

THE RELATIONSHIP OF FAMILY SUPPORT AND EXCLUSIVE BREAST MILK

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ABSTRACT

One of the goals of the third Sustainable Development Goals (SDGs) in the second target is to end preventable deaths of babies and toddlers by 2030. Therefore, UNICEF WHO recommends that babies receive exclusive breast milk for 6 months, and continue breastfeeding for up to 2 years. Based on data obtained from the Directorate General of Public Health, Indonesian Ministry of Health in 2021, in Aceh Province exclusive breastfeeding coverage was 59.2%. This study aims to determine the relationship between family support and exclusive breastfeeding at the Seubadeh Health Center, Bakongan Timur District, South Aceh Regency in 2023. The population in this study were all mothers who had babies (toddlers aged 07-12 months) in May-June 2023. people 53 people. Smapling technique with total sampling so the number of samples is 53 people. Data collection used a questionnaire instrument. Data analysis used the chi square test with a significance level of $\alpha = 0.05$. The results of the data analysis test using the Chi Square test obtained a p-value of $0.001 < 0.005$, so it can be concluded that there is a relationship between family support and exclusive breastfeeding. It is recommended that the baby's family always update their knowledge regarding nutrition for babies, especially at the beginning of the baby's life, namely exclusive breastfeeding, not to be satisfied just based on sharing/experiences of parents and families who are considered successful in raising children in the past.

Key words: *Family Support, Exclusive Breast Milk*

INTRODUCTION

One of the goals of the third Sustainable Development Goals (SDGs) in the second target is to end preventable deaths of babies and toddlers by 2030. Therefore, in order to reduce child morbidity and mortality rates, the United Nations Children's Fund (UNICEF) and the World Health Organization (WHO) recommend several anticipatory measures, one of which is that babies must receive exclusive breast milk for 6 months, and breast milk feeding be continued until 2 months year.

Based on research conducted in the United States, it was found that babies who are exclusively breastfed for 6 months have a 72% lower risk of experiencing respiratory tract infections, a 50% lower risk of experiencing otitis media, and a 30% lower risk of developing diabetes. Apart from that, breast milk can also reduce the risk of sudden infant death syndrome (SIDS) by 36% (American Academy of Pediatrics, 2012)

The Indonesian government has issued regulations regarding exclusive breastfeeding as stated in article 128 of Law no. 36 of 2009 concerning health and government regulation no. 33 of 2012 concerning exclusive breastfeeding (Ministry of Health of the Republic of Indonesia, 2009; Ministry of Health of the Republic of Indonesia, 2012). The reality that occurs in society is that breastfeeding is only a matter between the mother and baby, even though in reality there are many factors that influence the success of exclusive breastfeeding. One of the important factors that supports the success of exclusive breastfeeding is providing support to mothers both from the family and from health workers, especially midwives (Proverawati & Rahmawati, 2010)

Various factors influence the success of exclusive breastfeeding, including: maternal knowledge factors, psychological factors, maternal physical factors, socio-cultural factors, health worker support factors, and family support factors. Factors of health workers, especially midwives, greatly influence the success of exclusive breastfeeding. Midwives are responsible for providing education regarding exclusive breastfeeding. Midwives are responsible for providing education regarding exclusive breastfeeding and providing support to breastfeeding mothers starting during the pregnancy process, the first time the mother breastfeeds until the mother is breastfeeding. Midwife support can also give mothers the confidence to continue providing exclusive breastfeeding to their

babies (Alianmoghaddam, Phibbs, & Benn, 2017).

