

ANALYSIS OF THE RELATIONSHIP BETWEEN KNOWLEDGE AND EXCLUSIVE BREASTFEEDING TO INFANTS

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ABSTRAK : ANALISIS HUBUNGAN PENGETAHUAN DAN PEMBERIAN ASI EKSKLUSIF TERHADAP BAYI DI WILAYAH KERJA PUSKESMAS MUARA MARAS KABUPATEN SELUMA

Latar Belakang: Bayi yang tidak mendapatkan ASI Eksklusif mempunyai resiko 2 kali lebih tinggi mengalami kematian akibat diare dan pneumonia dibanding bayi yang mendapat ASI Eksklusif. Ibu yang tidak dapat memberikan ASI eksklusif akan mencari alternatif makanan bagi bayi. Alternatif lainnya selain ASI, biasanya para ibu beralih pada susu formula. Tujuan: Penelitian dilakukan untuk mengetahui hubungan antara pengetahuan dengan pemberian ASI Eksklusif di Wilayah Kerja Puskesmas Muara Maras. Metode: Penelitian ini menggunakan pendekatan rancangan *survey analitik* dengan pendekatan *cross sectional*. Populasi dalam penelitian ini yaitu ibu yang memiliki bayi usia >6 bulan – 12 bulan di wilayah kerja Puskesmas Muara Maras yang berjumlah 49 orang. Teknik pengambilan sampel dengan menggunakan *total sampling* sehingga seluruh ibu yang memiliki bayi usia >6 bulan – 12 bulan di wilayah kerja Puskesmas Muara Maras yang berjumlah 49 orang. Pengumpulan data dalam penelitian ini yaitu menggunakan data primer dan data sekunder. Analisis data dilakukan dengan uji *Chi-Square*. Hasil: Hasil penelitian didapatkan sebagian besar 23 (46,9%) ibu yang memiliki bayi usia >6 – 12 bulan di wilayah kerja puskesmas muara maras berpengetahuan cukup dan sebagian besar 30 (61,3%) tidak memberikan ASI eksklusif. Hasil analisa bivariat diperoleh ada hubungan yang signifikan antara pengetahuan ibu dengan pemberian ASI eksklusif pada bayi di wilayah kerja puskesmas muara maras dengan nilai $p = 0,012 < \alpha (0,005)$. Kesimpulan: Ada hubungan yang signifikan pengetahuan dengan pemberian ASI eksklusif pada bayi di wilayah kerja puskesmas muara maras. Saran: Untuk peneliti selanjutnya dapat melakukan penelitian yang memberikan intervensi langsung pada ibu menyusui sehingga dapat meningkatkan angka capaian pemberian ASI eksklusif pada ibu menyusui di wilayah kerja puskesmas muara maras.

Kata Kunci: Pengetahuan, Ibu menyusui, ASI eksklusif

ABSTRACT

Background: Babies who are not exclusively breastfed have a 2 times higher risk of dying from diarrhea and pneumonia than babies who are exclusively breastfed. Mothers who cannot provide exclusive breastfeeding will look for alternative foods for their babies. Another alternative to breast milk, mothers usually turn to formula milk. Objective: Research was conducted to determine the relationship between knowledge and exclusive breastfeeding in the Muara Maras Community Health Center Working Area. Method: This research uses an analytical survey design approach with a cross sectional approach. The population in this study were mothers who had babies aged >6 months – 12 months in the Muara Maras Health Center working area, totaling 49 people. The sampling technique used total sampling so that all mothers who had babies aged >6 months – 12 months in the Muara Maras Health Center working area were 49 people. Data collection in this research used primary data and secondary data. Data analysis was carried out using the Chi-Square test. Results: The results of the study showed that the majority of mothers who had babies aged >6 – 12 months in the Muara Maras Health Center working area, 23 (46.9%) had sufficient knowledge and the majority 30 (61.3%) did not provide exclusive breastfeeding. The results of bivariate analysis show that there is a significant relationship between maternal knowledge and exclusive breastfeeding for babies in the Muara Maras Community Health Center working area with a value of $p = 0.012 < \alpha (0.005)$. Conclusion: There is a significant relationship between knowledge and exclusive breastfeeding for babies in the Muara Maras Health Center working area. Suggestion: Future researchers can conduct research that provides direct intervention to breastfeeding mothers so that they can increase the rate of achieving exclusive breastfeeding among breastfeeding mothers in the Muara Maras Health Center working area.

