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The Relationship Between Breastfeeding Mother's Knowledge and Feeding Exclusive Breastfeeding at PMB A Bogor City

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Abstract

Breast milk (breast milk) is the main and best food at the beginning of a baby's life naturally, without other food additives in babies aged 0-6 months. The Indonesia Health Profile (2018) shows that the proportion of breastfeeding patterns in Indonesia is 37.3%, this figure is still below the target of 80%. The percentage of exclusive breastfeeding in Bogor City in 2019 was 54.7%. In 2020 before, it was 53.15%. In the PMB A work area of Bogor City, the coverage of exclusive breastfeeding is low. Various factors affect the provision of exclusive breastfeeding, including the lack of information and knowledge of mothers about the benefits of exclusive breastfeeding. Research Objective: To find out the relationship between breastfeeding mothers' knowledge and exclusive breastfeeding in PMB A Bogor City. This study uses an analytical descriptive method with a cross-sectional design. The total population is 39 people, with a sample of 36 people. The sampling technique used is purposive sampling. Data were collected using questionnaires. The analysis methods used were univariate test and bivariate test using Chi-square $\alpha = 0.05$. Univariate analysis showed that breastfeeding mothers aged 21-30 years (61.1%), high school education (33.3%), and IRT employment (58.3%). Knowledge is lacking (41.7%), and mothers do not breastfeed exclusively (55.6%). The results of the bivocal analysis showed that there was a relationship between maternal knowledge and exclusive breastfeeding (p-value a = 0.004). There is a relationship between maternal knowledge and exclusive breastfeeding in PMB A Bogor City.

Keyword: Breastfeeding Mother's Knowledge, Breastfeeding Mother, Exclusive Breastfeeding

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INTRODUCTION

Exclusive breast milk (breast milk) is to give only breast milk without complementary foods from birth to 6 months of age, except for drugs and vitamins (Apara et al., 2024). Exclusive breastfeeding is breastfeeding without other additional food and beverages in babies aged 0-6 months (Masitah, Nurcahyani, Syamsul, & Syafruddin, 2024). Foods and drinks such as formula milk, honey, sugar water, water, or solid foods such as bananas, papayas, biscuits, milk porridge, rice porridge, salt and even water should not be given (Lestari et al., 2019).

Data from the United Nations International Children's Emergency Fund (UNICEF) in 2018 concluded that there was an increase in exclusive breastfeeding in the world by 36% in 2000 to 41% in 2018, but this figure is still below the Sustainable Development Goals (SDGs) target of 50%. In general, the rate of breastfeeding in the world is quite low (Stordal, 2023). Based on the Global Breastfeeding Scorecard report, which evaluates breastfeeding data from 194 countries, the percentage of babies under six months who are exclusively breastfed is only

40%. In addition, only 23 countries have exclusive breastfeeding, above 60% (Sischa, Iryanti, Atin, & Budi, 2020).

Indonesia's Health Profile (2018) shows that the proportion of The pattern of breastfeeding for babies aged 0-6 months in Indonesia is 37.3%; this figure is still below the target of the Indonesian Ministry of Health regarding exclusive breastfeeding of 80%. One of the provinces with a prevalence of breastfeeding that is still below the national target is West Java Province. Breastfed babies in West Java are 57.97%, which indicates the lack of exclusive breastfeeding for babies in the West Java area (Sischa et al., 2020).

Based on the achievement of Exclusive Breastfeeding (2018), mothers who did not give exclusive breastfeeding to infants aged 0-6 months who gave formula milk reached 24%, and those who gave baby team rice reached 8.7%. In 2019, those who gave formula milk reached 52%, and those who gave baby team rice reached 18%; then, in 2020, those who gave formula milk increased to 21.1%, and those who gave baby team rice reached 10% (Parapat, Haslin, & Siregar, 2022).

Breast milk is said to affect the level of AKB because several studies have shown that breast milk containing antibodies can protect babies from disease and improve the immune system (Riksani, 2012). According to the World Health Organization (WHO) (2000), babies who are fed companions other than breast milk have a 17 times higher risk of developing diarrhea and are three to four times more likely to develop ISPA (Upper respiratory tract infection). In addition to the benefits of breast milk for babies, the benefits of breast milk can be felt by mothers, families and the country (Astutik, 2014).

