

Relationship Employment and Family Support With Exclusive Breastfeeding

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Abstract: Two-thirds of neonatal deaths in the first week were low in the infant's immune system, so exclusive breastfeeding was very important to be given to reduce mortality. The percentage of exclusive breastfeeding in the work area of the Layung Health Center was still below the target, namely 47%. This purpose research was relationship employment and family support with exclusive breastfeeding. This research method used design of cross sectional with population and sample were 41 people aged 7-12 months, that was, all baby mothers. The sampling technique used was total sampling technique. Data analysis was performed using univariate and bivariate analysis with square statistical tests. The results showed that there was a significant relationship between work, namely (P. value = 0.011 < α = 0.05, Prevalence ratio = 7.464), and family support, namely (P. value = < α = 0.05, Prevalence ratio = 8,250) with exclusive breastfeeding. It was hoped that the Layung Community Health Center will provide information and efforts to improve counseling on the importance of exclusive breastfeeding for infants aged 0-6 months and for the community to spend time, have knowledge, and have a positive attitude in receiving information and family support which is very important for mothers.

Keywords: Employment, Family Support, Exclusive Breastfeeding.

Introduction

It was generally understood that the best nutrition for babies was breast milk/ Exclusive breastfeeding. Especially for infants aged less than 6 months, exclusive breastfeeding was recommended. Exclusive breastfeeding was giving breast milk only to babies without being given other food and drinks from birth to 6 months, except for drugs and vitamins (Ministry of Health, 2016).

Exclusive breastfeeding can reduce the risk of infant mortality in Indonesia because breast milk contains colostrum that was rich in antibodies for immunity and high amounts of germ killer. Breast milk also contains absorbent substances in the form of enzymes in the intestine (Ministry of Health RI 2016). Based on Regulation Government of Indonesia Number 33 of 2012 concerning exclusive breastfeeding, breastfeeding was given to babies from birth for six months, without adding or replacing them with other foods and drinks (Amir Aswita, et al 2018).

As for the benefits of exclusive breastfeeding to protect babies from various diseases and infections. Colostrum contains high vitamin A, carbohydrates and low fat according to the baby's needs. Can improve baby intelligence and reduce bleeding in the mother and anemia in the mother (Setia Ningsih and Haryono, 2014). One of the goals of health development was to reduce infant mortality. The Infant Mortality Rate according to the Sustainable Development Goal (SDGs) in 2015 amounted to 40 per 1000 live births and still ranks the 4th

highest infant mortality in ASEAN. Infant mortality rate (IMR) is the number of infant deaths within the first 28 days of life per 1,000 live births (Indonesian Ministry of Health, 2015)

The biggest cause of infant mortality in Indonesia is neonatal mortality and two thirds of neonatal mortality was in the first week when the infant's immune system was still very low. The fairly high infant mortality rate can be avoided by giving breast milk (ASI). Many studies have been carried out, advanced technology is used, but the most effective preventive action taken to save Indonesian babies was to do Early Initiation of Breastfeeding (IMD) and exclusive breastfeeding. Several factors cause babies not to be breastfed properly. These factors are factors of work, knowledge, attitudes, family support (Setia Sihombing, 2018).

In Indonesia, it was still one of the causes of the low level of exclusive breastfeeding for babies due to the lack of knowledge of pregnant women and the community on the importance of breastfeeding. Urban areas where relatively more mothers work for a living means that mothers cannot breastfeed their babies properly and regularly. Meanwhile, promotion of formula milk was getting more intense among the community and there was a lack of support from the community. This was significant because the workplace situation has not supported the practice of breastfeeding, for example the unavailability of places to express and store breast milk, not many available or the absence of baby care so that working mothers can breastfeed their babies at certain times. Mother's education level and mother's knowledge are important factors to support the success of exclusive breastfeeding in infants, because the higher the education level of a person, the easier it is to receive information so that the more knowledge one has. Conversely, a lack of education will hinder the development of attitudes someone against the values introduced (Septiani Hanulan et al 2017).

Only 44% of newborns in the world were breastfed within the first hour of birth, and even a few babies under six months of age were exclusively breastfed. The coverage of exclusive breastfeeding in Central Africa is 25%, Latin America and the Caribbean 32%, East Asia 30%, South Asia 47%, and developing countries 46%. Overall, less than 40% of children under six months of age are exclusively breastfed (WHO, 2015). This is not in accordance with the WHO target, namely to increase exclusive breastfeeding in the first 6 months to at least 50%. This was the fifth WHO target in 2025 (WHO, 2014).

