

THE RELATIONSHIP BETWEEN KNOWLEDGE, ATTITUDE AND FAMILY SUPPORT AND THE SUCCESS OF EXCLUSIVE BREASTFEEDING

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Abstract

Exclusive breastfeeding for the first 6 months of life is an international standard; recommended by WHO and UNICEF to ensure the growth, development, and protection of infants from various infections. The success of exclusive breastfeeding is determined by various aspects, such as maternal knowledge, attitudes, family support, and social environmental conditions. This study aims to evaluate the level of success in exclusive breastfeeding practices. This research applies a quantitative method with a descriptive analytical design and a cross-sectional method. The population consists of mothers with babies aged 0-6 months, with a sample size of 30 people, using the total sampling method. The statistical analysis applied was the chi-square test to identify significant relationships between variables, with a significance limit of $\alpha = 0.05$. The results of the study showed that 43.3% of respondents had good knowledge about exclusive breastfeeding, 66.7% had a positive attitude, 63.3% received family support, and 73.3% had a successful rate of exclusive breastfeeding. The chi-square test showed a significant relationship between attitudes ($P=0.045$), knowledge ($P=0.004$), and family support showed stronger significance ($P=0.001$).

Keywords: *Exclusive Breastfeeding, Family Support, Attitude, Knowledge*

Background

Breast milk is a good source of nutrition for babies because it can meet their nutritional and energy needs in the early stages of life. According to the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF, 2020, cited in Bakri et al., 2022), babies can begin breastfeeding within the first hour of birth. Furthermore, exclusive breastfeeding is recommended, meaning babies receive only breast milk without additional food or drink, including minerals, for the first six months of life. Besides providing food for babies, breastfeeding is a crucial reproductive stage for maternal health, while also helping to support optimal infant growth through exclusive breastfeeding for six months (Herman, 2021, cited in Isnaini et al., 2023). This is supported by the Indonesian Ministry of Health (Kemenkes RI, 2020, cited in Fardah Kurniati et al., 2022), which states that from birth until six months of age, infants are provided with only breast milk, without any additional food or drink. Breastfeeding is an effort to address malnutrition and the risk of death in both infants and toddlers (Ibrahim & Rahayu, 2021, cited in Sabriana et al., 2022).

Knowledge is the result of human understanding. This knowledge is gained through direct experience or the experiences of others. A mother's knowledge and positive attitude can play a key role in the practical stages of exclusive breastfeeding (Dukuzumuremyi, 2020, cited in Sabriana et al., 2022). Lack of maternal knowledge about the benefits of breast milk often leads many mothers to switch to formula. Increased knowledge indicates a mother's ability to absorb information about exclusive breastfeeding (Fatimah & Oktavianis, 2019, cited in Putri et al., 2022). In this case, the mother's attitude is also related to the provision of exclusive breastfeeding. If the mother has good knowledge, then she has a positive attitude, enabling exclusive breastfeeding. Then, if the mother has minimal knowledge, it makes the mother reluctant to provide exclusive breastfeeding (Erfiyanti Ria Indah & Nuria, 2020 in Fardah Kurniati et al., 2022). The mother's positive attitude regarding breastfeeding for her baby makes

the baby feel the benefits of breast milk. Then, exclusive breastfeeding can be successful and the baby's nutrition is also met from breast milk for growth and development. Failed exclusive breastfeeding can actually be overcome with a positive attitude of the mother (Nida.I, 2022 in Perwiraningrum & Annadiyah, 2023). The success of exclusive breastfeeding is related to family support supported by good family knowledge about breastfeeding. Increasing self-confidence and willingness is important for mothers because increasing maternal knowledge is better through counseling in health services (Anggorowati & Nuzulia, 2019 in Masyudi et al., 2023). Family support has a positive influence such as fostering a sense of adjustment from a person, the mother's motivation in exclusive breastfeeding can support the achievement of good baby development (Ministry of Social Affairs, 2019 in Komariah & Azizah, 2023).

