

The Relationship Of The Role Of Delivery Aid, Breastfeeding Frequency, And Family Support With Exclusive Breastfeeding At Pmb Nurachmi Palembang In 2022

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ABSTRACT

World Health Organization (WHO) and United Nations of Children's Fund (UNICEF) regarding the global strategy for infant breastfeeding stated that the prevention of infant mortality is through proper feeding, ie through exclusive breastfeeding for 6 months and the introduction of complementary foods (MPASI). This study aims to determine the correlation of the roles of the childbirth helper, breastfeeding frequency and family support at PMB Nurachmi Palembang in 2022. Analytical Survey was used as the research design with a Cross Sectional approach. The sampling technique in this study was carried out by accidental sampling with a total sample of 45 respondents. Data collection was done through a questionnaire sheet and data analysis used Univariate analysis and bivariate analysis using Chi Square test. The Univariate results showed 22 respondents (48.9%) giving exclusive breastfeeding, while 23 respondents (51.1%) did not give exclusive breastfeeding were. The respondents with the good category for the role of childbirth helpers were at 73.3%, those in the good category for the breastfeeding frequency were at 75.6% and the respondents with the high category of family support were at 51.1%. The results of the Chi Square statistical test showed that there was a role of childbirth helper with exclusive breastfeeding (p value = 0.023; OR = 7.692), there was no correlation of breastfeeding frequency and exclusive breastfeeding (p value = 1,000; OR = 1,200) and there was a correlation of family support to exclusive breastfeeding (p value = 0.039; OR = 5.556). Conclusion: there was a correlation of the childbirth helper and family support to the exclusive breastfeeding. It is expected that healthcare personnel are able to provide counseling and information to mothers who have babies regarding exclusive breastfeeding and for families to provide information and support to mothers regarding exclusive breastfeeding.

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1. Introduction

One of the indicators of a country's welfare is seen from the Infant Mortality Rate (IMR). The target by 2030 is to end preventable infant and child mortality, with all countries working to reduce the Neonatal Mortality Rate to at least 12 per 1000 live births (live births) and the under-five mortality rate to 25 per 1000 births (SDGs, goal-3) [1].

An analysis states that breastfeeding for 6 months can save 1.3 million lives worldwide, including 22% of lives lost after birth. The most common cause of neonatal death is low birth

weight (LBW). Other causes of death include asphyxia, infection, diarrhea, congenital abnormalities, neonatal tetanus, and others[2]. Breast milk is the ideal nutrition for babies which contains the most suitable nutrients for the baby's needs and contains a set of protective substances to fight disease. The first two years of a child's life are very important, as optimal nutrition during this period reduces morbidity and mortality, reduces the risk of chronic disease, and promotes better overall development [3].

In 2020 WHO presented data in the form of exclusive breastfeeding rates globally, although there has been an increase, this figure did not increase significantly, namely around 44% of infants aged 0-6 months worldwide who received exclusive breastfeeding during the 2015-2020 period from 50% target of exclusive breastfeeding according to WHO [4]. South Sumatra health service data from the Puskesmas shows that the number of births in South Sumatra is 158,151 live births. Newborns who received exclusive breastfeeding in 2018 amounted to 60.7% and in 2019 it was 57.79%. (Sumsel Prov Health Office, 2020) [5].

The coverage of exclusive breastfeeding for the city of Palembang in 2018 is 76.5%. This coverage is still below the target of achieving Indonesia's exclusive breastfeeding, which is 80%. In 2019 it was 78.3% and in 2020 it was 76.1%. (Palembang Provincial Health Office, 2020)[6] . Factors associated with low exclusive breastfeeding for infants aged 7-12 months in several studies such as, according to research (Polwandari & Wulandari, 2021) in the Journal of Age, Parity, Education Level, Employment Status, Husband's Support and Mother's Knowledge Level in Exclusive Breastfeeding. Meanwhile, according to (Lindawati, 2019) The results of the study show that there is a relationship between knowledge, education, and family support with exclusive breastfeeding in Peucangpari Village, Cigemplong Lebak District in 2018[7].

