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The Family Support and Provider Support to Increase Exclusive Breastfeeding Coverage

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ABSTRACT

Given that infant mortality rate in Indonesia is still high, especially in Kediri of up to seven cases per thousand live births, immediate breastfeeding is tremendously important for neonates. Relationships are very central to exclusive breastfeeding, breast milk as the only neonate intakes, at organizational and family level. Support from the mother's network of relatives, friends, and healthcare provider is likely to be important for breastfeeding success. This study seeks to determine the relational supports of family and healthcare provider with exclusive breastfeeding. The corelational analytic design using cross sectional approach was opted involving the population of all mothers with babies aged 6-7 months in Puskesmas (community health center) Plosoklaten Kediri, 46 mothers with babies aged 6-7 months were taken as the samples using simple random sampling. Chi Square test was used to see the strength of relationship between supports of family and healthcare provider and the exclusive breastfeeding. The correlation between family support and exclusive breastfeeding based on Chi Square statistic test result was p-value= 0.809 (there was no relationship between family support and exclusive breastfeeding). While the relationship between provider support and exclusive breastfeeding was p-value= 0.266 (there was no relation between the provider support and exclusive breastfeeding).

Keywords: Family support, Provider support, Exclusive breastfeeding

INTRODUCTION

Indonesia's health development program still prioritizes maternal and child health, especially pregnant women, maternity and infant during perinatal period as the most vulnerable groups. The Maternal Mortality Rate (MMR) and Infant Mortality Rate (IMR) were still considered high. By 2015 in Kediri regency the infant mortality rate reached 7 cases per thousand live births, meaning that every thousand births 7 neonates who died. While under nutrition cases in infants reached 0.62 percent[(1)]. The infant mortality could be prevented indeed cheap and easy way of promoting exclusive breastfeeding immediately after birth.

Exclusive breastfeeding is defined as an infant's consumption of human milk with no supplementation of other intakes such as infant formula, orange, honey, tea water, water, or additional solid foods such as bananas, papaya, milk porridge, biscuits, or rice porridge. This exclusive breastfeeding is recommended for at least 6 months[(2)]. Based on the data of Nutrition Department of Kediri District Health Office in 2015, Exclusive Breastfeeding increased from time to time as the following numbers 2010: 15%, 2011: 32.4%, 2012: 49.52%, 2013: 73.71%, 2014: 79.2% , 2015: 78.2%. Puskesmas Plosoklaten ranked the lowest in Kediri district in exclusive breastfeeding achievement, which was only 53.1%[(1)].

One of the biggest barriers to exclusive breastfeeding in infants for six months is the incessant marketing of formula milk. With abundant capital, formula producers have a greater power of affecting expectant mothers and mothers with babies. Moreover, formula milk marketing has a very wide network, including entering institutions related to pregnant and breastfeeding services. Not to mention, formula milk ads on television that at all times brainwashing parents who like soap operas and celebrity appeals. Therefore, for five years (2007-2012), exclusive breastfeeding only increased by about three percent[(3)]. Family and community support to mothers for six months exclusive breastfeeding was found less than optimal which could be due to less optimal breastfeeding, mothers' lack understanding of proper lactation management, prelacteal feeding, paid work mother, and so on. What is more family influence is also associated with the cause of infants for not exclusively breastfed for 6 months like some babies who were fed with water or young coconut water by their grandmother[(4)].

Some studies extraordinarily found that support for promoting breastfeeding from healthcare provider like midwives and exclusive breastfeeding programs performed by midwives in puskesmas were regarded not optimal in spite of the fact that they have good perceptions upon the socialization of exclusive breastfeeding programs conducted by the government[5].

METHODS

This study deployed corelational analytic design with cross sectional approach. This study aimed to know the relational support of family and worker support in exclusive breastfeeding. All mothers with infants aged 6-7 months in Puskesmas Plosoklaten Kediri East Java were involved as population. Those who met the inclusion criteria were then opted as samples by using simple random sampling[6]. A questionnaire was used to obtain the data about three variables of this study, namely family support, health worker support, and exclusive breastfeeding. To test the hypothesis, chi square test with 5% significance was chosen.

This research had complied with the Etical Clereance from Health Research Ethics Commission of Poltekkes Kemenkes Malang register number: 217/KEPK-POLKESMA/2016. Informed consent has been made to all respondents.

RESULTS

The results of data collection on family support for exclusive breastfeeding can be observed from the following table.