According to the results of the study, according to the Indonesia Health Profile (2017), the exclusive percentage of 0-6 months is 35.73%. Based on the West Java Health Profile in 2016, the percentage of exclusive breastfeeding for infants aged 0-6 months in West Java was 46.4%, and the coverage of exclusive breastfeeding in Bogor Regency in 2016 was 52.6%. Meanwhile, 2017 based on the West Java Health Profile in 2017, the coverage of exclusive breastfeeding in West Java was 53.0%, and the coverage of exclusive breastfeeding in Bogor Regency was 22.84%. There has been a decrease in exclusive breastfeeding coverage in Bogor Regency (Purvitasari, 2019).

The results of the Bogor City Health Office Research in 2021 The percentage of exclusive breast milk in Bogor City in 2019 was 54.7%; in 2020, the exclusive breast milk adequacy in Bogor City decreased again, namely 53.15%. In general, the rate of exclusive breastfeeding in Bogor City is still low. The low sufficiency of exclusive breastfeeding in Bogor City is caused by mothers' lack of knowledge about exclusive breastfeeding (Dinkes 2020).

Based on the results of a preliminary study conducted by researchers in the PMB A work area of Bogor City in 2023, in December 2022, there were 39 breastfeeding mothers. The results of interviews conducted by researchers with several mothers in PMB A showed that mothers did not exclusively breastfeed, and mothers tended to give formula milk due to the lack of maternal knowledge about breast milk. The mother's knowledge about the advantages of breast milk will support the exclusive success of breastfeeding.

The results of research conducted by Nasution (2016), the factors that influence mothers in deciding and carrying out breastfeeding patterns, especially the lack of physical and psychological readiness of mothers, are the lack of information and knowledge about the benefits of breastfeeding, as well as lactation management related to breastfeeding. Breastfeeding is one of the important factors in the decline of CKD, as supported by The Lancet BreastFeeding Series (2016), which states that breastfeeding can reduce CKD in Indonesia.

The research conducted by Assriyah (2020) obtained data from 95 respondents: 51 respondents (53.7%) who were sufficiently knowledgeable, who gave exclusive breastfeeding to as many as 7 people and did not give exclusive breastfeeding to as many as 10 people. Less than 27 people (28.4%) gave exclusive breastfeeding to as many as 7 people and did not give

exclusive breastfeeding to as many as 20 people. There were 17 respondents (17.9%) who were well-informed, 10 people who did not breastfeed exclusively and 7 people who gave exclusive breastfeeding. The results of the univariate analysis showed the relationship between maternal knowledge and exclusive breastfeeding in the Working Area.

Sudiang Makassar Health Center (ρ=0.015). This low coverage is caused by several factors, including problems in the breastfeeding process, economic factors and support from the surrounding environment, socio-cultural, occupational and health services, as well as a lack or low level of public knowledge about exclusive breastfeeding (Budiharjo, 2013).

RESEARCH METHOD

This study uses an observational analytical method, which aims to determine the relationship between the knowledge of breastfeeding mothers and exclusive breastfeeding in PMB A Bogor City in 2023. The research design/design used by the researcher is cross sectional, which is an approach that emphasizes the time of data measurement that is carried out quantitatively, easily and simply.

Data analysis uses univariate analysis and bivariate analysis. The analysis used in this study is to find out the frequency distribution of respondent characteristics and questionnaire results as independent variables. The statistical test carried out was a proportional difference test using Chi-Square (X^2) with a confidence level of 95% to see whether or not the relationship between the independent variable and the dependent variable was meaningful at the meaning limit of α= 0.05 with the understanding that if the p-value is 0.05, the relationship is not statistically meaningful. The conclusion from hypothesis testing is that there is a relationship if the p-value < 0.05 Hα is accepted, meaning that there is a relationship between breastfeeding mothers with exclusive breastfeeding and if the p-value> 0.05 Ho is rejected, it means that there is no relationship between the knowledge of breastfeeding mothers and exclusive breastfeeding.

RESULT AND DISCUSSION

1. Univariate Analysis

a. Characteristics of Respondents

Table 1. Table By Age

ItAge	N	%
Mean	1,6	
Std. Deviation	0,4	
1< 20 and > 35 years old	14	38,9
220-35 years old	22	61,1
Sum	36	100

The table above shows that the majority of respondents are in the age range of 20-35 years, with a total of 22 people (61.1%). While the rest are spread in the age range of < 20 years and > 35 years.

