

Relationship between Family Income and Support for Health Workers on Exclusive Breastfeeding in Indragiri Hulu District

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ABSTRACT

Exclusive breastfeeding (ASI) is the practice of breastfeeding without giving the baby any other food or drink other than breast milk. Exclusive breastfeeding is the basis for the continuity of the child's life and health because breast milk is irreplaceable for its nutrition for the growth and development of children. A country is said to be developed if the infant mortality rate is low and the health status is good. Breastfeeding is important because the amount of breast milk is needed by babies until the age of 6 months, by breastfeeding can reduce infant mortality. This study aims to determine the relationship between family income and support for health workers on exclusive breastfeeding in Indragiri Hulu District. The type of research used is observational quantitative using a cross sectional research design. The number of samples was 173 mothers who had babies aged 6-8 months. Research analysis was conducted using bivariate test. The results showed that there was a relationship between family income ($p=0.005$) and exclusive breastfeeding. There was no relationship between the support of health workers on exclusive breastfeeding ($p=0.410$). It is recommended for health workers to conduct more in-depth counseling, especially counseling about what the true meaning of exclusive breastfeeding for babies is when pregnant women are born until their babies are born and can increase the coverage of exclusive breastfeeding in Indragiri Hulu District.

Keywords: Family Income, Support for Health Workers, Exclusive Breastfeeding

INTRODUCTION

Exclusive breastfeeding (ASI) is the practice of breastfeeding without giving the baby any other food or drink other than breast milk. Exclusive breastfeeding is the basis for the continuity of the child's life and health because breast milk is irreplaceable for its nutrition for the growth and development of children. (World Health Organization, 2014) Infants should be started to be breastfed in the first hour immediately after birth and exclusively breastfed in the first 6 months of life and not given any other drinks or foods including water. At the age of 6 months, children have started to be given safe and adequate complementary foods while continuing to breastfeed until 2 years and beyond (World Health Organization, 2018).

A country is said to be developed if the infant mortality rate is low and the health status is good. Breastfeeding is important because the amount of breast milk is needed by babies until the age of 6 months, by breastfeeding can reduce infant mortality. ASI in addition to providing goodness in terms of health also provides many benefits both in terms of social and economic (Kementerian Kesehatan, 2019).

In 2016, 39 percent of infants aged 0-6 months in the world were exclusively breastfed and in 2019 there was only a slight increase, namely 41 percent of infants aged 0-6 months who were exclusively breastfed (World Health Organization, 2019). A study conducted in five countries found that more

than 130,000 newborns who were breastfed, in infants who started breastfeeding at 2 and 23 hours after birth would be fatal, namely 33 percent greater mortality than infants who had started breastfeeding within one hour after birth (World Health Organization, 2018).

Increasing breastfeeding can avoid 20,000 annual deaths due to breast cancer and 823,000 annual deaths in children, because breastfeeding has many benefits for both mothers and children, including breastfeeding stimulates cognitive development and protects babies from pneumonia and diarrheal infections as well as breastfeeding. It can reduce the risk of obesity and chronic diseases such as type II diabetes. Breast milk also provides protection against ovarian cancer and breast cancer and maintains birth spacing. Exclusive breastfeeding will result in lower health care costs (World Health Organization, 2019).

Many countries do not support and promote exclusive breastfeeding programs, which have an influence on mothers so that many mothers do not give exclusive breastfeeding. However, it is also influenced by income, social, environmental and also the marketing of formula milk and promotion of exclusive breastfeeding which is not carried out by health workers coupled with inadequate health care (World Health Organization, 2017).

Exclusive breastfeeding will have an effect on development; babies who are not exclusively breastfed will develop 5 times less in cognitive, skill and psychosocial development while babies who are exclusively breastfed have better cognitive intelligence due to the fulfillment of nutritional adequacy from birth (Rosina et al., 2018).

Based on the results of research Lumenta et al. (2017) showed that there was a correlation between exclusive breastfeeding and family income, according to him, mothers with high family incomes were more likely not to breastfeed exclusively when compared to mothers with

less family income. Mothers who have high family incomes can buy expensive formula milk for their babies and formula milk is considered to contain more nutrients and is good and practical than mothers who breastfeed their babies.

According to research conducted by Herdiani and Ulfa (2019), it was found that there was a correlation between the support of health workers and exclusive breastfeeding, from 88 respondents, 47 respondents received more support from medical personnel who gave exclusive breastfeeding, which was 70.2% than those who did not breastfeed exclusively. exclusive, namely 29.8 percent. Health workers play an important role in the exclusive breastfeeding program. Mothers who receive support from medical personnel in the form of counseling and information about exclusive breastfeeding will have an impact on mothers who previously did not give exclusive breastfeeding to become exclusive breastfeeding.

Based on a preliminary study on 30 mothers with children aged 6-8 months, it was found that 22 mothers (73.3 percent) did not give exclusive breastfeeding and 8 mothers (26.6 percent) gave exclusive breastfeeding. Many mothers do not give exclusive breastfeeding to their babies in Indragiri Hulu District, this is because family income in exclusive breastfeeding here has an influence which is found in the field that there are 22 mothers (73.3 percent) with high family incomes who are more likely not to give exclusive breastfeeding. Exclusive breastfeeding for babies because mothers with high family incomes are easier to buy formula milk and mothers also work so many mothers prefer to give formula milk because they have more money and do not have time to breastfeed their babies because they have to work and give formula milk. It is also considered more practical and mothers think that formula milk is better than breast milk, thus exclusive breastfeeding is not done completely because most mothers don't want to be bothered and want something practical and

supported by family income that supports mothers to give formula milk and is added by giving early complementary feeding before the baby is 6 months old.

