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The Relationship Between The Level of Maternal Knowledge, Maternal Employment Status and Family Support With Exclusive Breastfeeding in The Working Area of The Air Dingin Health Center of Padang City in 2018

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ABSTRACT

In order to reduce infant morbidity and mortality, UNICEF and WHO recommend exclusive breastfeeding for six months because ASI has many health benefits for babies and contains all the nutrients needed by baby. The lowest coverage of exclusive breastfeeding in Padang City is in the working area of Puskesmas Air Dingin. The purpose of this study was to determine the relationship between the level of maternal knowledge, maternal employment status and family support with exclusive breastfeeding in the working area of the Air Dingin Health Center.

Analytic research with design was *cross sectional* conducted in the working area of Air Dingin Health Center from June 2018 to July 2018. The sample in this study were mothers who had infants aged > 6-12 months as many as 56 people. Mothers as respondents were interviewed directly using a questionnaire. Data analysis was univariate and bivariate using analysis *chi-square* ($p < 0.05$).

The results showed that the percentage of exclusive breastfeeding was 51.8%. The analysis results *chi-square* showed that the p value between exclusive breastfeeding and the level of maternal knowledge ($p = 0.010$), maternal employment status ($p = 1,000$), and family support ($p = 0.021$).

There was a significant relationship between the level of mother's knowledge and family support with exclusive breastfeeding, while the mother's employment status did not have a significant relationship with exclusive breastfeeding. It is hoped that mothers can maintain and improve exclusive breastfeeding.

I. INTRODUCTION

Breast milk is the natural first food for babies. ASI provides all the energy and nutrients that babies need for the first months of life. Breastfeeding is an excellent way to provide ideal food for the growth and development of a healthy baby.

In order to reduce infant morbidity and mortality, UNICEF and WHO recommend that babies should only be breastfed for at least 6 months, and breastfeeding continues until the baby is two years old (WHO, 2018). In order for the mother to maintain exclusive breastfeeding for 6 months, WHO recommends that breastfeeding initiation within the first hour of life, infants only receive breast milk without additional food or drinks, including water, breastfeeding on demand or as often as desired by the baby, and not using bottles or pacifiers (WHO, 2018).

Sustainable Development Goals in The 2030 Agenda for Sustainable Development targets by 2030 to reduce neonatal mortality by at least 12 per 1,000 live births and deaths in children under 5 years of age at least 25 per 1,000 live births. This can be achieved, one of them is by giving exclusive breastfeeding properly (United Nations).

However, only 44 percent of newborns in the world receive breast milk within the first hour of birth, and even a few babies under six months are exclusively breastfed. The coverage of exclusive breastfeeding in Central Africa is 25%, Latin America and the Caribbean 32%, East Asia 30%, South Asia 47%, and developing countries 46%. Overall, less than 40 percent of children under the age of six months are given exclusive breastfeeding (WHO, 2015).

This is not in accordance with WHO's target of increasing exclusive breastfeeding in the first 6 months to at least 50%. This is the fifth WHO target in 2025 (WHO, 2014).

In Indonesia, babies who have received exclusive breastfeeding until the age of six months is 29.5% (Indonesian

Health Profile, 2017). This is not yet in line with the 2015-2019 Ministry of Health's Strategic Plan target of 50% of infants aged less than 6 months who receive exclusive breastfeeding.

By province, the lowest coverage of exclusive breastfeeding for infants up to 6 months of age was in North Sumatra by 12.4%, Gorontalo by 12.5% and the highest in Yogyakarta by 55.4%. While the condition of West Sumatra obtained exclusive breastfeeding until the age of 6 months amounted to 37.6% (Data and Information on Indonesian Health Profile, 2017).

The low level of breastfeeding is a threat to the child's growth and development which will affect the growth and development of the quality of human resources in general (Rahman, 2017).