Table 1. Family support distribution for exclusive breastfeeding provision

No	Category	Total	Percentage
1	Not Good	17	37
2	Good	29	63
	Total	46	100

Based on table 1 above, most respondents receive good support from the family in exclusive breastfeeding provision as 63%.

Tabel 2. Family support distribution for exclusive breastfeeding provision based on each parameter

No	Parameter	Not good		Good		Total	
		f	%	f	%	f	%
1	Informational Support	11	24	35	76	46	100
2	Assessment Support	18	39	28	61	46	100
3	Instrumental Support	18	39	28	61	46	100
4	Emotional Support	24	53	22	48	46	100

Table 2 shows that most respondents receive good informational support from the family as 76%. Healthcare provider support in exclusive breastfeeding provision shown at table 3 below.

Table 3. Healthcare provider Support Distribution for exclusive breastfeeding provision

No	Category	Total	Percentage
1	Not Good	18	40
2	Good	28	60
	Total	46	100

Table 3 shows that most respondents receive good support from healthcare provider for exclusive breastfeeding provision as 60%

Tabel 4. Healthcare provider support distribution for exclusive breastfeeding provision based on each parameter

No	Parameter	Not good		Good		Total	
		f	%	f	%	f	%
1	Informational Support	14	30	32	70	46	100
2	Assessment Support	16	35	30	65	46	100
3	Instrumental Support	15	33	31	67	46	100
4	Emotional Support	14	30	32	70	46	100

Based on table 4, most respondents receive good support from the healthcare provider in the form of informational as well as emotional support which is 70%.

Healthcare provider support in exclusive breastfeeding provision shown at table 5 below.

Tabel 5. Distribution of exclusive breastfeeding provision

No	Category	Total	Percentage (%)
1	Non Exclusive ASI	20	43.5
2	Exclusive ASI	26	56.5
	Total	46	100

Table 5 shows that most respondents receive gave exclusive breastfeeding, which was 56.5%.

Tabel 6. Cross-tabulation of family support and exclusive breastfeeding provision

		Exclusive breastfeeding provision		Total	p-value
		Non exclusive	Exclusive		
Family support	Not Good	7	10	17	0.809
	Good	13	16	29	
	Total	20	26	46	

Cross tabulation at table 6 shows that most families give good support for exclusive breastfeeding as 16 respondents out of 46 respondents who receive the supports. P-value >0.05 = no correlation between family support and exclusive breastfeeding exist in the area of Plosoklaten public health center of Kediri district.

Tabel 7. Cross-tabulation of healthcare provider support and exclusive breastfeeding provision

		Exclusive Breastfeeding Provision		Total	p-value
		Non exclusive	Exclusive		
Provider Support	Not Good	6	12	18	0.266
	Good	14	14	28	
	TOTAL	20	26	46	

Cross tabulation results show that most respondents receive good support from healthcare provider as 28 out of 46 respondents obtain the support. Yet, the total of respondents of exclusive breastfeeding and that of non-exclusive breastfeeding show the same amount, 14 respondents each. P-value >0.05 = no correlation between provider support and exclusive breastfeeding exist in the area of Plosoklaten public health center of Kediri district.

DISCUSSION

Family Support for Exclusive Breastfeeding Provision

Based on the research results most respondents receive good support from the family for exclusive breastfeeding provision which is 63% and 37% is lack of the family supports. Family support is one of reinforcing factors based on the concept of Precede-Proceed model for health promotion planning and evaluation. The reinforcing factors will surely determine positive or negative feedback for breastfeeding providers (mothers), and even ensure social support post exclusive breasfeeding practice. Positive feedback and social support will likely encourage respondents to provide exclusive breastfeeding.

Friedman suggested that family support is such an attitude, action and acceptance from family towards each member[7]. Family members are perceived as important individuals in the family. Similarly, family members consider that people ready to support means they are prepared to provide assistance when required whether in the form of verbal or non-verbal informational, material and immaterial supports, and it will positively encourage mothers to provide exclusive breastfeeding for their babies.

Based on the research result that the largest support of the family was in the form of informational support (76%), assessment support (61%) and instrument support (61%). Yet, emotional support (52%) still is still perceived relatively unsatisfactory. Respondents realize that they obtain sufficient information about exclusive breastfeeding from family members such as husbands, parents, and other relatives. Information on exclusive breast-feeding is easily accessible especially from various media (television, radio, magazine / newspaper), social media and other information spread in clinics / health centers / hospitals such as leaflets. Each individual in the family is the one with high intensity of communication with respondents, and this will likely to be the boosting

factor for exclusive breast-feeding practice as it has direct economical as well as non-economical benefits for families, the breast-feeding mothers and the babies.

