

Article

Mother's Behavior in Exclusive Breastfeeding and Factors Affecting It in the Working Area of Air Dingin Padang Health Center

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A B S T R A C T

United Nations Children's Fund (UNICEF) and the World Health Organization (WHO) recommends that children only be breastfed with breast milk (ASI) for at least six months in an effort to reduce child morbidity and mortality. Solid food should be given after the child is 6 months old, and breastfeeding continued until the child is two years old. Many factors will affect the success of exclusive breastfeeding including knowledge, education, occupation, problems with the mother's breast, and interest in formula milk promotion. This study aims to determine how the behavior of mothers in exclusive breastfeeding and the factors that influence it. This type of research is quantitative with a cross sectional study design. The independent variables of this study were education, mother's knowledge and husband's support, while the dependent variable is the mother's behavior in exclusive breastfeeding. The subjects in this study were all mothers who had babies aged 6-12 months with multistage sampling technique. The statistical test in this study used the Chi Square test. The results showed that there was no relationship between mother's knowledge and mother's education with mother's behavior in exclusive breastfeeding ($p>0.05$), and there was a relationship between husband's support and mother's behavior in exclusive breastfeeding ($p=0.000$).

I. INTRODUCTION

Giving breast milk (ASI) to babies is a natural way of giving food to babies. Breastfeeding needs to be increased and preserved because there is no doubt that breastfeeding plays an important role in maintaining the health and survival of babies. The main thing that needs to be improved in preserving the use of breast milk is breastfeeding on demand. The most suitable nutrition for newborns is Mother's Milk (ASI), because it contains all the nutrients needed by babies. Breast milk is very important for health this will affect the growth and development of the child.^{1,2}

Breastfeeding is a natural process but it still has to be learned how to breastfeed properly and correctly, because breastfeeding actually not only provides an opportunity for babies to grow into physically healthy humans, but also smarter, has stable emotional, spiritual development and development. better social.^{3,4}

Regulation of exclusive breastfeeding in Indonesia is regulated in Government Regulation on ASI No. 33 of 2012. This government regulation aims to ensure that every baby has the right to the fulfillment of exclusive breastfeeding. Ensuring every mother gets protection in providing exclusive breastfeeding to her baby and increasing the role and support of all parties around the mother such as the mother's husband, mother's family and health workers and other parties.

United States Department of Agriculture (2002), suggested that fathers should be part of the breastfeeding team. There are several things that fathers can do in the breastfeeding team, including helping mothers finish work around the house, helping look after other children while mothers are breastfeeding babies. If it is time to breastfeed, the father or husband can also remind the mother and give the baby to the mother for breastfeeding. Help take the needs of the mother when the mother is breastfeeding. Praise mother, make something special that can make mother always feel happy and good. Husband's support can make mothers feel relaxed and comfortable in breastfeeding practices and can build confidence that mothers are able to breastfeed their babies even in public.⁶

Many factors will affect the success of exclusive breastfeeding, including knowledge, education, occupation, problems with the mother's breast, and interest in formula milk promotion. Knowledge is the result of sensing that has been seen or known by humans which will become information for him. The better a person's knowledge about exclusive breastfeeding, the more people who give exclusive breastfeeding to their babies. This is in line with the results of Maonga's research, namely mothers who have good knowledge give more exclusive breastfeeding than mothers who have less knowledge with p value <0.001 which means there is a significant relationship.^{7,8}

The coverage of exclusive breastfeeding in West Sumatra according to Indonesia's health profile in 2014 was 73.6% and increased to 75% in 2015. The coverage of exclusive breastfeeding in Padang city from 2014 to 2015 decreased from 72.2% in 2014 decreased to 70.7% in 2015. Air Cold Health Center is the area with the lowest exclusive breastfeeding coverage in Padang City, which is 53.75%. Based on this, the authors want to know about the behavior of mothers in exclusive breastfeeding and the factors that influence it in the Working area of the Air Cold Health Center in Padang City.^{9,10,11,12}

II. METHODS

This type of research is a quantitative research with a cross sectional design. The research location is the Air Dingin Padang Health Center in 2018. The samples in this study were all mothers who had babies aged 6-12 months who met the inclusion and exclusion criteria. Sampling was done by multistage sampling and obtained a sample of 106 people. The independent variables in this study were education, mother's knowledge and husband's support, while the dependent variable in this study was the mother's behavior in exclusive breastfeeding. The instrument used in this research is a questionnaire. Univariate analysis was used to describe

each research variable in the form of frequency distribution and percentage of mother's education, mother's knowledge, husband's support and mother's behavior in exclusive breastfeeding. Bivariate analysis to see the influence of factors (mother's education, mother's knowledge, husband's support) on mother's behavior in exclusive breastfeeding. The statistical test used is Chi-square with the assumption that if a p value is obtained <0.05 , it is said that the relationship between the variables is statistically significant.

