

**CORRELATION BETWEEN KNOWLEDGE AND ATTITUDE OF WORKING MOTHER WITH EXCLUSIVE BREASTFEEDING PRACTICE IN LOKTABAT UTARA VILLAGE, SOUTH KALIMANTAN**

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Name of the Authors:

**Ratna Setyaningrum<sup>1</sup>,**  
**Ahmad Rofi'i<sup>2</sup>,**  
**Andini Octaviana Putri<sup>3</sup>**

<sup>1</sup>*Occupational Health and Safety Department, Public Health Study Program, Medical Faculty Lambung Mangkurat University*

<sup>2</sup>*Public Health Master Study Program, Medical Faculty Lambung Mangkurat University*

<sup>3</sup>*Maternal and Child Health Department, Public Health Study Program, Medical Faculty Lambung Mangkurat University*

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**ABSTRACT**

Data and information from Ministry of Health (2013) showed the coverage of exclusive breastfeeding 0-6 months according to the province, exclusive breastfeeding in South Kalimantan amounted to 58.7%. Based on the results of a preliminary survey in the Loktabat Utara Village exclusive breastfeeding coverage is only 43%. Low coverage of exclusive breastfeeding was caused by working status of the mothers where the demands of the job so that less time is available to provide breast milk to their babies. The purpose of this study is to explain the relationship between knowledge and attitude of working mothers with exclusively breastfeeding practice. This research is quantitative with cross sectional approach. Data were analyzed by univariate and bivariate using ch-square test. Results showed there was no correlation between knowledge ( $p=0.597$ ) and attitude ( $p=0.572$ ) of working mothers with exclusive breastfeeding practice. Expected to government, policy makers and health sector further enhance efforts to improve the coverage exclusive breastfeeding through counselling directly to the target audience and provide breastfeeding rooms in the workplace. It is also necessary motivation from the family and the people around to nursing mothers for increase exclusive breastfeeding practice.

**Keywords:**

knowledge,  
 attitudes,  
 working mother,  
 exclusive breastfeeding

**I. INTRODUCTION**

Infant mortality rate (IMR) in Indonesia is still high. According to the United Nations International Children's Fund (UNICEF) IMR in Indonesia was 3.4 times higher than Malaysia and 1.3 times higher than Philippines<sup>1</sup>. The results of Indonesia Demographic and Health Survey (IDHS) in 2012 showed a decrease in IMR than in 2007, amounting to 34 per 1,000 live births to 32 per 1,000 live births. The figure is still far from the target of the Millennium Development Goals (MDGs) by 2015, amounting to 23 per 1,000 live births<sup>2</sup>.

National building can be achieved by improving the quality of human as early as possible. One factor that have an important role in improving the quality of human beings are breastfeeding (breastfeeding) exclusive<sup>3</sup>. Exclusive breastfeeding is the fulfillment of infant nutrition among the most ideal alternative to other infant feeding, because it provides many benefits for the growth and development. In addition, breast milk contains antibodies that protect babies from disease and boost the immune system. If exclusive breastfeeding is not given to infants, they have a risk of malnutrition, diarrhea, and will have an impact on the health of newborns<sup>4</sup>. Advantages of breastfeeding is optimal if breastfeeding is carried out exclusively without other supplementary feeding during the first 6 months of life. In line with this, the Indonesian government has established a policy of exclusive breastfeeding until the baby is 6 months old. The Government has established a policy regarding exclusive breastfeeding with the target of 80%<sup>5,6,7</sup>.

Riskesdas (2013) showed that breastfeeding in Indonesia as much as 38%<sup>8</sup>. This achievement is still far from the national target. Based on data and Information from Ministry of Health the coverage of exclusive breastfeeding 0-6 months according to the province in 2013 in South Kalimantan amounted to 58.7%<sup>9</sup>. Based on the results of a preliminary survey in Loktabat Utara Village the coverage of exclusive breastfeeding is only 43%. Low coverage of exclusive breastfeeding in Loktabat Utara Village was caused by the status of working mothers with the demands of the job so that less to provide breast milk to their babies. In addition<sup>10</sup>.

Mothers who are active in commercial activities such as working in an office or factory, run a private business as an additional income which take up a lot of time outdoors, choose to use formula milk because they are more profitable. It is believed by the mothers because it is caused by the lack of knowledge and attitudes about breastfeeding and assume that formula is better than breast milk because it is economical and contains important nutrients listed on advertising of formula milk<sup>11</sup>. Mother's knowledge about the benefits of exclusive breastfeeding and education is very important in determining the practice of exclusive breastfeeding. This is supported by research Atabik (2013) which states there is a relationship between maternal knowledge about breastfeeding (p=0.002) with the practice of exclusive breastfeeding<sup>12</sup>.

