

Relationship Between Family Support and Exclusive Breastfeeding at Lirung Health Center, Lirung Subdistrict, Talaud Regency

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ABSTRACT

Exclusive breastfeeding is mother's milk that is given to her child immediately after birth until the age of six months without any additional food or drink. During the breastfeeding process, a mother desperately needs support such as family support. Family support is the most important part that has a very big influence on the success of exclusive breastfeeding. This type of research is an analytical survey with a Cross Sectional approach. The population in the study of mothers who had babies aged 6-12 months who were at the Lirung Health Center amounted to 40 respondents. The sample uses total sampling. The purpose of the study was to determine the relationship between family support and exclusive breastfeeding. The results showed that most mother did not receive family support for exclusive breastfeeding, namely 57,5% (23 respondents), and a small proportion of mothers received support from their families for exclusive breastfeeding, which was 42,5% (17 respondents). Chi-Square test results p value is 0.000 smaller than the signifikan value a (0,05). There is a relationship between family support and exclusive breastfeeding at the Lirung Health Center. Suggestions for health agencies to be more active and aggressive in providing counseling and education about exclusive breastfeeding from pregnancy to breastfeeding. Furthermore, for mothers and families to further increase knowledge about the importance of exclusive breastfeeding and more specifically for mothers so that they can continue to provide exclusive breastfeeding so that children get adequate nutritional needs for their growth and development period.

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1. INTRODUCTION

Breast milk (ASI) is the best food that contains nutrients in accordance with the optimal growth and development of babies exclusively from birth for six months without additional fluids or other solid foods except for minerals, vitamins and medicines in the form of ORS, situp. or drops. Giving breast milk to babies is very important in the early period of life, therefore babies only need to be given breast milk exclusively for six months without adding or replacing it with other foods or drinks [1-4]. There are so many benefits that babies can get when given exclusive breast milk, such as keeping them away from infectious diseases and immune-related diseases.

There are various factors that can influence the success of exclusive breastfeeding. Starting from maternal knowledge, psychological factors, maternal physical factors, socio-cultural factors, health worker support factors and family support factors [5-6]. Family support is one of the factors that can influence exclusive breastfeeding. The support provided by the family is the most important element in helping individuals solve problems. Family support will also increase self-confidence and motivate you to face problems and increase life satisfaction [7]. According to [8], there are four types of family support, namely emotional support, informational support, instrumental support, and appreciation support. [9] research results state that family support factors have a more dominant influence on exclusive breastfeeding.

Therefore, based on the background of the problem described above, the author is interested in discussing in more depth the "Relationship of Family Support with Exclusive Breastfeeding at the Lirung Community Health Center."

2. METHOD

This type of research is analytical survey research with a cross sectional approach where data relating to the independent variable and dependent variable is collected simultaneously or at the same time [10]. This research was carried out at the Lirung Community Health Center. The population is the entire research object or objects studied. The population in this study were all mothers who had babies aged 6-12 months at the Lirung Community Health Center, totaling 40 people. The sample is part of the number of characteristics possessed by the population used for research [11]. The sample used in this research was mothers who had babies aged 6-12 months in the Lirung Community Health Center working area. Based on the data obtained, the number of mothers who have babies aged 6-12 months is 40 people.

Inclusive and exclusive criteria

Sample selection is based on the following criteria:

1. Inclusion Criteria

The inclusion criteria for this study were mothers who had babies 6-12 months who were willing to be researched or become respondents.

2. Exclusion Criteria

The exclusion criteria in this study are:

- a. Mothers with pathological conditions who cannot breastfeed their babies (breast cancer, HIV).
- b. Mothers who have babies with pathological conditions (congenital disorders, digestive disorders).
- c. Sample size

The sampling technique in this research is using the total sampling technique. Total sampling is a sampling technique when all members of the population are used as samples. Variable research uses two variables, namely

1. Independent variable (independent variable)
In this study the independent variable is family support
2. Dependent variable (dependent variable)

