



Relationship between Husband's Support and Mother's Work and Exclusive Breastfeeding

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Abstract

Exclusive breastfeeding is one of the goals of Sustainable Development Goals (SDGs) in ending all the forms of malnutrition. Exclusive breastfeeding coverage in DI Yogyakarta is still lower than the target, this is based on lack of husband support and mother's work. The purpose of this study was to analyze the correlation between mothers' occupation and husbands' support and exclusive breastfeeding. The study was quantitative method with cross sectional approach. The samples were 52 people which were taken using purposive sampling. The measurement tool was questionnaire and the data were analyzed using Chi Square. Based on the result of the study, it was found that almost all mothers who do not work give exclusive breastfeeding (77,8%), and all mothers who received support from their husbands gave exclusive breastfeeding (100%). The probability value (p) was 0.026 and $p= 0.015$. In conclusion, there is a correlation between mothers' occupation and husbands' support and exclusive breastfeeding. Working mothers are suggested to understand breastmilk management (how to pump breast milk, how to give pumped milk to the baby, and how to keep breast milk in freezer) and utilize lactation room in their working place as well as involving husbands in counselling activities about the importance of exclusive breastfeeding.

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

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Introduction

One of the SDGs targets is to reduce all forms of malnutrition by offering exclusive breastfeeding. Breast milk is the optimal food and has the perfect combination of nutrients and is given from the age of 0-6 months without the addition of other foods (except drugs, vitamins and minerals) (Dibis, 2020; Charlick, et al., 2019 ; Elyas, et al., 2017). Exclusive breastfeeding for 6 months is a form of health behavior that can reduce infant mortality, prevent infection, assist recovery, increase child immunity, protect mothers from the risk of ovarian and breast cancer and reduce obesity (Arikawa et al., 2018; Forbes-mckay, et al., 2018; Fan HSL, 2019).

Based on the Indonesian Ministry of Health (2017), the coverage of exclusive breastfeeding in Indonesia is only 61.33%. DI Yogyakarta exclusive breastfeeding coverage of 75.04%, has not reached the expected figure targeted by the government of 80% (Kemenkes RI, 2017). Yogyakarta City Regency has the lowest exclusive breastfeeding coverage at 66.13%. Meanwhile, Gondokusuman I Health Center located in the Yogyakarta City Region had the lowest exclusive breastfeeding coverage of 49.51% of a total of 507 babies (Dinkes Kota Yogyakarta, 2018). Puskesmas Gondokusuman I was ranked 7th in

the lowest exclusive breastfeeding coverage and the highest number of babies from 18 Puskesmas in Yogyakarta City was 49.51% in 2017. Exclusive breastfeeding from a total of 245 babies aged 6 months.

The government has determined the role of midwives in educating exclusive breastfeeding, namely the Regulation of the Minister of Health of the Republic of Indonesia Number 28 of 2017, which states that midwives are authorized to guide/facilitate early initiation of breastfeeding and promotion of exclusive breastfeeding (Permenkes RI, 2017). Although midwives have the authority to provide education related to exclusive breastfeeding, the coverage of exclusive breastfeeding in Indonesia is still low. This low coverage is related to the traditional practice of breastfeeding among indigenous tribes in Indonesia, such as introducing food or drinks to babies who are a few days old such as honey, water, sugar, and sago solution (Maghfiroh, et al., 2020; Pratiwi, et al., 2019).

In addition to sociocultural factors, factors that influence exclusive breastfeeding are husband's support. Based on Jama et al's research entitled "Exclusive breastfeeding for the first six months of life and its associated factors among children age 6-24 months" found that the lack of exclusive breastfeeding was closely related

to the lack of husband's support. The husband's involvement in encouraging mothers to do routine antenatal care, counseling and exclusive breastfeeding can motivate mothers to continue breastfeeding (Jama, et al., 2020; Chen et al., 2019). In particular, knowledge and experience as well as workplace factors are the main drivers of breastfeeding by mothers (Abekah-Nkrumah, Antwi, et al., 2020).

The other hand, mother's occupation status was another barriers to the success exclusive breastfeeding. Mother's return to work after giving birth reduces the bonding between mother and baby, including breastfeeding (Bue & Priebe, 2017; Charlick et al., 2019; Laksono et al., 2021; Tadesse, et al., 2019). Wake et al., 2021 stated the same thing that mothers who work full time will contribute to the low practice of exclusive breastfeeding to babies (Wake, 2021).

