

The relationship between mother's occupation and husband's support and exclusive breastfeeding in the working area of Simpang Baru Primary Health Center of Pekanbaru city

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ABSTRACT

Background: Diarrhea is a significant cause of death in infants in Indonesia. The effort to prevent the occurrence of diarrhea is by giving exclusive breastfeeding. Many factors influence exclusive breastfeeding, including the mother's occupation and husband's support.

Aim: This study aims to determine the relationship between mother's occupation and husband's support with exclusive breastfeeding in the working area of Simpang Baru Primary Health Center of Pekanbaru City.

Method: The type of research was analytical research with a cross-sectional research design. This study's population was all breastfeeding mothers who had infants aged >6-12 months, totaling 139 people. The sampling technique used was cluster sampling with a total sample of 42 people. The collected data was carried out by using a questionnaire. The data were analyzed using the Chi-Square test.

Results: The study showed no relationship between the mother's occupation and exclusive breastfeeding (p-value = 0.158), and there was a relationship between the husband's support and exclusive breastfeeding (p-value = 0.033). The analysis results obtained OR = 5,600 means that mothers who have poor husbands' support have an opportunity of 5,600 times not to give exclusive breastfeeding compared to mothers who have good husbands' support.

Conclusion: It is recommended that health workers increase counseling about exclusive breastfeeding and involve the community's participation, especially the husbands, so that breastfeeding mothers are willing to provide exclusive breastfeeding.

Keywords: Mother's occupation, husband's support, exclusive breastfeeding

INTRODUCTION

Data from the World Health Organization, the leading causes of death of children under five years in 2011 were 17.5% pneumonia, 16.9% prematurity, birth asphyxia and birth trauma 11.3%, and diarrheal diseases 9.3% [1]. Based on the 2012 Indonesian Demographic and Health Survey (IDHS) results, the infant mortality rate was 32 deaths per 1,000 live births. The most common causes of infant mortality were diarrhea (31.4%) and pneumonia (23.8%) [2]. Diarrhea is a significant cause of death in infants in Indonesia. The effort to prevent diarrhea is by giving exclusive breastfeeding, which means the mother only gives breast milk for six months without giving other foods/drinks. Giving additional fluids will increase the risk of getting the disease. Early childhood is very vulnerable to diarrhea-causing bacteria, especially in less hygienic environments and have poor sanitation. A baby who is given water, tea, or other herbal drinks will be at risk of having 2-3 times more diarrhea than babies who are given exclusive breastfeeding [3]. Exclusive breastfeeding has many benefits for babies. One of the benefits is that the babies get colostrum, which contains immune substances, especially Immunoglobulin A (IgA), which protects babies from various infections, especially diarrhea [4]. The results of Basic Health Research (Riskesdas) in 2010 showed that the coverage of exclusive breastfeeding to 6 months in Indonesia is still deficient, only 15.3%, which is still very far from the national target of 80% [5]. According to Tan, the common causes of exclusive breastfeeding failure were the

lack of maternal knowledge about exclusive breastfeeding, mothers working, no support from the family, improper breastfeeding techniques, and the myth that dilute breast milk is not good for babies [6]. The success of exclusive breastfeeding is also determined by the family's role, especially the baby's father or the husband. The greater the support you get to continue breastfeeding, the greater the ability to continue to breastfeed. In this case, the support of the husband and family is very influential. A mother who is not supported by her husband, mother, sister, or even fright is impressionable to switch to formula milk [7]. According to Tatik Indrawati's research (2012), there was a relationship between maternal employment status with exclusive breastfeeding for infants aged 0-6 months. Moreover, based on the results, there was a significant relationship between the husband's support and exclusive 6-month breastfeeding behavior [8]. In the study, it was said that mothers with good husband's support had an opportunity to have 3.737 times more behavior in giving exclusive breastfeeding for six months compared to mothers with less support from their husbands.

Based on data obtained from the Pekanbaru City Health Office in 2012, the number of babies given exclusive breastfeeding was 65.24%. This figure still has not reached the exclusive breastfeeding target of 80%. From all of the Primary Health Center in Pekanbaru City, Simpang Baru Primary Health Center ranks the lowest in the exclusive breastfeeding coverage with a range of 19.84% [9]. Based on the problems above, the researcher was interested in

researching "The Relationship Between Mother's Occupation And Husband's Support And Exclusive Breastfeeding in the Working Area of Simpang Baru Primary Health Center. Pekanbaru City."

METHOD

Research design: The type of research was analytical research with a Cross-Sectional design. The study was conducted in December 2013 - June 2014.