Based on the above phenomenon, the lack of exclusive breastfeeding for the age of 0-6 months, the researchers wanted to examine the relationship between the role of birth attendants, frequency of breastfeeding and family support for exclusive breastfeeding at PMB Nurachmi Palembang in 2022.

2. Methods

This study uses a quantitative study using an analytical survey with a cross sectional approach, the study was conducted in January 2022, the sample of this study was some mothers who had babies aged 7-12 months at PMB Nurachmi Palembang.

3. Results and Discussion

3.1 Univariate Analysis

Tabel 1
Frequency Distribution of the role of birth attendant at PMB Nurachmi Palembang in 2022

No	The Role of Childbirth Assistance	Frequency (n)	Percentage %
1	Well	33	73.3
2	Not enough	12	26.7
	Total	45	100

Based on table 1 above, it was found that of the 45 respondents who had the role of birth attendant with good categories as many as 33 respondents (73.3%) and with less categories as many as 12 respondents (26.7%).

Tabel 2
Frequency Distribution of Breastfeeding Frequency at PMB Nurachmi Palembang in 2022

No	Breastfeeding Frequency	Frequency n	Percentage %
1	Well	34	75.6
2	Not enough	11	24.4
	Total	45	100

Based on table 2 above, it can be seen that from 45 respondents who have breastfeeding

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frequency in the good category as many as 34 respondents (75.6%) and with less category as many as 11 respondents (24.4%).

Tabel 3
Frequency Distribution of Family Support in PMB Nurachmi Palembang in 2022

No	Family support	Frequency n	Percentage %
1	Tall	13	28.9
2	Low	32	71.1
	Total	45	100

Based on table 3 above, it is found that from 45 respondents who have family support in the high category as many as 13 respondents (28.9%) and with the low category as many as 32 respondents (71.1%).

Table 4
Distribution of Exclusive Breastfeeding Frequency at PMB Nurachmi Palembang in 2022

No	Exclusive Breastfeeding	Frequency n	Percentage %
1	Yes	22	48.9
2	Not	23	51.1
	Total	45	100

Based on table 4 above, it was found that from 45 respondents who did exclusive breastfeeding, there were 22 respondents (48.9%) and 23 respondents who did not do exclusive breastfeeding (51.1%).

3.2 Bivariate Analysis

Tabel 5
The Relationship between the Role of Childbirth Assistance and Exclusive Breastfeeding at PMB Nurachmi Palembang in 2022

No	The role of the birth attendant	Caesarean section (SC) delivery				Total	P Value	OR
		Not		Yes				
		n	%	n	%			
1	Well	20	60.6	13	39.4	33	100	
2	Not enough	2	16.7	12	83.3	12	100	0.023
	Total	22		23		45		7,692

Based on table 5 above, it is known that of the 33 respondents who have the role of birth attendant in good category and provide exclusive breastfeeding as many as 20 respondents (60.6%) and those who do not do exclusive breastfeeding as many as 13 respondents (39.4%) while respondents who do not breastfeed exclusively, have a birth attendant role in the less category and do exclusive breastfeeding as many as 2 respondents (16.7%) and 12 respondents (83.3%) who do not do exclusive breastfeeding.

Based on the results of statistical tests using the Chi Square test, the value of value is 0.023 (p value < 0.05), meaning that there is a relationship between the role of birth attendant and exclusive breastfeeding, so the hypothesis that there is a relationship between the role of birth attendant and breastfeeding Exclusive at PMB Nurachmi Palembang in 2022 statistically proven. The results of the Odds Ratio obtained a value of 7.692, which means that the role of a good delivery assistant has a 7.629 times greater chance of exclusive breastfeeding compared to the role of a poor birth attendant.

