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FACTORS RELATED TO EXCLUSIVE BREAST-FEEDING IN INFANT AT PUBLIC HEALTH CENTER IN CIMALAKA

Ely Walimah *[1], Kikin Maulana [2]
[1]Public Health Study Program, Faculty of Health Sciences, Sebelas April University
[2] Student of Public Health Study Program, Faculty of Health Sciences, Sebelas April Universit
e-mail: elywalimah@unsap.ac.id

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ABSTRACT

To reduce child morbidity and mortality, United Nation Children Found (UNICEF) and the World Health Organization (WHO) recommend that children should be breastfed only breast milk for at least 6 months. Solid food should be given after the child is 6 months old, and breastfeeding should be continued until the age of 5 years. To find out the factors related to exclusive breastfeeding in the working area of the Cimalaka Health Center in 2022. The design of this study was quantitative with cross sectional research method, the population of this study are breastfeeding mothers who have babies aged 6-24 months totaling 162 respondents. The sample required is 62 respondents. By using Stratified Random Sampling technique. Data were collected by questionnaire, then analyzed using chi-square. It shows that there is no significant relationship between education and exclusive breastfeeding (0.338>0.05), there is no relationship between knowledge and exclusive breastfeeding (0.276>0.05), there is a relationship between mother's attitude and exclusive breastfeeding (0.002<0.05), there is a relationship between employment status and exclusive breastfeeding (0.027<0.05), there is no relationship between family income and exclusive breastfeeding (0.336>0.05), there is no relationship between the attitude of health workers and exclusive breastfeeding (0.295>0.05).). It is suggested that exclusive breastfeeding can be increased, it is necessary to increase health promotion efforts so that public knowledge and awareness about the role of exclusive breastfeeding increases.

Corresponding Author:

Ely Walimah
Public Health Study Program,
Faculty of Health Science, Universitas Sebelas April
Jalan Cipadung No 54 Kota Kaler
Email: elywalimah@unsap.ac.id

1. INTRODUCTION

Mother's milk is the best food for babies up to 6 months and is perfected until the age of 2 years. Breast milk in addition to containing complete nutrition, also contains immunity for the baby's immune system. Another advantage of breast milk is adapted to the baby's digestive system so that nutrients are quickly absorbed. This is different from formula milk or additional food that is given early to babies. Formula milk is very difficult to be absorbed by the baby's intestines. In the end, the baby has difficulty defecating. If formula milk is not sterile, babies are prone to diarrhea. The nutritional content is not the same as the nutritional content in breast milk.

Failure to breastfeed is also caused by factors in the mother's nutritional status before pregnancy, during pregnancy and during breastfeeding. This happens because during breastfeeding, there is a mobilization of maternal body fat to produce breast milk and maternal fat stores with a lower nutritional

status than body fat stores in normal mothers. The nutritional status of the mother during breastfeeding is the effect of the nutritional status of the mother before pregnancy and during pregnancy (weight gain during pregnancy). Maternal weight gain during pregnancy depends on the nutritional status of the mother before pregnancy. Mothers who have good nutritional status during pregnancy, their body fat reserves are sufficient to breastfeed for 4-6 months, but mothers with low nutritional status may not have enough body fat reserves to breastfeed their babies for 4-6 months (Wilda & Ani, 2018). In developing countries, about 10 million babies die, and about 60% of these deaths should be suppressed by breastfeeding, because breast milk (ASI) has been proven to improve the health status of babies so that 1.3 million babies can be saved. To reduce child morbidity and mortality, the United Nation Children Found (UNICEF) and the World Health Organization (WHO) recommend that children should be breastfed only breast milk for at least 6 months. Solid food should be given after the child is 6 months old, and breastfeeding should be continued until the age of 5 years.

Research in Ghana shows that 16% of newborn deaths can be prevented by breastfeeding from the first day of birth. This figure increases by 22% if breastfeeding is started within the first hour after the birth of the baby. However, in Indonesia, only about 8% of mothers give exclusive breastfeeding to their babies until they are 6 months old and 4% of babies are breastfed by their mothers within the first hour after birth. Whereas 21,000 deaths of newborns under 28 days old in Indonesia can be prevented through exclusive breastfeeding in the first hour before birth. In 2020 the Ministry of Health has set a target of exclusive breastfeeding coverage of 80%. In fact, only 27.5% failed mothers in Indonesia who gave exclusive breastfeeding by 75.5% while the expected target was 80%. Meanwhile, overall in Indonesia, the results of the analysis show that nationally, exclusive breastfeeding is 54.3% of the total number of infants aged 0-6 months, or in absolute terms of 1,348,532 infants or infants 0-6 months who are not exclusively breastfed as many as 1134,952 baby.

