

# IMPLEMENTATION OF SPOUSAL SUPPORT FOR GIVING EXCLUSIVE BREASTFEEDING DURING THE COVID-19 PANDEMIC

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## ABSTRACT

*WHO recommends the best feeding for infants is to only give breast milk (ASI) to newborns up to 6 months of age and continue breastfeeding until the age of 24 months. Breastfed babies will make babies rarely suffer from diseases so that it can reduce infant morbidity and mortality. Breast milk is the best food for babies in the first 6 months of life and can be the best investment for children's health and intelligence. One of the driving factors that can affect the success of exclusive breastfeeding is husband support. This study aims to determine the relationship between husband support for exclusive breastfeeding during the COVID-19 pandemic. The research method is quantitative with a cross-sectional research design. The population is mothers who have babies aged more than 6 months, with the sample calculation obtained the number of respondents as many as 134 people. Sampling technique by accidental sampling method. Data analysis using chi square test. The results showed that there was a relationship between husband support and the success of exclusive breastfeeding. It is expected that husbands will continue to accompany and provide optimal support for mothers during the breastfeeding process.*

**Keywords:** *exclusive breastfeeding; husband support; pandemic*

## INTRODUCTION

Exclusive breastfeeding is the best investment for children's health and intelligence (Ministry of Health RI, 2007). Exclusive breastfeeding for 6 months also has a significant impact on reducing infant mortality due to diarrhea and pneumonia (UNICEF, 2012). Indonesia despite policy support from the government with the establishment of the Breastfeeding Corner since 2009 which is a special room that serves to provide privacy for a breastfeeding mother who wants to breastfeed her baby or to milk milk. But the breastfeeding situation is still not as expected.

WHO recommends the best feeding for infants is to only give breast milk (ASI) to newborns up to 6 months of age and continue breastfeeding until the age of 24 months. Breastfed babies will make babies rarely suffer from diseases so that it can reduce infant morbidity and mortality. This is supported by a Government Regulation issued in 2012 concerning Exclusive Breastfeeding (PP No.33 of 2012). The PP stipulates the duties and responsibilities of the government and local governments in the development of the Exclusive Breastfeeding program. (Ministry of Health, 2012)

Exclusive breastfeeding is very beneficial but the achievement of exclusive breastfeeding based on a UNICEF report (2013) states, as many as 136.7 million babies are born worldwide and only 32.6% of them are exclusively breastfed in the first 6 months. Babies who are not exclusively breastfed in the industrial ivary die more than babies who are exclusively breastfed, while in developing ivaries only 39% of mothers who provide exclusive breastfeeding (UNICEF, 2013).

In fact, the results of the Indonesian Demographic and Health Survey (IDHS) in 2013, stated that the achievement of exclusive breastfeeding was as much as 42%. The percentage of infants who receive exclusive breastfeeding with the age of less than 6 months is 41%, exclusive breastfeeding in infants aged 4-5 months is 27% and continues breastfeeding up to 2 years as much as 55% (Ministry of Health RI, 2015). Meanwhile, according to the 2017 Indonesian Health Profile in Indonesia, infants who get exclusive breastfeeding until the age of 6 months are 29.5%. This is not in accordance with the target of the Ministry of Health's 2015-2019 Strategy Plan, namely the percentage of infants aged less than six months who receive exclusive breastfeeding of 50%. (Indonesia Health Profile, 2017)

DKI Jakarta itself stated the achievement of exclusive breastfeeding of 51.9%. And in the West Jakarta area, the percentage of achievement of exclusive breastfeeding is 41.70%. The achievement of exclusive breastfeeding in West Jakarta is the lowest achievement when compared to other regions in DKI Jakarta province, namely North Jakarta at 71.67%, South Jakarta at 65.59%, East Jakarta at 61.22% and Thousand Islands at 54.00%. This is a presentation of the achievement of targets that are still not high in the West Jakarta area. The MCH program at Puskesmas and Sudinkes continues to be promoted, but the social conditions of the community, most of which are housewives, also support the family economy, causing several obstacles in providing exclusive breastfeeding to babies. (DKI Jakarta Health Profile, 2017)

The number of babies who do not get exclusive breastfeeding in Indonesia is caused by various factors. Most women are physically able to breastfeed, if they get encouragement and motivation. Many breastfeeding mothers still doubt that the milk that comes out will meet the baby's needs (Nelson, 2000).

During the breastfeeding process the mother will experience various problems in breastfeeding and the mother will go through three psychological phases where the mother will be passive and dependent on others, the mother is rather sensitive and feels worried about herself. Mothers need someone who can provide in caring for the baby, including support in terms of breastfeeding. People who can provide support are people who have a big influence in the mother's life. (Bahiyatun.2009)

Therefore, the role and support of the family (husband, parents, siblings) is needed in the sustainability of mothers providing breast milk. The success of exclusive breastfeeding will be easier if the support of the husband plays a role. Breastfeeding requires a stable emotional state, considering that the psychological factors of the mother greatly affect milk production, husbands must understand each other how important support is to mothers who are breastfeeding (Tasya, 2012).

Based on the results of Hargi's research (2013), there is a significant relationship between husband support and mother's attitude in exclusive breastfeeding in the work area of Arjasa Health Center, Jember Regency. The greater the husband's support, the greater the mother's positive attitude in the success of exclusive breastfeeding. If a mother gets positive support, it will strengthen her belief that the act of exclusively breastfeeding the baby is right.

