

# The Relationship Of Knowledge, Family Support And Support Of Health Officers With Exclusive Breastfeeding On Babies Aged 7 – 12 Months At The Puskesmas Sukajadi, Banyuasin Regency In 2021

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## ARTICLE INFO

## ABSTRACT

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Exclusive breastfeeding according to the World Health Organization (WHO) is only giving breast milk to babies, not giving additional in any form from the age of 0-6 months. Infants who are not exclusively breastfed have a 3.94 times greater risk of dying from diarrhea than those who are exclusively breastfed and babies who are not exclusively breastfed are prone to respiratory infections and gastrointestinal infections that are higher than those who are exclusively breastfed. In addition, babies who are not exclusively breastfed are susceptible to diseases related to immunity. This study aims to determine the relationship between knowledge, family support and support from health workers with exclusive breastfeeding for infants aged 7-12 months at the Sukajadi Health Center, Banyuasin Regency in 2021. The method in this study used a cross sectional with a population of 45 respondents and a sample of 45 respondents using purposive sampling technique. Data analysis used chi square statistical test with p value value (0.05). The results of this study were from 15 respondents with good knowledge who received exclusive breastfeeding (73.3%) with p value = 0.02, meaning that there was a relationship between knowledge and exclusive breastfeeding, from 23 respondents with family support who received exclusive breastfeeding (76.2%) obtained p value = 0.001, meaning that there is a relationship between family support and exclusive breastfeeding with exclusive breastfeeding for infants aged 7-12 months and 23 respondents with the support of health workers who received exclusive breastfeeding (65.2%) obtained p-value = 0.02. This means that there is a relationship between health workers and exclusive breastfeeding. From this study, it can be concluded that there is a simultaneous relationship between knowledge, family support and health care workers' support for the provision of exclusive breastfeeding to infants aged 7-12 months at the Sukajadi Health Center, Banyuasin Regency in 2021. Midwives are expected to further improve services and education for exclusive breastfeeding mothers. to people who have babies aged 7-12 months.

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## 1. Introduction

Exclusive breastfeeding according to the World Health Organization (WHO) is only giving breast milk to babies, not giving additional in any form from the age of 0-6 months [1]. Infants who are not exclusively breastfed have a risk of death from diarrhea 3.94 times greater than those who are exclusively breastfed and babies who are not exclusively breastfed are prone to respiratory infections and gastrointestinal infections that are higher than those who are exclusively breastfed. 2]. In addition, babies who do not get exclusive breastfeeding are susceptible to diseases related to the immune system[3]. According to data from the World Health Organization (WHO) (2016), the coverage of exclusive breastfeeding worldwide has not reached the target of 80 percent, only

around 36 percent during the 2007-2014 period. As for ASEAN countries, the achievement of exclusive breastfeeding is still far from the WHO target, such as the Philippines reaching 34 percent, Vietnam 27 percent, India 46 percent, and Myanmar 24 percent [4].

According to the World Health Organization (WHO) and United Nations International Children's (UNICEF) in the Global Strategy for Infant and Young Child Feeding, it regulates the best feeding pattern for infants from birth to 2 years of age to improve the quality of health in infants and children by providing breast milk. mother (ASI) to the baby immediately within one hour after the baby is born, giving only breast milk or exclusive breastfeeding from birth until the baby is 6 (six) months old, providing complementary foods for breast milk (MPASI) since the baby is 6 (six) months to 24 months and continue breastfeeding until the child is 24 months or older [5]. WHO shows that only about 38 percent of infants aged 0-6 months worldwide are exclusively breastfed where the target of exclusive breastfeeding increases to 50 percent in 2025[6].

Supporting the increase in exclusive breastfeeding, agreements or various recognitions have been issued, both globally and nationally, which aim to protect, promote, and support breastfeeding [8]. It is hoped that every baby has the right to exclusive breastfeeding and every mother can give breast milk. This is in accordance with the Sustainable Development Goals (SDGs) to the second three targets, namely by 2030, ending preventable infant and under-five mortality, with all countries trying to reduce neonatal mortality to at least 12 per 1000 live births[9].

Based on the Health Profile of the Province of South Sumatra in 2020, the program target for exclusive breastfeeding is 62%.[10]. The coverage of exclusive breastfeeding collected in South Sumatra Province in 2019 was 57.8%, not yet reaching the program target. Coverage decreased by 2.9% compared to 2018 with coverage of 60.8%. The district/city with the highest coverage of exclusive breastfeeding was Palembang City, which was 80.9%, while the lowest was Ogan Komering Ulu District at 25.3%[11]. Factors related to exclusive breastfeeding are divided into three, namely facilitating factors (education, knowledge, values or cultural customs) supporting factors (family income, work/availability of time, maternal health) driving factors (family support, staff support health)[12].

