CORRELATION BETWEEN AGE, EDUCATION AND FAMILIES SUPPORT WITH EXCLUSIVE BREASTFEEDING ON WORKING MOTHERSAT RAWASARI PUBLIC HEALTH CENTER 2016

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Abstract

Exclusive breastfeeding is given to newborns up to the age of 6 months without giving food and beverage assistant (including orange juice, honey, sugar water). The achievement of exclusive breastfeeding in Indonesia has not reached the expected number of 80%, based on the report of SDKI achievement of exclusive breastfeeding in 2012 that reach of 42%. This research is a quantitative research with cross sectional study design with the total samples of 71 respondents working mothers with infants aged 7-12 months, which aims to describe the relationship between age, education and family support to exclusive breastfeeding in Rawasari Public Health Center 2016. The sampling technique used was a proportional random sampling. The results of the analysis using the chi-square test showed from 71 respondents who researched consists of 50.7% had good family support to exclusive breastfeeding and the others of respondents consists of 49.3% had less family support. From this study, there was no significant relationship between age (p-value = 1.000) and education (p-value = 1.000) with exclusive breastfeeding, while family support has a significant relationship with a p-value = 0,000. The working mothers can increase their knowledge or get information about exclusive breastfeeding and appropriate feeding techniques, both in print and electronic media as well as follow special health counseling on exclusive breastfeeding.

Keywords: Breast Milk, Age, Education, FamiliesSupport

Introduction

Breast Milk is a fatty emulsion in protein, lactose, and organic salt secreted by both breast glands and is the best food for babies. In addition to fulfilling all the babies' need for nutrition, immunology or other, breastfeeding provides an opportunity for mothers to devote love and protection to their babies⁵.

Babies who are not breastfed will experience increased risk of respiratory infections and gastrointestinal infections, impaired growth and development, and poor body defenses. This is because in breast milk contains immunoglobulins, growth factors, developments, hormones and enzymes that are not found in other foods, the content in the breast milk has a proportion to the baby's needs¹¹. Babies who get breast milk for up to 6 months are much healthier than babies who only get breast milk for up to 4 months, and the frequency of diarrhea is much higher¹⁶.

According to UNICEF, 39% of babies worldwide was exclusively breastfed in 2012. Exclusive breastfeeding achievement in Indonesia has not reached the expected figure of 80%. Based on the 2012 IDHS report, exclusive breastfeeding achievement was 42%. Meanwhile, based on a report from the provincial Health Office in 2013, coverage of breastfeeding 0-6 months was only 54.3% ¹¹.

The coverage of exclusive breastfeeding at Jambi City Community Health Center (CHC) was the highest in Rawasari Community Health Center, 391 mothers giving Exclusive Breast Feeding in February and 443 mothers in August. Meanwhile, exclusive breastfeeding was lowest in February at Kenali Besar CHC, with the total of 28 babies. While in August at Koni health center there were 26 babies⁷.

In the preliminary survey conducted at Rawasari Community Health Center on April 15 to 16, 2016, found 10 mothers who visited the Nutrition Unit of Rawasari CHC, from 10 mothers found that from 4 working mothers there were 2 mothers giving exclusive breastfeeding, while from 6 mothers who do not work only 4 mothers who gave exclusive breastfeeding.

The interview result showed that 2 working mothers who did not give exclusive breastfeeding because of lack of support from family and did not know about exclusive breastfeeding. Meanwhile, 2 unemployed mothers said that they did not give Exclusive

breastfeeding because of lack of knowledge about Exclusive Breastfeeding and did not know the benefits of breastfeeding as well as difficulties in breastfeeding.

Based on the above background and considering many things that may cause obstruction of exclusive breast feeding to working mothers, the researcher was interested to examine "The relationship between age, education and family support with Exclusive Breastfeeding to working mothers in the Working Area of RawasariHealth Center in 2016".

