



Relationship Between Knowledge and Attitude of Breastfeeding Mothers in Providing Exclusive Breastfeeding at Pattingaloang Health Center

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ABSTRACT

The first thousand days of life are a golden period that greatly determines the optimal growth and development of children. Exclusive breastfeeding plays an important role in meeting the nutritional needs of infants and reducing morbidity and mortality rates in children. However, the coverage of exclusive breastfeeding has not yet reached the expected target. Various factors, including the level of knowledge and attitude of mothers, are thought to influence the success of exclusive breastfeeding. This study aims to analyze the factors that influence exclusive breastfeeding in infants over 6 months of age in the Pattingaloang Health Center work area, South Sulawesi. This study used a correlation analytic design with a cross-sectional approach. The sample in this study were 33 mothers who had infants aged 6–24 months and were selected using the total sampling technique. Data were obtained through questionnaires and analyzed using the Chi-square test with the help of SPSS. The results of the analysis showed that there was a significant relationship between the level of maternal knowledge and exclusive breastfeeding (p -value = 0.028). Mothers with good knowledge are more likely to provide exclusive breastfeeding than mothers with poor knowledge. Meanwhile, no significant relationship was found between the mother's attitude towards breastfeeding and exclusive breastfeeding (p -value = 0.532). In addition, age, education level, and occupation also contribute to the formation of maternal knowledge about exclusive breastfeeding. The level of maternal knowledge significantly influences the success of exclusive breastfeeding, while maternal attitudes do not show a significant relationship. Therefore, efforts are needed to increase education and counseling regarding the importance of exclusive breastfeeding, especially for mothers with low education levels or limited access to health information.

Keywords: *Exclusive Breastfeeding, Mother's Knowledge, Mother's Attitude, Pattingaloang Health Center, Influencing Factors*

I. INTRODUCTION

The first thousand days of life, starting from conception until the child is two years old, is a golden period or critical period for optimal growth. This period includes 270 days during pregnancy and the first 730 days after birth, where inappropriate intervention can

cause permanent impacts. Priority groups in improving the quality of life during this period include pregnant women, breastfeeding mothers, newborns, and children under two years of age (toddlers). Exclusive breastfeeding plays an important role in supporting infant growth, especially during the first 1000 days of life. Exclusive breastfeeding means that babies only receive breast milk without additional food, such as bananas or porridge. With proper provision, exclusive breastfeeding can optimally meet the nutritional needs of infants.[1]

According to WHO (2018), breast milk is the best source of nutrition for babies because it is clean, safe, and contains antibodies that help protect against various common childhood diseases. Breast milk also plays an important role in reducing child morbidity and mortality rates, considering that breast milk provides essential nutrients that are greatly needed by babies aged 0–6 months. Research conducted by Puspitasari & Pujiastuti (2015) supports this by showing that exclusive breastfeeding contributes to the nutritional status of babies. In addition, a study conducted by Hamzah (2018) found a significant effect between exclusive breastfeeding and increased infant weight. Furthermore, exclusive breastfeeding also plays a major role in supporting infant growth and development, both in motor and cognitive aspects.[2]

Although many mothers have known the benefits of exclusive breastfeeding for infant health, there are still a number of cases where babies are given complementary foods (MPASI) before reaching the age of six months. This action is generally caused by various factors and reasons. Giving MPASI too early can increase the risk of stunting in children, because babies do not get optimal nutrition that is only available in breast milk. In addition, when babies are introduced to food before the recommended age, they tend to prefer the food over breast milk. As a result, babies feel full faster and reduce the frequency of breastfeeding, so that breast milk intake is not optimal.[3]

Based on the 2018 Indonesian Health Profile, exclusive breastfeeding coverage was recorded at 68.74%. In 2019, this figure decreased slightly to 67.74%, and in 2020 it decreased again to 66.06%. However, this achievement still exceeds the 2020 Strategic Plan (Renstra) target set at 40%[4]. Exclusive breastfeeding is the provision of breast milk to infants without additional fluids or other foods, except for drops or syrups of vitamins, minerals, and medicines. Exclusive breastfeeding is recommended until the infant is six months old, then can be continued with breast milk combined with complementary foods until the age of two years or more. The importance of exclusive breastfeeding for infants is supported by the policy stated in the Government Regulation of the Republic of Indonesia Number 33 of 2012 concerning the exclusive breastfeeding program.[5][6][7].

