

Husband's Support in Giving Exclusive Breastfeeding during the Covid-19 Pandemic

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ABSTRACT

Based on data *World Health Organization* that globally the rate of exclusive breastfeeding in 2017 was 40%. In 2019, exclusive breastfeeding coverage in Indonesia was 67.74%. The coverage of exclusive breastfeeding in Central Java Province has exceeded the Strategic Plan target of 69.46% (Indonesian Ministry of Health, 2019). Meanwhile, the coverage of exclusive breastfeeding in Semarang City is 78.0% (Health Profile of Central Java Province, 2019). This study aimed to determine the husbands' support in exclusive breastfeeding during the Covid 19 pandemic. This research is descriptive quantitative research with an approach *cross-sectional*. The population of this research is all mothers who have children aged 7-24 months who follow the *posyandu* for toddlers at PMB Citra Insani Semarang as many as 90 people, with a sample of 60 respondents, and the sampling technique used is *Accidental Sampling*. The instrument used in this study was a questionnaire, and the researcher conducted a univariate analysis. The results of the univariate analysis test showed that most of the respondents gave exclusive breastfeeding, namely 51.7%. While some others did not provide exclusive breastfeeding, which was 48.3%, most of the respondents received less support from their husbands, namely 41.7%, and only a small proportion of respondents received sufficient support from their husbands, namely 25.0%. Husbands should increase their knowledge about exclusive breastfeeding and provide support to their wives to provide exclusive breastfeeding to help reduce morbidity and mortality in infants.

Introduction

The government's Large-Scale Social Restriction Policy (PSBB) during the Covid-19 pandemic impacted increasing the number of mothers who exclusively breastfed. Exclusive breastfeeding is very important during the early months of life, reducing infant morbidity and mortality. The World Health Organization (WHO) defines exclusive breastfeeding as feeding infants only with breast milk, excluding solids or other fluids (including infant formulas) except drugs, vitamins, and minerals. According to the 2020 survey, the exclusive breastfeeding rate increased by 89 percent. And The PSBB policy, which requires most mothers to stay at home, has a positive effect on increasing lactation behavior [1].

The World Health Organization recommends exclusive breastfeeding, which is breastfeeding alone for 6 months without any additional food or fluids. Exclusive breastfeeding for the first 6 months of life and continuing breastfeeding until 24 months of age is an important strategy to reduce infant mortality, especially in developing countries [2]. Various approaches need to be made, especially during this pandemic. One of them is through a community-based approach to support from families.

WHO recommends exclusive breastfeeding for the first 6 (six) months. Breastfeeding mothers should continue breastfeeding until the child is 2 (two) years old, accompanied by complementary foods (complementary foods). The reason is that breast milk is the main source of nutrition for babies. Breast milk contains fat, protein, sugar, enzymes, antibodies, and white blood cells needed by the baby's body to build the immune system or the immune system to be strong against various viruses, diseases, and infections [2] [4].

Based on data *World Health Organization* that globally the rate of exclusive breastfeeding in 2017 was 40%. Where there are only 23 countries that reach at least 60% of exclusively

breastfed babies, the target coverage for exclusive breastfeeding in 2030 is at least 60%. Data from *International Baby Food Action Network (IBFAN)* The ranking of exclusive breastfeeding coverage in Indonesia is in the third lowest rank of 51 countries in the world [2] [3].

In 2019, the coverage of exclusive breastfeeding in Indonesia was 67.74%. This figure can be said to have exceeded the Strategic Plan target for 2019, namely 50%. In various provinces in Indonesia, the coverage of exclusive breastfeeding has achieved many of the Strategic Plan targets. Central Java Province itself, its exclusive breastfeeding coverage has exceeded the Strategic Plan target of 69.46% (Ministry of Health, 2019). Meanwhile, the coverage of exclusive breastfeeding in the city of Semarang was 78.0%. [3].

The Director-General of Nutrition and MCH stated that the level of success of mothers in breastfeeding is very much determined by the presence or absence of support from husbands, families, communities, work environment, and health workers. Husband's support for his wife in giving exclusive breastfeeding is a form of social support that comes from outside (external) [3] [5].

