



## PSYCHOSOCIAL FACTORS ASSOCIATED WITH EXCLUSIVE BREASTFEEDING IN POSTPARTUM MOTHERS AT CITRA ARAFIQ HOSPITAL

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### ABSTRACT

*Exclusive breastfeeding is essential for infant growth and immunity, yet its implementation remains suboptimal. Psychosocial factors, particularly maternal anxiety and perceived social support, are believed to influence breastfeeding behavior. This study aimed to examine the relationship between anxiety and social support with exclusive breastfeeding among postpartum mothers. A cross-sectional analytical study was conducted involving 120 postpartum mothers at Citra Arafiq Hospital, Depok. Samples were selected using purposive sampling. Anxiety was measured using the Zung Self-Rating Anxiety Scale (SAS/ SRAS), and social support was evaluated using the Multidimensional Scale of Perceived Social Support (MSPSS). To analyze the data, the Spearman rank correlation test was used. The results showed a strong negative connection between anxiety and exclusive breastfeeding ( $\rho = 0.000$ ;  $r = -0.577$ ), the term negative indicates the opposite direction of the relationship, while strong indicates that the relationship is significant or has a major impact. It means that people with higher anxiety were less likely to exclusively breastfeed. Conversely, a significant positive correlation was found between social support and exclusive breastfeeding ( $\rho = 0.000$ ;  $r = -0.487$ ), suggesting that greater support increases the likelihood of successful exclusive breastfeeding. In conclusion, maternal anxiety and social support are significantly associated with exclusive breastfeeding practices. These findings highlight the need for comprehensive postpartum care that includes emotional support and anxiety reduction interventions to improve breastfeeding outcomes.*

*Keywords: Exclusive Breastfeeding, Maternal Anxiety, Postpartum, Social Support*

### ABSTRAK

Menyusui eksklusif sangat penting untuk pertumbuhan dan kekebalan bayi, namun implementasinya masih belum optimal. Faktor psikososial, terutama kecemasan ibu dan dukungan sosial yang dirasakan, diyakini mempengaruhi perilaku menyusui. Studi ini bertujuan untuk mengeksplorasi hubungan antara kecemasan dan dukungan sosial dengan menyusui eksklusif di kalangan ibu pasca persalinan. Studi analitis transversal dilakukan melibatkan 120 ibu pasca persalinan di Rumah Sakit Citra Arafiq, Depok. Sampel dipilih menggunakan metode sampling purposif. Kecemasan diukur menggunakan Skala Kecemasan Self-Rating Zung (SAS/SRAS), sedangkan dukungan sosial dievaluasi menggunakan Skala Dukungan Sosial Multidimensi (MSPSS). Untuk menganalisis data, digunakan uji korelasi rank Spearman. Hasil menunjukkan hubungan negatif yang kuat antara kecemasan dan pemberian ASI eksklusif ( $\rho = 0.000$ ;  $r = -0.577$ ), istilah negatif menunjukkan arah hubungan yang berlawanan, sedangkan kuat menunjukkan bahwa hubungan tersebut berpengaruh besar atau signifikan. Hal ini berarti orang dengan kecemasan yang lebih tinggi cenderung kurang mungkin melakukan pemberian ASI eksklusif. Sebaliknya, ditemukan korelasi positif yang signifikan antara dukungan sosial dan pemberian ASI eksklusif ( $\rho = 0.000$ ;  $r = -0.487$ ), menunjukkan bahwa dukungan yang lebih besar meningkatkan kemungkinan keberhasilan



pemberian ASI eksklusif. Kesimpulannya, kecemasan ibu dan dukungan sosial memiliki hubungan yang signifikan dengan praktik menyusui eksklusif. Temuan ini menyoroti pentingnya perawatan pasca persalinan yang komprehensif, yang mencakup dukungan emosional dan intervensi untuk mengurangi kecemasan, guna meningkatkan hasil menyusui.