Based on the description above, it is necessary to do research on the correlation between knowledge and attitude of working mothers with the practice of exclusive breastfeeding in Loktabat Utara Village, South Kalimantan Province.

**II. METHOD**

This research was observational analytic with cross sectional approach. This research was conducted in in Loktabat Utara Village, South Kalimantan Province. Ssampling technique is a rrandom ssampling with inclusion criteria 1) Mother who has a job 2) Willing to be a research respondents. Thus, samples taken in this study as much as 96 respondent. The instrument of this reserch is questionnaire and spreadsheet. The questionnaire relating to the knowledge and attitudes. Iindependent variable in this research is knowledge and attitude, dependent variables is the

practice of exclusive breastfeeding. This study using univariate analysis in the form of frequency distributions are presented in tables and bivariate analysis to know the relationship between independent variables with dependent variables using chi square test (CI=95%).

**III. RESULTS AND DISCUSSION**

**1. Univariate Analysis**

Frequency distribution of education level, income, number of liability, family commitments, and the implementation of PHBs can be seen in table 1 below:

Table 1. Frequency Distribution of Knowledge, Attitude, and Practice of Exclusive Breastfeeding

Variabel	n	%
<b>Knowledge</b>		
Less	30	31,3
Good	66	69,8
<b>Attitude</b>		
Less	39	40,6
Good	57	59,4
<b>Exclusive Breastfeeding</b>		
No	55	57,3
Yes	41	43,7

Source: primary data, 2016

Based on table 1 it can be seen that as many as 30 respondents (31.3%) had a less knowledge. Knowledge is the result of the know. Knowledge is a very important factor in shaping one's actions and one of them is in exclusive breastfeeding for children<sup>13</sup>. Based on table it can be seen that as many as 39 respondents (40,6%) had a less attitude. Attitude is a situation mentally prepared, studied and organized according to experience and that causes a special effect or a person's reaction to people, objects and situations<sup>13</sup>. Based on table it can be seen that as many as 55 respondents (57.3%) did not provide exclusive breastfeeding for children. Exclusive breast milk is given from newborns up to age 6 months, without being mixed with food or other liquid water, exception of vitamin, mineral, or medication in the form of drops or syrups<sup>13</sup>. Exclusive breastfeeding is the only course on infant feeding, without additional other liquids such as milk formula, orange, honey, tea, water, and no solid food materials such as banana, papaya, milk porridge, biscuits, rice gruel and teams. Breastfeeding without other feeding is referred to exclusively breastfeed<sup>14</sup>. Knowledge will influence attitudes towards healthy behavior and in tackling problems that do not understand about the benefits of exclusive breastfeeding.

**2. Bivariat Analysis**

Corellation between knowledge and attitude with practice of exclusive breastfeeding can be seen in table 2 below:

Table 2. Corellation Between Knowledge and Attitude of Working Mother With Exclusive Breastfeeding Practice

Variables	Exclusive Breastfeeding				Frequency		p
	No		Yes		n	%	
	n	%	n	%	n	%	
<b>Knowledge</b>							
Less	16	53,3	14	46,7	30	100	0,597
Good	39	59,1	27	40,9	66	100	
<b>Attitude</b>							
Less	21	53,8	18	46,2	39	100	0,572
Good	34	59,6	23	40,4	57	100	

Source: Primary Data, 2016

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Based on table 2 it can be seen that as many as 16 respondents (53.3%) who have less knowledge is not give exclusive breastfeeding her child. The results showed there was no correlation between mother knowledge with exclusive breastfeeding for children ( $p=0.597$ ).

Knowledge is a habit, expertise, skills, knowledge and understanding gained from the experience, training, or through a learning process. A person's behavior based on the knowledge will be more lasting<sup>14</sup>. Knowledge is a very important factor for the formation a person's actions. Knowledge is constituted with a proper understanding will foster a new behaviors that are expected, particularly in the independence of exclusive breastfeeding<sup>15</sup>. With the knowledge, health information can easily be accepted and will be easier to change behavior<sup>16</sup>. Mother's knowledge about the benefits of exclusive breastfeeding for infants is critical in determining the success of exclusive breastfeeding. Atabik research (2013) shows the relationship between maternal knowledge about breastfeeding ( $p=0.002$ ) with the practice of exclusive breastfeeding. Mother's knowledge about the advantages of breastfeeding and how to breastfeed that will support successful breastfeeding<sup>17</sup>.