Based on nutritionist in Gondokusuman I Public Health Center, the reason why babies are not given exclusive breastfeeding is that many mothers working outside, so they dont have free time to give excucive breastfeeding. In addition, respondents conducted interviews with 10 respondents, it was found that give working mothers didnt give exclusive breastfeeding, four mother sometimes give breastmilk and one

mother didnt pump her breast milk because there was no lactation room. Based on premiminary study there is gap between theory and practice. Therefore, researcher is interested to analyze the correlation between mothers' occupation and husbands' support and exclusive breastfeeding. in Gondokusuman I Public Health Center Work Area.

Method

This reasearch was a quantitative research with a cross sectional approach. The population were all mothers who have babies aged 6-23 months in the working area of the Gondokusuman I Public Health Center and reside in Baciro Village. Data Collection tool with a questionnaire that has been tested for validity and reability. The sample involved 52 mothers and the sampling technique was purposive sampling. Data analysis using chi square test.

Result and Discussion

The results of research conducted to suggest that the characteristics of respondents, as follows. Based on table 1, it can be seen that almost all respondents are aged 20-35 years as many as 41 respondents (78,8%) and most of them have high school education as many as 29

respondents (55,8%). Most of respondents who had multigravida were 30 respondents (30,08%).

Most of respondents who work and have working hours/day were 12 respondents (63,1%)

Table 1. Characteristic Frequency Distribution

Characteristic	F	%
Age		
<20 years	1	1,9
20-35 years	41	78,8
>35 years	10	19,2
Education		
Primary School	3	5,8
Junior High School	4	7,7
Senior High School	29	55,8
Bachelor Degree	16	30,8
Parity		
Primigravida	13	25
Multigravida	30	57,7
Grandemultipara	9	17,3
Working hours		
≥8 hours/day	12	63,1
<8 hours/day	7	36,9
Total	52	100

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(55,8%). Most of respondents who had multigravida were 30 respondents (30,08%). Most of respondents who work and have working hours/day were 12 respondents (63,1%)

Table 2. Frequency Distribution Mother's Job

Occupation	F	%
Work	33	63,5
Doesnot work	19	36,5
Total	52	100

Based on table 2, it can be seen that the majority of respondents who donot work as many as 19 mothers (36,5%), compared to

respondents who work as many as 33 mothers (63,5%).

Table 3. Frequency Distribution Husband Support

Husband Support	F	%
Support	47	90,4
Doesnot Support	5	9,6
Total	52	100

Based on table 3, it can be known that almost entirely, 47 respondents (90,4%) husbands support on exclusive breastfeeding compared to 5 mothers who do not got support (9,6%)

Table 4. Frequency Distribution Exclusive Breastfeeding

Husband Support	F	%
Breastfeeding	27	51,8
Not exclusive breastfeeding	25	41,8
Total	52	100

Based on table 4, it can be seen that the majority of respondents who gave exclusive breastfeeding were 27 respondents (51,8%) while those who did not gave exclusive breastfeeding were 25 respondents (48,1%).

Table 5. Correlation between mother occupation and exclusive breastfeeding

Occupation Mother	Exclusive Breastfeeding				Total		P-value
	Yes		No				
	F	%	F	%	f	%	
Work	12	48	21	77,8	33	63,5	0,026
Do not Work	13	52	6	22,2	19	36,5	
Total	25	100	27	100	52	100	

Based on table 5, it showed that almost all mothers who did not work gave exclusive breastfeeding as many as 21 mothers (77,8%) and most of working mothers didnot give exclusive breastfeeding as many as 13 mothers (52%). Based on statistical test analysis using chi square, it was found that the p-value was 0,026 that there was a significant relationship between working mother and exclusive breastfeeding.

Table 6. Correlation between mother occupation and exclusive breastfeeding

Husband's Support	Exclusive Breastfeeding				Total		P-value
	Yes		No				
	F	%	F	%	f	%	
Support	5	20	0	0	5	9,6	0,015
Do not Support	20	80	27	100	47	90,4	
Total	25	100	27	100	52	100	

Based on table 6, it showed that a small proportion of mothers who did not give exclusive breastfeeding did not receive support from thir husbands as many as 5 mothers (20%), and mothers who gave all exclusive breastfeeding received support. Based on statistical test analysis

using Chi Square, it was found that the p value was 0.015, that there was a significant relationship between husband's support and exclusive breastfeeding.