Various studies have been conducted to find out the factors related to exclusive breastfeeding, including research conducted by Jannah in 2016 in the village of Gerem, the working area of the Grogol Health Center, Cilegon City, showing that exclusive breastfeeding for infants aged 6 - 12 months is mostly done by mothers who have the level of good knowledge about exclusive breastfeeding is 68.6% and the most is done by mothers who get support from the family which is 66.7%.

Average maternity leave for 3 months is very short and now many mothers work, so then the mother stops breastfeeding for work reasons and feels unable to exclusively breastfeed due to limited time and busyness (Nugroho, 2011).

This was supported by research in Sawahan Timur and Simpang Haru Padang villages that the status of mothers' work showed exclusive breastfeeding for fewer working mothers (11.8%) than mothers who did not work (45.8%) with a value of $p = 0.003$ (Widdelrita *et al.*, 2014).

Lack of family support can reduce the enthusiasm and motivation of mothers in providing exclusive breastfeeding for their babies (Haryono *et al.*, 2014). In accordance with research conducted in Yogyakarta

shows that mothers who provide exclusive breastfeeding with good family support by 30.5% and mothers who provide exclusive breastfeeding with low family support by 13.2% (Ratnasari *et al.*, 2017).

According to the *Global Strategy for Infant and Young Child Feeding*, almost all mothers can breastfeed provided they have accurate information, and support in the family and community and working women can be helped to continue breastfeeding if given maternity leave, facilities for breastfeeding and storing breast milk (WHO, 2003).

Of the 22 existing Puskesmas in Padang City, the lowest coverage of exclusive breastfeeding was in the Puskesmas Air Dingin work area of 33.85%. Coverage in the working area of Puskesmas Air Dingin is still low from the national and world targets for exclusive breastfeeding (City Health Profile, 2017).

Based on preliminary surveys conducted by interviewing posyandu cadres in the working area of Air Dingin Health Center, it is known that things that cause mothers not to exclusively breastfeed include lack of awareness and knowledge of the importance of exclusive breastfeeding, working mothers, and lack of support and attention. from family in breastfeeding.

Based on the explanation above, the researcher was interested in examining the relationship between the level of mother's knowledge, mother's work status, and family support with exclusive breastfeeding in the working area of Padang's Cold Water Health Center in 2018.

II. METHODS

This study was an analytical study with design *cross sectional*, carried out in the region the work of Puskesmas Air Dingin from June 2018 until July 2018. The sample in this study were mothers who had infants aged > 6-12 months as many as 56 people. Mothers as respondents were interviewed directly using a questionnaire. All data were

processed using SPSS with the test *chi-square*.

III. RESULTS

Respondents in this study were mothers who had infants aged > 6-12 months in the working area of the Padang Air Dingin Public Health Center, amounting to 56 people. The characteristics of respondents in this study can be seen in table 5.1 and table 5.2 as follows:

Table 3.1 Distribution of Average Characteristics of Research Subjects

N	Variab o les	Mean ± SD	Minimum- Maximum
1	Age of Mother (years)	31.23 ±	5.918 19-46

Table 3.1 shows the average age of a mother is 31 years.

Table 3.2 Frequency Distribution Characteristics of Research Subjects

N	Variable	F	%
1	Age of mother		
	- <20 years	1	1.8
	- 20-29 years	23	41.1
	- 30-39 years	29	51.8
	- ≥40 years	3	5.4
2	Level of Education of the Mother		
	- graduated SD / MI	1	1.8
	- graduated from junior high school	6	10.7
	- graduating from high school	32	57.1
	- graduating from university	17	30.4

3 type of maternal employment			
- not working / housewife	39	69.6	
- civil servant / private employee	9	16.1	
- private entrepreneur	5	8,9	
- and other others	3	5.4	

Table 3.2 shows that most mothers are in the 30-39 year age group. Most mothers have high school education levels and the majority of mothers do not work or as housewives.

