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## Determinants Exclusive Breastfeeding in Public Health and Health Center North Jayapura Kotaraja Jayapura Papua 2015

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### Abstract

This study aims to identify; 1) the effect of IMD on exclusive breastfeeding. 2) to identify the effect of knowledge of mothers on exclusive breastfeeding. 3) the effect of maternal employment on exclusive breastfeeding and 4) the effect of the husband's support exclusive breastfeeding in in North Jayapura health centre and Kotaraja City health centre. This type of research used analytic observational with cross sectional study. Data were analyzed by SPSS by using logistic regression. The results of this research are: 1) Variable IMD  $p = 0.000 < 0.05$  indicates that there is influence of IMD on exclusive breastfeeding. 2) Variable knowledge of mother  $p = 0.000 < 0.05$  indicates that there is an influence of mother's knowledge on exclusive breastfeeding. 3) Variable Works mother  $p = 0.172 > 0.05$  indicates that there is no effect of maternal employment on exclusive breastfeeding. 4) Variable husband Support  $p = 0.000 < 0.05$  indicates that there is an influence on the husband's support exclusive breastfeeding.

**Keywords:** Early Initiation of Breastfeeding; knowledge; work; support; exclusive breastfeeding.

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## **1. Introduction**

The quality of nutrition and maternal and child health, since pre pregnancy, pregnancy and lactation period is very critical. 1000 day cycle begins during pregnancy for 9 months (270 days) until the first life baby for 2 years (730 days). Why in 1000 the first day of this first life is to determine the quality of life in the future? In the womb, the fetus will grow and develop through weight gain and length of body, brain development as well as other organs such as the heart, liver and kidneys. At birth these changes largely settled or completed, except for some functions, ie brain development and immunity, which continued until the first few years of life infants [1]. Therefore, lack of nutrition in the womb and early life period will have an impact on growth in the long term. The impact of which is not optimal development of the brain and other organs. So that later the child will grow into a child stunting, cognitive ability is weak and at risk of non-communicable diseases such as anemia, hypertension, diabetes and others. But the scientific evidence from many studies by the research institute of nutrition and health dii world has changed this paradigm. According to the World Health Organization (WHO) the body is short, fat, never an infectious disease and some other indicators of quality of life, the most important causative factor is the environment from conception to children aged 2 years can be changed and improved. Steps can be taken to meet the nutrition of 1000 the first day of this life during the lifetime of the first baby is to perform early initiation of breastfeeding (IMD) as soon after birth as well as seek a baby gets colostrums (milk first came out and colored yellow clear, continued by giving only breast milk exclusively during the first 6 months of life. After the baby aged 6 months of breastfeeding is continued and given complementary feeding (MP-ASI), IMD and exclusive breastfeeding from birth to 6 months of age are the two practice breastfeeding is important for survival [2].

Fikawati and Syafiq qualitative study reported that a predisposing factor is the failure of exclusive breastfeeding mothers because they knowledge and experience that is less because not doing IMD facilitated. Parenting study in 2002, showed that it is not solely the mother's knowledge of factors that influence the success of exclusive breastfeeding. Another factor affecting the success of exclusive breastfeeding is the ability to perform breastfeeding immediately (immediate breastfeeding) or known as early initiation of breastfeeding. Various studies have reported that the IMD long proven to increase the success of exclusive breastfeeding [3].

The main indicator of the degree of public health is the infant mortality rate (IMR). From the research results, the infant mortality rate is not isolated, but rather to other factors, especially nutrition. Therefore, the baby's nutritional needs really need serious attention. Nutrition for the baby the most perfect and most cost are breastfeeding or breast milk. Breastfeeding infants is the best way for the improvement of human resources (HR) early on which will be the successor to the nation. Breast milk is the most perfect food for babies. Breastfeeding means giving nutrients of high-value nutrients needed for growth and development of nerve and brain, giving substances immunity to some diseases and realize the emotional bond between mother and baby [4]. Milk out on postpartum or so-called colostrums contain 2.9% fat, 1.195% protein, 6.5% carbohydrate and 0.3% minerals. Meanwhile, the US comes out on the 15th day up to 15 months after childbirth or mature breast milk contains 3% - 5% fat, 0.8% - 0.9% protein, 6.9% - 7.2% carbohydrate (calculated as lactose), and minerals 0.2%, the major protein in human milk is immunoglobulin IgA. Immunoglobulin A immunity is important for the baby. Meanwhile, the lactose may serve to control the intestinal flora due to its ability to promote the growth

of certain strains of lactobacilli. In fact all the vitamins, except for vitamin K is also found in breast milk with nutrient concentrations were significantly [5].

