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Influence of Breastfeeding Support Group (KP-ASI) on the success of exclusive breastfeeding in the Molingkapoto Community Health Center

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A B S T R A C T

Exclusive breastfeeding is giving only breast milk without giving other food and drinks to babies from birth to 6 months of age, except for drugs and vitamins. The purpose of this study was to determine the effect of breastfeeding support groups (KP-ASI) on the success of exclusive breastfeeding. The research method used is quantitative descriptive analytic which is cross sectional. The independent variable is the breastfeeding support group (KP-ASI), while the dependent variable is the success of exclusive breastfeeding. Case samples are mothers who have babies aged 6-24 months. The results of the study were based on the Chi-square statistical test, the results obtained were $p = 0.001$ ($p < 0.05$), meaning that there was a significant relationship between breastfeeding support groups (KP-ASI) on the success of exclusive breastfeeding. Conclusion Breastfeeding Support Groups (KP-ASI) have a very big influence on the success of exclusive breastfeeding; most of who are assisted makes it to the exclusive breastfeeding stage.

I. INTRODUCTION

One of the indicators for assessing the degree of public health is assessing the Infant Mortality Rate (IMR). Reducing IMR is one of the obligations of the Indonesian government to achieve the Sustainable Development Goals (SDGs). One of the efforts that can be done to suppress IMR is to immediately give colostrums which are in breast milk (ASI) to newborns which is useful for increasing neonatal immunity.¹

Babies who are breastfed are much lower in morbidity and mortality than babies who are not breastfed.² Breastfeeding until the baby is 0-6 months of age will ensure the achievement of optimal brain growth. The facts prove that the mortality and disease rates in infants who receive breast milk are much lower than those who are not breastfed. Naturally, if a healthy child will develop more intelligence than a child who is often sick. Breastfeeding for 6

months will also increase the level of immunity in the mother's blood circulation so that it can reduce the risk of infection after postpartum.³

Exclusive breastfeeding is giving only breast milk without giving other food and drinks to the baby from birth to 6 months of age, except for drugs and vitamins.⁴ Factors that hinder exclusive breastfeeding include the lack of encouragement from families such as husbands or parents, which can reduce the enthusiasm of the mother to breastfeed. It is important to establish an exclusive Breastfeeding Support Group (KP-ASI) because mothers feel supported, loved and cared for, so a positive feeling will emerge which will increase the production of the oxytocin hormone so that milk production will run smoothly. To increase the number of exclusive breastfeeding coverage, it is necessary to take holistic steps that require the cooperation of various parties and the need for intervention at every level. There are 3 levels that must be targeted to increase the coverage of exclusive breastfeeding, namely the level of health services, the level of society and the level of policy.

The benefits of exclusive Breastfeeding Support Groups (KP-ASI) are that pregnant women have the ability to breastfeed their babies, breastfeeding mothers can get motivation and can learn from the experiences of breastfeeding mothers, babies will get the best food / nutrition from the start, husband and members. The family has a role as a supporter of the success of breastfeeding mothers and health workers can refer to the community, in this case the Breastfeeding Support Group (KP-ASI) to get support for continuing to maintain the breastfeeding stage of their child.

Nationally, the coverage of infants who are exclusively breastfed in 2018 is 68.74%. This figure has exceeded the 2018 Strategic Plan target of 47% (Indonesia Health Profile, 2018). Based on the data of National Socio-Economic Survey (SUSENAS) on 2018, the coverage of exclusive breastfeeding in Gorontalo Province is still very low, namely 30.71% or about a third of babies who are exclusively breastfed from birth to 6 months of age, while the target of the world health assembly (WHA) of exclusive breastfeeding is expected to be 50% by 2025.⁵

According to Basic Health Research (Riskesdas) 2018, the proportion of exclusive breastfeeding is 37.3%. Based on the results of monitoring data on nutritional status (PSG) of the Gorontalo Province Health Office, it was found that the percentage of babies who received exclusive breastfeeding in 2018 was 47.8%, and in 2019 it decreased to 47%. Based on data obtained from the profile of the North Gorontalo District Health Office, exclusive breastfeeding coverage in 2018 was 35.08% and exclusive breastfeeding coverage in 2019 was 27.51%. Exclusive breastfeeding coverage in 2018 in the Molingkapoto Puskesmas (Public Health Center) area is 35.48% and exclusive breastfeeding coverage in 2019 is 18.23%, this figure still has not reached the national target in achieving exclusive breastfeeding, namely 80%.⁶