III. RESULT

Characteristics of Respondents

Table 1. Frequency Distribution of Respondents Characteristics

Characteristics	Frequency	Percentage (%)
Age		
< 20 or >35 years old	17	16.0
20-35 years old	89	84.0
Mother's Job		
Not Work	94	88.7
Work	12	11.3

Table 1. shows that most of the respondents are in the age group of 20-35 years by 80.4%, and most of the others are mothers with work status not working as much as 88.7%.

Univariate Analysis

Table 2. Frequency Distribution of Exclusive Breastfeeding Behavior

Exclusive Breastfeeding Behavior	Frequency (n=106)	Percentage (%)
Not given exclusive breastfeeding	81	76.4
Exclusive breastfeeding	25	23.6
amount	106	100.0

Table 2. shows that 76.4% of respondents do not give exclusive breastfeeding to their babies.

Table 3. Distribution of Mother's Education Frequency

Mother's Education	Frequency (n=106)	Percentage (%)
basic education	39	36.8
Middle education	50	47.2
higher education	17	16.0
amount	106	100.0

Table 3. shows that the education level of the largest respondents is in the secondary education category (47.2%).

Table 4. Distribution of Mother's Knowledge Frequency

Mother's Knowledge	Frequency	Percentage
	(n=106)	(%)
Low	63	59.4
High	43	40.6
amount	106	100.00

Table 4. shows as many as 59.4% of respondents are in the category of low knowledge.

Table 5. Distribution of Husband's Support Frequency

Husband Support	Frequency	Percentage
	(n=106)	(%)
Does not support	63	59.4
Support	43	40.6
amount	106	100.00

Table 5. shows that 59.4% of respondents did not get husband's support in exclusive breastfeeding.

Bivariate Analysis

Table 6. Relationship of Mother's Education with Exclusive Breastfeeding Behavior

Mother's Education	Exclusive Breastfeeding Behavior				amount		<i>p-value</i>
	Not given		Given		f	%	
	f	%	f	%			
Basic	31	79.5	8	20.5	39	100	0.457
Intermediate	39	78.0	11	22.0			
High	11	64.7	6	35.3			
amount	81	76.4	25	23.6	106	100	

Table 6. shows that the prevalence of mothers who give exclusive breastfeeding is greater in mothers who have secondary education category (78%) than mothers who have higher education (64.7%). Based on the statistical test, it was found that the p-value ($p = 0.457$), meaning that there was no significant relationship between exclusive breastfeeding for mothers who had medium and high levels. So it can be said that there is no relationship between maternal education and exclusive breastfeeding.

Table 7. Relationship of Mother's Knowledge with Exclusive Breastfeeding Behavior

Mother's Knowledge	Exclusive Breastfeeding Behavior				amount		<i>p-value</i>
	Not given		Given		f	%	
	f	%	f	%			
Low	48	76.2	15	23.8	63	100	0.947
High	33	76.7	10	23.3			

amount 81 76.4 25 23.6 106 100

Table 7. shows that the prevalence of mothers who give exclusive breastfeeding is greater in mothers who have low knowledge (23.8%) than mothers who have high knowledge (23.3%). Based on the statistical test, it was found that the p-value ($p=0.947$) means that there is no significant relationship between exclusive breastfeeding between mothers who have high knowledge and mothers who have low knowledge. So it can be said that there is no relationship between maternal knowledge and exclusive breastfeeding.

Table 8. Relationship of Husband's Support with Exclusive Breastfeeding Behavior

Husband Support	Exclusive Breastfeeding Behavior				amount		<i>p-value</i>
	Not given		Given		f	%	
	f	%	f	%			
Does not support	59	93.7	4	6.3	63	100	0.000
Support	22	51.2	21	48.8	43	100	
amount	81	76.4	25	23.6	106	100	

Table 8. shows that the prevalence of mothers who gave exclusive breastfeeding was greater in mothers who received husband's support (48.8%) than mothers who did not receive husband's support (6.3%). Based on statistical tests, it was obtained p-value ($p = 0.000$), meaning that there was a significant relationship in exclusive breastfeeding between mothers who did not receive husband support and mothers who received husband's support. So it can be said that there is a relationship between husband's support and exclusive breastfeeding.

IV. DISCUSSION

The results of the study indicate that there are still many mothers who have not carried out exclusive breastfeeding by mothers who have babies in the Working Area of the Padang Air Cold Health Center. Most (84.0%) of mothers who have babies are still in the reproductive age range, and only a small part of these mothers are working (11.3%). As many as 47.2% of mothers in the category of secondary education level, and as many as 59.4% of them have a low level of knowledge and do not get husband's support in exclusive breastfeeding.

