

# The Relationship between Mother's Knowledge, Attitudes and Beliefs to Exclusive Breastfeeding in Jeneponto District

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**Background:** Infants who are exclusively breastfed are less likely to have diarrhoea, respiratory infections, infectious diseases and pneumonia. Exclusive Breastfeeding (EBF) can save 1 million children globally under the age of 5 years who previously died. An 80% national standard has been set by the Indonesian government to increase exclusive breastfeeding. EBF in 2013 reached 54.3% and in South Sulawesi, the lowest coverage of EBF was in Jeneponto Regency, which was 20.57% in 2012 and increased to 67.66% in 2013 with Arungkeke subdistrict recording the lowest EBF coverage in Jeneponto at 63.3%.

**Materials and Methods:** The aim of this research was to determine the relationship between mother's knowledge, attitudes and belief with respect to exclusive breastfeeding in the Work Area Health Center Arungkeke, Jeneponto District. An observational analytic study with cross sectional design was conducted and 104 mothers were interviewed. Data was analyzed using Chi-Square.

**Results and Discussion.** This study showed mothers do practice EBF (58,7%). There are no significant correlations between mother's knowledge, attitudes and beliefs and EBF (0,116, 0,951 and 0,966). While mothers have good knowledge about EBF they are defeated by the strong influence of family and culture and the perception that if breastmilk has not come out on the first day, prelacteal feeding should be utilized. Mothers agree that breast milk is a very good thing for their babies and while EBF is not the general habit, breastfeeding is a predominant practice.

**Recommendation.** This study recommends the provision of in-depth information to mothers and families about EBF. This study also recommends consideration of cultural aspects such as the culture of using colostrum.

**Key words:** *Exclusive Breastfeeding, mother's knowledge, attitudes, beliefs.*

## Introduction

Recommendations for breastfeeding by WHO were revised from 4 months to 6 months. After research through a systematic review of articles and consultation with experts it was concluded that babies who were exclusively breastfed generally have fewer gastrointestinal illnesses and are less prone growth disorders (Kramer et al., 2002). According to WHO (2012) in Iddrisu (2013), the practice of exclusive breastfeeding can save 1 million children under five from 6.9 million who were reported dead in 2011. The risk of newborn death can be reduced by exclusive breastfeeding. In addition, colostrum from breast milk can provide immunity and protect a baby from pathogen transmission and hypothermic events.(Alive and Thrive, 2010). Infants who are not exclusively breastfed are 4 times more at risk of acute respiratory infections (Solomon, 2010; Panti, Gempes, & Gloria, 2018) and exclusive breastfeeding may also improve survival rates to 99% (Nurmiati and Besral, 2008).

In 2010 the government set a target of 80% for exclusive breastfeeding in Indonesia (Minarto, 2011). Policies to achieve optimal health were passed including the Health Law No. 36 of 2009 Section 128, Government Regulation No. 33 of 2012, and Kepmenkes No. 450/2004. The Provincial Government of South Sulawesi is the first province that passed the regulation on ASI area through regulation No. 6 of 2010. Results of the SDKI 2007 show that exclusive breastfeeding coverage increased and is significant at 42% in 2012. From the report of the provincial health bureau in Indonesia in 2013, distribution coverage of exclusive breastfeeding in infants is 54.3%. Between 33 and 19 provinces were within the percentage of exclusive breastfeeding above the national average. The scope of exclusive breastfeeding in South Sulawesi province, in 2013 was 66.5% (Infodatin, 2013; Due Au, 2016). Jeneponto, from 2008 to 2012 reported exclusive breastfeeding was not within national standards and was the district with the lowest coverage of exclusive breastfeeding in South Sulawesi in 2012 and although this increased to 67.66% in 2013, the government target has not been reached.

The failure of exclusive breastfeeding practice may be caused by inadequate breastfeeding skills, a bad initial experience, the response of health workers who do not believe in EBF (Smith et al., 2012), smoking during pregnancy, caesarean birth, maternal employment status (Al-Sahab et al., 2010; Siti Fatimah, Norhafizah, Noryanti, Rozieana, & Hassan, 2015), the plan to breastfeed, depression, alcohol (Dozier et al., 2012; Irai, & Lu, 2018), financial family and economic factors, (Solomon, 2010), marital status and employment status. Mothers generally breastfeed their babies the way their friends do and social support and age of the baby (Henry et al., 2010) and cultural factors (Fikawati and Syafiq, 2009; Nuchso, Tuntivivat, & Klayklung, 2016; Alshehhi, 2016) are also significant. In Jeneponto, lack of family understanding about breastfeeding and the relative benefits cause families not be able to provide support for exclusive breastfeeding behaviour (Fadjriah et al., 2013).

