



RELATIONSHIP BETWEEN KNOWLEDGE ATTITUDES AND ACTIONS OF MOTHER WHO HAVE BABIES 6-12 MONTHS WITH EXCLUSIVE BREAST FEEDING IN TATAN HIGH VILLAGE BINJAI TIMUR SUB-DISTRICT IN 2023

Yuni Vivi Santri¹, Pratiwi Lumbantobing², Susi Amenta Beru Perangin-angin³

^{1,2,3}Department of Midwifery, STIKes Senior, Medan, Indonesia

Article Info

Article history:

Received : 12 March 2023

Revised : 07 April 2023

Accepted : 19 May 2023

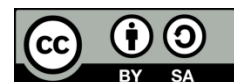
Keywords:

Knowledge, Attitudes, Actions, Exclusive Breastfeeding.

ABSTRACT

Giving exclusive breastfeeding to babies also means giving big gifts in the form of the best immunization, complete nutrition, healthy drinks and life water to babies. In the process of exclusive breastfeeding, there are many disturbances which in principle are rooted in a lack of knowledge, self-confidence, family support and the surrounding environment. The low knowledge of mothers about the benefits of breastfeeding and lactation management from pregnancy to delivery will have a good impact on the mother's attitude which can influence behavior towards exclusive breastfeeding. Based on the results of the initial survey conducted by the researchers, it was shown that of the 7 mothers interviewed, there were 5 mothers who did not breastfeed their babies 6-12 months. This study aims to determine the relationship between knowledge, attitudes and actions of mothers who have babies 6-12 months by giving exclusive breastfeeding in the Highland Village, East Binjai District in 2023. This research is an analytic study with a cross-sectional study design. The population in this study were all mothers who had babies over 6-12 months in the Highland Village, East Binjai District, totaling 37 people. The research sample is used as the total sampling. Research data processing consists of editing, coding, entry, cleaning, tabulating. Data analysis consisted of univariate and bivariate with the Chi Square test. The results showed that there was a relationship between mother's knowledge and exclusive breastfeeding ($p = 0.002$). There is a relationship between mother's actions and exclusive breastfeeding ($p = 0.001$). Therefore, it is important for mothers of babies to take the time to participate in counseling held by health workers at the Puskesmas about the benefits of exclusive breastfeeding for babies so that they can increase the knowledge and attitudes of baby mothers in giving exclusive breastfeeding to babies.

This is an open access article under the [CC BY-SA](https://creativecommons.org/licenses/by-sa/4.0/) license.



Corresponding Author:

Yuni Vivi Santri,
Department of Midwifery
STIKes Senior, Medan, Indonesia
Email: yunivivipurba88@gmail.com

1. INTRODUCTION

Giving exclusive breastfeeding to babies means giving big gifts in the form of the best immunization, complete nutrition, healthy drinks and water of life (Pratiwi & Mardiana, 2016). In the process of exclusive breastfeeding there are many disturbances which are principally rooted in a lack of knowledge, self-confidence, family support and the surrounding environment (Pratiwi & Mardiana, 2016). The low knowledge of mothers about the benefits of breastfeeding and lactation management from pregnancy to delivery will have a good impact on the mother's attitude which can influence behavior towards exclusive breastfeeding (Rahmawati, 2015).

Babies who are not exclusively breastfed have a 3.94 times greater risk of death due to diarrhea compared to babies who are exclusively breastfed and babies who are not exclusively breastfed are prone to respiratory infections and digestive tract infections which are higher than babies who are exclusively breastfed. In addition, babies who do not get exclusive breastfeeding are susceptible to diseases related to immunity (Rizkiah, 2019).

The World Health Organization (WHO) recommends exclusive breastfeeding for at least the first 6 months of life and continued with complementary foods until the age of 2 years. The American Academy of Pediatrics (AAP), the Academy of Breastfeeding Medicine (ABM) and the Indonesian Pediatrician Association (IDAI) recommend the same regarding exclusive breastfeeding for at least 6 months. Based on data from the United Nations Children's Fund (UNICEF) (2013), as many as 136.7 million babies were born worldwide and only 32.6% of them were exclusively breastfed in the first 6 months. WHO world health data (2016) shows that the average rate of exclusive breastfeeding in the new world is around 38% and in Indonesia, although a large number of women 96% are breastfeeding, only 42% of babies aged 6 months are exclusively breastfed.