According to the Indonesian Ministry of Health (2022), the percentage of infants receiving exclusive breastfeeding was recorded at 66%. This figure is a decrease compared to the 2021 program target of 3.7%. Referring to the 2022 Health Profile of North Sumatra Province, the rate of exclusive breastfeeding for infants aged 0-6 months in the province reached 57.17%, a slight decrease compared to the percentage of exclusive breastfeeding in 2021 which was 57.83%. This represents a decrease. Meanwhile, in Medan City, exclusive breastfeeding was 32.02% (North Sumatra Health Office, 2022). Reviewing research conducted by Fardah Kurniati et al., (2022) significant results were seen regarding the relationship between family support, attitudes, and insight with the provision of exclusive breastfeeding in the Kayumanis Community Health Center area. 61.9% provided exclusive breastfeeding, 38.1% of mothers did not carry out exclusive breastfeeding. Based on the category of mothers with adequate insight 60.8% and mothers with poor insight 39.2%. 64.9% of mothers had a positive attitude and 35.1% had a negative attitude. Finally, the category of mothers with good family support was 57.7% and 42.3% were in the category of lacking family support. Based on an initial survey at the Siti Hajar S.Keb., Bdn Clinic from September to October 2024, out of 12 mothers with babies aged 0-6 months, there were 5 mothers who provided exclusive breastfeeding, and 7 mothers had provided complementary feeding.

Formulation of the problem

From the background that has been described, the researcher formulated the problem as follows: "Is there a relationship between knowledge, attitudes and family support with the success of exclusive breastfeeding at the Siti Hajar S.Keb. Clinic, Bdn Medan Marelan?"

Research purposes

General purpose

This study aims to determine the relationship between knowledge, family support, and attitudes on the success of exclusive breastfeeding for mothers who breastfeed at the Siti Hajar S.Keb Bdn Clinic. In this context, knowledge refers to mothers' awareness of the benefits of breastfeeding for infant health, including the short-term and long-term benefits of breastfeeding. Maternal attitudes toward breastfeeding, including their perceptions and beliefs about their ability to breastfeed, and the value they place on breastfeeding, will also be explored.

Special purpose

1. To identify the level of family knowledge regarding the benefits and crucial role of providing exclusive breastfeeding for mothers and babies at the Siti Hajar S.Keb.,Bdn Clinic
2. To evaluate family attitudes towards the success of exclusive breastfeeding at Siti Hajar S.Keb. Clinic, Bdn
3. To identify the role of family support in the success of exclusive breastfeeding at the Siti Hajar S.Keb.,Bdn Clinic

Benefits of research

Benefits for Educational Institutions

Contributing to science, especially in the field of midwifery, regarding the influence of family support, attitudes and insights on the success of exclusive breastfeeding.

Benefits for Further Research

to become a source of information or additional reference for further research in obstetrics so

that it can be useful in developing health services.

Benefits for Research Sites

It can be used as a reference in providing services to improve knowledge, attitudes and family support for the success of exclusive breastfeeding.

RESEARCH METHODS

Types and Methods of Research

This study employed a quantitative method, namely descriptive analytic, with a cross-sectional design. Quantitative research is research that produces numerical results. This study emphasized objective results, using a questionnaire for data collection, tested for validity and reliability (Hafni, 2022).

Place and Time of Research Place of Research

The research location is at the Siti Hajar Clinic, S.keb., Bdn, precisely in Gg. Melati, Paya Pasir, Medan Marelan District, Medan City, North Sumatra.

Research Time

The research was conducted in the period January-March 2025.

Population and Sample Population

The population includes all data that is the object of the researcher's attention according to the specified scope and time (Gulo, 2019 in Asari, Asari et al 2023). In this research, the population that will be taken is 30 mothers who have babies 0-6 months old at the Siti Hajar Clinic, S.Keb., Bdn from January to March 2025.