Kata Kunci : Pemberian ASI eksklusif, kecemasan, postpartum, dukungan sosial

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## INTRODUCTION

Postpartum is the condition or period after childbirth or delivery, also known as the puerperium. The postpartum period is defined as the time following childbirth, when the baby and placenta have been delivered from the mother's uterus. Typically, this period lasts approximately six weeks, during which the mother undergoes recovery of the organs that underwent changes during the birth process, including wound healing and various other aspects related to childbirth (Anwar & Safitri, 2022). After going through the postpartum process, mothers will face the process of lactation or breastfeeding their babies. Breast milk is a liquid that the mother's body produces. It is also the baby's main source of nutrition, rich in nutrients, so no additional ingredients are needed to make it easy for the baby to digest and absorb. Adequate breast milk in postpartum mothers plays a crucial role in providing ideal nutrition for the baby (Apriana & Lilia, 2023). Approximately, the 88% of breast milk is water. Breast milk helps the baby grow and develop a lot. It gives them energy and also has many important nutrients that are needed for the baby to grow properly.

The Ministry of Health (*Kemenkes*) and the World Health Organization (WHO) have set a target of 80% exclusive breastfeeding coverage. However, in Indonesia, the prevalence of exclusive breastfeeding remains far below the target, at 42% in 2020 and increasing to 69.7% in 2021, but subsequently showing no significant progress with figures of 67.96% in 2022 and 68.6% in 2023. The increase observed over the past few years indicates positive efforts, but it has not yet met the expected target. According to the Global Breastfeeding Scorecard 2023, around 48% of babies worldwide are breastfed exclusively for the first six months. This number is near the goal set by the World Health Assembly, which is 50% by 2025.

According to research conducted by Fadjriah et al. (2021), several factors were found to influence exclusive breastfeeding, including predisposing factors (individual knowledge, attitudes, beliefs, traditions, and social norms), enabling factors (availability of health care facilities), and reinforcing factors (attitudes and behaviors of health workers). Based on the above factors, many mothers are unable to successfully practice exclusive breastfeeding due to inadequate knowledge on the part of the mother. This lack of awareness about the importance of exclusive breastfeeding can leave infants more vulnerable to illness, malnutrition, and other health risks. In this study, the psychosocial factors that were examined were anxiety and social support. According to research conducted by Apriana & Lilia, (2023), the study involved 86 breastfeeding mothers. After the study, 58 respondents (82.9%) who did not experience anxiety had a smooth milk flow, which was more than the six respondents (37.5%) who experienced anxiety and had a smooth milk flow. This indicates a significant association between anxiety and the smooth flow of breast milk in postpartum mothers. This study is consistent with research by Monica et al. (2023), who said that there is a connection between a mother's anxiety and her decision to breastfeed exclusively.



Research shows that postpartum anxiety levels negatively affect the success of exclusive breastfeeding. A study by (Monica et al., 2023) found that mothers with high anxiety levels were less likely to breastfeed exclusively ( $p = 0.018$ ). Conversely, the social support received by mothers, whether from their husbands, families, peers, or health workers, has a positive relationship with breastfeeding self-efficacy and the chances of successful exclusive breastfeeding. The results of a study by Nurfadilah and Suryani (2021) show a positive correlation between social support and breastfeeding self-efficacy ( $r = 0.549$ ;  $p < 0.01$ ). Additionally, a literature review by (Adya & Avianti, 2024) confirms that support from husbands, families, coworkers, and health workers plays an important role in increasing the success of exclusive breastfeeding among working mothers. Thus, a combination of low anxiety levels and strong social support is an important factor in increasing the success of exclusive breastfeeding practices in the postpartum period.

Research conducted by Kusumaningtyas et al. (2024), revealed that family social support in this study involved not only husbands but also extended family members who played a role in the decision-making process. The majority of the social support provided by the family falls into the good category, with four main aspects influencing it: the family as a source of information, family involvement in helping to solve problems, tangible support provided, and emotional support for the mother. In addition to family support, peer support also plays an important role, particularly in providing motivation, sharing experiences, and serving as an additional source of information regarding breastfeeding. This study also showed that mothers who had little support from their families were three times more likely to stop exclusive breastfeeding compared to those who had strong family support. This shows that being able to breastfeed exclusively is closely connected to having good support from family and friends. Based on the previous studies above, it has been proven that psychological factors influence exclusive breastfeeding in postpartum mothers, but there is not yet much in-depth data on how anxiety and social support received relate to exclusive breastfeeding in a broader context, such as socioeconomic conditions or the local community. Therefore, this study focuses on the relationship between psychosocial factors (anxiety and social support) and exclusive breastfeeding.