Results of Univariate Analysis

Table 3.3 Overview of Distribution of Frequency of Exclusive Breastfeeding and Affecting Factors

N	Variable	F	%
1 Exclusive Breastfeeding Status			
- Not Exclusive Breastfeeding	27	48.2	
- Exclusive Breastfeeding	29	51.8	
Total	56	100	
2 Level Of Maternal Knowledge			
- Poorly	9	16,1	
- Good	47	83,9	
Total	56	100	
3 Maternal Employment Status			
- Working	17	30,4	
- Not Working	39	69,6	
Total	56	100	
4 Family Support			
- Less support	14	25,0	
- Supporting	42	75,0	
Total	56	100	

Table 3.3 shows that most mothers (51.8%) exclusively breastfed. While most mothers (83.9%) had a good level of knowledge, the majority of mothers (69.6%) did not work and most mothers (75.0%) received support from their families in exclusive breastfeeding.

Table 3.4 Overview of Giving Exclusive Breastfeeding in the Working Area of the Cold Water Puskesmas in Padang City

Question	f (n = 56)	%
Giving Exclusive Breastfeeding	29	51.8
Giving formula milk	15	26.8
Giving tea	4	7.1
Giving water	16	28.6
Giving bananas	9	16.1
Giving milk porridge	7	12.5
Giving biscuits	4	7.1
Giving rice porridge	3	5.4

Table 3.4 shows that mothers give the most water (28.6%), formula milk (26.8%) and provide bananas (16.1%) in exclusive breastfeeding.

Table 3.5 Overview of the level of maternal knowledge in the Padang City Cold Water Health Center Work Area

Questions	True		False	
	f (n= 56)	%	f (n= 56)	%
The best food for infants aged 0-6 months	43	76,8	13	23,2
what age is breastfeeding for babies	31	55,4	25	44,6

Definition of exclusive breastfeeding	42	75	14	25
We recommend from the breast to which breast milk is given	52	92,9	4	7,1
The right time for the mother to breastfeed her baby	42	75	14	25
How old can the baby be given additional food	44	78,6	12	21,4
Benefits of exclusive breastfeeding for babies	44	78,6	12	21,4
Benefits of exclusive breastfeeding on mothers in the field of family planning	44	78,6	12	21,4
Why is breastfeeding the most appropriate food for babies	45	80,4	11	19,6
Which is not advantages of exclusive breastfeeding compared to formula milk	28	50	28	50
Impact of supplementary feeding before 6 months old infants	36	64,3	20	35,7

Benefits of exclusive breastfeeding for infant body endurance	38	67,9	18	32,1
Definition of Colostrum	48	85,7	8	14,3
Benefits of colostrum	42	75	14	25
Is the first milk out to be disposed of	50	89,3	6	10,7

Table 3.5 shows the mother in answering questions about knowledge of mothers on exclusive breastfeeding at most one answer to a question not gain exclusive breastfeeding compared to formula (50%), until what age is breastfeeding only for babies (44.6%), and the effect of giving additional food before the baby is 6 months old (35.7%).

Table 3.6 Overview of Family Support in the Working Area of the Padang Cold Water Health Center

Questions	Yes		No	
	f (n=56)	%	f (n=56)	%
The closest family to the mother supports in exclusive breastfeeding	54	96,4	2	3,6
Husband has given mothers books, magazines or other information about breastfeeding and food for babies	32	57,1	24	42,9

The closest husband or family recommends that the infant be given formula milk	10	17,9	46	82,1
The closest husband and family the mother has suggested to provide additional food before the baby is > 6 months old	23	41,1	33	58,9
Husband wakes up accompanying while mother breastfeeds baby at night	42	75	14	25
Husband or family nearby mother often helps housework while nursing mother	53	94,6	3	5,4

Table 3.6 shows the forms of family support that most mothers get, including the mother's family supporting exclusive breastfeeding (96.4%), the husband or family of the mother often helps with housework while breastfeeding (94.6%), and the husband wake up accompanying when the mother is nursing the baby at night (75%).

