



Family Support and Exclusive Breastfeeding in Batam City: A Survey of Mothers

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Abstract. Exclusive breastfeeding is the presentation of breast milk up to the first 6 months in the baby's life stage by not feeding or drinking other foods or drinks except ORS, vit, or drugs. The function of breast milk is to fulfill the nutrition of the baby, increase the body's defense power and reduce morbidity and death. The success of breastfeeding mothers to continue breastfeeding their babies is largely determined by the support of their husbands, families, health workers, communities and the work environment. Husband has a very important role in the success of breastfeeding mothers, if the mother feels supported, loved, and cared for, positive emotions will arise that will increase the production of the hormone oxytocin so that milk production becomes smooth. Of this study was to find out how family support with exclusive breastfeeding to mothers. The research used a qualitative method. The population in this study was mothers who had babies aged 6-12 months as many as 98 people with non-probability sampling techniques with purposive sampling methods. The instrument used is in the form of a questionnaire in the form of a checklist sheet that has been tested for validity. P value = 0.000 < 0.05 can be concluded that Ho is rejected, meaning that there is family support with exclusive breastfeeding to the mother. The support provided by the family, especially the husband, is one of the determinants of success in exclusive breastfeeding. Positive psychological stimulation will increase breast milk productivity, increase optimism or self-confidence of the mother at the time of breastfeeding her baby. The role of the husband can increase the desire of the mother to want to do exclusive breastfeeding.

Keyword: Breast Milk Production; Breastfeeding Mothers; Exclusive Breastfeeding; Family Support; Husband's Role.

1. INTRODUCTION

World Health Organization (WHO) strengthens global tactics more deeply through the ratification of comprehensive planning for the application of nutrition for mothers, babies, and children. The plan set six goals, one of which is the achievement of the target in 2025, which is at least 50% of the total babies at the age of not exceeding six months of exclusive breastfeeding. Until now, the global level of exclusive breast milk, which is 37% there are 26 countries have met the target, which means that with more focused efforts, the achievement of this target becomes possible, and can even exceed its global targets or targets. The provision of breast milk that is not maximal can affect 45% of cases of death due to neonatal infection, 30% of deaths due to diarrhea, and 18% of deaths due to respiratory ingestion for toddlers (Prawirohardjo, 2020). According to research babies who do not get breast milk or get breast milk is not exclusively have a greater risk of death due to diarrhea, which is 3.94% of breastfed infants who get breast milk One way to prevent diarrhea in infants is to give exclusive breast

milk babies for 6 months. UNICEF and WHO make recommendations to mothers to breastfeed exclusively for 6 months and their babies.

After the age of 6 months, new babies can be given complimentary breast milk (M P-A SI) and mothers remain to breastfeed children aged at least 2 years. The Indonesian government also recommends mothers exclusively participate in 6 months exclusive (Mareta and Masyitoh, 2016). The increase in AKB is influenced by the increase in babies who are not exclusively breastfed. On the Millennium Development Goal's (MDG's) agenda, the decline in AKB value in 2019 is targeted at 23 out of 1,000 births. However, most areas in Indonesia still have high AKB scores. AKB is quite important and needs to be considered handling to lower its value. This is done so that MDG's target can be achieved. An increase in AKB can be avoided by breastfeeding the baby on the first day of birth. If breastfeeding is done the first 1 hour after the birth of the baby will increase the percentage of baby safety by 22% (Epidemolofi Data and Surveillance Center, 2020).

Exclusive breastfeeding in Indonesia is still very low in scope. The proportion of breast milk alone (Exclusive) according to Riskesdas 2020 data, in infants aged 0 months is 52.7%, and the percentage of exclusive breast milk decreases with the increasing age group of infants. In 6-month-old babies who breastfeed exclusively only 30.2%. The absence of family support in exclusive breastfeeding is the reason that many mothers put forward. Therefore, the family support factor (husband, parents) is a strengthening factor for nursing mothers to provide exclusive breast milk. Not only mothers are responsible for the successful breastfeeding, but also fathers, grandmothers, grandfathers, and people who will be involved in the management of the baby later (Riskesdas, 2021).

In 2018 the percentage of exclusive breast milk was 44.5% while in 2019 it increased to 56.5%. The increase in the achievement of exclusive breast milk presentation is due to the support and active role of the family and the surrounding environment to provide support for mothers to be able to breastfeed exclusively. In general, exclusive breastfeeding in districts/cities has exceeded the RENSTRA target of 46.5%. The snubbing of breast milk exclusive in Batam City has increased but is still relatively small compared to its national target of 80% (Batam City Health Office, 2018).

