


## ORIGINAL ARTICLE


# The association between Stress Levels and Social Support in Mothers Regarding Exclusive Breastfeeding in Samarinda


## Hubungan Tingkat Stres Dan Dukungan Sosial Pada Ibu Terhadap Pemberian Asi Eksklusif di Samarinda

Ratih Wirapuspita Wisnuwardani<sup>1</sup> , Nurul Afiah<sup>2</sup>, Siti A'isyah<sup>2</sup>, Reny Noviastry<sup>2</sup>, Rina Tri Agustini<sup>2</sup>

<sup>1</sup>Master of Public Health Study Program, Faculty of Public Health, Mulawarman University, Samarinda, East Kalimantan, Indonesia

<sup>2</sup>Bachelor of Public Health Study Program, Faculty of Public Health, Mulawarman University, Samarinda, East Kalimantan, Indonesia

 [ratih@fkm.unmul.ac.id](mailto:ratih@fkm.unmul.ac.id)

 <https://doi.org/10.18051/JBiomedKes.2024.v7.24-33>

### ABSTRACT

#### Background

The COVID-19 pandemic is causing stress in all aspects of life, including nursing mothers. This situation may affect exclusive breastfeeding coverage, which was only 66% in 2020. Factors contributing to low breastfeeding rates include maternal stress and social support. The aim of this study was to determine the association between maternal stress levels and social support for exclusive breastfeeding during the COVID-19 pandemic in Wonorejo Health Center, East Kalimantan.

#### Methods

The study design was cross-sectional with a sample of 165 mothers with children aged 6-24 months. Data collection was conducted online via a questionnaire on a Google Form link provided to subjects through their WhatsApp contacts. Data were analyzed using the chi-square test and the Kolmogorov-Smirnov test.

#### Results

55.8% of mothers had high levels of social support supporting exclusive breastfeeding, and 81.2% of mothers experienced moderate stress. Data analysis using the chi-square test and Kolmogorov-Smirnov test showed no relationship between social support ( $p=0.056$ ) and stress level ( $p=0.969$ ) during exclusive breastfeeding.

#### Conclusions

There was no significant association between stress levels and social support among mothers of exclusively breastfed children aged 6 to 24 months during the COVID-19 pandemic at the Wonorejo Health Center in Samarinda, East Kalimantan. Wonorejo Health Center is encouraged to continuously improve its breastfeeding promotion programs for mothers and families.

**Keywords:** Stress; Social support; exclusive breastfeeding

**ABSTRAK****Latar Belakang**

Pandemi COVID-19 menimbulkan stres bagi seluruh lapisan masyarakat, termasuk ibu menyusui. Hal ini dapat berakibat pada cakupan ASI eksklusif yang hanya sebesar 66% pada tahun 2020. Faktor penyebab rendahnya cakupan ASI eksklusif antara lain stres dan dukungan sosial pada ibu. Penelitian ini bertujuan untuk mengetahui hubungan tingkat stres, dukungan sosial dan pemberian ASI eksklusif di Puskesmas Wonorejo Kalimantan Timur pada masa pandemi COVID-19.

**Metode**

Desain studi adalah cross-sectional dan jumlah sampel sebesar 165 ibu yang memiliki anak usia 6-24 bulan. Pengumpulan data dilakukan secara online melalui kuesioner berupa link Google Form melalui WhatsApp. Analisa data menggunakan uji chi-square dan uji Kolmogorov Smirnov.

**Hasil**

Sebanyak 55.8% ibu memiliki tingkat dukungan sosial yang tinggi dalam mendukung pemberian ASI eksklusif, dan 81,2% ibu mengalami tingkat stres sedang. Analisis data menggunakan uji chi-square dan uji Kolmogorov-Smirnov menunjukkan bahwa tidak ada hubungan antara dukungan sosial ( $p=0.056$ ), tingkat stres ( $p=0.969$ ) dan pemberian ASI eksklusif.

**Kesimpulan**

Penelitian ini menunjukkan tidak ada hubungan yang signifikan antara tingkat stres, dukungan sosial dan pemberian ASI eksklusif pada ibu dengan anak usia 6 hingga 24 bulan selama pandemi COVID-19 di Puskesmas Wonorejo Kota Samarinda, Kalimantan Timur. Puskesmas Wonorejo diharapkan untuk terus memperkuat upaya peningkatan kesehatan ibu dan anak dengan promosi, manfaat, dan keunggulan pemberian ASI eksklusif.