Keywords: Knowledge, Breastfeeding mothers, exclusive breastfeeding

INTRODUCTION

Breast milk (ASI) is the first, main and best food for babies, which is natural. Breast milk contains various nutrients needed in the growth and development of babies (Putri Elma Monica et al., 2022). UNICEF and WHO recommend that mothers exclusively breastfeed their babies for 6 months. After 6 months of age, babies can be given complementary foods and mothers continue to breastfeed until the child is at least 2 years old. The Indonesian government through the Ministry of Health also recommends that mothers exclusively breastfeed their babies for 6 months (Febriyanti, 2021).

In the journal Elvina, Ade and Suryantara (2022) explain that babies who do not get exclusive breastfeeding have a 2 times higher risk of dying from diarrhea and pneumonia than babies who get exclusive breastfeeding. Mothers who cannot provide exclusive breastfeeding will look for alternative foods for their babies. Other alternatives besides breast milk, mothers usually turn to formula milk. There are various types of formula milk on the market, ranging from those labeled as making children resistant to disease to those that promote children's intelligence as a factor in attracting buyers. The content of formula milk is very different from the content of breast milk and giving the wrong formula milk to babies can cause health problems such as allergies, diarrhea and other digestive problems as well as obesity. (Elvina & Suryantra, 2022)

The role of the Indonesian government regarding the provision of exclusive breast milk (ASI) is regulated in Article 128 Law No. 36 of 2009 concerning Health, Joint Regulation of the Minister of State for Women's Empowerment, Minister of Manpower and Transmigration, and Minister of Health No. 48/MEN.PP/XII/2008, PER.27/MEN/XII/2008, and 1177/MENKES/PB/XII/2008 of 2008 concerning Increasing the Provision of Breast Milk During Working Hours in the Workplace. The Joint Regulation states, among other things, that Increasing the Provision of Breast Milk During Working Hours in the Workplace is a national program to achieve exclusive breastfeeding for 6 (six) months and continued breastfeeding until the child is 2 (two) years old. (Elvina et al., 2024)

The World Health Organization (WHO) 2021 reported data on exclusive breastfeeding globally, namely around 44% of babies aged 0-6 months worldwide who received exclusive breastfeeding during the period 2015-2020, this has not reached

the target for exclusive breastfeeding coverage in the world, which is 50% (WHO, 2021). Meanwhile, according to data from the Indonesian health profile, nationally, the coverage of babies receiving exclusive breastfeeding nationally in 2020 was 69.62%, in 2021 it was 71.58%, and in 2022 it was 72.04%. This figure shows an increase even though it has not reached the target set by the government, which is 80%. The highest percentage of exclusive breastfeeding coverage in Indonesia in 2022 was in West Nusa Tenggara Province at 79.69% and the lowest in Gorontalo Province at 53.60%, while for Bengkulu Province it was 67.84%. (BPS of Bengkulu Province, 2022).

The World Health Organization (WHO) and the United Nations of Children's Fund (UNICEF) in the global strategy for feeding infants and children say that preventing infant mortality is by providing proper food, namely exclusive breastfeeding for 6 months of life without additional food (Nisa, 2023). Breastfeeding provides benefits for infants and mothers, ranging from supporting healthy brain development in infants and young children, protecting against infection, reducing the risk of obesity and disease, reducing health care costs, and protecting mothers from breast cancer (Zikrina, 2022). Exclusive breastfeeding is also known as the main gateway to preventing stunting and other forms of malnutrition. This is inseparable from the content of breast milk which can provide all the nutrition needed by children safely (Selvianti et al., 2024).

