



Relationship Between Midwife Support and Exclusive Breastfeeding in the Work Area

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ABSTRACT

Mother's Milk is the best life fluid, containing various substances babies need. Breast milk is good for the growth and development of babies and according to their needs. Exclusive breastfeeding is only breast milk without complementary food or drink until the baby is six months old. Exclusive breastfeeding coverage at the Jamblang Community Health Center, Cirebon Regency, namely 46.3%, has yet to reach the national target of 80%. Midwife support is a factor that influences the success of exclusive breastfeeding. The purpose of this study was to determine the relationship between midwives' support and exclusive breastfeeding in the working area of the Jamblang Health Center, Cirebon Regency. This research is a qualitative descriptive survey using a cross-sectional approach. The number of respondents is 104 people. Data on midwife support and exclusive breastfeeding were obtained using a questionnaire—a statistical test to determine the relationship between variables using the chi-square test. The results of data analysis obtained a p-value of midwife support 0.038 (p-value <0.05) for exclusive breastfeeding, meaning there is a significant relationship between midwife support for exclusive breastfeeding. Midwife have the knowledge and skills necessary to assist mothers in addressing various issues that may arise during breastfeeding. They can provide technical assistance in dealing with problems such as infant latching issues, mastitis, or insufficient breast milk production. This support can enhance the success of mothers in providing exclusive breastfeeding

Keywords: exclusive breastfeeding, midwife support, cross-sectional.

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INTRODUCTION

Mother's Milk is the best life fluid, containing various substances babies need (Rahmanisa & Aulianova, 2016). Breast milk is good for the growth and development of babies and according to their needs (Reniker et al., 2023). In addition, breast milk also protects babies from all infections by increasing their immunity (Aldy et al., 2016). According to the World Health Organization (WHO, 2017), Mother's Milk is given to newborns for up to 6 months without food and other drinks, except vitamins, drugs recommended by health workers for medical reasons is called exclusive breastfeeding (Reniker et al., 2023); (Wijaya, 2019).

Based on research conducted in the United States, the results showed that babies who were exclusively breastfed for six months had a 72% lower risk of experiencing respiratory tract infections (ARI), a 30% lower risk of developing diabetes, and a 50% lower risk of experiencing otitis media (1). Sihombing, 2022). In addition, breastfeeding can also reduce the risk of sudden infant death syndrome (SIDS) by 36% (Stalley et al., 2022). Recognizing the many benefits of exclusive breastfeeding, the United Nations Children Fund (UNICEF) and the World Health Organization (WHO) recommend that children only be breastfed for at least six months. In Indonesia, the government has also established regulations regarding the importance of exclusive breastfeeding, which are listed in the Decree of the Minister of Health Number 450/MENKES/SK/IV/2004 and Government Regulation (PP) Number 33 of 2012 (Windari et al., 2017).

According to monitoring data on nutritional status in Indonesia in 2017, mothers' coverage of exclusive breastfeeding for the first six months of their babies is still shallow, namely 35.7%. This means that 65% of babies do not get exclusive breastfeeding during the first six months of birth. This figure still needs to be closer to the target of exclusive breastfeeding coverage in 2019 set by WHO and the Ministry of Health, which is 80% (RI, 2018).

Based on the West Java Province Health Profile in 2017, the coverage of exclusive breastfeeding in West Java was 53.0%. Whereas for Cirebon District, the percentage of babies who get exclusive breastfeeding for babies aged 0-6 months is 32.79%. The exclusive breastfeeding rate is still low because the target coverage for exclusive breastfeeding in infants 0-6 months is 80% (Mamonto, 2015).

Based on the results of a preliminary study conducted at the Jamblang Health Center, it was found that the coverage of exclusive breastfeeding. The Jamblang Community Health Center 2019 has reached the target of exclusive breastfeeding, which is 40%. However, it has yet to reach the target set by WHO and the Ministry of Health of 80%, where the coverage of exclusive breastfeeding for the Jamblang Health Center in 2019 is 46.3%.