Research conducted by Ida (2012), states that family support, support for health facilities and personnel, and husband's support are factors related to exclusive breastfeeding.¹³

There is no relationship between mother's knowledge and exclusive breastfeeding for infants aged 6-12 months in the work area of the Air Cold Health Center in 2018 with p-value = 0.947 ($p < 0.05$). A total of 63 respondents with a low level of knowledge, 48 people (76.2) did not give exclusive breastfeeding, 15 people (23.8%) gave exclusive breastfeeding to their babies.

The incessant promotion of formula milk as a substitute for breast milk was acknowledged by several respondents that their confidence in breast milk was reduced and they were tempted to choose formula milk that was considered more practical. Lack of knowledge by mothers is caused by many working mothers who do not understand lactation management for working mothers to support the exclusive breastfeeding process, such as how to express breast milk, how to store breast milk and how to give expressed breast milk to their babies. In addition, there are

also many mothers who still believe in the myth that breastfeeding can change the shape of the breasts to become tight.

Mothers often do not know and understand the correct management of lactation (Astutik, 2014). For example, the importance of giving breast milk, how the milk comes out, how to breastfeed, and a good latch so that the baby can suck effectively and the milk can come out optimally. In addition, including how to give breast milk if the mother has to separate from her baby.²

The results of the study on maternal education with exclusive breastfeeding found that there was no relationship between mother's education and exclusive breastfeeding for infants aged 6-12 months in the work area of the Air Cold Health Center in 2018 with p-value = 0.457 ($p < 0.05$).

There are breastfeeding mothers who have a high level of education but still do not give exclusive breastfeeding to their babies. Education will affect a person's mindset, if a person's education is good then the insight and desire to always dig up information will be better. The researcher's analysis, this is because mothers rarely hear and attend counseling about breastfeeding carried out by health workers at the Puskesmas, thus making mothers' knowledge about the benefits of exclusive breastfeeding still low.

Based on the research, the results showed that there was a relationship between husband's support and exclusive breastfeeding for infants aged 6-12 months in the work area of the Air Cold Health Center in 2018 with p-value = 0.000 ($p < 0.05$).

Research conducted by Ferawati (2013) in Gondoriyo Sub-District Semarang obtained the same result that there is a relationship between husband's support and exclusive breastfeeding with p value = 0.000. According to research conducted by Ferawati, if the support given by the husband to breastfeeding mothers is good, the mother will be more comfortable and happy to give breast milk to her baby. Husband's support will affect the mother's willingness to breastfeed and affect the duration of breastfeeding for the baby.

This study also has the same findings with research conducted by Ramadani (2010) in the work area of the Padang City Freshwater Health Center that there is a relationship between husband's support and exclusive breastfeeding with p value = 0.020. Any form of support given by the husband will affect the mother's emotional condition which will affect milk production.

Research conducted by Hani (2015) obtained different results that there was no relationship between husband's support and exclusive breastfeeding with p value = 1.00. This difference in results is due to the mother's lack of understanding about breastfeeding and the mother's fear if breast milk is not sufficient to meet the baby's needs and the mistaken belief that babies need other foods besides breast milk.

One way that exclusive breastfeeding can run smoothly requires good support from the husband and family. Husbands can play a role and participate in supporting and helping the wife's work at home such as fetching drinking water when the wife is breastfeeding the baby. Exclusive breastfeeding really requires good effort and discipline from the mother, husband and family.

Husbands can also play a role in encouraging the wife to continue to exclusively breastfeed her baby, remind the wife to breastfeed the baby, give praise to the wife for breastfeeding the baby well, so that confidence and great enthusiasm will grow for the wife to continue to give exclusive breastfeeding to the baby. The role and support of husbands and the environment are very influential in providing support to mothers in taking care of their babies. The husband needs to understand his wife's feelings and circumstances. This support will lead to positive attitudes and beliefs from the wife that her husband is there and ready to support her and fight together in taking care of her baby (Indivara, 2009).

Government regulation number 33 of 2013 which regulates exclusive breastfeeding states that every baby has the right to get exclusive breastfeeding from birth until the age of six months by paying attention to its growth and development. The government through the law provides protection to mothers in providing exclusive breastfeeding to their babies. It takes a good role and support from family, community and government for exclusive breastfeeding.

V. CONCLUSION

The results obtained in this study, there is no relationship between mother's education and knowledge with mother's behavior in exclusive breastfeeding. There is a relationship between husband's support and mother's behavior in exclusive breastfeeding.

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