The dependent variable in this study is exclusive breastfeeding

Research Instrument

This research questionnaire consists of aspects of family support and aspects of exclusive breastfeeding. The family support questionnaire consists of 20 questions, which include emotional support, appraisal support, instrumental support, and informational support using a Likert Scale with scores: Always=4, Often=3, Sometimes=2, Never=1 [12-14]. The sum of the scores for each respondent is carried out using the formula: Assessment criteria:

$$\frac{\text{Jumlah skor}}{\text{Nilai total}} \times 100\%$$

1. Good: 76%-100%
2. Sufficient: 56%-75%
3. Less: < 55%

This family support questionnaire was taken from [15] research. The Exclusive Breastfeeding Aspect Questionnaire contains the actions that mothers have taken while breastfeeding babies 0-6 months using the Guttman scale. The measurement scale in this questionnaire uses 1 closed question. The answer "Yes" provides exclusive breast milk and "No" does not provide exclusive breast milk

Data source

1. Primary Data

2. Primary data collection in this research was taken by interviews using questionnaires with respondents. Data taken/collected includes respondent characteristics, family support regarding exclusive breastfeeding and aspects of exclusive breastfeeding.
3. Secondary Data
The data collected was obtained from the Lirung Community Health Center. And researchers use literature studies, which are obtained from books, scientific works of experts that have relevance to the problem being studied.

Data analysis

1. Univariate Analysis
Univariate analysis was carried out on each variable from the research results using a frequency distribution to determine the description of the variables studied, namely the description of family support and exclusive breastfeeding. The data obtained will be displayed in the form of a frequency distribution table and percentages for each variable.
2. Bivariate Analysis
Analysis was carried out by cross tabulation between the independent variables and the dependent variable with statistical tests adjusted to the scale of the existing data. The statistical test used is the Chi-Square test. It is said that there is a significant relationship if the p value is <0.05 and there is no significant relationship between the two variables if $p>0.05$ [11].

Data processing

Data processing is carried out using computer assistance. After the questionnaires have been collected, then do:

1. Data Editing (Editing), that is, the researcher checks the data again to see the completeness of the answers, and to see the suitability of the questions at the time of the research
2. Data Encoding (Coding), The next step is the data coding or coding stage. In this process the researcher will check the answers by providing codes to simplify the process when data processing is carried out.
3. Data input (Entry), After the data coding stage is carried out, the next stage is to enter the data that has been collected into a computer application program to carry out the appropriate data analysis process.
4. Data Cleaning (Cleaning), The final stage is: data cleaning process to identify and avoid data or word errors before analysis is carried out.

Research Ethics

1. Informed Consent (Consent Sheet)
Consent form that will be given to potential respondents and accompanied by the title of the research. If the respondent is willing to become a respondent, they are invited to sign informed consent. But if they are not willing, potential respondents have the right to refuse to fill in the data or answer.
2. Anonymity (No Name)
When collecting data, researchers do not include the identity of the subject, but use the subject code as information.
3. Justice (Justice)
The principle of justice in research is defined as being fair to respondents by upholding moral, legal and humanitarian principles.
4. Confidentiality (confidentiality)
Researchers maintain the privacy and confidentiality of the data taken by not discussing the data taken with other people and only certain data is reported by the researcher.

3. RESULTS AND DISCUSSION

Results

Based on The research that has been carried out aims to determine the effectiveness of facial soap and aloe vera gel with the level of acne vulgaris in students at SMA Negeri 2 Bayang with 20 respondents, the authors can describe the results of the research in the exposure below: This type of

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research is analytical survey research with a cross sectional approach where data relating to the independent variable and dependent variable is collected simultaneously or at the same time[8].

This research was carried out at the Lirung Community Health Center. The population is the entire research object or objects studied. The population in this study were all mothers who had babies aged 6-12 months at the Lirung Community Health Center, totaling 40 people. The sample is part of the number of characteristics possessed by the population used for research [1]. The sample used in this research was mothers who had babies aged 6-12 months in the Lirung Community Health Center working area. Based on the data obtained, the number of mothers who have babies aged 6-12 months is 40 people.