Families have a big share in supporting mothers to continue to provide exclusive breastfeeding for their babies. Partner support is a major determinant of a mother's decision to initiate and breastfeed. Husbands are part of the immediate family and have a very big influence, especially in decision making, including support to provide exclusive breastfeeding for their babies. Husband's support can be in the form of physical or psychological support. This is important because exclusive breastfeeding is not the sole obligation of a mother and the husband's obligation to be there. In addition to needing nutritious food intake, breastfeeding mothers also need attention and comfort during the breastfeeding process. When breastfeeding mothers feel comfortable and happy, it will affect the hormones prolactin and oxytocin in the body. The combination of the two hormones serves to increase productivity and accelerate breastfeeding. The breastfeeding process will run more optimally when couples begin to prepare to provide exclusive breastfeeding from an early age [4] [5].

Method

This research is quantitative research with analytic observational research type and approaches *cross-sectional*. The population in this study were all mothers with children aged 7-24 months who attended the toddler *posyandu* at PMB Citra Insani Semarang with a total of 90 people in October-December 2020.

In this study, the sampling technique used is *Accidental Sampling*. Sampling was done at the toddler *posyandu*, where the researchers attended five *posyandu* under five at PMB Citra Insani Semarang. At each *posyandu* the researcher obtained a sample of each with details at the first *posyandu* the researcher got 10 respondents, the second *posyandu* got 13 respondents, the third *posyandu* got 11 respondents, the fourth *posyandu* got 17 respondents, and the fifth *posyandu* got 9 respondents so that the number of samples in this study were obtained as many as 60 people.

Data collection techniques using primary data [26]. Data obtained from respondents obtained through a questionnaire given to respondents, namely about exclusive breastfeeding and husband support. The questionnaire was distributed to 60 respondents who had children aged 7-24 months using *google form* spread through the WhatsApp group. The data analysis technique used was univariate analysis and bivariate analysis. Univariate analysis was carried out on all variables, namely exclusive breastfeeding and husband support, presented in the form of a frequency distribution table. Bivariate analysis using *Chi-Square* namely to find out the relationship between husbands support and exclusive breastfeeding. The results can be significant if the opportunity factor is less than 5% or $p\text{-value} < 0.05$.

Result

1.1. Univariate Analysis

1.1.1. Overview of Exclusive Breastfeeding

Table 1 Overview of Exclusive Breastfeeding at PMB Citra Insani Semarang in 2020

Exclusive Breastfeeding	Frequency	Percentage
Exclusive breastfeeding	31	51.7
Not exclusive breastfeeding	29	48.3
Total	60	100

Source: Primary Data, 2020

Based on table 1, it can be seen that most of the respondents gave exclusive breastfeeding, namely 51.7%. Meanwhile, some others did not provide exclusive breastfeeding, namely 48.3%. As in the definition according to Roesli, the definition of exclusive breastfeeding is a baby who is only breastfed, without being given additional fluids or other foods such as formula milk, plain water, tea water, bananas, dispersed, biscuits, and others. Many factors, including mother's education, knowledge, mother's age, family support, and others [6], can influence exclusive breastfeeding.

1.1.2. Overview of Husband's Support

Table 2 Description of Husbands Support at PMB Citra Insani Semarang during the Covid 19 Year 2020 pandemic

Husband's Support	Frequency	Percentage
Bad	25	41.7
Average	15	25
Good	20	33.3
Total	60	100

Source: Primary Data, 2020

Based on table 2, it can be seen that some of the respondents received less support from their husbands, namely 41.7%, and only a small proportion of respondents received sufficient support from their husbands, namely 25.0%.

Discussion

In this study, mothers who gave exclusive breastfeeding were partially aged 20-35 years, namely 51.7%. The mothers age can influence exclusive breastfeeding. This can happen because at <20 years of age, she is still physically, mentally, and psychologically immature in the face of exclusive breastfeeding. This is also because the mother has no experience in caring for and breastfeeding her baby, so that the mother is confused and does not know how to exclusively breastfeed her baby [7] [8].

Furthermore, the level of education in this study, a small proportion of mothers who gave exclusive breastfeeding had secondary education, namely 33.3%. The level of education and knowledge of mothers are factors that support the success of exclusive breastfeeding. The higher the level of education of a person, the easier it is to receive information to have more knowledge. On the other hand, if education is lacking, it will hinder one's attitude towards the values being introduced. It was also explained that mothers with low levels of education would find it difficult to receive directions in exclusive breastfeeding, so this could affect exclusive breastfeeding [8].

