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The Relationship of Work, Social Culture, and Family Support In Providing Exclusive Breastfeeding to Mothers of Babies (0-6 Months) in The Working Area of The Puskesmas Tana Lia, Tana Lia District

Anugrawati Sudarmin^{1a*}, Eka Frenty Hadiningsih¹, Khoirul Anam¹, Tuti Meihartati¹

¹ Institute of Health Technology and Science Wiyata Husada Samarinda, Indonesia

^a anugrawatisudarmin6@gmail.com

HIGHLIGHTS

- Terdapat hubungan antara pekerjaan, sosial budaya dan dukungan keluarga dalam pemberian ASI eksklusif pada ibu bayi (0-6 bulan) di wilayah kerja Puskesmas Kecamatan Tana Lia.

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ABSTRACT / ABSTRAK (DALAM DUA BAHASA)

Spinal anaesthetic needle prick pain is an unpleasant experience that results in losses from spinal anaesthesia, so it needs to be treated. Deep breathing relaxation techniques and lavender aromatherapy are effective non-pharmacological pain management methods. In addition to increasing comfort, reducing pain can also provide convenience and speed in the process of injecting spinal anesthetic needles. The purpose of this study was to investigate the effects of deep breathing relaxation techniques and lavender aromatherapy on the pain intensity of spinal anaesthetic needle pricks at Kardinah Hospital, Tegal. This study employed a quasi-experiment research method, utilizing a two-group post-test design. The sampling technique used purposive sampling with a total of 72 respondents who were divided into groups of deep breathing relaxation techniques and lavender aromatherapy. Data analysis used the Mann-Whitney The results of the non-parametric statistical test with the Man Whitney test obtained $p = 0.000$ ($p < 0.05$), so H_a was accepted, meaning that there was a difference in the pain intensity of spinal needle stick anesthesia given deep breathing relaxation techniques and lavender aromatherapy. rapy. The study concluded that there were differences in the pain intensity of spinal anaesthetic needle pricks at Kardinah Hospital, Tegal, between deep breathing relaxation techniques and lavender aromatherapy.

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***Corresponding Author:**

Anugrawati Sudarmin

Institut Teknologi Kesehatan dan Sains Wiyata Husada Samarinda,

Jl. Kadrie Oening Gang Monalisa No.77, Air Hitam, Samarinda Ulu, Samarinda.

Email: anugrawatisudarmin6@gmail.com

1. INTRODUCTION

Reducing the infant mortality rate (IMR) is one indicator of the success of achieving health goals for a country which is part of the Sustainable Development Goals (SDGs) development target which has not yet been achieved (Department of Economic and Social Affairs, 2020). However, global data for 2019 shows that the deaths of babies

aged 0-28 days were around 2.4 million and around 47% occurred under the age of five years.

Data in the Asian region, the incidence of Neonatal Mortality Rate (AKN) is the highest in the world (Unicef , 2020). Meanwhile, Indonesia ranks 7th out of 10 countries with the highest number of AKN and is in the top five countries with the highest AKN in Southeast Asia in 2019 (WHO, 2020). The cause of high infant mortality during the neonatal period can actually be controlled by providing breast milk (ASI) exclusively from birth. According to Unicef, optimal breastfeeding has the potential to prevent 1.4 million deaths of children under five years of age every year (Unicef, 2020).

's milk (ASI) is the first, main and best natural food. Breast milk given for the first 2 years will have an impact on the baby's health in the future, during this period there is very rapid growth and development. (Yayuk fatmawati, 2020)

Achievements of exclusive breastfeeding globally are still low. It is estimated that around 44% of babies are given exclusive breast milk for six months (WHO, 2020). Coverage of exclusive breastfeeding in Indonesia is around 68.74 % of the national target of 80% (Ministry of Health of the Republic of Indonesia, 2018). Meanwhile, exclusive breastfeeding coverage in North Kalimantan Province in 2018 was 90.79 % . Even though the target has been achieved, there are still several regencies/cities in North Kalimantan Province whose coverage is still low, one of which is in Tanjung Selor District, Bulungan Regency, North Kalimantan (North Kalimantan Health Office, 2019).

