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*The Indonesian Journal of Health Promotion***Research Articles****Open Access****Family's Support and Exclusive Breastfeeding Experience During the Covid-19 Pandemic, in Palu: A Cross Sectional Study****Khairunnisaa^{1*}, Nur Mila Sari², Rifka Haristantia³, Nur Azizah Azzahra⁴**¹Health Promotion Departement Of Public Health Faculty, Tadulako University, | email Ikhairunnisaa2@gmail.com²Administration Policy Health Departement Of Public Health Faculty, Tadulako University |
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nazizahazzahra79@gmail.com* Corresponding Author: Ikhairunnisaa2@gmail.com**ABSTRACT****Introduction:** Exclusive breastfeeding coverage in Bulili Health Center is only around 37,7%, very far from the target of SPM 80%. During the COVID-19 pandemic, quarantine situations, activity restrictions and other worst conditions were very difficult experiences and required family support.**Objective:** The aim of this research is to determine the relationship between family support and exclusive breastfeeding behavior based on the experiences of breastfeeding mothers during the COVID-19 pandemic.**Method:** Cross sectional design, and self-administered online questionnaire on 111 mothers who have babies aged 6-24 months in working area of Bulili Health Center Palu City. The Research used univariate and bivariate analyzez.**Result:** The results showed that exclusive breastfeeding mothers was 40,5%. Family support is related to exclusive breastfeeding. Emotional, assessment and informational support from family are supports related to exclusive breastfeeding**Conclusion:** During the COVID-19 pandemic, family support cannot be ignored for the success of exclusive breastfeeding. Therefore, there is a need for cross-sector cooperation in implementing digital-based communication, information and education to collect informationsupport and movement in public education efforts regarding exclusive breastfeeding during the COVID-19 pandemic.**Keywords:** Exclusive Breastfeeding; Pandemic; Family Support

INTRODUCTION

According to the United Nations International Children's Emergency Fund (UNICEF) in 2019, 2.4 million children died in the first 30 days of life, as many as 6,700 babies were born every day, with around a third of all neonatal deaths occurring within the first day after birth, and almost three-quarters occur in the first month. The higher number of infant deaths during the neonatal period needs to be reviewed due to the presence of neonatal problems such as diarrhea and pneumonia. Because most infant deaths can be caused by a lack of exclusive breastfeeding and low nutritional status of pregnant women (1).

Breastfeeding has a big impact on the baby's survival. However, the practice is not accompanied by ease in achieving and maintaining this behavior in various situations (2). The COVID-19 pandemic is not an easy thing for mothers to succeed breast-feed. This condition certainly greatly influences breastfeeding practices throughout the world. Mothers with confirmed COVID-19 need to be encouraged to start and maintain breastfeeding behavior. Peruvian mothers are told that the benefits of breastfeeding outweigh the potential risk of transmission (3). Biasucci et al., (2020) also explained that during the pandemic, quarantine situations, activity restrictions and other worst conditions were very emotionally stressful experiences for COVID-19 mothers, so separating mothers and babies and preventing breastfeeding would actually worsen their psychological trauma (4). Apart from that, the condition becomes very vulnerable for babies, plus there is no vaccine yet for babies (5). Therefore, breast milk is important for protecting babies from many diseases, and breastfeeding provides many short-term and long-term health benefits for mothers and children (6).

Sechendu B Karr's behavioral theory (1984) explained that a person's behavior, apart from being influenced by intentions, is also influenced by social support (7). Family, in this case husband, in-laws, siblings and parents, is an important part of society which plays a role in providing social support during pandemic COVID-19 (8). Research by Xia et al., (2021) showed that there is a relationship between social support from family and exclusive breastfeeding during the COVID-19 pandemic (9). Wang et al., (2020) found that families tend to recommend formula because of anxiety and lack of information. This shows that family support policies must be part of the care of mothers and babies in cases of COVID-19 (10). Oncel et al., (2021) found that limited access to information and quarantine during the COVID-19 pandemic, mothers need emotional support, instrumental assessment and information from the family for successful exclusive breastfeeding (11).