## MATERIALS AND METHODS

In answering the research objectives, a cross-sectional approach was used, which is one of the quantitative methods. The research design aimed to gain a deeper understanding of the psychosocial factors that influence exclusive breastfeeding in postpartum mothers. This study uses an approach that focuses on analyzing categorical data, which is then analyzed using appropriate statistical methods. Generally, quantitative research is used in studies to test hypotheses. The results of statistical testing can show whether the relationship being sought is significant or not. Therefore, the direction of the relationship obtained depends on the hypothesis and the results of the statistical testing, not on scientific logic itself (Hardani et al., 2020). Cross-sectional research is published to provide researchers with an overview and knowledge that this research method can only be conducted once (Abduh, Alawiyah, Apriansyah, Abdullah, & Afgani, 2023). The statistics formula for Spearman Rank was used in this study.

The study was conducted at Citra Arafik Hospital in July 2025. The study population comprised 513 postpartum mothers. Using purposive sampling, 120 respondents were recruited. Inclusion criteria were mothers who had given birth more than six months prior and lived with their family or husband. Exclusion criteria included mothers unable to exclusively breastfeed due to medical problems or complications. Anxiety levels were measured using the Zung Self-Rating Anxiety Scale (SAS/SRAS) developed by William WK Zung. This instrument consists of 20 statements that measure the



respondent's anxiety level using a 4-point Likert scale (1 = never, 2 = sometimes, 3 = often, 4 = almost always). The total score is categorized into mild, moderate, and severe anxiety. Social support was measured using the Multidimensional Scale of Perceived Social Support (MSPSS) by Zimet et al. This instrument has 12 statements divided into three subscales, namely support from family, friends, and significant others. Each item is measured using a 7-point Likert scale (1 = strongly disagree to 7 = strongly agree). The validity test results for each item ranged from 0.663 to 0.918, and the reliability coefficient was 0.829. Social support was measured using the Multidimensional Scale of Perceived Social Support (MSPSS) by Zimet et al. Internal reliability (Cronbach's alpha) was 0.91, 0.87, and 0.85 for the significant other, family, and friend subscales, respectively. Test-retest reliability scores were 0.72, 0.85, and 0.75 for the same subscales, with an overall reliability coefficient of 0.85. Construct validity testing showed a negative correlation between MSPSS scores and depression/anxiety scores. The importance of good data collection lies in paying attention to the accuracy, objectivity, and relevance of the data collected, as these factors greatly influence the final conclusions that can be drawn from the research (Sahir, 2022).

Researcher first conducted a preliminary study to collect data on the population over the past few months. Once the study was underway, researcher sought out respondents and contacted them directly to explain the purpose of the study and request their permission to participate. Once permission was granted, researchers sent respondents a link to a Google form containing a predetermined questionnaire. The type of statistical analysis used was Spearman's rank correlation, processed using SPSS ver. 26 with a significance value ( $p < 0.05$ )

## RESULTS

The characteristics of parents need to be known in order to measure the extent of the influence of various components on psychosocial factors affecting exclusive breastfeeding. The characteristics of respondents are described based on age, parity, and exclusive breastfeeding. The following are the characteristics of respondents based on age, parity, and exclusive breastfeeding.

Table 1. Respondent Characteristics Based on Age, Parity, and Breastfeeding (n=120)

Variable	Frequency	Percentage (%)
Age		
< 20 years	5	4.2%
21 – 35 years	100	83.3%
> 35 years	15	12.5%
Total	120	100%
Parity		
Primiparous	70	58.3%
Multiparous	50	41.7%
Total	120	100%
Breastfeeding		
Exclusive breastfeeding	112	93.3%
Non-exclusive breastfeeding	8	6.7%
Total	120	100%

Table 1 shows the results of data collection from 120 respondents, with the age range of mothers ranging from under 20 years old to over 35 years old. The most common age range was 21-35 years old, with 100 respondents or 83.3%. Based on parity, there were 70 respondents with primiparous parity (58.3%) and 50 respondents with multiparous parity



(41.7%). Meanwhile, based on exclusive breastfeeding, there were 8 respondents who did not provide exclusive breastfeeding (6.7%) and 118 respondents who provided exclusive breastfeeding (93.3%).