Another factor that affects exclusive breastfeeding is maternal occupation. This study indicates that a small proportion of mothers who provide exclusive breastfeeding do not work, namely 28.3%. Sihombing (2018), in his research, also explained that the short leave of leave for working mothers would affect exclusive breastfeeding. However, working mothers can

still exclusively breastfeed if the mothers knowledge is correct about breastfeeding, complete equipment for pumping breast milk, and support from the workplace environment. [8].

These results are in line with Huliana 2007 shows that more than half of respondents is 63 of 106 respondents (59.4%) did not get husband support. Husband support is needed to cultivate the confidence of his wife. Husband is strongly encouraged to provide support and understanding of his wife so it will grow mutual understanding between husband and wife. Better support provided by the husband will be higher the self-esteem wife in taking care of husband and child. Alongside this, the importance of support has been highlighted as crucial to raising breastfeeding rates. High-quality professional support and guidance are often referred to by mothers as an important element of breastfeeding success. Still, the role a womans partner plays in her decision to initiate and the ability to continue breastfeeding is also critical [9] [10].

Based on the questionnaire distributed to respondents, there are 31 statement items about husbands support consisting of statements about informational support, emotional support, instrumental support, and appreciation support divided into several statements. *Favorable* and *unfavorable*.

From the answers to the questionnaire on informational support, it is known that the respondent answered "never". To the statement about the husband telling the mother that babies aged 0-6 months are only given breast milk without other foods such as bananas, formula milk, water, rice porridge, which is equal to 31.7%. Roesli explained that babies are only given breast milk without being given additional fluids or other foods. Then some respondents answered "always" to statements about their husbands who had their opinions and told mothers that the breast milk content was much better than formula milk, which was 25.0%. According to Yulianti (2010), breast milk is the best food for babies, so formula milk cannot replace the benefits of breast milk at all [11].

The statement regarding emotional support indicated that the respondent answered "never" to the statement regarding the husband not telling the mother not to be afraid that the breast shape would become ugly, not tight or loose after breastfeeding, namely 55.0%. Mothers really need this support from their husbands. The research conducted by Dwi Rantisari, et al. showed a relationship between husbands support, parental support, health support, support of the Indonesian Breastfeeding Association (AIMI), and exclusive breastfeeding.8 Research conducted by Sijabat F, Thongpat S, Tirapaiwong Y in Indonesia found that husbands support is an important factor that correlates with breastfeeding practice. The five main points of husbands support in breastfeeding are knowledge, positive attitude, and involvement in decision making, practical support, and emotional support. The husbands positive or negative attitude toward breastfeeding can affect the mothers breastfeeding attitude. Then a study by Pontes et al. stated that the five Booklet and Support from Husband to Exclusive Breastfeeding 5th International Conference on Health Sciences (ICHS 2018) [12] [14]

Advances in Health Sciences Research, volume 13, 93 husbands can be involved in breastfeeding is to provide a supportive environment for mother and baby, participate more during pregnancy and childbirth, help with homework ladder, develop the role of parent, and be present at breastfeeding [14]. According to Roesli (in Priscilla and Elmatris, 2011) that the failure of mothers to provide exclusive breastfeeding is not only due to insufficient breastfeeding but also due to the attitude of mothers who do not want to breastfeed for fear of being abandoned by their husbands. Vetty (in Priscilla and Elmatris, 2011) also explained that mothers delay breastfeeding or fail to give breast milk to their babies because they are afraid of sagging breasts. Besides that mothers are also afraid to look fat. Then some respondents answered in the statement about the husband asking about the condition of the mother and baby attentively, namely 35.0%. Maslow explained that there are 5 concepts of basic human

needs, including physiological needs, safety and security needs, the need to love and be loved, self-esteem, and the need for self-actualization. In this context, breastfeeding mothers need to fulfill their needs to love and be loved. Mothers who get attention from their husbands when breastfeeding their babies will feel loved, feel comfortable, and be in a good emotional state to feel confident that they can breastfeed their baby. Wahyuningsih and Machampang (2013) also explained that with the attention that the mother gets. It will make the mother feel comfortable, more confident, feel cared for, and loved so that the mother will be ready to face problems properly and feel confident that she can provide exclusive breastfeeding for her baby [13] [14] [15].