Table 2. Table by Education

ItEducation	N	%
Mean		2,4
Std. Deviation		0,9

1SD	7	19,4
2JUNIOR	12	33,3
3SMA	12	33,3
4College	5	13,9
Sum	36	100

Based on the table above, it shows that some of the respondents who are the majority in the range of junior high school and high school with a total of 12 people (33.3%).

Table 3. Table by Job

It	Work	N	%
	Mean		1,4
	Std. Deviation		0,5
1	Not Working	21	58,3
2	Work	15	41,7
	Sum	36	100

The table above shows that most of the respondents, who comprise the majority of the respondents in the range, do not work with a total of 21 people (58.3%).

b. Mother's Knowledge About Exclusive Breastfeeding in PMB A Bogor City

Table 4 Mother's Knowledge Table About Exclusive Breastfeeding

It	Knowledge	N	%
	Mean		2,1
	Std. Deviation		0,8
1	Good	9	22,5
2	Enough	12	33,3
3.	Less	15	41,7
	Sum	36	100

Based on the table above shows that of the 36 respondents, most of whom are the majority in the range of less knowledge, with a total of 15 people (41.7%), the respondents in this study have an average poor knowledge of exclusive breastfeeding.

Table 5 Exclusive breastfeeding

It	Gift	N	%
	Mean		1,4
	Std. Deviation		0,5
1	Not	20	55,6
2	Yes	16	44,4
	Sum	36	100

Based on the table above, it is known that of the 36 respondents, the majority of whom are in the range of not giving exclusive breastfeeding, with a total of 20 people (55.6%), the respondents in this study are still lacking exclusive breastfeeding.

2. Bivariate Analysis

a. The Relationship between Mother's Knowledge and Exclusive Breastfeeding in PMB A Bogor City

Table 6. The Relationship between Mother's Knowledge and Exclusive Breastfeeding in PMB A Bogor City

It	Knowledge	Yes		Not		Total		P-value
		N	%	N	%	N	%	
1	Good	1	2,7	8	5,0	9	25,0	
2	Enough	7	19,4	5	31,2	12	33,4	0,004
3.	Less	12	60,0	3	18,7	15	41,6	
	Sum	20	55,6	16	44,4	36	100	

From the table above, it can be seen that there are 9 respondents (25.0%) who have good knowledge of exclusive breastfeeding, 16 respondents (44.4) who do not give exclusive breastfeeding, 12 respondents (33.4%) who have sufficient knowledge of exclusive breastfeeding, and respondents who give breastfeeding exclusively as many as 20 (55.6), knowledge about exclusive breastfeeding is less as many as 15 people (41.6%), The results of statistical tests obtained *P-value*: $0.004 < \alpha = 0.05$ so that Ho was rejected and Ha was accepted, namely there is a relationship between the knowledge of breastfeeding mothers and exclusive breastfeeding in PMB A Bogor City.

3. Mother's Knowledge About Exclusive Breastfeeding in PMB A Bogor City

Mother's knowledge about exclusive breastfeeding can influence mothers in providing exclusive breastfeeding. The better the mother's knowledge about the benefits of exclusive breastfeeding, the less the mother's knowledge about the benefits of exclusive breastfeeding, and the less the mother's chance of giving exclusive breastfeeding (Suharyono, 2012).

This study was conducted to increase maternal knowledge about breastfeeding with exclusive breastfeeding actions for 36 mothers. The results of this study are known that of the 36 respondents, most of the mothers who exclusively breastfeed their children amounted to 16 people (44.4%). Mothers do not give exclusive breast milk to their children, which totals 20 people (55.6%). Respondents in this study still do not provide exclusive breastfeeding. Mother's knowledge affects the formation of a mindset that is open to new things. The more knowledge that mothers get, the better the level of knowledge will be. A person who has more information will have more knowledge.

According to Rahman's (2017) research, knowledge is the basis for an individual to make decisions and determine actions on the problems they face, including health problems. Knowledge about health can be obtained through formal education, counselling and mass media information. The existence of knowledge about exclusive breastfeeding will raise awareness and affect attitudes towards breastfeeding. Knowledge serves as motivation in behaving and acting, including in the refusal of supplementary feeding.

Knowledge is the result of knowing, and this happens after people sense a certain object. Sensing occurs through the five human senses, namely the senses of sight, hearing, smell, touch and ear. Knowledge or cognition is a dominant force that is very important for the formation of a person's actions (Notoadmojo 2012).