Sample

A sample is a portion of a population considered representative of the entire population (Asari et al., 2023). The technique chosen in this study is a total sampling technique, where mothers with infants aged 0-6 months are sampled from the entire population. The sample in this research consisted of 30 infants at the Siti Hajar Clinic, S.Keb., Bdn.

The following are the characteristics of inclusion and exclusion in research:

a. Characteristics of Inclusion

Inclusion characteristics are general characteristics of research subjects taken from the target population that will be studied.

1. Babies aged 0-6 months
2. Mothers and families who are willing to act as respondents
3. Breastfed babies

b. Characteristics of Exclusion

Exclusionary characteristics are characteristics that do not meet the inclusion requirements and must be removed because they do not meet the requirements.

1. Babies not aged 0-6 months
2. Mothers and families who did not wish to be respondents
3. Babies who are not breastfed

Method of collecting data

In the data collection stage, researchers apply the following techniques to obtain the required information:

Primary Data

This is data that researchers obtain directly from respondents through questionnaires and the results of researcher interviews.

Secondary Data

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This refers to data obtained indirectly, for example from other people or documents. To collect data, researchers require a research permit from an educational institution offering a Bachelor of Midwifery study program at the Faculty of Nursing and Midwifery, Prima Indonesia University.

Measurement Aspects

Aspects of measuring the relationship between attitudes, knowledge and family support with the success of breastfeeding at the Siti Hajar Clinic, S.Keb.,Bdn.

Variables	Definition Operational	Tool Measuring	Scale Data	Measurement Results
Independent Variable: Knowledge	Level of mother's understanding regarding exclusive breastfeeding, including the benefits, duration and practice of breastfeeding	Questionnaire	Ordinal	<ul style="list-style-type: none"> • Good • Enough • Not enough
Independent Variable of Attitude	Mothers' perceptions, views and tendencies regarding the importance of exclusive breastfeeding	Questionnaire	Ordinal	<ul style="list-style-type: none"> • Positive • Negative
Independent Variable: Family Support	Level of family support, forms of assistance and motivation provided by the family for the success of exclusive breastfeeding	Questionnaire	Ordinal	<ul style="list-style-type: none"> • Support • Does not support
Dependent Variable: Breastfeeding success	Success in giving Exclusive breastfeeding for 6 months without additional drinks or other foods, according to WHO recommendations.	Questionnaire	Ordinal	<ul style="list-style-type: none"> • Succeed • Not successful

Data Processing and Data Analysis Techniques Data Processing and Data Analysis Techniques

Data processing is carried out by computerization through several stages.

a. Editing

Checking the completeness and consistency of data obtained from questionnaires or interviews.

b. Coding

Provides a numeric code for each variable processed.

c. Tabulating or tabulation

Enter the obtained data into a specific table using a computing system.

Data analysis

The collected data is analyzed using a computer.

a. Univariate Analysis

Univariate analysis was carried out to show the frequency distribution of data for each research variable, both independent variables (knowledge, attitudes and family support) and related variables (success of exclusive breastfeeding).

b. Bivariate Analysis

Testing the relationship between each independent variable (family support, attitude, knowledge) on the dependent variable (success of exclusive breastfeeding) using the Chi-Square test:

RESULTS AND DISCUSSION

Univariate Analysis

Univariate analysis is a statistical method used to evaluate one variable individually, without considering its relationship to other variables. Its purpose is to provide a general overview or basic characteristics of the data being studied, which is why it is often referred to as descriptive statistics. This analysis is the initial stage in data processing and can be applied to various types of data, whether in numerical form or converted to prevalence, ratios, or percentages. Commonly used measures of central tendency include the mean, median, mode, quartiles, percentiles, and deciles. Measures of dispersion include the range, mean deviation, variance, standard deviation, and coefficient of variation. Univariate data is presented through tables, graphs, diagrams, or descriptive narratives. Additionally, data distribution patterns can be visualized using distribution curves that show the degree of skewness.

Table 1: Frequency Distribution of Respondent Characteristics Based on Maternal Age, Maternal Education, Infant Age and Infant Gender.

