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PROVIDING EXCLUSIVE ASI WITH THE LEVEL OF MOTHER'S KNOWLEDGE IN THE WORKING AREA OF THE KALUMATA PUSKESMAS

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ABSTRACT
Exclusive breastfeeding means that the baby only receives breast milk. No other liquids or solid foods are given, not even water except oral rehydration solution, or vitamin, mineral or medication drops/syrups. A mother's low education means she is slow in adopting new knowledge, especially about matters related to breastfeeding patterns. The problem of providing exclusive breastfeeding is related to the low understanding of mothers, families and society about exclusive breastfeeding. This type of research is an analytical observational research type with a descriptive analytical quantitative research approach using a cross sectional design, data collection methods by distributing questionnaires to determine the mother's level of knowledge regarding exclusive breastfeeding. The research sample was mothers who had toddlers in the Kalumata Community Health Center Working Area, namely 92 respondents. Data analysis uses Chi-square and the next process only extends to looking for relationships (bivariate) using logistic regression. Based on the research results, variables that have a statistically significant relationship with nutritional status show the variable Exclusive Breastfeeding with the Mother's Knowledge Level in the Kalumata Community Health Center Working Area using the Chi-Square Test, namely (p value = 0.006). Suggestions for the Health Service: It is necessary to improve health programs that focus on peer group intervention, for example by establishing peer educators considering that peer factors also determine attitudes towards exclusive breastfeeding behavior

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1. INTRODUCTION

Exclusive breastfeeding has many health benefits for the mother and baby. Breast milk contains all the nutrients a baby needs in the first six months of life. Breastfeeding protects against diarrhea and common childhood illnesses such as pneumonia, and may also have long-term health benefits for mother and child, such as reducing the risk of overweight and obesity in childhood and adolescence. Exclusive breastfeeding means that the baby only receives breast milk. No other liquids or solids are given, not even water except oral rehydration solution, or vitamin, mineral or medication drops/syrups. (WHO, 2024)

Based on strong evidence, the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) recommend that mothers breastfeed their newborns within one hour of birth, breastfeed the baby exclusively for the first six months and continue to breastfeed the baby for the first six months. two years or more, along with the provision of nutritionally adequate, safe, age-appropriate and responsive solid, semi-solid and soft foods starting at the sixth month. (Butte NF. 2022 and World Health Organization. 2023)

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Based on monitoring data on nutritional status in Indonesia in 2017, the coverage of exclusive breastfeeding for 6 months in Indonesia is still very low, namely 35.7% (Sari & Agustina, 2019). In 2020 the World Health Organization (WHO) stated data in the form of exclusive breastfeeding rates globally, around 44% of babies aged 0-6 months throughout the world received exclusive breastfeeding during 2015-2020 from 50% of the target of exclusive breastfeeding that has been targeted by WHO. The low level of exclusive breastfeeding has an impact on the quality and vitality of the next generation (WHO, 2020). Based on data from the Central Statistics Agency (BPS) in 2020, the number of babies aged < 6 months in Indonesia who received exclusive breastfeeding was only 70.36% (BPS, 2020).

A preliminary study in the working area of the Kalumata Community Health Center in Kalumata District, this preliminary study was carried out in the Bastiong Karance sub-district, it was found that exclusive breastfeeding coverage in 2021 was 14 toddlers (Kalumata Community Health Center Data, 2021), exclusive breastfeeding coverage in 2022 was 11 toddlers (Kalumata Community Health Center Data, 2022) and exclusive breastfeeding coverage in 2023 was 11 toddlers. 14 Toddlers. Bastiong Talangame subdistrict is known to have exclusive breastfeeding coverage in 2021 of 9 toddlers (Kalumata Community Health Center Data, 2021), exclusive breastfeeding coverage in 2022 of 15 toddlers (Kalumata Community Health Center Data, 2022) and exclusive breastfeeding coverage in 2023 of 2 toddlers (Kalumata Community Health Center Data, 2023).

A mother's low education means she is slow in adopting new knowledge, especially about matters related to breastfeeding patterns. The problem of providing exclusive breastfeeding is related to the low understanding of mothers, families and society about exclusive breastfeeding. Babies should be given exclusive breast milk for the first six months of life to achieve optimal growth, development and health. After that, to meet their growing nutritional needs, babies must receive complementary foods that are nutritious and safe, while continuing to provide breast milk for up to two years or more. (WHO, 2024)

2. METHOD

This type of research is an analytical observation research type. This type of research is analytical observation because it is to prove the relationship between the independent variables and the dependent variable through testing the hypothesis that has been formulated. The method used in this research is a survey method with a cross-sectional research design, namely the independent variable and dependent variable are studied at one time simultaneously using a questionnaire (Notoatmodjo 2012)

The unit of analysis in this research is an individual with a cross sectional research design, namely research used to study the relationship between independent variables and dependent variables using an observational approach where data collection is carried out simultaneously at the same time (Murti, 2003).

