

Family Support Connection To Wards Mother Behavior In Give Asi Exclusive At Puskesmas Gayaman Mojokerto

Siti Nur Farida¹, Wahyu Anjas Sari²

IIK Strada Indonesia¹, IIK Strada Indonesia²

Email: sitinurfaridahusada22@gmail.com¹, swahyuanjas@yahoo.com²

ARTICLE INFO

Article history:

Received
Revised
Accepted

Keywords:

Family Support, Mother Behaviour, ASI Exclusive

ABSTRACT

ASI exclusive gift ASI (mother milk water) beginning may be after give birth, given without time-table and is not given food other, although only plain water, until aged baby 6 months. To avoid the happening of family support less in give ASI exclusive need information about the important ASI for baby and family support enhanced (instrumental, informational, evaluation, emotional). Watchfulness aim analyze family support towards mother behaviour in gift ASI exclusive at Puskesmas Gayaman Mojokerto

Researcher design that used cross sectional. Research date 1 Mei- 30 Julies 2010. Population in this research entire mothers that gives suck age 0-6 month at Puskesmas Gayaman Mojokerto as much as 52 respondents. Big sample numbers 46 respondents, family support independent variable and variable dependent mother behaviour. The instrument uses questionnaire and sample taking technical purposive sampling. Then tested by using correlation test spearman rank (ρ) at obtain? = 0,024 < ? = 0,05.

From this research result shows that get family support deliver it less support (9%), enough support (48%), support (43%). While respondent based on mother behaviour in give ASI exclusive deliver it (65%) good mother behaviour, (22%) unfavourable mother behaviour, (13%) mother behaviour not good. Based on analysis result uses correlation test spearman rank (ρ) at obtain $\rho = 0,024 < \alpha = 0,05$ mean found connection between family support with mother behaviour in give ASI exclusive at Puskesmas Gayaman Mojokerto.

Based on this research result inferential that there is family support connection towards mother behaviour in give ASI exclusive at Puskesmas Gayaman Mojokerto.

I. BACKGROUND

Exclusive breastfeeding is breast milk that is given when a new baby is born until the age of 6 months. During the process of breastfeeding Babies are not recommended to be given any food or drink even if only water. Breast milk is the best intake with complex nutrition for infants.

ASI has a composition of substances that can protect babies from various diseases and in accordance with the development of the baby. During this time, breastfeeding also had a positive impact on the relationship between mother and child. Emotional relationships that will also have an impact on children's mental development. On the other hand, giving ASI also has an economic impact. Seeing the many benefits of breastfeeding, it is very unfortunate if breastfeeding is not as expected. The exclusive use of breast milk that is recommended is from osia 0 to 6 months, continued until the age of 2 years along with complementary foods or MPASI (Ruslina Suradi , 2008: 211).

Exclusive breastfeeding in the sense that no additional food or drink is provided during the first 6 months will be successful if the family provides support (Instrumental, informational, assessment, emotional). Breastfeeding is still encountered many obstacles that influence factors are



DOI:

W: <http://jgrph.org>

E: journal.grph@gmail.com

lack of knowledge of health workers, mismanagement at the delivery place, marketing of formula milk that has not been properly managed, as well as breastfeeding leave and facilities in the workplace that are inadequate and lack of support (Instrumental, informational, assessment, emotional) of the family in nursing mothers (Ruslina Suradi, 2008). Most families in the Gayaman Mojokerto Community Health Center lack support (Instrumental, informational, assessment, emotional) to breastfeeding mothers so that the number of breastfeeding mothers especially those who provide exclusive breastfeeding is still very low.

Based on data from Susenas, it shows that mothers who give exclusive breastfeeding are decreasing every day. in 2007 around 28.6% in 2008 to 24.3%. Meanwhile in 2007 it was 16.7% and in 2008 it was 27.9%. Several factors that inhibit breastfeeding are problems in the nipple (28%), low milk production (32%), the effect of formula milk advertising (16%), working mothers (16%), want to be considered modern (4%), and lack of family support (Instrumental, Informational, Assessment, Emotional) (4%), low knowledge of correct breastfeeding, lack of understanding of mothers about the benefits of breastfeeding, lack of support from health care workers for breastfeeding mothers, in addition to other factors that are inhibiting various kinds of myths that developed in the community. For example, colostrum is not good or even dangerous for babies, babies will be malnourished if only breastfed, babies need special tea or other liquids before breastfeeding.

In 2008, in East Java the number of babies exclusively breastfed was 278,601 (38.7%) with 719,332 babies, which was still far below the target of 60%. Whereas in Mojokerto, only 50% in exclusive breastfeeding in 2007 and 80% in 2010, (<http://hileud.com/pemberian-asi-di-indonesia-masih-rendah.html>).