**Kata Kunci:** Stres; Dukungan Sosial; ASI Eksklusif

**INTRODUCTION**

Breast milk (ASI) is very beneficial for babies such as growth, development, and intelligence of babies. Giving only breast milk to babies aged 0-6 months (exclusive breast milk) can reduce the risk of malnutrition and obesity, and reduce the risk of acute infections such as diarrhea, pneumonia, meningitis, and urinary tract infections.<sup>1</sup> Babies who do not receive exclusive breast milk will be at higher risk. for the occurrence of nutritional problems, such as overnutrition and malnutrition.<sup>2</sup>

The low success of exclusive breastfeeding is a global problem, with only 40% of babies worldwide receiving exclusive breastfeeding.<sup>3</sup> Although there was a 4% increase in exclusive breastfeeding coverage from 2015-2020, this figure does not show a significant increase. Exclusive breastfeeding coverage in Indonesia is still below the national target (80%), namely only 66%.<sup>4</sup> Exclusive breastfeeding coverage in 2019 in East Kalimantan was 79%.<sup>5</sup> However, in Samarinda, the capital of East Kalimantan, exclusive breastfeeding coverage in 2020 decreased to 71%, compared to 81.4% in 2019.<sup>6</sup>

Even though it has achieved the target, the Wonorejo Community Health Center in Samarinda City experienced a significant decline in coverage of exclusive breastfeeding from 85.4% in 2019 to 47.8% in 2020.<sup>7</sup> This decline could be caused by socio-economics during the COVID-19 pandemic which caused stress in breastfeeding mothers.<sup>8</sup>

Factors that influence exclusive breastfeeding for babies come from internal (psychological, age, knowledge, and physical) and external (sociocultural, family support, and support from health

workers).<sup>9,10</sup> Some of the problems that mothers often face when breastfeeding include lack of experience, previous breastfeeding, health problems with the breasts (swelling, red nipples, sores, heat, and pain), premature babies or weak baby suction, returning to work, lack of family support, and concerns about insufficient breast milk production.<sup>11,12</sup>

Previous research in Makassar, Indonesia concluded that knowledge, early initiation of breastfeeding, employment, and psychological condition of the mother were related to exclusive breastfeeding.<sup>13</sup> Knowledge and early initiation of breastfeeding were positively related to exclusive breastfeeding. The mother's psychological condition of being calm, happy, and not stressed affects breast milk production. However, research at the Mulia Maternity Home, Kubu Raya Regency, Pontianak, West Kalimantan Indonesia in 2019 found that there was no relationship between early initiation of breastfeeding and exclusive breastfeeding.<sup>14</sup>

Breast milk production is influenced by the mother's psychological condition, so it is important to ensure that the mother does not experience excessive stress which can affect breast milk production. Despite facing stress, support, and motivation from, the environment, family, and health workers can help mothers provide exclusive breastfeeding.<sup>15</sup> Social support from the family, especially emotional support from partners, family members, and friends, plays a very important role in smooth exclusive breastfeeding. in babies.<sup>16</sup>

In December 2019, the COVID-19 pandemic began in Wuhan, China<sup>17</sup>, and was then declared a pandemic by WHO on March 12 2020.<sup>18</sup> During the pandemic, the government implemented restrictions, even closing schools, workplaces, and health facilities,<sup>19</sup> which resulted in a decrease in visits by pregnant women to health facilities and limited health services.<sup>20</sup> Mental health problems, such as anxiety and depression, were also reported to increase during the pandemic, as found in scoping review studies in several countries.<sup>20</sup>

Wonorejo Community Health Center, Samarinda City experienced a significant decrease in coverage of exclusive breastfeeding by 32.5% during the COVID-19 pandemic in 2019-2020. The main factor for this decline could be caused by socioeconomic conditions during the pandemic, which affected breastfeeding mothers. Therefore, this study aims to determine the relationship between stress levels and social support in mothers with babies aged 6-24 months on exclusive breastfeeding at the Wonorejo Community Health Center, Samarinda City during the COVID-19 pandemic.