The population in this study looked at the coverage of babies who received exclusive breast milk as many as 14 babies and the number of 6 month old babies as many as 60 babies in Best Karance Village and the coverage of babies who got exclusive breast milk as many as 2 babies and the number of 6 month old babies as many as 32 babies in Talangame Village (Kalumata Community Health Center, 2023). In many cases it is impossible to research all members of the population, therefore a representative population is formed, namely a sample (Sugiyono, 2017). The sample that will be studied is 98 toddlers who will carry out the research process.

This research focuses on the aspect of studying breastfeeding for babies by looking at the mother's knowledge patterns which are aligned with activeness in willingness to breastfeed. The sampling technique in this research used the Total Sampling Technique. Total Sampling is a sampling technique where the number of samples is the same as the population (Sugiyono, 2017). After processing the data, the final stage of the data is analysis. Researchers will use the Chi Square test using the help of the program *Statistic Product For Service Solution* (SPSS)

3. RESULT AND DISCUSSION

Result

The frequency distribution of respondents based on exclusive breastfeeding in this study is normal and is as shown in the following table:

Table 1. Frequency Distribution Table of Respondents Based on Exclusive Breastfeeding

No	Exclusive breastfeeding	Total	%
1.	Yes	16	17,4
2.	No	76	82,6
Total		92	100

Based on the table, it shows that of the 92 respondents, the majority of mothers who did not give exclusive breast milk to their children were 76 people (83.6%), while the number of mothers who gave exclusive breast milk to their children was 16 people (17.4%). So the respondents in this study still did not give their children exclusive breast

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milk, this was because the mothers had given their children additional food and drinks even though they were not yet 6 months old..

The frequency distribution of respondents regarding maternal knowledge in this study is normal and is as shown in the following table:

Table 2. Respondent Frequency Distribution Table based on Mother's Knowledge

No	Knowledge	Total	%
1.	Good	28	30,4
2.	Not good	64	66,6
Total		92	100

Based on the table, it is known that of the 92 respondents, the majority of mothers had poor knowledge about exclusive breast milk, amounting to 64 people (69.6%), while 28 people (30.4%) had good knowledge about exclusive breast milk. So the respondents in this study on average had poor knowledge about exclusive breast milk.

Table 3. The Relationship between Exclusive Breastfeeding and Increasing Knowledge of the Working Area of the Kalumata Community Health Center

No	Knowledge	Exclusive breastfeeding				Total	%	P value
		Yes		No				
		n	%	n	%			
1	Good	19	20,7	9	9,8	28	30,4	0,006
2	Not good	22	23,9	42	45,7	64	69,6	
	Total	41	44,6	51	53,4	92	100	

The data in Table 4.4 above shows that of the 28 people whose knowledge about Exclusive Breastfeeding was correct, the highest proportion of respondents who gave Exclusive Breastfeeding was 19 people (20.7%), but there were 9 people who did not give Exclusive Breastfeeding (9.8%). Meanwhile, of the 64 people whose knowledge about exclusive breastfeeding was incorrect, the highest proportion of respondents who did not give exclusive breast milk was 42 people (45.7%), but there were 22 people who gave exclusive breast milk (23.9%)

Based on the results of the Chi-square test with a value of □ = 0.005 (□ value < 0.05), Ho in this study is rejected, meaning that there is a significant relationship between the level of knowledge and exclusive breastfeeding in the Kalumata Community Health Center working area.

Discussion

Based on the frequency distribution of respondent characteristics, it shows that of the 92 respondents, the majority were aged between 21-30 years amounting to 64 people (69.6%) and had completed high school education amounting to 41 people (44.6%). Looking at the frequency distribution of mothers' breastfeeding, it shows that of the 92 respondents, the majority of mothers who did not give exclusive breast milk to their children amounted to 76 people (83.6%), while there were 16 mothers who gave exclusive breast milk to their children (17.4%). Based on the frequency distribution, it is known that of the 92 respondents, the majority of mothers had poor knowledge about exclusive breast milk, amounting to 64 people (69.6%), while 28 people (30.4%) had good knowledge about exclusive breast milk.

Based on the research results, it is known that of the 28 people who had correct knowledge about exclusive breastfeeding, the highest proportion of respondents who gave exclusive breast milk was 19 people (20.7%), but there were 9 people who did not give exclusive breast milk (9.8%). Meanwhile, of the 64 people whose knowledge about exclusive breastfeeding was incorrect, the highest proportion of respondents who did not give exclusive breast milk was 42 people (45.7%), but there were 22 people who gave exclusive breast milk (23.9%). The statistical test results obtained p value: 0.006 < α: 0.05 so that Ho was rejected and Ha was accepted, that is, there was a relationship between exclusive breastfeeding and the mother's level of knowledge in the Kalumata Community Health Center working area.