General description of the research location

Lirung Health Center is located on Jalan Panahal. Lirung Community Health Center is one of the community health centers in the Talaud Islands district, especially on Lintasabu Island. The working area of the Lirung Health Center includes 3 sub-districts, namely Lirung sub-district, Lirung 1 sub-district, Lirung Matane sub-district and 4 villages, namely Musi village, Sereh village, Sereh village | and the village of Lemongrass Talolang. The area of the health center is 41.80 meters. Lirung Community Health Center work area boundaries:

- a. North: Melonguane Regency
- b. East: Balang Village
- c. South: Moronge District
- d. West: Kalongan District

The Lirung Health Center has the following vision and mission: Vision, Creating a Healthy and Independent Lirung District Community by 2025 and Mission, 1. Providing quality, intelligent and professional services; 2. Encourage independent, healthy living for families and communities in Lirung sub-district; 3. Increase the development of facilities and infrastructure; 4. Collaborate with partners and related parties.

Basic health services at community health centers include maternal and baby health services, family planning services, immunization services, care and treatment services, and elderly services. One of the maternal and baby health services at the Lirung Community Health Center is the provision of posyandu for toddlers in each sub-district and village in the Lirung Community Health Center area. Posyandu is held once a month.

Characteristics of respondents

The respondents of this study were mothers who had babies aged 6 months to 12 months who lived in the working area of the Lirung Community Health Center.

a. Maternal age

Table 1. Distribution of Respondents based on Maternal Age

Mother's Age	N	Percentage (%)
(19-26) years old	22	55.0
(27-34) years old	14	35.0
(35-41) years old	4	10.0
Total	40	100.0

In the table above, it can be seen that the majority of mothers aged 19-26 years with a total of 22 respondents (55.0%) while for those aged 27-34 years there were only 14 respondents (35.0%) and the least was 35- 41 years old, namely only 4 respondents (10.0%).

Last education

Table 2. Distribution of Respondents based on last level of education

Last education	N	Percentage (%)
elementary school	4	10.0
JUNIOR HIGH	3	7.5

Last education	N	Percentage (%)
SCHOOL		
high school	23	57.5
College	10	25.0
Total	40	100.0

In the table above it can be seen that the highest level of education is SMA/SMK with a total of 23 respondents (57.5%) followed by tertiary education with a total of 10 respondents (25.0%) while for elementary school there are 4 respondents (10, 0%) and the fewest were junior high schools with 3 respondents (7.5%).

c. Work

Table 3. Distribution of Respondents by Occupation

Work	N	Percentage (%)
Doesn't work	1	2.5
IRT	32	80.0
ASN	6	15.0
Honour	1	2.5
Total	40	100.0

In the table above it can be seen that the most respondents were housewives with a total of 32 respondents (80.0%) followed by ASN with a total of 6 respondents (15.0%) and the fewest were Honorary and not working with the respective numbers | respondents (2.5%).

d. Child Age

Table 4. Distribution of Respondents based on Child Age

Child Age	N	Percentage (%)
6 months	13	32.5
7 months	11	27.5
8 months	6	15.0
9 months	2	5.0
10 months	1	2.5
11 Months	3	7.5
12 months	4	10.0
Total	40	100.0

In the table above it can be seen that the maximum age of children is 6 months with a total of 13 children (32.5%), then 7 months with a total of 11 children (27.5%), 8 months with a total of 6 children (15.0%), 12 months with 4 children (10.0%), 11 months with 3 children (7.5%), 9 months with 2 children (5.0%) and at least 10 months with 1 child (2, 5%).

Univariate Analysis

This Univariate Analysis consists of the frequency distribution of family support and exclusive breastfeeding variables obtained by collecting primary data using a questionnaire. The following data was obtained:

Table 5. Frequency Distribution of Family Support regarding Exclusive Breastfeeding in the Lirung Health Center Work Area

Family Support regarding Exclusive Breastfeeding	Amount	Percentage
Good	15	37.5 %
Enough	2	5.0 %
Not enough	23	57.5 %
Total	40	100.0

The percentage of mothers who lack family support for exclusive breastfeeding is 57.5% (23 respondents) compared to mothers who receive support from the family for exclusive breastfeeding, namely 37.5% (15 respondents) and mothers who receive sufficient support. family, namely 5.0% (2 respondents).

