THE RELATIONSHIP BETWEEN EXCLUSIVE BREASTFEEDING AND PSYCHOMOTOR INFANTS 6-9 MONTHS AT BUNTULIA HEALTH CENTER

Isma Saleh[1], **Rahma Labatjo**[2], **Fitriani R. Blongkod**[3]
[2.] Poltekkes Kemenkes Gorontalo
[1.3.]Bina Mandiri University Gorontalo
E-mail: ismasaleh7@gmail.com

ABSTRACT

Problems that often occur in infants in Indonesia are related to exclusive breastfeeding. In this case, exclusive breastfeeding is given directly by the mother. The problem that occurs in some mothers is the perception that an insufficient supply of breast milk which means that the mother has only a small amount of breast milk. This research uses analytic observational research, namely research that explains the relationship between variables through hypothesis testing. The research design is based on a *cross sectional* study, which is a study that takes samples at the same time.

This study aims to determine the relationship between exclusive breastfeeding and psychomotor infants 6-9 months in Buntulia Health Center. A research approach is a quantitative approach because the research data is in the form of numbers and the analysis uses statistics. This research uses analytic observational research, namely research that explains the relationship between variables through hypothesis testing. The research design is based on a cross-sectional study, which is a study that takes samples at the same time.

Based on the results of the study, it was found that infants who were exclusively breastfed experienced normal development as many as 17 respondents (70.8%), 7 respondents (29.2%) doubtful development and 0 respondents (0%) deviant development and infants who were not exclusively breastfed. experienced normal development as many as 11 respondents (35.5%) doubtful development as many as 13 respondents (41.9%) and deviant development as many as 7 respondents (22.6).

Keywords: Exclusive Breastfeeding, Psychomotor Development

INTRODUCTION

Problems that often occur in infants in Indonesia are related to exclusive breastfeeding, where exclusive breastfeeding is given directly by the mother, but the problem that occurs in some mothers is the perception that an insufficient supply of breast milk means that only a small amount of breast milk is owned by the mother. This causes some mothers to stop breastfeeding and replace it with formula milk, this causes the baby not to get exclusive breastfeeding, as a result, it will have an impact on the baby's development in the future.

Exclusive breastfeeding is breastfeeding or breast milk only for the first 6 months of a baby's life. In accordance with its exclusive name, breast milk is given to infants without any other food companion. Babies only get nutrition from breast milk for 6 months. After that,

until reaching the age of 2 years, babies can get additional food other than breast milk, Paramashanti (2019) [12].

Globally, the coverage of exclusive breastfeeding in several countries in the world is quite low. Nationally, based on the 2019 Indonesian Health Profile, the coverage of infants who are exclusively breastfed is 67.74%figure, this has exceeded the 2019 Strategic Plan target of 50%. The highest percentage of exclusive breastfeeding coverage was in West Nusa Tenggara Province (86.26%), followed by East Kalimantan (78.53%), then East Java Province (78.27%) while the second-lowest percentage was in the Province of Papua (41.42%) and the lowest in West Papua (41.12%), Ministry of Health of the Republic of Indonesia (2019) [8].

Data from the Gorontalo Provincial Health Office in 2018 showed that only 5,618 babies received exclusive breastfeeding from their mothers or 46.9% of the 11,975 babies spread in Gorontalo City with a percentage of 39.5%, in Bone Bolango Regency with a percentage of 38. .2%, for Boalemo Regency with a total percentage of 41.5%, in Pohuwato Regency with a total percentage of 46.2%, for North Gorontalo Regency with a percentage of 50.3%, and Gorontalo Regency with a percentage of 53.8% of infants receiving Exclusive breastfeeding, this is still far from the 80% target, so this is a common problem in Gorontalo Province, Ministry of Health of the Republic of Indonesia (2018) [9].

Data from the Pohuwato District Health Office 2020 shows that the coverage of babies who receive exclusive breastfeeding is 46.2% with the percentage at the Paguat Health Center at 18.0%, for the part of the Marisa Health Center the percentage is 15.8%, and at the Popayato Health Center 15.1 %, also at the Patilanggio Health Center 13% and in the Motolohu Health Center area a total of 11.6%, this data is from the Pohuwato District Health Office (2020) [6].