## METHODS

This study was cross-sectional, with a population of mothers who had babies aged 6-24 months in the Wonorejo Community Health Center working area. A sample of 165 mothers was taken using purposive sampling, by selecting 4-5 participants per posyandu in the Puskesmas working area. The inclusion criteria involved mothers with babies aged 6-24 months who were in the Wonorejo Community Health Center working area and who were willing to become respondents, while the exclusion criteria included mothers who were sick. The research was conducted in February-March 2022 in the work area of the Wonorejo Community Health Center, Samarinda City.

The instruments used were the Perceived Stress Scale (PSS-10) questionnaire to measure stress levels, and the Hughes Breastfeeding Support Scale (HBSS) to measure social support and

exclusive breastfeeding. Stress levels are measured in categories: mild stress (score 0-13), moderate stress (score 14-26), and severe stress (score 27-40) in mothers who face difficulties providing breast milk to their children.<sup>21</sup> Social support, including information support (such as seeking information and discussions about exclusive breastfeeding), emotional support (accompanying the mother while breastfeeding), instrumental support (such as assisting), and assessment support (such as giving appreciation to the mother). The social support category is measured as low (score 17-31), sufficient (score 32-50), and high (score 51-68).<sup>22</sup> Exclusive breastfeeding is defined as giving breast milk to babies without additional food for a minimum of 6 months. Data analysis involved univariate analysis and bivariate analysis with the chi-square test and Kolmogorov-Smirnov test, with a significance value of  $p < 0.05$ .

## RESULTS

Mothers who exclusively breastfeed are mostly mothers with a high school diploma or equivalent (53%), housewives (87%), have  $\leq 2$  children (70%) and own their own home (67%) (Table 1). Mothers with a high school education, housewives, having 2-4 children, and having their own house are more likely to provide exclusive breastfeeding to their children (Table 1).

Table 1. Characteristic of respondent (n=165)

| Variable                       | Breastfeeding               |                                | P-value* |
|--------------------------------|-----------------------------|--------------------------------|----------|
|                                | Exclusive breastfeeding (%) | No Exclusive breastfeeding (%) |          |
| Village                        |                             |                                |          |
| Karang Anyar                   | 45                          | 56                             | 0.143    |
| Teluk Lerong Ulu               | 55                          | 44                             |          |
| Gender of the baby             |                             |                                |          |
| Boy                            | 59                          | 54                             | 0.496    |
| Girl                           | 41                          | 46                             |          |
| Mother age                     |                             |                                |          |
| 20-35 y.o                      | 79                          | 67                             | 0,097    |
| >35 y.o                        | 21                          | 33                             |          |
| last education                 |                             |                                |          |
| SD                             | 0                           | 15                             |          |
| Junior High School/equivalent  | 35                          | 26                             | <0.006   |
| Senior High School/equivalent  | 53                          | 48                             |          |
| College/equivalent             | 12                          | 11                             |          |
| Occupation                     |                             |                                |          |
| Housewife                      | 87                          | 55                             |          |
| Entrepreneurship at home       | 6                           | 22                             | <0.0001  |
| Self-employed                  | 3                           | 7                              |          |
| Private employees              | 4                           | 9                              |          |
| Government employees           | 0                           | 7                              |          |
| Number of children             |                             |                                |          |
| 1 child/primipara              | 30                          | 14                             | <0.006   |
| $\geq 2$ child/multipara       | 70                          | 79                             |          |
| $\geq 5$ child/grand multipara | 0                           | 7                              |          |
| Residential ownership          |                             |                                |          |
| Own home                       | 67                          | 44                             | <0.011   |
| Family owned                   | 11                          | 18                             |          |
| Someone else's                 | 22                          | 38                             |          |
| Residence                      |                             |                                |          |
| With family                    | 24                          | 31                             | 0.267    |
| Without family                 | 76                          | 69                             |          |

\*The variable p-value is obtained from the chi-square test, with a significant value if the p-value <0.05