## **METHOD**

This research is a quantitative research with a cross sectional approach method. The population in this study was all mothers who had babies aged more than 6 months who were in the Palmerah District Health Center. The sample in this study was 134 people who met the criteria using accidental sampling techniques.

## RESULTS AND DISCUSSION

Table 1. Frequency distribution of the role of the husband

Husband Support	Frequency	Percentage
Good	110	82 %
Enough	20	15 %
Less	4	3 %
Total	134	100 %

Based on the above, it shows that most respondents received good support from their husbands, namely as many as 28 respondents (82.4%), while 5 others (14.7%) received sufficient support from their husbands and 1 respondent (2.9%) received less support from their husbands.

The success of exclusive breastfeeding is categorized into two, namely successful and unsuccessful. Based on the table below, it shows that the majority of respondents succeeded in giving exclusive breastfeeding to their babies, namely as many as 79 respondents (58.9%), while 55 respondents (41.1%) have not succeeded in giving exclusive breastfeeding to their babies.

Table 2. Frequency Distribution of Exclusive Breastfeeding Implementation

ASI Eksklusif	Frequency	Percentage
Succeed	79	59 %
Unsuccessful	55	41 %
Total	134	100

Table 3. Husband's Support for the Implementation of Exclusive Breastfeeding

Husband Support	Success Categories		Total	P value
	Succeed	Unsuccessful		
Good	75 (56%)	35 (26%)	110 (82%)	0,01
Enough	4 (3%)	16 (12%)	20 (15%)	
Less	0 (0%)	4 (3%)	4 (3%)	
Total	79(59%)	55(41%)	134 (100%)	

Based on the table above, it was found that mothers who succeeded in exclusive breastfeeding and received good support from their husbands were 19 mothers (67.9%), who received good support from their husbands but were unsuccessful in providing

exclusive breastfeeding, namely 9 mothers (32.1%). Then, mothers who received enough support from their husbands and succeeded in providing exclusive breastfeeding as many as 1 person (20.0%), while mothers who received enough support from their husbands but had not succeeded in providing exclusive breastfeeding as many as 4 mothers (80.0%). In mothers who get less support but have not succeeded in exclusive breastfeeding as much as 1 mother (100%), and no mother who gets less support and success in providing exclusive breastfeeding.

After calculating the chi square ( $\chi^2$ ), data was obtained with a value of  $\chi^2$  calculated  $\geq \chi^2$  table, namely  $5.483367 \geq 4.60517$ . From the analysis of the data obtained, it shows that  $H_0$  was rejected and  $H_1$  was accepted, so it was found that there was a relationship between husband support and the success of exclusive breastfeeding at the Palmerah District Health Center in 2020.

According to Roesli, 2001 (in Ratu Ummu, 2014) the success of breastfeeding is largely determined by the role of the father because the father will also determine the smooth reflex of milk production which is strongly influenced by the emotional state or feelings of the mother. Fathers can play an active role in assisting mothers in providing exclusive breastfeeding by providing emotional support and other practical assistance, such as changing diapers, burping the baby, swaddling and soothing the restless baby, bathing the baby, drying the baby and massaging the baby. Understanding this important role is the first step for a father to be able to provide support to mothers to meet the success of exclusive breastfeeding.

A father has a very important role in achieving the success of breastfeeding mothers. The mother's feelings and enthusiasm to breastfeed and continue to provide the best for her child depend heavily on the role of the father to continue to maintain a conducive atmosphere. The breastfeeding process becomes hampered if the condition of the father and mother is not harmonious, the mother does not get support from the husband, cannot communicate well and the mother's feelings are not safe and comfortable (Hartono, 2009 in Ratu Ummu, 2014).

The results of this study show a relationship between husband support and success in exclusive breastfeeding. This is in line with the results of research conducted by Tias Larasati on primipara mothers at the Jebed Health Center, Pematang Regency in 2016 with a total of 46 respondents stating that there is a relationship between husband support and success in the practice of exclusive breastfeeding.

The role of the husband in supporting the success of breastfeeding mothers can be done during the breastfeeding process, including providing small assistance such as pillows, massages, footrests, drinking, attachment, and can give praise to mothers and babies. Then, the role of the husband after the mother breastfeeds the baby, the husband can help burp the baby, change the baby's diaper, do baby massage, with baby massage the baby's weight is known to increase better. That way, mothers will feel more comfortable and calm in breastfeeding their babies so that the exclusive breastfeeding process will run smoothly. (Anik Maryunani, 2012).

In the results of the study, most mothers who succeeded in providing exclusive breastfeeding were influenced by the optimal support of their husbands during the exclusive breastfeeding process. This means that the role of a good husband has the possibility of success of the mother in providing exclusive breastfeeding. Husbands realize that breast milk is an important factor in meeting the nutritional needs of babies and as a baby's body immunity. With the support of the husband, the mother feels the responsibility for her baby is divided, so that the mother feels not alone, not depressed and feels comfortable in caring for and breastfeeding her baby. That way, it will create a positive maternal attitude and mind towards breastfeeding and breastfeeding.

## **CONCLUSION**

There is a relationship between husband support and the implementation of exclusive breastfeeding. This research is expected to be able to increase the role of midwives in increasing the success of exclusive breastfeeding by providing comprehensive care and providing information about exclusive breastfeeding, especially increasing references to the relationship between husband support for the success of exclusive breastfeeding.

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