Based on a preliminary study at the Gayaman Mojokerto Community Health Center, a questionnaire in March 2011 that provided exclusive breastfeeding without complementary food for 20 people was influenced by family support (Instrumental, Informational, Assessment, Emotional) understanding about breastfeeding and education level. . Those who give exclusive breastfeeding and are also given complementary food as much as 8 of their people are influenced by cultural level factors, lack of knowledge, and lack of support from the family (Instrumental, Informational, Assessment, Emotional) who give formula milk without giving exclusive breastfeeding for 24 people they are influenced Lack of family support (Instrumental, Informational, Assessment, Emotional) lack of milk production, working mothers, wanting to be considered modern, problems on the nipples, the influence of formula milk advertising.

Family Support (informational, assessment, instrumental, emotional) is an important part of breastfeeding success or failure, because family support (informational, assessment, instrumental, emotional) determines the smooth reflex of ASI knowledge (let down refelex) which is strongly influenced by the state of cultural level factors, lack of knowledge, and lack of support from families (Instrumental, Informational, Assessment, Emotional) who provide formula milk without giving exclusive ASI of 24 people they are influenced by the lack of family support (Instrumental, Informational, Assessment, Emotional) working mothers, want to be considered modern, lack of milk production, the influence of milk advertising, and problems with the nipple.

Obtaining ASI is a baby's right. Breastfeeding can be fulfilled if parents, especially mothers, receive comprehensive protection, information and assistance on the benefits of breastfeeding (Dien Sanyoto Besar and Evelina PN: 2008: 15). Family support is very important for the success or failure of breastfeeding, (<http://www.fkm.undip.ac.id/data/index.php?Action=4&idx=3005>).

Every family member should understand if giving support to nursing mothers has important meaning (<http://www.fkm.undip.ac.id/data/index.php?Action=4&idx=3005>). . Family support aims to motivate the mother to provide exclusive breastfeeding to her baby besides the family also needs to prepare nutritious food intake. The low level of family support and education level of the mother greatly influences the process of exclusive breastfeeding. Hadinegoro's research, et al (2007), that exclusive breastfeeding is influenced by family support. Other factors that influence breastfeeding are social culture that develops in the community such as being a working mother, imitating others giving formula milk, and feeling outdated when breastfeeding her baby. Providing counseling to mothers or parents about the importance of exclusive breast milk

that is clean, sterile, optimal temperature, always available, inhibits and kills germs or viruses, contains anti-body, production tailored to the needs of the baby, the danger of allergies is absent, other benefits for breastfeeding mothers among others: can strengthen the relationship between mother and child. In addition, breastfeeding can also prevent mothers from breast cancer and faster recovery of the uterus.

If the mother prefers to give formula milk, there are some disadvantages that will be experienced by the mother namely formula milk can cause allergies in certain cases, the nutrients contained in formula milk are not balanced as in breast milk, and formula milk can cause diarrhea, and many benefits of breast milk don't have formula milk. (Utami Roesli 2008: 19). Another thing that can be done is to provide coaching and recovery to provide support to mothers who are breastfeeding.

RESEARCH METHODS

The method used in this research is cross sectional with a population of all breastfeeding mothers in the Gayaman Mojokerto Puskesmas, with a population of 52 people. The sample used in this study was only a portion of mothers who breastfed aged 0 to 6 months at the Gayaman Mojokerto Puskesmas.

RESULTS

Subject Characteristics

Table 5.5 Characteristics of Respondents Based on Family Support at the Gayaman Mojokerto Puskesmas March 2011.

No	Family support	Frekuensi	Prosentase
1.	Poor support	4	9%
2.	Support enough	22	48%
3.	Support	20	43%
Total		46	100%

Source: 2011 questionnaire general data

Table 5.6 Characteristics of Respondents Based on Maternal Behavior at the Gayaman Mojokerto Puskesmas March 2011

No	Mother's behavior	Frekuensi	Prosentase
1.	Mother's behavior is good	30	65%
2.	Mother's behavior is not good	10	22%
3.	Mother's behavior is not good	6	13%
Total		46	100%

Source: 2011 questionnaire general data

Table 5.7 Characteristics of Respondents Based on Family Support at the Gayaman Mojokerto Puskesmas March 2011.

	Behavior			Total
	Not good	Not good	Good	
Lack of Support	0	2	2	4
Enough	5	6	11	22
Support	1	2	17	20
Total	6	10	30	46

DISCUSSION

The results showed that of 46 respondents (48%) their family support was enough to support as many as 22 respondents.