Research Design and Methodology

This research was a quantitative research with the type of research was cross sectional. The population in this study were exclusive and non-exclusive breastfeeding mothers as many as 271 people who visited the Integrated Health Service Post (Posyandu) located in the Rawasari Community Health Center Area inJambi 2016, while the samples were working mothers who breastfed and had babies aged 7-12 months. The sampling technique used in this study was a Proportional Random Sampling, which means that sampling is proportionally carried out by taking the subject of each strata or each region determined in proportion to the number of subjects in each strata or region. This research was conducted atRawasari health center on June 06-27, 2016. Data analysis was done by univariate and bivariate, using chi-square statistic test. The research aims to describe the relationship between age, education and family support with exclusive breastfeeding to working mothers at Rawasari Public Health Center 2016.

Findings and Discussion

1. Illustration of Exclusive breastfeeding

The result showed that from 71 respondents, 20 (28.2%) respondents exclusively breastfed, and 51 (71,8%) of respondents did not give exclusive breastfeeding, this figure shows high enough incidence that working mother was more likely not giving exclusive breastfeeding. This was due to various factors, including breast milk that could not come out, the less of sucking power of the babies due to cesarean birth, the effect of employment and the lack of time maternity leave.

The problem of breastfeeding in working mothers was a lack of knowledge of mothers about breastfeeding, lack of support from health workers, intense promotion of formula milk for babies, either through health workers or through mass media, maternal and baby problems, and maternity leave⁵

2. Illustration of Age

Based on the result of the research, it was found that the number of respondents aged less than 30 years was 32 people (45.1%) and the number of respondents over 30 years was 39 people (54,9%). This indicated that almost all mothers were mature to give birth and on average have given birth to a second or more child. Age is the length of time that an individual has lived, starting from birth to birthday. The more age, the maturity and strength of a person will be more mature in thinking and working⁴.

3. Illustration of Education

From the results of the research, it was known that from 71 respondents, there were 8 people who have primary education (11.3%), 48 people have medium education (67.6%), and 15 people have high education (21.1%). This showed that many respondents were middle-educated, so they tend to wish to access more information, because middle-educated people are also still eager to find out certain information including exclusive breastfeeding because they will more easily understand the new information.

Level of education is closely related to knowledge, it can be said that someone who has a low education knowledge is also low, although the knowledge is obtained both formally and informally. Mothers with a higher level of education are generally more open to accept changes or

ideas for health care, and education will also encourage a person to want to know the experience so that the information received will become a knowledge⁴.

4. Illustration of Family Support

From the result of the research, it was known from 71 respondents that 35 (49.3%) respondents have poor family support and 36 (50.7%) respondents have good family support. This was because family support plays an important role in exclusive breastfeeding where mothers who get support from families were more eager to give Exclusive breastfeeding. This research was in line with Maria's research which stated that the lack of support from family has the less knowledge about exclusive breastfeeding, has a family culture that in addition to breastfeed babies 0-6 months should also be given additional foods such as bananas and water to make babies healthier, and respondents were susceptible to advertising in television and mass media so they are mistaken in understanding the concept of exclusive breastfeeding properly¹³.

5. The Relationship between Age and Exclusive Breastfeeding on Working Mothers

Based on the results of the analysis it was known that there was no significant relationship between age and exclusive breastfeeding in working mothers with p-value = 1.000, from 20 respondents who exclusively breastfed got as many as 9 people aged less than 30 years and as many as 11 people aged more than 30 years. This was because from 71 respondents, there were more respondents aged over 30 years. The older the person's age the mental development processes get better, but at a certain age, the increasing process of mental development is not as fast as when in their teens. Younger mothers produce more breast milk than older mothers¹⁶.

The results of research conducted by Isnaini found that there was no relationship between age with exclusive breastfeeding with value p-value= 0.1859. This study was in line with Maria's research which showed that there was no statistically significant relationship between age variable with exclusive breastfeeding with p-value = 0.27213. The results of other studies conducted by Meiyana were not aligned where there was found a significant influence between age and exclusive breastfeeding with a p-value = 0.03414.