The aim of this study is to determine the relationship between a mother's behavior and exclusive breastfeeding in Jenepono.

## Materials and Methods

This research is a quantitative study with a cross sectional approach. Sample respondents were mothers who had infants aged 6-12 months. The sample was obtained via simple random sampling from a total of 104 respondents. Data was collected by interviewing mothers through home visits where the questionnaire was conducted on an individual basis. Data management was completed through a process of editing, coding, entering and then cleaning data. Furthermore, the data was processed and analyzed using computer software and this demographic data is presented in Table 1 below.

## Results

**Table 1:** Distribution of Respondents by Mothers Age, Mothers education, Family Income, Place of Birth, Mothers Occupation, Birth Attended and Exclusive Breastfeeding in Arungkeke HC

<b>Mothers Age (by year)</b>	<b>n</b>	<b>%</b>
<20	5	4.8
20-24	15	14.4
25-29	31	29.8
30-34	40	38.5
35-39	11	10.6
≥ 40	2	1.9
<b>Mothers Education</b>	<b>n</b>	<b>%</b>
Never Went to school	8	7.7
Never graduation elementary school	1	1.0
elementary school	48	46.2
Junior High School	31	29.8
Senior High School	11	10.6
Coleges/ University	5	5.4
<b>Family Income (Rp.,-)</b>	<b>n</b>	<b>%</b>
< 1.000.000	57	54.8

1.000.000 - 2.000.000	41	39.4
> 2.000.000	6	5.8
<b>Place of Birth</b>	<b>n</b>	<b>%</b>
At home	43	41.3
Maternity clinic	2	1.9
Health Centre	11	10.6
Hospital	27	26.0
Poskesdes and Pustu	21	20.2
<b>Mothers Occupations</b>	<b>n</b>	<b>%</b>
Housewife	92	88.5
Farmer	6	5.8
Midwife	1	1.0
Peermanent Employees	4	3.8
Fisherwomen	1	1.0
<b>Birth Attended</b>	<b>n</b>	<b>%</b>
Doctors	13	12.5
Midwives	77	74.0
Shaman	14	13.0
<b>Exclusive Breastfeeding</b>	<b>n</b>	<b>%</b>
Given EBF	61	58.7
Not Given EBF	43	41.3
<b>Total</b>	<b>104</b>	<b>100</b>

As depicted in Table 1 above, regarding mother's age group, of 104 women most mothers are aged between 30 and 34 years old, 40 mothers or 38.5%. Based on the characteristics of maternal education, most mothers completed primary school education, 48 mothers or 46.2%. The majority of mothers fall into the family income bracket of Rp. 1 million (54.8%). More mothers delivered their babies at home, 43 mothers (42.3%) and 77 mothers (74%) were attended to by midwives during birth. Based on job characteristics of mother, most respondents are housewives, 92 mothers (88.5%). Mothers who practice Exclusive Breastfeeding were as many 58.7%, however at 41.3% the number of mothers who do not practice EFB is significant.

**Table 2:** Distribution of Respondents by Exclusive Breastfeeding Behavior in Arungkeke HC

Exclusive Breastfeeding Behavior	Yes		No	
	n	%	n	%
Mother give Breastmilk only	88	84.6	16	15.4
Mother give complementary food (biscuit, porridge, banana, papaya)	26	25.0	78	75.0
Formula Feeding	28	26.9	76	73.1
Give a drink water	39	37.5	65	62.5
Give Colostrum	69	66.3	35	33.7
Continue to provide breastmilk when out of the house	75	72.1	29	27.9
Mother warned family not to give extra food	41	39.4	63	60.6
Continue breastfeeding even though breastmilk was less	48	46.2	56	53.8

Based on Exclusive Breastfeeding Behavior as presented in Table 2 above it can be seen that most mothers respond that they provide breastmilk to their baby, 88 mothers (84.6%) and the lowest percentage were the mothers who gave extra food to infants <6 months between in a form other than breastmilk: sun porridge, rice porridge, banana or papaya with 26 respondents, or 25.0% of the 104 women in the region work of Arungkeke HC.

