**THE EFFECT OF PREDISPOSING, ENABLING AND REINFORCING ON EXCLUSIVE BREASTFEEDING**

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Abstract

Exclusive breastfeeding is breastfeeding only for infants 0-6 months without providing other food or drinks other than breast milk. The low coverage of exclusive breastfeeding indicates that there is a problem with exclusive breastfeeding in the working area of ​​the Meutulang Health Center. This study aims to determine the effect of Predisposing (Knowledge, Attitude, Action) Enabling (Maternal Nutritional Status) and Reinforcing (Culture) on exclusive breastfeeding in the working area of ​​the Meutulang Health Center. The research method is quantitative with a cross sectional study design. The population in this study were mothers who had babies of 6-12 months totaling 44. The sample of this study used the total sampling method. The data analysis technique used univariate and bivariate analysis with simple linear regression test. The results showed that partially there was an effect of knowledge variable (0.001 < 0.05), action variable (0.017 < 0.05), and cultural variable (0.000 < 0.05) on exclusive breastfeeding. However, the attitude variable (0.986>0.05) and the mother's nutritional status variable (0.934>0.05) had no effect on exclusive breastfeeding. The conclusion of the study is that there is an influence of knowledge, action, culture on exclusive breastfeeding and there is no influence of attitude, mother's nutritional status on exclusive breastfeeding. It is hoped that the puskesmas and related institutions will more often hold outreach and socialization to the community, especially mothers about the importance of exclusive breastfeeding for 6 months.

Keywords: ***Behavior, Maternal Nutritional Status, Culture, Exclusive Breastfeeding***

**1.INTRODUCTION**

Quality nutrition is needed by babies for growth and development, especially in newborns. Mother's milk (ASI) is a liquid obtained naturally by the mother's breast which contains various kinds of nutrients that are useful for growth and development and in addition to providing complete nutrition, breast milk can also provide protection to babies from infections and various diseases in the baby. babies (Marniati, et al 2022). Mother's Milk (ASI) is the only nutrient that meets the requirements and is suitable to be given to babies, especially at the age of 0-6 months or known as "exclusive breastfeeding". Exclusive breastfeeding is breastfeeding alone without any additional food and drink for 0-6 months (WHO, 2014). Exclusive breastfeeding according to the World Health Organization (WHO) at the world level is still low and has not reached the target set, namely 50% of infants who must be exclusively breastfed. In 2020 WHO stated that exclusive breastfeeding globally increased from previous years, but the increase in this figure did not meet the target set by WHO where during the 2015-2020 period there were only about 44% of infants aged 0-6 months worldwide receive exclusive breastfeeding. This percentage shows that the coverage of exclusive breastfeeding at the world level is still lower than the target that has been set, so that it will have an impact on the quality and lifestyle of generations (WHO, 2020).

In Indonesia Based on Riskesdas data, the coverage of exclusive breastfeeding nationally in 2018 decreased significantly from the previous year, which was 37.3%. In 2019 there was an increase of 67.74% (Kemenkes RI, 2020). Exclusive breastfeeding in 2020 decreased again by 66.06%, although it decreased from the previous year of 1.68%, the figure was not in accordance with the target set by the Ministry of Health of the Republic of Indonesia, which was 80% so that the achievement of exclusive breastfeeding coverage at the national level was still low. and has not met the target set by the Indonesian Ministry of Health, which is 80% so that the achievement of exclusive breastfeeding coverage at the national level is still low and has not met the target set (Ministry of Health of the Republic of Indonesia, 2021). The achievement of exclusive breastfeeding coverage that is far from the target is a sign that exclusive breastfeeding by mothers for their babies is still very low and needs to be increased.