In the journal written by Septiani (2017) entitled "Factors related to exclusive breastfeeding by breastfeeding mothers who work as health workers", said that one of the efforts to reduce IMR is by providing exclusive breastfeeding. Exclusive breastfeeding can prevent toddler deaths by 13%. Providing complementary foods at the right time and amount can prevent toddler deaths by 6% so that exclusive breastfeeding for 6 months and continued until the age of >2 years with the right complementary foods can prevent toddler deaths by 19%.

Although exclusive breastfeeding provides many benefits to babies, it turns out that exclusive breastfeeding in Bengkulu Province has not reached the government's target. It was recorded in 2021, the percentage of babies aged 0-6 months who were given exclusive breastfeeding in Bengkulu Province was 67.08%, this figure increased compared to the previous year, in 2020 it was 61.76%, where the highest percentage was in Kepahiang Regency at 91.79% and the lowest in Kaur Regency at 51.2% while Seluma Regency has not reached the target of

providing exclusive breastfeeding, which is 56.8%. Data from the Seluma Regency Health Office in 2022 shows that the work area with the highest coverage of exclusive breastfeeding is the Sukamerindu Health Center Work Area, which is 73.2%, while the lowest coverage is Muara Maras Health Center by 10%. (Seluma Health Office, 2022).

Based on the annual report data of the Muara Maras Health Center (2022), it is known that the coverage of exclusive breastfeeding in 2022 was 54%, an increase from the previous year of 34.62%. Meanwhile, in mid-2023 (as of June 2023), it was known that the coverage of exclusive breastfeeding had reached 50%. The results of the initial survey conducted by researchers by distributing questionnaires and open interviews with breastfeeding mothers of babies aged >6 - 12 months during the implementation of the integrated health post in May 2023 showed that out of 10 breastfeeding mothers, 7 mothers did not understand the meaning, benefits of exclusive breastfeeding and the impact if the baby did not get exclusive breastfeeding. 8 out of 10 mothers admitted that they deliberately gave their babies formula milk on the grounds that breast milk alone was not enough for their babies and mothers believed that formula milk could increase the baby's weight.

There are many factors related to the success of exclusive breastfeeding, one of which is the knowledge possessed by the mother. Good maternal knowledge underlies the actions and decision-

making for exclusive breastfeeding, where mothers with good knowledge will better understand the importance of exclusive breastfeeding.

RESEARCH METHODS

This type of research is analytical survey research, with a cross-sectional approach. The population used was 49 breastfeeding mothers. The sample selection used a total sampling technique, namely all mothers who had babies aged >6 months – 12 months in the Muara Maras Health Center working area in 2024, namely 49 people. Data analysis was carried out using univariate and bivariate analysis. Univariate analysis is used to determine the frequency distribution of the variables studied and bivariate analysis to see the relationship between the dependent variable and the independent variable with a significance level of < (less than) than (α) = 5% or 0.05, which means there is a relationship between the independent variable and the variable. dependent.

RESEARCH RESULTS

Univariate Analysis

Table 1 shows that most mothers are aged 18-35 years (85.7%). The last education of most of the respondents studied was secondary education (high school/equivalent) (61.2%).

Table 1
Respondent Characteristics

Characteristics Respondents	Frequency	Percentage (%)
Age		
18-35 Years	42	85.7
>35 Years	7	14.3
Education		
Basic Education (Elementary, Middle School)	5	10.2
Secondary Education (High School/Equivalent)	30	61.2
Higher Education (D3, D4/S1, S2)	14	28.6

Table 2 shows that of the 49 samples, the majority (46.9%) of the knowledge of mothers who have babies aged >6-12 months is in the sufficient category.

Table 3 shows that of the 49 samples, the majority (61.3%) of babies did not receive exclusive

breastfeeding.