Breastfeeding is considered as an ideal method for babies during the first six months of life. Babies who are not breastfed have a high mortality rate and an increased risk of several chronic childhood diseases. Based on research, the longer a baby is breastfed, the more healthy physical condition, because breast milk contains special antibodies that are not found in other foods. The World Health Organization (WHO) declared even exclusive breastfeeding for six months to two years. Exclusive breastfeeding is giving only breast milk without any liquids or solids except for vitamins, minerals or medications in the form of drops or syrup until the baby is 6 months old. Various studies have examined the benefits of exclusive breastfeeding in reducing infant mortality, optimize the growth of the baby, help the development of children's intelligence and help distance the pregnancy for the mother [6].

In this regard it has been defined by the Ministerial Decree No. 450 / Menkes / IV / 2004 on exclusive breastfeeding in infants Indonesia stipulated that "exclusive breastfeeding for infants birth to babies aged 6 months and recommended continued until 2 year old child by giving appropriate additional foods ". Given the importance of breastfeeding for optimal growth and development both physically and mentally and intelligence, it needs attention in order to be implemented correctly. Factors of success in breastfeeding is to breastfeed early in the correct position, regular and exclusive. But in reality there are some mothers who do not breastfeed their babies exclusively that gives additional food before the baby is 6 months old [7].

On target to 4 Millennium Development Goal's (MDG) is to reduce the mortality rate of infants and toddlers into 2/3 in the period 1990 - 2015. The main causes of infant and child mortality are diarrhea and pneumonia and more than 50% of under-five deaths constituted by malnutrition. Exclusive breastfeeding is adequately proved to be one effective interventions to reduce [8]. The results of the latest research from researchers in Indonesia showed that infants who receive complementary feeding (MP-ASI) before the age of 6 months, more diarrhea, constipation, cough, runny nose, and heat compared to infants who are solely breastfed exclusively [9]. The practice of breastfeeding in developing countries have managed to save about 1.5 million babies per year of death and disease. On the basis of the WHO recommends exclusive breastfeeding until a baby months. Annually, more than 25,000 babies in Indonesia and 1.3 million babies in the world can be saved from death by exclusive breastfeeding. March 1, 2012 the Government issued Regulation No. 33 Year 2012 on Provision of mother's milk (ASI) Exclusive signed by President Susilo Bambang Yudhoyono. These regulations implement the provisions of Article 129 paragraph (2) of Law No. 36 of 2009 concerning health. In order to protect, support and promote exclusive breastfeeding efforts should be made to increase the support of the government, local government, health care facilities and health personnel, community and family that the mother can give exclusive breastfeeding in infants.

Nationally, exclusive breastfeeding is the target coverage of 80% but in reality, coverage of exclusive breastfeeding in Indonesia fluctuated over the last 3 years. Scope of exclusive breastfeeding in infants 0-5 months fell from 62.2% in 2007 to 56.2% in 2008, but increased again in 2009 to 61.3%. While the coverage of exclusive breastfeeding in infants up to 6 months dropped from 28.6% in 2007 to 24.3% in 2008 and rose again

to 34.3% in 2009.

The prevalence of exclusive breastfeeding according to data from Demographic and Health Survey, only 32%, according to Mercy Corps by 7.4% (ASI predominantly in infants aged 0-5 months) and 28.9 (ASI only in the last 24 hours in infants aged 0-5 months), and Early research Healthy for Life was 9.2%. A survey conducted by Helen Keller International noted that the average baby in Indonesia just getting exclusive breastfeeding for 1.7 months. Based on the above data, the researchers are interested in doing research titled "Determinants of exclusive breastfeeding in health centers and health centers Kotaraja North Jayapura Kota Jayapura Papua 2015".