Exclusive breastfeeding plays an important role in saving children in developing countries, especially Indonesia, where breastfeeding acts as the first step in reducing the infant mortality rate (IMR) which is still relatively high and nutritional problems in infants can be handled from the start with breastfeeding. According to a UNICEF study, the risk of infant mortality (IMR) can be reduced by 22% with exclusive breastfeeding and breastfeeding for 2 years and neonatal mortality can be reduced by 55% - 87% if every baby performs IMD (Early Initiation of Breastfeeding) and exclusively breastfed. According to a UNICEF study, the risk of infant mortality (IMR) can be reduced by 22% with exclusive breastfeeding and breastfeeding for 2 years and neonatal mortality can be reduced by 55% - 87% if every baby performs IMD (Early Initiation of Breastfeeding) and exclusively breastfed. WHO recommends that all infants need to be exclusively breastfed in order to overcome nutritional problems in infants and prevent infectious diseases. Mothers who exclusively breastfeed will get guaranteed nutritional adequacy of babies so that babies do not experience nutritional problems such as stunting, babies with LBW (Low Birth Weight), and other malnutrition problems as well as increasing the baby's immune system to infectious diseases. Exclusive breastfeeding can be felt in the long term, namely improving the quality of the next generation because breastfeeding can increase children's intellectual and emotional intelligence (do Nascimento, 2010).

Aceh Province, according to the Aceh Provincial Health Office, the coverage of exclusive breastfeeding in 2019 was 55%, in 2020 this figure has increased by 59%. Although in 2020 there is an increase, the coverage of breastfeeding in Aceh Province is still low and has not reached the target set by the Indonesian Ministry of Health, which is 80%. West Aceh Regency is one of the districts where the coverage of exclusive breastfeeding is low, namely in 2019 it was 65%, and in 2020 it decreased to 44%. The achievement of breastfeeding in each health center is different in each sub-district. The sub-districts with low exclusive breastfeeding coverage according to data obtained from the West Aceh Health Center in 2020 as the lowest exclusive breastfeeding coverage are in Panton Reu sub-district, which is 0% (West Aceh Health Profile, 2020).

Based on the percentage of coverage, the researcher conducted a study in Panton Reu District, West Aceh Regency, where the coverage of exclusive breastfeeding was two years in a row with a coverage of 0%. Meanwhile, in 2021 the coverage of exclusive breastfeeding began to show a change, namely 13.4% of 38 babies aged 0-6 months, while babies aged 6-12 months amounted to 44 people. Although the coverage of exclusive breastfeeding has increased, Panton Reu District with the Meutulang Health Center working area is still far from the target set by the Indonesian Ministry of Health, which is 80%, so that more extra handlers are needed in dealing with exclusive breastfeeding (Meutulang Health Center, 2021).

**2.METHODS**

The method used in this research is quantitative with a cross sectional design. The population in this study were mothers who had babies 6-12 months as many as 44 people, with a total sample of 44 respondents. The data analysis technique used a simple linear regression test to determine the influence of knowledge, attitudes, actions, maternal nutritional status, and culture on exclusive breastfeeding. This research was conducted on 14-25 February 2022 in the working area of ​​the Meutulang Health Center, Panton Reu District, West Aceh Regency.

**RESULT AND DISCUSSION**

**Univariate Analysis**

|  |  |  |
| --- | --- | --- |
| Variable | Frequency | % |
| Knowledge |  |  |
| Well | 17 | 38.6% |
| Not Good | 27 | 61.4% |
| Attitude |  |  |
| Positive | 35 | 79.5% |
| Negative | 9 | 20.5% |
| Action |  |  |
| Well | 18 | 40.9% |
| Not Good | 26 | 59.1% |
| Mother’s Nutritional Status |  |  |
| Normal | 29 | 65.9% |
| Abnormal | 15 | 34.1% |
| Culture |  |  |
| Support | 11 | 25.0% |
| Does Not Support | 33 | 75.0% |
| Exclusive Breastfeeding |  |  |
| Exclusive Breastfeeding | 5 | 11.4% |
| No Exclusive Breastfeeding | 39 | 88.6% |

*Source: Primary Data (processed) 2022*

Based on the table above, it is known that mothers who have good knowledge are 17 (38.6%), and those who have poor knowledge are 27 respondents (61.4%). Mothers who have a positive attitude are 35 respondents (79.5%), and respondents who have a negative attitude are 9 respondents (20.5%). Mothers who have good actions are 18 respondents (40.9%), and respondents who have bad actions are 26 respondents (59.1%). Mothers who had normal maternal nutritional status were 29 respondents (65.9%), and 15 respondents (34.1%). Mothers who have a supportive culture are 11 respondents (25.0%), and respondents who have a non-supportive culture are 33 respondents (75.0%). Mothers who breastfeed exclusively are 5 respondents (11.4%), and respondents who do not breastfeed exclusively are 39 respondents (88.6%).