The results of a preliminary study conducted in October 2022 in the Pattingaloang Health Center Work Area, South Sulawesi Province, through interviews with 10 mothers of babies, showed that there are various factors that influence exclusive breastfeeding. As many as 50% of mothers said that their husbands' busy work from morning to evening was one of the obstacles. Meanwhile, 30% of mothers stated that they did not understand the benefits of breastfeeding for their babies and themselves, so they only breastfeed when they wanted to. In addition, 20% of mothers said that their husbands still underestimate breastfeeding and consider it only the mother's responsibility without the father's involvement. The target coverage of exclusive breastfeeding of 80% has not been achieved, although there has been an increase from year to year. The success of exclusive breastfeeding in babies aged 7–12 months in the area was recorded at 37.03% in 2020, increasing to 39.87% in 2021, and reaching 54.75% in 2022.

Low knowledge and the existence of myths in society can affect the success of exclusive breastfeeding. The mother's education level plays a role in shaping knowledge, where the more information obtained, the better the understanding. Knowledge is an important factor

that influences a person's actions, including in exclusive breastfeeding. Mothers with good understanding tend to be more consistent in providing exclusive breastfeeding, while low knowledge can reduce the chances of success in breastfeeding their babies.[8]

Based on these data and theories, the researcher is interested in conducting research related to factors influencing the provision of exclusive breastfeeding in infants aged 6 months and above in the Pattingaloang Health Center work area.

II. METHODS

The type of research is correlational analytical research. The research design used in this study uses a cross-sectional approach. This study was conducted to determine the relationship between knowledge and maternal attitudes in providing exclusive breastfeeding at the Pattingaloan Health Center, South Sulawesi. The population of this study were all mothers who had babies aged 6-2 years who were breastfed in the Pattingaloang Health Center Work Area. The research was conducted in March-May 2024. The sample in this study consisted of 33 respondents using the total sampling technique, namely all population numbers were taken in the study. The researcher chose to use the total sampling technique because the population was small or less than 100 people and the researcher wanted to generalize with very small errors. The data from this study were taken from primary data and secondary data. Primary data was obtained directly from respondents through questionnaires given by making house-to-house visits. Secondary data is data obtained from the Pattingngaloang Health Center in the form of data on the number of breastfeeding. Bivariate analysis in this study was carried out using the SPSS test with Chi-square.

III. RESULTS AND DISCUSSION

1. RESULTS

a. Univariate Variables

- 1) Frequency distribution based on maternal age group can be seen

Based on the frequency distribution of the age group, it shows that the number of respondents who are at risk between 20-30 years is 28 people (84.8%), while the age of respondents between 31 and 44 years is 5 people (15.2%).

- 2) Frequency distribution based on mother's education can be seen

Based on the frequency distribution of the education level group, the sample that did not attend school numbered 2 people (6.1%), elementary school 4 people (12.1), junior high school 5 people (15.2%), high school 6 people (18.2%), D3 numbered 1 person (3.0%), and S1 numbered 15 people (45.2%)

- 3) Frequency distribution based on work can be seen

Based on the frequency distribution of the Occupation group, the sample was divided into 7 groups, where the sample as IRT and TEACHERS with the same number, namely 9 people each (27.3%), PNS and FARMERS 3 people (9.1%), while the sample as Private 6 People (18.2%). Contract 2 People (6.1%) Midwife 1 Person (3.0%)

b. Bivariate Test

- 1) Frequency distribution based on respondent knowledge can be seen

Based on the frequency distribution, it can be seen that respondents with good knowledge numbered 24 people (55.3%), those with poor knowledge numbered 9 people.