Study population, research sample/ participant/ informant, and sampling technique: This study's population were all breastfeeding mothers who had babies aged >6 - 12 months in the working area of Simpang Baru Primary Health Center. As an illustration, the numbers of infants aged 6 - 12 months in December 2013 are 139 people. In this study, researchers used the cluster sampling technique. In this case, the cluster in question was the maternal health centers in the working area of Simpang Baru Primary Health Center, which consisted of 17 maternal health centers. The samples were 30% of 17 maternal health centers in the work area of Simpang Baru Primary Health Center, which was chosen randomly. There were five maternal health centers available, namely Murbai II maternal health center, Sakinah maternal health center, Mangga II maternal health center, Apel maternal health center, and Murbai I maternal health center 42 samples. Every breastfeeding mother in the cluster who became the sample in this study had to meet the criteria: attend the examination in the maternal health center, have a baby aged > 6 - 12 months, able to read and write and be willing to become respondents.

Data collection: Data collection in this study was conducted on April 13 - May 8, 2014. The data obtained were primary data by giving questionnaires to respondents. The questionnaires, which were given to the respondents, mentioned the mother's occupation status and questions about her husband's support. The data collection was carried out at Murbai II maternal health center, Sakinah maternal health center, Mangga II maternal health center, Apel maternal health center, and Murbai I maternal health center on the examination day at the maternal health center.

Data analysis: The data analysis used was univariate and bivariate analysis using the Chi-Square test.

RESULTS

Table 1. shows that from the 42 respondents, 26 respondents (61.9%) were not working.

Table 2 shows respondents' frequency based on Husband's Support in the Working Area of Simpang Baru Primary Health Center of Pekanbaru City. Of 42

respondents, 24 respondents (57.1%) got not good husbands' support.

Table 3 shows the distribution of Frequency of Respondents Based on Exclusive Breastfeeding in the Working Area of Simpang Baru Primary Health Center of Pekanbaru City. It gives the information that 31 respondents (73.8%) did not provide exclusive breastfeeding.

Table 4 shows that 14 (87.5%) out of 16 respondents who worked did not provide exclusive breastfeeding, and 17 (65.4%) out of 26 respondents who did not work did not provide exclusive breastfeeding.

Table 1. Distribution of Frequency of Respondents Based on Mother's occupation in the Working Area of Simpang Baru Primary Health Center of Pekanbaru City

Mother's occupation	Frequency (n)	Percentage (%)
Work	16	38.1
Not work	26	61.9
Total	42	10.0

Table 2. Distribution of Respondents Based on Husband's Support

Husband's support	Frequency(n)	Percentage (%)
Good	18	42.9
Not good	24	57.1
Total	42	100.0

Table 3. Distribution of Respondents Based on Exclusive Breastfeeding

Exclusive Breastfeeding	Frequency (n)	Percentage (%)
Yes	11	26.2
No	31	73.8
Total	42	100.0

Table 4. Relationship between Mother's occupation and Exclusive Breastfeeding

Mother's occupation	Exclusive breastfeeding				Total		P-value
	Yes		No		N	%	
	n	%	n	%			
Work	2	12.5	14	87.5	16	100	0.158
Not work	9	34.6	17	65.4	26	100	
Total	11	26.2	31	73.8	42	100	

The results of statistical tests showed that the p-value obtained was 0.158. It indicated that p-value 0.158 > alpha 0.05. Therefore, it can be concluded that there is no relationship between a mother's occupation and exclusive breastfeeding. Table 5. shows that 10 (55.6%) out of 18 respondents who got good husbands' support did not provide exclusive breastfeeding, and 21 (87.5%) out of 24 respondents who got poor husbands' support did not give exclusive breastfeeding.

Table 5. Relationship between Husband's Support and Exclusive Breastfeeding

Husband's support	Exclusive breastfeeding		n	%	Total		P-value	OR
	Yes	No			N	%		
	n	%						
Good	8	44.4	10	55.6	18	100	0,033	5,600
Not good	3	12,5	21	87,5	24	100		
Total	11	26,2	31	73,8	42	100		

The statistical test results showed that the p-value obtained was 0.033, indicating that the p-value was $0.033 < \alpha 0.05$. Therefore, it can be concluded that there was a relationship between the husband's support and exclusive breastfeeding. The analysis obtained the OR value = 5.600, which means that mothers who got poor husbands' support had an opportunity of 5,600 times not to give exclusive breastfeeding compared to mothers who got good husbands' support.

DISCUSSION

The relation between Mother's occupation and Exclusive Breastfeeding

The statistical test results showed that the p-value obtained was 0.158, indicating that p-value $0.158 > \alpha 0.05$. Therefore, it can be concluded that there was no relationship between the mothers' employment status and exclusive breastfeeding. The working mother, as the reason, causes mothers to try to find shortcuts. There are also health workers who gave solutions by suggesting the mothers provide complimentary food and breast milk so that babies are trained and not fussy to their mothers who worked. Generally, mothers think that they had a reasonable reason for choosing not to breastfeed their babies and continue formula milk because of their work activities [10]. This study's results follow Lestari's results that there was no significant relationship between working status and exclusive breastfeeding (p-value = 0.754) [11].