Based on data from the Tana Tidung District Health Service in 2020, coverage of exclusive breastfeeding in Tana Tidung District, Tana Lia subdistrict, where babies given exclusive breastfeeding in 2021 were 26 babies (41.6%) out of the target of 62 babies, for 2022 there were 28 (44 .4%) babies from the target of 63 babies. In 2023 there will be 9 babies from the target of 63 (14.5%) babies from January – June 2023. This means that this coverage has not yet reached the strategic plan (renstra) target, namely 80%. (Tana Tidung District Health Service, 2022). This achievement is still low, the Tana Lia Community Health Center has carried out several activity programs every month, providing exclusive breastfeeding counseling, classes for pregnant women and providing repeated exclusive breastfeeding material, making visits to residents' homes for breastfeeding assistance.

Based on research by Sinaga (2020), six factors cause low coverage of IMD and exclusive breastfeeding, namely implementation of government regulations, family support, low education, working mothers, breastfeeding counseling, babies not at term and cultural factors. In conclusion, the main factors causing the low coverage of IMD and exclusive breastfeeding are weak government commitment, family support, maternal education and employment, inactive breastfeeding counseling, babies born not at full term and cultural factors.

Based on the results of research conducted by Sermianti Sara (2020), a literature search found 6 journals that met the inclusion criteria and based on these journals, it showed that the factors that influence exclusive breastfeeding are predisposing factors, namely age, education, knowledge, attitudes, beliefs, perceptions, culture and motivation. Possible factors for not providing exclusive breastfeeding are birth method , early initiation of breastfeeding, rooming in, baby's condition, mother's condition and parity. Supporting factors for not providing exclusive breastfeeding are lack of support from health workers, lack of family support, exclusive breastfeeding policy, lack of cross-sector support, insufficient health human resources, budget for the exclusive breastfeeding program, inadequate facilities and infrastructure for the exclusive breastfeeding program, socialization methods ineffective, as well as limited support from the workplace.

Furthermore, the literature review conducted by year shows the variables that influence exclusive breastfeeding according to findings from the systematic literature review, maternal knowledge, breastfeeding self-efficacy, maternal occupation, cultural

beliefs and beliefs, exposure to information, family support, along with the support of health workers. substantial impact on exclusive breastfeeding. All of these variables contribute to exclusive breastfeeding (Rani et al., 2022).

The mother's employment status can influence the provision of exclusive breastfeeding to her baby and if the mother's employment status is not working, there is a possibility that the mother can provide exclusive breastfeeding. Because most mothers work, they have less time to care for their babies, making it possible for mothers not to exclusively breastfeed their babies. However, working mothers can still exclusively breastfeed their babies by pumping or expressing breast milk, then storing it and giving it to their babies later (Lindawati, 2019). A preliminary study was conducted at the Tana Lia Community Health Center from quarterly reports of mothers with children aged 0-6 months as many as 21 babies. The results of interviews with 10 breastfeeding mothers said that they experienced several problems with mothers not breastfeeding, apart from the lack of breast milk production, which was characterized by little milk coming out, it was also due to the mother's busy work, whether she was a housewife or working outside the home. Furthermore, from the results of interviews with 10 breastfeeding mothers, they said they were worried that the breast milk produced was not enough, because their babies often cried and often breastfed. Based on the background above, researchers are interested in knowing "The relationship between work, social culture and family support in providing exclusive breastfeeding to mothers with babies 0-6 months".

2. MATERIALS AND METHOD

The design of this research is descriptive analytic with the nature of research with a cross sectional approach, which emphasizes the measurement time between the independent variable and the dependent variable which is measured in one measurement. research (Nursalam, 2019). This research looks for the relationship between the independent variables, namely work, social culture and family support, with the dependent variable, namely exclusive breastfeeding for mothers with babies aged 0-6 months.

3. RESULTS AND DISCUSSION

Table 1. Characteristics of Respondents in Mothers of Infants (0-6 months)

No	Variable	n	%
1	Education		
	elementary school	10	30.3
	JUNIOR HIGH SCHOOL	6	18.2
	SENIOR HIGH SCHOOL	12	36.4
	College	5	15.2
	Total	33	100.0
2	Work		
	Doesn't work	12	36.4
	Work	21	63.6
	Total	33	100.0

Table 2. Statistical test results based on research variables

No	Variable	n	%
1.	How many children are currently being given breast milk?		
	The first child	5	15.2
	Second child	11	33.3
	The third child	4	12.1
	Fourth child or more	13	39.4
	Total	33	100.0
2.	Current number of children		
	< 2 people	6	18.2
	2 – 4 people	11	33.3
	> 4 people	16	48.5
	Total	33	100.0
3.	Socio-cultural		
	Does not support	14	42.4
	Support	19	57.6
	Total	33	100.0
4.	Family support		
	Does not support	15	45.5
	Support	18	54.5
	Total	33	100.0
5.	Exclusive breastfeeding		
	8 Times	12	36.4
	≥ 12 Times	21	63.6
	Total	33	100.0