In Indonesia, 29.5% of babies who have been exclusively breastfed until the age of six months (Indonesia Health Profile, 2017). This was not in accordance with the Ministry of Health's Strategic Plan target for 2015-2019, namely the percentage of babies aged less than 6 months who receive exclusive breastfeeding by 50%. By province, the lowest coverage of exclusive breastfeeding for infants up to 6 months was in North Sumatra at 12.4%, Gorontalo at 12.5% and the highest in DI Yogyakarta at 55.4%. While the condition of West Sumatra, it was found that exclusive breastfeeding until the age of 6 months was 37.6%. (Indonesian Ministry of Health, 2017).

The percentage of exclusive breastfeeding for infants 0-6 months in Aceh in 2018 was 49%, a slight decrease compared to 2017 which was 55%. The highest percentage of exclusive

breastfeeding was found in Gayo Lues District at 84% followed by Aceh Tenggara at 72% and Simeulue and Aceh Besar 69%. While the percentage the lowest initiation of early breastfeeding was found in Sabang City and West Aceh District, amounting to 0-11% (Aceh Province Health Profile, 2018). The 13 health centers in West Aceh, there are only 4 health centers that have exclusive breastfeeding coverage which is still low below the target coverage in 2018, namely 47%, these puskesmas are Suak Ribe puskesmas 36%, Puskesmas Pereumeu 37%, Woyla main puskesmas 24%, and including Layung puskesmas with a percentage of 24%, (Report from the Health Office of West Aceh, 2018)

The data obtained at Layung Health Center since the last 2 years, in 2017 the number of babies in the Layung Public Health Center 280 with exclusive breastfeeding coverage was 59.4% and in 2018 the number of babies was 370 with 24% exclusive breastfeeding coverage, and in 2019 with 89 babies. Based on existing data, it shows a decreasing trend in the ratio between babies who get exclusive every year and the target number of babies is still below the target, namely 47%. In the working area of the Layung Puskesmas there are 18 villages and only 11 villages that have exceeded the target of 47% exclusive breastfeeding coverage and 2 more villages that have not reached the target of exclusive breastfeeding coverage, namely Blang Sibeutong Satu village (40%) and in Seumeleung village (0 , 0%), and 5 villages that no longer have babies who are exclusively breastfed. This condition shows that most of the exclusive breastfeeding in the work area of the Layung Health Center has a low percentage of exclusive breastfeeding (Layung Health Center Report 2017, 2018).

Methods

This research design was a type of quantitative research with a cross sectional design, which was a research method with the main objective of knowing the relationship between the independent variable and the dependent variable (Susila and Suyanto 2014). This was to variabel the factor associated with exclusive breastfeeding Layung Public Health Center, Bubon District, West Aceh Regency.

The population in this study were all mothers who had babies aged 7-12 months as many as 41 babies with a total of 89 babies in the working area of Layung Puskesmas, Bubon sub-district, West Aceh district. The sample used in this study were all infant mothers who live in the working area of Layung Public Health Center, totaling 41 babies. The sampling technique in this study used a total sampling technique which is a sampling with the entire population (Sugiyono 2013).

Result

Table 1. Frequency distribution based on maternal employment status

Employment	Frequency	Percentage (%)
No	18	43.9
Yes	23	56,1
Total	41	100.0

Source: Primary Data 2019

Table 2. Frequency distribution of mothers who receive family support

Family Support	Frequency	Percentage (%)
Yes	13	31.7
No	28	68.3
Total	41	100.0

Source: Primary Data 2019

Table 3. Distribution of frequency of exclusive breastfeeding

Exclusive breastfeeding	Frequency	Percentage (%)
Yes	15	36.6
No	26	63.4
Total	41	100.0

Source: Primary Data 2019

Table 4. The Relationship Between mother's employment and Exclusive Breastfeeding

Mother's Employment	Exclusive Breastfeeding					P Value	RP (95% CI)
	Yes		No		Total		
	N	%	N	%	n		
No	11	61.1	7	38.9	18	100.0	1.777 - 31.365
Yes	4	17.4	19	82.6	23	100.0	
Total	15	78.5	26	121.5	41	200.0	

Table 5. The Relationship Between Family Support and Exclusive Breastfeeding.

