ($p\text{-value} = 0.001$), and support family ($p\text{-value} = 0.003$) with exclusive breastfeeding to babies 7-12 months old. Variables that have the most dominant relationship influential to exclusive breastfeeding that is pattern foster with $OR = 9.357$. It means respondents who have pattern foster not enough have risk more than 9 times big no provide exclusive breastfeeding.

AUTHOR'S CONTRIBUTION STATEMENT

CH drafted the manuscript, RPL and IK collected the data, LB processed the data, LNY translated the manuscript, AHD interpreted the data, and SI conducted the data analysis.

CONFLICTS OF INTEREST

In This Study There Were No Conflicts of Interest

DECLARATION OF GENERATIVE AI AND AI-ASSISTED TECHNOLOGIES IN THE WRITING PROCESS

In compiling this manuscript, the author used assisted technology, namely Grammarly, to refine or improve English and used reference management software, namely Mendeley.

SOURCE OF FUNDING

This research was funded by the Cirebon College of Health Sciences through Internal Grant Fund Number 62/LP3M-STIKes Cirebon/III/2023.

ACKNOWLEDGMENTS

The researcher would like to thank the Cirebon College of Health Sciences, Sindang Laut Health Center, Cirebon Regency, the research respondents, and all parties who have helped in completing this research.

BIBLIOGRAPHY

1. Ardilla A. Edukasi PHBS untuk Meningkatkan Perilaku Sehat di Tatanan Rumah Tangga. Zulkarnaini dan Ardila JPMD. 2023;2(Okttober):44–8. Tersedia dari: <https://jurnal.akafarma-aceh.ac.id/index.php/jpmd/article/view/89>
2. Yusuf Hidayat DNVs. Analisis Dampak Pemberian MP-ASI Dini terhadap Pertumbuhan Bayi 0-6 Bulan. Jurnal Plamboyon Edu (JPE). 2023;1(2):198–207. Tersedia dari: <http://jurnal.rakeyansantang.ac.id/index.php/plamboyon/article/view/363>
3. Ni Wayan Armini. Hypnobreastfeeding awali suksesnya ASI Eksklusif. Jurnal Skala Husada . 2016;13(1):21–9. Tersedia dari: <https://ejournal.poltekkes-denpasar.ac.id/index.php/JSH/article/view/10>
4. Nunik Hindrawati R. Gambaran Riwayat Pemberian Asi Eksklusif Dengan Kejadian Stunting Pada Anak Usia 6-24. JKAKJ. 2018;2(1):1. Tersedia dari: <https://e-jurnal-akbidjember.ac.id/index.php/jkakj/article/view/12/7>
5. Ningrum D, Setiadi DK, Sejati AP, Fauziyah RN. Pengaruh pendidikan berbasis media vedio animasi terhadap pengetahuan ibu tentang protein hewan untuk mencegah balita stunting. Jurnal riset kesehatan Poltekkes Depkes Bandung . 2024 Feb 2;16(1):238–51. Tersedia dari: <https://www.juriskes.com/index.php/jrk/article/view/2411>
6. Dukuzumuremyi JPC, Acheampong K, Abesig J, Luo J. Knowledge, attitude, and practice of exclusive breastfeeding among mothers in East Africa: A systematic review. Vol. 15, International Breastfeeding Journal. BioMed Central; 2020. <https://link.springer.com/article/10.1186/s13006-020-00313-9>