Based on data obtained at the Buntulia Health Center in 2020 the coverage of infants receiving exclusive breastfeeding was 11.7%. Meanwhile, in a preliminary study conducted in April 2021 at the posyandu in the working area of the Ubuntu Health Center, 20 mothers had babies aged 6-9 months. Of the 20 mothers, data was obtained that 16 of them said they had given formula milk to their babies before the age of 6 months and seen from the growth of the babies their weight was below the normal KMS line.

Meanwhile, infants aged 7-9 months who have not breastfed for up to 6 months experience delays in motor development which can be seen from the condition of the child who has not been able to sit stably for a long time and has not been able to crawl according to his age.

Meanwhile, the other four mothers said that they had exclusively breastfed their babies for 6 months, and judging by their growth in KMS, the average was in the normal line, while their development was under their age, they were able to move objects or objects from one hand to another. Talking or babbling has begun to develop such as being able to say a few words for example calling "mama" or "dada", and starting to use many active or active movements such as pointing and shaking the head in response to communication.

The lack of mothers who give exclusive breastfeeding is caused by most of the mothers who breastfeed cannot produce breast milk or breast milk does not come out. In addition, it is also influenced by the lack of insight or knowledge of mothers about exclusive breastfeeding. While breastfeeding is one of the good nutrition for optimal nutrition fulfillment if given exclusively from 0-6 months.

One of the efforts that can be done to improve the development of babies is by exclusive breastfeeding, the content of breast milk is very useful and becomes the most complete nutritional food which is the need for breast milk for babies, breastfeeding is also useful for providing immunity to the baby's body, and increasing affection, as well can support the baby's motor development, support the baby's personality development, emotional intelligence, spiritual maturity and good social relationships, Maryunani (2012) [10].

Exclusive breastfeeding with a period of 6 months can reduce morbidity and mortality in infants, and can optimize growth, in addition to increasing intelligence, and is useful in helping to extend the distance between pregnancies for mothers. Exclusive breastfeeding or exclusive breastfeeding until the baby is 6 months old is very beneficial because it can protect babies from various infant mortality diseases, Abani (2020) [1].

ASI (Air Susu Ibu) is a term for the white fluid produced by the breast glands of women through the lactation process. Exclusive breastfeeding means that babies are only given breast milk, without the addition of other fluids such as formula milk, oranges, honey, tea water, water, and without the addition of solid foods such as bananas, papaya, milk porridge, biscuits, rice porridge, and team. 14].

Exclusive breastfeeding means benefits for all, namely the benefits for babies who will be healthier, smarter, and have good personalities, mothers will be healthier and more attractive, companies, the environment, and society will benefit more, Rahman (2016) [13] .

The benefits of exclusive breastfeeding include having a composition that is in accordance with the needs of the baby being born, the number of calories in breast milk that can meet the needs of babies up to six months, breast milk contains protective substances or antibodies that protect against disease.

Babies who are given milk other than breast milk have a risk of about 17 times higher for diarrhea, with the act of giving breast milk for a minimum of up to six months it can cause the baby's psychomotor development to be faster, besides breastfeeding can support the development of vision, by giving breast milk it will strengthen the bond between mother and baby, reduce the incidence of dental caries due to the level of lactose following the needs of the baby, also babies who are breastfed are better able to deal with jaundice. The amount of bilirubin in the baby's blood is greatly reduced if given colostrum breast milk as often as possible which can overcome jaundice and does not provide breast milk substitutes, and babies born prematurely gain weight more quickly and grow the baby's brain if breastfed, Sandewi (2018) [17].

The composition of substances in breast milk includes Fat, Carbohydrates, Protein, Carnitine, Antibody Substances, Vitamins, Minerals, Enzymes, Water. Other substances that are also contained in breast milk are DHA, DAA, and shpynogelin. Breast milk contains protective substances needed for psychomotor development in infants. The complex content of nutrients in breast milk can reduce the risk of children experiencing nutritional deficiencies, fatty acids in breast milk are very helpful for muscle growth and development.