Conclusion

Based on statistical test analysis, it was found that there was a significant relationship between husband's support and mother's occupation with exclusive breastfeeding.

The reason why respondents did not give breast milk were because they had to return to work, so they had to leave their babies at home and could not give exclusive breastfeeding. Several mother said the milk production was low and the baby continued to cry even though they were fed, and the baby did not gain weight, so they gave other food/drinks to the baby.

This is in line with table 4. of the frequency distribution of the exclusive breastfeeding questionnaire, it was found that a small proportion of mothers had given formula milk or additional food to babies before the age of 6 months because of reduced milk production, and mothers had given formula milk before the baby was 6 months old because they were tired of working.

Based on the distribution table of the questionnaire, only 12 mothers were known to

not give exclusive breastfeeding. Based on the answers of respondents, it was found that 12 mothers who did not work or had household status started giving sugar water, rice water (tajin), applying honey, giving complementary feeding, giving biscuits, and give porridge before the baby is 6 months old. Futhermore, Of the 19 working mothers, 12 respondents worked 8 hours/day. Of the 12 respondents, only 4 respondents gave exclusive breastfeeding.

This study is in line with research conducted by (Mabaso et al., 2020) which stated that the obstacle for working mothers in breastfeeding is the policy of too short leave. In fact, some mothers are forced not to extend maternity leave due to financial needs, and are worried about how to provide optimal breastfeeding when the mother returns to work. The anxiety felt was that the lactation room did not meet the standards, spent a long time pumping breast milk and there was no lactation room. this is the obstacle for mothers when they return to work and try to wean their baby. Research conducted by (Akhter, R, et al., 2017; Akhter, et al., 2017; Naved, et al., 2018) reveals that several female garmen workers experience violence in the workplace, stress caused by working too long hours and even anxiety.

Whereas, The government has regulated in Government Regulation No. 33 of 2012 concerning exclusive breastfeeding, in article 30 it is stated that workplaces and places of public advice must support exclusive breastfeeding programs in accordance with the provisions in the workplace that regulate the working relationship between employers and workers through agreements jointly between the trade union or labor union with the entrepreneur, workplace administrators and organizers of public facilities, special facilities for breastfeeding and must provide breast milk in accordance with the conditions of ability (Permenkes RI, 2012). But, there are still some companies/workplaces that do not provide lactation rooms.

Other studies show that the reason mothers stop working is due to lack of support for breastfeeding and no child care (Hasan et al., 2020). In fact, the support of the workplace environment and childcare contribute significantly to the success of breastfeeding to achieve several sustainable development goals (Katsinde & Srinivas, 2016). Other studies also mention that work-related factors that influence breastfeeding practices are work allowances, travel time, work environment, and labor intensity (Solotaroff et al., 2019).

In addition to the mother's work, husband's support in fact also has a significant impact on exclusive breastfeeding for baby. This is in line with the results of the study showing that there is a relationship between the variables of husband's support and exclusive breastfeeding. Based on the results of the study, it showed that a small proportion of mothers who did not give exclusive breastfeeding did not receive the support of their husbands as many as 5 people (20%). The distribution of the husband's support questionnaire in exclusive breastfeeding, stated that a small proportion of husbands told mothers to provide additional food when the baby was less than 6 months old, guided mothers on how to give expressed breast milk to babies, when mothers were breastfeeding, husbands gave time-consuming household chores. so that the mother cannot breastfeed, she is worried if the baby is only breastfed for 6 months.

Research conducted by (Merida, et al., 2020) states that family support and father's level of education are very strong related to the practice of exclusive breastfeeding for workers mother.

In line with research conducted by (Wasiah, et al., 2020) also shows that one of the success and failure factors in breastfeeding is husband's support. The support provided by the husband

can be in the form of emotional support and practical assistance. Practical forms of assistance include baby activities, feeding, baby massage, changing diapers, and loving babies. In addition, most mothers are reluctant to breastfeed due to physiological reasons, therefore, encouragement from their husbands and motivation to grow the mother's confidence in providing exclusive breastfeeding to the baby.

Recommendation

For working mothers, it is hoped that they can understand breastfeeding management including: how to pump breast milk, how to give breast pump to babies, how to store breast milk in the refrigerator while the mother is working so that the baby gets breast milk for six months without any additional food or drink, utilizing the lactation room in place, work to pump and store breast milk while at work. For husbands, it is hoped that they can involve their husbands in outreach activities held by the public health center in each integrated health center regarding the importance of exclusive breastfeeding.

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