7. Prasetyo TS, Permana OR, Sutisna A. Hubungan Pengetahuan, Sikap, dan Perilaku Ibu Tentang ASI dengan Keberhasilan ASI Eksklusif: Puskesmas Pancalang Kabupaten Kuningan. *Jurnal Tunas Medika Jurnal Kedokteran dan Kesehatan* [Internet]. 2020;6(1):1–6. Available from: <http://jurnal.unswagati.ac.id/index.php/tumed>
8. Ishola AA, Adekunle KA, Temitope AF. Social-Demographic Factors Influencing Exclusive Breastfeeding Attitude among Working Nursing Mothers in Urban Areas of Ibadan, Oyo State. *Psychological Research on Urban Society*. 2019 Oct 31;2(2):76. Available from: <https://scholarhub.ui.ac.id/cgi/viewcontent.cgi?article=1065&context=proust>
9. Mulneh MW. Determinants of exclusive breastfeeding practices among mothers in Ethiopia. *PLoS One*. 2023 Feb 1;18(2 February). Available from: <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0281576>
10. Abdullah Sjawie W, Rumayar AA, Korompis GE, Kesehatan Masyarakat F, Sam Ratulangi Manado ABSTRAK U. Hubungan antara pengetahuan dan sikap ibu dengan pemberian ASI Eksklusif di wilayah kerja puskesmas Tuminting Kota Manado. *Jurnal KESMAS*. 2019;8(7):298–304. Tersedia dari: <https://ejournal.unsrat.ac.id/index.php/kesmas/article/view/26607>
11. Siti Ewin Pasaribu. Hubungan pola asuh dan pemberian ASI Eksklusif dengan status gizi baduta di Kelurahan Pulo Brayon Darat II Kecamatan Medan Timur Tahun 2018. *Jurnal Bidan Komunitas*. 2018;11(1):11–23. Tersedia dari: <https://download.garuda.kemdikbud.go.id/article.php?article=982807&val=14125&title=Hubungan%20Pola%20Asuh%20dan%20Pemberian%20ASI%20Eksklusif%20dengan%20Status%20Gizi%20Baduta%20di%20Kelurahan%20Pulo%20Brayan%20Darat%20II%20Kecamatan%20Medan%20Timur>
12. Nanik royaningsih SW. Hubungan dukungan keluarga dengan pemberian ASI eksklusif pada bayi di desa Jamnean Kidul Kecamatan Margorejo. *Jurnal Kesehatan Masyarakat*. 2018;6(1):56–61. Tersedia dari: <https://www.jurnal.stikescendekiautamakudus.ac.id/index.php/JKM/article/view/205>
13. Dhita Kris Prasetyanti, Eko Winarti, Putri Riga Sefika, Anita Nuril Fadila, Palupi. The Relationship between Mother's Knowledge of Exclusive Breastfeeding and Exclusive Breastfeeding. *Journal for Quality in Public Health*. 2022 May 31;5(2):532–6. Available from: <https://www.jqph.org/index.php/JQPH/article/view/352>
14. Gebretsadik GG, Tadesse Z, Mamo L, Adhanu AK, Mulugeta A. Knowledge, attitude, and determinants of exclusive breastfeeding during COVID-19 pandemic among lactating mothers in Mekelle, Tigray: a cross sectional study. *BMC Pregnancy Childbirth*. 2022 Dec 1;22(1). Available from: <https://link.springer.com/article/10.1186/s12884-022-05186-w>
15. Agus Cahyono E. Pengetahuan. *Jurnal Keperawatan*. 2019;12(1):95–107.
16. Idawati I, Mirdahni R, Andriani S, Yuliana Y. Analisis Penyebab Kegagalan Pemberian Asi Eksklusif pada Bayi di RSUD Tgk. Chik Ditiro Kabupaten Pidie. *Sang Pencerah: Jurnal Ilmiah Universitas Muhammadiyah Buton*. 2021 Nov 28;7(4):593–608. <https://media.neliti.com/media/publications/527811-none-ab1b2562.pdf>
17. Sedayu K, Nurunnayah S, Sugesti DT. Care taker was associated with the success in providing exclusive breastfeeding of baduta in Sedayu District. *Jurnal Gizi dan Dietetik Indonesia*. 2016;4(1):1–7. Available from:
18. Nurhamidi N, Bajuri RR. Correlation of Breastfeeding and Parenting with Early Childhood's Emotional Development. *Journal of Local Therapy*. 2022 Jan 24;1(1):1. Available from: <https://ejournal.almaata.ac.id/index.php/IJND/article/view/337>
19. Erdaliameta A, Khurotunisa R, Nana N, Tohani E. Pengaruh Pola Asuh Orang Tua terhadap Kecerdasan Emosional Anak Usia Dini. *Jurnal Obsesi : Jurnal Pendidikan Anak Usia Dini*. 2023 Aug 24;7(4):4521–30. Tersedia dari: <https://obsesi.or.id/index.php/obsesi/article/view/4029>
20. Parsa P, Masoumi Z, Parsa N, Parsa B. Parents' health beliefs influence breastfeeding patterns among Iranian women. *Oman Med J*. 2015;30(3):187–92. Available from: <https://pmc.ncbi.nlm.nih.gov/articles/PMC4459158/>
21. Handayani R, Purbasari I, Setiawan D. Tipe-tipe pola asuh dalam pendidikan keluarga. *Jurnal Ilmiah Kependidikan* [Internet]. 2020;11(1):16–23. Available from: <http://jurnal.umk.ac.id/index.php/RE>
22. Sabriana R, Riyandani R, Wahyuni R, Akib A. Hubungan Pengetahuan dan Sikap Ibu Tentang Pemberian ASI Eksklusif. *Jurnal Ilmiah Kesehatan Sandi Husada*. 2022 Jun 1;201–7. Tersedia dari: <https://jurnalsandihusada.polsaka.ac.id/JIKSH/article/view/738>
23. Sukarni, Surtinah N, Santoso BJ, Agung Suharto. Relationship Between Knowledge, Attitude, and Family Support with Exclusive Breastfeeding. *International Journal of Advanced Health Science and Technology*. 2024 Jul 2;4(3). Available from: <https://www.ijahst.org/index.php/ijahst/article/view/342>

24. Ratnasari D, Paramashanti BA, Hadi H, Yugistyowati A, Astiti D, Nurhayati E. Family support and exclusive breastfeeding among Yogyakarta mothers in employment. *Asia Pac J Clin Nutr*. 2017;26:S31–5. Available from: <https://search.informit.org/doi/abs/10.3316/INFORMIT.915808981100465>
25. Mariyanah M, Syarah M. Hubungan Pengetahuan, Pola Asuh dan Riwayat Asi Eksklusif dengan Perkembangan Balita di Wilayah Kerja Puskesmas Curug Tahun 2022. *SIMFISIS Jurnal Kebidanan Indonesia*. 2022 Nov 17;2(2):289–96. Tersedia dari: <https://journals.mpi.co.id/index.php/SJKI/article/view/80>