Healthcare Provider Support for Exclusive Breastfeeding Provision

Healthcare provider involved in the research were midwives and cadres in which caders also play an important role during health services in the community. They are volunteers who work and help midwives.

In the research, most respondents (60%) practiced exclusive breastfeeding. Informational as well as emotional supports became two great supports reaching 70% each. The study results confirmed that parahealthcare provider complete their tasks well in reinforcing exclusive breastfeeding practice in the area of Plosoklaten public health center of Kediri district.

Healthcare provider provided a wide range of information about the importance of exclusive breastfeeding for the baby's growth. In addition, respondents also confirmed that parahealthcare provider provided a good emotional support too. It provides reinforcement for respondents in the efforts of practicing exclusive breastfeeding. Whenever necessary, the parahealthcare provider will always be prepared for the respondent with difficulties in the exclusive breastfeeding process. Thus, respondents will feel satisfied as they get careful attentions, suggestions. It is often the case that, cadres gave supports by practical example of how to practice exclusive breastfeeding with their own practice[(8)].

Exclusive Breast Milk Provision

Based on the research result that most respondents (56.5%) practiced exclusive breastfeeding while those with no exclusive breastfeeding reached 43.5%. Exclusive breastfeeding means no extra fluids such as milk powder, oranges, honey, tea, water, and with also no additional solid foods such as bananas, papaya, milk porridge, biscuits, and rice porridge. Exclusive breastfeeding is strongly recommended to be implemented for at least 6 months[(2)].

Respondents realize the benefits of exclusive breastfeeding for baby's growth and development and they strive to practice exclusive breastfeeding for a full 6 months. Nevertheless, some respondents could not manage to provide exclusive breastfeeding due to lack of breast milk production, so that they unwillingly gave milk powder to their babies. In addition, respondents with only four-month breastfeeding practice were also found. This is surely not included in exclusive breastfeeding[(9)].

The correlation Between Family Support And Exclusive Breast Milk Provision

There is no correlation between family support and exclusive breast milk provision in the area of Plosoklaten public health center in Kediri district, East Java province. Non correlation between family support and exclusive breastfeeding is contrary to the concept of reinforcing factor introduced by Green because the role of the family for the mother to provide exclusive breastfeeding, especially emotional support is very important. As a matter of fact, family is a group of individuals who can intensively communicate with breastfeeding mothers on regular basis. This way, family can provide anytime as required especially to remind them about breastfeeding moments, give sufficient asistance for to meet the needs of breastfeeding mothers. In addition, family can indeed provide information on exclusive breast milk provision[(10)].

The correlation Between Healthcare Provider Support and Exclusive Breastfeeding Provision

There is no correlation between parahealthcare provider support and exclusive breast milk provision in the area of Plosoklaten public health center in Kediri district, East Java province. Even though no correlation was noted, it does not necessarily mean that parahealthcare provider support does not play a pivotal role for the succes of breastfeeding practice**.** On the contrary, paramedic support plays an important role for exclusive breast milk provision. Since post-term labor in the clinic or other public health centers, Midwives as one of parahealthcare provider apparently provide sufficient support for exclusive breast milk provision**.** For instance, early breastfeeding iniated (IMD) coaching for newly-born baby was introduced[(11)]. As a matter of fact, IMD is one of programs to assist for the success of exclusive breastfeeding program. Moreover, midwives will surely provide assistance of how to give exclusive breast milk, to set the breastfeeding mothers' seating position, to provide adequate information of breastfeeding as well as exclusive breastfeeding, how to take care of their own breasts especially when handling general complaints commonly occur during breastfeeding. Babies indeed require exclusive breast milk (6 months). Cadre also provides sufficient information on the importance of exclusive breastfeeding as this particular volunteer has been trained and obtained sufficient knowledge on exclusive breastfeeding[(12)]. Therefore, it is often the case that cadres set examples of exclusive breastfeeding with their personal practice.

CONCLUSION

In conclusion, most of the respondents received strong supports from both family and healthcare provider in providing exclusive breastfeeding especially in the form of infomational support. Nevertheless, the correlation between both family and healthcare provider supports and exclusive breastfeeding provision was formed at the area of Puskesmas Plosoklaten in Kediri East Java.

Based on the research result, Puskesmas Plosoklaten should still encourage group activity of exclusive breastfeeding promotion at the area of Puskesmas Plosoklaten in Kediri East Java.

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