Relationship between Mother's Knowledge and Family Support with Giving Exclusive Breastfeeding for Children 6-24 Months in the Ogomatanang Village, Lampasio District, Toli-Toli Regency

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ABSTRACT

Exclusive breastfeeding is giving breast milk only without giving other food and drinks to babies from birth to six months. In Indonesia, it shows that currently breastfeeding is still a concern, the percentage of infants who are exclusively breastfed for up to 6 months is only 30.2%, of the national breastfeeding target of 80%. This figure is clearly below the WHO target, which requires breastfeeding coverage of up to 50%. One of the areas that are still worrying about exclusive breastfeeding is the village of Ogomatanang. There are still many breastfeeding mothers who do not provide exclusive breastfeeding in Ogomatanang Village. Therefore, the researcher wanted to know the relationship between maternal knowledge and family support with exclusive breastfeeding for children 6-24 months in Ogomatanang Village. The design of this research is analytical research with the Cross-Sectional Study approach. This study used an Accidental sampling technique, with a total sample of 45 respondents. The test used in this research is using the Chi-square test. The results showed that there was no significant relationship between knowledge and exclusive breastfeeding with p-value = 2.31> 0.05. There was a meaningful relationship between family support and exclusive breastfeeding in Ogomatanang Village, Lampasio District, Toli-Toli Regency with p-value = 0.00 <0.05 This study suggests mothers and families in the Ogomatanang Village, Lampasio District, Toli-Toli Regency always to provide exclusive breastfeeding to children 6-24 months of age because breastfeeding is essential for children's growth and development.

Keywords - Mother's Knowledge, Family Support, Exclusive Breastfeeding

INTRODUCTION

The World Health Organization (WHO) informs that every year 1-1.5 million babies in the world die because they are not exclusively breastfed for their babies. Exclusive breastfeeding is essential for babies aged 0-6 months because all the nutritional content is in breast milk which is very useful (Untari, 2017).
The United Nations Children’s Fund (UNICEF) states that babies who are fed formula milk have a 25 times higher chance of dying in the first month of birth than babies who are exclusively breastfed by their mothers (Marliana, 2018).

In Indonesia, it shows that currently breastfeeding is still a concern, the percentage of infants who are exclusively breastfed for up to 6 months is only 30.2%, of the national breastfeeding target of 80%. This figure is clearly below the WHO target, which requires breastfeeding coverage of up to 50%. (Anita, 2018).

Based on data from the Central Sulawesi Provincial Health Office, the coverage of exclusive breastfeeding in Central Sulawesi Province from 2017 to 2018 experienced an upward trend that was not too significant from year to year, wherein 2017 (56.6%) increased to (57.7%) in 2018. Based on data from the Toli-Toli District Health Office, the coverage of exclusive breastfeeding in Toli-Toli Regency was (47.3%) in 2018.

Breast milk (ASI) is the optimal choice for infant nutrition. This is not only because breast milk contains a source of energy, nutrients, fluids that are safe and hygienic for babies, but also contains disease-fighting substances and vitamins that support the body’s natural immune system (Iriyanti, 2017).

Mother’s knowledge about exclusive breastfeeding needs to be improved. Lack of knowledge of mothers about the benefits of exclusive breastfeeding and perceptions about exclusive breastfeeding will affect the practice of mothers to breastfeed their babies (Masthalina, 2018) exclusively.

Although exclusive breastfeeding has been widely socialized, not a few mothers, do not understand and underestimate it. The lack of awareness of mothers to breastfeed is partly due to the mother’s lack of knowledge.

Mother’s ignorance will also affect the mother’s attitude in giving exclusive breastfeeding; therefore, the mother’s knowledge about exclusive breastfeeding needs to be improved. Lack of knowledge of mothers about the benefits of exclusive breastfeeding and misleading perceptions about exclusive breastfeeding will influence the practice of mothers to breastfeed their babies (Masthalina, 2018) exclusively.

The fewer the number of babies who receive exclusive breastfeeding, the worse the health quality of infants and toddlers will be because the compliance of mothers in improper complementary feeding causes digestive disorders which in turn cause growth disorders, which in turn can increase the Infant Mortality Rate (IMR) (Iriyanti, 2017).

Family support consisting of instrumental support, information, emotional and appreciation which includes direct assistance According to Britton’s research found that family support from husbands, other family members (mothers) increases the duration of breastfeeding until the first six months postpartum and plays a vital role in successful delivery. Exclusive breastfeeding. Family support influences mothers to take exclusive breastfeeding by adopting clean and healthy living behaviours in exclusive breastfeeding (Nurlinawati, 2016).
METHODOLOGY

The design of this research is analytical research with the Cross-Sectional Study approach. This study used an Accidental sampling technique, with a total sample of 45 respondents. The test used in this research is using the Chi-square test. This research was carried out in the Ogomatanang Village.