Based on the results of Riskesdas (2018) the total coverage of exclusive breastfeeding in Indonesia is 65.16%. When compared with the WHO target of 50%, this figure has exceeded the target with the highest percentage in the province of West Sulawesi (80.28%) and in the province of East Nusa Tenggara (74.58%)

In order to reduce infant morbidity and mortality, UNICEF and WHO recommend that babies should only be breastfed for at least 6 months, and continue until the child is two years old (WHO, 2018). So that mothers can maintain exclusive breastfeeding. For 6 months, WHO recommends initiating breastfeeding within the first hour of life, babies only receive breast milk (ASI) without additional food or drink, including water, breastfeed on demand or as often as the baby wants, and not use bottles or pacifiers (WHO, 2018)

The results of the study (Chintya, et al, 2019) showed that there was a relationship between knowledge ($p = 0.005$), and mother's attitude ($p = 0.028$) with exclusive breastfeeding in infants. Likewise, research (Darlaini and Ibrahim, 2018) shows that there is a relationship between knowledge ($p = 0.004$), and mother's attitude ($p = 0.007$) with exclusive breastfeeding in infants.

Based on the results of the initial survey conducted by the researchers, it was shown that of the 7 mothers interviewed, there were 5 mothers who did not breastfeed infants aged 6-12 months. months, they think that consuming breast milk does not make the baby full and they are afraid of catching a cold or getting sick. Based on this, the researcher is interested in conducting research on the relationship of knowledge, attitudes and actions of mothers who have babies 6-12 months with exclusive breastfeeding in the Highland Village, East Binjai District in 2023

2. RESEARCH METHODE

Analytical research with a cross-sectional study design used to determine the relationship between knowledge, attitudes and actions of mothers who have babies 6-12 months with exclusive breastfeeding in the Highland Village, East Binjai District in 2023 (Handini, 2017). This research will be conducted in the Highland Village of East Binjai District in 2023. The time of the research will be carried out from January - July 2023. The population in this study is all mothers who have babies over 6-12 months in the Highland Village of East Binjai District as many as 37 people . The sample of this study was used as a total sampling of 37 people. Data analysis was performed by bivariate analysis using the chi square test. Data processing is done by Editing, Coding, Entry, Cleaning and Tabulating processes. processed by processing techniques and data analysis, namely univariate analysis and bivariate analysis.

3. RESULT AND ANALYSIS

Univariate analysis

Table 1. Frequency Distribution of Characteristics, Knowledge, Attitudes, Actions and Exclusive Breastfeeding in the Highland Village, East Binjai District in 2023

No	Age	Frequency	%
1	<20 years	4	10.8
2	21-35 years	22	59.5
3	>35 years	11	29.7
Education			
1	SD	6	16.2
2	SMP	12	32.4
3	SMA/SMK	17	45.9
4	D3/S1	2	5.4
Work			
1	IRT	8	21.6
2	Farmer	17	45.9
3	Trader	10	27.0
4	civil servant	2	5.4
Knowledge			
1	Good	10	27.0
2	Enough	11	29.7
3	Not enough	16	43.2
Attitude			
1	Good	10	27.0
2	Enough	11	29.7
3	Not enough	16	43.2
Action			
1	Good	14	37.8
2	Not good	23	62.2
Exclusive breastfeeding			
1	given	13	35.1
2	Not given	24	64.9
Total		37	100

Table 1 shows that the age of most respondents is 21-35 years as many as 22 people (59.5%). The education of most respondents was low (SMA/SMK) as many as 17 people (45.9%). Most respondents work as farmers as many as 17 people (45.9%). Knowledge of the majority of

respondents less than 16 people (43.2%). The attitude of most respondents disagreed with as many as 15 people (40.5%). The actions of most respondents were not good as many as 23 people (62.2%). Most of the exclusive breastfeeding did not provide exclusive breastfeeding for as many as 24 people (64.9%).

