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Family and Healthcare Worker Participation in Promoting Exclusive Breastfeeding among Mothers

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ABSTRACT

The family greatly influences the mother's desire to practice exclusive breastfeeding to the baby and strongly influences the decision to breastfeed. Support from health worker professionals like nurses, doctors, cadre health professionals, and midwives can also help in the exclusive application of breast milk. This study uses an approach study quantitative. This study aims to identify family and health workers' participation in the practice of exclusive breastfeeding to mothers breastfeeding at the Medan Sunggal Community Health Center. This study's population is mothers with babies aged 0-24 months: retrieval technique purposive sampling sample, as many as 90 people. Research results show that the majority aged 20-35 years, as many as 71 people (78.9%), have the child more than 1 (multiparous), as many as 69 (76.7%), educated middle school (high school equivalent), as many as 61 (68.7%), no work as many as 82 people (91.1%) and gave exclusive breast milk as many as 77 (85.6%). Research results show that families participate in practicing exclusive breastfeeding to the mother by providing informational support in a way good (56.7 %), instrumental support good (84.4%), emotional support in a way good (61.1%), and support award in a way good (75.6%). The research results also show that significant health workers follow participation with good-to-mother breastfeeding during pregnancy (87.8%), when giving birth (80%), and during the postpartum period (77.8%). So, it is concluded that big families and health workers participate in the practice of exclusive breastfeeding the mother.

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INTRODUCTION

Enhancement scale breastfeeding can save a life of more than 820,000 children and 20,000 women every year, prevent obesity and type 2 diabetes, improve the IQ of all children by 3 points, and save the country more than 300 billion US dollars spent For maintenance of health Because lack of breastfeeding and loss productivity (Victora CG et al., 2016). Globally, only 44 % of babies are breastfed in the first hour after birth, and 40% of all babies under six months get breast milk exclusively. In addition, by the age of two years, 45% of children are still breastfeeding (WHO, 2018).

Nationally, based on Indonesian Health Profile data, the rate of exclusive breastfeeding declined from 68.74% in 2018 to 66.06% in 2020. Health Profile Data in North Sumatra Province, the rate of exclusive breastfeeding declined from 40.60% in 2019 to 38.42% in 2020. Achievements in practice exclusive breastfeeding in 2020 also show lower numbers than the target set in the 2020 North Sumatra Provincial Health Service Strategic Plan, namely 56%. Profile data health in Medan City three years ago also shows a decline in the number scope practice exclusive breastfeeding from 34.05% in 2018 and 2019 to 27.1% in 2020 (Health Office of Medan, 2018, 2019, 2020; Health Office of Sumatera Utara Province, 2018, 2019, 2020).

Participation in public matters is essential because the public has originated contributions from knowledge and experience to increase their health. They tend to be committed to finding solutions to problems when involved in the identification process. Participation can increase the skills and knowledge of the public locally, giving them a chance to increase the level of their life. The involvement of the public can increase source power to support health maintenance. Encouraging conditions participation if they think that activity is essential, activities will produce change, must get confession and award,

get support in his participation, and the process is not ruled out (Ife & Tesoriero, 2016).

The family greatly influences the mother's desire to practice exclusive breastfeeding to the baby and strongly influences the decision to breastfeed. This matter is depicted in the research by Umami and Margawati (2018), which explains that supporting the family is influential in the success of practice exclusive breastfeeding. Fuziarti et al.'s (2020) research results show a connection between supporting families and practice exclusive breastfeeding in the Work Area Karang Intan I Community Health Center, with a p-value=0.012.

The husband has an essential role in reaching success in breastfeeding. One of the husbands is to support the mother in the form of feeling loved and cared for, so emotionally, expectant mothers increase the production of the hormone oxytocin so that breast milk production is fluent. Husband support can do it, too, realized in the form of emotional and helpful practicals for the mother. The breastfeeding process is essential for all family members, and the husband's involvement is one of the essential determinants of the success of breastfeeding (Ministry of Women's Empowerment and Child Protection, 2010).

Support from health workers such as nurses, doctors, health cadres, and midwives can help implement breast milk provision exclusively. Health workers also play a role in supporting the success of breastfeeding exclusively, including facilitating care and providing insight or information about the benefits of breastfeeding during pregnancy and after birth. Windari et al. research results (2017) reported that support from health workers was influenced by the provision of exclusive breast milk in the working area of the Sisir Health Center, Sisir District, Batu City. Most mothers who receive good support from health workers provide breast milk exclusively, while most mothers who lack support from health workers do not provide breast milk exclusively. Mothers who receive good health support are 10.5 times more likely to provide breast milk exclusively than mothers who receive poor health support.