In 2020 in West Java Province the coverage of exclusive breastfeeding was 68.09%, an increase of 4.74 points compared to 2019 reaching 63.35%. Data in 2020 cannot be compared given the differences in operational definitions of exclusive breastfeeding coverage reports. In 2020 according to the Sumedang District Health Officebased on government no. 33 of 2012 is breast milk given to babies since birth for 6 months, without adding or replacing with other food or drinks (except drugs, vitamins and minerals). Process forthe success of exclusive breastfeeding for 6-month babies is carried out during the vulnerable age of 0 to 5 months, the coverage is 82.08%. Shows that the process in 2020 has improved compared to 2019 which is 78.66%, in other words the number of exclusively breastfed babies who fall before the age of 6 months in 2020 is less than the previous year, besides the performance target of 79% can be achieved.

In 2021 at the Cimalaka Health Center the coverage of breastfeeding exclusive only 80.18% of the target of 100.00%. The coverage is still far from the target. Meanwhile, in 2022, the coverage of exclusive breastfeeding is 68.33%. Shows that the process has decreased when compared to 2021 by 80.18%. By 2022 the number of babies. Those who did not get exclusive breastfeeding were 80 babies while the number of babies who got exclusive breastfeeding was 276 babies.

2. METHOD

The type of research used in this study is descriptive with a quantitative approach. According to (Notoatmodjo, 2018) descriptive is a research conducted to describe or describe a phenomenon that occurs in society. This method is used to solve or answer problems that are currently happening. While quantitative research according to (Sugiyono, 2017) is a research method based on the philosophy of positivism, used to examine certain populations and samples, data collection using research instruments, data analysis is quantitative / statistical, with the aim of testing predetermined hypotheses. This study used a cross sectional research design. According to (Notoatmodjo, 2018) a cross sectional survey is a study to study the dynamics of the correlation between risk factors and effects, by approaching, observing or collecting data all at once (point time approach). In this cross-sectional study, it will describe the factors related to exclusive breastfeeding at the Cimalaka Health Center.

3. RESULTS AND DISCUSSION

3.1. Results

a. Univariate analysis

1. Education

Table 1. Distribution and Frequency Mother's Education Level

No	Category	Frequency	Percentage (%)
1	Low	33	52,3
2	High	29	46,8
Total		**62**	**100**

Table 1 shows that respondents who have education low as many as 33 (53, 2%), while some with higher education namely as many as 29 (46,8%).

2. Knowledge

Table 2. Distribution and Frequency Mother's Knowledge Level

No	Category	Frequency	Percentage (%)
1	Low	9	14,5
2	High	53	82,3
Total		**62**	**100**

Table 2 shows that respondents who have low level of knowledge is 14,5%, while others have high level of knowledge is 85,5%.

3. Mother's Attitude

Table 3. Distribution and Frequency Mother's Attitude Level

No	Category	Frequency	Percentage (%)
1	Negative	11	17,7
2	Positive	51	29,6
Total		**62**	**100**

Table 3 shows that the respondents have a negative attitude as many as 17,7%, while some have a positive attitude as many as 82,3%.

4. Occupation

Tabel 4. Distribution and Frequency Mother's Occupation Status

No	Category	Frequency	Percentage (%)
1	No	53	85,5
2	Yes	9	14,5
Total		**62**	**100**

Table 4 shows that the respondents whose work does not work are 53 (85,5%), while those who work are 9 (14,5%).

5. Family Income

Table 5. Distribution and Frequency Family Income

No	Category	Frequency	Percentage (%)
1	Low	48	77,4
2	High	18	22,6
Total		**62**	**100**

Table 5 shows that respondents who have income low family as many as 48 (77,4%), while those who have high income as many as 18 (22,6%).

6. Attitude of Health Officers

Table 6. Distribution and Frequency Health Officer's Attitude Level

No	Category	Frequency	Percentage (%)
1	Negative	3	4,8
2	Positive	59	95,2
Total		**62**	**100**

Table 6 shows that the negative attitude of health workers that is as much as 3 (4,8%), while the attitude of health workers is positive as much as 59 (95,2 %).