Results of Bivariate Analysis

This analysis aims to determine the relationship between the independent variable and the dependent variable. Analysis using test *Chi-Square* with p value (probability), if $p \leq 0.05$ means a meaningful relationship.

The Relationship between Mother's Knowledge Level and Exclusive Breastfeeding on Research Subjects

Table 3.4 Relationship between Mother's Knowledge Level and Exclusive Breastfeeding for Babies Aged > 6-12 Months in the Working Area of the Air Dingin Health Center of Padang City in 2018

Level of Maternal Knowledge	Exclusive Breastfeeding				Total	p-value
	Not Exclusive Breastfeeding		Exclusive Breastfeeding			
	f	%	f	%		
Less	8	88.9	1	11.1	9	10
Good	19	40.4	28	59.6	47	10
Total	27	48.2	29	51.8	56	0

Based on table 3.4 shows that the percentage of mothers exclusive breastfeeding is greater for mothers with good knowledge (59.6%) than mothers with poor knowledge (11.1%). The results of statistical tests using the test *Chi-Square* showed a significant relationship between the level of knowledge of mothers with exclusive breastfeeding in the Working Area of Puskesmas Air Dingin.

Correlation of Mother's Job Status with Exclusive Breastfeeding on Research Subjects

Table 3.5 Relationship of Maternal Job Status with Exclusive Breastfeeding for Babies Aged > 6-12 Months in the Working Area of the Air Dingin Health Center of Padang City in 2018

Maternal Employment Status	Exclusive Breastfeeding				Total	p- value
	Not Exclusive Breastfeeding		Exclusive Breastfeeding			
	f	%	f	%		
Working	8	47,1	9	52,9	17	1,000
Not Working	19	48,7	20	51,3	39	
Total	27	48,2	29	51,8	56	

Based on table 3.5 shows that the percentage mothers who did not give exclusive breastfeeding were greater for mothers who did not work (48.7%) than mothers who worked (47.1%). The results of statistical tests using the test *Chi-Square* showed no significant relationship between the employment status of mothers with exclusive breastfeeding in the Working Area of Puskesmas Air Dingin.

Relationship of Family Support with Exclusive Breastfeeding on Research Subjects

Table 3.6 Relationship of Family Support with Exclusive Breastfeeding for Infants aged > 6-12 Months in the Working Area of the Air Dingin Health Center of Padang City in 2018

Family Support	Exclusive Breastfeeding				Total	p- value
	Not Exclusive Breastfeeding		Exclusive Breastfeeding			
	F	%	f	%		
Less Support	11	78,6	3	21,4	14	0,021
Supports	16	38,1	26	61,9	42	
Total	27	48,2	29	51,8	56	

Based on table 3.6 shows that the percentage of mothers who give Exclusive breastfeeding is greater for mothers who have family support (61.9%) than for mothers who lack support from families (21.4%). The results of statistical tests using the test *Chi-Square* showed a significant relationship between family support and exclusive breastfeeding in the Cold Water Health Center Work Area.

IV. DISCUSSION

Exclusive Breastfeeding

Based on the results of the study, more than half of infants aged > 6 - 12 months in the Working Area of Air Dingin Health Center that received exclusive breastfeeding (51.8%). While the rest are not exclusively breastfed (48.2%). The results of this study are in line with the study of Bahriyah *et al* (2017) where infants who received exclusive breastfeeding (50.7%) were more than those who were not exclusively breastfed (49.3%). The percentage of exclusive breastfeeding in Puskesmas Air Dingin is higher compared to the percentage of Indonesia (46.74%) and the percentage of West Sumatra (36.02%), but lower than the achievement of Kota Padang (75%) (Ministry of Health, 2018; DHO West Sumatra Province, 2017).