## **2. Materials and Methods**

### ***2.1 Research Design***

This type of research is the study was observational analytic cross sectional study design is a design research that studies the relationship between independent variables (risk factors) and dependent variable (effect) to perform instantaneous measurements at the same time. Use of Cross Sectional Study in this research is to see the difference in the duration of exclusive breastfeeding to variable determinant by collecting data at one time or the same period, with the steps:

1. Establish a research subject.
2. Identify the research variables are independent variables and the dependent variable.
3. To measure the research variables.
4. Perform data processing / data analysis.

### ***2.2 Site Selection***

The research location is in North Jayapura health centre and Kotaraja City health centre. The reasons for the choice of location for North Jayapura Puskesmas and Puskesmas Kotaraja an area that has a lot of public health services so as to determine whether there is an increase in exclusive breastfeeding.

### ***2.3 Population and Sample***

#### **a. Population**

As the population in this study were all mothers of children aged 0-12 months who are in the research area in Health centre North Jayapura, totaling 26 respondents and Health centre Kotaraja were 110 respondents, so a total population of 136 respondents.

#### **b. Sample**

The sample in this study were mothers of children aged 0-12 months who are in the research area in Health centre described as follows:

### 3. Results

In this analysis test was done together so that they could see the variables that most influence exclusive breastfeeding using logistical regression.

**Table 1:** Categorical Variables Codings

		Frequency	Coding Parameter (1)
Support	0	15	1.000
	1	121	.000
Knowledge	0	25	1.000
	1	111	.000
Occupation	0	95	1.000
	1	41	.000
IMD	0	12	1.000
	1	124	.000

According to the table above can be seen the data on the respondents as follows:

1. Most of the mothers who breastfeed for more than six months of obtaining the support of a husband to keep providing ASI. Husband support is essential for breastfeeding mothers as motivation, especially on working mothers. With the support of her husband, the mother will be more confident in breastfeeding. For the support of her husband, as many as 121 respondents husband's support of the implementation of exclusive breastfeeding and 15 respondents did not support her husband.
2. Knowledge is the result of know what happens after people commit to a particular object sensing. Sensing occur through human senses, the senses of sight, hearing, taste and touch. But mostly through a process that is a learning process and requires a whiskers help books. [10]. To the knowledge of the mother as much as 111 respondents had a good knowledge and 25 respondents have less knowledge.
3. Work is a symbol of one's status in society. Bridge work to earn money in order to meet the necessities of life and to get the desired health centers. For job status as much as 41 respondents 95 respondents working mothers and mothers do not work or housewives.
4. And for Early Initiation of Breastfeeding were 124 respondents getting IMD and 12 respondents did not get the implementation of the IMD.

According to the table above can be seen as many as 122 respondents (89.7%) breastfed exclusively and 14

respondents (10.3%) are not exclusively breastfed. A total of 14 respondents did not give exclusive breastfeeding due to several reasons including work.

**Table 2:** Classification Table<sup>a,b</sup>

			Predicted		
			ASI		Percentage
Observed			0	1	Correct
Step 0	ASI	0	0	14	.0
		1	0	122	100.0
Overall Percentage					89.7

a. Constant is included in the model.

b. The cut value is , 500

a. Variable (s) entered on step 1: IMD, KNOWLEDGE, WORK, SUPPORT HUSBAND.

Based on the above table values obtained constant (Bo) = 38.297, logistic regression coefficients for the independent variables IMD (B1) = -36.463, knowledge (B2) = -18.563, employment (B3) = -1.192, and to support variable husband (B4 ) = -20.700. The p-value of each independent variable is: IMD = 0.000, p = 0.000 knowledge, work p = 0.172 and p = 0.000 husband support. With regard to the value p, it can be summed up as follows:

- IMD p = 0,000 <0,05 so Ho denied that there was an effect on exclusive breastfeeding IMD.