The main steps in preparation for success in exclusive breastfeeding according to Sandewi (2018), are learning breastfeeding and breastfeeding management, creating support from family, friends, and so on, choosing a place to give birth that loves the mother, choosing health workers who can support the action. Exclusive breastfeeding, seeking breastfeeding experts from places such as lactation clinics, and creating a positive

attitude about breastfeeding and breastfeeding [17].

Based on the development theory of Jean Piaget, at the age of 0-2 years, children are in a phase of sensorimotor development. This phase is directly related to motor development in infants, where babies can react to stimuli and can make movements with their limbs. Gross motor development in infants is identical to important achievements related to large muscles such as the baby's ability to crawl, or stand, and also walk. Motor development in this period needs to be considered to detect whether or not there is a delay in the development of the baby. Delays in motor development, both gross and fine motor in this age range, can affect the decline in cognitive abilities in the future, Sutiono (2019) [16].

Development is the increase in abilities and structures/functions that are more complex in a regular pattern, and can be predicted and predicted as a result of the process of differentiation of cells, body tissues, and organs, as well as organized systems. The maturity of the function of each body part, which begins with the heart being able to beat and pump blood, in addition to the ability to breathe until the child can face down, sit, walk, talk, pick up objects around him, Anggrain (2017) [4].

The baby's motor development is divided into two, namely gross motor development and fine motor development, gross motor development involves every major muscle which includes the development of movements in the head, limbs, also balance, and also movement of the limbs, this fine motor development is fine coordination which involves every small muscle that is affected by mature motor function, accurate visual function and nonverbal intellectual abilities.

There are several factors why a child's physical development is a little faster or longer. The first is that family traits have a very strong influence on the child's weight, height, and level of development, secondly the way parents raise their children has also been shown to influence how well children grow, thirdly, often invite children to talk or sing, give him hugs, be rocked, a sense of calm, love, and attention as much as possible, Soetjiningsih (2014) [18].

The level of development that must be achieved by children is that at the age of 4-6 weeks they can smile spontaneously, can make sounds 1-2 mmg, for the age of 20 weeks they can start to reach objects that are brought close to them, and if they are at the age of 13 months they can walk without assistance. , pronounce single words, Ni Wayan Armini, et al (2017) [5]. Progress in fine motor development, particularly in the upper extremities, progresses proximodistally, starting from the shoulders distally to the fingers. Fine motor skills are influenced by mature motor function, and good neuromuscular coordination, accurate visual function, and intellectual nonverbal abilities. Fine motor skills are fine coordination of small muscles that lead to a major role. A skill to write the letter "a" is a series of hundreds of nerve-muscle coordination. Skillful movement is a very complex process.

Variations in fine motor development reflect an individual's willingness and opportunity to learn. Children who rarely use crayons will experience developmental delays in holding pencils. In newborns, the *grasp palmar reflex* occurs to make a fist when an object touches the palm. The first fine motor development that is easily recognizable and is also a very important development is the ability to make a fist, Soetjiningsih (2017) [19].

Motor development includes gross motor and fine motor, gross motor movements begin to form when children begin to have coordination and balance that is almost like adults. Motor movement is an ability that also requires the coordination of the child's body, it requires energy because this action is carried out in

connection with the large muscles in children. Gross motor movements involve the child's entire body such as hand and foot muscle activity. The movement uses or relies on maturity in coordination, Sutiono (2019) [16].

RESEARCH METHODS

The approach of this research is quantitative, with the type of research used is observational analytic, with a design *cross-sectional* with data sources obtained from primary data where this data is the result of respondents' answers to questionnaires obtained directly and secondary data is obtained as support from the first data source, this data is in the form of documents such as data on exclusive breastfeeding nationally, regionally, and the number of babies obtained from the research site.