Based on the above background, the researcher is interested in conducting a study entitled "The Relationship of Knowledge, Family Support and Support of Health Workers with Exclusive Breastfeeding for Infants Age 7-12 Months at the Sukajadi Health Center, Banyuasin Regency in 2021".

## 2. Methods

This research is an analytical survey research using a cross sectional research design, the study was conducted in January 2022, the sample in this study was all the population as samples, namely all infants aged 7-12 months in the working area of the Sukajadi Public Health Center, Banyuasin Regency.

## 3. Results and Discussion

### 3.1 Research result

#### a. Univariate Analysis

**Tabel 1**  
Frequency Distribution of Respondents Based on Exclusive Breastfeeding at the Age of 7-12 Months at Sukajadi Public Health Center, Banyuasin Regency in 2021

Exclusive breastfeeding at the age of 7-12 months	Frequency	Percentage
YES	21	46.7
NO	24	53.3
Total	45	100.0

Based on table 1 above, it can be seen that from 45 respondents, the proportion of mothers who gave exclusive breastfeeding was 21 respondents (46.7%) less than the proportion of mothers who did not give exclusive breastfeeding as many as 24 respondents (53.3%).

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**Tabel 2**

Frequency Distribution of Respondents Based on Knowledge at the Sukajadi Health Center, Banyuasin Regency in 2021

Mother's Knowledge	Frequency	Percentage
Well	15	33.3
Low	30	66.7
Total	45	100.0

Based on Table 2 above, it can be seen that from 45 respondents, the proportion of mothers with good knowledge was 15 people (65.8%) less than the proportion of mothers with less knowledge of 30 people (66.7%).

**Tabel 3**

Frequency Distribution of Respondents Based on Family Support at the Sukajadi Health Center, Banyuasin Regency in 2021

Family support	Frequency	Percentage
Positive	21	46.7
Negative	24	53.3
Total	45	100.0

Based on table 3 above, it can be seen that from 45 respondents, the proportion of mothers who received positive support was 21 respondents (46.7%) more than the proportion of mothers who received negative support as many as 24 respondents (53.3%).

**Table 4**

Frequency Distribution of Respondents Based on Knowledge at Puskesmas Sukajadi, Banyuasin Regency in 2021

Health Officer Support	Frequency	Percentage
Positive	23	51.1
Negative	22	48.9
Total	45	100.0

Based on Table 4 above, it can be seen that from 45 respondents, the proportion of mothers who received positive support was 23 respondents (51.1%) more than the proportion of mothers who received negative support as many as 22 respondents (48.9%).

**b. Bivariate Analysis**

**Tabel 5**

The Relationship Between Knowledge and Exclusive Breastfeeding for Infants aged 7-12 months at the Sukajadi Public Health Center, Banyuasin Regency in 2021

Knowledge	Exclusive Breastfeeding				Amount	p- Value	OR	
	Yes		Not					
	n	%	N	%				
Well	11	73.3	4	26.7	15	100	0.02	5,500(1,393-21,715)
Not enough	10	33.3	20	72.9	30	100		
Total	21		24		45	100		

Based on table 5 above, it can be seen that, out of 15 respondents who have good knowledge of exclusive breastfeeding, there are 11 respondents (73.3%), and those who do not give exclusive breastfeeding are 4 respondents (26.7%). Meanwhile, of the 30 respondents who have less knowledge about exclusive breastfeeding, 10 respondents (33.3%) and those who do not give exclusive breastfeeding are 20 respondents (66.7%).

Based on the chi-square test and the limit of significance = 0.05, it was obtained that p value = 0.02 < 0.05, this indicates that there is a significant relationship between knowledge and exclusive breastfeeding for infants aged 7-12 months. Thus the hypothesis that there is a relationship between knowledge and exclusive breastfeeding for infants aged 7-12 months is statistically proven. The results of the Odds Ratio obtained an OR value of 5,500, meaning that respondents who have good knowledge have 5,500 times the opportunity to give exclusive breastfeeding compared to respondents who have less knowledge.