- Knowledge mother p = 0,000 <0,05 so Ho denied that there is an influence of mother's knowledge on exclusive breastfeeding

- Works mother p = 0.172 > 0.05 so that Ho is accepted that there is no effect of maternal employment on exclusive breastfeeding

- Support husband p = 0,000 <0,05 so Ho denied that there was an effect on the husband's support exclusive breastfeeding

#### 4. Discussion

##### 4.1 Effect of IMD on exclusive breastfeeding

IMD p = 0,000 <0,05 so Ho denied that there was an effect on exclusive breastfeeding IMD. Early initiation of

breastfeeding (IMD) or early latch on / breast crawl by UNICEF is a condition when the baby starts to suckle their own after birth, when the baby has the ability to be able to suckle their own, with the criterion of skin contact of mother and baby skin at least within the first 60 minutes after the baby is born. How did the IMD named the baby breast crawl or crawl looking breast. Early initiation of breastfeeding is the process of breastfeeding is not breastfeeding is the description that early initiation of breastfeeding mothers not breastfeeding program but babies must be active himself found the mother's nipple [11]. Based on the results of interviews conducted early initiation of breastfeeding is done in the hospital or birthing place but there are things that bother usually mother's milk that has not been out at the time of delivery even up to 2 days. Lactation management is undertaken efforts to support successful breastfeeding. In the implementation problems begin during pregnancy, immediately after childbirth and during lactation next. The efforts undertaken are:

a. During pregnancy (antenatal care).

- Encourage pregnant women to regularly come to the health service for medical examinations, pregnancy and breast / nipple circumstances during pregnancy.
- Provide counseling and information about the usage and advantages of breastfeeding, that the benefits of breastfeeding for both the mother and baby, in addition to the dangers of bottle feeding / formula.
- examination of Breast Care to be able to produce and provide enough milk.
- Paying attention to nutrition / eating pregnant women start since being pregnant
- Creating a nice family atmosphere, especially a husband to his pregnant should support it.

b. In the period immediately after childbirth (prenatal)

- Mother or assistant to breastfeed their babies as early as 30 minutes following steps IMD after birth by showing how breastfeeding is good and right, about the position and attaching the baby on the breast so the baby gets colostrums.
- Assisting the direct contact between the baby and the mother for 24 hours a day so that breastfeeding can be performed on an infant without a schedule
- Mother postpartum given high dose Vitamin A capsules 200,000 IU, 1 hour and 24 hours after parturition hours later after parturition.
- Avoid feeding prelacteal be granted if there is an indication of a congenital disease of the mother. ASI is not out for 1 day is not a reason to give prelacteal food.

#### ***4.2 Effect of knowledge of mothers on exclusive breastfeeding***

Maternal knowledge  $p = 0,000 < 0,05$  so  $H_0$  denied that there is an influence of mother's knowledge on exclusive breastfeeding. According to Lawrence Green, knowledge and attitudes towards health is one of the predisposing factors that influence a person's behavior, so if a pregnant woman does not ever get information or counseling on exclusive breastfeeding can be influential in giving exclusive breastfeeding the baby at a later date. This is consistent with the fact that many mothers with enough knowledge tends not to provide full breast feeding for longer when compared with mothers who have less knowledge. This is because a lot of things that influence a mother's decision in determining the full duration of breast feeding to their babies.

Based on interviews that have been conducted during the study showed that the average - average mother with enough knowledge to obtain information on the activities of counseling and consultation on breastfeeding both of midwives and cadres Posyandu. Enough knowledge about the importance of breastfeeding to encourage mothers to give full breast feeding. The results are consistent with research conducted by [12] at Gazi University Medical School, Ankara, Turkey, the obtained results that the importance of breastfeeding counseling for several early months necessary to achieve long-term breastfeeding success as desired. The ideal solution from a maternal cause discontinue breastfeeding is the lactation management counseling during antenatal care (ANC) with the aim of a mother getting the theory and skills as well as support from family and workplace. So that the mother is able to prevent and treat problems with breastfeeding in infants such as baby nipple confusion and reluctant to suckle, babies often cry, weak suck reflexes, or maternal breastfeeding problems such as sore nipples, milk production is less, and breast swelling. This is in line with research [13, 14, 15] in his study mentioned that the mother's knowledge influence the behavior of exclusive breastfeeding, where the higher the higher the mother's knowledge exclusive breastfeeding behavior. Similar results were also obtained in the study of Abraham in [16] where there is a significant correlation between the knowledge of respondents with exclusive breastfeeding, mothers have sufficient knowledge of a 1.9 times greater chance of exclusive breastfeeding when compared with mothers with less knowledge, Low maternal education level leads to a lack of knowledge of mothers in facing problems, especially in exclusive breastfeeding. Education will also make a person compelled to wonder, gain experience, so that the information received will be knowledge.