Tabel 6
Relationship between Breastfeeding Frequency and Exclusive Breastfeeding at PMB Nurachmi Palembang in 2022

No	Breastfeeding frequency	Exclusive breastfeeding				Total	P Value	OR
		Not		Yes				
		n	%	N	%			
1	Well	17	50	17	50	34	100	

2	Not enough	5	45.5	6	54.5	11	100	1000	1,200
	Total	22		23		45			

Based on table 6 above, it is known that from 34 respondents who had breastfeeding frequency in good category and gave exclusive breastfeeding for 6 months as many as 17 respondents (50.0%) and 17 respondents (50.0%) who did not do exclusive breastfeeding. 5 respondents (45.5%) and 6 respondents (54.5%) did not do exclusive breastfeeding.

Based on the results of statistical tests using the Chi Square test, the value of value is 1,000 (p value < 0.05), meaning that there is no relationship between the frequency of breastfeeding and exclusive breastfeeding, so the hypothesis that there is a relationship between the frequency of breastfeeding and exclusive breastfeeding at PMB Nurachmi Palembang in 2022 is not statistically proven. The results of the Odds Ratio obtained a value of 1,200 which means that the frequency of good breastfeeding has a 1,200 times greater chance of exclusive breastfeeding compared to the frequency of breastfeeding that is not good.

Tabel 7
Relationship between Family Support and Exclusive Breastfeeding at PMB Nurachmi Palembang in 2022

No	Family support	Exclusive Breastfeeding				Total		P Value	OR
		Not		Yes		N	%		
		N	%	n	%				
1	Tall	10	76.9	3	23.1	13	100	0.039	5.556
2	Low	12	37.5	20	62.5	32	100		
	Total	22		23		45			

Based on table 7 above, it is known that of the 23 respondents who have family support in the high category and provide exclusive breastfeeding for 6 months as many as 10 respondents (76.9%) and those who do not do exclusive breastfeeding are 3 respondents (23.1%) while Respondents who have family support in the less category who do exclusive breastfeeding are 12 respondents (37.5%) and 20 respondents (62.5%) do not do exclusive breastfeeding.

Based on the results of statistical tests using the Chi Square test, the value of value is 0.039 (p value < 0.05), meaning that there is a relationship between family support and exclusive breastfeeding, so the hypothesis that there is a relationship between family support and exclusive breastfeeding in PMB Nurachmi Palembang Year 2022 is statistically proven. The results of the Odds Ratio obtained a value of 5.556 which means that family support in the high category has a 5.556 times greater chance of exclusive breastfeeding compared to family support in the low category.

3.3 Discussion

a. The relationship between the role of birth attendants and exclusive breastfeeding

Based on the univariate results, it is known that of the 45 respondents who have the role of birth attendant with good categories as many as 33 respondents (73.3%) and with less categories as many as 12 respondents (26.7%). The results of the bivariate show that from 45 respondents with the role of birth attendant in the good category and doing exclusive breastfeeding, 20 respondents (60.6%) while the respondents who had the role of birth assistant in the poor category and doing exclusive breastfeeding were 2 respondents (16.7%).

Based on the results of statistical tests using the Chi Square test, the value of value is 0.023 (p value < 0.05), meaning that there is a relationship between the role of birth attendant and exclusive breastfeeding, so the hypothesis that there is a relationship between the role of birth attendant and breastfeeding Exclusively at PMB Nurachmi Palembang in 2022 statistically proven. The results of the Odds Ratio obtained a value of 7.692, which means that the role of a good delivery assistant has a 7.629 times greater chance of exclusive breastfeeding compared to the role of a poor birth attendant.