Based on the results of interviews conducted by researchers with employees of the Nutrition Coordinator (Nutritionist) of the Jamblang Health Center, Cirebon Regency, it is known that the coverage of exclusive breastfeeding in 2019 has decreased from the previous year of 7.9%, wherein 2018 it was 54.2%, and in 2019 it was 46.3%. She also mentioned that there are still very few mothers who breastfeed exclusively. The opinion of mothers so far is that complementary foods for breastfeeding can make babies healthier and less fussy and also cultural and traditional factors that cause low levels of exclusive breastfeeding. Mothers also believe these foods can make babies complete, get fat quickly, and not get sick easily.

Various factors that influence the success of exclusive breastfeeding include the mother's knowledge, psychological factors, mother's physical factors, sociocultural factors, health worker support factors, and family support factors (Fadliyyah, 2019). The support factor of health workers, especially midwives, dramatically influences the success of exclusive breastfeeding (Sipayung, 2022). This follows Government Regulation (PP) Number 33 of 2012, which states that midwives are responsible for providing education about exclusive breastfeeding and supporting breastfeeding mothers starting from the process of pregnancy, the first time the mother breastfeeds until the mother is breastfeeding (Sugianti, 2019). The midwives' support can also increase the mother's self-confidence to continue breastfeeding her baby exclusively (Alianmoghaddam et al., 2017).

METHODS

This research is a qualitative descriptive survey using a cross-sectional approach where observations of the independent and dependent variables are carried out simultaneously. This research was conducted in the working area of the Jamblang Health Center, Kab. Cirebon will be held on 10-12 February 2020.

In this study, the population was mothers with babies aged 7 - 24 months in the Jamblang Health Center working area, with as many as 1,036 people. The inclusion criteria of this study are Mothers who live in the working area of the Jamblang Health Center, **are** willing to be respondents, and with health conditions both physically and mentally, **and** the baby is in good health. The exclusion criteria in this study were Mothers with pathological conditions who cannot breastfeed their babies, such as breast cancer or HIV, and mothers with babies with pathological conditions, such as congenital disorders or digestive disorders.

Sampling in this study, because the total population is more than 100, the number of samples taken is 10% of the total population. They have already obtained several samples in this study, as

many as 104 respondents. The variables in this study include the dependent variable, namely midwife support, and the independent variable, exclusive breastfeeding. The type of data in this study uses primary data, namely breastfeeding mothers who have babies aged 7-24 months in the working area of the Jamblang Health Center. Respondent data was collected by distributing questionnaires directly to 104 mothers with babies aged 7-24 months in the Jamblang Health Center working area regarding midwife support and exclusive breastfeeding.

RESULTS AND DISCUSSION

Jamblang Health Center is one of 57 Health Centers in Cirebon Regency. The Jamblang Health Center is at Jalan Mohammad Ramdhan No. 56 Wangunharja Village, Jamblang District, Cirebon Regency. The working area of the Jamblang Health Center covers eight sub-districts in Jamblang District, namely Jamblang Sub-District, Sitiwinangun Sub-District, Wangunharja Sub-District, Bojong Wetan Sub-District, Bojong Lor Sub-District, Orimalang Sub-District, Bakung Kidul Sub-District and Bakung Lor Sub-District. The working area of the Jamblang Health Center is 1,947,501 Ha. The Jamblang Community Health Center area is a lowland. The boundaries of the working area of the Jamblang Health Center: to the north, it borders the UPTD Work Area of the Suranenggala Health Center; to the south, it borders the UPTD Work Area to the Waruroyom Health Center; to the west, it borders the UPTD Work Area to the Klagenan Health Center, to the east it borders the UPTD Work Area to the Plumbon Health Center.

Essential health services at the Jamblang Health Center include maternal and infant health, preschool and school-age children's health services, family planning services, immunization services, treatment and care services, and elderly health services.

