



MOTHERS' KNOWLEDGE ABOUT EXCLUSIVE BREASTFEEDING

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ABSTRACT

Exclusive breastfeeding is one of the important pillars in supporting infant health and growth, but its coverage in Indonesia is still low, especially in rural areas such as Palmatak. Mothers' knowledge about the importance of exclusive breastfeeding influences breastfeeding practices, but various factors such as age, education, and occupation can affect their understanding. These obstacles often hinder the adoption of optimal exclusive breastfeeding practices. This study aims to describe mothers' knowledge about exclusive breastfeeding in the Palmatak Health Center area. Methods: The design of this study was descriptive quantitative. The sampling technique used simple random sampling with a sample size of 50 mothers. Data were collected using a questionnaire that measured mothers' knowledge of exclusive breastfeeding, as well as demographic characteristics such as age, education, and occupation. Data analysis was carried out using univariate analysis techniques to describe the frequency distribution and percentage of the variables studied. The results showed that the majority of respondents (76%) were in the non-risk age group, namely 20-35 years. Most mothers had a high school education/equivalent (36%), and most worked as self-employed (30%). Regarding maternal knowledge about exclusive breastfeeding, 52.94% had low knowledge, while 47.06% had high knowledge. Factors such as limited access to health information and the influence of local cultural habits are the main obstacles in increasing maternal knowledge about exclusive breastfeeding. This study concluded that despite high knowledge among some mothers, many mothers still do not understand the importance of exclusive breastfeeding. Health centers and health cadres have an important role in increasing maternal knowledge through community-based education programs that are tailored to local conditions. Interventions based on social and cultural contexts can be more effective in increasing exclusive breastfeeding coverage in rural areas.

Keywords: exclusive breastfeeding; knowledge; mother

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INTRODUCTION

Exclusive breastfeeding is the best source of nutrition for babies during the first six months of life, because it contains all the nutrients needed for optimal growth and development. Breast milk contains antibodies that can increase the baby's immunity, protecting them from various infectious diseases such as diarrhea and pneumonia, which are the main causes of death in children under five years old (Tyndall et al., 2016). In addition, exclusive breastfeeding also supports the baby's cognitive development optimally. Not only beneficial for babies, exclusive breastfeeding also has a positive impact on mothers, such as accelerating postpartum recovery through better uterine contractions and helping to reduce the risk of breast and ovarian cancer (Gebremariam et al., 2020). Emotionally, the breastfeeding process creates a closer bond between mother and baby, supporting the psychological well-being of both (Lv et al., 2019).

Globally, the World Health Organization (WHO) recommends exclusive breastfeeding for the first six months of life to support a child's growth, health, and survival. Based on WHO data, the coverage of exclusive breastfeeding worldwide reached around 44% in 2021, with a target of increasing this figure to 50% by 2025 as part of efforts to achieve the Sustainable

Development Goals (SDGs), especially goal 3 on health and well-being (Yapa et al., 2020). In Indonesia, data from the 2022 Indonesian Demographic and Health Survey (SDKI) shows that the coverage of exclusive breastfeeding is 71.6%, an increase from previous years but still facing significant challenges (Dukuzumuremyi et al., 2020). The main obstacles in Indonesia include the lack of maternal knowledge about the importance of exclusive breastfeeding, social pressure to provide formula milk, limited support from health workers, and obstacles in implementing maternity leave policies that support breastfeeding mothers (Ayed, 2021; Orak & Okanli, 2021).

Mothers' knowledge plays an important role in the success of exclusive breastfeeding, because a good understanding of the benefits and techniques of breastfeeding can encourage mothers to consistently breastfeed during the first six months of a baby's life. Previous research show that mothers with adequate knowledge are more likely to overcome breastfeeding challenges, such as lactation problems or social pressure to use formula milk (Ferdian et al., 2024; Wang et al., 2020). However, in rural areas such as Palmatak, mothers' lack of knowledge is often a major barrier to breastfeeding practices. This can lead to low coverage of exclusive breastfeeding and an increased risk of infants experiencing malnutrition or infectious diseases (Sosa, 2020). This condition is exacerbated by limited access to information, minimal health education, and the dominance of cultural norms that do not support exclusive breastfeeding, thus emphasizing the importance of educational interventions that are appropriate to the local context (Abdulahi et al., 2021; Hikmat, Hermayanti, et al., 2022).

Mothers' knowledge has a strong correlation with the success of exclusive breastfeeding, because a good understanding allows mothers to realize the importance of breast milk as the only source of the best nutrition for babies during the first six months (Karcz et al., 2021). Mothers who have sufficient knowledge are also better able to face challenges such as lactation difficulties or myths about breastfeeding that can hinder the practice of exclusive breastfeeding (Demirci et al., 2020). However, in rural areas such as Palmatak, lack of knowledge is often a major obstacle, which has a negative impact on breastfeeding practices. Ignorance of the benefits of exclusive breastfeeding, lack of access to information, and the influence of local culture that supports giving additional food to babies can reduce the success of exclusive breastfeeding (LeFevre et al., 2019). As a result, babies are at higher risk of experiencing growth disorders, infections, and other health problems. The purpose of this study was to describe mothers' knowledge about exclusive breastfeeding in the Palmatak Health Center Working Area.