6. The Relationship between Education and Exclusive Breastfeeding on Working Mothers

Based on the results of analysis it was known that there was no significant relationship between education and exclusive breastfeeding on working mothers with p-value = 1.000. This research was in line with research of Isnaini in Tamamaung Village, Panakkukang Sub-district, Makasar City. From the research, there was no correlation between mothers' education and exclusive breastfeeding with p-value = 0.9549. This research was in line with the research of Agus in Muktiharjo Kidul Village, Telogosari Sub-district, Semarang City. From the research, there was no significant correlation between mothers' education and exclusive breastfeeding practice with p-value = 1.000¹.

7. Relationship between Family Support and Exclusive Breastfeeding on Working Mothers

Based on the results of the analysis it was known that there was a significant relationship between family support and exclusive breastfeeding on working mothers with p-value = 0.000. This research was in line with Anggorowati research in Bebengan Village, Boja Subdistrict, Kendal District. From the result of the research, there was a relationship between family support and breastfeeding with p-value = 0.003³.

Another research that was in line was Setiowati research in Cidadap Village in the Working Area of Pagaden Barat helath center of Subang Regency. The result of bivariate analysis using Chi-square test showed that there was a significant relationship between family support to the implementation of exclusive breastfeeding with p-value = 0.021²⁰. The results of the same research conducted by Rahmawati in the working area of Bonto cani health center of Bone

District, there was a significant relationship between family support and Exclusive breastfeeding with p-value = 0.000^{19} . The results of this study were not in line with research conducted by Maria in Posyandu Tanah Boleng Adonara, East Flores Regency. Bivariate analysis using Chi-square test showed that there was no statistically significant relationship between family support and exclusive breastfeeding with p-value = 0.314^{13} .

Conclusion

- 1. From the result and the discussion of the research can be concluded that from 71 respondents working mothers who have babies aged 7-12 months in working area of Rawasari health center there were 20 (28,2%) of respondents gave exclusive breastfeeding, and there were 51 (71,8%) of respondents did not give Exclusive breastfeeding.
- 2. There was no significant relationship between age and breastfeeding on working mothers.
- 3. There was no significant relationship between education and breastfeeding on working mothers.
- 4. There was a significant relationship between family support and breastfeeding on working mothers

References

- Agus, S. (2012). Hubungan Pengetahuan Ibu, Pendidikan ibu dan Dukungan Suami dengan Praktek Pemberian ASI Eksklusif di Kelurahan Muktiharjo Kidul Kecamatan Telogosari Kota Semarang. *Jurnal Gizi Universitas Muhammadiyah Semarang*. 1 (1), 6-7.
- Anggrowati. (2012). Hubungan antara Dukungan Keluarga dengan Pemberian ASI Eksklusif pada Bayi di Desa Bebengan. Semarang. *Jurnal Keperawatan Maternitas*. 1 (1), 5-7.
- Arini, H (2012). *Mengapa Seorang Ibu Harus Menyusui*. Yogyakarta. Flash Books.
- Dinkes Kota Jambi. (2016). Cakupan Pemberian ASI Eksklusif Pada Bayi Usia 0-6 Bulan Tahun 2015.
- Kemenkes RI. (2014). *Mari Dukung Menyusui dan Bekerja "Pekan ASI Sedunia"*. Jakarta: Infodatin.
- Maria, A.S (2013). Faktor-Faktor yang Berhubungan dengan Pemberian ASI Eksklusif di Posyandu Tanah Boleng Adonara. Skripsi. Jakarta. Indonesia: UI.
- Padila. (2012). Buku Ajar Keperawatan Keluarga. Jogjakarta: Nuha Medika.
- Purwanti, H.S. (2004). Konsep Penerapan ASI Eksklusif. Jakarta: EGC.
- Rahmawati. (2013). Hubungan antara Karakteristik Ibu, Peran Petugas Kesehatan dan Dukunga Keluarga dengan Pemberian ASI Eksklusif di Wilayah Kerja Puskesmas Bunto Cani. Skripsi. Makassar. Indonesia: Universitas Hasanuddin Makassar.
- Setiowati, T (2011). Hubungan Faktor-Faktor Ibu dengan Pelaksanaan Pemberian ASI Eksklusif pada Bayi 6-12 Bulan di Desa Cidadap. *Jurnal Kesehatan Kartika*. 1 (1), 13-15.

Biography

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