Univariate analysis

Table 1. Frequency Distribution of Midwives' Support for Delivery Exclusive breastfeeding in the Work Area of the Jamblang Health Center, Cirebon Regency, in 2020

Midwife Support	F	%
Support	57	54,8
Less Support	47	45,2
Total	104	100

Based on Table 1 above regarding the frequency distribution of midwives' support for exclusive breastfeeding, the number of respondents who received midwives' support for exclusive breastfeeding was 54.8% (57 respondents) more than respondents who did not receive midwives' support for exclusive breastfeeding, namely 45.2% (47 respondents).

This study's results follow previous research, which said that the factors of health workers, especially midwives, greatly influence the success of exclusive breastfeeding (Alianmoghaddam et al., 2017). Where midwives are responsible for providing education about exclusive breastfeeding and supporting breastfeeding mothers starting during the pregnancy process, the first time the mother breastfeeds until the mother is breastfeeding. In addition, midwife support can also give mothers the confidence to continue giving exclusive breastfeeding to their babies (Alianmoghaddam et al., 2017).

According to Government Regulation Number 33 of 2012 Article 13, midwives are required to provide mothers with exclusive breastfeeding information and education (Sugianti, 2019). Midwives' support in disseminating exclusive breastfeeding can be started from prenatal care until the period of exclusive breastfeeding. The information and education provided include the advantages and disadvantages of breastfeeding, maternal nutrition, and preparation and maintenance of breastfeeding.

The Gambling Community Health Center, Cirebon Regency, has conducted various exclusive breastfeeding programs, including counseling on exclusive breastfeeding at Posyandu and during pregnancy checks. The Jamblang Community Health Center also put up posters regarding exclusive breastfeeding in several rooms, including the room for pregnancy checks, the nutrition room, and the patient waiting room. In addition, a breastfeeding room is also provided at the Puskesmas.

All midwives support exclusive breastfeeding. Where in this case, the role of midwives as educators and as executors has been carried out to support breastfeeding mothers. As educators, Midwives provide health education and counseling to individuals and families, groups, and communities. Even though, in reality, the phenomenon that occurs in the field when midwives provide counseling, sometimes mothers do not focus on counseling. Because usually, the mother's focus is diverted to her baby, who is sometimes fussy or uncomfortable in crowds.

Table 2. Frequency Distribution of Exclusive Breastfeeding in Working Areas Jamblang Community Health Center, Cirebon Regency, (2020).

Exclusive Breastfeeding	F	%
Exclusive Breastfeeding	47	45,2
Not Exclusive Breastfeeding	57	54,8
Total	104	100

Based on Table 2 above regarding the frequency distribution of exclusive breastfeeding, the number of respondents who did not give exclusive breastfeeding was 54.8% (57 respondents) more than those who gave exclusive breastfeeding, namely 45.2% (47 respondents).

Even though the number of respondents who did not give exclusive breastfeeding was more than the number of respondents who gave exclusive breastfeeding, this did not affect the activity of this study. One factor that influences exclusive breastfeeding is the support of health workers, especially midwives. Midwives are health workers who are closest to women. Midwife support will determine exclusive breastfeeding behavior (Ariwati, 2014).

Based on the results of the study, it can be seen that the majority of mothers who do not get support from midwives to provide exclusive breastfeeding are as many as 45.2% (47 respondents).

Following Astutik's theory, Reni Yuli (2014) states that the lack of support from health workers, especially midwives, causes mothers to lack motivation to provide exclusive breastfeeding.

Bivariate Analysis

After univariate analysis, bivariate analysis was conducted to see the relationship between the independent variable (midwife support) and the dependent variable (exclusive breastfeeding) using the Chi-square test with a significance level of 0.05.