7. Exclusive Breastfeeding

Tabel 7. Distribution and Frequency of Exclusive Breastfeeding in Infant

No	Category	Frequency	Percentage (%)
1	Not Exclusive	16	25,8
2	Exclusive	46	74,2
Total		**62**	**100**

Table 7 above, it can be seen that 16 (25.8%) did not give exclusive breastfeeding, and 46 (74.2%) gave exclusive breastfeeding.

b. Bivariate analysis

1. Relationship between Education and Exclusive Breastfeeding

Table 8. Relationship between Education and Exclusive Breastfeeding

No	Education	Breast Milk				Total		P *value*
		Not Giving		Give				
		F	%	F	%	F	%	
1	Low	10	30,3	23	69,7	33	100	0,338
2	High	16	20,7	23	79,3	29	100	
Total		**16**	**25,8**	**46**	**74,2**	**62**	**100**	

From the table above explains the relationship between education and exclusive breastfeeding, where the education variable with the non-exclusive low education category is 10 (30,3%) and the exclusive one is 23 (69,7%) with a total of 33 (100%), while the non-exclusive higher education category as many as 6 (20,7%) and the exclusive as many as 23 (79,3%) with a total of 29 (100 %).

The results of the chi square statistical test obtained p value = 0,3888 (> 0,05) so it can be stated that there is no significant relationship between mother's education and exclusive breastfeeding.

2. Knowledge Relationship with Exclusive Breastfeeding

Table 9. Relationship between Knowledge Relationship with Exclusive Breastfeeding

No	Knowledge	Breast Milk				Total		p-*value*
		Not Giving		Give				
		f	%	f	%	f	%	
1	Less	1	11,1	8	88,9	9	100	0,276
2	Well	15	28,3	38	71,7	53	100	
Total		**16**	**25,8**	**46**	**74,2**	**62**	**100**	

The table above explains the relationship between knowledge and exclusive breastfeeding, where the knowledge variable with the category of poor knowledge that is not exclusive is 1 (11,1%) and exclusive is 8 (88,9%) with a total of 9 (100 %), while the category of good knowledge which

is not exclusive is 15 (28,3 %) and 38 (71,7%) exclusive with a total of 53 (100%). The results of the chi square statistical test obtained p value = 0,276 (> 0,05) so that it can be stated that there is no significant relationship between knowledge and exclusive breastfeeding.

3. Relationship between Mother's Attitude and Exclusive Breastfeeding

Table 10. Relationship between Mother's Attitude and Exclusive Breastfeeding

No	Mother's Attitude	Breast Milk				Total		P *value*
		Not Giving		Give				
		F	%	F	%	F	%	
1	Negative	7	63,6	4	36,4	11	100	0,002
2	Positive	9	17,6	42	82,4	51	100	
Total		**16**	**25,8**	**46**	**74,2**	**62**	**100**	

The table above explains the relationship between mother's attitude and exclusive breastfeeding, where the variable of mother's attitude with negative non-exclusive categories is 7 (63,6%) and exclusive is 4 (36,4%) with a total of 11 (100 %), while the positive categories that are not exclusive are 9 (17,6 %) and the exclusive ones are 42 (82,4%) with a total of a total of 51 (100%).The results of the chi square statistical test obtained p value = 0,002 (<0,05) so that it can be stated that there is a significant relationship between mother's attitude and exclusive breastfeeding.

4. Employment Relationship With Exclusive Breastfeeding

Table 10. Relationship between Mother's Employment and Exclusive Breastfeeding

No	Employment	Breast Milk				Total		P *value*
		Not Giving		Give				
		F	%	F	%	F	%	
1	No	11	20,8	42	79,2	53	100	0,027
2	Yes	5	55,6	4	44,4	9	100	
Total		**16**	**25,8**	**46**	**74,2**	**62**	**100**	

From the table above explains the relationship between work and exclusive breastfeeding, where the variable of work with non-exclusive categories is 11 (20,8%) and exclusive is 42 (79,2%) with a total of 53 (100%) while the working category is not 5 (55,6%) exclusive and 4 (44,4%) exclusive with a total of 9 (100%). The results of the chi square statistical test obtained p value = 0,027 (<0,05) so that it can be stated that there is a significant relationship between work and exclusive breastfeeding.