- 2) Frequency distribution based on respondents' mother's attitude can be seen

Based on the Frequency Distribution of Mothers' Attitudes, it can be seen that there are 20 respondents with good attitudes (60.53%), 13 respondents with bad attitudes (39.47%).

c. Bivariate Analysis

1) The relationship between maternal knowledge and exclusive breastfeeding

Based on the data on the Relationship between maternal knowledge and exclusive breastfeeding presented, it can be seen that there are 16 respondents (42.1%) who have good knowledge and provide exclusive breastfeeding to their babies. Meanwhile, 5 respondents (8.3%) have good knowledge but do not provide exclusive breastfeeding. On the other hand, there are 7 respondents (18.4%) who have poor knowledge but still provide exclusive breastfeeding, while 10 respondents (26.3%) have poor knowledge and do not provide exclusive breastfeeding.

The results of statistical tests using Chi-square showed that there was a significant relationship between the level of maternal knowledge about breastfeeding and exclusive breastfeeding, with a p-value of 0.028 (<0.05). This indicates that maternal knowledge about breastfeeding influences their decision to provide exclusive breastfeeding at the Pattingaloang Health Center.

2) The Relationship between Mother's Attitude and Exclusive Breastfeeding

Based on the data on the Relationship between Mother's Attitude and Exclusive Breastfeeding presented, it is known that there are 13 respondents (34.2%) who have a good attitude and provide exclusive breastfeeding to their babies. Meanwhile, 25.5% of respondents have a good attitude but do not provide exclusive breastfeeding. In addition, there are 10 respondents (26.3%) who have a less good attitude but still provide exclusive breastfeeding, while 5 respondents (13.3%) have a less good attitude and do not provide exclusive breastfeeding.

The results of statistical tests using Chi-square showed that there was no significant relationship between maternal attitudes about breastfeeding and exclusive breastfeeding, with a p-value of 0.532 (>0.05). This indicates that maternal attitudes about breastfeeding do not significantly influence their decisions in providing exclusive breastfeeding at the Pattingaloang Health Center.

2. DISCUSSION

a. Discussion of the relationship between age and knowledge of exclusive breastfeeding.

Age is a factor that affects a person's ability to grasp a thought pattern. As age increases, a person's ability to grasp and think patterns will develop. So that the knowledge obtained is also better. In the age range of 20 to 35 years, individuals tend to be more active in social life and have more time to read, which contributes to increased intellectual ability, problem solving, and verbal ability.[9]

Age is one of the factors that can affect a person's level of knowledge, including in terms of exclusive breastfeeding. Based on the results of the study, the majority of respondents were in the age range of 20 to 30 years (84.8%), while the rest were 31 to 40 years (15.2%). This age difference can affect the mother's understanding of the importance of exclusive breastfeeding for babies.

At the age of 20 to 30 years, mothers are generally in the early adulthood

stage which is characterized by cognitive levels that are still developing and are more responsive to new information. Mothers in this age group tend to be more active in seeking information about infant health, either through health workers, social media, or other educational sources. In addition, high levels of social interaction also allow them to exchange experiences with other mothers, thus increasing their understanding of the benefits of exclusive breastfeeding.[10].

Meanwhile, mothers aged 31 to 40 years may have had previous experience in parenting, so they rely more on personal experience than seeking new information. This can affect their mindset in providing exclusive breastfeeding. Several studies have shown that although experience can be a supporting factor, in some cases, inappropriate experience can actually be an obstacle to implementing correct health practices (Putri & Sari, 2020).

In addition to age, education level, experience, and access to information also play a role in shaping mothers' knowledge about exclusive breastfeeding. Younger mothers who have wider access to information tend to have a better understanding, so they are more motivated to provide exclusive breastfeeding to their babies. Therefore, continuous educational efforts are needed from health workers to increase awareness of all age groups about the importance of exclusive breastfeeding.

b. Relationship between work and knowledge of exclusive breastfeeding.

Based on the results of the study, the distribution of respondents' jobs showed that most mothers worked as teachers (27.3%) and housewives (27.3%). Meanwhile, other respondents worked in the private sector (18.2%), farmers (9.1%), civil servants (9.1%), contracts (6.1%), and midwives (3.0%). Mothers' jobs can affect the level of knowledge and practice of exclusive breastfeeding. Working mothers, such as teachers, private employees, or civil servants, may have wider access to information about health and exclusive breastfeeding through the work environment and available facilities. However, the busyness and demands of work can be obstacles to the implementation of exclusive breastfeeding practices.