Some factors that can influence family support are family income, education level. Families with middle to upper social class have higher levels of support and involvement than lower social classes. Family support is very much needed to change the behavior of mothers in giving exclusive breastfeeding starting from the age of 0 to 6 months. Some other factors that can influence the mother in giving exclusive breastfeeding, namely from the factor of high maternal education will make the mother have the knowledge or information about the importance of giving exclusive breastfeeding to her baby, besides that from cultural factors also affect the mother in giving exclusive breastfeeding, because the environment is partly large of the community mostly family support for mothers who breastfeed good mother's behavior is also good in providing exclusive breastfeeding. Another factor affecting family support is the socioeconomic class of the family. Also influenced by mothers who work the data obtained, regarding the behavior of mothers in breastfeeding shows that of 64 respondents (65%) of respondents 30 behaviors are good and (13%) as many as 6 respondents behavior is not good.

Breast milk is the intake that is given to babies who have complex nutrition. ASI has a suitable content especially for babies aged 0 to 6 months, in fact, exclusive breastfeeding for 6 months is not as simple as imagined, in terms of age shows that the older the mother who has children aged 0 to 6 months, the lower the behavior in providing exclusive breastfeeding. While mothers who are younger or still in childbearing age have good behavior while in terms of education the higher the education of mothers the higher the behavior of mothers in providing exclusive breastfeeding, the worker factor can also influence family support for the behavior of mothers who are breastfeeding because of their busyness in carrying out their work then it also affects the behavior in providing exclusive breastfeeding. Religious factors also contribute to diversity which culture also influences family support for the mother's behavior in providing exclusive breastfeeding. Therefore, it can be concluded that half of the respondents received support from families. Mothers who have family support (Instrumental, Informational, Assessment, Emotional), and know the importance of exclusive breastfeeding for babies will encourage mothers to give exclusive breastfeeding to their babies and the needs of the baby will be fulfilled. Mothers who lack family support (Instrumental, Informational, Assessment, Emotional) to provide exclusive breastfeeding is very low and the baby's nutrition may not be as needed or can be less than needed. Providing support to mothers one of them by providing information to mothers about the importance of exclusive breastfeeding for infants and providing the needs of mothers while breastfeeding so that breast milk production can increase.

CONCLUSION

1. Family support in Puskesmas Gayaman Mojokerto as many as 22 respondents (48%) family support is quite supportive and 20 respondents (43%) support and family support is less supportive as much as 4 respondents (9%).
2. Mother's behavior in giving exclusive breastfeeding at the Gayaman Mojokerto Health Center 30 respondents (65%) behavior is good and 10 respondents (22%) mother's behavior is not good and as many as 6 respondents (13%) behavior is not good
3. There is a Relationship between Family Support and Mother's Behavior in Providing Exclusive ASI. p value 0.024 (because of value <0.05) then H_0 is rejected and H_1 is accepted, which means that there is a relationship between family support and Family Support Relationship with Mother's Behavior in providing exclusive breastfeeding at the Gayaman Mojokerto Puskesmas. Spearman correlation coefficient is 0.331 which means that the direction of the positive correlation with strength is weak.

SUGGESTION

1. For institutions:
It is hoped that policy makers will further improve the quality of the curriculum through the addition of literature, particularly those relating to family support for nursing mothers to prevent problems with the baby and mother so that it is expected that the growth of the baby according to age.
2. For Family

It is expected that the family can provide support or support for nursing mothers and provide full care and pay more attention to mothers who are in a breastfeeding situation.

3. For Midwifery Professionals

Expected to pay more attention to the problems that occur or experienced by mothers while breastfeeding so that the health standards of mother and baby can be achieved.

4. For Future Researchers

The results of this study can be used as a reference to conduct further research, especially in mothers who are breastfeeding, and it is hoped that researchers should continue to explore or identify the factors that cause mothers not to provide exclusive breastfeeding.

BIBLIOGRAPHY

Arikunto, Suharsimi. 2006. *Prosedur Penelitian Suatu Pendekatan Praktik*. Jakarta : Rineka Cipta.

Depkes RI. (2003). *Ibu Bekerja Tetap Memberikan ASI*. Jakarta , Depkes RI.

Friedman M. Marilyn(2010)*Keperawatan Keluarga*.Jakarta:EGC

Nursalam. 2008. *Konsep dan Penerapan Metodologi Penelitian Ilmu Keperawatan*. Jakarta : Salemba Medika.

Ruslina Suradi. (2008). *Manfaat ASI dan Menyusui*.Jakarta,Balai Penerbit :FKUI

Soetjningsih.(2008)*ASI Petunjuk Untuk Tenaga Kesehatan*.Jakarta:EGC

Suraatmaja Sudaryat(2008)*Bedah ASI*.Jakarta:FKUI