The population in this study were all mothers who had children 6-24 months in the Ogomatanang Village. The sample in this study was 45 breastfeeding mothers. The model was determined by using the Lemeshow sample estimation formula.

RESULT & DISCUSSION
Univariate Analysis

Univariate analysis was used to determine the frequency distribution of each variable under study, both the independent variable (knowledge and family support) and the dependent variable (exclusive breastfeeding).

Mother's Knowledge
Table of Frequency Distribution of Respondents based on Mother's Knowledge in Ogomatanang Village, Lampasio District, Toli-Toli Regency 2020 year

<table>
<thead>
<tr>
<th>No.</th>
<th>Characteristics</th>
<th>Frekuensi (f)</th>
<th>Persentase %</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Low</td>
<td>21</td>
<td>46.7</td>
</tr>
<tr>
<td>2.</td>
<td>High</td>
<td>24</td>
<td>53.3</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>45</td>
<td>100</td>
</tr>
</tbody>
</table>

Source: Data Primer, 2020

Based on the table above, it shows that the respondents have characteristics based on Family Support, 21 (46.7%) and 24 (53.3%) supportive characteristics.

Family support
Table of Frequency Distribution of Respondents based on Mother's Knowledge in Ogomatanang Village, Lampasio District, Toli-Toli Regency 2020 year

<table>
<thead>
<tr>
<th>No.</th>
<th>Characteristics</th>
<th>Frekuensi (f)</th>
<th>Persentase %</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Not Support</td>
<td>21</td>
<td>46.7</td>
</tr>
<tr>
<td>2.</td>
<td>Support</td>
<td>24</td>
<td>53.3</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>45</td>
<td>100</td>
</tr>
</tbody>
</table>

Source: Data Primer, 2020
Exclusive Breastfeeding

Table of Frequency Distribution of Respondents Based on Mother’s Knowledge in Ogomatanang Village, Lampasio District, Toli-Toli Regency in 2020

<table>
<thead>
<tr>
<th>No.</th>
<th>Characteristics</th>
<th>Frekuensi (f)</th>
<th>Persentase %</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Not Give</td>
<td>35</td>
<td>77.8</td>
</tr>
<tr>
<td>2.</td>
<td>Give</td>
<td>10</td>
<td>22.2</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>45</td>
<td>100</td>
</tr>
</tbody>
</table>

*Source: Data Primer, 2020*

Based on the table above, it shows that respondents have characteristics based on exclusive breastfeeding, not giving 35 (77.8%) and characteristics giving 10 (22.2%).

Bivariate Analysis

Bivariate analysis is for the meaningful relationship between the independent variables, namely mother’s knowledge and family support, the dependent variable, namely exclusive breastfeeding. The statistical test used is the Chi-Square test, it is said to be significant if the value of P <0.05 and not significant if it has P > 0.05. The results of the bivariate analysis of this study are:

Mother’s Knowledge Relationship

Table of Analysis of Relationship between Mother’s Knowledge and Exclusive Breastfeeding in the Ogomatanang Village, Lampasio District, Toli-Toli Regency

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Exclusive Breastfeeding</th>
<th>Total</th>
<th>P Value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Not Give</td>
<td>Give</td>
<td>N</td>
</tr>
<tr>
<td>Low</td>
<td>18</td>
<td>3</td>
<td>40.0</td>
</tr>
<tr>
<td>High</td>
<td>17</td>
<td>7</td>
<td>37.8</td>
</tr>
<tr>
<td>Total</td>
<td>35</td>
<td>10</td>
<td>77.8</td>
</tr>
</tbody>
</table>

*Source: Data Primer, 2020*

The results of the analysis showed that of 21 respondents who had low knowledge, 18 of them had exclusive breastfeeding without giving (40.0%), and 3 of them had exclusive breastfeeding (6.7%). Meanwhile, of the 24 respondents with high knowledge, 17 of them had exclusive breastfeeding and did not give (37.8%) and 7 of them had exclusive breastfeeding (15.6%).
Family support

Table of Analysis of Relationship between Family Support and Exclusive Breastfeeding in the Ogomatanang Village, Lampasio District, Toli-Toli Regency

<table>
<thead>
<tr>
<th>Family Support</th>
<th>Exclusive Breastfeeding</th>
<th>Total</th>
<th>P Value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Not Give</td>
<td>Give</td>
<td>N</td>
</tr>
<tr>
<td>Not Support</td>
<td>11</td>
<td>24.4</td>
<td>10</td>
</tr>
<tr>
<td>Support</td>
<td>24</td>
<td>53.3</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>35</td>
<td>77.8</td>
<td>10</td>
</tr>
</tbody>
</table>

Source: Data Primer, 2020

The results of the analysis showed that of 21 respondents who had unsupportive support, 11 of them had exclusive breastfeeding without giving (24.4%), and 10 of them had exclusive breastfeeding (22.2%). Meanwhile, of the 24 respondents who supported support, 24 of them had exclusive breastfeeding and did not give (53.3) and 0 of them had exclusive breastfeeding (0.0%).