The achievement of exclusive breastfeeding can be influenced by educational factors, where most mothers are 57.1% having high school / equivalent graduation level education and 30.4% having a tertiary education level. Supported by Nasution research *et al's* in the 2014 Bungus Health Center Work Area that the better the mother's education, the better the mother's ability to absorb information about child nutrition will be and will support exclusive breastfeeding (Nasution *et al.*, 2014). In addition, a good level of maternal knowledge and adequate family support also influence exclusive breastfeeding (Haqhihi *et al.*, 2016; Ratnasari *et al.*, 2017).

In this study it can be seen that there are still mothers who do not exclusively breastfeed their babies. Based on the results of the interview, the causes included mothers not knowing if breastfeeding was carried out until the baby was 6 months old, some mothers said that breast milk did not come out at the beginning of breastfeeding, besides some mothers gave water, formula milk, tea, bananas, porridge, or biscuits to the baby before the age of six months. In accordance with what researchers found that mothers gave the most water (28.6%), formula milk (26.8%), banana (16.1%) and milk porridge (12.5%) in exclusive breastfeeding. Generally, babies who are not exclusively breastfed have been given more than one type of food and some mothers assume that giving babies water does not thwart exclusive breastfeeding. The mothers gave the baby water and other food because the baby was thirsty, not full, often fussy and crying. Another reason for the failure of exclusive breastfeeding is because mothers who lack knowledge do not know that exclusive breastfeeding is done until the baby is 6 months old (Ella *et al.*, 2016).

The Level of Maternal Knowledge

results of the study showed that the level of maternal knowledge was mostly in the good category, namely 83.3%, while in the poor category was 16.1%. In the study also found that mothers in answering

questions about maternal knowledge of exclusive breastfeeding at most answered the question that is not the advantage of exclusive breastfeeding compared to formula milk (50%), to what age is breastfeeding only to infants (44.6%), and the impact of supplementary feeding before a 6-month-old baby (35.7%). The results of this study are in line with research conducted by Ella *et al* (2016) in Nigeria that most mothers have a good level of knowledge that is equal to 83.61% while 16.39% of mothers have a lack of knowledge. The results of this study are also in line with research conducted by Wowor *et al* (2013) at the Manado City Health Center showing that maternal knowledge is mostly in the good category of 86.8% while in the less category it is only 13.2%.

This can be due to the level of education of mothers who are already quite good, the majority of them are from high school / equivalent level of 57.1% and graduates of Higher Education / equivalent of 30.4%. According to Untari (2017), education will encourage mothers to want to know and seek experience so that the information received will become knowledge. Higher education makes a mother more able to think rationally about the benefits of exclusive breastfeeding and is easier to be exposed to information compared to mothers with low education. So that the knowledge possessed by the mother will form a belief in certain behaviors, such as in exclusive breastfeeding. Apart from that according Obilade (2015), mothers who have a higher level of education are more likely to have the right knowledge about exclusive breastfeeding.

Maternal Employment Status

Results showed that the mother's work status was mostly in the category of mothers who did not work, which amounted to 69.6% while the category of mothers who worked was 30.4%. The results of this study are in line with the research conducted by Maulida *et al* (2015) that most mothers are mothers who do not work, which is 56.3%

while mothers who work are 43.7%. The results of this study are also in line with the research conducted by Tewabe *et al* (2017) in Ethiopia that the majority of mothers belong to the category of mothers who do not work, which is 79.6% while the category of mothers who work is 20.3%.

This can be due to the level of education of mothers, the majority of which are from high school / equivalent graduates of 57.1% and some of the graduates of Higher Education / equivalent of 30.4%. Education is a basic human need that is needed for self-development. The higher the level of education the easier it is to get a job, the more productivity increases and the higher the family welfare (Astuti 2013).