Breast milk is the first, main and best food for babies until the baby is 6 months old which is natural. Breast milk is given as early as possible after delivery and without a schedule. Breast milk contains various nutrients needed in the process of growth and development of the baby. Based on the results of the Indonesian Health Demographic Survey in 2019, it is known that 10% of babies get breast milk on the first day after birth while babies who get breast milk

less than 2 months as much as 73%. The number of babies breastfed between 2 to 3 months and babies who are breastfed between 4 to 5 months is 53% and 20% respectively.

Infants who are breastfed exclusively to infants up to 6 months of age are as much as 49% (Riskesdas, 2019). According to (the Ministry of Health, 2018), the success of nursing mothers to continue breastfeeding their babies is largely determined by the support of their husbands, families, health workers, the community, and the work environment. According to (Siregar, 2019), there are seven steps to the success of exclusive breastfeeding, one of which is to create husband support. The involvement of husbands in supporting exclusive breastfeeding practices for infants in Indonesia is minimal. Husband support is needed so that exclusive breastfeeding can be achieved. So far, husbands have mostly only played a role in the selection of pregnancy, childbirth, and postpartum or immunization screening sites. The husband/father has a very important role in the success of breastfeeding as a breastfeeding father. Breastfeeding the father is the role of the husband providing support to nursing mothers will affect exclusive breastfeeding. A husband's full support to his wife in the process of breastfeeding his baby increases the success of exclusive breastfeeding. The role of the breastfeeding father is a thing that must be done by the father to support exclusive breastfeeding so that the process of exclusive breastfeeding by the mother can run successfully, husband support is needed so that exclusive breastfeeding can be achieved (Maryunani, 2021). The initial survey was conducted in Batam city x village using 15 mothers with babies aged six to twelve months. The survey results were obtained from 15 mothers with babies aged six to twelve months, six mothers provided exclusive breast milk while the rest did not. The purpose of this study is to find out how families support exclusive breastfeeding to mothers in Batam city x village in 2021.

2. RESEARCH METHODS

The type of research used is qualitative. The sampling technique used is accidental sampling conducted in September-November 2021, in Village X Batam City. The population in this study is mothers who have babies aged 6-12 months. Instruments used in independent variables and dependent variables use questionnaires in the form of checklist sheets, which have been tested for validity and reliability. Furthermore, conduct data processing, Univariate Analysis, and Bivariate Analysis.

3. RESEARCH RESULTS

Table 1. Respondent Frequency Distribution Based on Family Support.

No	Backing	N	%
1	Not Given Support	71	72,4
2	Provided Support	27	27,6
	Total	98	100,0

Based on the table of the distribution of respondents based on family support, it can be explained that of the 98 respondents obtained results, respondents who were not given family support as many as 71 respondents (72.4%) and given family support as many as 27 respondents (27.6%).

Table 2. Respondent Frequency Distribution Based on Exclusive Breastfeeding.

No	Exclusive Breastfeeding	N	%
1	Not Exclusive breastfeeding	59	60,2
2	Exclusive Breastfeeding	39	39,8
	Total	98	100,0

Based on the table of respondent frequency distribution based on exclusive breastfeeding, it can be explained that of the 98 respondents who obtained the results, respondents who did not provide exclusive breast milk 59 respondents (60.2%), and who provided exclusive breast milk 39 respondents (39.8%).

Table 3. Family Support With Exclusive Breastfeeding To Mothers.

No	Family Support	Exclusive Breastfeeding				Sum		P Value
		Not Exclusive breastfeeding		Providing Exclusive Breast Milk		F (n)	%	
		F (n)	%	F (n)	%			
1	Not Given Support	59	83,1	12	16,9	71	100.0	0.000
2	Provided Support	0	0	27	100,0	27	100.0	
	Total	59	60,2	39	39,8	98		

Based on the family support table with exclusive breastfeeding in mothers, it can be explained that of the 98 respondents obtained results, from 71 respondents who were not given family support as many as 59 respondents (83.1%) were not given exclusive breast milk and 12 respondents (16.9%) were given exclusive breast milk. While of the 27 respondents given family support, 27 respondents (100%) were given exclusive breast milk.

4. DISCUSSION

Exclusive breast milk is the presentation of breast milk up to 6 months early in the stages of the baby's life by not feeding or drinking anything except oral, vitamin, or medicine.

After the baby reaches the age of six months, then given food to accompany breast milk, through the breast milk he gave until the age of two years.

The function of breast milk is to meet the baby's nutrition, increase his body's defense power and reduce the number of the baby's fitness and ability so that exclusive breastfeeding is recommended until the baby reaches the age of two years (Trirestuti, Cristina Puspitasari, 2020).