The characteristics of respondents in the two sub-districts did not show significant differences (p=0.143). Most respondents experienced moderate stress (81.2%), but they were still able to provide exclusive breastfeeding to their children. Of respondents who experienced severe stress, the majority did not provide exclusive breastfeeding. This is different from respondents who have mild stress, where the majority of respondents who are mildly stressed are still able to provide exclusive breastfeeding. However, there was no significant relationship between stress levels and exclusive breastfeeding (p=0.969) (Table 2). Signs of stress experienced by the majority of respondents include frequently feeling anxious and tense, (38.5%) often feeling angry because of something that is happening beyond their control, (41.8%) sometimes feeling so much difficulty that they are unable to overcome it, (38.5%) often feel that things are not going according to their wishes, and (40.3%) respondents often feel unsure about their ability to handle personal problems. Table 2. Relationship between levels of stress and social support with exclusive breastfeeding (n=165)

| Variable       | Exclusive breastfeeding          |                          | n (%)    | P-value |
|----------------|----------------------------------|--------------------------|----------|---------|
|                | Exclusive breastfeeding<br>n (%) | No breastfeeding<br>n(%) |          |         |
| Stress level   |                                  |                          |          |         |
| Low            | 12 (16)                          | 10 (11)                  | 22 (13)  | 0,696*  |
| Moderate       | 63 (83)                          | 71 (80)                  | 134 (81) |         |
| High           | 1 (1)                            | 8 (9)                    | 9 (6)    |         |
| Social support |                                  |                          |          |         |
| Low            | 7 (9)                            | 12 (14)                  | 19 (11)  | 0,056#  |
| Moderate       | 19 (25)                          | 35 (39)                  | 54 (33)  |         |
| High           | 50 (66)                          | 42 (47)                  | 92 (56)  |         |

\*Kolmogorov-Smirnov test

#Chi-square test

Table 2 shows that there is no relationship between social support and exclusive breastfeeding (p=0.056). Most respondents have high social support for exclusive breastfeeding (56%). Most of the respondents who received low and sufficient social support were unable to provide exclusive breastfeeding. Table 3 shows that emotional support is the highest social support received by respondents (89.7%), while the type of information support is the lowest received by respondents (14.5%). This shows that the mother's emotional support is good, while information support still needs attention from various social groups. The greatest source of social support that mothers always receive comes from their husbands (28.6%), while the lowest social support is received from religious or community leaders (35.5%) (Table 4).

Table 3. Distribution of Social Support received by Respondents

| Type of Social Support | Level of Social Support (%) |          |      |
|------------------------|-----------------------------|----------|------|
|                        | Low                         | Moderate | High |
| Information Support    | 14,5                        | 31,5     | 53,9 |
| Instrumental Support   | 6,1                         | 27,3     | 66,7 |
| Emotional Support      | 0                           | 10,3     | 89,7 |
| Assessment Support     | 10,9                        | 13,3     | 75,8 |

Table 4. Distribution of Sources of Social Support

| Sources of Social Support  | Never (%) | Sometimes (%) | Frequently (%) | Always (%) |
|----------------------------|-----------|---------------|----------------|------------|
| Husband                    | 0         | 3,3           | 28,6           | 28,6       |
| Family                     | 0,4       | 12,8          | 31,9           | 15,4       |
| Healthcare Worker          | 9,9       | 24,5          | 16,8           | 9,2        |
| Friend/Neighbor            | 9,5       | 17,6          | 21,6           | 11,7       |
| Posyandu cadres or KP-ASI* | 20,5      | 25,3          | 11,4           | 3,3        |
| Religious/public figures   | 35,5      | 15,8          | 6,6            | 2,6        |

\*KP-ASI = breastfeeding companion group

## DISCUSSION

Stress is a stimulus or situation that causes discomfort and demands physical and psychological adjustments from a person. Situations that require adjustment and coping, such as the post-natal period, can increase anxiety levels.<sup>15</sup> In this period, mothers experience unique experiences because they experience changes in roles and responsibilities, including the task of breastfeeding.

Stress in breastfeeding mothers can arise due to discomfort in breastfeeding, and caring for themselves and their babies, especially when mothers find it difficult to complete their tasks. The condition gets worse if the mother is unable to overcome the mounting difficulties. Mild stress usually lasts a few minutes or hours and occurs when the mother feels anxious because of difficulty breastfeeding. Moderate stress, which lasts longer, can occur when the mother feels guilty about having a small amount of breast milk for several days. Severe stress occurs when the mother feels anxious, depressed, angry, and experiences health problems while breastfeeding, and can last for several weeks.<sup>23</sup>

There is no relationship between maternal stress levels and exclusive breastfeeding because moderate stress only lasts a short time. The mother's psychological condition only acts as a driving factor that influences the decision to provide or not provide exclusive breastfeeding. Predisposing, supporting, and encouraging factors can influence the success of exclusive breastfeeding by mothers for their babies.<sup>23</sup>