**Table 3:** Distribution of Respondents by Knowledge of Exclusive Breastfeeding in Arungkeke HC

Knowledge of Exclusive Breastfeeding	Incorrect		Correct	
	n	%	n	%
Breastmilk contain immune substances	10	9.6	94	90.4
Infants should only be given breastmilk for up to 6 months	44	42.3	60	57.7
Colostrum is first breastmilk that came out	42	40.4	62	59.6
A mother breastmilk production is not quite up to 6 months	75	72.1	29	27.9
Cow's milk protein is higher than breastmilk	93	89.4	11	10.6
Breastfeeding started 1 hour after birth	43	41.3	61	58.7
May be given vitamin and mineral	56	53.8	48	46.2
Baby gets immunity from mothers	13	12.5	91	87.5
Diarrhoea may occur due to supplementary feeding 0-6 months	54	51.9	50	48.1

Based on knowledge about exclusive breastfeeding as presented in Table 3 above, it can be seen that in Arungkeke Health Centres, the highest percentage of incorrect response regards "cow's milk protein is higher than breast milk", 93 mothers (89.4%) while the least percentage of incorrect response is with to regard to the statement "the baby gets immunity from the mother", 13 people (12.5%).

**Tabl 4:** Distribution of Respondents by Mothers Attitude in Arungkeke HC

Attitudes Toward Exclusive breastfeeding	SDA		DA		A		SA	
	n	%	n	%	n	%	n	%
Breastmilk can meet the nutritional needs of children	1	1.0	1	1.0	86	82.7	16	15.4
Breastmilk make children smarter	0	0	1	1.0	86	82.7	17	16.3
Breastmilk makes the mother more dear the baby	1	1.0	0	0	77	74.0	26	25.0
Content of infant formula is better than breastmilk	6	0.8	91	87.5	7	6.7	0	0
Breastmilk stopped if the baby is sick	2	1.9	83	76.9	21	20.2	1	1.0
With breastmilk, mothers can save on expenditure	0	0	2	1.9	88	84.6	14	13.5
Daily activities inhibitors mother gave breastmilk	5	4.8	76	73.1	19	18.3	4	3.8

*SDA = Strongly Disagree, DA = Disagree, A = Agree, SA= Strongly Agree*

Based on the attitude of some statements about exclusive breastfeeding in Table 4 it can be seen that most mothers showed Disagreement with the statement that "The content of infant formula is better than breast milk", 91 respondents (87.5%). The statement with least disagreement is that "Breast milk can meet the nutritional needs of children", 1 respondent (1.0%).

**Table 5:** Distribution of Respondents by Mother Exclusive Breastfeeding Beliefs in Arungkeke HC

Kind of Values / Beliefs Related to Breastmilk and Breastfeeding	Not Sure		Sure	
	n	%	n	%
Stale Milk Should be discarded	21	20.2	83	79.8
Newborns are given honey	82	78.8	22	21.2
Baby boys more feeding than girl	35	33.7	69	66.3
Breastfeeding causes breast sagging	37	35.6	67	64.4
Small breasts cannot produce milk	83	79.8	21	20.2
If the mother is pregnant again, immediately discontinue nursing	57	54.8	47	45.2
Prohibited to feed while eating	86	82.7	18	17.3

From Table 4 above it can be seen that with regard to mothers' values / beliefs about breastfeeding, most mothers believe that "stale milk should be discarded" 83 respondents (79.8%) and as many as 69 mothers (66.3%) believe that "baby boys need more feeding than girls".

**Table 6:** Knowledge Level Correlation with Exclusive Breastfeeding in Puskesmas Arungkeke Jeneponto

Level of Knowledge	Exclusive Breastfeeding						Test of Statistic
	Not EBF		EBF		Total		
	n	%	N	%	n	%	
Less	10	83.3	2	16.7	12	100	P=0,116
Sufficient	51	55.4	41	44.6	92	100	
<b>Total</b>	<b>61</b>	<b>57.9</b>	<b>43</b>	<b>42.1</b>	<b>104</b>	<b>100</b>	