Exclusive breast milk is recommended in the first few months of life because breast milk is not contaminated and contains many of the nutrients that children need at that age. Early introduction of foods that are low in energy and other nutrients or prepared in unhygienic conditions can cause children to be malnourished and infected so that they have a low resistance to disease (Kemenkes, 2018).

Knowledge of exclusive breastfeeding for babies is indispensable to a husband. This is because, exclusive breastfeeding is not entirely the responsibility of a mother, but the role of a husband is also necessary. Without knowledge, it is possible that a husband cannot provide support. Informative support is a behavior related to the delivery of information such as giving advice. Informative support is done by providing an explanation related to a symptom related to a problem or something that is being faced by the individual (Agus Sartono and Hanik Utaminingrum, 2021).

The support that a husband gives to the wife who breastfeeds her baby is one of the determinants of success in exclusive breastfeeding. Positive psychological stimulation will increase the milk productivity of nursing mothers given through husband support. The role of the husband can increase optimism or confidence for mothers when breastfeeding their babies. The role of the husband through support can increase the desire of mothers who are breastfeeding and have babies aged 6 to 12 months to want exclusive breastfeeding. This support can be realized by helping to solve the problems faced by nursing mothers regarding exclusive breastfeeding information. In addition, support can be realized by providing materials and facilities in addressing various matters related to exclusive breastfeeding. The role of the husband in the form of supporting opinions and input can maintain the physical and psychic condition of the mother in breastfeeding to be much better (Hidayat, 2019).

A husband has a very important role in the success of nursing mothers, if the mother feels supported, loved, and cared for, then there will be positive emotions that will increase the production of the hormone oxytocin so that breast milk production becomes smooth. So, the success of breastfeeding a mother depends not only on the mother herself but also on the

mother's husband. The process of breastfeeding, in addition to the hormone prolactin, also needed the hormone oxytocin which is useful to remove breast milk.

Oxytocin is formed when the baby starts breastfeeding or when the mother receives a stimulation, such as hearing the baby's voice crying or rubbing the baby's face swab. The hormone oxytocin, which is useful in the process of releasing breast milk, will be formed when the mother feels relaxed and calm. Mothers who have husband support have a sense of comfort and feel they have the ability to provide exclusive breast milk. They have higher confidence in the ability to breastfeed, compared to mothers who do not provide positive or passive support. Support from the husband can increase the mother's confidence to breastfeed, regardless of whether the mother has breastfed or not (Dr. Utami Roesli, 2020).

Husband support affects the success of exclusive breastfeeding, according to (Siregar, 2019), 7 factors affect the success of exclusive breastfeeding, namely: 1) preparing breasts, if needed, 2) studying breast milk or breastfeeding procedures, 3) creating husband support, 4) choosing a place to give birth that is "baby baby" such as a baby care hospital "or "baby delivery home", 5) choose health workers who support breastfeeding regularly. exclusively, 6) finding experts on breastfeeding issues such as "lactation clinics" or lactation consultations (lactation consultants) to prepare if mothers find difficulties, 7) creating a positive attitude atmosphere about breast milk.

Emotional support can be attitudes and behaviors that can cause feelings of comfort, calm, pleasure, and affection to all parts of a family. Emotional support can be applied to both children and parents. Examples of emotional support include the husband giving more attention and concern to his main family to the mother who has a baby to provide exclusive breast milk to the baby (Mardhiyah, Wardani, and Angraini, 2018).

Mothers can provide good care for their babies, especially in exclusive breastfeeding if they have support from family, especially from husbands. The mother needs the support of others to take care of her child. Creating comfortable environmental conditions for mothers so that they can make the mother's physical and psychic conditions healthy is one of the husband's roles in the breastfeeding program. The increased role of the husband to nursing mothers can stimulate the oxytocin reflex thus increasing the production of breast milk. Positive thoughts in the mother will stimulate muscle contractions around the breast glands to launch the flow of breast milk to the sinuses (areola) which will then be sucked by the baby (Kemenkes, 2018).

5. CONCLUSION

Respondents who were not given family support as many as 71 respondents (72.4%) and given family support as many as 27 respondents (27.6%). Respondents who did not provide exclusive breast milk were 59 respondents (60.2%) and among those who provided exclusive breast milk 39 respondents (39.8%). Of the 71 respondents who were not given family support, 59 respondents (83.1%) were not given exclusive breast milk and 12 respondents (16.9%) were given exclusive breast milk. While of the 27 respondents given family support, 27 respondents (100%) were given exclusive breast milk.

SUGGESTION

For mothers who are breastfeeding, it is recommended to provide exclusive breast milk for at least until the baby is 6 months old. For husbands it is recommended to continue to provide support when the wife breastfeeds her baby. Health workers should increase counseling on the provision and benefits of exclusive breast milk, and help mothers if they have difficulty breastfeeding

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