Table 2. Results of Spearman's Correlation Analysis Between Exclusive Breastfeeding and Anxiety (n=120)

			Breastfeeding	Anxiety
Spearman's rho	Breastfeeding	Correlation coefficient	1.000	-.577**
		Sig. (2-tailed)		.000
		N	120	120
	Anxiety	Correlation coefficient	-.577**	1.000
		Sig. (2-tailed)	.000	
		N	120	120

Based on the results of the analysis using Spearman's rho test, a correlation coefficient of -0.577 was obtained with a significance value (p-value) of 0.000 and a value of N or number of respondents of 120. The correlation coefficient value of -0.577 indicates that the alternative hypothesis ( $H_1$ ) is accepted and the null hypothesis ( $H_0$ ) is rejected meaning there is a strong and significant negative or inverse relationship between postpartum maternal anxiety levels and exclusive breastfeeding. This means that the higher the maternal anxiety level, the lower the likelihood of the mother providing exclusive breastfeeding to her infant.

Table 3. Crosstabs Test Results Based on Anxiety and Breastfeeding (n=120)

		Breastfeeding			
			Non-exclusive Breastfeeding	Exclusive Breastfeeding	Total
Anxiety	Normal	Count	0	95	95
		Percentages	0.0%	84.4%	79.2%
	Mild Anxiety	Count	3	17	20
		Percentages	37.5%	15.2%	26.7%
	Medium Anxiety	Count	5	0	5
		Percentages	62.5%	0.0%	4.2%
Total	Count	8	112	120	
	Percentages	100.0%	100.0%	100.0%	

Based on the results of the crosstab test above, it was found that most respondents who exclusively breastfed were respondents who had no anxiety or were normal, with a percentage of 79.2%. Meanwhile, 15.2% of respondents who had mild anxiety still exclusively breastfed.



Additionally, 37.5% of respondents with mild anxiety and 62.5% of respondents with medium anxiety did not exclusively breastfeed.

Table 4. Results of Spearman's Correlation Analysis Between Exclusive Breastfeeding and Social Support (n=120)

		Breastfeeding	Social Support
Spearman's rho	Breastfeeding	Correlation coefficient	1.000
		Sig. (2-tailed)	.000
		N	120
	Social Support	Correlation coefficient	-.487**
		Sig. (2-tailed)	.000
		N	120

Based on the results of the analysis using Spearman's rho test, a correlation coefficient of -0.487 was obtained with a significance value (p-value) of 0.000 and a value of N or number of respondents of 120. The p-value is less than the predetermined significance level ( $\alpha = 0.05$ ), indicating that the alternative hypothesis ( $H_1$ ) is accepted and the null hypothesis ( $H_0$ ) is rejected. This means there is a positive relationship between the level of social support and exclusive breastfeeding, thus concluding that there is a significant relationship between social support and exclusive breastfeeding.

Table 5. Crosstabs Test Results Based on Social Support and Breastfeeding (n=120)

		Breastfeeding			
			Non-exclusive Breastfeeding	Exclusive Breastfeeding	Total
Social Support	Medium Support	Count	2	0	2
		Percentages	25.0%	0.0%	1.7%
	High Support	Count	6	112	118
		Percentages	75.0%	100.0%	98.3%
Total	Count	8	112	120	
	Percentages	100.0%	100.0%	100.0%	

Based on the results of the crosstab test, it was found that respondents who received high social support tended to exclusively breastfeed, with a percentage of 98.3%. Meanwhile, 25% of respondents with medium social support and 75% of respondents with high social support did not exclusively breastfeed.



## DISCUSSION

Exclusive breastfeeding or breast milk is the only nutrition given to babies from 0-6 months of age, without any additional supplements. Breast milk is the main source of nourishment for babies, particularly in their first six months of life. After six months, complementary foods are introduced without stopping breastfeeding until the child is two years old or older (Octaviyani & Budiono, 2020). Globally, only 40% of babies worldwide are exclusively breastfed. According to the Indonesian Ministry of Health, in Indonesia, the rate of exclusive breastfeeding is highly fluctuating or unpredictable and varies, as shown by Indonesia's health profile from 2020 to 2023, which indicates that the rate has not yet reached the set target. Although there has been an increase from 42% to 68%, it is still below what is needed. Based on the data, it can be said that exclusive breastfeeding coverage is still unsatisfactory, and at the same time, many mothers are still giving formula milk or other foods besides breast milk too early, which can introduce bacteria into the child's body and make them more susceptible to illness (Pambudi, Wardani, & Mawarni, 2024). The results of the respondents characteristics based on age show that the most common age group of postpartum mothers is 21-35 years old, with 100 respondents. The majority of respondents in this study were primiparous mothers, numbering 70 respondents, meaning they were first-time mothers facing the process of lactation and the responsibility of breastfeeding. Some mothers may not have enough experience with breastfeeding, which could make it harder to breastfeed exclusively. When it comes to breastfeeding, most mothers chose to breastfeed their babies without giving any other food or drinks, and 112 mothers responded that way.