This research was conducted in the working area of the Buntulia Health Center from June to July, with the population being all infants 6-9 months who were recorded to be domiciled in the working area of the Buntulia Health Center totaling 81 people, from the entire population the number of samples was calculated using the formula from Stanley Lemeshow as follows:

$$n = \frac{NZ^2\ 1 - \frac{a}{2\ P\ (1-p)}}{(N-1)\ d^2 + \ N^2\ 1 - \frac{a}{2\ P\ (1-p)}}$$

$$n = \frac{81\ x\ 2.58^2\ x\ 0.5\ (1-0.5)}{(81-1\ )\ 0.1^2 + 2.58^2\ x\ 0.5\ x\ (1-0.5)}$$

$$n = \frac{81\ x\ 2.58\ x\ 0.5\ (0.5)}{(80)0.1^2 + 2.58^2\ x\ 0,5\ (0.5)}$$

$$n = \frac{81\ x\ 6.65\ x\ 0.5\ (0.5)}{(80).\ 0.01 + 6.65\ x\ 0.5\ (0.5)}$$

$$n = \frac{81\ x\ 6.65\ x\ 0.25}{80.\ 0\ ,01 + 6.65\ x\ 0.25}$$

$$n = \frac{134.66}{0.8 + 1.66}$$

$$n = \frac{134.66}{2.46}$$

$$n = 54.74$$

$$n = 55\ Sample$$

Ket : N = Total population (81)
n = Number of samples (55)

$Z^2_{1-a/2}$ = Degree of significance (99%)
P = proportion of a particular case to the population, if the proportion is unknown, set (50% = 0.5)
d = degree of deviation or error rate to the desired population (10% = 0.1).

From the calculation using the formula, it was found that the number of samples to be studied was 55 samples.

In collecting data in this study using a questionnaire instrument with a *checklist* for breastfeeding, and for developmental variables using a *checklist* on the Developmental Pre Screening Questionnaire (KPSP).

For the exclusive breastfeeding instrument, 2 questions were given. This instrument used a nominal scale using a measurement *checklist* and was given category 1 for YES if exclusive breastfeeding was given, and category 2 for No if not exclusive breastfeeding.

For the third instrument of Psychomotor Development, 10 questions were asked for babies aged 6 months, and 10 questions for babies 9 months with the scale used was ordinal, the measurement method was using the KPSP questionnaire and categorized 1 for Abnormal / Deviation, if the number of YES answers <6 , and category 2 for Doubtful, if the number of YES answers is 7 or 8, and the last category is 3 for Normal, if the number of YES answers is 9 or 10. The

technique used in this study is univariate analysis, which is a technique with a descriptive test, namely the analysis that aims to describe the characteristics of each research variable. In this study, the variables analyzed were exclusive breastfeeding and psychomotor development.

In this study, bivariate analysis with test was *Chi-square* conducted to determine the relationship between exclusive breastfeeding and motor development of infants aged 6-9 months. The statistical test used is the test *Chi-square* (X2). Due to the difference in the questionnaire measuring scale which can cause difficulties in analyzing the data, the researchers chose the test *Chi-square.*

test *Chi-square* Also known as the Kai Square test, the *Chi-square* test is a non-parametric test that is often used in research. The working principle is to compare two variables whose data scales are nominal and ordinal then used to determine the relationship between the two variables and measure the strength of the relationship between the two variables in question, provided that the *Chi-square value* is greater than the table (X2 count > X2 table).) then the relationship is significant, meaning that Ha is accepted.

The presentation of the data in this study is based on the variables that have been studied, the frequency distribution can be said as a list of tables or graphs that also displays or presents each frequency variable from various research results in the sample. In addition, by using the frequency distribution table, the presentation of the data in this study is also accompanied by a narration, Ruslang, T (2016) [15].

RESEARCH RESULTS

Table 1 Characteristics of Respondents Based on Maternal Age in the Working Area of Buntulia Health Center

Age	Total	%
15-25	34	61.82
26-35	20	36.36
36-45	1	1.82
	55	100.00

Source: Primary Data July 2021

On age, characteristics can be seen that most of the respondents aged 15-25 years with a total of 34 people with a percentage (61.82%), while respondents aged 26-35 as many as 20 people with a percentage (36.36%) and there is only one respondent aged in range of 36-45 years with a percentage (1.82).