Based on the results of Basic Health Research (Riskesdas) in 2018, exclusive breastfeeding coverage in Indonesia only reached 37.3%. This achievement is still far from the target of exclusive breastfeeding coverage in Indonesia, namely 60% (12). Based on data from the Palu City Health Service (2019), exclusive breastfeeding coverage in the last 4 years has also fluctuated. In sequence, exclusive breastfeeding coverage in Palu City in 2016 reached 64.4%, in 2017 it reached 58.3%, in 2018 it became 59.54% and decreased again in 2019, namely 57.8% (13). Exclusive breastfeeding coverage at the Bulili Health Center was the lowest coverage in Palu City from 2016 to 2019, namely 49.5%, in 2016, decreased to 38.3% in 2017, in 2018 it decreased to 36.25% and in 2019 to 37.7%. This achievement is still half of the national target, namely 60% (14).

Based on these data, this study aims to determine the relationship between social support from the family and exclusive breastfeeding behavior as well as the challenges faced by mothers in maintaining exclusive breastfeeding behavior during the COVID-19 pandemic.

METHOD

This study employed a quantitative method with a cross-sectional design. The populations were mothers who had 6-to-24-month-old babies at Bulili Community Health Center (Puskesmas) Work Area in the city of Palu. The number of samples was counted based on a different-proportion hypothesis test based on Lemeshow, (1997). The minimum number of samples based on that formula was 78. The samples were selected by using a simple sampling random technique on the available sample framework. The number of obtained total samples was 111 respondents.

This research uses a modified instrument from a questionnaire developed by Fadjriah R.N, (2020) in previous research in the Bulili health center working area, Palu City (15). The development of the questionnaire also looked at the results of variable studies from research on exclusive breastfeeding during the pandemic in the research Sakalidis et al., (2021), Xia et al., (2021) and Vazquez-Vazquez et al., (2021) (2) (9)(8). This questionnaire contains 6 items, namely: respondent characteristics, knowledge, attitudes, family support (instrumental, informational, emotional and assessment support), exclusive breastfeeding behavior, as well as several open questions regarding challenges and hope for the success of exclusive breastfeeding during the pandemic. Furthermore, the internal validity of an instrument refers to content validity; then proceed with instrument testing using a face validity test to reduce the level of measurement error. Apart from that, the instrument was assessed as reliable based on the Cronbach Alpha test which was carried out on the entire sample, namely 111 mothers who had babies aged 6 to 24 months.

The data were collected through online questionnaires by using a kobotoolbox feature on mothers who had 6-to-24-month-old babies at Bulili Community Health Center Work Area in the city of Palu from October to December 2021. The data were analyzed by using univariable and bivariable.

This study already passed the ethical examination from the Ethical Research and Public Health Service of Faculty of Public Health, Universitas Indonesia, with the number of Ket- 488/UN2.F10.D11/PPM.00.02/2021 on October 25, 2021.

RESULTS

Table 1 showed us that the proportion of exclusive breastfeeding behavior in Bulili Community Health Center (Puskesmas) Work Area in the city of Palu was 40.5%. The average age of the respondents was 28 year, 88.4% of respondents were 20-35 years old. Most of the respondents had a high educational qualification (86.6%), did not work (68.5%) and earned a high income (56,8%). 60.4% respondents were multipara. Most of the respondents received less support from their family (62,2%).

Table 1. Respondent characteristics (n=111)

Characteristics	Jumlah	Persentase (%)
Exclusive Breastfeeding		
Exclusive Breastfeeding	45	40,5
Non Exclusive	66	59,5
Mother's Age (average = 28; min-max = 18 – 42)		
<20 or > 35 years	12	10,7
20-35 years	99	88,4
Educational Qualification		
Low	14	12,5
High	97	86,6
Job Status		
Working	35	31,5
Not working	76	68,5
Family's Income (average = IDR 3.086.486)		
Low (<Rp.2,673,388)	48	43,2
High (≥Rp.2,673,388)	63	56,8
Parity		
Primipara	44	39,6
Multipara	67	60,4
Family Support		
Less	69	62,2
Full	42	37,8

*data source: primary data

Table 2 showed us that there was relations between family's support and exclusive breastfeeding behaviors ($p=0,000$). Most mothers with low family support do not succeed in exclusive breastfeeding.

Table 2. Chi Square Test Results

Family's Support	Exclusive Breastfeeding		<i>p-value</i>	<i>Odds Ratio</i>	95% <i>CI</i>	
	Yes (%)	No (%)			Low	Up
Less	16 (14,4)	53 (47,7)	0,000	7,389	3,1	17,4
Full	29 (26,1)	13 (11,7)				

Table 3 showed that informational, emotional, and reward support related to exclusive breastfeeding behavior ($p=0,000$). In addition, instrumental support in this case, family helps mothers to complete housework and care for children during the COVID-19 pandemic is also related to exclusive breastfeeding.