To increase the number of exclusive breastfeeding coverage, it is necessary to take holistic steps that require the cooperation of various parties and the need for intervention at every level. There are 3 levels that must be targeted to increase the coverage of exclusive breastfeeding, namely the level of health services, the level of society and the level of policy. As has been explained by Allah SWT in the Al-Qur'an Surah QS. Al-Baqarah verse 233 which means: Mothers should breastfeed their children for two full years, that is, for those who wish to complete breastfeeding. And it is the father's duty to feed and clothe the mothers in a good manner. Someone won't be burdened but according to ability levels. Let not a mother suffer misery because of her child, and a father because of her child, and an inheritor has such an obligation. If both of them want to wean (before 2 years) with their willingness and deliberation, then there is no sin on both of them. And if you want your child to be breastfed by someone else, then there is no sin for you if you pay accordingly. Fear you to Allah and know that Allah is All-Seeing what you are doing.

The verse fragment explains that based on verse 233 of the letter al-Baqarah above, it is obligatory for mothers both who are still functioning as wives and who are in a state of distress to breastfeed their children for two full years and not more than that. But it is allowed less than that time if both parents see a benefit. In this case, the matter is left to the discretion of both of them. It is mandatory for a mother to breastfeed her child. Indeed, Allah Ta'ala is the most Merciful (Most Merciful) for all His creatures than the love of a mother for her child, because Allah Ta'ala commands mothers to breastfeed, even though it is their nature and instinct.

Based on the existing conditions, the researchers considered it necessary to conduct research related to the relationship between breastfeeding support groups (KP-ASI) and the success of exclusive breastfeeding at the Molingkapoto Community Health Center. Therefore, researchers are interested in conducting research with the title "The Effect of Breastfeeding Support Groups (KP-ASI) on the Success of Exclusive Breastfeeding in the Molingkapoto Health Center Area".

II. METHODS

The research method used is quantitative by using descriptive analytical research methods that are cross sectional. The independent variable in this study was the Breastfeeding Support Group (KP-ASI), while the dependent variable in this study was the success of exclusive breastfeeding. The population in this study were 200 breastfeeding mothers who had babies aged 6-24 months. Breastfeeding mothers who have babies aged 6-24 months data for January and February 2020. The instrument used in this study was a checklist sheet.

The statistical test used in this study was the paired chi-square test with the assumption that the limit of significance was $\alpha = 0.05$, which means that if the value $< \alpha$ then H_0 is rejected, there is a relationship between the influence of maternal behavior on the success of exclusive breastfeeding at the Molingkapoto Community Health Center.

III. RESULT

A. The success of exclusive breastfeeding

Table 1. Frequency Distribution of Respondents Based on the Success of Exclusive Breastfeeding

Breastfeeding Success	Frequency	Percentage (%)
Breastfeeding Exclusive	66	66%
Breastfeeding Is Not Exclusive	34	34%
Total	100	100%

B. Bivariate Analysis

Table 2. Effect of Breastfeeding Support Groups (KP-ASI) on the success of exclusive breastfeeding

Breastfeeding Support Group (KP-ASI)	Breastfeeding Exclusive		Breastfeeding Is Not Exclusive		Total		P Value
	n	%	n	%	n	%	
Accompanied	46	70%	4	12%	50	50%	00,01
Not Accompanied	20	30%	30	88%	50	50%	
	66	100%	34	100%	100	100%	

IV. DISCUSSION

A. Univariate Analysis

From the results of interviews with 100 assisted respondents, 50 respondents (50%), while the other 50 respondents were not assisted. Accompanied and exclusive breastfeeding totaled 46 respondents (70%) while 4 respondents were not exclusive due to working mothers, this is based on research conducted by Juaid, Binns and Giglia⁸ that a person's job will affect a mother's behavior in breastfeeding because working mothers are more reluctant giving ASI to their babies on the grounds that they are busy with work compared to mothers who do not work, and primipara.

In addition, 50 respondents were not accompanied by exclusive breastfeeding 20 respondents (30%) due to the work of mothers as housewives (IRT) while 30 respondents were not exclusive. It can be concluded that the highest number is assisted compared to unaccompanied respondents.

Based on the results of the study, it was found that out of 100 respondents, those aged > 20 years were 66 respondents, who were accompanied by 33 respondents while those who were not accompanied were 33 respondents. Respondents who succeeded in exclusively breastfeeding were 47 respondents and the remaining 19 respondents were not exclusively breastfed. Respondents aged > 30 years were 34 respondents who were accompanied by 17 respondents, while 17 other respondents were not assisted. The number of respondents who succeeded in exclusively breastfeeding was 19 respondents and 15 other respondents were not exclusively breastfed. In this study, it can be concluded that there is no significant influence related to age between breastfeeding support groups (KP-ASI) and the success of exclusive breastfeeding.