Instrumental support and emotional support are the supports most often received by breastfeeding mothers. The husband provides information support about exclusive breastfeeding and good nutrition. Instrumental support takes the form of concrete actions, such as helping with housework. Emotional support such as accompanying the mother while breastfeeding. Appraisal support by praising infant care skills is also often received. This finding is in line with the research literature in Indonesia, which shows that family support, including emotional and informational, supports the success of exclusive breastfeeding.<sup>24</sup>

Social support plays a key role in the success of exclusive breastfeeding, including the emotional and psychological aspects provided to breastfeeding mothers.<sup>15</sup> The global COVID-19 pandemic has had a significant impact, especially on the health of mothers and babies, making family support crucial to supporting breastfeeding and improving maternal health. and babies.<sup>25</sup> Breastfeeding mothers need help and support throughout the breastfeeding journey, from pregnancy to two years after birth, including health care, and support from family and the surrounding environment, as found in Jogjakarta, Indonesia.<sup>26</sup>

However, this study did not find a relationship between social support and exclusive breastfeeding. These findings are consistent with previous research in Bogor<sup>27</sup>, Bandung<sup>28</sup>, and Blitar<sup>29</sup>. However, the results of this study are different from a systematic review study in Indonesia which concluded that the husband's support (informational, instrumental, assessment, and emotional) was related to exclusive breastfeeding. However, in this study, mothers who had low social support continued to exclusively breastfeed their babies. Other factors such as maternal education, knowledge, and attitudes may also play an important role in exclusive breastfeeding practices.<sup>30-33</sup>

Behavior can be influenced by three main factors: predispositions, enablers, and drivers. Predisposing factors, such as maternal knowledge and attitudes, play a role in shaping exclusive breastfeeding behavior.<sup>30,32</sup> Mother's knowledge has a significant impact because it is a trigger that influences attitudes and behavior in the practice of exclusive breastfeeding.<sup>34</sup> Behavior formation occurs through a process where the subject knows external stimuli, which then triggers an inner response in the form of attitude. Furthermore, these stimuli can trigger further responses in the form of action.<sup>13</sup>

The mother's attitude also has an important role as a trigger or inhibitor of behavior change. Attitudes significantly influence exclusive breastfeeding. Failure to provide exclusive breastfeeding is often related to the mother's psychological condition, where the mother's confidence in the availability of breast milk to meet the baby's nutritional needs is crucial. Mothers who initially have a positive attitude regarding giving only breast milk to 6-month-old babies will be more likely to make efforts to successfully provide exclusive breast milk, and vice versa. The mother's positive attitude from the start also influences consistency and responsibility in the actions taken.<sup>31,35</sup>

Apart from predisposing factors, a supporting factor that influences the success or failure of exclusive breastfeeding is the baby's condition. Some mothers give additional food or drink to babies who are not yet 6 months old, considering that the baby looks fussy or still looks thirsty after being breastfed or given breast milk. Some give bananas to babies who are only 3.5 months old because they feel that the baby's activity is enough to require additional food other than breast milk, so exclusive breastfeeding is stopped by the mother.<sup>30</sup>

## CONCLUSION

Most respondents had moderate stress (81.2%) and high social support (55.8%) regarding exclusive breastfeeding in the Wonorejo Community Health Center working area. There is no relationship between stress levels ( $p$ -values $>0.969$ ) and social support ( $p$ -values $>0.056$ ) in mothers on exclusive breastfeeding. Therefore, it is recommended to disseminate information through outreach, baby food counseling, the formation of breastfeeding companion groups (KP-ASI), and the development of information media such as leaflets and posters. Information should be disseminated not only to breastfeeding mothers and their families but also to community leaders, religious leaders, posyandu cadres, and other community members to support the success of exclusive breastfeeding. Further research using cohort methods is needed to explore the factors that influence the success of exclusive breastfeeding.

## ACKNOWLEDGEMENT

Thank you to the leadership and entire team of the Wonorejo Community Health Center, Samarinda, East Kalimantan, Indonesia, and the respondents who helped carry out this research.

## AUTHORS CONTRIBUTION

All authors will take public responsibility for the content of the manuscript submitted to *Jurnal Biomedika dan Kesehatan*. The contributions of all authors must be described.

