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4

Relationship between Health Resources Support with Exclusive Breastfeeding: An Observational Analytic Study

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ABSTRACT

Background: Breastfeeding and exclusive breastfeeding for 2 years is highly recommended as an intervention to decrease the neonatal mortality, infant, child, and also as the basis for the development and growth of children. This is supported by UNICEF, the World Health Organization, and the American Academy of Pediatrics recommends exclusive breastfeeding until the baby is 6 months old.

Materials and Methods: The study was observational analytic study using a case-control approach. The respondents were mothers with infants aged 6-12 Bulan. Cases population was mothers who did not work exclusively breastfed, while population control is the mother who successfully exclusive breastfeeding.

Results: The correlation analysis showed that support health workers associated with the cessation of breastfeeding in the working area Puskesmas Lameuru with $P = 0.014$ ($P > 0.05$) and odds ratio value (OR: 3.088; 95% CI: 1.240-7.692).

Conclusion: The mothers get good support from health resources information support, instrumental support, emotional support, and the support of the award and will make the mother more optimistic in the face of difficulties in breastfeeding. The Astronomical Society of India (ASI) formed a support group (KP-ASI) for pregnant women and mothers with babies under 2 years of age are facilitated by motivators, counselors, midwives, nutrition, and trained workers are one of the real forms of the support of health workers.

Key words: Exclusive breastfeeding, Health resources support, Social support

INTRODUCTION

The world Health Organization (WHO) stated that sufficient and adequate nutrition during infancy and early childhood baby is certainly very important to support the growth, health, and development of children so that all the potential of growing up. Unbalanced nutrition can increase the risk of morbidity, obesity, and malnutrition is the cause directly and indirectly the third of the 9.5 million deaths in children under five. Exclusive breastfeeding and breastfeeding for 2 years is highly recommended as an intervention to decrease neonatal mortality, infant, child, and also as the basis for the development and growth of children.

Breastfeeding contains all the nutrients to build and provision of energy in the order required.¹ Breast milk not only provides the best nutrition for growth and development of the baby but breastfeeding also provides protection against a

variety of infectious and chronic diseases later in life.² Moreover, breastfeeding is also an integral part of the reproductive process with important implications for maternal health.³ In the Lancet series in 2003 revealed that 13% of child mortality could be prevented by exclusive breastfeeding for 6 months and coupled with a reduction of 6% if after 6 months still breastfed and appropriate complementary feeding.

Breastfeeding is species-specific. That is, because breast milk is the liquid substance can continue to customize the content to the needs of the baby, anti-infection which has so many components of the immune system both humoral and cellular, so the baby can modulate its own immune system to survive and achieve the growth and development. This situation makes the baby protected against a variety of infections, the incidence of inflammation, diabetes, obesity, allergies,

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and various other circumstances that affect the quality of life of children in the future.⁴ Breast milk is the baby food that is unique and has many benefits, both in terms of infant growth and development, health, and psychology for both infants and mothers.

Various studies have proved the advantages of breastfeeding short term and long term that will be preventive (preventing disease) to achieve complete safety (survival intake). According to the study, the Astronomical Society of India is a reference food for premature babies because breast milk that contains antibodies bacteria and viruses including levels of antibody secretory IgA were relatively high, and the baby's development is a more significant when compared with premature babies fed formula.⁵

Research conducted in several developed and developing countries in the world including middle-class populations in developed countries provide compelling evidence that breastfeeding can reduce the incidence and severity of infectious diseases.⁵ Breastfeeding protection against intestinal pathogens is accompanied by severe diarrhea is very influential. Something similar happened to a decrease in the incidence of pneumonia, bacteremia, and meningitis.⁶

According to the World Alliance for Breastfeeding Action, to support the successful breastfeeding mothers need support from various parties, namely from the family (husband, mother, mother-in-law), health professionals, non-family, and government. The support of various parties may reduce the variety of challenges faced by nursing mothers, such as overcoming the lack of information, overcoming doubts about the ability of the mother to be able to breastfeed her baby. A lack of manpower support kesehatan yang obtained from nursing mothers especially family support is very influential to achieving the success of exclusive breastfeeding. Health resources support affects the mother's decision to grant or not to breastfeed her baby. This is consistent with the statement which states that support for breastfeeding success comes from several parties including the family, breastfeeding support groups, community, and government.⁷ Another study conducted the same thing that pregnant women receive the health resources support formal and not formal.⁸ Health resources support power obtained from the couple (the husband), friends, and the mother works. For women who are younger and have not had a previous breastfeeding experience, they are expecting real support from their mothers.

Recommendations WHO and Ministry of Health regarding exclusive breastfeeding have been implemented in the form of regulations and technical guidelines relating to the implementation of the program of exclusive breastfeeding. Until recently listed, some of the rules associated with exclusive breastfeeding such as the Health Act No. 36 of 2009, Government Regulation No. 33 Year 2012 on exclusive breastfeeding, Minister of State for Women's Empowerment and Child Protection No 03 of 2010 on Implementation of the Ten Steps Toward Breastfeeding success, and various other technical regulations. However, exclusive breastfeeding program still can run optimally as expected.