Knowledge Level correlation with Exclusive breastfeeding in the region of Arungkeke HC as presented in Table 6 above shows that of the 12 Mothers with less knowledge about EBF there are 10 mothers (83.3%) who did not give exclusive breastfeeding to their babies and only 2 mothers (16, 7%) who breastfed exclusively. Of the 92 mothers who record sufficient knowledge level about EBF 51 respondents or 55.4% do not exclusive breastfeed and 41 mothers or 44.6% practice exclusive breastfeeding with their baby. Table 6 also shows that mothers with sufficient knowledge of exclusive breastfeeding choose EBF more that 2.7-fold compared with mothers who have less knowledge about the level of exclusive breastfeeding. The results of statistical tests obtained p value of 0.116 which means that hypothesis H0 is accepted and Ha rejected. This means that there is no significant correlation between the level of mother's knowledge about exclusive breastfeeding and the practice of exclusive breastfeeding in the region of Arungkeke HC.

**Table 7:** Attitudes Correlation with Exclusive Breastfeeding In HCARungkeke Jeneponto

Attitudes about EBF	Exclusive Breastfeeding						UjiStatistik
	Not EBF		EBF		TOTAL		
	n	%	n	%	n	%	
Less suppose	20	60.6	13	39.4	33	100	p = 0,951
Supports	41	57.7	30	42.3	71	100	
<b>Total</b>	<b>61</b>	<b>58.7</b>	<b>43</b>	<b>41.3</b>	<b>104</b>	<b>100</b>	

In Table 7, cross tabulation between Attitudes with Exclusive Breastfeeding in the region of ArungkekeHC shows that of 33 mothers with unfavorable attitudes towards exclusive breastfeeding there are 20 mothers (60.6%) who did not give exclusive breastfeeding to their babies and only 13 mothers (13.4%) who breastfed exclusively. Meanwhile, of the 71 mothers with a supportive attitude towards Exclusive Breastfeeding 41 or 57.7% did not practice exclusive breastfeeding and as many as 30 mothers or 42.3% practiced exclusive breastfeeding with their babies.

From the test results statistical p value of 0.951 was obtained which means that hypothesis H0 is accepted and Ha rejected. This means that there is no significant correlation between mothers' attitude to exclusive breastfeeding and the practice of Exclusive Breastfeeding in the HC Arungkeke region.

**Table 8:** Value/ Belief Correlation with Exclusive Breastfeeding In HC Arungkeke Jeneponto

Values / Beliefs	Exclusive breastfeeding						Test Statistic
	Not EBF		EBF		Total		
	n	%	N	%	n	%	
Sure	17	56.7	13	43.3	30	100	p = 0,966
Not Sure	44	59.5	30	40.5	74	100	
<b>Total</b>	<b>61</b>	<b>58.7</b>	<b>43</b>	<b>41.3</b>	<b>104</b>	<b>100</b>	

In Table 8 above cross tabulation between Mothers' Values/Beliefs about Breastfeeding with Exclusive Breastfeeding in the HC Arungkeke region shows that of the 30 mothers not sure about some of the values/beliefs about breastfeeding and breastmilk, 17 (56.7%) did not give exclusive breastfeeding to their babies and 13 mothers (43.3%) breastfed exclusively. While of the 74 mothers who are not sure about some of the values/beliefs about breastfeeding and breastmilk there are 44 or 59.5% of women who did not give exclusive breastfeeding and as many as 30 mothers or 40.5% that exclusively breastfed their babies.

From the test results statistical p value of 0.966 was obtained which means that hypothesis H0 is accepted and Ha rejected. This means that there is no significant correlation between Values

/ Beliefs of mothers about exclusive breastfeeding to exclusive breastfeeding in the region of HC Arungkeke.

## **Discussion**

### ***Exclusive Breastfeeding***

Exclusive breastfeeding is when only breast milk that is given to babies and is specific to infants zero to 6 months (6x30 days) where additional food is not offered (Depkes RI, 2004). If exclusively breastfed, infants should not be given other fluids except drugs, vitamins or oral rehydration solutions (WHO, 2015). Only breast milk is the food and drink required by a baby in the first six months and no food or drink, including water, is needed during this period. The best food for babies is breast milk. Formula milk, animal milk or beverage that contains fruit or grains does not have as good content as breast milk (Depkes RI, 2008). On-site research showed that in the area of HC Arungkeke there are more babies who are not exclusively breastfed, as many as 61 babies, or 58.7%. Thus, Exclusive Breastfeeding in the region of PHC is still below the minimum standard of 80%.