The results of this study are in line with the research of Idawati et al (2021) in RSUD Tgk. Chik Ditiro, Pidie Regency with the title Analysis of Causes of Failure to Exclusive Breastfeeding in. Data analysis using chi square. P value = 0.000 So there is a relationship between the role of birth attendant and exclusive breastfeeding for babies. According to the researcher's assumption that births assisted by midwives have a greater chance of giving breast milk in the first hour after delivery because they give birth normally. Most of the deliveries assisted by doctors were due to cesarean delivery. Mothers who give birth by cesarean section will lose contact with the baby's mother for a long time causing the baby to be given prelacteal intake (intake given before breast

milk comes out) which is usually in the form of formula milk. The first day or 24 hours after giving birth is a very important time for early initiation of breastfeeding which can determine the success of subsequent breastfeeding. In addition, information from the role of birth attendants can help success in exclusive breastfeeding.

b. Relationship between breastfeeding frequency and exclusive breastfeeding

Based on univariate results, it is known that from 45 respondents who have breastfeeding frequency with good category as many as 34 respondents (75.6%) and with less category as many as 11 respondents (24.4%). The results of the bivariate show that from 45 respondents with a frequency of breastfeeding in the good category with exclusive breastfeeding as many as 17 mothers (50.0%) while mothers who had a frequency of breastfeeding in the less category and doing exclusive breastfeeding were 5 people (45.5%) Based on the results Statistical test using the Chi Square test obtained a value of value 1,000 (ρ value <0.05), meaning that there is no relationship between the frequency of breastfeeding and exclusive breastfeeding, so the hypothesis that there is a relationship between the frequency of breastfeeding and exclusive breastfeeding at PMB Nurachmi Palembang Year 2022 is not statistically proven. The results of this study are not in line with the research of Siska et al (2017) at the Sukorame Public Health Center, Kediri. Data analysis uses chi square. The p value = 0.000. It means that there is a relationship between the frequency of breastfeeding and the smoothness of exclusive breastfeeding.

From the results of research, theories and related research, researchers assume that most of the frequency of breastfeeding is in the good category but lack of understanding about exclusive breastfeeding so that many mothers think that breastfeeding alone is not sufficient for the baby's needs, so they are given formula milk and early MP ASI as an addition. In addition, there are still some mothers who admit that the reason for not giving exclusive breastfeeding is because breastfeeding is not smooth even though the frequency of breastfeeding is in the good category, the authors assume that this is due to other factors such as psychological factors.

c. Relationship between family support and exclusive breastfeeding

Based on univariate results, it is known that family support in the high category is 28.9% and the low category is 71.1%. Bivariate results show that from 45 respondents with high category family support with exclusive breastfeeding as many as 10 respondents (76.9%) while respondents with low family support and exclusive breastfeeding were 12 respondents (37.5%). Based on the results of statistical tests using the Chi Square test, the value of value is 0.039 (ρ value <0.05), meaning that there is a relationship between family support and exclusive breastfeeding, so the hypothesis that there is a relationship between family support and exclusive breastfeeding in PMB Nurachmi Palembang Year 2022 is statistically proven. The results of the Odds Ratio obtained a value of 5.556 which means that family support in the high category has a 5.556 times greater chance of exclusive breastfeeding compared to family support in the low category.

The results of this study are in accordance with Lindawati's research (2019) conducted in Peucangpari, Cigemblong District, Lebak Regency with the title Relationship of Knowledge, Education and Family Support with Exclusive Breastfeeding. The results of the analysis of the relationship between family support and exclusive breastfeeding using the chi square test obtained p value: 0.005 (p value <0.05), which means that there is a statistically significant relationship between family support and exclusive breastfeeding. The results of research, theory and research related to researchers that support and family responsibilities have an effect, which is related to the mother's readiness to give breast milk, especially for working mothers. The family is expected to make a positive contribution as long as the mother is breastfeeding. From the results of the study, it was found that most of their families did not guide how to express breast milk, most of their families did not know how to express breast milk. So that the family does not store and give expressed breast milk to the baby while the mother is working.

4. Conclusion

There is a relationship between the role of birth attendant and family support simultaneously with exclusive breastfeeding and there is no relationship between the frequency of partial breastfeeding and exclusive breastfeeding at PMB Nurachmi Palembang in 2022.

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