**Tabel 6**

The Relationship Between Family Support and Exclusive Breastfeeding for Infants Age 7-12 Months at the Sukajadi Health Center, Banyuasin Regency in 2021

Family support	Exclusive Breastfeeding						p- Value	OR
	Yes		Not		Amount			
	n	%	n	%	n	%		
Positive	16	76.2	5	23.8	21	100	0.001	12,160(2,979-49,644)
Negative	5	20.8	19	79.2	24	100		
Total	21		24		45	100		

Based on table 6 above, it can be seen that, of the 21 respondents who received positive family support with exclusive breastfeeding as many as 16 respondents (76.2%), and those who did not give exclusive breastfeeding were 5 respondents (23.8%). Meanwhile, of the 24 respondents who received negative family support with exclusive breastfeeding as many as 5 respondents (20.8%) and those who did not give exclusive breastfeeding as many as 19 respondents (79.2%).

Based on the chi-square test and the limit of significance = 0.05, p value = 0.001 < 0.05, this indicates that there is a significant relationship between family support and exclusive breastfeeding for infants aged 7-12 months. Thus the hypothesis which states that there is a relationship between family support and exclusive breastfeeding for infants aged 7-12 months is statistically proven. The results of the Odds Ratio obtained an OR value of 12.160, meaning that respondents who have positive family support have 12,160 times the opportunity to provide exclusive breastfeeding compared to respondents who have negative family support.

**Tabel 7**

Relationship between Health Officer Support and Exclusive Breastfeeding for Infants aged 7-12 months at Sukajadi Public Health Center, Banyuasin Regency in 2021

Health Officer Support	Exclusive Breastfeeding						p- Value	OR
	Yes		Not		Amount			
	n	%	n	%	N	%		
Positive	15	65.2	8	34.8	23	100	0.02	5,000(1,402-17,830)
Negative	6	27.3	16	72.7	22	100		
Total	21		24		45	100		

Based on table 7 above, it can be seen that from 45 respondents there were 23 respondents who received positive support from health workers with exclusive breastfeeding as many as 15 respondents (65.2%), and those who did not give exclusive breastfeeding were 8 respondents (34.8%). Meanwhile, of the 22 respondents who received negative support from health workers with exclusive breastfeeding, there were 6 respondents (27.3%) and 16 respondents (72.7%).

Based on the chi-square test and the limit of significance = 0.05, p value = 0.02 < 0.05, this indicates that there is a significant relationship between the support of health workers and exclusive breastfeeding for infants aged 7-12 months, thus the hypothesis that states there is a statistically proven relationship between the support of health workers and exclusive breastfeeding for infants aged 7-12 months. The results of the Odds Ratio obtained an OR value of 5,000, meaning that respondents who have positive health worker support have 5,000 times the opportunity to give exclusive breastfeeding to infants aged 7-12 months compared to respondents who have negative health worker support.

### 3.2 Discussion

#### a. The Relationship of Knowledge with Exclusive Breastfeeding for Infants Age 7-12 Months

From the results of the univariate analysis, it was found that out of 45 respondents, the proportion of mothers with good knowledge was 15 respondents (65.8%) less than the proportion of mothers with less knowledge of 30 respondents (66.7%). From the results of the bivariate analysis, it was found that from 45 respondents there were 15 respondents who had good knowledge of exclusive breastfeeding as many as 11 respondents (73.3%), and those who did not give exclusive breastfeeding were 4 respondents (26.7%). Meanwhile, of the 30 respondents who have less knowledge about exclusive breastfeeding, 10 respondents (73.3%)

and those who do not give exclusive breastfeeding are 20 respondents (66.7%).

Based on the chi-square test and the limit of significance = 0.05, it was obtained that  $p$  value = 0.02 < 0.05, this indicates that there is a significant relationship between knowledge and exclusive breastfeeding for infants aged 7-12 months.

The results of this study are in accordance with Notoadmodjo's (2018) theory, which says that pregnant women with increased knowledge are not absolutely obtained in formal education, but can also be obtained in non-formal education. A person's knowledge of an object also contains two aspects, namely positive and negative aspects. These two aspects will ultimately determine a person's attitude towards a particular object. The more positive aspects of the object are known, the more positive attitude will be towards the object. Knowledge or cognitive is a very important domain for the formation of one's actions. Therefore, behavior based on knowledge will be more lasting than behavior that is not based on knowledge (Notoadmodjo, 2018).

The researcher assumes that the mother's knowledge relationship is very important in exclusive breastfeeding. Mother's low knowledge about exclusive breastfeeding is caused by the low level of mother's education and the lack of information received by mothers about exclusive breastfeeding, especially from mass media such as newspapers, magazines, television, radio and the internet as well as from health workers in the area. Because good knowledge of mothers will affect the provision of exclusive breastfeeding, but there are still 4 respondents who do not give exclusive breastfeeding, namely 3 respondents are busy working and 1 respondent does not want to give exclusive breastfeeding. So the better the mother's knowledge, it is expected that exclusive breastfeeding will improve the parity relationship with exclusive breastfeeding.