No	Karakteristik Responden	Frekuensi (<i>f</i>)	Persentase %
1.	Usia Ibu		
	20-25 Tahun	6	20.0
	26-30 Tahun	8	26.7
	31-35 Tahun	10	33.3
	36-40 Tahun	6	20.0
	Total	30	100.0
2.	Pendidikan Ibu		
	Tidak Sekolah	6	20.0
	SD	6	20.0
	SMP	3	10.0
	SMA	8	26.7

	Sarjana	7	23.3
	Total	30	100.0
4.	Usia Bayi		
	1-3 Bulan	14	46.7
	4-6 Bulan	16	53.3
	Total	30	100.0
5.	Jenis Kelamin		
	Laki-laki	13	43.3
	Perempuan	17	56.7
	Total	30	100.0

Based on data on the mother's age category, 33.3% or 10 respondents were aged 31-35 years, 26.7% or 8 respondents were aged 26-30 years, or 6 respondents aged between 20-25 years and 36-40 years. Based on the mother's education category, the majority of mothers had a high school education with 8 people (26.7%), a bachelor's degree with 7 people (23.3%), no school with 6 people (20%), and a junior high school education. totaling 3 people (10%). Based on the age of the babies, 53.3% were aged 4–6 months (16 people), and 14 were aged 1–3 months (46.7%). In terms of baby gender, the majority were female, 17 babies (56.7%), while 13 babies were male (43.3%).

Table 2: Frequency Distribution of Mothers' Knowledge at Siti Hajar Clinic

No	Pengetahuan Ibu	Frekuensi (<i>f</i>)	Persentase (%)
1	Baik	13	43.3
2	Cukup	10	33.3
3	Kurang	7	23.3
	Total	30	100.0

From the distribution of knowledge, the majority of mothers had good knowledge, numbering 13 people (43.3%), followed by the sufficient group, numbering 10 people (33.3%), and the minority, numbering 7 people (23.3%) with poor knowledge.

Table 3: Frequency Distribution of Mothers' Attitudes at Siti Hajar Clinic

No	Sikap Ibu	Frekuensi (<i>f</i>)	Persentase (%)
1	Positif	20	66.7
2	Negatif	10	33.3
	Total	30	100.0

Referring to attitudes, most respondents had a positive attitude, namely 20 people (66.7%), while 10 people (33.3%) had a negative attitude.

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Table 4: Frequency Distribution of Family Support at Siti Hajar Clinic

No	Dukungan Keluarga	Frekuensi (f)	Persentase (%)
1	Mendukung	19	63.3
2	Tidak Mendukung	11	36.7
	Total	30	100.0

Regarding family support, the majority of respondents stated that they received support, as many as 19 respondents (63.3%), then 11 respondents (36.7%) did not receive support.

Table 5: Frequency Distribution of Exclusive Breastfeeding Success at Siti Hajar Clinic

No.	Success of Exclusive Breastfeeding	Frequency (f)	Percentage (%)
1	Succeed	8	73.3
2	Not successful	22	26.7
	Total	30	100.0

Referring to the research results, the majority of mothers who succeeded in providing exclusive breastfeeding were 22 people (73.3%), while 8 people (26.7%) were unsuccessful in providing exclusive breastfeeding.

Bivariate Analysis

Based on the results of the Bivariate Test of this research with the title "The Relationship between Knowledge, Attitude and Family Support with the Success of Exclusive Breastfeeding" as follows:

Table 6: Cross-tabulation between maternal knowledge and the success of exclusive breastfeeding at the Siti Hajar Clinic in 2025

No	Pengetahuan	Keberhasilan ASI Eksklusif				Total		P value
		Berhasil		Tidak Berhasil				
		F	%	F	%	F	%	
1	Baik	12	92.3	1	7.7	13	100.0	0.004
2	Cukup	8	7.3	2	20.0	10	100.0	
3	Kurang	2	28.6	5	71.4	7	100.0	
Total		22	73.3	8	26.7	30	100.0	