From the 100 respondents who were accompanied by 50 respondents, there were 46 respondents who succeeded in giving exclusive breastfeeding; the other 4 were not successful in giving exclusive breastfeeding. 14 of them are respondents who have undergraduate or tertiary education. The mother's education level also affects decision making, where the higher the education the greater the opportunity to provide breast milk. As Notoatmodjo said, a mother's knowledge is very important for her movement of action because based on the knowledge she has, knowledge also plays a very important role in the success of exclusive breastfeeding.

This is in line with Mamonto's research, he states that maternal knowledge is everything that is known to mothers regarding breastfeeding for babies until the age of 6 months according to government regulations and continues until the baby is 2 years old. Based on the research that has been done, from the number of IRT as many as 64 respondents, there were 30 respondents who were assisted and 29 respondents were exclusively breastfed. 34 respondents were not assisted and exclusively breastfed 17 respondents. The IRT would have a greater chance to be able to provide exclusive breastfeeding, but there were 20 respondents who did not exclusively breastfeed, because of their level of knowledge. On the other hand, for worker respondents it will be increasingly difficult to apply the success of exclusive breastfeeding, because of the busyness of each respondent. However, from the results of the study, there were 36 worker respondents and 17 people who succeeded in providing exclusive breastfeeding with assistance by the ASI Support Group (KP-ASI).¹⁰

From the results of interviews conducted by researchers that workers before traveling to work, they always try to breastfeed their babies first, there are also some who express breastmilk for supplies when the baby is left at home. This is in contrast to research

conducted by Juaid, Binns and Giglia that a person's job will affect a mother's behavior in breastfeeding because working mothers are more reluctant to breastfeed their babies on the grounds that they are busy with work compared to mothers who do not work. 8

Another supportive factor is also due to the level of knowledge possessed by the mother, because the higher a person's knowledge will make it easier for him to receive input or information that is useful for him, including in this case is about breastfeeding. In conclusion, knowledge trumps everything, even though they are very busy because mothers know that breastfeeding is very important, so mothers try other alternatives to overcome their busyness, although not directly from the mother but by expressing breast milk. 11

Problems that often occur during breastfeeding are found in primiparous mothers. Therefore, breastfeeding mothers need to be given an explanation regarding the importance of breast care, the correct way of breastfeeding and other things that are closely related to the breastfeeding process, this is widely discussed in ASI support group meetings (KP-ASI). Breastfeeding tends to be mostly carried out by multiparous and grand multiparous mothers, because mothers will learn from previous breastfeeding experiences. The amount of parity that affects the success of exclusive breastfeeding can be seen from the experience of a mother in breastfeeding. This will form a better knowledge of mothers about breastfeeding regarding the benefits of breastfeeding, proper and correct methods of breastfeeding, the nutritional content of breast milk and how to produce breast milk.

From the results of the research conducted, there were 28 SC babies, there were 14 respondents who were not accompanied and received exclusive breastfeeding 5, 14 other respondents were assisted and exclusively breastfed 14, and 72 others were giving birth normally, it was found that there were 47 respondents who were exclusively breastfed and 25 respondents are not exclusively breastfed. Although not accompanied because the mother operated outside the area and returned home 3 days later, breastfeeding techniques had been taught in advance at the ASI Support Group (KP-ASI) meeting, and immediately carried out joint care which was carried out were lactation management, breastfeeding counseling, teaching. The procedure for breastfeeding until the baby is breastfeeding, plus supporting knowledge that makes it easier for the mother to digest the counseling given, is finally accepted by the mother, and continues until the exclusive breastfeeding process is successful.

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Therefore, it can be concluded that what affects the success of exclusive breastfeeding is not being accompanied by breastfeeding support groups (KP-ASI) but supported by several other factors, especially educational background, occupation, type of delivery and one's parity as previously explained.

B. Bivariate Analysis

Based on the tabulation results of the effect of breastfeeding support groups (KP-ASI) with the success of exclusive breastfeeding, it shows that the most respondents are respondents who are accompanied by exclusive breastfeeding as many as 46 respondents (70%). Based on the results of the statistical test (Chi-square), it was found that $p = 0.000$ was less than the value of $\alpha = 0.05$, so H_0 was rejected and H_a was accepted, meaning that there was an effect of breastfeeding support groups (KP-ASI) on the success of exclusive breastfeeding in the Molingkapoto Health Center area.