The study results showed no relationship between mothers' working status and exclusive breastfeeding. Other factors could also affect the mother in giving exclusive breastfeeding to her baby. According to Dewi, the common causes of exclusive breastfeeding failure were the lack of maternal knowledge about exclusive breastfeeding, mothers working, no support from the family, improper breastfeeding techniques, and the myth that dilute breast milk is not suitable for babies [12]. According to Yngve, maternal and family knowledge factors strongly support the process of giving breast milk. Many breastfeeding mothers complain that their children are impatient [13]. They say their breast milk does not come out; their child does not want to suckle, and so on. It often happens even in the community and breastfeeding mothers who also have to leave home to work [14]. The complaints of breastfeeding mothers can be prevented if they know why the child does not want to suckle, why the children cry when they suckle, etc. Many mothers feel that formula milk is as good as or even better than breast milk. Therefore, they quickly give formula milk if they feel that their breast milk is lacking. It happens due to the lack of a mother's knowledge about breastfeeding [15].

Relationship between Husband's Support and Exclusive Breastfeeding: The statistical test results showed that the p value obtained was 0.033, which indicates that the p-value was $0.033 < \alpha 0.05$. Thus, it can be concluded that there was a relationship between the husband's support and exclusive breastfeeding. From the analysis, the OR value = 5.600 means that mothers who have poor husbands' support have an opportunity of 5,600 times not to give exclusive breastfeeding compared to mothers who have good husbands' support. This study's

results are in line with the research conducted by Nurrohmah; the Role of Support groups of mothers significantly affects exclusive breastfeeding behavior. KP Ibu, who plays both, has a 12,85 times higher chance of exclusive breastfeeding behavior than women with Mother Support Group (KP Ibu) who did not play a role. Possible contributions husband's support and social support so affect the behavior of exclusive breastfeeding [16]. This is also the same as Yunardi, and the research result showed that the husband's bonding behavior model could improve the knowledge significantly ($p < 0, 0001$), attitude ($p < 0, 0001$), and husband's bonding behavior ($p < 0, 0001$). There is a meaningful difference found in knowledge, attitude, and behavior of husband's bonding between kelompok controlling group and intervening one.

The husband's good bonding behavior is meaningfully influential to successful exclusive breastfeeding [17]. According to Kong, personal, cultural, social, and environmental factors are common influencing factors in breastfeeding. Mother's knowledge and attitudes, followed by the husband's support, were identified as important in influencing infant breastfeeding choice. Expected local cultural differences were also identified [18]. Father's role is to create a situation that allows breastfeeding to run smoothly. In addition to providing good food for the mother, the father can take on the role of liaison in breastfeeding by carrying the baby to his mother. That way, the baby knows that his father is a medium in getting food. The other role of fathers is to help the mother's responsibility, such as changing diapers and providing support for the mother while breastfeeding by giving a massage. If the mother is breastfeeding, the father must provide clothing and food for the family. About 50% of the success of breastfeeding is determined by the father [19].

According to Entwistle, a mother who is not supported by her husband, her mother, her sister, or even fright, is impressionable to switch to formula milk. Therefore, the husband's support is needed as long as the mother is still breastfeeding to arouse the mother's self-confidence for breastfeeding, especially six months of exclusive breastfeeding [20]. The role of the father in the success of breastfeeding is very substantial. Even in Australia and in some states of America and four months of maternity leave, there is also leave for fathers who have newborn babies for 2-4 weeks. Therefore, the husband's support dramatically influences the success of exclusive breastfeeding [21].

Husband's support is closely related to exclusive breastfeeding. The greater the husband's support, the greater the mother's willingness to breastfeed her baby exclusively. For breastfeeding mothers, the husband is the closest person who is expected to always be on the mother's side and always ready to help. The husband's role is not only when his wife is pregnant and giving birth, but also to ensure his baby gets exclusive breastfeeding for six months.

CONCLUSION

Based on the results of research and discussion about the relationship of mothers' occupation and husband's support to the provision of exclusive breastfeeding of 42

respondents in Simpang Baru Primary Health Center Pekanbaru City in 2014, the researcher can draw the following conclusions: 1) There is no relationship between the mother's occupation and exclusive breastfeeding, which was indicated by the results of the statistical tests, which showed that the p-value obtained was 0.158, indicating that the p-value was $0.158 > \alpha 0.05$; and 2) There is a relationship between the husband's support and exclusive breastfeeding, indicated by the statistical test results, which showed that the p-value obtained was 0.033, indicating that the p-value was $0.033 < \alpha 0.05$. From the analysis, the OR value = 5.600, which means that mothers who have poor husbands' support have an opportunity of 5,600 times not to give exclusive breastfeeding compared to mothers who have good husbands' support. Further researches need to explore the other problems that cause the low coverage of exclusive breastfeeding besides the mother's occupation and husband's support.

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