Based on the results of the Chi Square test, the value of p value is obtained = 0.00 > 0.05, which means that there is a significant relationship between knowledge and exclusive breastfeeding in the Ogomatanang Village, Lampasio District, Toli-Toli Regency.

Based on the results of the Chi Square test, it was found that the p value = 2.31 <0.05, which means that there is no significant relationship between knowledge and exclusive breastfeeding in the Ogomatanang Village, Lampasio District, Toli-Toli Regency.

DISCUSSION

Mother’s Knowledge Relationship with Exclusive Breastfeeding

The results of the univariate analysis showed that respondents with high knowledge were more than those with low experience, where respondents with high maternal knowledge were 24 respondents (53.3%), and respondents with insufficient knowledge were 21 respondents (46.7%).

The results of the bivariate analysis showed that there was no significant relationship between knowledge and exclusive breastfeeding with p-value = 2.31 > 0.05.

The relationship between a mother’s knowledge and exclusive breastfeeding is stable, where the low level of breastfeeding is a threat to child development. Babies who are not breastfed for at least six months of age are more prone to experiencing nutritional deficiencies. Public awareness in encouraging increased breastfeeding is still relatively low, and there is a lack of knowledge. Many mothers are uninformed or don’t know what to do when their baby is born. Breastfeeding can save medical costs, increase work productivity and improve company image as well as improve the health of mothers and babies (Sipahutar et al. 2017).

Several actors influence knowledge, one of which is the level of actors, which in general, highly educated people will have broader experience than people with less
education and with actors who can add insight or knowledge of a person, the role of health workers is vital for promoting exclusive breastfeeding. Promotion of exclusive breastfeeding is not only given to mothers but also offered to families and communities because of the importance of knowledge so that it will result in success in exclusive breastfeeding (Caitom, et al. 2019).

Factors proven to influence exclusive breastfeeding are maternal psychic actors (mother's belief in milk production), family support, maternal knowledge about exclusive breastfeeding, and breastfeeding counselling (Fabriani et al. 2019).

This is certainly in line with the research that has been conducted that the knowledge of mothers.

Family Support Relationship with Exclusive Breastfeeding

The results of the univariate analysis showed that respondents who supported family support were more than those who did not help them, where respondents who supported family support were 24 respondents (53.3%). Respondents with low knowledge were 21 respondents (46.7%).

The results of the bivariate analysis showed that there was a significant relationship between support and exclusive breastfeeding with p-value = 0.00 <0.05.

Family support has a relationship with the success of exclusive breastfeeding for babies. Informational support is that the family functions as a family disseminator or disseminator of information about all the information in life. The family functions as seekers of information related to breastfeeding problems from health workers, and conducts consultations, and seeks input from print media and other supporting sources (Rahmawti, 2016).

Family support is an attitude or action given by other family members that are supportive and accepting of any condition of family members and is always willing to provide help and assistance if needed. In this case, the recipient of family support will know that there are family members who care, appreciate and love him. Support recipients will feel relieved to be noticed (Rambu, 2019).

Family support is an external factor that has the most significant influence on the success of exclusive breastfeeding. Breastfeeding mothers need help and assistance, both when starting and continuing breastfeeding for up to 2 years, namely support from family, especially husbands and health workers (Mamangkey, 2018).

Providing counselling and education from their families and health workers will be encouraged to provide exclusive breastfeeding compared to those who have never received information or support from their families so that the role of the family is vital for the success of exclusive breastfeeding (Mamangkey, 2018).

One form of family support is husband's support, such as motivating wives to be willing to give breastfeeding exclusively to children, providing confidence to wives when they begin to give up giving exclusive breastfeeding, husbands participate in consulting
with a lactation consultant just in case wife needs help or is facing some breastfeeding-related problem.

This is certainly in line with the research that has been done that family support significantly affects exclusive breastfeeding for babies.

CONCLUSIONS

Based on the research results, it can be concluded that: There is no significant relationship between knowledge and exclusive breastfeeding in Ogomatanang Village, Lampasio District, Toli-Toli Regency with p-value = 2.31 > 0.05. There is a meaningful relationship between family support and exclusive breastfeeding in Ogomatanang Village, Lampasio District, Toli-Toli Regency with p-value = 0.00 < 0.05.

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