In conclusion, knowledge overcomes everything, even though they are very busy because mothers know that breastfeeding is very important, so mothers try other alternatives to overcome their busyness, not directly from the mother but by expressing breast milk.

In this study, the results of most respondents were accompanied by the Breastfeeding Support Group (KP-ASI) and succeeded in exclusive breastfeeding. So the researchers argue

that the success of exclusive breastfeeding has something to do with the assistance provided by the Breastfeeding Support Group (KP-ASI) from pregnant women until the mother has a baby aged 2 years.

It is often found newborns that have been given plain water, honey, sugar water and even formula milk before the milk comes out smoothly. We recommend that you don't do this because it can cause the baby to be lazy to breastfeed because they are not used to the mother's nipples. If the baby is lazy to breastfeed, then the milk production will decrease, because the more often the baby breastfeeds, the more milk production will be. This will be one of the causes of mothers in breastfeeding. There will be reasons that the breastfeeding is not smooth. Some mothers even say that the baby does not want to breastfeed, but with assistance by the Breastfeeding Support Group (KP-ASI), this will not happen.

The results of this study indicate that most respondents were assisted, namely the number of respondents was 100 people (100%). There were only 50 respondents who were accompanied by 4 respondents who did not exclusively breastfeed, because the mother was a worker and was a primi. Meanwhile, 46 other respondents who were assisted succeeded in exclusive breastfeeding.

The results showed that there was an influence between breastfeeding support groups (KP-ASI) on the success of exclusive breastfeeding. This means that mothers who are given assistance when pregnant women are very effective in obtaining the success of exclusive breastfeeding.

V. CONCLUSION

Based on the results of the research, it turns out that the Breastfeeding Support Group (KP-ASI) has a very big influence on the success of exclusive breastfeeding; most of those who are assisted make it to the stage of exclusive breastfeeding.

Breastfeeding mothers who have babies aged 6-24 months according to the results of the study of 100 respondents there were about 50 babies (50%) who were accompanied and succeeded in exclusive breastfeeding 46 respondents (70%).

There is an effect of mentoring by the Breastfeeding Support Group (KP-ASI) on the success of exclusive breastfeeding in the Molingkapoto Health Center area.

REFERENCES

- Soetjaningsih, 2012. ASI: Petunjuk untuk tenaga kesehatan. Jakarta: EGC.
- Apriningrum, N. 2014. Faktor - Faktor Yang Berhubungan Pemberian ASI Eksklusif pada Karyawati UNSIKA Tahun 2013. *Jurnal Ilmiah Solusi*, 1(1), 55-63
- Suradi R. 2010. Indonesia Menyusui. Badan Penerbit IDAI, Jakarta.
- Kementerian Kesehatan RI. Profil Kesehatan Indonesia. 2010 [diakses Desember 2019]. Tersedia di: <http://www.depkes.go.id/resources/download/pusdatin/profil-kesehatan-indonesia/profil-kesehatan-indonesia-2010.pdf>.
- World Health Organization. WHA Global Nutrition Target 2025: Breastfeeding Policy Target. 2014 [cited on 10 January 2020]. Available from: https://www.who.int/nutrition/topics/globaltargets_breastfeeding_policybrief.pdf.
- Riskesmas. 2018. Hasil Utama Riskesdas. Jakarta: Badan Penelitian dan Pengembangan Kesehatan.
- Arikunto, S. (2013). *Prosedur Penelitian: Suatu Pendekatan Praktik*. Jakarta: Rineka Cipta.
- Juaid, Binns dan Giglia. 2014. *International Breastfeeding Journal* volume 9, Article number: 1 (2014)
- Notoatmodjo & Soekidjo. 2012. *Metodologi Penelitian Kesehatan*. Jakarta: Rineka Cipta.
- Mamonto, T. (2015). Faktor-Faktor yang Berhubungan dengan Pemberian ASI Eksklusif pada Bayi di Wilayah Kerja Puskesmas Kota Bangon Kecamatan Kotamobagu Timur Kota Kotamobagu. *Kesmas*, 4(1), 56-66.
- Ballard O, Morrow AL. Human Milk Composition: Nutrients and Bioactive Factors. *Pediatr Clin North Am*. 2013. p.49-74.
- Destyana RM, Angkasa D, Nuzrina R. Hubungan Peran Keluarga dan Pengetahuan Ibu Terhadap Pemberian ASI di Desa Tanah Merah Kabupaten Tangerang. *Indonesian Journal of Human Nutrition*. Juni 2018, Vol. 5 No. 1, h. 41 - 50.
- Puskesmas Molingkapoto. 2019. Laporan program GIZI dan KIA/KB. Kabupaten Gorontalo Utara.