Apart from that, family support factors also make a big contribution to the mother's desire to breastfeed her baby and also have a strong influence on the decision to continue breastfeeding (Astutik, 2014)

Based on data obtained from the Directorate General of Public Health, Indonesian Ministry of Health in 2021, in Aceh Province exclusive breastfeeding coverage was 59.2%

According to Green and Kreuter (2000), health behavior can be influenced by three factors, namely predisposition, reinforcement, and pusher. Family support is included as a strengthening factor. Based on the results of the literature review, a tendency was found for factors influencing exclusive breastfeeding, namely family support. Family support is a process that occurs throughout life, the nature and type of support differs in various stages of the life cycle. Family support can take the form of internal social support, such as support from the husband and support from siblings and can also take the form of external family support for the nuclear family (Friedman, 2010). Roesli (2008) states that family support is the external factor that has the greatest influence on the success of exclusive breastfeeding. Friedman (2010) suggests that family support can be provided in several forms, namely informational support, appreciation support, instrumental support and emotional support. showed that family support was the dominant factor in

exclusive breastfeeding ($p=0.001$, $OR=5.606$, $95\% CI=2.086-15.068$). Research by Rilyani and Suharman (2012) states that family support contributes 2.4 times to the success of exclusive breastfeeding. These results are consistent with research by Renfrew et al (2012) stating that mothers who receive extra support can prevent cessation of breastfeeding before six months by 91% ($CI 0.88- 0.96$). Hermayanti's research (2012) states that 5% of husbands know the benefits of breast milk correctly and none of the grandmothers and grandfathers know the benefits of exclusive breast milk. In this study, exclusive breastfeeding was carried out by 66% of mothers (Hermayanti, 2012). These results indicate that knowledge about exclusive breastfeeding by families is still low

Based on an initial survey at the Seubadeh community health center location on March 30 2023 of 6 mothers who had babies 7-12 months, 6 of them said they did not provide exclusive breastfeeding because they worked. Based on studies conducted by the author, studies regarding family support are oriented towards informational support. The family does not only have an informational function. According to House and Kahn in Friedman (2010), the family has four support functions, namely emotional, informational, instrumental, and appraisal.

METHOD

This research is a quantitative study with a correlational approach using a cross-

sectional design, namely measuring only one time at a time without any follow-up. This study aims to determine the relationship between family support and exclusive breastfeeding at the Seubadeh Community Health Center, Bakongan Timur District, South Aceh Regency in 2023. The population in this study were all mothers who had babies (toddlers aged 07-12 months) in May-June 2023. people 53 people. Smapling technique with total sampling so the number of samples is 53 people. Data collection used a questionnaire instrument, data analysis used the chi square test with a degree of significance $\alpha = 0.05$

RESULT AND DISCUSSION

Univariate Analysis

Frequency Distribution of Infant Age

Table 1. Frequency Distribution of Infant Age

Baby's Age (Month)	F	%
7	19	35,8
8	18	34
9	8	15,1
10	5	9,4
11	3	5,7
Amount	53	100

Based on the table above, it is known that the sample aged 7 months is 19 babies (35.8%), then the 8 month old group is 18 babies (34%), then the 9 month old baby is 8 babies (15.1%) , then 10 month old babies, namely 5 babies (9.4%) and at least 11 month old babies, namely 3 babies (5.7%)

Frequency Distribution of Family Support

Table 2. Frequency Distribution of Family Support

Variable	Support		Doesn't Support		Total	
	f	%	f	%	f	%
Family Support	29	54,7	24	45,3	53	100

Based on the table above, it is known that more respondents support exclusive breastfeeding, namely 29 respondents (54.7%) compared to Respondents who did not support exclusive breastfeeding were 24 respondents (45.3%)

Frequency Distribution of Exclusive Breastfeeding

Table 3. Frequency Distribution of Exclusive Breastfeeding

Variabel	Yes		No		Total	
	f	%	f	%	f	%
Exclusive Breastfeeding	32	60,4	21	39,6	53	100

Based on the table above, it is known that more respondents gave exclusive breastfeeding, namely 32 people (60.4%) compared to respondents who did not give exclusive breast milk, namely 21 people (39.6%)