Table 2 Characteristics of Respondents Based on Mother's Education in the Working Area of Buntulia Health Center

Education	Total	%
Elementary School	6	10.91
Junior	9	16.36
High School	27	49.09
S1	13	23.64
	55	100.00

Source: Primary Data July 2021

For the characteristics of mother's education, it shows that most of the respondents had the last education of high school with as many as 27 respondents with a percentage of (49.09%) and a small proportion of mothers had the last education of elementary school with as many as 6 people with a percentage of (10.91%).

Table 3 Characteristics of Respondents Based on Mother's Occupation in the Working Area of Buntulia Health Center

Occupation	Total	% of
IRT	46	83.64
Honorary	4	7,27
Private	4	7,27
Employees	1	1,82
PNS		
	55	100.00

Source: Primary Data July 2021

From the characteristics of the mother's occupation, it shows that most of the respondents as IRT as many as 46 people with a percentage of (83.64%) and a small proportion of respondents work as honorary and private employees as many as 4 people with a percentage of (7.27%).

Table 4 Characteristics of Respondents Based on Infant Weight in the Working Area of Buntulia Health Center

Characteristics	Total	%
3-6 kg	24	43.64
7-9 kg	31	56.36
	55	100.00

Source: Primary Data July 2021 The

the table above shows that babies who weigh 3- 6 kg, namely as many as 24 babies with a percentage of (43.64%), while babies weighing 7-9 kg totaled 31 babies with a percentage of (56.36%).

Table 5 Characteristics of Respondents Based on PB Infants in the Working Area of the Buntulia Health Center

Characteristics	Total	%
52-65 cm	41	74.55
66-76 cm	14	25.45
	55	100.00

Source: Primary Data July 2021

This table shows that most babies have a long body is around 52-65 cm, namely 41 babies with a percentage of (74.55%), while for babies who have a body length of around 66-76 cm, there are 14 babies with a total percentage of (25.45%).

Table 6 Distribution of the Frequency of Exclusive Breastfeeding in the Buntulia Health Center Working Area

Category	Amount	%
Non-breastfeeding	31	56.4
ASI	24	43.6
Total	55	100.0

Source: Primary Data July 2021 The

the table on the frequency distribution of exclusive breastfeeding shows that respondents who gave exclusive breastfeeding were 24 people with a percentage of (43.6%) mothers, and 31 people who did not give exclusive breastfeeding with a percentage of (56.4%) mothers.

Table 7 Distribution of Frequency on Infant Psychomotor Development in the Working Area of Buntulia Health Center

Categorical	Total	%
Deviation	7	12.7
Doubtful	20	36.4
Normal	28	50.9
Total	55	100.0

Source: Primary Data July 2021

This frequency distribution table shows that most babies experienced normal development, namely several of 28 people with a percentage of (50.9%) infants, and the least number of infants whose development was deviant were 7 people with a percentage of (12.7%).

Table 8 Cross-tabulation of Psychomotor Development of Infants in the Working Area of Buntulia Health Center

EXCLUSIVE ASI	Psychomotor Development						Total	
	Deviation		Doubtful		Normal			
	f	%	*f*	%	*f*	%	*f*	%
NO	7	22.6	13	41.9	11	35.5	31	100.0
YES	0	0.0	7	29.2	17	70.8	24	100.0
TOTAL	7	22.6	20	71.7	28	106.3	55	100.0
Chi-Square **: *p-value 0.003***								

Source: Primary Data July 2021

Based on the table above, it is known that most infants with non-breastfeeding development from psychomotor to deviations are 7 babies with a percentage of (22.6%), doubting as many as 13 babies with the percentage is (41.9%), and for normal as many as 11 babies with a percentage of (35.5%), while the exclusive breastfeeding psychomotor development is normal with a total of 24 babies with a percentage of (100%), with a value *chi-square* that is obtained, namely (*p-value* = 0.003).

DISCUSSION

A. Exclusive breastfeeding exclusive breastfeeding

In this study, it was found that respondents aged 15-25 years with a percentage of (61.82%) indicated that they gave more to their children because the production of breast milk produced by mothers was abundant so that mothers thought their children did not need additional formula milk. again, meanwhile, the only 42-year-old mother stated that she began to experience changes in hormones so that the milk production she produced was reduced, so the mother only gave formula milk to her child without breastfeeding at all. This statement was obtained from the results of interviews between researchers and respondents.