5. Relationship between family income and exclusive breastfeeding

Table 11. Relationship between Family Income and Exclusive Breastfeeding

No	Family Income	Breast Milk				Total		P *value*
		Not Giving		Give				
		F	%	F	%	F	%	
1	Low	11	22,9	37	77,1	48	100	0,336
2	High	5	35,7	9	64,3	14	100	
Total		**16**	**25,8**	**46**	**74,2**	**62**	**100**	

The table above explains the relationship between family income and exclusive breastfeeding, where the variable family income in the low category that is not exclusive is 11 (22,9%) and exclusive is 37 (77,1%) with a total of 48 (100%), while the non-exclusive high category is 5 (35,7%) and the exclusive one as many as 9 (64,3%) with a total of 14 (100%). The

results of the chi square statistical test obtained p value = 0,336 (> 0,05) so that it can be stated that there is no significant relationship between family income and exclusive breastfeeding.

6. Relationship between Attitudes of Health Workers and Exclusive Breastfeeding

Table 11. Relationship between Family Income and Exclusive Breastfeeding

No	Attitudes of Health Workers	Breast Milk				Total		P *value*
		Not Giving		Give				
		F	%	F	%	F	%	
1	Negative	0	0,0	3	100	3	100	0,295
2	Positive	16	27,1	43	72,9	59	100	
Total		**16**	**25,8**	**46**	**74,2**	**62**	**100**	

The table above explains the relationship between the attitude of health workers and exclusive breastfeeding, where the attitude variable of health workers with negative categories is not exclusive 0 (0,0%) and exclusive is 3 (100%) with a total of 3 (100%). while the positive category which does not 16 (27,1%) exclusive and 4 3 (72,9%) exclusive with a total of 59 (100%). The results of the chi square statistical test obtained p value = 0,295 (> 0,05) so that it can be stated that there is no significant relationship between the attitude of health workers and exclusive breastfeeding.

3.2. Discussion

Based on the results of research on 62 respondents in the working area of the Cimalaka Health Center regarding exclusive breastfeeding, it was found that the low education was 33 (100%) with exclusive breastfeeding as much as 23 (69,7%) and high as many as 29 (100%) with exclusive breastfeeding. Exclusive breastfeeding 23 (79,3%). The results of the bivariate analysis showed that there was no significant relationship between education and exclusive breastfeeding in the working area of the Cimalaka Health Center with P value = 0,388. The results of this study are not in line with the results of the Sihombing faithful research in 2017 where there is a relationship between mother's education and exclusive breastfeeding. The p-value = 0,003 <0,05 means that there is a significant relationship between mother's education and exclusive breastfeeding in the Hinai Left Health Center Work Area.

According to Fikawati (2012), mother's level of education and knowledge is an important factor to support the success of exclusive breastfeeding in infants, because the higher a person's education level, the easier it is to receive information so that the more knowledge he has. Conversely, a lack of education will hinder the development of a person's attitude towards the values introduced. The education of parents or family, especially the baby's mother, is one of the important factors inexclusive breastfeeding for babies. Low levels of education will be difficult to receive directions in exclusive breastfeeding. A good level of education will make it easier to absorb information, especially regarding the fulfillment of children's nutritional needs so that it will ensure the nutritional adequacy of children. Generally, mothers who have higher education can accept new things and can accept changes to maintain health, especially regarding exclusive breastfeeding. They will be driven to be curious, seek experience so that the information obtained will become knowledge and will be applied to students his life. Based on the above, the researcher concludes that someone with higher education will be more likely to be able to give exclusive breastfeeding, on the contrary someone with low education will be less likely to behave well and be able to breastfeed exclusively.

The first educational psychology theory describes the Observations of changes in behavior that are influenced by events around him. This behavioristic theory (behaviorism) holds that learning occurs because of operant conditioning, that is, if someone learns well, he will get a prize and it will improve the quality of his learning. In its development, several other experts emerged who supported this theory, such as Thorndike, Skinner, Clark Hull and Edwin Guthrie. The theory of behaviorism, which was originally one of the schools of psychology, later developed and became influential in the world of education and learning in demand.

Based on the results of research on 62 respondents in the work area of the Cimalaka Health Center regarding exclusive breastfeeding, it was found that the lack of knowledge was 9 (100%) with 8 (88.9%) exclusive breastfeeding and 53 (100%) good ones were exclusive breastfeeding 38 (71.7%). The results of the bivariate analysis showed that there was no significant relationship between knowledge and exclusive breastfeeding in the working area of the Cimalaka Health Center with P value = 0.276. The results of this

study are not in line with the results of research by Mariane Wowor, et al (2013) where after processing the data using the spearman's rho test, significant results were obtained, namely p = 0.000 <0.05. These results indicate that there is a relationship between mother's knowledge and exclusive breastfeeding.