Table 3. Relationship between Employment and Exclusive Breastfeeding for Mothers of Babies (0-6 months)

Work	Exclusive breastfeeding				Total		PValue
	8 Times		≥ 12 Times		n	%	
	N	%	n	%			
Doesn't work	9	75.0	3	25.0	12	100.0	0,000
Work	3	14.3	18	85.7	21	100.0	
Total	12	36.4	21	63.6	33	100.0	

Table 4. The Relationship between Socio-Cultural Relations and Exclusive Breastfeeding for Mothers of Babies (0-6 months)

Socio-cultural	Exclusive breastfeeding				Total		PValue
	8 Times		≥ 12 Times		n	%	
	n	%	n	%			
Does not support	10	71.4	4	28.6	14	100.0	0,000
Support	2	10.5	17	89.5	19	100.0	
Total	12	36.4	21	63.6	33	100.0	

Table 5. Relationship between family support and exclusive breastfeeding for mothers of babies (0-6 months)

Socio-cultural	Exclusive breastfeeding				Total		PValue
	8 Times		≥ 12 Times		n	%	
	n	%	n	%			
Does not support	10	66.7	5	33.3	15	100.0	0.001
Support	2	11.1	16	88.9	18	100.0	
Total	12	36.4	21	63.6	33	100.0	

3.1 Description of respondent characteristics

Based on the results of univariate data analysis, it shows the majority The respondent's education is high school, namely (60.6%), the respondent's occupation is working, namely (63.6%), Children who are currently given breast milk are the fourth child or more, namely (39.4%), the number of children now is > 4 people, namely (48.5%), Social and Cultural support is (57.6%), Family support is supportive, namely (54.5%) and exclusive breastfeeding is ≥ 12 times, namely (63.6%).

Someone who has a tertiary or at least upper secondary education will easily receive information about the benefits of breast milk. According to Roesli (2022), the public's lack of information about the importance of exclusive breastfeeding is caused by several factors, including: mothers' lack of knowledge about exclusive breastfeeding, and the circulation of unfavorable myths about breastfeeding. This can be overcome if breastfeeding mothers have high education because education will give birth to good knowledge. People who have higher education will respond rationally to the information that comes and will think about the extent of the benefits they will get.

Someone who has a higher education will more easily accept new things so that information is easier to accept, especially about exclusive breastfeeding. This is related to the mother's level of knowledge, that someone with higher education will have broader knowledge than someone with a low level of education (Hidayat, 2017).

Work is any routine activity carried out by mothers who have babies to earn income. Article 83 of Law NO.13 of 2003 concerning labor states that female workers/workers whose children are still breastfeeding must be given the proper opportunity to breastfeed their children if this must be done during work time. What is meant by appropriate opportunity here is the time given to workers to breastfeed their babies, as well as the availability of a suitable place to carry out this activity. One of the reasons most often given for mothers not breastfeeding is because they have to work.

Women always work, especially those of childbearing age, so it is always a problem to find ways to care for babies. Work does not only mean work that is paid for and done in the office, but can also work in the fields, for people in rural areas. As many as 59.7% of working mothers only breastfeed four times a day, while during the day they are given formula milk by their family or caregivers (Salvina, 2013 in Manaf, 2019). According to Roesli (2022), working is not a reason to stop exclusive breastfeeding, exclusive breastfeeding is the best thing for the baby.

According to Perinasia (2013), parity in breastfeeding is the experience of exclusive breastfeeding, breastfeeding for previous children, breastfeeding habits in the family, and knowledge about the benefits of breast milk which influence the mother's decision to breastfeed or not. The support of doctors, midwives or other health workers, as well as close relatives is really needed, especially for mothers

who are pregnant for the first time. This shows that the majority of respondents have knowledge and experience regarding breastfeeding at their previous parity.

According to research by Mabud et al (2016), there is a relationship between parity and exclusive breastfeeding. Parity influences a person's acceptance of knowledge, the more experience a mother has, the easier it will be to accept knowledge. Where something someone experiences will add to the knowledge gained. Experience as a source of knowledge is a way to obtain the truth of the knowledge by repeating the knowledge obtained in solving problems faced in the past.