**BIVARIATE ANALYSIS**

**Simple Linear Regression Analysis Results Table**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Variable | R | R² | B | Pvalue |
| Knowledge |  |  | 0.625 | 0.011 |
| Attitude |  |  | - 0.149 | 0.976 |
| Action | 0.681 | 0.464 | 0.071 | 0.028 |
| Mother's Nutritional Status |  |  | 0.199 | 0.944 |
| Culture |  |  | 0.188 | 0.000 |

*Source: Primary Data (processed) 2022*

Based on the table above, it can be seen that in the independent variables the Predisposing factor (Knowledge, Attitude, Action) the Enabling factor (Maternal Nutritional Status) and the Reinforcing factor (Culture) the correlation value (R) is 0.601 and the coefficient of determination (R²) is 0.464, which means the relationship and influence of the independent variable on the dependent variable is 46.4% where the correlation between the independent and dependent variables is in the strong category. Based on the test results whether there is a partial effect of the variable (alone) and it was found that the significance value was that there was an influence on the knowledge variable (0.011<0.05) action (0.028<0.05) culture (0.000<0.05) on exclusive breastfeeding and there was no significant effect. the significance of the attitude variable (0.976>0.05) and the nutritional status of the mother (0.944>0.05).

**2.1.The Effect of Knowledge on Exclusive Breastfeeding**

According to Notoatmodjo (2010) knowledge is a result that is owned by a person thanks to the search process and curiosity after a person has sensed a certain object, namely the senses of sight, hearing, smell, taste and touch. In providing exclusive breastfeeding, knowledge plays an important role in the mother's behavior because through knowledge it will achieve a deep understanding of the mother about the pros and cons of exclusive breastfeeding so that this understanding will affect the mother and become the basis for mothers to exclusively breastfeed their babies.

The results showed that the characteristics of respondents based on age showed that most of the respondents were aged 20-30 by 88.6%, in this percentage it can be said that in that age range mothers can and are able to obtain and digest various information about exclusive breastfeeding so that it will increase their knowledge about Exclusive breastfeeding. Likewise, knowledge can also be seen from the last education of the respondents where the majority of respondents have a high school education of 43.2%. At this level of education, mothers should be able to form a mindset that is open to new things where mothers with this education should have received sufficient information and obtained information so that the more mothers receive a lot of information, the better their knowledge. However, the facts in the field do not show that mothers in the field can easily access information and are open to new mindsets in implementing exclusive breastfeeding.

This is in accordance with the observations of researchers in the field, it was found that mothers who had poor knowledge were based on the mother's incomprehension in exclusive breastfeeding. Mothers think that if their baby is breastfed, it can be said to be good, although not exclusively, where the mother only gives breast milk for 6 months without giving her baby any food and drink other than breast milk. Likewise, mothers who have good knowledge but do not exclusively breastfeed, this happens because mothers trust the recommendations or personal experiences of others in raising their children and the culture that develops in their environment so that the practice of exclusive breastfeeding fails even though the mother has good knowledge.

Good knowledge of mothers plays an important role in influencing the behavior of mothers to exclusively breastfeed their babies for 0-6 months. Mother's knowledge about exclusive breastfeeding will be the basis for mothers to know and understand the correct behavior in exclusive breastfeeding so that they will realize good behavior according to their knowledge. Mother's good knowledge is also supported by mother's access to available information and support from the environment around her.

This research is also in line with and is in accordance with several previous studies including the research of Norhidayu (2017) which states that there is a significant influence of the mother's level of knowledge on exclusive breastfeeding and the research of Salsabila Habiba (2016) which states that there is an influence of knowledge on exclusive breastfeeding with a P value (0.045<0.05).