Achievement of exclusive breastfeeding was obtained from health centers Konawe Lameuru South East Sulawesi province

can be seen from the data Table 1 that in 2013 approximately 41.03% of the 181 infants, and decreased in 2014 to approximately 39.71% of 129 infants. In 2015 again experienced an increase of 53.06% of 135 infants (PHC secondary data Lameuru Konsel Southeast Sulawesi province, 2015). Based on Minimum Service Standards (Standar Pelayanan minimum [SPM]) stipulated by the Ministry of Health through the Minister of Health No. 1457/Menkes/SK/X/2003 on Minimum Service Standards for Healthcare In District/Town, targets exclusively breastfed infants as much as 80% by 2010. But by 2015, the health center has not been able to reach the target Lameuru national SPM has been determined.

Aspects that play a role in behavior change is needed to set the right strategy in an attempt to change the target behavior. Theory Snehandu B. Karr identify their five determinants of behavior is intention (intention), the support of health professionals (social support), accessibility of information (accessibility of information), personal autonomy (personal autonomy), and the conditions and situations (action situation) that can be used as a reference to see the mother's behavior in exclusively breastfed.⁹

MATERIALS AND METHODS

This type of research is an analytic observational study design that uses a case-control study design (case-control) to analyze the relationship between maternal intentions toward the success of exclusive breastfeeding. The population, in this study, was mothers of infants aged 6-12 months were recorded in Puskesmas Lameuru Konsel. Research conducted in Puskesmas Lameuru Konsel Southeast Sulawesi Province. When the study of the proposal to data collection began in February - June 2016.

The population is a case of all mothers with babies aged 6-12 months who are not successful exclusive breastfeeding, while control population is all mothers with babies aged 6-12 months who managed to give exclusive breastfeeding. The sample in this study consisted of a sample of cases and controls. Determining the samples using a sample size formula,¹⁰ sample cases are mostly mothers with babies aged 6-12 months were not able to give exclusive breastfeeding at 41, while the control sample is mostly mothers with babies aged 6-12 months who managed to give exclusive breastfeeding at 41. Hence, the overall sample size is 82 respondents.

The sampling technique in this research is using simple random sampling. Each individual has an equal chance of being selected as samples for research in accordance with the inclusion and exclusion criteria. The research variables consisted of a dependent variable that success of exclusive breastfeeding

Table 1: Distribution of health personnel support to the success of exclusive breastfeeding in Puskesmas Lameuru Konsel

Health personnel support	Succeed (Control) n (%)	Not successful (Case) n (%)	Amount n (%)	OR	P
Support	29 (70.7)	18 (43.9)	47 (57.3)	3,088	0.014
Do not support	12 (29.3)	23 (56.1)	35 (42.7)		
Amount	41 (10)	41 (100)	82 (100)		

and maternal independent variables that intention (intention).

The type of data in this study is primary data and secondary data. Primary data are data obtained directly from respondents through interviews using a questionnaire guide/list of questionnaires that have been made by researchers. While the secondary data are data concerning the performance data are preliminary data that exclusive breastfeeding was taken from the Health Service profile Konsel Lameuru health centers and other data from other agencies are needed.

RESULT

Support health professionals are categorized into two, namely, support and do not support. The results showed that women who received the support of health professionals in the control group are larger, i.e. 70.7% compared with mothers who had the support of health workers in case group is 43.9%. While mothers who do not have the support of health workers are greater in the case group is 56.1% as compared with mothers who did not receive the support of health professionals in the control group 29.3%. For more details can be seen in Table 1.

Results of the bivariate analysis showed that health professionals support variable has a value of $P = 0.014$ ($P < 0.05$), meaning that there is a relationship between the support of kesehatan and success of exclusive breastfeeding. Table 1 showed the value odds ratio of 3.088 so that mothers get the support of health professionals have the opportunity to succeed in delivering 3088 times the exclusive breastfeeding compared with women who did not receive social support. Bivariable analysis results indicate that the variable support of kesehatan terhadap success of exclusive breastfeeding ($P = 0.026$) becomes candidate variables to be included in the multivariable analysis. This shows that the better support health workers be given to the mother to give exclusive breastfeeding then the higher the success of exclusive breastfeeding.

DISCUSSION

Social support (social support) can be interpreted as information verbal or non-verbal, advice, help real, or behavior given by people who are familiar with the individual in the social environment and who can provide emotional benefits or influence on the behavior of the recipient.^{10,11} Hence, it can be said that social support is the form of aid that could be material, emotional and information provided by family, friends, relatives, colleagues, and others. Aid or assistance given to individual goals are experiencing problems feel cared for, supported, appreciated and loved.¹² Social support is interpersonal transactions that include positive affection, affirmation, and support. Social support generally reflects on the role or effect that can be caused by other significant people such as family members, relatives, health workers, colleagues, and others to provide the assistance such as material, emotional, information, and awards. Assistance or aid is given with the aim of mothers who are having problems feel cared for, supported, respected, and loved.