Table 2
Frequency Distribution of Knowledge of Breastfeeding Mothers in the Muara Maras Health Center Work Area

Knowledge	Frequency	Percentage (%)
Good	17	34.6
Enough	23	46.9
Not enough	9	18.5

Table 3
Distribution of Exclusive Breastfeeding Frequency in the Muara Maras Health Center Work Area

Exclusive breastfeeding	Frequency	Presentation
Exclusive breastfeeding	19	38.7
Not exclusive breastfeeding	30	61.3

Bivariate Analysis

Table 4
Relationship between Knowledge and Exclusive Breastfeeding in Mothers Who Have Babies Aged >6 – 12 Months in the Muara Maras Health Center Work Area

Knowledge	Exclusive breastfeeding				Total	X ²	P value	
	exclusive breastfeeding		Not exclusive breastfeeding					
	f	%	f	%				
Good Enough	10	52.4	7	23.3	17	100	8,783	0.012
	7	36.6	16	53.4	23	100		
Not enough	2	11.0	7	23.3	9	100		
	19	41.4	30	58.9	49	100		

Based on table 4 above, it can be seen that the analysis of knowledge with exclusive breastfeeding shows that out of 17 mothers who have babies aged >6-12 months who have good knowledge, there are 10 mothers who give their babies exclusive breastfeeding and 7 mothers do not give their babies exclusive breastfeeding. Out of 23 mothers who have babies aged >6-12 months who have sufficient knowledge, there are 7 mothers who give their babies exclusive breastfeeding and 16 mothers do not give their babies exclusive breastfeeding. And out of 9 mothers who have babies aged >6-12 months who have less knowledge, there are 2 mothers who give their babies exclusive breastfeeding and 7 mothers do not give their babies exclusive breastfeeding. The results of the Pearson Chi-Square statistical test obtained a value of $\chi^2 = 8.783$ with $p = 0.012 < \alpha = 0.05$, which means significant, so it can be concluded that there is a significant relationship between knowledge and exclusive breastfeeding in the Muara Maras Health Center Work Area.

DISCUSSION

Knowledge is an element that fills a person's mind and soul that is conscious and is actually contained in their brain. According to Azwar (2010) in Herman et al. (2021), it is explained that knowledge

or knowing is understanding after seeing, witnessing, experiencing or being taught (Azwar 2010). Respondents' knowledge of exclusive breastfeeding is a score obtained by respondents from their ability to answer the questionnaire correctly about exclusive breastfeeding which includes the definition of exclusive breastfeeding, the right time to give it to babies, and the benefits of exclusive breastfeeding.

Based on the results of the study from 49 mothers, there were 17 (34.6%) mothers with good knowledge and 23 (46.9%) with sufficient knowledge. Mothers who have sufficient and good knowledge are mothers who are active in going to the integrated health post, they spontaneously take the initiative to ask about exclusive breastfeeding to health workers when there are integrated health post activities, often get information about exclusive breastfeeding from friends who have a background in health workers or who have experience having babies and mothers also like to access information either via cellphone or by asking health workers about exclusive breastfeeding. Mothers also often get information about exclusive breastfeeding from family or friends who have a health background and like to access information about exclusive breastfeeding on the internet and social media. While mothers who have less knowledge are 9 (18.5%), mothers who have less knowledge because mothers are not active in

going to the integrated health post so they rarely get information about exclusive breastfeeding and mothers rarely access information about babies and exclusive breastfeeding. Notoadmojo (2014) said that knowledge is the result of knowing and this happens after people sense a certain object. Sensing an object occurs through the five human senses, namely hearing, sight, smell, taste and touch by themselves. At the time of sensing until it produces attention to perception of the object.

The results of the study from 49 people, 30 of whom did not provide exclusive breastfeeding showed that mothers gave other foods besides breast milk when babies were 0-6 months old, including mothers giving formula milk, porridge, rice, fruit, plain water, tea and coffee to their babies, this condition can occur because of the mother's lack of knowledge and the mother feels that the breast milk given is not enough and must be given other additional foods. And 19 people who provided exclusive breastfeeding showed that mothers only gave breast milk until their babies were exactly six months old without other complementary foods because mothers knew that exclusive breastfeeding was the best food for babies aged 0-6 months.