METHOD

This study employed a descriptive research design to examine mothers' knowledge of exclusive breastfeeding in the working area of the Palmatak Health Center. The descriptive design was chosen to provide a thorough understanding of the level of mothers' knowledge without any manipulation or intervention, aiming to systematically analyze and present data based on the results obtained from the respondents. The sampling technique used was total sampling, where all members of the population meeting the inclusion criteria were included as samples. The study population consisted of breastfeeding mothers who had babies under six months old and were domiciled in the working area of the Palmatak Health Center. A total of 50 respondents participated in the study, which was conducted in the working area of the Palmatak Health Center in Anambas Islands Regency, Riau Islands Province, with data collection taking place from January to March 2024.

Data were collected through the distribution of questionnaires to the respondents. Penelitian ini menggunakan kuesioner pengetahuan pemberian ASI pada ibu hamil. The validity test results show a value of 0.921-0.931 which means it is valid and the reliability test value is 0.912 so this instrument is valid and reliable to use. The research instrument comprised 28 dichotomous choice questions with "yes" and "no" answers, where each "yes" answer was coded as 1 and each "no" answer was coded as 0. The questionnaire was designed to assess four key aspects related to maternal knowledge about exclusive breastfeeding: the definition of exclusive breastfeeding, lactation management, the benefits of exclusive breastfeeding, and how to provide exclusive breastfeeding. Ethical considerations were carefully adhered to during the study to ensure the protection of the rights and welfare of the respondents. The principle of autonomy was respected by providing clear information about the study's purpose, benefits, and methods, and participation was voluntary, with respondents free to withdraw at any time without consequences.

The principle of justice was applied by offering equal treatment to all respondents, regardless of age, education, or socioeconomic status. Additionally, the study prioritized beneficence and maleficence, aiming to provide benefits by identifying the level of knowledge and laying the foundation for future educational programs, while minimizing risks and ensuring the comfort of respondents throughout the research process. Confidentiality was also maintained, ensuring that respondents' personal data was protected and used solely for research purposes. The data analysis involved conducting a frequency distribution test to describe two main aspects: the characteristics of the respondents, including age, education level, and occupation, and the level of maternal knowledge about exclusive breastfeeding. Demographic data provided context for understanding the factors that may influence maternal knowledge, while the analysis of respondents' answers to the questionnaire revealed the extent of their knowledge. The results of the data analysis were presented in the form of a frequency distribution table, which included the percentage and frequency for each answer category.

RESULT

Univariate analysis in this study aims to describe the characteristics of respondents including age, education, and occupation.

Table 1.
Distribution of Respondent Characteristics

Respondent Characteristics	f	%
Age	No Risk (20-35 Years)	38 76
	At risk (< 20 years and > 35 years)	12 24
Education	No school	6 12
	Elementary School/Equivalent	4 8
	Junior High School/Equivalent	12 24
	High School/Equivalent	18 36
	Bachelor/Equivalent	10 20
Type of work	Housewife	12 24
	Self-employed	15 30
	Private sector employee	14 28
	Government employees	9 18

Based on Table 1 which presents the distribution of respondent characteristics, it can be seen that most respondents are in the non-risk age group (20-35 years), which is 38 people or 76%, while 12 people (24%) are in the risk age group (<20 years and >35 years). In terms of education, the majority of respondents have a high school/equivalent education, which is 18 people (36%), followed by 10 people (20%) with a bachelor's degree/equivalent education, 12 people (24%) with a junior high school/equivalent education, 6 people (12%) did not attend school, and 4 people (8%) with an elementary school/equivalent education. For type of

employment, most respondents work as self-employed (15 people or 30%), followed by private employees (14 people or 28%), housewives (12 people or 24%), and civil servants (9 people or 18%).

Table 2.
Frequency distribution of Mother's Knowledge About Exclusive Breastfeeding (n=50)

Self Efficacy	f	%
Low	26	52.94
High	24	47.06

Table 2 shows the frequency distribution of maternal knowledge about exclusive breastfeeding. Based on this analysis, out of 50 respondents, 26 people (52.94%) had a low level of knowledge about exclusive breastfeeding, while 24 people (47.06%) had a high level of knowledge.

DISCUSSION

The majority of respondents in this study were in the non-risk age group, namely 20–35 years (76%), which is often considered the ideal reproductive age. At this age, mothers tend to have better physical and mental readiness to breastfeed, as well as a higher ability to understand and apply information related to infant health. Previous research by Smith et al. (2020) also showed that mothers in this age group are more likely to provide exclusive breastfeeding because they generally have better access to education and health resources. In contrast, the at-risk age group (<20 years or >35 years), which includes 24% of respondents in this study, often face greater challenges, such as limited experience or risk of health complications. This finding is in line with previous study which found that mothers in adolescence or later in life need additional support to improve breastfeeding success, especially in the form of intensive education and lactation counseling. This emphasizes the importance of interventions that focus on at-risk age groups to support exclusive breastfeeding practices (Costantini et al., 2021).