Support from health workers to mothers is essential in exclusively providing breast milk. The research results of Sabati and Nuryanto (2015) reported that health workers positively impacted mothers who gave breast milk exclusively. All mothers provided breast milk exclusively for babies aged 6-12 months. Mothers receive information about the breast milk program exclusively through a midwife, where the mother checks her pregnancy and examines her baby after giving birth. Midwives in the Sekaran Community Health Center area always initiate early breastfeeding at every birth and make particular records of babies who are given breast milk exclusively. Midwives provide information about breast milk exclusively, conduct home visits, and provide counseling about the family planning program.

However, health workers still face various obstacles in implementing breast milk health promotion programs exclusively, including the many other programs or activities that must be implemented so that health workers are less focused on conveying information to the public about breast milk. Apart from that, there is a lack of cross-program and cross-sector collaboration in increasing breast milk targets exclusively. Health workers need a written policy regarding breast milk programs. Even though health promotion efforts regarding breast milk require cooperation from all parties across programs, all health workers, and across sectors, guidance from health services, especially regarding training for health workers and cadres, as well as continuous innovation in the promotion of breast milk exclusively to increase the achievements of the exclusive breast milk program (Fitria, 2019). Therefore, researchers are interested in identifying participation in family and health workers by practice exclusive breastfeeding to mothers breastfeeding at the Medan Sunggal Community Health Center.

METHOD

This study uses a quantitative design to identify family and health worker participation by practice exclusive breastfeeding to mothers breastfeeding in the Work Area Medan Sunggal Community Health Center. The population in this study is Mothers breastfeeding babies aged 0-24 months. The retrieval technique is purposive sampling, with the criteria being a mother with a baby aged 0-24 months. The study sample is as many as 90 people.

The collection technique of deep data in this study was done by submitting application permission to the Dean of the Faculty of Nursing, Universitas Sumatera Utara, Medan. After that, submit the application permission implementation study to the Head of Medan Sunggal Community Health Center. Then, the researcher explains the objectives, benefits of the research, and the research process that will be carried out. After mothers breastfeed, they

become respondents, so the researcher gives informed consent to mothers breastfeeding for signing. After that, the researcher gave the family a demographic data questionnaire and a participation questionnaire to practice exclusive breastfeeding. This research has obtained ethical approval from the Research Ethics Committee of Nursing Faculty, Universitas Sumatera Utara, with the number 3000/IX/SP/2023.

RESULTS

Table 1. Distribution frequency characteristics demographics of breastfeeding mothers

Variable independent	f	%
Mother's Age		
- 20-35 years	71	78.9
- >35 years and <20 years	19	21.1
Number of children		
- 1 (Primiparous)	21	23.3
- > 1 (multiparous)	69	76.7
Education		
- Low (Primary to Middle School)	26	28.9
	61	67.8
- Intermediate (high school equivalent)		
- Higher (Diploma 1-S3)	3	3.3
Work		
- Does not work	82	91.1
- Work	8	8.9
Breastfeeding		
- Exclusive	77	85.6
- Not exclusive	13	14.4

Table 1 shows that the majority aged 20-35 years, as many as 71 people (78.9%) have the child more than 1 (multiparous), as many as 69 (76.7%) are educated in middle school (high school equivalent), as many as 61 (68.7%), no Work as many as 82 people (91.1 %), mothers practice exclusive breastfeeding as many as 77 (85.6%).

Table 2. Distribution frequency of husband/ family participation in practice exclusive breastfeeding milk to breastfeeding mothers

Variable independent	f	%
Informational support		
- Good	51	56.7
- Not good	39	43.3
Instrumental Support		
- Good	76	84.4
- Not good	14	15.6
Support Emotional		
- Good	55	61.1
- Not good	35	39.9
Support award		
- Good	68	75.6
- Not good	22	24.4

Table 2 shows that part big family participated in practice breastfeeding to the mother by giving informational support in a way good (56.7%), instrumental support good (84.4%), support emotional in a way good (61.1%), and support award in a way good (75.6%).

Table 3. Distribution frequency participation health workers in practice exclusive breastfeeding to breastfeeding mothers

Variable independent	f	%
During Pregnancy		
- Good	79	87.8
- Not good	11	12.2
During Childbirth		
- Good	72	80
- Not good	18	20
In the Aftermath, Give birth to		
- Good	70	77.8
- Not good	20	22.2

Table 3 shows that significant health workers are a result of participation in good-to-mother breastfeeding during pregnancy (87.8%), when giving birth (80%), and during the postpartum period (77.8%). Support from health workers to mothers is essential in practice exclusive breastfeeding.

The relationship between family support and breastfeeding

Table 4. Informational support for breastfeeding

Correlations			Informational support	Breastfeeding
Spearman's rho	Informational support	Correlation Coefficient	1.000	.225*
		Sig. (2-tailed)		.033
		N	90	90
	Breastfeeding	Correlation Coefficient	.225*	1.000
		Sig. (2-tailed)	.033	
		N	90	90

Notes: *. Correlation is significant at the 0.05 level (2-tailed).