From the statement regarding instrumental support, it is known that the respondent answered "never" to the statement about the husband buying clothes that are comfortable to use while breastfeeding, namely 26.7%. Husbands who buy comfortable clothes for their wives are a form of instrumental support, as Rahmawati and Susilowati (2017) explained in their research that the husband could do instrumental support by providing a means that can facilitate the mothers activities in giving exclusive breastfeeding. So that this facility can make it easier for mothers to breastfeed and will encourage mothers to be able to provide exclusive breastfeeding. Then, some respondents answered "always" in the statement about the husband accompanying the mother to check the babies health at the health center, clinic or other health facilities when the baby was 0-6 months when the husband was on vacation or after the husband came home from work, namely 33.3% [13]. Susilawati (2017), in her research, explained that if the husband accompanies the mother to check the health of herself and the baby, the husband will also listen to explanations from health workers, including an explanation of exclusive breastfeeding and its benefits. So that the husband will be influenced and motivated to provide maximum support to his wife. So, his wife can provide exclusive breastfeeding for up to six months [13] [15].

Furthermore, the statement regarding the support of appreciation shows that the respondent answered "never" to the husband giving thanks to the mother for providing the best nutrition for the baby, namely breastfeeding only for the baby aged 0-6 months is 33.3%. Annisa and Swastiningsih (2015) explained in their research that respondents said they rarely received praise from their husbands. Still, husbands expressed that they felt happy because their wives could breastfeed their children, but that expression was not realized directly. Then some respondents answered "always" in the statement about the husband giving support to the mother that her breast milk was sufficient to meet the baby's needs, which was 30.0%. With the support from the husband, it will affect the mother in breastfeeding, because mothers who get the support that breast milk alone is sufficient to meet the needs of the baby will make breastfeeding mothers more optimistic and confident in giving exclusive breastfeeding to their babies [16].

In giving exclusive breastfeeding, mothers need support from their husbands. According to Oktalina, Muniroh, Adiningsih (2015) mothers do not obtain husband support because husbands do not know about exclusive breastfeeding. This is due to the husband's low level of education [17] [18]. According to Koencoroningrat (in Nasihah, 2015) that one's education affects knowledge, where the higher the level of education, the higher the knowledge one has. Conversely, low education will inhibit the development of one's attitudes and behavior towards the new values that are introduced so that knowledge is also lacking [20].

This is what underlies the husbands' lack of knowledge about exclusive breastfeeding so that the husband does not provide information about exclusive breastfeeding to his wife. So it can be said that the husband does not support his wife in giving exclusive breastfeeding. According to Smet (in Rahmawati & Susilowati, 2017), informational support is a behavior related to information delivery, such as giving advice. Informational support given by a husband to his wife who is breastfeeding is one of the determinants of success in giving

exclusive breastfeeding [18] [19] [25].

In providing support, the husband is also influenced by his job. Husbands who work tend to be busy making a living, so this is an obstacle for husbands to get involved in the family. Ramadani and Hadi research (2010) explain that overcoming this obstacle requires appropriate action, such as promoting exclusive breastfeeding at the husbands workplace and encouraging husbands to actively and accompany mothers during pregnancy examinations, childbirth, and neonatal visits. Husbands with a steady job and income have a relatively regular time each day, thus enabling the husband to be more involved in the family and in caring for the baby, including providing support for exclusive breastfeeding. [20] [23]

Astutis's research (2010) explains that the husband who works will bring out the father's role who supports exclusive breastfeeding. This is because the husband who works will tend to fulfill the family economy, such as providing food that will support the mothers nutrition so that it can increase milk production and buy a breastmilk pumping device so that the need for exclusive breastfeeding can be met. In other words, the husband has provided instrumental support to his wife in giving exclusive breastfeeding [17] [21] [24].

Conclusions

1. Most mothers who had children aged 7-24 months at PMB Citra Insani Semarang aged 20-35 years was 95.0%. Most of the mother's education level is secondary education, which is 75.0%. Most of the working mothers were 53.3%.
2. Most of the mothers who gave exclusive breastfeeding were 51.7%.
3. Some of the respondents who had children aged 7-24 months at PMB Citra Insani Semarang received less husband support, namely 41.7%. Only a small proportion of respondents received sufficient husband support, namely 25.0%.

Suggestions

Husbands should provide support in providing exclusive breastfeeding so that during a pandemic, the mother feels calm in giving exclusive breastfeeding to her baby.

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