Family Support

Results of the study showed that family support was mostly in the support category of 75.0% while in the less supportive category was 25.0%. The results of this study are in line with the research conducted by Kristianti *et al* (2017) that the majority of mothers get family support which is 63% while those who lack family support are 37%. The results of this study are also in line with the research conducted by Anggorowati *et al* (2013) which states that most mothers have good family support, which is 52.9% while those who lack family support are 47.9%.

As researchers found during the study that the most widely available forms of family support were mothers including mothers supporting exclusive breastfeeding (96.4%), husbands or families of mothers often helping with domestic work while nursing mothers (94.6%), husbands participating wake up accompanying when the mother is nursing the baby at night (75%), and the family provides information about breastfeeding (57.1%). Family support is needed to grow the mother's confidence in breastfeeding her baby.

Correlation between Level of Maternal Knowledge and Exclusive Breastfeeding for Infants aged > 6-12 months in the

Working Area of the Air Dingin Health Center of Padang City in 2018

Based on the results of the study it can be seen that the percentage of mothers who provide exclusive breastfeeding to mothers with good knowledge (59.6%) compared to mothers with a poor level of knowledge (11.1%). Statistical test results using the test *Chi-Square* showed $p = 0.010$ ($p < 0.05$). Based on these results it can be concluded that there is a significant relationship between the level of knowledge of mothers with exclusive breastfeeding in infants aged > 6-12 months in the working area of Padang Cold Water Health Center in 2018.

The results of this study are in line with research in Kelurahan Fajar Bulan West Lampung Regency which shows that there is a significant relationship between the level of knowledge of mothers with exclusive breastfeeding with a value of $p < 0.05$ ($p = 0.001$), the results of the study indicate that mothers with good knowledge provide exclusive breastfeeding by 81.3% while mothers with a level of knowledge less exclusive breastfeeding of 5.6%, this means that mothers who have good knowledge about ASI will provide exclusive breastfeeding to their babies (Lestari *et al.*, 2013). This research is also in line with research conducted by Orabi *et al* (2017) in Jeddah that mothers with good knowledge provide exclusive breastfeeding by 62% while mothers with less knowledge level provide exclusive breastfeeding by 38%, the study also states that the most obstacles exclusive breastfeeding is caused by a lack of knowledge about the benefits of exclusive breastfeeding.

The level of knowledge has a contribution in changing one's behavior to do something (Jannah, 2016). Mothers who have high knowledge about breast milk will breastfeed their babies exclusively compared to mothers who have low knowledge. This is because, mothers who have high knowledge about ASI generally know the various benefits and benefits of ASI so that the mother will breastfeed her child exclusively

(Arafat, 2017). This is also supported by Astuti's (2013) research that mothers with high knowledge have 5.94 times the opportunity to provide exclusive breastfeeding compared to mothers who have low knowledge.

Correlation of Maternal Employment Status with Exclusive Breastfeeding for Infants aged > 6-12 months in the Working Area of the Air Dingin Health Center of Padang City in 2018

Based on the results of the study it can be seen that the percentage of mothers who did not provide exclusive breastfeeding was greater for mothers who did not work (48.7%) than mothers who works (47.1%). Statistical test results using the test *Chi-Square* showed $p = 1,000$ ($p > 0.05$). Based on these results it can be concluded that there is no significant relationship between the employment status of mothers with exclusive breastfeeding for infants aged > 6-12 months in the working area of the Padang Cold Water Health Center in 2018.

The results of this study are in line with the research conducted by Destyana *et al* (2018) which states that there is no significant relationship between the employment status of mothers with exclusive breastfeeding with p value = 0.826 ($p > 0.05$). This study is also in line with Elkishawistudy *et al's* (2018) which stated that there was no significant relationship between the employment status of mothers with exclusive breastfeeding with p value = 0.828 ($p > 0.05$), the study showed that mothers who were not exclusively breastfed were more a lot of mothers who don't work.