Based on research conducted by Layal Hamze a, Mao Jing a, Elizabeth Reifsnider entitled Knowledge and attitudes towards breastfeeding practices: A cross-sectional survey of postnatal mothers in China shows that there is a level of exclusive breastfeeding for babies depending on the knowledge possessed by the mother, with the results of non-exclusive breastfeeding being 74% and exclusive breastfeeding being 26%. This also indicates that knowledge has an important role in the sustainability and success of exclusive breastfeeding.

Knowledge is the result of knowing and this occurs after people sense a particular object. Knowledge generally comes from experience, it can also be obtained from information conveyed by other people, obtained from books, or

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mass and electronic media. Knowledge can be obtained from direct experience or through the experiences of other people. Knowledge can be increased through counseling, both individually and in groups, to increase health knowledge with the aim of achieving changes in individual, family and community behavior in an effort to achieve optimal health status.

Knowledge is one of the determinants of health behavior that arises from a person or society in addition to traditions, beliefs, attitudes, and so on. The availability of facilities as well as the behavior and attitudes of health workers also play a role in supporting and strengthening the formation of behavior. Knowledge according to Lawrence Green's theory is classified as a predisposing factor along with beliefs, attitudes, beliefs and values. Meanwhile, the availability of facilities can be categorized as a supporting factor and the behavior and attitudes of health workers as a driving factor. These three factors influence a person's health behavior (Notoatmodjo, 2015).

It is hoped that the higher an individual's knowledge of things related to breastfeeding will increase understanding and processes will be carried out according to the needs that will occur. Breast milk (ASI) is the only proper nutrition for babies because it contains all the nutrients needed for the baby's growth and development. Breastfeeding begins as soon as the baby is born, then is given exclusively for six months, and continued for two years or more. Exclusive breastfeeding is also one way to prevent stunting in the first 1,000 days of life (HPK). According to WHO, less than half of babies under six months of age in the world are exclusively breastfed. In Indonesia, coverage of exclusive breastfeeding has also stagnated in the last two years. From data from the Indonesian Nutrition Status Survey (SSGI), early initiation of breastfeeding was 47.4 percent in 2021 and 58.1 percent in 2022. Meanwhile, data on exclusive breastfeeding aged 0-5 months in 2021 was 52.1 percent and in 2022 it was 52.2 percent.

Babies who do not receive exclusive breast milk are more likely to experience nutritional and vitamin A deficiencies. Babies are also at risk of suffering from allergies and lactose intolerance. In addition, there is an increased risk of some chronic diseases, such as diabetes and obesity. Exclusive breastfeeding is giving breast milk only, without any additional food and drink, except for medicines in the form of syrup in certain cases, and is given when the baby is 0 to 6 months old. Babies also do not need to be given white water or traditional food during the first six months of their age because the baby's nutritional needs are met with breast milk.

A person's behavior can also be influenced by environmental factors. The magnitude of the influence of environmental factors, which sometimes exceeds the individual's own characteristics, can determine the behavior that results. This happens because values, motives, attitudes and personality traits interact with each other and in turn also interact with environmental factors. Humans have interesting behavioral reaction characteristics, one of which is their differential nature. This means that one stimulus that a person receives can produce different responses, or vice versa, if a person receives many different stimuli it can produce the same response. The theory of reasoned action put forward by Brehm and Kassin, quoted by Azwar (2013), explains simply that an action will be carried out by someone if the action is considered positive and wants other people to do the same.

These results can be interpreted as meaning that knowledge makes a significant contribution to the formation of exclusive breastfeeding practices. The results of this research are in line with the theory which states that knowledge or cognitive is a very important domain in shaping a person's actions. From experience and research it is proven that behavior that is based on knowledge is more lasting than behavior that is not based on knowledge (Notoatmodjo, 2015). Based on the explanation above, mothers who have adequate knowledge about exclusive breastfeeding will pay more attention to the importance of exclusive breastfeeding for their babies and themselves. Thus, mothers who have good knowledge will tend to make more efforts to provide exclusive breastfeeding to their babies

4. CONCLUSION

The results of the statistical test are the level of strength of the relationship (correlation) between the birth history variable and the nutritional status of toddlers, namely the Chi-square test with a value of □ = 0.005 (□ value < 0.05), so that Ho in this study is rejected, meaning that there is a significant relationship between the level of knowledge and exclusive breastfeeding in the working area of the Kalumata Community Health Center.

Shows that of the 28 people whose knowledge about exclusive breastfeeding was correct, the highest proportion of respondents who gave exclusive breast milk was 19 people (20.7%), but there were 9 people who did not give exclusive breast milk (9.8%). Meanwhile, of the 64 people whose knowledge about exclusive breastfeeding was incorrect, the highest proportion of respondents who did not give exclusive breast milk was 42 people (45.7%), but there were 22 people who gave exclusive breast milk (23.9%)

For students or teenagers, school is the second environment after the family, where most of their time is used to study, so it is at school that teenagers must also get various things that can be useful for themselves, including health education and especially nutrition. In principle, the development of health programs aims to reduce the impact of exclusive breastfeeding

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