Breastfeeding in these regions is not exclusive breastfeeding because mothers give fluids or food other than breast milk to their babies at the age of less than 6 months. In the HC working area of Arungkeke the data shows that 25% of babies were given supplementary food by mothers, 26.9% babies under 6 months received formula milk and 37.5% were given mineral water by their mother. Additional food was given in the form of other liquids such as milk formula, orange, honey, tea, water, and extra-dense foods such as bananas, papaya, porridge milk, biscuits, rice porridge and its steam. In contrast to predominant breastfeeding partial, breastfeeding can involve giving a little water or prelacteal milk before the breastmilk comes down for the mother. Whereas partial breastfeeding of infants entails providing artificial foods other than breast milk for example porridge or animal milk to babies under 6 months. (Infodatin, 2013). While Exclusive Breastfeeding is recommended for a period of at least 4 months, and if possible up to 6 months (Roesli, 2005; Jarjusey, 2017) breastfeeding in this region is no longer exclusive. Compared with research conducted in Gorontalo, exclusive breastfeeding in the HC working area of Arungkeke is still higher and in Public Health Center Blue Lake, by 30.4% and in the Mongolato clinic by 69.6% (Adam et al., 2012).

### ***Mother's knowledge***

The research results of this study show that most mothers who breastfeed have sufficient knowledge about Exclusive Breastfeeding (88.5%). Although the results of this study show most respondents have knowledge, some mothers still do not provide Exclusive Breastfeeding to their children. Some of the factors that influence this are the beliefs of the individual mother and the influence of communities and families on the mother's behavior. The data also shows

that 59.6% of mothers answered correctly about colostrum. They also answered correctly in reference to the question about whether diarrhoea may occur in babies 0-6 due to supplementary feeding (48.1%).

Knowledge is the product of a process of human need to source information and the intensity of individual perception as per context, is very influential to the processing of knowledge. One's knowledge about a topic contains negative and positive aspects that determine attitude (Notoatmodjo, 2010). In this research area, a diversity of knowledge content relates to exclusive breastfeeding. Even though in the area of knowledge, the results indicate sufficient knowledge, mothers misunderstand some specific content. Among others, the incorrect answer regarding the knowledge specific to breastfeeding only for up to 6 months and the diarrhoea that may occur if given extra food indicate that misunderstanding can contribute to a mother's attitude which subsequently becomes a predisposed action in response to whether to practice exclusive breastfeeding with their babies.

According to Roesli (2005), limited mother's knowledge about Exclusive Breastfeeding is the main obstacle to the practice. Less breastfeeding knowledge possibly correlates with less mother confidence to deliver the best care for their baby. Unfortunately, in this circumstance, the baby also loses its main source of food and nutrition. Based on results found in the region of work in primary health care which showed that women with the level of knowledge of good-enough mother, exclusive breastfeeding 2.7 fold compared with mothers who have less knowledge about the level of exclusive breastfeeding in Arungkeke, however the results of statistical tests found no significant relationship between the level of knowledge of mothers on exclusive breastfeeding and exclusive breastfeeding in the region of HC Arungkeke ( $p=0.116$ ).

No significant correlation was found between the knowledge level of exclusive breastfeeding in this area, due to lack of profound understanding of the concept itself. The level of knowledge is still at the first level of knowledge. Whereas at this level a person has been able to remember a previously learned material (Notoatmodjo, 2010; Bo Shing, & Xiaodie, 2017), respondents have not reached the level of understanding (comprehension) which is necessary for the application of the knowledge. This knowledge and understanding gap results in behavior where mothers, in application, formula feed and offer water and food additives before the baby is 6 months old.

In addition, the absence of a relationship between knowledge and behavior of exclusive breastfeeding may occur due to other factors that influence as powerful as cultural factors. Cultures that believe when lactation has not occurred on the first day of delivery can influence the mother and family to give prelacteal feeding and even a mother with good knowledge can be "defeated" by the strong influence of family and culture. A mother will be influenced by her grandmother and other family members to give other fluids such as rice water, water and milk

formula while waiting for the release of breastmilk. Another learned cultural habit is the family feeding products other than breastmilk to the baby when they deem that the baby already has a strong desire to taste food. In this case the pattern of care for children in rural areas is not only determined by both parents but affected by the extended family.