Bivariate Analysis

Table 2. Cross-tabulation of Knowledge, Attitudes and Actions of Mothers with Exclusive Breastfeeding in the Highland Village, East Binjai District in 2023

Mother Knowledge	Exclusive breastfeeding				Total		<i>p value</i>
	Diberi		Tidak Diberi		n	%	
	n	%	n	%			
Good	8	80	2	20	10	100	0,002
Enough	3	27,3	8	72,7	11	100	
Not enough	2	12,5	14	87,5	16	100	
Mother's attitude							
Strongly agree	7	77,8	2	22,2	9	100	0,002
Agree	5	38,5	8	61,5	13	100	
Disagree	1	6,7	14	93,3	15	100	
Mother's action							
Good	10	71,4	4	28,6	14	100	0,001
Not good	3	13	20	87	23	100	
Total	13	35,1	24	64,9	37	100	

Table 2 shows that of the 9 mothers with good knowledge, 8 (80%) gave exclusive breastfeeding and 2 (20%) did not. Of the 11 mothers with sufficient knowledge, there were 3 (27.3%) who gave exclusive breastfeeding and 8 (72.7%) who did not give exclusive breastfeeding. Meanwhile, of the 16 mothers who had less knowledge, 2 (12.5%) gave exclusive breastfeeding and 14 (87.5%) did not give exclusive breastfeeding. The results of the chi square test showed that there was a relationship between mother's knowledge and exclusive breastfeeding ($p = 0.002$).

The mother's attitude showed that of the 9 mothers who strongly agreed, there were 7 (77.8%) who gave exclusive breastfeeding and 2 (22.2%) who did not give exclusive breastfeeding. Of the 13 mothers who agreed, there were 5 (38.5%) who gave exclusive breastfeeding and 8 (61.5%) who did not give exclusive breastfeeding. Meanwhile, of the 15 mothers who disagreed, there was 1 person (6.7%) who gave exclusive breastfeeding and 14 people (93.3%) who did not give exclusive breastfeeding. The results of the chi square test showed that there was a relationship between mother's attitude and exclusive breastfeeding ($p=0.002$).

The mother's actions showed that of the 14 mothers of babies who had good behavior, there were 10 people (71.4%) who gave exclusive breastfeeding and 4 people (28.6%) who did not give exclusive breastfeeding. Meanwhile, of the 23 mothers of babies who had bad behavior, there were 3 people (13%) who gave exclusive breastfeeding and 20 people (87%) who did not give exclusive breastfeeding. The results of the chi square test showed that there was a relationship between the mother's actions and exclusive breastfeeding ($p = 0.001$).

DISCUSSION

Relationship between Mother's Knowledge and Exclusive Breastfeeding

Knowledge is recognition, awareness, and understanding. Knowledge can also mean everything that has been observed and understood by the mind, science, understanding. Knowledge is the result of knowing, and this happens after people have sensed a certain object. Sensing occurs through the five human senses, namely the senses of sight, smell, taste, and touch. Most of human knowledge is obtained through the eyes and ears (Haniek, 2016).

The results showed that there was a relationship between mother's knowledge and exclusive breastfeeding ($p = 0.002$). The results of this study are supported by research conducted by (Chintya, et al, 2019) showing that there is a relationship between knowledge ($p = 0.005$) and exclusive breastfeeding in infants. Likewise, research (Darlaini and Ibrahim, 2018) shows that there is a relationship between knowledge ($p = 0.004$) and exclusive breastfeeding in infants.

Mother's knowledge about exclusive breastfeeding can influence mothers in giving exclusive breastfeeding. The better the mother's knowledge about exclusive breastfeeding, the mother will give exclusive breastfeeding to her child. Vice versa, the lower the mother's knowledge about exclusive breastfeeding, the less chance the mother will give exclusive breastfeeding (Suharyono, 2012). The formation of mother's knowledge is also influenced by the level of education. The results of the analysis of the characteristics of the research respondents found that most of the respondents had junior high school education, namely (32.4%) and elementary schools (16.2%). to understand the explanations given by Health Officers compared to those with higher education and in terms of the work of the respondents from the results of the study the majority worked as farmers as much as 45.9%.