## FUNDING

No funding was obtained to conduct this research. The Faculty of Public Health, Mulawarman University assisted with publication costs for the article.

## CONFLICT OF INTEREST

Competing interests: No relevant disclosures.

## REFERENCES

1. Sutarto, Yadika A, Indriyani R. Analisa Riwayat Pemberian ASI Eksklusif dengan Stunting pada Balita Usia 24-59 Bulan di Wilayah Kerja Puskesmas Way Urang Kabupaten Lampung Selatan. *J Kesehat Masy Indones*. 2021;16(3):148-53.
2. Rokhmah A, Ichsan B, Agustina T, et al. Hubungan Pemberian ASI dan Tingkat Pendidikan Ibu dengan Status Gizi 1000 Hari Pertama Kehidupan. *J Ilmu Kebidanan STIKES Muhammadiyah Klaten*. 2021;11(2):46-51.
3. WHO. 10 Facts On Breastfeeding. World Health Organization. 2017.
4. Kemenkes. Profil Kesehatan Indonesia 2020. Kementerian Kesehatan Republik Indonesia. 2021.
5. Dinas Kesehatan Provinsi Kalimantan Timur. Profil Kesehatan Kalimantan Timur Tahun 2020. Dinas Kesehatan Provinsi Kaltim. 2021.
6. Dinas Kesehatan Provinsi Kalimantan Timur. Profil Kesehatan Kalimantan Timur Tahun 2019. Dinas Kesehatan Provinsi Kaltim. 2020.
7. Dinas Kesehatan Kota Samarinda. Cakupan Pemberian ASI Eksklusif di Samarinda Tahun 2019-2020. Dinas Kesehatan Kota Samarinda. 2020.
8. Puskesmas Wonorejo. Laporan Program Gizi Puskesmas Wonorejo Tahun 2020. Puskesmas Wonorejo. 2020.
9. Indrawati, Prasetyowati, Widiyanti S. Faktor-Faktor Yang Berhubungan Dengan Pemberian Asi Eksklusif Pada Bayi Usia 6-12 Bulan. *J Kesehat Metro Sai Wawai*. 2017;X(1):28-34.
10. Sintya O, Tombokan V, Moleong M. Gambaran Faktor-Faktor Yang Mempengaruhi Pemberian Asi Eksklusif Di Puskesmas Siloam Tamako Kabupaten Sangihe. *J Kesehat Masy UMIMA*. 2021;02(01):7-13.
11. Karaçam ZSM. Breastfeeding problems and interventions performed on problems: Systematic review based on studies made in Turkey. *Turk Pediatr Ars*. 2018;53(3):134-48.
12. Safayi BL, Assimamaw NT, Kassie DG. Breastfeeding technique and associated factors among lactating mothers visiting Gondar town health facilities, Northwest Ethiopia: observational method. *Ital J Pediatr*. 2021;47(1):206.
13. Assriyah HI, Hidayanti, Thaha, RA, et al. Hubungan Pengetahuan, Sikap, Umur, Pendidikan, Pekerjaan, Psikologis, dan Inisiasi Menyusui Dini Dengan Pemberian ASI Eksklusif di Puskesmas Sudiang. *JGMI J Indones Community Nutr*. 2020;9(1):30-8.