The high level of mother's knowledge in this study is consistent with research in Ethiopia. The study in Ethiopia found that 83.4% of mothers have high knowledge about exclusive breastfeeding and this is supported by 83% of women who correctly answer about duration of Exclusive Breastfeeding (Asfaw et al., 2015). These result are higher than reflected by studies in Nigeria that found 71.3% of respondents have a good level of knowledge (Mbada et al., 2013; Alahoul, Azizan, & Alwi, 2016). Some local research in Indonesia reveals different findings. In Merauke it was found that respondent knowledge was mostly higher at 55% (Pratiwi, 2014). Research in Manado also showed that most respondents have good knowledge that is equal to 63.9% (Wenas et al., 2011). However this finding is not consistent with the research in Bone South Sulawesi which found 64.4% mother, or most respondents had less knowledge (Yulianah et al., 2013). Similarly in Surakarta it was found that the majority of mothers had sufficient knowledgeable, 65.3%(Rachmaniah, 2014).

### ***Mothers Attitudes toward Exclusive Breastfeeding***

Attitude is a reaction or response from someone who is still closed to a stimulus or object. Attitude is not an action or activity but predisposes action in the form of behavior. Attitudes can be formed from knowledge. Based on the results obtained with regard to the criterion of mother's attitude toward exclusive breastfeeding mothers, most mothers have a supportive attitude towards exclusive breastfeeding, 71 mothers (68.3%). However, of these 71 mothers with supportive attitude, 41 mothers or 57.7% did not practice exclusive breastfeeding in Arungkeke. There are many mother who do not exclusively breastfeed even though they have a positive attitude to the practice. This finding indicates that mothers with positive attitude are supportive of breastfeeding and its benefits generally, however need more depth regarding knowledge about Exclusive Breastfeeding.

Various internal and external factors influence the formation of attitudes. Internal factors include sex, age, education and experience. External factors include the mass media, educational institutions/religion, people, facilities and work environment. Some mothers fail to provide exclusive breastfeeding although they have a positive attitude and this occurs often in the first few days of the baby's birth. The condition of "ASI does not come" in the first days following delivery can cause the mother and family to be discouraged with continued breastfeeding. Similar research in Ethiopia also found 97.5% of mothers with a positive attitude to Exclusive Breastfeeding( Asfaw et al., 2015; Ketsiri, & Pajongwong, 2016).

The current study findings are consistent with research conducted in Bone (Yulianah et al., 2013), and in Donggala (Candriasih, 2010) in which test results linking attitude with exclusive breastfeeding (p value 0.154, 0.637 and 0.700) were not statistically found, Attitude is not necessarily manifested in an action automatically. The realization of that attitude into action necessitates certain factors and support of the party, such as the closest person to them and their surrounding residential community.

### ***Values/Beliefs about Breastfeeding***

Value contains the considerations of an individual regarding what is the right good or desirable choice. Confidence is an attitude that is shown when an individual believes they have knowledge and concludes that they have found the truth. Health behavior is most influenced by trusted community values and there are values that both support and do not support Exclusive Breastfeeding. The Indonesian beliefs that most influence the non- practice of Exclusive Breastfeeding include that: newborns must be given coffee or honey; stale milk must be removed and small breasts cannot produce milk. As previously mentioned, the societal values in society can influence health behaviour, in this case exclusive breastfeeding. On-site research shows that of the 30 mothers in Arungkeke who were part of this research and are sure in response to some of the statements about the value of breastfeeding and breastfeeding, .56.7 % do not practice exclusive breastfeeding with their babies.

However, from the test results statistically significant correlation was not found between Values/Beliefs mothers and the practice of Exclusive Breastfeeding ( $p = 0.966$ ). No significant correlation indicates that the contribution of the value/ belief in breastmilk and breastfeeding behavior is not strong enough to support the success or failure of Exclusive Breastfeeding by mothers in this area. The value/belief that is beginning to influence the realm of breastfeeding behavior in general, but not in terms of exclusive breastfeeding, is breastfeeding of infants aged 0 to 6 months. This is because Exclusive Breastfeeding itself is a relatively complex behavior which, besides the value/belief requires the contribution of other factors such as family support, community perception and the role of health workers.

### **Conclusion**

There are no significant correlations between mother's knowledge, attitudes and beliefs and the practice of EBF with respective p value 0,116, 0,951 and 0,966.

### **Recommendations**

1. Mandated provision of in-depth information to mothers and families about Exclusive Breastfeeding.



2. Education for enhanced cultural understanding about for example, the use of colostrum.

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