**2.2.The Effect of Attitude on Exclusive Breastfeeding**

Based on the results of the statistical test P value (0.976> 0.05) shows that there is no significant effect between mother's attitude and exclusive breastfeeding. This is because based on the observations of researchers in the field, it was found that mothers who have a positive attitude are of course willing to exclusively breastfeed their babies, but there are certain conditions that cause mothers not to give exclusive breastfeeding such as Mother's milk does not come out and mothers who have busy work so cannot exclusively breastfeed. The positive attitude of mothers generally shows the mother's willingness to give exclusive breastfeeding so that this positive attitude shows and determines the readiness of a mother to give breast milk, but this positive attitude is not necessarily in line with expectations, namely exclusive breastfeeding where the mother only gives breast milk for 6 months. without food or drink other than breast milk.

According to Notoatmodjo (2010) attitude is a reaction or response that is still closed from someone to a stimulus or object. Attitude is a person's readiness to act, attitude contains the meaning of driving or motivating a person in determining whether the person should be pro or con against something so that in the end it will be realized in real action. According to the theory, the mother's positive attitude towards exclusive breastfeeding is not always followed by the mother's implementation of exclusive breastfeeding. Attitude does not necessarily manifest in an action. The realization of attitudes to become real actions requires support from certain parties such as health workers, family, culture and personal experience (Notoatmodjo, 2012).

This is of course different from previous research which stated that there was an influence between mother's attitude towards breastfeeding, but this study is in line with the research of Theafilia GBH, et al (2019) which stated that based on the results of the analysis, a P-value (0.134>0.0) was obtained which could be interpreted as not there is an effect of mother's attitude with exclusive breastfeeding and Yulihana's research (2013) which shows the test results between attitudes and exclusive breastfeeding obtained a P value (0.154> 0.05), so there is no significant effect between attitudes and exclusive breastfeeding.

**2.3.Effect of Action on Exclusive Breastfeeding**

Based on the statistical test results P value (0.028 <0.05) which is significant so it can be concluded that there is a partial effect of the independent variable (action) on the dependent variable (Exclusive Breastfeeding). Where action is a person's tendency to act (practice), attitudes have not been realized in action because for the realization of action several other factors are needed, namely the existence of facilities and infrastructure (Notoatmodjo, 2012).

According to the observations of researchers in the field, it was found that the mother's actions in breastfeeding were influenced by other factors, namely the trust held by the mother so that the mother could act according to what she believed, the mother's personal experience, and encouragement from those closest to the mother. The failure of exclusive breastfeeding where mothers in the field act according to what they believe and see such as giving MP-ASI before 6 months is not a big thing because they have also given it to their previous children, or see their relatives who do not show any problems the baby and the participation of parents in providing advice and direction to the mother, so that the mother is confident that the breastfeeding practice she has done is correct. Mother's actions in exclusive breastfeeding have a big influence on the success of exclusive breastfeeding for 6 months to her baby. However, the reality in the field is different from the desired expectation, this failure is caused by the mother's actions which are driven by several factors so that the mother does not exclusively breastfeed. Exclusive breastfeeding will be carried out if there is support from people around the mother so that the mother's actions in breastfeeding will be better.

This study is in line with the research of Alfianti Wahyu Pratiwi (2014) which states that there is a significant P-value (0.045<0.05) between the mother's actions with exclusive breastfeeding and Eka Pangestika's research (2016) which shows a P-value (0.006<0.05), so there is a significant effect between action and the success of exclusive breastfeeding.

**2.4.Effect of Mother's Nutritional Status on Exclusive Breastfeeding**

Based on the results of the P-value (0.944>0.05) it is not significant so it can be concluded that there is no partial influence of the independent variable on the dependent variable. This is because the results of research and observations of researchers in the field by looking at the MCH book and measuring the nutritional status of the mother based on the mother's BMI found that the majority of mothers showed normal nutritional status. Mothers with normal nutritional status will certainly get adequate breast milk so that they can exclusively breastfeed their babies. However, the nutritional status of mothers does not determine whether a mother can exclusively breastfeed her baby or not, this is in accordance with the conditions in the field where mothers who have nutritional status It is normal for her to give her baby food and drink other than breast milk. So that it can be said that the nutritional status of the mother has no effect on exclusive breastfeeding.