## **b. Relationship between Family Support and Exclusive Breastfeeding for Infants Age 7-12 Months**

From the results of the univariate analysis, it was found that out of 45 respondents, the proportion of mothers who received positive support was 21 respondents (46.7%) more than the proportion of mothers who received negative support as many as 24 respondents (53.3%).

From the results of the bivariate analysis, it was found that from 45 respondents there were 21 respondents who received positive family support with exclusive breastfeeding as many as 16 respondents (76.2%), and those who did not give exclusive breastfeeding were 5 respondents (23.8%). Meanwhile, of the 24 respondents who received negative family support with exclusive breastfeeding as many as 5 respondents (20.8%) and those who did not give exclusive breastfeeding as many as 19 respondents (79.2%).

Based on the chi-square test and the limit of significance = 0.05,  $p$  value = 0.001 < 0.05, this indicates that there is a significant relationship between family support and exclusive breastfeeding for infants aged 7-12 months. Thus the hypothesis which states that there is a relationship between family support and exclusive breastfeeding for infants aged 7-12 months is statistically proven.

The results of the Odds Ratio obtained an OR value of 12.160, meaning that respondents who have positive family support have 12,160 times the opportunity to provide exclusive breastfeeding compared to respondents who have negative family support. The support of a husband who firmly thinks that breastfeeding is the best, will make it easier for mothers to give exclusive breastfeeding to their babies (Purwoko, 2005). The support is in the form of encouragement, motivation, empathy, or assistance that can make other individuals feel more calm and secure. Support obtained from husband, parents, or other close family (Wawan, 2010).

Researchers assume that family support with exclusive breastfeeding, mothers who receive informational support in the form of information about the importance of exclusive breastfeeding for 6 months, for example providing counseling and education from their families and health workers will be encouraged to give exclusive breastfeeding compared to those who never receive information or support from his family so that the role of the family is very important for the success of exclusive breastfeeding. Mothers also asked what problems they faced during breastfeeding and based on the results of research conducted by researchers that those who received family support but there were still those who did not provide exclusive breastfeeding were 5 respondents, this was due to the lack of firm support from their husbands and families and mothers who were busy working so that do not give exclusive breastfeeding to their babies. Therefore, advice from families or health workers plays a very important role in supporting the provision of exclusive breastfeeding to infants.

### **c. Relationship between Health Officer Support and Exclusive Breastfeeding for Infants Age 7-12 Months**

From the results of univariate analysis, it was found that from 45 respondents, the proportion of mothers who received positive support was 23 respondents (51.1%) more than the proportion of mothers who received negative support as many as 22 respondents (48.9%). From the results of bivariate analysis, it was found that from 45 respondents there were 23 respondents who received positive support from health workers with exclusive breastfeeding as many as 15 respondents (65.2%), and those who did not provide exclusive breastfeeding were 8 respondents (34.8%). Meanwhile, of the 22 respondents who received negative support from health workers with exclusive breastfeeding, there were 6 respondents (27.3%) and 16 respondents (72.7%).

Based on the chi-square test and the limit of significance = 0.05,  $p$  value = 0.02 < 0.05, this indicates that there is a significant relationship between the support of health workers and exclusive breastfeeding for infants aged 7-12 months, thus the hypothesis that states there is a statistically proven relationship between the support of health workers and exclusive breastfeeding for infants aged 7-12 months. The results of the Odds Ratio obtained an OR value of 5,000, meaning that respondents who have positive health worker support have 5,000 times the opportunity to give exclusive breastfeeding to infants aged 7-12 months compared to respondents who have negative health worker support.

This study is in line with the theory (Haryono and Setianingsih. 2014) where professional health workers are a supporting factor for mothers in breastfeeding because the support of health workers is related to advice to mothers to give exclusive breastfeeding without giving additional food to their babies determines the sustainability of mothers in giving breastfeeding. breast milk. The researcher assumes that the relationship between health workers, especially midwife support, greatly influences the success of exclusive breastfeeding. Mothers who get good support from midwives become more confident in continuing to exclusively breastfeed. However, good midwife support does not fully influence mothers in exclusive breastfeeding.

## **4. Conclusion**

There is a relationship between knowledge, family support and support from health workers simultaneously with exclusive breastfeeding for babies 7-12 months at the Sukajadi Health Center, Banyuasin Regency in 2021

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