Based on observations and interviews in the field, it was also found that the lack of support from health workers in providing information in the form of counseling and encouragement about the true meaning of exclusive breastfeeding to mothers, namely as many as 20 (66.6 percent) who did not receive support from health workers from the time of pregnancy check-up and after delivery. many of the health workers, especially midwives who are not active in promoting exclusive breastfeeding, why babies should be exclusively breastfed, the length and frequency of babies to breastfeed and what benefits are obtained if mothers exclusively breastfeed their babies and the negative impacts that arise if mothers do not give breast milk. Exclusive breastfeeding and providing additional food for early breastfeeding before the baby is 6 months old, so many mothers do not know and think that breast milk alone is not enough and provide other additional foods. In addition, there are still health workers who are still promoting formula milk, thus making exclusive breastfeeding fail.

A total of 22 mothers (73.3 percent) gave formula milk to their babies, because they felt that formula milk in terms of benefits or content was the same as breast milk and even mothers thought that the content of formula milk was better than breast milk itself, as many as 19 mothers (63.3 percent) also still believe in the tradition in the local community to give honey immediately after the baby is born because honey is considered to be rich in efficacy and benefits and mothers believe that when babies are given honey, it is hoped that their children's life will be sweet like honey and added with water for fear of the baby feeling thirsty because breast milk alone is considered not enough, as many as 20 (66.6 percent) mothers also provide rice porridge which is made smooth because it is

considered to provide a long enough feeling of fullness so that the child does not fuss and cry and then the mother can do other activities. Then the baby is also given mashed bananas, which the mother believes, so that it will not be difficult and smooth for her child to defecate.

This study aims to determine the relationship between family income and support for health workers on exclusive breastfeeding in Indragiri Hulu District.

RESEARCH METHODS

The type of research used is observational quantitative using a cross sectional research design, namely discussing the dynamics of associations and correlations between independent and bound variables in a single data unit at a certain time (Pandiangan, 2015).

The location of this research was carried out in Indragiri Hulu District, there were considerations and reasons for choosing the research location, namely in Indragiri Hulu District because it had the desired population and sample where the coverage of exclusive breastfeeding in Indragiri Hulu District was very low at 33.6 percent which was far from the target The national coverage of exclusive breastfeeding is 80 percent.

Population is a generalization area that includes subjects or objects that have certain characteristics and qualities determined by researchers to study and draw conclusions (Pandiangan et al., 2018). The sample is part of the characteristics and population. The sample selected from the population must be truly representative (represent) (Pandiangan et al., 2018). The number of samples was 173 mothers who had babies aged 6-8 months.

The data in this study include primary data and secondary data. Secondary data is research variable data that is directly collected by researchers. This data was obtained by interviewing the respondents. Secondary data are data from documents and records obtained from the Indragiri Hulu District Health Office and Kambesko

Table 1: Results of Bivariate Analysis of Relationship between Family Income on Exclusive Breastfeeding

Family Income	Exclusive Breastfeeding		Not Exclusive Breastfeeding		p-value
	N	%	n	%	
Tall	30	41.7	42	58.3	0.005
Low	21	20.8	80	79.2	
Total	51	29.5	122	70.5	

Based on Table 1, the results showed that the relationship between family income and exclusive breastfeeding of 173 respondents, namely 30 respondents with high family income gave exclusive breastfeeding (41.7%) while 80 respondents

who had low family income did not give exclusive breastfeeding (79,2%). The results of the statistical test resulted in a p-value=0.005 which indicated that there was a relationship between family income and exclusive breastfeeding.

Table 2: Results of Bivariate Analysis of Relationship between Support for Health Workers on Exclusive Breastfeeding

Support for Health Workers	Exclusive Breastfeeding		Not Exclusive Breastfeeding		p-value
	N	%	n	%	
Good	39	31.7	84	68.3	0.410
Less	12	24.0	38	76.0	
Total	51	29.5	122	70.5	

Based on Table 2, the results of the study show that the relationship between support for health workers and exclusive breastfeeding from 173 respondents, namely 39 respondents with good support for health workers who gave exclusive breastfeeding (31.7%) while a number of 84 respondents with good support for health workers did not give exclusive breastfeeding (68.3%). The result of statistical test is p-value=0.410 which shows that there is no relationship between the support for health workers and exclusive breastfeeding.

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CONCLUSION AND SUGGESTION

The results showed that there was a relationship between family income (p=0.005) and exclusive breastfeeding. There was no relationship between the support of health workers on exclusive breastfeeding (p=0.410).

It is recommended for health workers to conduct more in-depth counseling, especially counseling about what the true meaning of exclusive breastfeeding for babies is when pregnant women are born until their babies are born and can increase the coverage of exclusive breastfeeding in Indragiri Hulu District.

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