The cross-tabulation results showed that of the 13 mothers with good knowledge, almost all of them succeeded in providing exclusive breastfeeding, with a total of 12 (92.3%). Eight of them (80%) had sufficient knowledge, and two (20%) were unsuccessful in providing exclusive breastfeeding. In contrast, 71.4%, or 5 mothers with less knowledge, mostly did not achieve good results with exclusive breastfeeding. The chi-square test showed a p-value of 0.004 (<0.05), indicating a significant

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relationship between maternal knowledge and the success of exclusive breastfeeding.

Table 7: Cross-tabulation between maternal attitudes and the success of exclusive breastfeeding at the Siti Hajar Clinic in 2025

No	Sikap	Keberhasilan ASI Eksklusif				Total		P value
		Berhasil		Tidak Berhasil				
		F	%	F	%	F	%	
1	Positif	17	85.0	3	15.5	20	100.0	0.045
2	Negatif	5	50.0	5	50.0	10	100.0	
Total		22	73.3	8	26.7	30	100.0	

The cross-tabulation results showed that of the 20 mothers with positive attitudes, the majority, 17 (85%), succeeded in providing exclusive breastfeeding, while only 3 (15%) failed. Meanwhile, in mothers with negative attitudes, only 5 (50%) succeeded in providing exclusive breastfeeding, while 5 (50%) failed. The chi-square test results showed a score of $P = 0.045$ (<0.05), thus finding a significant relationship between maternal attitudes and the success of exclusive breastfeeding.

Table 8: Cross-tabulation between family support and the success of exclusive breastfeeding of mothers at the Siti Hajar clinic in 2025

No	Dukungan Keluarga	Keberhasilan ASI Eksklusif				Total		P value
		Berhasil		Tidak Berhasil				
		F	%	F	%	F	%	
1	Mendukung	18	94.7	1	5.3	19	100.0	0.001
2	Tidak Mendukung	4	36.4	7	63.6	11	100.0	
Total		22	73.3	8	26.7	30	100.0	

The cross-tabulation results show that of the 19 mothers who received family support, almost all of them succeeded in providing exclusive breastfeeding, namely 18 (94.7%), and only 1 (5.3%) failed. Conversely, of the 11 mothers who did not receive support, most were unsuccessful, namely 7 (63.6%). The chi-square test showed a score of $P = 0.001$ (<0.05), thus finding a significant relationship between family support and the success of exclusive breastfeeding.

DISCUSSION

Mother's Knowledge at the Siti Hajar Clinic

This study revealed that 43.3% of mothers at the Siti Hajar Clinic had good knowledge, 33.3% had sufficient knowledge, and 23.3% had poor knowledge. This indicates that some mothers have adequate knowledge about exclusive breastfeeding, but it is not evenly distributed. This research aligns with Dita et al. (2021), who reported that 45% of mothers had high knowledge regarding exclusive breastfeeding, but 20% still had low knowledge. Research by Marwiyah & Khaerawati (2020) also found that good knowledge is closely related to breastfeeding practices. Other studies have shown that the higher the level of knowledge, the greater the chance of a mother successfully breastfeeding exclusively

(Risдания & Sulistyorini, 2024).

Mother's Attitude at the Siti Hajar Clinic

Attitudes showed that the majority of mothers (66.7%) had a positive attitude toward exclusive breastfeeding, while 33.3% remained negative. This means that most mothers support the importance of exclusive breastfeeding, but some still have doubts or lack confidence. This finding aligns with Dita et al.'s (2021) findings, which found that over 60% of respondents expressed a positive attitude toward exclusive breastfeeding. Research by Nurfatimah et al.'s (2022) also revealed an increase in positive attitudes after education about the benefits of breastfeeding. Similarly, Hernah Riana et al.'s (2024) report found that a positive attitude is a predictor of successful exclusive breastfeeding.