The results showed there was no correlation between knowledge of working mothers with exclusive breastfeeding and it is in line with research Wenas et al (2014) which states there is no correlation between knowledge of mothers with exclusive breastfeeding ( $p= 0.259$ ). There are various factors that could affect exclusive breastfeeding in addition to knowledge. Lack of support from family is one factor inhibition of exclusive breastfeeding, so even though the mother never received or never received exclusive breastfeeding information from health workers will not affect the mother's actions exclusively breastfed their infants<sup>18</sup>. According Roesli (2000), working mothers often have a dilemma in giving exclusive breastfeeding the baby though this group knows the benefits and superiority of breast milk, but difficult to practice. In addition, the promotion and sale of infant formula also triggers the low exclusive breastfeeding to infants. Circulation of formula milk product is also easy to buy, so many mothers prefer to feed the baby with formula milk because it is considered more practical<sup>19</sup>. Work is not a reason to stop breastfeeding. Working mothers can still exclusively breastfed by her way of expressing milk a day before she went to work. Breastmilk can hold stored for 24 hours in a thermos of ice or in the refrigerator. There is no difference in quality or quantity of breast milk mothers who work with mothers who did not work or expressed milk with milk given directly. Breastmilk can be given to the baby through dot or empong that fit to the size of a baby's mouth. So not appropriate for working mothers, babies are not exclusively breastfed<sup>20</sup>.

Based on table it is known that as many as 21 respondents (53.3%) who had less attitude is not give exclusive breastfeeding. The results showed there was no correlation between the attitude of working mothers with the practice of exclusively breastfeeding ( $p=0.572$ ).

Attitudes about exclusive breastfeeding is the decisive factor for someone to be willing or readiness to breastfeed exclusively. In relation with exclusive breastfeeding, mother's attitude is how the reaction or response the mothers to exclusively breastfed. If the mother has a strong attitude in exclusive breastfeeding, the behavior becomes more consistent. Attitudes can be formed from the social interaction that experienced by the individual. The interaction here is not only a form of social contact and interpersonal relationships as a member of a social group, but also the relationship with the environment surrounding physical and psychological environment<sup>17</sup>.

The results show there was no relationship between working mother attitude with exclusive breastfeeding on children. The results are consistent with research conducted by Yulianah, et al (2014) that there was no correlation between maternal attitude with exclusive breastfeeding ( $p=0.154$ ). Although the attitude of

the respondents did not have a meaningful relationship, but the data show that the respondents have a positive attitude tend to give exclusive breastfeeding than respondents who had a negative attitude. Mothers in general have to provide breast milk to their babies. Mother's easy to stop breastfeeding when encountering a challenge. Knowledge about exclusive breastfeeding and exclusive breastfeeding motivation was influence mother attitude and behavior. Attitude is a readiness or willingness to act. So the attitude is influenced by various factors. Mothers with a good attitude is not necessarily exclusive breastfeeding for children. Attitude is not an act but predisposes an action or behavior. Besides influenced by attitudes, behavior also constituted by other predisposing factors such as knowledge, beliefs, convictions and values. Working mother tend to give formula milk to their children instead of breast milk because the conditions of this knowledge was instrumental in shaping positive attitudes or negative attitude<sup>21</sup>.

Although respondents attitudes toward exclusive breastfeeding is good but the mother's condition who work not allow them to give an exclusive breastfeeding for their baby. Green theory states that the perception is one of the predisposing factors of individual behavior. The success of exclusive breastfeeding and the provision of appropriate complementary feeding and adequate greatly influenced by the individual's perception of it. Perception is based on the variety of opinions stating that breastfeeding mothers are given without any additional food or drink other than breast milk in infants aged 0-4 months are lacking<sup>22</sup>.

Many attitudes and beliefs that are not essential to the meaning of breastfeeding makes the mother does not do exclusive breastfeeding for 6 months. Generally, the reason of mother did not give exclusive breastfeeding are the fear that the milk produced is not enough or has a bad quality for her child. Delayed start of breastfeeding and disposal of colostrum, the wrong techniques of breastfeeding and belief that the baby is hungry and require additional fluid also can be a factor that influenced exclusive breastfeeding. Research conducted by Permana (2006) showed that the positive attitudes of mothers towards exclusive breastfeeding practices are not followed by given exclusive breastfeeding for her baby. Attitude is not automatically manifest in action. The realization of that attitude into actions required factor like support from certain parties, such as health workers and those closest people of the mother<sup>23</sup>.

#### IV. CONCLUSION AND SUGGESTION

As many as 30 respondents (31.3%) had a less knowledge, as many as 39 respondents (40.6%) had less attitude, and as many as 55 respondents (57.3%) did not provide exclusive breastfeeding for children. Chi-square test results showed there was no correlation between knowledge ( $p=0.597$ ) and attitude ( $p=0.572$ ) of working mothers with exclusive breastfeeding practice. Expected to government, policy makers and health sector further enhance efforts to improve the coverage exclusive breastfeeding through counselling directly to the target audience and provide breastfeeding rooms in the workplace. It is also necessary motivation from the family and the people around to nursing mothers for increase exclusive breastfeeding practice.

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