According to Newcomb in Notoatmodjo (2010), aspects that influence health behavior include knowledge about health. Among the factors that influence knowledge: education, information/mass media, occupation, environment, experience, age, social, culture and economy. According to Notoadmodjo (2003) in Garbhani & Padmiari (2015), mothers who are sufficiently knowledgeable about exclusive breastfeeding will be motivated to give exclusive breastfeeding. Good knowledge that mothers must know is about the duration of administration, benefits, factors that affect volume, nutrients, colostrum, frequency, and signs of adequacy of breast milk. According to Lawrence Green's theory, the behavior of Exclusive breastfeeding is influenced by 3 factors, namely predisposing, supporting, and encouraging. Knowledge is one of the predisposing factors for exclusive breastfeeding. Examples of supporting factors include the availability of facilities, while the driving factors include the attitude of health workers (Notoatmodjo, 2007). Based on the above, the researcher can conclude that lack of knowledge will be more likely to give exclusive breastfeeding, and conversely good respondents will be less likely to give exclusive breastfeeding. provide exclusive breastfeeding.

Based on the results of research on 62 respondents in the work area of the Cimalaka Health Center regarding exclusive breastfeeding, it was found that the negative attitudes of mothers were 11 (100%) with exclusive breastfeeding as many as 4 (36.4%) and positive attitudes of mothers were 51 (100%) with exclusive breastfeeding 42 (82.4%). The results of the bivariate analysis showed that there was a significant relationship between mother's attitude and exclusive breastfeeding in the working area of the Cimalaka Health Center with P value = 0.002. The results of this study are in line with the research results of Widad Abdullah Sjawie, et al. (2019) where there is a relationship between attitude and exclusive breastfeeding, the p value = 0.000 <0.05 This means that there is a significant relationship between mother's attitude and exclusive breastfeeding in the Tuminting Health Center in Manado City.

According to Juliarti (2017) mothers who have a positive attitude are 8 times more give exclusive breastfeeding than mothers who have a negative attitude. Attitudes in breastfeeding are influenced by whether or not the mother gets advice and counseling about breastfeeding. According to Hartono (2016) attitude is a person's closed response, both external and internal so that its manifestations are not directly visible. A person's attitude will affect health, someone who is positive will have positive behavior, the meaning of a positive attitude here is the right attitude with applicable health values (Siregar, 2020). There is a positive attitude due to the support the mother gets and also the mother's experience regarding breastfeeding. Based on the above, the researcher can conclude that respondents who have a positive attitude will be more likely to give exclusive breastfeeding, and On the other hand, respondents who have a negative attitude are less likely to give exclusive breastfeeding.

Based on the results of research on 62 respondents in the work area of the Cimalaka Public Health Center regarding exclusive breastfeeding, it was found that there were 53 (100%) jobs that did not work with exclusive breastfeeding as many as 42 (79.2%) and 9 (100%) who worked. with exclusive breastfeeding 4 (44,4%). The results of the bivariate analysis showed that there was a significant relationship between work and exclusive breastfeeding in the work area of the Cimalaka Health Center with P value = 0.027. The results of this study are in line with the results of the Sihombing faithful study in 2017 where there is a relationship between mother's occupation with exclusive breastfeeding obtained p value = 0.005 <0.05, meaning that there is a significant relationship between mother's work and exclusive breastfeeding in the Hinai Kiri Health Center Work Area.

According to the Ministry of Health (2012), work is one of the obstacles for mothers to give exclusive breastfeeding to their babies. Meanwhile, according to Soetjiningsih (2012) employment status is suspected to be related to breastfeeding patterns. Work is always used as an excuse for not giving exclusive breastfeeding to babies because the mother leaves the house so that breastfeeding time is reduced. According to assumptions Researchers, the short period of leave for working mothers will affect exclusive breastfeeding to their babies. Working mothers will give formula milk to their babies, this is due to the lack of knowledge of mothers about breastfeeding for working mothers. With the right knowledge about breastfeeding, completeness of pumping breast milk and the support of the work environment, working mothers can give breast milk freelyexclusive to the baby. Based on the above, the researcher can conclude that respondents who do not work will be more likely to give exclusive breastfeeding, and conversely respondents who work will be less likely to give exclusive breastfeeding.