Mother's occupation is one of the factors that can influence the practice of exclusive breastfeeding. In this study, the majority of respondents worked as self-employed (30%) and private employees (28%), while housewives (24%) and civil servants (18%) were smaller groups. Working mothers, especially in the formal sector such as private employees or civil servants, often face obstacles such as lack of time, support at work, and limited breastfeeding facilities, which can reduce the success of providing exclusive breastfeeding. In contrast, self-employed mothers and housewives have greater time flexibility, which allows them to be more consistent in breastfeeding practices. These results are in line with research which found that mothers who have flexible jobs or work from home are more likely to provide exclusive breastfeeding for up to six months (Hikmat, Rahayu, et al., 2022; Thomson et al., 2020). However, this study also highlights the importance of breastfeeding-friendly policies, such as adequate maternity leave and lactation rooms at work, to support working mothers in providing exclusive breastfeeding (Dun-Dery & Laar, 2016).

This finding reflects a gap in mothers' understanding of the importance of exclusive breastfeeding, even though various educational programs have been implemented, both at the national and local levels. This low level of knowledge can be caused by limited access to information, low education, and lack of community support for breastfeeding practices. These results are in line with research which found that mothers in rural areas tend to have lower levels of knowledge than mothers in urban areas, due to lack of access to health information (Amare et al., 2018; Dukuzumuremyi et al., 2020). In addition, educational programs often do not reach certain target groups, such as mothers with low education or those living in remote

areas. This low level of maternal knowledge contributes to the low coverage of exclusive breastfeeding, which in Indonesia is still below the expected target (Pramono et al., 2022).

The influence of local culture also plays a significant role. For example, long-standing beliefs that encourage the provision of complementary foods to infants at an early age are often considered traditions that must be maintained, even though they conflict with health recommendations. Previous research shows that social norms and traditions in rural communities are often the main barriers to the adoption of exclusive breastfeeding practices (Adrawa et al., 2016; Dhia & Baiee, 2017). To overcome these barriers, a culture-based approach is needed that involves community leaders and health cadres, so that information about the benefits of exclusive breastfeeding can be conveyed in a way that is relevant and accepted by the community (Myer et al., 2018).

As a first-level health facility, the Community Health Center has a major responsibility in increasing mothers' knowledge about the importance of exclusive breastfeeding. Through health education, practical training, and mentoring programs, the Community Health Center can provide structured and sustainable education (Thomson et al., 2020). This approach not only increases mothers' understanding of the benefits of exclusive breastfeeding but also provides guidance in dealing with obstacles, such as time constraints or less supportive cultural influences. This study supports the importance of a community-based approach, where health cadres and breastfeeding support groups play a role as the spearhead. A previous study showed that the active involvement of cadres in assisting mothers can significantly increase the level of knowledge and success of exclusive breastfeeding (Defilza et al., 2021; Thomson et al., 2020). In addition, breastfeeding groups can be a place to share experiences and build mutual motivation (Costantini et al., 2021).

The results of this study emphasize the need for health policies and practices that are tailored to local conditions to increase exclusive breastfeeding coverage. A local context-based approach is important because each region has demographic, socio-economic, and cultural characteristics that influence breastfeeding practices (Ahmad Zadeh Beheshti et al., 2021). For example, mothers with low levels of education or those in the at-risk age group may require more intensive and communicative education strategies (Abdulahi et al., 2021; Ferdian et al., 2024). In addition, work factors, such as time constraints for working mothers, also require innovative solutions, such as providing breastfeeding facilities at work or training to manage breastfeeding time. Improving health infrastructure in rural areas is also a key step (Ericson et al., 2021; Haffejee et al., 2016). Training health workers to provide effective, evidence-based counseling can expand the reach of interventions. A study confirmed that consistent education through local media, such as community radio and integrated health posts, can help convey health information widely and easily understood (Edemba et al., 2022).

CONCLUSION

This study aims to analyze the characteristics of respondents and the level of maternal knowledge regarding exclusive breastfeeding in the Palmatak Health Center area. The results showed that the majority of mothers were in the non-risk age group (20-35 years) with the majority of high school/equivalent education levels, and most mothers worked as entrepreneurs. However, the level of maternal knowledge regarding exclusive breastfeeding is still low, with 52.94% of mothers having inadequate knowledge. Factors such as limited access to health information, local cultural habits, and lack of structured education are the main obstacles in increasing maternal knowledge about exclusive breastfeeding. The Health Center as the nearest health service center has an important role in providing ongoing education to mothers through community-based programs and health cadre training.

This study provides important implications for nursing practice, especially in designing community-based educational interventions that are tailored to local characteristics. Nurses can play an active role in providing education to mothers about exclusive breastfeeding, either through counseling at the integrated health post or by involving health cadres in providing appropriate and relevant information. Nurses also need to provide emotional and practical support, especially for mothers who work or have challenges in breastfeeding. Further research can expand the scope by considering additional factors such as the influence of social media in the dissemination of information about exclusive breastfeeding, as well as examining in more depth the impact of community-based interventions on changes in maternal knowledge and behavior.

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