3.2 Relationship of Work to Exclusive Breastfeeding

Based on the research results, *the Chi-square test results were obtained* There is a relationship between employment and exclusive breastfeeding for mothers of babies (0-6 months) in the Tana Lia District Health Center Working Area because the Pvalue is > 0.05 .

The results above show that if the mother's employment status is working, there is a high probability that the mother will not provide exclusive breastfeeding to her baby, and if the mother's employment status is not working, there is a high possibility that the mother will be able to provide exclusive breastfeeding. Because most mothers work, they have less time to care for their babies, making it possible for mothers not to exclusively breastfeed their babies.

In fact, if a working mother can still give exclusive breast milk to her baby by pumping or expressing breast milk, then storing it and giving it to her baby later. Most working mothers do not give exclusive breast milk to their babies, but there are also working mothers who can give exclusive breast milk to up to 4 babies.

The results of this study are in accordance with the theory which states that many mothers do not breastfeed exclusively because there is not enough breast milk, mothers work on three-month maternity leave, work hours, and are afraid of being left by their husbands. (Roesli, 2018). This result is also strengthened by research by Unzila Rahma (2018) entitled "The Relationship between Family Support for Working Mothers and Exclusive Breastfeeding" with the results that there is a relationship between family support for working mothers and exclusive breastfeeding.

Employment status can have a significant impact on a mother's ability to exclusively breastfeed. Busy work schedules and lack of free time can be obstacles for mothers to provide exclusive breastfeeding. Jobs that require travel or irregular hours can also add to the difficulties. The availability of facilities such as a lactation room, permission to breastfeed, or flexibility in work hours can influence a mother's ability to provide exclusive breastfeeding. A supportive workplace sends positive signals to working mothers. Working conditions that are stressful or require high mobility can affect the mother's health and the availability of time for breastfeeding. Maternal health also plays an important role in the ability to provide exclusive breastfeeding.

Support from superiors and co-workers can provide a conducive environment for mothers who want to provide exclusive breastfeeding. Open communication about a mother's needs can create understanding in the workplace. Jobs that allow for flexibility, such as working from home or having a more flexible schedule, can help mothers meet their exclusive breastfeeding needs. Jobs that require high levels of stress can affect breast milk production and the mother's overall health. Good stress management is important to support exclusive breastfeeding.

3.3 Socio-Cultural Relationships to Exclusive Breastfeeding

Based on the research results, *the Chisquare test results were obtained* There is a socio-cultural relationship to exclusive breastfeeding for mothers of babies (0-6 months) in the Tana Lia District Health Center Working Area because the Pvalue is > 0.05 .

The socio-cultural relationship with exclusive breastfeeding can be influenced by values, norms and practices in society. Norms in society can influence a mother's decision to provide exclusive breastfeeding. If exclusive breastfeeding is considered a valued norm in society, then mothers may be more inclined to follow the practice. The values espoused by a culture can play an important role. If a society values child hygiene and health, then exclusive breastfeeding may be considered the best way to fulfill those values.

Exclusive breastfeeding for 6 months is the optimal way to feed a baby. Breast milk improves sensory and cognitive development, and protects babies from infectious and chronic diseases. Exclusive breastfeeding reduces infant mortality due to common childhood diseases. The results of research conducted by (Zehner, 2011) found that socio-cultural factors greatly influence the failure of exclusive breastfeeding. Social culture can influence maternal behavior. Therefore, access to information and positive socio-cultural factors increase the readiness of pregnant women to provide exclusive breastfeeding. Health promotion initiatives are recommended to increase access to information and increase positive socio-cultural values and beliefs in order to increase the readiness of pregnant women to provide exclusive breastfeeding.

Socio-cultural factors that exist in society influence mothers' behavior in the practice of giving exclusive breast milk to their babies. This is in accordance with previous research which states that myths/beliefs have a close cultural relationship with giving exclusive breast milk. Usually people are often influenced by local culture, especially intervention from families not to give breast milk to their babies. Research conducted by (Safri Mulya, 2012) that exclusive breastfeeding cannot be separated from the influence of habits colored by local customs (culture), the existence of a hereditary tradition of giving bananas or honey to babies before they are 6 months old.

The results of this research are in line with research conducted by Setyaningsih (2018) which shows that there is a significant relationship between belief and tradition (Setyaningsih and Farapti, 2019). Research results (Safri Mulya, 2012) also show the same thing, that there is a social and cultural influence on exclusive breastfeeding with a value of $p=0.000$.