The results of the study also showed that out of 9 mothers with good knowledge, 8 (80%) gave exclusive breastfeeding and 2 (20%) did not give exclusive breastfeeding. Of the 11 mothers with sufficient knowledge, there were 3 (27.3%) who gave exclusive breastfeeding and 8 (72.7%) who did not give exclusive breastfeeding. Meanwhile, of the 16 mothers who had less knowledge, 2 (12.5%) gave exclusive breastfeeding and 14 (87.5%) did not give exclusive breastfeeding. This means that mothers who have low knowledge can influence their actions not to give exclusive breastfeeding to their babies. This is because most respondents have low education and lack of information about the benefits of breastfeeding so that mothers provide additional food before the age of 6 months and think that it is time to breastfeed their children at 12 months, even though at that age babies still need breast milk. To deal with this problem, it is recommended that health workers provide counseling and programs as well as information about the benefits of exclusive breastfeeding for babies.

Relationship between mother's attitude and exclusive breastfeeding

Attitude is a domain of behavior along with knowledge and action (Notoatmodjo, 2015), with a high level of one's knowledge it will increase the likelihood that the attitude that arises will be positive. Based on this, the researchers concluded that the positive attitude of the respondents in this study was influenced by the high knowledge of the respondents. This is reinforced by the age of the majority of respondents who are more mature so that more experience is gained than respondents with a younger age.

The results showed that there was a relationship between mother's attitude and exclusive breastfeeding ($p=0.002$). The results of the study are in line with research that was conducted by (Darlaini and Ibrahim, 2018) showing that there is a relationship between knowledge ($p = 0.004$), and mother's attitude ($p = 0.007$) with exclusive breastfeeding to infants. Likewise, research (Chintya, et al, 2019) shows that there is a relationship between knowledge ($p = 0.005$), and mother's attitude ($p = 0.028$) with exclusive breastfeeding in infants.

According to (Azwar 2012) a person will do an act if he views the act positively and if he believes that other people want him to do it. These beliefs influence a person's attitude and behavior to do an act or not. This belief can come from experience with the behavior in question in other times and can also be influenced by indirect information about the behavior.

The results showed that of the 9 mothers who strongly agreed, there were 7 (77.8%) who gave exclusive breastfeeding and 2 (22.2%) who did not give exclusive breastfeeding. Of the 13 mothers who agreed, there were 5 (38.5%) who gave exclusive breastfeeding and 8 (61.5%) who did not give exclusive breastfeeding. Meanwhile, of the 15 mothers who disagreed, there was 1 person (6.7%) who gave exclusive breastfeeding and 14 people (93.3%) who did not give exclusive breastfeeding. This means that mothers who have a disapproving attitude if the baby is given exclusive breastfeeding, this may occur because the mother and family may not believe that exclusive breastfeeding is good for the baby's health. At the time of the study, several mothers showed a negative response, where mothers and families thought that consumption of exclusive breastfeeding did not make the baby full, so they thought that it was better to give complementary food to the baby so that the baby was full and did not catch a cold easily.

The Relationship between Mother's Actions and Exclusive Breastfeeding

Action is a response to a stimulus that is active and observable. Unlike the attitude that is passive and can not be observed. In order to support attitudes into action, apart from supporting factors such as facilities, supporting parties have a very important role.

The results showed that there was a relationship between the mother's actions and exclusive breastfeeding ($p = 0.001$). The results of this study are supported by research (Hajijah, 2020) which shows that the majority of infant mothers have unfavorable practices in providing exclusive breastfeeding to infants (61.6%). From the results of the study it was also known that there was a relationship between the mother's actions and exclusive breastfeeding ($p = 0.024$).

According to Notoatmodjo (2010) states that exclusive breastfeeding behavior has three factors, namely predisposing factors, enabling factors, and reinforcing factors. Predisposing factors include knowledge and attitudes of the community towards health, traditions and beliefs of the community towards matters related to health, the value system adopted by the community, level of education, socioeconomic level. In addition, it is influenced by the attitude and behavior of health workers as a reinforcing factor for exclusive breastfeeding behavior.

According to Wahyuningsih (2012), exclusive breastfeeding is influenced by internal factors and external factors. Internal factors include the level of education, knowledge, attitudes, psychological, physical and emotional factors. While external factors include husband/family support, social culture, environment, promotion and information. Each factor has its own role in influencing exclusive breastfeeding behavior.