The results showed that there is a relationship of health workers with dismissal support breastfeeding mothers in Puskesmas Lameuru. In this study support, health provider's support covering a wide range of support in the form of emotional support, instrumental support, support information, and support awards. Social support that comes from health

workers, the majority of respondents obtain emotional support from health (nutrition officers and midwives) is health workers to help mothers improve confidence mothers to breastfeed exclusively. Respondents generally instrumental support of the health worker is to teach mothers how to care for the healthy breast to prevent the common problem, midwife immediately conduct early initiation of breastfeeding immediately after delivery (IMD), and delivering leaflets leaflets/brochures containing material exclusive breastfeeding. Health workers provide information support by always providing information about exclusive breastfeeding since the examination of the ANC, including that breastfeeding alone from the age of 0-6 months has met all the nutritional needs of infants. While the awards earned of respondents support is like asking the clerk to the mother about what the problems during lactation obtained from health workers. This is in line with research conducted which states that there is a significant relationship for women who get extra support in order not to stop breastfeeding before 6 months especially extra support health care professionals.¹³

The results showed that the administration of food/drink on most infants in the case group was during the time shortly after birth and at 2 months old baby. Providing food/drink early to infants in Puskesmas Lameuru motivated by a variety of reasons, ranging from maternal education so low that the level of knowledge that is less particular about exclusive breastfeeding, promotion, and formula feeding into a lifestyle that mothers regard the formula more better than breast milk. Based on the interview, generally the mother who gave birth in the hospital (RS) either a normal delivery or in section Cesaria infant formula they directly get from your midwife/doctor using a pacifier for the reason that breast milk has not come out. In fact, there are some women who say that health workers do not ask in advance to mothers on formula feeding. Success or failure in the early breastfeeding maternity care, hospital, heavily dependent on health workers are nurses, midwives, and dokter. Mereka is the first to help birth mothers to breastfeed the baby as early as possible. For health professionals, especially birth attendants are expected to maximize communication with mothers to provide the early and continued breastfeeding up to 6 months. Behavioral health care workers may exacerbate treatment of early breastfeeding as the provision of food/drink other than breast milk while in the health service. In fact, health professionals should serve to facilitate the early initiation of breastfeeding (IMD) and provide information about the importance of exclusive breastfeeding. This is the basis to strengthen confidence in the mother's intention and belief to give exclusive breastfeeding.

With the enactment of government regulations of the Republic of Indonesia Number 33 of 2012 with one aim to ensure the fulfillment of the right to exclusively breastfed infants from birth to 6 months old with attention to growth and development. The regulation explains that the achievement can be performed optimally for the use of exclusive breastfeeding, health professionals and providers of health facilities are required to provide the information and education about breastfeeding exclusively either to the mother or the family of the baby in question stems from the time of prenatal care antenatal care (ANC) until after delivery. Information and education are delivered should focus on the benefits of exclusive breastfeeding for both

mother and baby, the impact caused when infants are not given exclusive breastfeeding, how to maintain milk production and the negative impact of feeding pre-lacteal secara dini. Health services have a major role in the success of the mothers to carry out exclusive breastfeeding. It can start during ANC, namely how health services can provide quality ANC to pregnant women, which in turn have an impact on the success of the mothers to breastfeeding, especially exclusive breastfeeding. The quality of antenatal services includes the qualitative nature of the structure and process of service. Included in this is a continuous ANC or sometimes alone, ANC provided by professionals or public power.¹⁴

According to research conducted showed that there is a relationship role of health workers with exclusive breastfeeding in the working area of Puskesmas Bonto Cani Bone district as well as a negative correlation means that the higher the role of health workers will get low exclusive breastfeeding is done.¹⁵ This contrasts with research conducted which showed that mothers tend not stop breastfeeding if the report and received the support of doctors.¹⁶

Someone who supports health-care providers will be individuals who are more optimistic in the face of difficulties in breastfeeding, more skilled in meeting the needs of psychology, have lower levels of anxiety and relatively more resistant to stress-related diseases that can affect the amount of milk production. Mothers who have the support of health workers has 3.088 times greater chance to succeed exclusive breastfeeding compared with women who did not get the support of health professionals. Based on this, the success of exclusive breastfeeding is very dependent on the support of health professionals, especially birth attendant.¹⁷

CONCLUSION

Exclusive breastfeeding in Puskesmas Lameuru still low and does not reach the national target of 80%. Health services have a major role in the success of the mothers to carry out exclusive breastfeeding. A mother who never seek advice or counseling on breastfeeding from health professionals can affect his attitude when mothers should breastfeed their babies. Providing services in ANC, which qualified to the pregnant women, the expected impact on the success of the mothers to breastfeeding, especially exclusive breastfeeding.

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