Deeply in mothers about the good or bad effects of breastfeeding exclusively. This understanding will be the basis for mothers to behave in giving breast milk exclusively to their babies (Nurfarida, 2012).

The biggest factor for mothers in providing exclusive breastfeeding is the level of knowledge (Lestari, 2013). There are several reasons why mothers do not give exclusive breastfeeding to their babies, most of which are mothers do not know about exclusive breastfeeding, mothers work, breast milk does not come out, and mothers feel that their babies are not full if they are only breastfed. In addition, according to research by Widiyanto, Aviyanti, and Tyas (2012), exclusive breastfeeding is caused by several factors, including limited knowledge, attitudes and skills of health workers on how to provide breastfeeding information and advice to good and correct breastfeeding methods to mothers and their families, maternal sociocultural (age, knowledge, education, attitude and the increasing number of working mothers). It can be concluded that the scope of gift Breast milk exclusivity in the PMB A work area of Bogor City needs to be improved.

4. Exclusive Breastfeeding at PMB A Bogor City

Based on the results of the study, it is known that of the 36 respondents, most of the mothers who do not breastfeed their children amounted to 20 people (55.6%), while mothers who gave exclusive breastfeeding to their children amounted to 16 people (44.4%). Respondents in this study still do not exclusively breastfeed their children. It can be concluded that the scope of exclusive breastfeeding in the work area of PMB A Bogor City needs to be increased. Efforts that can be made Including by increasing maternal knowledge and understanding of the importance of exclusive breastfeeding to babies. In addition, there is also a need for support from the family, especially the husband, to the mother to breastfeed her baby. The support of health workers is also very important to provide motivation and encouragement to mothers to provide exclusive breastfeeding through counselling and counselling.

Cause Collapse mothers practice various exclusive breastfeeding, such as the habit of giving formula food, giving formula milk because the milk does not come out, stopping breastfeeding because the mother or baby is sick, the mother is busy working so that she does not have time to breastfeed the baby, and the mother wants to try formula milk (Fikawati & Syafiq, 2015).

5. The relationship between maternal knowledge and exclusive breastfeeding in PMB A Bogor City

The results of this study are in accordance with the research of Rachmania (2014), showing that there is a relationship between the level of maternal knowledge about breastfeeding and the act of exclusive breastfeeding. Ilhami's research (2015) shows that there is a relationship between maternal knowledge and the act of exclusive breastfeeding. Research by Widiyanto (2012) shows that there is a relationship between a mother's education and knowledge and her attitude toward exclusive breastfeeding.

In this study, there were two variables between maternal knowledge and exclusive breastfeeding, showing a p-value of 0.05% < 0.004. The hypothesis in this study proves that there is a relationship between knowledge and exclusive breastfeeding by mothers who have babies under 0-6 months old. This result can be interpreted that knowledge contributes to the Significance of the formation of exclusive breastfeeding practices.

Based on the description above, mothers who have adequate knowledge about exclusive breastfeeding will pay more attention to the importance of exclusive breastfeeding for their babies and themselves. Mothers with good knowledge will tend to make more efforts to give exclusive breastfeeding to their babies. Good mother's knowledge about giving Exclusive breastfeeding will affect them deep exclusive breastfeeding time. Low knowledge about the benefits of exclusive breastfeeding and the purpose of exclusive breastfeeding can be the cause of failure to breastfeed the baby.

This is in line with the opinion of Notatmodjo (2014), who states that an individual's actions, including independence and responsibility in behaving, are greatly influenced by dominant cognition and knowledge.

This result can be interpreted as knowledge making a significant contribution to the formation of exclusive breastfeeding practices. The results of this study are in line with the theory that knowledge or cognition is a very important domain in shaping a person's actions. From experience and research, it is proven that behaviours based on knowledge are more lasting than behaviours that are not based on knowledge (Notoatmodjo, 2015).

CONCLUSION

Most of the respondents in this study had poor knowledge, on average, about exclusive breastfeeding. There is a relationship between maternal knowledge and exclusive breastfeeding in PMB A Bogor City with a p-value of $0.004 < \alpha = 0.05$, so Ho is rejected and Ha is accepted. There needs to be counselling about the importance of exclusive breastfeeding to the community in PMB A Bogor City because many respondents do not know about the importance of exclusive breastfeeding.

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