The research showed that when a mother feels more anxious, she is less likely to breastfeed exclusively ( $r = -0.577$ ,  $p < 0.05$ ). This finding shows that having more anxiety is linked to a lower chance of exclusive breastfeeding among postpartum mothers. The descriptive analysis showed that the majority of postpartum mothers in this study had normal anxiety levels ( $n = 95$ ), followed by mild anxiety ( $n = 20$ ) and medium anxiety ( $n = 2$ ). Crosstab analysis revealed that 95 mothers with normal anxiety provided exclusive breastfeeding, compared to 17 mothers with mild anxiety. In contrast, 3 mothers with mild anxiety and 5 mothers with medium anxiety did not exclusively breastfeed. This distribution supports the statistical results, suggesting that lower anxiety is linked with higher breastfeeding success. Theoretically, normal anxiety is an adaptive emotional response to stressors, characterized by increased alertness without interfering with rational functioning and daily activities (Stuart, 2016). These results indicate that the majority of mothers are able to manage their anxiety well, supported by the role of family and the surrounding environment, which provide a sense of calm and confidence in breastfeeding.

Based on questionnaires and interviews, mothers with low anxiety tended to be more successful in providing exclusive breastfeeding because stable emotional conditions helped maintain oxytocin hormone secretion. Anxiety can interfere with milk production through neuroendocrine mechanisms, such as elevated cortisol levels and reduced oxytocin release, which are critical for the milk ejection reflex. Mothers experiencing anxiety may perceive breastfeeding as more challenging, increasing the risk of early cessation or mixed feeding. These results align with findings by Sun et al. (2020) and Neupane et al. (2025) who reported that higher maternal anxiety significantly reduced the likelihood of exclusive breastfeeding. On the other hand, research by Vieira Abuchaim et al. (2023), states that anxiety is not a barrier to exclusive breastfeeding, this could also suggest that there is not a strong connection between anxiety and exclusive breastfeeding.

Anxiety in postpartum mothers can arise due to various factors such as hormonal changes, fatigue, lack of knowledge about breastfeeding, and uncertainty in caring for a newborn baby. This anxiety can have a direct impact on the breastfeeding process, as psychological stress can interfere with the let-down reflex, which is important in milk production. This occurs because anxiety can reduce the release of oxytocin and prolactin, which play a crucial role in milk production or let-down. Anxiety can also diminish a mother's confidence in providing exclusive breastfeeding. Therefore, efforts to reduce



postpartum anxiety through education, counseling, and emotional support from family and healthcare providers are essential to help mothers feel more relaxed and able to breastfeed optimally.

In terms of social support, most mothers in this study reported medium to high perceived support from significant others, family, and friends. Higher social support was positively associated with exclusive breastfeeding, as seen in the correlation results. There were more postpartum mothers with high social support, namely 118 respondents. Meanwhile, 2 other respondents received medium social support. Based on the results of the crosstab test, there were 112 respondents with high support who exclusively breastfed their babies. Meanwhile, 2 respondents with medium social support and 6 respondents with high social support did not exclusively breastfeed their babies. Supportive families can provide both emotional reassurance and practical assistance, reducing stress and enabling mothers to focus on breastfeeding. This finding is supported by Moini et al. (2023), who reported that mothers with higher social support scores were significantly more likely to breastfeed exclusively ( $p < 0.001$ ). Similarly, Weber et al. (2023), found that emotional and instrumental support from partners and close relatives had a direct positive effect on breastfeeding duration and exclusivity ( $p = 0.002$ ). These results show that having support from others helps mothers deal better with the physical and emotional difficulties of breastfeeding, which in turn helps them feel more confident and determined.

### CONCLUSION

This study shows that both mental and social factors are very important for successful exclusive breastfeeding. Women who had less anxiety were more likely to breastfeed exclusively, which means that feeling calm and emotionally stable helps with breastfeeding. Also, when mothers felt they had more support from family, friends, or other important people, they were more likely to breastfeed exclusively. These results suggest that programs trying to encourage exclusive breastfeeding should focus on helping mothers feel mentally well and also build a strong support system around them.

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