Research conducted by Sari et al. (2020) found that there is a significant relationship between maternal employment and exclusive breastfeeding, where mothers who do not work tend to provide more exclusive breastfeeding than mothers who work.[11].

The results of another study conducted by Putri and Sari (2020) also showed that mothers who work and have a low level of knowledge have a ten times higher risk of not providing exclusive breastfeeding compared to mothers who do not work but have good knowledge.[12].

However, another study by Sari et al. (2020) did not find a significant relationship between maternal occupation and exclusive breastfeeding, but confirmed that maternal knowledge levels play a greater role in breastfeeding decisions.

The differences in the results of this study indicate that although work can influence the practice of exclusive breastfeeding, other factors such as level of knowledge, family support, and workplace policies also play an important role. Therefore, comprehensive education and support efforts are needed to improve knowledge and practice of exclusive breastfeeding in mothers with various work backgrounds.

c. The relationship between education and knowledge of exclusive breastfeeding.

Based on the research results, the majority of respondents have a bachelor's degree, with a percentage of 45.5% (15 respondents). Education is a process of guidance given by someone to direct the development of other individuals towards certain goals, equipping them with the ability to behave and live a meaningful life in order to achieve safety and happiness. Education is needed to obtain information, including that related to health, so that it can improve the quality of life.

The results of the study showed that the majority of respondents had a bachelor's degree. The level of education has a significant influence on a person's knowledge; the higher a person's education, the broader their knowledge is generally. Conversely, low education can limit an individual's understanding of various things. However, it is important to note that individuals with low formal education do not necessarily have limited knowledge, because information can be obtained through non-formal channels. Education also affects a person's behavior and lifestyle; the higher the level of education, the easier it is for an individual to receive information.

However, high maternal education levels are not always directly proportional to exclusive breastfeeding management. The higher a person's education, the easier it is for them to receive information, so they have more knowledge. Conversely, lack of education can hinder attitudes towards the values introduced, including exclusive breastfeeding. Research by Nurdalifah et al. (2024) showed a relationship between maternal education levels and knowledge with exclusive breastfeeding in Pitusunggu Village, with a p-value of 0.013 for education and 0.000 for knowledge[13].

However, another study by Puteri (2021) found that although most respondents had secondary education, their attitudes towards exclusive breastfeeding were not always positive. This suggests that other factors, such as knowledge and environmental support, also play an important role in the practice of exclusive breastfeeding.

IV. CONCLUSION

The first thousand days of life are the golden period for optimal growth of infants, where exclusive breastfeeding plays a crucial role in supporting infant health, growth, and development. Although the benefits of exclusive breastfeeding are widely known, there are still various factors that influence the practice of providing it, including the mother's level of knowledge, attitude towards breastfeeding, work, education, and environmental support.

Research conducted in the Pattingaloang Health Center Working Area found that the level of maternal knowledge was significantly related to the success of exclusive breastfeeding (p-value 0.028). Mothers with good knowledge were more likely to provide exclusive breastfeeding than those with poor knowledge. Conversely, maternal attitudes towards exclusive breastfeeding did not have a significant relationship with breastfeeding practices (p-value 0.532), indicating that other factors such as family support and socio-economic conditions may also play a role.

In addition, age, occupation, and education factors also influence mothers' knowledge about exclusive breastfeeding. Mothers in the 20-30 year age range have a better level of knowledge than older mothers, because they are more active in seeking information. In terms of occupation, housewives have a greater tendency to provide exclusive breastfeeding than working mothers, because they have more flexible time. Meanwhile, a higher level of education generally correlates with a better understanding

of the importance of exclusive breastfeeding, although other factors such as access to information and environmental support still play an important role.

Therefore, broader and more sustainable educational efforts are needed to increase mothers' awareness of the importance of exclusive breastfeeding, especially for groups with low levels of education and working mothers. In addition, family support, especially from husbands, and policies that support breastfeeding mothers in the workplace, are also key factors in increasing the coverage of exclusive breastfeeding.

V. REFERENCES

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