Research conducted by (Media Yulfira, Kasnodihardjo, Prasodjo S. Rachmalina, 2015) shows that socio-cultural factors are the factors behind breastfeeding behavior. Giving honey, water, honey water/brown sugar water, bananas, porridge and biscuits to early age babies is a behavioral pattern that has been passed down from generation to generation based on the values of the local community, so this causes mothers to not be able to breastfeed exclusively.

3.4 Relationship of Family Support to Exclusive Breastfeeding

Based on the research results, *the Chisquare test results were obtained* There is a relationship between family support for giving exclusive breastfeeding to mothers of babies (0-6 months) in the Tana Lia District Health Center Working Area because the Pvalue is > 0.05 .

The relationship between family support and exclusive breastfeeding is very important in supporting the success of exclusive breastfeeding for babies. Family support can play a key role in increasing the success rate and duration of exclusive breastfeeding. Emotional support from the family can help mothers feel more

confident and motivated to provide exclusive breastfeeding. This can reduce stress and anxiety which may affect breast milk production. Families who provide physical support can help mothers with things like preparing healthy meals, providing rest, and helping with household chores, thereby giving mothers more time and energy to focus on breastfeeding.

Families who support the mother's decision to exclusively breastfeed can create a positive environment and support successful breastfeeding. It is important for the whole family to have a good understanding of the benefits of exclusive breastfeeding for the baby's health. Support from the whole family can help overcome potential challenges or obstacles that the mother may face. Father's involvement can also play an important role in providing support, both in helping the mother directly and in creating an environment that supports exclusive breastfeeding.

Mothers who receive informational support in the form of information about the importance of exclusive breastfeeding for 6 months, for example providing counseling and education from their families and from health workers, will be encouraged to provide exclusive breastfeeding compared to those who never receive information or support from their families so that the role of the family is very important for the success of breastfeeding. Exclusive breastfeeding. Instrumental support obtained from health workers or family, especially parents or mothers-in-law, includes cooking nutritious food that can facilitate breastfeeding, teaching mothers how to breastfeed properly and also teaching mothers how to care for their breasts properly. Mothers also ask what problems they face during breastfeeding and get advice from family or health workers to provide breast milk for their babies, which is a form of assessment support.

Emotional support obtained from health workers and family, in the form of listening to the mother's complaints during breastfeeding, motivating and encouraging the mother not to be afraid of physical changes such as fat and ensuring that the mother can provide exclusive breast milk for 6 months. Theoretically, a mother who has receiving advice or counseling about breastfeeding from their family can influence their attitude when the mother has to breastfeed her baby herself (Rahmawati, 2010). This research is also in line with the theory which states that the environment influences the success of exclusive breastfeeding.

Other factors that influence mothers not to breastfeed are mothers working late at night, lack of breast milk production or socio-cultural factors/wrong habits because people there often give formula milk /SUN complementary foods before the time. And as many as 33 respondents with less family support, 6 of them gave exclusive breastfeeding, although the number was small, this was because the mothers listened to the information conveyed by health workers when consulting at the Community Health Center and the mother's own motivation was to provide exclusive breastfeeding for 6 month can provide sufficient nutrition for the baby.

The results of this research are in line with the results of research by Anggorowati (2011) entitled The Relationship between Family Support and Exclusive Breastfeeding for Babies in Bebengan Village, Boja District, Kendal Regency, showing that there is a relationship between family support and Exclusive Breastfeeding for Babies.

This is in line with research by Mamangkey (2018) where the research results show that There is connection which is a significant sign between family and friends giving breast milk e exclusive on b a y i in Public health center Ranota n a W eru, Where ni l ai $p=0.000$ le b ih small from $\alpha = 0.05$.

4. CONCLUSION

Based on the results of the research description that has been stated in the previous chapter, conclusions can be drawn as a result of the overall findings and testing of research results as follows:

1. The majority of respondents' education is high school, the respondent's occupation is working, the child currently being breastfed is the fourth child or more, the number of children currently is > 4 people
2. There is a relationship between work and exclusive breastfeeding for mothers of babies (0-6 months) in the Tana Lia District Health Center Working Area because the Pvalue is > 0.05 .
3. There is a socio-cultural relationship to exclusive breastfeeding for mothers of babies (0-6 months) in the Tana Lia Health Center Working Area, Tana Lia District, Pvalue > 0.05 .
4. There is a relationship between family support for giving exclusive breastfeeding to mothers of babies (0-6 months) in the Tana Lia Community Health Center Working Area, Tana Lia District, Pvalue > 0.05 .

This research can be an alternative discussion and reference that can be carried out by midwives in providing health education

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