#### ***4.3 The effect of maternal employment on exclusive breastfeeding***

Mother occupation  $p = 0.172 > 0.05$  so that  $H_0$  is accepted that there is no effect of maternal employment on exclusive breastfeeding. Based on research in some countries mothers who work outside the home are among the factors that caused a decline in the percentage of breastfeeding mothers. In many developing countries, women workers who each year gave birth to a child has been increasing rapidly, it a new challenge for women who are trying to combine their roles as workers and mothers. Based on the interviews have been conducted average - average women who do not work nevertheless give formula to their babies because the child was left at home when the mother was traveling to give formula instead of breast milk until the mother returned home. Many of the mothers who did not give formula to their children because they feel their children are not satisfied if only given breast milk alone. The mindset is more or less influenced also by a factor of knowledge about the importance of breast-feeding mothers.



This research is consistent with the results of research conducted by Nailul Falah in Pekalongan, which found that the development of maternal behavior in breastfeeding mothers experience a shift in the class of workers where the percentage of breastfeeding tends to decline. The same research results obtained from research Alice Lakati, et al in Nairobi, which suggests that the low prevalence of breastfeeding working mothers compared with mothers do not work in Nairobi. Another study conducted by Aysu Duyan Camurdan, et al at Gazi University Medical School, Ankara, Turkey, found that mothers who return to work after giving birth in the first year had a shorter duration of breastfeeding when compared with mothers who did not work. Research conducted by Subrata states that the group of working mothers 7.9 times have an opportunity not to breastfeed their babies compared to mothers who did not work. It is also submitted by [17, 18] that mothers who do not work and always being at home, are more likely to breast feed their babies when compared to working mothers.

#### ***4.4 Effect of the husband's support exclusive breastfeeding***

Based on the results of the analysis showed the support of husband and  $p = 0,000 < 0,05$  so  $H_0$  denied that there was an effect on the husband's support exclusive breastfeeding. Most mothers who breastfeed for more than six months of obtaining the support of a husband to keep breastfeeding. Husband's support is very important for the mother in a psychological influence mother as motivation feeding mainly on working mothers. With the support of her husband, the mother will be more confident in breastfeeding. Based on interviews, it is found that most of the respondents who do not get support from the husband to provide full breast feeding is shorter when compared with mothers who have the support of her husband.

The results of this study are not consistent with studies conducted by Al-Akour Nemeah A, et al in Syria and Jordan (2009), Mother in Syria and Jordan are more likely to intend to breastfeed if they have the support of their husbands. Researchers found that women who identified their husband as the most important people who support the decision to breastfeed, will tend to breastfeed. The results of this study also does not correspond with the research Dat Duong V, et al in Quang Xuong District province of Thanh Hoa Province of Vietnam, which states that the husband and parents, especially the mother can substantially affect a mother's decision to breastfeed.

### **5. Conclusions**

Based on the research that has been done, it can be concluded as follows:

1. Variable IMD  $p = 0.000 < 0.05$  indicates no effect on exclusive breastfeeding IMD.
2. Variable knowledge of mother  $p = 0.000 < 0.05$  indicates no knowledge of the influence of mothers on exclusive breastfeeding
3. Variable Works mother  $p = 0.172 > 0.05$  indicating no effect of maternal employment on exclusive breastfeeding
4. Variable husband Support  $p = 0.000 < 0.05$  indicates no effect on the husband's support exclusive

breastfeeding

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