Family Support	Exclusive Breastfeeding					P Value	RP (95% CI)
	Yes		No		Total		
	n	%	N	%	n		
Yes	9	69.2	4	30,8	13	100.0	1.871 - 36.385
No	6	21.4	22	78.6	28	100.0	
Total	15	90.6	26	109.4	41	200.0	

Source : Primary Data 2019

Discussion

Based on the results of the chi square test, it was found that the value of P value = 0.011 and the value of $\alpha = 0.05$ (p.value = 0.011 <0.05) so that <1 and the 1 confidence interval includes 1, meaning that these variables are related factors in the study.

Employment is that mothers who do not work are more likely to be 7,125 times more likely to provide exclusive breastfeeding for 6 months compared to mothers who work. A working mother is when the mother was outside the house or inside the house to get money except for routine household chores. Work affects the success of exclusive breastfeeding, because the

opportunity to provide exclusive breastfeeding is less time than for mothers who do not work (Rahmawati, M, Pujiani, 2014). The results of the study were in line with Awaliyah's research (2011) which shows that there is a value (p . Value $0.015 < \alpha = 0.05$) so that H_a is accepted, which means that it can be concluded that there was a relationship between work and exclusive breastfeeding. (Khoiriah Annisa, et al, 2018).

Researchers' assumptions relate to working mothers have a better understanding of the importance of exclusive breastfeeding for their babies compared to mothers who do not work who lack understanding of the importance of exclusive breastfeeding for infants aged 0-6 months. So that there are many mothers who work exclusively breastfeeding compared to mothers who do not work because mothers who do not work are less well informed about exclusive breastfeeding so that babies 0-6 months earlier describe a relationship between work and exclusive breastfeeding in the Work Area. Layung Puskesmas, Bubon District, West Aceh Regency.

Based on the results of the prevalence ratio of 7,464, it can be concluded that there were 11 respondents who did not work more than respondents who did not work were given food other than breast milk. Based on the results obtained by the researchers in the field, there are mothers who work only partially who provide exclusive breastfeeding and dominant mothers who do not provide exclusive breastfeeding were more than mothers who provide exclusive breastfeeding. because the existing theory was in accordance with research in the field, there was a result that there was a relationship between work and exclusive breastfeeding.

Based on the results of the chi square test, it was found that the value of P value = 0.05 and the value of $\alpha = 0.05$ (p .value = $0.005 < 0.05$) so that it was described that there is a relationship between family support and exclusive breastfeeding in the Layung Community Health Center Work Area, Bubon District. West Aceh District.

Based on the results of the ratio prevalence (8,250) can be concluded that respondents who do not support exclusive breastfeeding are more likely (8,250) times to be unrelated than respondents who support. Where if the value was related to prevalence > 1 and the 1 confidence interval includes the number 1, it means that the variable was a factor associated with exclusive breastfeeding and in this study was a related factor.

Good family support cannot be separated from a good family attitude. Families that provide support or support was a reflection of a good family function. Family support also cannot be separated from the family health care function, where this function plays an important role because how the family can maintain and maintain the health of family members so they don't get sick and the family was the main supporting factor. (Nurlinawati., Et al, 2016).

The results of the study were in line with the research of Tiasna (2015) showing a p value = 0.012, which means that there was a relationship between family support and complementary feeding (US complementary food), so it can be concluded that if someone does not have family support it will increase the provision of MP- ASI. (Heryanto, 2017)

Researcher's assumptions relate to family support that was still less supportive in terms of breastfeeding exclusively for their babies so that mothers do not exclusively breastfeed

because the family does not have knowledge of the importance of exclusively breastfeeding their babies for 0-6 months. In fact, if the mother has support from the family, it will provide benefits for both mother and baby. Based on the results obtained by the researchers in the field, there was family support that does not support not giving exclusive breastfeeding more than families who provide exclusive breastfeeding because there is one mother who cannot give her breast milk to the baby which is toxic.

As for the distance or time after giving birth to breastfeeding, it is given immediately after the baby was born, both the mother gives birth normally or in surgery. However, if the baby was in an unhealthy state (shortness of breath or heart) it is given after the child's condition is stable at certain hours. and in terms of family support regarding the issue of place of delivery between midwives or midwives, namely where there are still some mothers who go to the midwife to carry out examinations, but for the process of giving birth, the community prefers to give birth at a health center or hospital than a midwife. Because pregnant women and their families have obtained information about the risks of pregnancy and childbirth according to health recommendations, so that people were no longer unfamiliar with information and knowledge about the importance of maternal and child health.

Conclusions

It was hoped that the Layung Community Health Center will provide information and efforts to improve counseling on the importance of exclusive breastfeeding for infants aged 0-6 months and for the community to spend time, have knowledge, and have a positive attitude in receiving information and family support which is very important for mothers.

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