The Spearman rho rank correlation test results show that the correlation value is r=0.225. This can show that the results are positive or in the same direction, meaning that the higher the family information support, the higher the exclusive breastfeeding. Then, the significance result (p-value)=0.033, which shows that there is a relationship between information support and breastfeeding.

Table 5. Instrumental support with breastfeeding

Correlations			Instrumental support	Breastfeeding
Spearman's rho	Instrumental support	Correlation Coefficient	1.000	.251*
		Sig. (2-tailed)		.017
		N	90	90
	Breastfeeding	Correlation Coefficient	.251*	1.000
		Sig. (2-tailed)	.017	
		N	90	90

Notes: *. Correlation is significant at the 0.05 level (2-tailed).

The Spearman rho rank correlation test results show a correlation value of r=0.251. This can show that the results are positive or in the same direction, meaning that the higher the family's instrumental support, the higher the exclusive breastfeeding. Then, the significance result (p-value)=0.017 shows a relationship between family instrumental support and breastfeeding.

Table 6. Emotional support with breastfeeding

Correlations			Emotional support	Breastfeeding
Spearman's rho	Emotional support	Correlation Coefficient	1.000	.250*
		Sig. (2-tailed)		.017
		N	90	90
	Breastfeeding	Correlation Coefficient	.250*	1.000
		Sig. (2-tailed)	.017	
		N	90	90

Notes: *. Correlation is significant at the 0.05 level (2-tailed).

The Spearman rho rank correlation test results show that the correlation value is r = 0.250. This can show that the results are positive or in the same direction, meaning that the higher the family's instrumental support, the higher the exclusive breastfeeding. Then, the significance result (p-value)=0.017 shows a relationship between family emotional support and breastfeeding.

Table 7. Reward support with breastfeeding

Correlations			Reward support	Breastfeeding
Spearman's rho	Reward support	Correlation Coefficient	1.000	.230*
		Sig. (2-tailed)		.029
		N	90	90
	Breastfeeding	Correlation Coefficient	.230*	1.000
		Sig. (2-tailed)	.029	
		N	90	90

Notes: *. Correlation is significant at the 0.05 level (2-tailed).

The Spearman rho rank correlation test results show a correlation value of r=0.230. This can show that the results are positive or in the same direction, meaning that the higher the family's appreciation support, the higher the exclusive breastfeeding. Then, the significance result (p-value)=0.029 shows a relationship between family instrumental support and breastfeeding.

Relationship between health workers support and breastfeeding

Table 8. Support during pregnancy with breastfeeding

Correlations			Support during pregnancy	Breastfeeding
Spearman's rho	Support during pregnancy	Correlation Coefficient	1.000	-.222*
		Sig. (2-tailed)		.035
		N	90	90
	Breastfeeding	Correlation Coefficient	-.222*	1.000
		Sig. (2-tailed)	.035	
		N	90	90

Notes: *. Correlation is significant at the 0.05 level (2-tailed).

The Spearman rho rank correlation test results show that the correlation value is r=-0.222. This can indicate that the results are negative or not in the same direction, meaning that the higher the support from health workers during pregnancy, the lower the exclusive breastfeeding. Then, the significance result (p-value)=0.035 shows a relationship between support from health workers during pregnancy and breastfeeding.

Table 9. Support during childbirth with breastfeeding

Correlations			Support during childbirth	Breastfeeding
Spearman's rho	Support during childbirth	Correlation Coefficient	1.000	-.220*
		Sig. (2-tailed)		.037
		N	90	90
	breastfeeding	Correlation Coefficient	-.220*	1.000
		Sig. (2-tailed)	.037	
		N	90	90

Notes: *. Correlation is significant at the 0.05 level (2-tailed).

The test results show that the Spearman rho rank correlation has a correlation value of r=-0.220. This can indicate that the results obtained are negative or unidirectional, meaning that the higher the support from health workers during childbirth, the lower the exclusive breastfeeding will be. Then, the significance result (p-value)=0.037 shows a relationship between support from health workers during childbirth and breastfeeding.

Table 10. Post-natal support with breastfeeding

Correlations			Post-natal support	Breastfeeding
Spearman's rho	Post-natal support	Correlation Coefficient	1.000	-.254*
		Sig. (2-tailed)		.016
		N	90	90
	Breastfeeding	Correlation Coefficient	-.254*	1.000
		Sig. (2-tailed)	.016	
		N	90	90

Notes: *. Correlation is significant at the 0.05 level (2-tailed).

The Spearman rho rank correlation test results show a correlation value of r=-0.254. This can indicate that the results are negative or in the same direction, meaning that the higher the support from health workers after post-natal, the lower the exclusive breastfeeding will be. So, the significance result (p-value) = 0.016 shows a relationship between post-natal support from health workers and breastfeeding.