Table 3. Family's Social Support Regarding Exclusive Breastfeeding Behaviors (n=111)

Husband's Support		Non-Exclusive	Exclusive Breastfeeding	Total	P-value
		n (%)	n (%)	n (%)	
Informative Support					
The family tells his wife that a baby aged 0-6 months old is allowed to fed with foods other than breast milk such as a banana, formula milk or mushy rice.	Yes	48 (75)	16 (25)	64 (100)	0.000
	No	18 (38.3)	29 (61.7)	47 (100)	
The family recommends that the newborn baby be fed with formula milk in the early labor when the breast milk is not smoothly ejected	Yes	45 (71.4)	18(28.6)	63 (100)	0.003
	No	21 (43.8)	27 (56.3)	48 (100)	
Family forbids the mother from giving the baby the first breast milk that comes out and is yellowish in color	Yes	42 (80.8)	10 (19.2)	52 (100)	0.000
	No	24 (40.7)	35 (59.3)	59 (100)	
Instrumental Support					
Families help mothers with housework during the COVID-19 pandemic (taking care of children, assisting children with online school, cleaning the house, etc.)	No	40 (78.4)	11 (21.6)	51 (100)	0.000
	Yes	26 (43.3)	34 (56.7)	69 (100)	
The family helps prepare the breast pump when the baby is 0-6 months old	No	23 (60.5)	15 (39.5)	38 (100)	0.869
	Yes	43 (58.9)	30 (41.1)	73 (100)	
The family helps provide food that supports exclusive breastfeeding	No	23 (63.9)	13 (36.1)	36 (100)	0.510
	Yes	43 (57.3)	32 (42.7)	75 (100)	
Emotional Support					
Family listens to mother's complaints about breastfeeding difficulties during the pandemic	No	52 (81.3)	12 (18.8)	64 (100)	0.000
	Yes	14 (29.8)	33 (70.2)	47	
The family assures the mother that she can give exclusive breast milk to the baby until the baby is 6 months old	No	44 (61.5)	10 (18.5)	54 (100)	0.000
	Yes	22 (38.6)	35 (61.4)	57 (100)	
The family recommended using formula milk because he was afraid of the baby contracting COVID-19	No	51 (81)	12 (19)	63	0.000
	Yes	15 (31.3)	33 (68.8)	48	
Assessment Support					
The family gives praise/gifts when the mother succeeds in giving only breast milk to the baby as long as the baby is 0-6 months old	No	62 (68.9)	28 (31.1)	90	0.000
	Yes	4 (19)	17 (81)	21	

DISCUSSION

Based on the results of the study, it was found out that mothers who breastfed their babies exclusively accounted for 40.5%, and that figure confirmed a study conducted in Belgium found that more than 90% of breastfeeding mothers denied the coronavirus was responsible for stopping breastfeeding. The termination was actually linked to medical counseling and women's social support which was a negative impact of the lockdown (16). The impact of the pandemic should be an important message for the implementation of health promotion in the success of exclusive breastfeeding (17).

Research by Siwik *et al.*, (2022) identified that the COVID-19 pandemic created barriers to accessing formal and informal breastfeeding social support, which stemmed from public health restrictions and difficulties communicating online with families and healthcare providers (18). Additionally, participants identified that the COVID-19 pandemic or lockdowns facilitated feelings of connectedness, protection, and resiliency. Research by Gao *et al.*, (2020) stated that most of the mothers stopped breastfeeding their babies and turned to formula milk since they thought that they did not have sufficient breast milk for their babies and they thought that there was not enough nutrition in their breast milk (20). Research by Sakalidis *et al.*, (2021) found that stopping breastfeeding was also caused by mental problems, namely maternal anxiety (2)

Basically, behavior is a function of social support. A person will tend to have a strong intention to adopt a behavior if supported by adequate social support (7). Psychologically, Ajzen (2020) explain that social environmental factors are not considered to contribute directly to explaining the possibility of performing a behavior, but these factors are assumed to operate through the construction of models in behavior. Where the social environment manifested in social support greatly influences normative beliefs related to the extent to which other people are considered important. The normative beliefs that are built are an important construct of subjective norms that predict behavioral intentions (21).