The results of this study are in line with the results of research presented by Sandra (2019), several studies show the phenomenon of weaning dilemma, namely when the baby is around 3-4 months old, the mother feels that her breast milk is no longer enough to meet the baby's breast milk consumption needs so that the mother feels the need to start providing complementary foods (MPASI). Meanwhile, according to Maryam (2020), breast milk is the best food for babies up to 6 months of age, its nutritional value cannot be beaten by any food in the world. Experts have found that the benefits of breast milk will increase greatly if the baby is only given breast milk until the age of 6 months. This increase is in accordance with the duration of exclusive breastfeeding and the duration of breastfeeding together with solid foods after the baby is 6 months old.

The results of the study from 9 people with less knowledge, 7 people did not exclusively breastfeed because the lack of knowledge possessed by the mother will have an impact on the mother's poor attitude in providing exclusive breastfeeding so that the mother does not provide exclusive breastfeeding to her baby. While 2 people with less knowledge provide exclusive breastfeeding, respondents admitted that breast milk is very important for the growth of their babies and the mother also said that her husband supports her in the breastfeeding process such as helping to prepare

food that stimulates breast milk production and helping to do the work at home.

The results of the study from 23 people with sufficient knowledge, there were 16 people who did not exclusively breastfeed because the mother was busy working so that the baby was more often with her family and the mother said that if only breastfed the baby would not be full and the mother's family also recommended giving other foods so that the baby was full and not fussy when the mother was busy working, another reason was because the breast milk that came out was only a little so it was not enough to be given to her baby. While 7 people with sufficient knowledge gave exclusive breastfeeding because there were no obstacles in the breastfeeding process such as the mother understood the correct breastfeeding technique, had a lot of breast milk production, smooth breast milk release and had previous experience. Mothers who gave exclusive breastfeeding also admitted that by breastfeeding, mothers could save money for their babies because they did not need to buy formula milk.

The results of the study from 17 people with good knowledge, there were 5 people who did not exclusively breastfeed because of breast milk production. Most mothers who had good knowledge but did not provide exclusive breastfeeding were young mothers and primigravida, mothers admitted that breast milk had not come out and their babies often cried so they were given formula milk from the beginning of the baby's birth. In addition, respondents also admitted that they were reluctant to provide breast milk because it hurt when breastfeeding, often experienced sore nipples so that mothers were reluctant to provide breast milk because of trauma.

Meanwhile, 12 people have good knowledge of giving exclusive breastfeeding because before giving birth, mothers have often looked for things related to babies, one of which is giving exclusive breastfeeding. Respondents said that they often look for information about exclusive breastfeeding through social media such as TikTok, Instagram and the internet. Apart from social media, some mothers have relatives or friends who have experience breastfeeding their children exclusively, friends and relatives say that children who are given full breast milk without other additional foods until the child is on MPASI, their children are not easily sick and are active. For this reason, respondents also want to follow the experiences of their friends and relatives and information from the internet and social media also say the same thing.

The results of the Pearson Chi-Square

statistical test showed a significant relationship between knowledge and exclusive breastfeeding. These results indicate that a mother's knowledge, especially about exclusive breastfeeding, will have an impact on giving exclusive breastfeeding to her baby. The results of this study are in line with Septiani's research (2017), showing that the mother's response to giving exclusive breastfeeding is one of the factors that influences the mother to give exclusive breastfeeding to her baby, mothers who have high knowledge will give a more rational response to the information that will come and will think about how much benefit they will get from giving exclusive breastfeeding, the higher the mother's level of knowledge, the easier it will be for her to receive information so that the more knowledge she has.

CONCLUSION

The Conclusion Of This Research Is That There Is A Relationship Between Knowledge And Exclusive Breastfeeding For Babies In The Working Area Of The Muara Maras Puskesmas, Seluma District And The Value Of ($P = 0,012$)

SUGGESTION

For Community Health Centers, the programs at Community Health Centers should be optimized to provide information through class activities to pregnant women about lactation, the breastfeeding process and the importance of giving exclusive breast milk to babies.

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