The research results obtained data as follows:

Table 3. The relationship between midwife support for breastfeeding Exclusive in Region Jamblang Health Center Work Cirebon Regency in 2020

Midwife Support	Exclusive breastfeeding		Total		F	%	value
	Exclusive breastfeeding	Not breast milk Exclusive	F	%			
Support	31	29,8	26	25,0	57	54,8	0.038
Less Support	16	15,4	31	29,8	47	45,2	
Total	47	45,2	57	54,8	104	100	

Based on Table 3 above, the results of the analysis of the relationship between midwives' support for exclusive breastfeeding in the Jamblang Health Center Work Area, Cirebon Regency, in 2020, using the Chi-square correlation method found that mothers who received support and gave exclusive breastfeeding were as many as 29.8% (31 respondents), this percentage is higher when compared to mothers who receive support and provide exclusive breastfeeding, namely as much as

25.0% (26 respondents). Meanwhile, the percentage of mothers who received less support and gave exclusive breastfeeding, which was 15.4% (16 respondents), was lower compared to mothers who received less support and did not provide exclusive breastfeeding, namely 29.8% (31 respondents).

Based on the results of statistical tests using chi-square, the results obtained were p value = 0.038. If the p -value is <0.05 , then H_0 is rejected, which means a relationship exists between midwives' support for exclusive breastfeeding.

This shows that the success of exclusive breastfeeding is also influenced by the support of health workers, especially midwives. Mothers who get good support from midwives will be more confident giving exclusive breastfeeding, but good support from midwives also cannot fully influence mothers to give exclusive breastfeeding. This is due to the counseling skills possessed by midwives both in conveying information and educating mothers about exclusive breastfeeding. Skills are one of the factors in achieving midwife competence in providing support.

Good counseling skills are essential for a midwife because this can foster community trust in a midwife. In addition, skilled midwives will also feel that they have good abilities to provide support (Aldianti & Sulistyoningtyas, 2017).

The results of this study are also consistent with previous research, which stated that there was a relationship between midwives' support in exclusive breastfeeding with a p -value <0.05 of 0.037 (Fauziyah et al., 2022). These results indicate that midwife support is an effort made by midwives to shape mothers' behavior to provide exclusive breastfeeding.

Following the theory states that behavior is influenced by the support of health workers because by being given support by health workers as a reference group, a person will be able to determine healthy behavior (SUSANTO, 2013).

In addition, the results of this study are also in line with previous research, which stated that breastfeeding mothers need more support and help when they start and continue breastfeeding as their first step in needing assistance since pregnancy and after delivery (Nuzulia, 2013). Breastfeeding mothers need support for exclusive breastfeeding from midwives, families, and the surrounding environment (Judistiani, 2016).

However, midwife support cannot fully influence a mother in exclusive breastfeeding. Even though midwives have received support from midwives in exclusive breastfeeding, a small proportion of respondents do not give exclusive breastfeeding, namely 25.0% (26 respondents). This is because there are several influencing factors, such as breast milk that does not come out at the time of delivery, so the baby is immediately given formula milk. Then another factor is that the mother feels that the breast milk given is not enough for her baby, so she provides other food besides breast milk before the baby is three months old. Besides that, the reason for the failure of exclusive breastfeeding is the culture of giving honey, water, and mashed bananas which are considered suitable for babies (Husein et al., 2022).

CONCLUSION

Based on the results of research conducted by researchers, it can be concluded that the percentage of mothers who received midwife support for exclusive breastfeeding in the working area of the Jamblang Health Center, Cirebon Regency, was 54.8% (57 respondents), the percentage of mothers who did not exclusively breastfeed was 54.8% (57 respondents). This figure still has not reached the national target of exclusive breastfeeding coverage of 80%. The data was then tested statistically using the chi-square test with a p -value = 0.038 (<0.05), which means that H_0 was rejected and H_a was accepted. It can be concluded that there is a relationship between midwives' support for exclusive breastfeeding in the working area of the Jamblang Health Center, Cirebon Regency. With a positive contingency coefficient value of 0.199, which means the level of closeness is meager.

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