In this study, it was identified that family's support related to exclusive breastfeeding behavior ($p=0,000$). Hence, this study confirmed a study conducted by Vazquez-Vazquez et al., (2021) in his research also stated that the main source of support for breastfeeding during a pandemic is family's support. On the contrary, Natalia, Rustina and Efendi, (2021) stated that there were no significant relations between family's support and Exclusive Breastfeeding behaviors ($p=1.000$).

Family support is needed to increase mothers' confidence to successfully breastfeed exclusively during the pandemic. As obtained in this study, several respondents provided information that they received instructions from their families to start teaching their children to eat other foods such as banana porridge when the baby was less than 6 months old. In addition, families also understand that during the COVID-19 pandemic, it is a dangerous action. Families also recommend formula milk because they think breast milk has been contaminated with the COVID-19 virus. Breast milk is the best source of nutrition for babies. This is similar to Oncel *et al.*, (2021) in Turkey, where families tend to recommend formula milk due to anxiety and lack of information regarding breastfeeding behavior during the COVID-19 pandemic, which makes mothers anxious and choose to stop breastfeeding (11). WHO explains that babies whose mothers have been diagnosed with COVID-19 are still recommended to receive breast milk. Breastfeeding is safe as long as the infected mother takes the necessary precautions (24).

In this study, the family's informational, assessment and emotional supports were identified lower than other kinds of supports. The breastfeeding quality could be enhanced by creating such a good emotional atmosphere for the mother to experience positive delight or to make her feel more adequate and competent (25). Research by Okinarum and Rochdiat, (2022) in Indonesia found that an indifferent husband is a weak element in the success of exclusive breastfeeding during the COVID-19 pandemic and is a difficult experience for breastfeeding mothers (26). However, instrumental family support in this case helping to prepared pumping and nutritious food is not related to exclusive breastfeeding behavior. This can be associated with emotional factors that have a greater influence on the mental condition of breastfeeding mothers during the COVID-19 pandemic.

The COVID-19 pandemic has created barriers to accessing breastfeeding social support stemming from public health restrictions and difficulties communicating online with family and health care providers (18). Research Ravaldi *et al.*, (2020) in Italy also shows that the COVID-19 pandemic also presents breastfeeding challenges where levels of stress, anxiety, somatization, and PTSD symptoms in breastfeeding mothers are higher (27). This condition certainly has a negative impact and can cause the behavior to stop. Study by Latorre *et al.*, (2021) found that the implementation of the lockdown is thought to have caused families to complete their work at home and not have more time to help breastfeeding mothers complete housework and care for their children intensively (28). Research by Sakalidis et al., (2021) also found that breastfeeding mothers have high concerns regarding the impact of the COVID-19 pandemic on their babies' health (2). Continued worry can make mothers depressed and experience mental disorders during pregnancy and breastfeeding so full social support from the family, especially the husband, cannot be ignored. It is not uncommon for a mother to face pressure from her family who tries not to provide exclusive breastfeeding even though the family already knows the importance of exclusive breastfeeding (29). Therefore, mothers really need empathy, protection, and attention from their families to face various challenges in their efforts to provide exclusive breastfeeding to their babies (30).

However, this study also identified that there are still mothers with full support from their husbands but fail to exclusively breastfeed. This could be influenced by other factors, namely breast milk production. Based on in-depth questions, several respondents who failed to exclusively breastfeed had the perception that their breast milk was not enough and difficult to come out. So they decided to give formula milk to their babies. One respondent also explained that the perception of insufficient breast milk can be seen from the signs that the baby is not satisfied, namely crying, fussy but when given food the baby is quiet.

CONCLUSION

Exclusive breastfeeding in the Bulili Community Health Center working area is still low, namely 40.5%. Social support from the family is related to exclusive breastfeeding behavior in the Bulili health center working area. Emotional, assessment and informational support are supports related to exclusive breastfeeding. Mothers not only need information regarding exclusive breastfeeding from their families but also need families who can listen to their

complaints and give appreciation for their success in handling the most difficult conditions in breastfeeding and caring for babies.

SUGESTIONS

Therefore, the Paluy City Health Office needs to design and develop a program to increase the coverage of Exclusive Breastfeeding through Information and Education Communication to breastfeeding mothers' families. In addition, there needs to be cross-sector cooperation where network strengthening can be done through workshops to gather support and movement in efforts to educate the community regarding Exclusive Breastfeeding. Researchers suggest that further research should measure further related to family social support specifically, namely social support from husbands, in-laws/parents and cadres. This is expected to explore more deeply related to providing specific breastfeeding social support so that it can produce targeted interventions.

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