Family Support at Siti Hajar Clinic

Based on Family Support, 63.3% of families supported mothers in exclusive breastfeeding, while 36.7% did not. Family support has been shown to be crucial to mothers' successful breastfeeding, both emotionally and practically. These results are supported by research by Dita et al. (2021), which also explains that mothers with family support are up to threefold more likely to successfully provide exclusive breastfeeding. Similarly, a study by Sulistyowati et al. (2020) found that the role of family strengthens mothers' motivation to breastfeed.

The Success of Exclusive Breastfeeding at Siti Hajar Clinic

Based on data on Exclusive Breastfeeding Success, 26.7% of mothers successfully breastfeed exclusively, while 73.3% fail. This percentage indicates a still low success rate, despite relatively high levels of knowledge and positive attitudes. This suggests other contributing factors, such as family support, health conditions, and the work environment. According to research by Kusrahmadani & Yulianti (2024), work factors and lack of family support significantly influence low breastfeeding success. A study by Alya et al. (2025) also revealed that external barriers often outweigh individual knowledge. Recent research by Ariandini et al. (2024) emphasizes the need for comprehensive interventions to improve breastfeeding success.

The Relationship Between Knowledge and the Success of Exclusive Breastfeeding

The results of the cross-tabulation analysis in this study showed that mothers with good knowledge had a higher success rate (92.3%) compared to those with sufficient (80%) and insufficient (28.6%) knowledge. The statistical test showed $p = 0.004$, indicating a significant relationship. These results support the study by Kusrahmadani & Yulianti (2024), which showed that high knowledge increases the chances of successful breastfeeding. Research by Risдания & Sulistyorini (2024) also reported that adequate knowledge is a key predictor of successful exclusive breastfeeding. These findings are reinforced by Dita et al. (2021), who emphasized the importance of increasing education about breastfeeding.

The Relationship Between Attitude and the Success of Exclusive Breastfeeding

The cross-tabulation results in this study showed that mothers with positive attitudes had a higher success rate (85%), compared to those with negative attitudes (50%). Statistical testing ($p = 0.045$) proved a significant relationship. This finding is consistent with research by Manullang et al. (2024), which found that positive attitudes increased the success of exclusive breastfeeding. Research by Ramadhani et al. (2025) also reported that changes in attitudes after education influenced breastfeeding practices. Similar results were shown by Riana et al. (2024), who found that supportive attitudes were a determining factor in breastfeeding practices.

The Relationship Between Family Support and the Success of Exclusive Breastfeeding

The results of the cross-tabulation analysis in this study showed that mothers with family support were more successful (94.7%) compared to those without family support (36.4%). A p -value of 0.001 indicates a significant relationship. This study agrees with Dita et al. (2021), who explained that family

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support is a dominant factor in the success of exclusive breastfeeding. Sari & Muhidayati (2025) emphasized that husband's support increases mothers' motivation to continue breastfeeding. A recent study by Ariandini et al. (2024) emphasized that family support is not only moral but also practical, thus significantly influencing the success of exclusive breastfeeding.

Conclusion

From the research results, the following conclusions can be drawn:

- Mothers' knowledge regarding exclusive breastfeeding significantly influences the success of breastfeeding with a p value of 0.004 (<0.05), the success of exclusive breastfeeding is more often found in mothers who have adequate knowledge.
- The mother's attitude towards exclusive breastfeeding showed a statistically significant relationship regarding success in this study with a p value of 0.045 (<0.05).
- Family support has a very large influence on the success of exclusive breastfeeding with a p value score of 0.001 (<0.05), mothers who receive support from their families have a higher chance of successfully providing exclusive breastfeeding.

Suggestion

- For Educational Institutions

This study is expected to contribute as a learning medium regarding "The Relationship between Knowledge, Attitude and Family Support with the Success of Exclusive Breastfeeding at the Siti Hajar Clinic".

- For Clinic

It is hoped that clinic staff will be more active in providing communication, information, and education about the process of successful exclusive breastfeeding for babies aged 0-6 months.