Mother's age affects breast milk production where young mothers produce more breast milk than older mothers, and according to Biancuzzo, mothers who are younger or aged less than 35 years produce more breast milk than older mothers, Nurliawati (2017).) [11].

Two hormones can affect breast milk in the breastfeeding process, namely the hormone prolactin and the hormone oxytocin, the hormone prolactin plays a role in the production of breast milk and also maintains the secretion of milk, while the hormone oxytocin plays a role in tightening the smooth muscles around the alveoli to squeeze breast milk into the milk ducts. also helps the process of decreasing milk, Kamariyah (2018) [7].

Breast milk production consists of 3 types, namely colostrum which is produced on the first day until the third day after the baby is born, form of colostrum is a slightly thick and yellow liquid that is more yellow than mature breast milk, the second is transitional breast milk which is produced on the fourth day to the tenth day, and the third is mature breast milk produced from the tenth day onwards, Alfiansyah (2017) [2].

The results of this study are following Ratna's research, which said that mothers aged 20-35 years belong to the group of fertile women (WUS) where a woman at this age is considered mature enough and able to reproduce, including exclusive breastfeeding. From a physical and psychological perspective, women at that age are considered ready to have a child and can take care of the child that has been born.

In addition, other factors are insufficient breast milk, little breast milk production due to improper nipple attachment during breastfeeding, lack

of intensity of breastfeeding, consumption of drugs and contraception, family knowledge and support, Arifiati (2017) [3].

In this study, 24 respondents who were housewives did not give exclusive breastfeeding to their children, this was because the respondents stated that they did not have enough breast milk and preferred the practical way, namely using a milk bottle.

Mothers who do not have sufficient breast milk state that they do not have an appetite and consume only a small amount of food, this statement is obtained from the results of interviews between researchers and respondents. Breastfeeding mothers need more nutrition for themselves and milk production for babies, but mothers' nutrition is not so much and affects milk production, so milk production is reduced.

The results of the research by Huang et al., showed that mothers who had less knowledge of breastfeeding significantly experienced more perceptions of breastfeeding insufficiency with a percentage of (58.6%) compared to mothers who had good knowledge with a percentage of (22.2%).

This perception of Inadequacy of Breastfeeding is influenced by three factors, namely maternal factors, infant factors and lactation, in this study, it was significantly proven that maternal factors (mother's work status and knowledge), infant factors (breastfeeding habits and breastfeeding attachment) and also lactation factors (early initiation of breastfeeding, hospitalization, and family support) affect perceptions of breastfeeding insufficiency.

The knowledge put forward by Kharismawati is an important domain for the formation of one's actions, formal education from the mother can affect the mother's level of knowledge where low education means that the knowledge obtained will be less and vice versa with high education the knowledge obtained will be good, but in research that conducted by researchers found mothers with higher education but did not provide exclusive breastfeeding to their children compared to mothers with only low education.

Several factors influence breastfeeding according to Arifiati (2017), the first is the mother's job, working mothers will tend to leave their babies compared to mothers who do not work because they have many opportunities to breastfeed their babies. In this study, it was found that, some of 6 respondents who did not provide exclusive breastfeeding were respondents who had permanent jobs, this was because the respondents stated that they were busy with their work so they did not have enough time to give breast milk to their children so they chose the instant route by giving Formula milk. In this case, most of the mothers do not exclusively breastfeed their children with a total of 31 respondents with a percentage of (56.4%), which means that exclusive breastfeeding for babies 6-9 months is still not good, [3].

The results of this study are in line with previous research conducted by Purvitasari (2019) which concluded that there is a significant relationship between mother's work and exclusive breastfeeding behavior, with the obtained *p-value* = 0.041. It shows that the status working mothers is more difficult to provide exclusive breastfeeding to their babies compared to the status of mothers who do not work, because of busyness outside the home, working mothers have less time

to care for their babies so it is difficult to give their babies Exclusively Breastfeeding.

Similarly, research conducted by Sihombing (2017) states that there is a relationship between mother's work and exclusive breastfeeding behavior because the time off for working mothers will affect exclusive breastfeeding for their babies and working mothers will give formula milk to their babies, this is due to the mother's lack of knowledge about breastfeeding.