14. Yuliana, Megalina L. Hubungan Pelaksanaan Inisiasi Menyusui Dini dengan Pemberian ASI secara Eksklusif pada Bayi Usia >6 Bulan di Rumah Sakit Bersalin Mulia Kabupaten Kubu Raya Tahun 2019. *Jurnal Kebidanan*. 2019;9(2):379-84.
15. Elsanti D, Isnaini PO. Hubungan Antara Dukungan Sosial dan Tingkat Stres Terhadap Keberlangsungan Pemberian ASI Eksklusif Di Wilayah Kerja Puskesmas Kedungbanteng. *J Ilmu Keperawatan Matern*. 2018;1(1):13-25.
16. Antono SD, Sendra E, Dewi LPK. Hubungan Dukungan Sosial Keluarga Dengan Pemberian ASI Eksklusif Pada Bayi Usia 0-6 Bulan. *J Ilmu Kesehat*. 2019;7(2):320-9.
17. Yuliana. Corona virus diseases (Covid-19); Sebuah Tinjauan Literatur. *Wellness And Healthy Magazine*. 2020;2(February):124-37.
18. Putri R. Indonesia dalam Menghadapi Pandemi Covid-19. *J Ilm Univ Batanghari Jambi*. 2020;20(2):705.
19. Lambelet V, Ceulemans M, Nordeng H, et al. Impact of the COVID-19 pandemic on Swiss pregnant and breastfeeding women - a cross-sectional study covering the first pandemic wave. *Swiss Med Wkly*. 2021;151:w30009.
20. Kotlar B, Gerson EM, Petrillo S, et al. The impact of the COVID-19 pandemic on maternal and perinatal health: a scoping review. *Reprod Health*. 2021;18(1):10.
21. Cohen S, Kamarck T, Mermelstein R. A global measure of perceived stress. *J Health Soc Behav*. 1983;24(4):385-96.
22. Hughes RB. The development of an instrument to measure perceived emotional, instrumental, and informational support in breastfeeding mothers. *Issues Compr Pediatr Nurs*. 1984;7(6):357-62.
23. Ulfa DZ, Setyaningsih Y. Tingkat Stres Ibu Menyusui dan Pemberian ASI pada Bulan Pertama. *J Litbang Media Inf Penelitian, Pengembangan dan IPTEK*. 2020;16(1):15-28.
24. Hamima R, Moch Y, Septa K, et al. Systematic Literature Review Determinan Pemberian ASI Eksklusif di Indonesia. *Sport Science and Health*. 2022;4(4):376-94.
25. Simanjuntak M. Faktor-faktor Yang Mempengaruhi Ibu Menyusui Dalam Masa Pandemi COVID-19: Literatur Review. *Univ Sam Ratulangi*. 2021;5(1):44-51.
26. Ratnasari D, Paramashanti BA, Hadi H, et al. Family support and exclusive breastfeeding among Yogyakarta mothers in employment. *Asia Pac J Clin Nutr*. 2017;26(Suppl 1):S31-S5.
27. Indriyani B, Merry M, Fenti D. Hubungan Dukungan Suami dengan Pemberian ASI Eksklusif di Wilayah Kerja Puskesmas Sempur Kota Bogor Tahun 2018. *Promotor Jurnal Mahasiswa Kesehatan Masyarakat*. 2019;2(1):27-36.
28. Rahayu, Kamsatun. Hubungan Dukungan Suami Dengan Pemberian ASI Eksklusif di UPTD Puskesmas Arcamanik Bandung. *Jurnal Ilmu Kesehatan*. 2018;12(1):16-24.
29. Novira K, Triska S. Hubungan Dukungan Suami dengan Pemberian ASI Eksklusif di Daerah Pedesaan. *Media Gizi Indonesia*. 2017;12(2):98-106.
30. Subratha H. Determinan Kegagalan Pemberian Asi Eksklusif Pada Ibu Rumah Tangga Di Kecamatan Marga. . *J Med Usada*. 2020;3(1):61-72.
31. Abani T, Paulus A, Djogo H. Fakor-Faktor Yang Berhubungan Dengan Perilaku Pemberian Asi Eksklusif Pada Bayi Usia 6-24 Bulan Di Puskesmas Camplong Kabupaten Kupang. *CHMK Midwifery Sciebtific J*. 2021;4(1):215-27.
32. Fikawati S, Syafiq A. Penyebab Keberhasilan dan Kegagalan Praktik Pemberian ASI Eksklusif. *Kesmas Natl Public Heal J*. 2009;4(3):120-31.
33. Indriasari S, Aisah. Hubungan Pengetahuan, Sikap Ibu dengan Praktek Pemberian ASI Eksklusif Pada Bayi 0-6 Bulan. *J Keperawatan Muhammadiyah*. 2021;6(2):32-8.
34. Supriady F, Diana K, Hasianna S, et al. Pengetahuan , Sikap , dan Perilaku Responden Mengenai ASI Eksklusif di Desa Ciburial, Kecamatan Cimeyan, Kabupaten Bandung. *Journal of Medicine and Health*. 2021;3(2):176-87.

35. Herman A, Ode W. Hubungan Pengetahuan dan Sikap Ibu dengan Pemberian Asi Eksklusif. *Prof Heal J.* 2021;2(2):84-9.



This work is licensed under a Creative Commons Attribution Non-Commercial 4.0 International License

---