Based on the results of research on 62 respondents in the work area of the Cimalaka Health Center regarding exclusive breastfeeding, it was found that low family incomes were 48 (100%) with exclusive breastfeeding as many as 37 (77.1%) and high family incomes, namely 14 (100%).) with exclusive breastfeeding 9 (64.3%). The results of the bivariate analysis showed that there was no significant relationship between family income and exclusive breastfeeding in the working area of the Cimalaka Health

Center with P value = 0.336. The results of this study are not in line with the results of research by Basri Amarico, et al (2016) where there is a relationship between income and income Exclusive breastfeeding obtained p value = 0.001 < 0.05, which means that there is a significant relationship between maternal income and exclusive breastfeeding in Ilie Village, Ulee Kareng District, Banda Aceh City in 2015.

Income is one of the factors related to financial conditions that causes purchasing power for additional food to be greater. Income relates to the amount of income received, which, when compared with expenses, still allows mothers to provide additional food for babies aged less than 6 months. usually the better the family's economy, the purchasing power of additional food is also easy. On the other hand, the worse the family's economy, the purchasing power of additional food is more difficult. The income factor strongly supports exclusive breastfeeding (Afifah, 2013). Based on the above, researchers can concluded that if someone has a low income, they will be more likely to give exclusive breastfeeding, on the other hand, if someone has a high income, they will be less likely to give exclusive breastfeeding.

Based on the results of research on 62 respondents in the working area of the Cimalaka Health Center regarding exclusive breastfeeding, it was found that the negative attitudes of health workers were 3 (100%) with exclusive breastfeeding as many as 3 (100%) and positive attitudes of health workers were 59 (100%) with exclusive breastfeeding 43 (72.9%). The results of the bivariate analysis showed that there was no significant relationship between the attitude of the officers and exclusive breastfeeding in the working area of the Cimalaka Health Center with P value = 0.295. The results of this study are in line with the research of Mony, et al (2019). Based on the results of the Chi square correlation statistical test conducted between the attitude variable of health workers and the variable of exclusive breastfeeding, but these results do not meet the requirements of the Chi square test so the next step is to use the Kolmogorov-Smirnov statistical test with the results of the coefficient values of 1,000 (p-value> 0.05). In this case it means that the hypothesis is rejected, it can be concluded that there is no significant relationship between the support of health workers and exclusive breastfeeding.

In the PRECEDE theory, the attitude of health workers is included in reinforcing factors that encourage and strengthen behavior (Rahmiyati Ria, Widyasih Hesty, 2019). Public health is recognized as a responsible and accountable professional. Law Number 4 of 2019 concerning midwifery, in article 47 states that midwives can play a role as midwifery service providers, midwifery service managers, extension workers and counselors, educators, mentors, and clinical facilitators, mobilizing community participation and empowering women and or researchers in organizing midwifery practice. In giving In her care, the midwife always involves the mother and her family as a unit, in order to form a healthy and empowered family environment, supporting the next life. Support from professionals in the health sector is very What is needed are public health experts, and health promotion experts for mothers, especially primiparas. Education about the importance of breastfeeding should be given from the antenatal period, which is carried out by all health workers. Health workers provide information and counseling about breastfeeding and breastfeeding breastfeeding for both mother and husband. The unique contribution of the public health field is that of the role of a public health expert for public health degrees, especially for mothers and children. Based on the foregoing, the researcher can conclude that officers who behave Negative attitudes will be more likely to encourage respondents to give exclusive breastfeeding, and conversely officers who have a positive attitude will be less likely to encourage respondents to give exclusive breastfeeding.

4. CONCLUSION

From the results of research on Factors Associated with Exclusive Breastfeeding conducted on 62 respondents in the working area of the Cimalaka Health Center, it can be concluded that:

1. There is no significant relationship between education and exclusive breastfeeding at the Cimalaka Health Center, with a P value of 0.338 > 0.05.
2. There is no significant relationship between knowledge and exclusive breastfeeding at the Cimalaka Public Health Center, with a P value of 0.276 > 0.05.
3. There is a significant relationship between mother's attitude and exclusive breastfeeding at the Cimalaka Health Center, with a P value of 0.002 <0.05.
4. There is a significant relationship between work and exclusive breastfeeding at the Cimalaka Health Center, with a P value of 0.027 <0.05.
7. There is no significant relationship between family income and exclusive breastfeeding at the Cimalaka Health Center, with a P value of 0.336 > 0.05.
8. There is no significant relationship between the attitude of health workers with exclusive breastfeeding at the Cimalaka Health Center, with a P value of 0.295 > 0.05.

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