- For Further Researchers.

For future research, it is hoped that there will be expansion by involving more samples and more diverse designs as well as analysis of other factors such as maternal occupation, environment, culture and so on.

REFERENCES

- Asari, A., Zulkarnaini, Z., Hartatik, H., Anam, A. C., Suparto, S., Litamahuputty, J. V., & Sukwika, T. (2023). Pengantar statistika.
- Alya, N. H., Sari, E. P., Sari, I., & Anggraini, A. (2025). Cakupan pemberian asi eksklusif di pmb andina primitasari tahun 2024. *Indonesian Journal of Health Science*, 5(3), 419–428.
- Ariandini, S., Lestari, D. H., Alpiyanah, N., Apriliani, P., Utami, S. S., & Pendidikan, P. D. (2024). Edukasi pemberian ASI eksklusif. *Jurnal Pemberdayaan Dan Pendidikan Kesehatan*, 4(01), 37–42. <https://doi.org/10.34305/jppk>
- Bakri, S. F. M., Nasution, Z., Safitri, E. M., & Wulan, M. (2022). Faktor-Faktor yang Memengaruhi Pemberian ASI Eksklusif pada Bayi di Desa Daulat Kecamatan Langsa Kota Tahun 2021. *Miracle Journal*, 2(1), 178–192. <https://ojs.unhaj.ac.id/index.php/mj/article/view/253>
- Dita, f., jhonet, a., shariiff, f. O., & putri, e. N. (2021). Hubungan pengetahuan, pekerjaan, dan dukungan suami terhadap pemberian asi eksklusif. *Jurnal Kesehatan Masyarakat*, 5, 596–603.
- Fitriani, D. A., Astuti, A. W., & Utami, F. S. (2024). Professional health support in the success of exclusive breastfeeding: A scoping review. *Jurnal Riset Kebidanan Indonesia*, 7(1), 74–82. <http://dx.doi.org/10.32536/jrki.v7i1.154>
- Fardah Kurniati, S., Anggie Nauli, H., & Dewi Pertiwi, F. (2022). Hubungan Pengetahuan, Sikap, Dan Dukungan Keluarga Terhadap Pemberian Asi Eksklusif Di Wilayah Puskesmas Kayumanis Kota Bogor Tahun 2021. *Promotor*, 5(4), 365–369. <https://doi.org/10.32832/pro.v5i4.6980>.