DISCUSSION

Mothers' education is one of the supporting factors for the success of practice exclusive breastfeeding to babies. Mothers with higher education can accept things new in health care, including breast milk exclusivity. Mom is encouraged to know and seek new experiences so that the information obtained will become knowledge applied to daily life. Mothers with low education will experience difficulty in accepting things new about practice exclusive

breastfeeding (Hartini & Subiyatun, 2014). Mothers who do not work can practice exclusive breastfeeding more frequently to their babies because they have more time to spend with them than working mothers (Septyasrini & Rahayuningtyas).

The family has a significant influence on the desire for the mother to practice exclusive breastfeeding to the baby and influences the decision to breastfeed p. This is depicted from the results of research by Umami and Margawati (2018), who explain that support family influences successful exclusive breastfeeding. Research result Fuziarti et al. (2020) report that there is a connection support families by practice breastfeeding in the Work Area Karang Intan I Community Health Center, with p-value =0.012.

The husband has a role in reaching success in breastfeeding. If the mother feels supported, loved, and cared for, then it will appear emotion-positive, increasing the production of the hormone oxytocin so that Breast milk production is smooth. Husband support can realized in the form of emotional and helpful practical for the mother. Husband support is emotional and practical. This support is the most meaningful support for the mother. The breastfeeding process is essential for all family members, and the husband's involvement is one of the essential determinants of the success of breastfeeding (Ministry of Women's Empowerment and Child Protection, 2010).

Research results in Sabati and Nuryanto (2015) report that health workers positively impact mothers who provide exclusive breast milk. Mothers succeed in practice exclusive breastfeeding to babies 6-12 months old. Mom got information about the breast milk program Exclusively through a midwife, where the mother inspects her pregnancy and checks the baby after giving birth. Midwives in the Sekaran Community Health Center always perform early breastfeeding initiation on each birth and creation recording, especially in babies who are given breast milk. The midwife delivers information about breast milk exclusively, visits the home, and gives counseling about family program planning (KB).

Support from health workers like nurses, doctors, cadres health, and midwives can help implement the exclusive distribution of breast milk. Health workers also play a role in supporting the success of practice breastfeeding, including facilitating care and providing outlook or information about the benefits of breastfeeding during pregnancy and after giving birth. Research result Windari et al. (2017) report there is an influence on supporting health workers by practice exclusive breastfeeding to the work area Sisir Health Center, Sisir District, Batu City. Mothers who received good support from health workers mostly gave exclusive breast milk, while mothers who received less support from health workers mostly did not practice exclusive breastfeeding. Mothers who received good support are 10.5 times more likely to provide exclusive breastfeeding than mothers who received support health.

Support from health workers provides essential information for pregnant and breastfeeding mothers when practice breastfeeding. Breastfeeding mothers convey important information for preparing to breastfeed and ensure they are still given breast milk exclusively, especially for mothers who are first having a baby. Information provided by health workers covers the method of expressing breast milk with hand and with tools, storing and delivering breast milk with excellent and correct care breast For breastfeeding, breast milk bank, method of breastfeeding, nutrition of Mother pregnant in preparation breastfeeding, and placing custody of the child who is pro breast milk (Wibowo, 2016).

There is a relationship between supporting health workers and breastfeeding (p=0.002, PR=3.595, 95%CI=1.405-9.200). This is in line with the study by Solikhati et al. (2018), which stated that there is a connection between support health workers and the practice exclusive breastfeeding to babies aged 0-6 months in the District Wonotunggal Regency Stem with a p-value=0.001. Fuziarti et al. (2020) research found a connection between support health workers and exclusive breastfeeding in the work area Karang Intan I Community Health Center with a p-value=0.001.

Research by Whelan & Kearney (2015) in urban and suburban Dublin City, North Ireland, describes that supporting breastfeeding before giving birth at the hospital and after giving birth depends on the caring of health professionals. Pregnant mothers' opinions that support breastfeeding must done by the right person at the right time, and understanding breastfeeding and its necessity group supporters breastfeed each other discuss. Obstacles in supporting breastfeeding include lack of time provided by health workers and information provided by health workers, each contradictory.

CONCLUSION

Research results show that a majority of mothers practice exclusive breastfeeding. Most of the family participate in practice exclusive breastfeeding to the mother by giving informational support in a good way, instrumental support, emotional support in a good way, and support awards in a good way. Most health workers participate in practice exclusive breastfeeding to the mother during pregnancy, during giving birth, and in the period after giving birth.

Providing information about the importance of exclusive breastfeeding can continue to be improved not only in health service facilities but in various ways including social media.

CREDIT AUTHOR STATEMENT

FLS: Writing original draft, visualization, conceptualization; **NAD:** Writing original draft (supporting), analysis; **NN:** Validation, review .

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