Some of the factors that cause the absence of influence between the mother's nutritional status, namely the mother's perception of insufficient breast milk to meet the needs of her baby so that even mothers who have good nutritional status during pregnancy sometimes do not give exclusive breastfeeding to their babies because they feel that their babies are not satisfied with only breastfeeding and start adding other foods or drinks to the baby. Exclusive breastfeeding or not necessarily requires a level of understanding of the mother how to give good and correct breast milk to her baby and in accordance with the recommendations recommended by health workers, both midwives and others.

This is of course different from previous research, but there are several studies that show that there is no effect between maternal nutritional status and exclusive breastfeeding, especially in the study proposed by Rembet, et al (2017) with a P value > 0.811. Chan, et al (2012) research in Hong Kong that there is no effect of maternal nutritional status with exclusive breastfeeding where the biggest cause is 44% of mothers giving formula milk because of post-partum mother's perception of the adequacy of mother's milk.

**2.5.The Influence of Culture on Exclusive Breastfeeding**

Exclusive breastfeeding is inseparable from the cultural order, which means that every breastfeeding from a mother to her child will be related to the socio-cultural development that develops in the community. Everyone is always exposed and touched by environmental habits so that it will affect them either directly or indirectly (Perinasia, 2003 in the research of Hajaroh Hidayati, 2013). Culture is the habits or beliefs that we often see and what we know. Once trust has been formed, it will become the basis of one's knowledge or views about what one finds from certain objects and behaves according to cultural demands (Marniati, M. (2017, November).

Observations of researchers in the field found that people in Panton Reu District can be said to still hold fast to the beliefs circulating in the community, especially in exclusive breastfeeding. In this case, the culture of breastfeeding is still attached and believed by the local community, including the taboos held by breastfeeding mothers circulating in the community where mothers are not allowed to eat properly what breastfeeding mothers eat in accordance with the recommendations of health workers. The tradition that is still used by the community is that if there is a newborn baby, it is better to taste the baby or in the local language called "Peucicap" which is where the baby is given various kinds of food and flavors to be tasted by the baby with certain intentions and meanings that are trusted by the community. with the aim of welcoming newborns. It doesn't stop there, another tradition that is still carried out by the local community is the provision of food such as sugar by their grandmother or important community leaders to the baby with certain hopes and prayers for the good of the baby so that in the future the baby will behave well and in accordance with the expectations of the mother and child. the father and the local community then behavior in the environment around the mother which easily gives the baby food from the sucking of the food they eat. The failure of exclusive breastfeeding is also inseparable from the mother's habit where the mother assumes that the baby who is fussy and keeps crying is the baby's reaction to the breast milk given by the mother is not enough so that the mother confidently and confidently begins to give food and other drinks to the baby so that the baby cannot breastfeed exclusively.

Breastfeeding carried out by mothers based on the culture that is still attached to people's lives in Panton Reu District shows that mothers are not the only people who play an important role in fulfilling exclusive breastfeeding. Mothers who have more confidence in the culture that has long developed in the community, especially mothers who include their mother/in-law in raising their babies, where parents are more confident if the baby is given food or drink other than breast milk, the baby will grow up faster and healthier will have difficulty in exclusively breastfeeding.

The process of adhering to the culture or beliefs held by the mother is often found or obtained from parents, the experiences of others, and even the environment around the mother. So that the strength of a person's belief depends on the beliefs passed down by ancestors and the experiences that someone shares with him. Mothers with a culture that does not support will fail the process of exclusive breastfeeding where mothers will trust habits that have long been developed in the community rather than new methods that are in accordance with the needs and suitability of health in caring for their children.

The habits that exist in the community will affect the mother's desire to give exclusive breastfeeding to her child. Hal ini sejalan dengan hasil penelitian Hajaroh Hidayati (2013) yang menyatakan bahwa adanya pengaruh yang signifikan (0.004<0.05) antara budaya dengan pemberian ASI eksklusif dan penelitian Novita Sari Batubara, *et al* (2016) menunjukkan adanya pengaruh budaya terhadap pemberian ASI eksklusif dengan nilai *Pvalue* (0.001<0.05).

**3.CONCLUSION**

From the research that has been done and explained, it can be concluded that there is an influence of knowledge, action, and culture variables on exclusive breastfeeding. And there is no influence of the mother's attitude and nutritional status variables on exclusive breastfeeding.

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