The results showed that of the 14 mothers who had good behavior, there were 10 (71.4%) who gave exclusive breastfeeding and 4 people (28.6%) who did not give exclusive breastfeeding. Meanwhile, of the 23 mothers of babies who had bad behavior, there were 3 people (13%) who gave exclusive breastfeeding and 20 people (87%) who did not give exclusive breastfeeding. This means that the mother's actions are still not good in exclusive breastfeeding. Although not all mothers breastfeed their babies exclusively, the study said that there is still a tendency for mothers to be unable to leave their jobs outside the home so that mothers do not have enough time to breastfeed their babies. For women workers, the period of maternity leave provided by the workplace agency is not comparable to the period of breastfeeding their child. The leave period

given is shorter and requires the mother to return to work immediately. Thus, mothers are forced to give formula milk as a substitute for exclusive breastfeeding (Bahriyah, Putri and Jaelani, 2017).

4. CONCLUSION

Based on the results of research regarding the relationship of knowledge, attitudes and actions of mothers who have babies 6-12 months with exclusive breastfeeding in the Highland Village, East Binjai District in 2023, the following conclusions can be drawn:

1. There is a relationship between mother's knowledge and exclusive breastfeeding ($p = 0.002$).
2. There is a relationship between mother's attitude and exclusive breastfeeding ($p=0.002$).
3. There is a relationship between the mother's actions and exclusive breastfeeding ($p = 0.001$).

References

- [1] A. Wawan, dkk, 2016. Teori dan Pengukuran dan Sikap Perilaku Manusia, Yogyakarta : Nuha Medika
- [2] Chitya D. Caitom, dkk, 2019. Hubungan Pengetahuan Dan Sikap Dengan Pemberian ASI Eksklusif Di Wilayah Kerja Puskesmas Sario Kota Manado. Fakultas Kesehatan Masyarakat Universitas Sam Ratulangi Manado Jurnal KESMAS, Vol. 8, No. 7, November 2019
- [3] Dahlan, M.S. 2017. Statistik Untuk Kedokteran dan Kesehatan, Jakarta : Salemba Medika
- [4] Dewi, 2019. Asuhan Neonatus Bayi dan Anak Balita. Jakarta: Salemba Medika
- [5] Fikawati dkk, 2015. Hubungan Antara Menyusui Segera dan Pemberian ASI Eksklusif Sampai Dengan Empat Bulan. Jurnal kedokteran trisakti, vol 22. No 2.
- [6] Haryono dan Setianingsih, 2017. Manfaat ASI Eksklusif untuk Buah Hati Anda. Yogyakarta : Penerbitan Gosyen
- [7] <http://anggunfreeze.blogspot.com/2012/11/jenis-jenis-skala-pengukuran.html>
- [8] Kemenkes RI, 2016. Profil Kesehatan Indonesia. Jakarta : Kementerian Kesehatan RI.
- [9] Maulana LAM., 2016. Gambaran Pengetahuan, Sikap dan Tindakan Terhadap Status Gizi Siswa SD Inpres 2 Pannamu Makasar : Program Studi Ilmu Gizi Fakultas Kesehatan Masyarakat Universitas Hasanudin Makasar : Jurnal Kesmas, Vol 2. No.3.21024
- [10] Notoatmodjo, S. (2015). Promosi Kesehatan dan Perilaku Kesehatan. Jakarta: Rineka Cipta
- [11] Nugroho, 2015, Asi dan Tumor Payudara. Yogyakarta : Nuha Medika
- [12] Nursalam, 2016, Metodologi Penelitian Ilmu Kesehatan, Jakarta : Salemba Medika
- [13] Rachmawati, I.N; Nasution, Y. (2015).Pelaksanaan Manajemen Laktasi oleh erawat di Rumah Sakit dan Faktor yang Mempengaruhinya. Prosiding PPNI. Jawa Tengah: PPNI.
- [14] Riskesdas. (2018). Riset Kesehatan Dasar. Badan Penelitian dan Pengembangan Kesehatan Kementerian Kesehatan RI
- [15] Rizkia, (2019). faktor yang berhubungan dengan rendahnya pemberian ASI eksklusif di wilayah kerja Puskesmas kacang Pedang Faktor Kota Pangkalpinang.
- [16] Organisasi Kesehatan Dunia WHO.2018. ASI eksklusif. (on line). Tersedia:http://www.who.int/nutrition/topics/exclusive_breast_feeding/en/. {4 Februari 2018}

- [17] Organisasi Kesehatan Dunia (WHO). (2016). ASI Eksklusif.
<http://www.who.int/nutrition/topics/exclusive-breastfeeding/en>