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- Hafni, S. (2022). Metodologi Penelitian. Penerbit kbm indonesia.
- Isnaini, Zakiyyah, M., & Wahyuningsih, S. (2023). Hubungan Sikap Ibu Dengan Pemberian Asi Eksklusif Di Pposyandu Cut Nya'Dien Dan Posyandu Dewi Sartika Desa Banyuputih Kidul. *Jurnal Ilmiah Obsgin*, 15(3), 414–419. <https://stikes-nhm.e-journal.id/OBJ/index>.
- Kusrahmadani, Y., & Yulianti, Y. (2024). Hubungan Rendahnya Pemberian Asi Eksklusif Pada Ibu Bekerja Di TPMB Yuliani Kusrahmadani Tahun 2023. *Jurnal Ilmu Keperawatan Dan Kebidana*, 2(2), 335–345. <https://doi.org/10.61132/protein.v2i2.320>
- Komariah, E., & Azizah, A. N. (2023). Hubungan Dukungan Keluarga Dalam Pemberian Asi Eksklusif dengan Kejadian Stunting Balita Umur 24-59 Bulan di Wilayah Kerja Puskesmas Sumbang II. *Jurnal Kesehatan Masyarakat Dan Lingkungan Hidup*, 8(1), 15-21.
- Manullang, R., Isabella, N., Napitupulu, M., & Aruan, L. Y. (2024). Hubungan antara sikap ibu dengan pemberian asi eksklusif pada bayi 6-12 bulan. *Jurnal Ilmu Kesehatan Dan Kebidanan Nusantara (JIKKN)*, 1(4), 178–184. <https://teewanjournal.com/index.php/jikkn/index>
- Masyudi, Winandar, A., Yusuf, N., Muhammad, R., Safmila, Y., & Yusnani, R. (2023). Hubungan Dukungan Keluarga Dengan Keberhasilan. Seminar Nasional Multidisiplin Ilmu Tantangan Pendidikan Tinggi Menuju Dudi Melalui Merdeka Belajar, 4(1), 8–20.
- Nila, M., & Khaerawati, T. (2020). Faktor – Faktor Yang Berhubungan Dengan Pemberian ASI Eksklusif Pada Ibu Bekerja di Kelurahan Cipare Kota Serang. *Faletehan Health Journal*, 7(1), 18–29. %0A%0A
- Nurfatimah, Labusa, P., Noya, F., Longgupa1, L. W., Entoh, C., Siregar, N. Y., Ramadhan, K., & Usman, H. (2022). Sosial ekonomi dan pengetahuan ibu terhadap pemberian asi eksklusif. *Doi: 10.33761/Jsm.V17i1.585Jurnal Sehat Mandiri, June*. <https://doi.org/10.33761/jsm.v17i1.585>
- Perwiraningrum, D. A., & Annadiyah, M. (2023). Sikap Ibu terhadap Keberhasilan Pemberian ASI Eksklusif. *Jurnal Ilmiah Permas: Jurnal Ilmiah STIKES Kendal*, 13(3), 871–878. <https://doi.org/10.32583/pskm.v13i3.1035>
- Profil Kesehatan Provinsi Sumatera Utara 2022. Dinas Kesehatan Sumatera Utara, 2, 1–466.
- Putri, E. M., Lestari, R. M., & Prasida, D. W. (2022). Hubungan Pengetahuan Ibu tentang ASI Eksklusif terhadap Pemberian ASI Eksklusif. *Jurnal Surya Medika*, 7(2), 51–56. <https://doi.org/10.33084/jsm.v7i2.3203>
- Ramadhani, D. P., Wahyuni, S., & Wuriningsih, A. Y. (2025). Edukasi Laktasi Meningkatkan Praktek Pemberian ASI Eksklusif pada Primipara. *Jurnal Ilmu Kesehatan Umum, Psikolog, Keperawatan Dan Kebidanan*, 3, 29–38. <https://doi.org/10.61132/corona.v3i2.1204>
- Riana, H., Jumiyati, & Afni, N. (2024). Pentingnya Pemberian ASI Eksklusif Bagi Bayi di Posyandu Kelurahan Ulunggolaka. *Jurnal Akademik Pengabdian Masyarakat*, 2(6), 89–99. doi: <https://doi.org/10.61722/japm.v2i6.2779>
- Risdania, R. A., & Sulistyorini, Y. (2024). Hubungan pemberian ASI eksklusif terhadap perkembangan bayi : A systematic literature review. *Holistik Jurnal Kesehatan*, 18(6), 795–803.
- Sari, S. A., & Muhidayati, W. (2025). Pengaruh dukungan suami terhadap keberhasilan pemberian ASI Eklusif di Wilayah Kerja Puskesmas Kasiman Bojonegoro. *Jurnal Ilmu Kebidanan (JIK)*, 15(1), 17–24. <http://jurnal.adila.ac.id/index.php/jik/index>
- Sabriana, R., Riyandani, R., Wahyuni, R., & Akib, A. (2022). Hubungan Pengetahuan dan Sikap Ibu Tentang Pemberian ASI Eksklusif. *Jurnal Ilmiah Kesehatan Sandi Husada*, 11, 201–207. <https://doi.org/10.35816/jiskh.v11i1.738>
- Sulistyowati, I., Cahyaningsih, O., & Alfiani, N. (2020). Dukungan keluarga dalam pemberian asi eksklusif. *Jurnal SMART Kebidanan*, 7(1), 47–51. <http://dx.doi.org/10.34310/sjkb.v7i1.326>