The percentage of mothers who do not provide exclusive breastfeeding, namely 57.5% (23 respondents), is higher than the percentage of mothers who provide exclusive breastfeeding, namely 42.5% (17 respondents).

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

Exclusive breastfeeding	Amount	Percentage
Exclusive breastfeeding	17	42.5 %
Not exclusive breastfeeding	23	57.5 %
Total	40	100.0

The percentage of mothers who do not provide exclusive breastfeeding, namely 57.5% (23 respondents), is higher than the percentage of mothers who provide exclusive breastfeeding, namely 42.5% (17 respondents).

Bivariate Analysis

Family Support regarding Exclusive Breastfeeding	Exclusive breastfeeding				Total		P Value
	Not exclusive breastfeeding		Exclusive breastfeeding		F	%	
	f	%	F	%			
Less Supportive	17	74	6	26	23	100.0	0,000
Support	6	35	11	65	17	100.0	
Total	23	57.5	17	42.5	40	100.0	

From table 5.8, it can be seen that mothers who receive less family support and do not provide exclusive breastfeeding are 74% (17 respondents), this percentage is higher than mothers who receive less family support and provide breast milk, namely 26% (6 respondents). The percentage of mothers who received family support and did not provide exclusive breastfeeding was 35% (6 respondents) lower than the percentage of mothers who received family support and provided exclusive breastfeeding, namely 65% (11 respondents). Based on the results of statistical tests using chi square, the result was p value = 0.000. The p value is <0.05 so it can be concluded that there is a relationship between family support for exclusive breastfeeding.

Discussion

Family Support

Based on the results of the research above regarding family relationship support, the majority of mothers do not receive enough family support for exclusive breastfeeding, namely 57.5% (23 respondents), and a small percentage of mothers receive support from the family for exclusive breastfeeding, namely 42.5% (17 respondents). Based on these results, it illustrates that family support at the Lirung Community Health Center, Lirung District, Talud Islands Regency is still relatively low at only 42.5% of the expected 100%.

In the initial data collection at the Lirung Community Health Center which was carried out by researchers in May, out of 20 mothers, there were 8 mothers who did not provide exclusive breastfeeding, this was because the mothers did not receive enough support from the family. The researcher's assumption is that family support is very important in determining exclusive breastfeeding, therefore there needs to be support and motivation from the family for the mother in providing exclusive breastfeeding.

Exclusive breastfeeding

Based on the results of the research above regarding exclusive breastfeeding, 23 respondents (57.5%) did not provide exclusive breastfeeding, while 17 respondents (42.5%) provided exclusive breastfeeding. Based on these results, it illustrates that the level of exclusive breastfeeding at the Lirung Health Center, Lirung District, Talud Islands Regency is relatively low. These results are still far from the national target of 50% and have not met the Millennium Development Goals (MDG's) target of 80% and the target for achieving lirung health centers at 75%. The researcher's assumption is that giving exclusive breast milk to babies is very good for the growth and development of babies, especially when babies are 0-6 months old because at that time babies can only be given breast milk without additional food or other drinks.

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Family support relationship with exclusive breastfeeding

Bivariate analysis was carried out to determine the relationship between two variables or in other words to determine whether there was a relationship between the independent variable and the dependent variable, which in this study was carried out using Chi-Square on 40 respondents. The results of correlation analysis using chi square show a p value of 0.000 (<0.05) so that H_a is accepted and H_o is rejected, so there is a relationship between family support and exclusive breastfeeding at the Lirung health center, Lirung sub-district, Talaud Islands Regency. In this research, family support is a very important factor in the success of exclusive breastfeeding. Family support greatly contributes to the mother's behavior to breastfeed exclusively in the form of informational, instrumental support, assessment support and emotional support.

4. CONCLUSION

The conclusions from the research are 1) The level of family support for mothers at the Lirung Health Center, Lirung District, Talaud Islands Regency is in the poor category. 2) The level of exclusive breastfeeding at the Lirung Community Health Center, Lirung District, Talaud Islands Regency is in the low category. 3) There is a relationship between family support and exclusive breastfeeding at the Lirung Health Center, Lirung District, Talaud Islands Regency.

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