In this study found more mothers who are not working who do not exclusively breastfeed, the reason is that mothers feel that mother's milk is not enough or does not leave at the beginning of birth, the baby continues to cry, and the mother provides drinks other than exclusive breastfeeding, such as formula milk, baby porridge, water, tea and biscuits.

Still the assumption that mother's milk is not enough or does not come out and

the baby who continues to cry is a sign that the baby is not full enough only by being given breast milk so that the mother gives other food to her baby, it shows that mothers who have low knowledge and lack understanding good for breast milk can be the cause of mothers not giving exclusive breastfeeding to their babies (Sembiring, 2018).

Working mothers generally have a good level of knowledge because they have a good level of education. So that with the right knowledge about breastfeeding, the complete pumping of breast milk and the support of the work environment in breastfeeding, working mothers can exclusively breastfeed their babies (Sihombing, 2018). Mothers who work can still give exclusive breastfeeding to their babies by pumping or by expressing breast milk, then stored and given to their babies (Murtagh *et al.*, 2011). In accordance with what was found in this study that working mothers were more committed to exclusive breastfeeding because they had the right knowledge about exclusive breastfeeding.

Relationship of Family Support with Exclusive Breastfeeding for Infants aged > 6-12 months in the Working Area of the Air Dingin Health Center of Padang City in 2018

Based on the results of the study it can be seen that the percentage of mothers who provide exclusive breastfeeding is greater for mothers who have family support (61.9%) than mothers who lack support from the family (21.4%). Statistical test results using the test *Chi-Square* showed $p = 0.021$ ($p < 0.05$). Based on these results it can be concluded that there is a significant relationship between family support with exclusive breastfeeding in infants aged > 6-12 months in the working area of the Padang Cold Water Health Center in 2018.

The results of this study are in line with research conducted by Tiyas *et al* (2017) which states that there is a significant relationship between family support and exclusive breastfeeding with a value of p

<0.05 ($p = 0.003$), with the pattern of exclusive breastfeeding directly proportional to the level of family support. The results of this study are also in line with the research conducted by Biswas (2010) which states that there is a significant relationship between family support and exclusive breastfeeding practices, where mothers receive good family support from their husbands by 39%, in-laws by 18% and from people old at 17%.

Good family support cannot be separated from good family attitudes. In accordance with what researchers found in this study that most mothers received support from family members such as being assisted in domestic work when mothers breastfed, giving information about the importance of breastfeeding and husbands accompanying nursing mothers at night. Families who provide support are a reflection of good family functions.

Mothers who receive family support in the form of information support such as advice, direction, or providing enough information related to exclusive breastfeeding, support for awards such as praise and encouragement for breastfeeding, and instrumental support in the form of material or financial exclusive breastfeeding will make mothers motivated to breastfeed exclusive to the baby longer (Thepha *et al.*, 2018; Nurlinawati *et al.*, 2016).

During the breastfeeding process, the mother stated that the opinions and suggestions of family members were very helpful in overcoming difficulties and discomfort during breastfeeding so that it could encourage mothers to continue

breastfeeding exclusively, this means that the greater the family support obtained, the greater the ability of mothers. can survive to continue breastfeeding (Amaral *et al.*, 2015). This is supported by the study of Dwinanda *et al* (2018) that mothers with good family support have a six to nine times higher chance of successfully breastfeeding exclusively than mothers with low family support.

V. CONCLUSION

Half of mothers gave exclusive breastfeeding to babies in the working area of the Padang Cold Water Health Center. The level of maternal knowledge and family support in the working area of the Padang Cold Water Health Center in 2018 mostly included in the good category, while the mother's employment status was mostly in the category of mothers who did not work. There is a relationship between the level of maternal knowledge and family support with exclusive breastfeeding in the work area of Padang Air Dingin Health Center in 2018. There is no relationship between the employment status of mothers with exclusive breastfeeding in the working area of Padang Cold Water Health Center in 2018.

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