Bivariate Analysis

Relationship between family support and exclusive breastfeeding

Table 4. Relationship between family support and exclusive breastfeeding

Family Support	Exclusive Breastfeeding						<i>p-value</i>
	Yes		No		Total		
	f	%	f	%	f	%	
Support	24	45,28	5	9,4	29	54,7	0,001
Doesn't Support	8	15,09	16	30,18	24	45,3	

Based on the table above, it is known that of the 29 respondents who supported exclusive breastfeeding, there were 24 who gave exclusive breast milk

(45.28%) and 5 respondents who did not give exclusive breast milk (9.4%). Of the 24 respondents who did not support exclusive breastfeeding, there were 8 respondents

(15.09) who gave exclusive breast milk and 24 respondents (45.3%) who did not give exclusive breast milk.

The results of the data analysis test using the Chi Square test obtained a p-value of $0.001 < 0.005$, so it can be concluded that there is a relationship between family support and exclusive breastfeeding.

This is in line with research by Royaningsih (2018) which found that low family support for exclusive breastfeeding is directly proportional to low levels of exclusive breastfeeding with a p-value of 0.000. This is also in line with research by Mamangkey (2018), with the results of hypothesis testing using the Chi Square test at a confidence level of 95% ($\alpha=0.05$), showing that there is a significant relationship between family support and exclusive breastfeeding for babies at the Ranotana Weru Health Center, where the p value = 0.000 is smaller than $\alpha = 0.05$. Based on the results of cross tabulation, it can be seen that of the 70 respondents with good families, there were 29 respondents who did not breastfeed exclusively, this may be due to other factors that influence mothers not to breastfeed, namely mothers working late at night, lack of breast milk production or socio-cultural factors/habits that are wrong because people there often give formula milk/SUN complementary foods before the time. And as many as 33 respondents with less family support, 6 of them gave exclusive breastfeeding, although the number was small, this was because the mothers listened to the information conveyed by health workers when consulting at the Community Health

Center and the mother's own motivation was to provide exclusive breastfeeding for 6 month can provide sufficient nutrition for the baby.

Mothers who receive informational support in the form of information about the importance of exclusive breastfeeding for 6 months, for example, providing counseling and education from their families and from health workers will be encouraged to provide exclusive breastfeeding compared to those who never receive information or support from their families so that the role of the family is very important for the success of exclusive breastfeeding. Instrumental support obtained from health workers or family, especially parents or mothers-in-law, includes cooking nutritious food that can facilitate breastfeeding, teaching mothers how to breastfeed properly and also teaching mothers how to care for their breasts properly. Mothers also ask what problems they face during breastfeeding and get advice from family or health workers to provide breast milk for their babies, which is a form of assessment support

Emotional support received from health workers and family, in the form of listening to the mother's complaints during breastfeeding, motivating and encouraging the mother not to be afraid of physical changes such as fat and ensuring that the mother can provide exclusive breast milk for 6 months. Theoretically, a mother who has receiving advice or counseling about breastfeeding from their family can influence their attitude when the mother has

to breastfeed her baby herself (Rahmawati, 2010). This research is also in line with the theory which states that the environment influences the success of exclusive breastfeeding. The results of this research are in line with the results of research by Anggorowati (2011) with the title The relationship between family support and exclusive breastfeeding for babies in Bebengan Village, Boja District, Kendal Regency shows that there is a relationship between family support and exclusive breastfeeding for babies.

CONCLUSION

The results of the data analysis test using the Chi Square test obtained a p-value of $0.001 < 0.005$, so it can be concluded that there is a relationship between family support and exclusive breastfeeding in the Seubadeh Community Health Center Work Area, East Bakongan District, South Aceh Regency. It is recommended that the baby's family always update their knowledge regarding nutrition for babies, especially at the beginning of the baby's life, namely exclusive breastfeeding, not to be satisfied just based on sharing/experiences of parents and families who are considered successful in raising children in the past

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