B. Infant Psychomotor Development

Based on the results of the study and obtained 28 children with a total percentage (50.9) of normal development, while those in the doubtful category were 20 children with a percentage (36.4%), and 7 children with a percentage of 12.7 %) and is categorized as deviant.

According to research conducted by Sukesi (2016), one of the factors that influence child development is the prenatal factor (during pregnancy) which is related to maternal nutrition during pregnancy. Maternal nutritional status and intake will greatly affect the growth of the fetus in the womb. If the nutritional status of the mother is poor before or during pregnancy, it can cause low birth weight (LBW), resulting in stunted brain development, [19].

In the use of KPSP, if the child is between the ages of the two, the KPSP used is the one that is smaller than the child's age. So for babies aged 7 and 8 months, use KPSP for babies aged 6 months. From the observations, it was found that the baby was able to follow the movements of other people by moving his head from one side to the other, and was able to hold the object for a few seconds when brought near the object, was able to maintain an upright and stable head position, was able to lift chest with both arms in a prone position, and can maintain a stiff neck when the arms are slowly pulled to a sitting position.

This was found in 28 infants with a total percentage (50.9%) who experienced normal development and were able to perform all the movements contained in the statement in the KPSP. Meanwhile, in 20 babies with a percentage of 36.4% whose development was in doubt, it was found that from 10 KPSP statements, they could only perform 7 movements.

So that apart from 7 babies with a percentage of 12.7% others with deviant entry development, out of 10 KPSP statements they can only do about six movements. This is due to slow growth and development since it was still in pregnancy. Maternal intake is insufficient to meet fetal nutrition, which consequently hampers the development of the baby because the mother during pregnancy it difficult to accept incoming food and often experiences nausea so that there is not enough intake to meet nutrition during pregnancy. This statement was obtained by the researcher when conducting direct interviews with some of the mothers concerned..

The results of this study are in line with research conducted by researchers Napitulu (2018) the results which state that nutritional status also affects children's motor development. The better the nutritional status, the better the child's development and vice versa.

C. The Relationship of Exclusive Breastfeeding with Psychomotor Infants 6-9 Months in the Working Area of Buntulia Health Center

From the results of the test, Chi-Square a p-value of 0.003 <0.05 was obtained, which means that there is a relationship between exclusive

breastfeeding and the development of infants in the Buntulia Health Center Work Area. Where development can run with exclusive breastfeeding such as gross motor skills, fine motor skills, speaking and language skills as well as social skills and independence where these skills show behavior that moves the large muscles of the arms, legs, and also the trunk, for example lifting the head and sit down.

The results of this study are in line with the research conducted by Sugeng Triyan, entitled The Relationship Between the Length of Exclusive Breastfeeding and Development in Children aged 12-36 Months, which with the results of his research stated that statistically, the length of exclusive breastfeeding had a relationship with child development. Toddlers with a long history of exclusive breastfeeding for not more than 4 months can experience aberrant development, namely 24%, on the other hand, toddlers who are exclusively breastfed >4 months majority (47%) have development that does not deviate or is normal. This situation is caused by the fact that children who are given exclusive breastfeeding will grow according to their stage of growth and development.

CONCLUSIONS

Based on the results of research and discussion in the previous chapter, the following conclusions can be drawn:

1. Most mothers do not exclusively breastfeed their children with a total of 31 respondents with a percentage of (56.4%), so exclusive breastfeeding for babies 6-9 months in the Buntulia Health Center Working Area is still not good.
2. Most of the development of infants 6-9 months in the working area of the Buntulia Health Center was normal, as many as 28 respondents with a percentage of (50.9%).
3. some factors can also affect the process of breastfeeding for the development of infants 6-9 months in the Buntulia Health Center working area, namely age, occupation, knowledge, adequacy of breastfeeding and maternal nutrition in the pre-natal and post-natal periods.
4. There is a relationship between exclusive breastfeeding and psychomotor infants aged 6-9 months in the Buntulia Community Health Center with a chi-square (P-value = 0.003).

REFERENCES

[1] Abani, TR,K. 2020 *Faktor-Faktor Yang Berhubungan Dengan Perilaku Pemberian Asi Eksklusif Pada Bayi Usia 6-24 Bulan Di Puskesmas Camplong Kabupaten Kupang*. Thesis. Universitas Citra Bangsa Kupang.

[2] Alfiansyah, W. 2017. Pengetahuan Ibu Hamil Mengenai Faktor-Faktor yang Mempengaruhi Produksi Air Susu Ibu di RSU dr. Sudarso. Universitas Tanjungpura. Pontianak.

[3] Arifiati. 2017. *Analisis Faktor Yang Mempengaruhi Pemberian Asi Esklusif Pada Bayi di kel Warnasari kota Cilegon*. Jurnal Keperawatan.

[4] Armini, Ni wyan. Etc. 2017. *Asuhan Kebidanan Neonatus Bayi Balita dan Anak Prasekolah.* Yogyakarta: Andi.

[5] Dinas Kesehatan Kabupaten Pohuwato. 2020. *Data Pemberian Asi Eksklusif.* Kabupaten Pohuwato.

[6] Kamariyah, N. 2018. Kondisi Psikologi Mempengaruhi Produksi Asi Ibu Menyusui di BPS Aski Pakis Sido Kumpul Surabaya. *Jurnal Ilmiah Kesehatan.* 7 (12) 29-36. Surabaya.

[7] Indonesian Ministry of Health. 2019. *Riset Kesehatan Dasar (RISKESDAS) 2019. Badan*

Penelitian dan Pengembangan Kesehatan, Kementerian Kesehatan Republik Indonesia. Jakarta.

[8] Indonesian Ministry of Health. 2018. *Laporan Provinsi Gorontalo Riskesdas 2018.* Badan Penelitian dan Pengembangan Kesehatan RI. Jakarta.

[9] Maryunani A. *Inisiasi menyusu dini ASI eksklusif dan manajemen laktasi*. Jakarta: TIM; 2012. hlm. 45- 54.

[10] Nurliawati, E. 2017. Faktor-Faktor yang Berhubungan dengan Produksi Air Susu Ibu Pada Ibu Pasca Seksio Sesarea di Wilayah Kota dan Kabupaten Tasikmalaya. Universitas Indonesia. Depok.

[11] Paramashanti B, (2019). *Gizi Bagi Ibu dan Anak*. Yogyakarta: Pustaka Baru.

[12] Rahman, (2016). *Perkembangan Psikomotorik Bayi 6-9 Bulan berdasarkan ASI Eksklusif.* Journal Action; Aceh Nutrition Journal:1 (2); 99- 104. Diakses 17 Desember 2017.

[13] Rahman, N. 2017. *Pengetahuan, Sikap, Dan Praktek Pemberian Asi Esklusif Di Puskesmas Jumpadang Baru kota Makassar*. Skripsi Kesehatan Masyarakat Universitas Hasannudin Makassar.

[14] Ruslang, T. (2016). Statistik Ekonomi I Frekuensi Distribusi. Parepare: Scribd.

[15] Sutiono, A. 2019 *Hubungan Pemberian ASI Eksklusif Dengan Motorik Kasar Bayi 0-2 Tahun Diposyandu Wijayakusuma Dusun Gambyak Keraskulon Kecamatan Gerih Kabupaten Ngawi*. Essay. Stikes Bhakti Husada Mulia Madiun.

[16] Sandewi. 2018. *Hubungan Pemberian Asi Esklusif Dengan Pertumbuhan Dan Perkembangan Bayi 7-12 Bulan di Wilayah Puskesmas poasia thn 2018*. Skripsi Politehnik Kesehatan Kedari Prodi D-IV Kebidanan.

[17] Soetjiningsih. (2014). *Tumbuh Kembang Anak.* Jakarta : EGC.

[18] Soetjiningsih. 2017. *Tumbuh Kembang Anak,* Editor IG.N. Ranuh. Edisi 2. Jakarta: Penerbit Buku Kedokteran EGC.

[19] Sukesi, 2016. *Faktor-Faktor Terhadap Perkembangan.* Yogyakarta : Pustaka Baru Press.