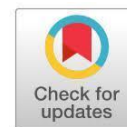


The relationship of health workers and family support to adequacy of breast milk in mothers who have LBW in perinatal room



Munica Rita Hernayanti¹, Yuliasti Eka Purnamaniingrum², Maranata³

¹Departement of Midwifery, Poltekkes Kemenkes Yogyakarta, Yogyakarta, Indonesia,
municaadriana@gmail.com

²Departement of Midwifery, Poltekkes Kemenkes Yogyakarta, Yogyakarta, Indonesia,
yuliasti.eka.purnamaniingrum@gmail.com

³Departement of Family Medicine, Poltekkes Kemenkes Yogyakarta, Yogyakarta, Indonesia,
maranataima@gmail.com

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ABSTRACT

LBW is the most common cause of infant death. Breastfeeding is one treatments for LBW. This study aims to determine the support of health workers and family support to adequacy of breast milk in mothers who have LBW in perinatal room. This study is a quantitative analytic study with a cross-sectional design. The sampling technique used is an accidental sampling with total 97 subjects. Results of this study stated significant relationship between the support of health workers and the adequacy of breast milk who have LBW ($p= 0.032$; OR= 2.874) and significant relationship between the support of family and the adequacy of breast milk who have LBW ($p= 0.042$; OR= 2.810). Based on the results can be used to formulated Sandard Operating Procedure for mentoring health workers and families for mothers who have LBW in the perinatal room of the DIY regional hospital and can also formulate leaflets as guidance mentoring to mothers.

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Corresponding Author:

Munica Rita Hernayanti

Departement of Midwifery Poltekkes Kemenkes Yogyakarta

MJ III/304, Jl. Mangkuyudan, Mantrijeron, Kec. Mantrijeron, Kota Yogyakarta, Daerah Istimewa Yogyakarta
55143

email: municaadriana@gmail.com

INTRODUCTION

Low birth weight (LBW) is a condition wherein the baby is born weighing <2,500g. LBW can increase the risk of congenital abnormalities, infant mortality, children and teenagers poor growth^[1]. The 2017 Daerah Istimewa Yogyakarta (DIY) health profile showed that the number of infant deaths has increased. In 2016 there were 278 cases, and in 2017 there were 313 cases. The most common causes of infant and neonatal death are LBW and sepsis. The prevalence of LBW in DIY in 2016 was 5.20%^[2].

Handling LBW is needed to minimize death or obstruction of the baby's physical and mental development. Breastfeeding is an essential component in providing optimal health for healthy and sick babies, especially for sick newborns^[3]. Providing adequate nutrition through breast milk will increase the baby's weight^[4].

Almost 80% of babies get mixed nutrition in the form of breast milk and formula milk. The mother provides mixed nutrition because it is not sufficient to meet the baby's nutritional needs every day and many other factors so that the mother decides to provide



nutrients other than breast milk to the baby^[5]. Factors that can influence breastfeeding success include mothers, husbands, families, health workers and facilities, the community, policies at various levels of government related to breastfeeding, and policies that support breastfeeding mothers in the workplace^[6].

Research on mothers have babies under two years old, the enabling factors that influence breastfeeding, is information on lactation, the baby's health condition, and the reinforcing factors of breastfeeding, namely husband and family support^[6]. Research on mothers who have LBW babies states a relationship between social support and mother's motivation in giving breast milk to LBW. Social support is the support provided by husbands, family, friends, and health workers^[7].

This study aims to determine the support of health workers and family support to the adequacy of breast milk in mothers who have LBW in the perinatal room. This study's results are expected to be input for the realization of Standard Operating Procedures (SOP) and assistance leaflets for mothers who have LBW.

METHOD

This study is a quantitative analytic study with a cross-sectional design. The study was conducted in 2017 at a DIY regional hospital. This study's population was mothers who had newborn babies, and the sample determined were mothers who have LBW. According to Lemeshow, the sample size was determined with a value of $P = 0.5$ and with a confidence level of 95% to obtain a sample of 97 subjects^[8]. The sampling technique used is an accidental sampling.

This study uses primary data to describe the support of health workers, family support, and breastfeeding adequacy. Breastfeeding adequacy is assessed by observing the mother's milk production conditions for the first 5 (five) days of the baby's life and recording the observations on milk production. The observation results concluded that breastfeeding is sufficient if the baby gets breast milk only from the mother without formula and breast milk donor.

Data analysis consists of univariate analysis and bivariate analysis (chi-square) using SPSS software. The univariate analysis includes the proportion of mother's age, mother's education status, socioeconomic class, support from health workers, family support, and breastfeeding adequacy. Bivariate analysis to see the relationship between health worker support and family support, with breastfeeding adequacy.

RESULTS

This respondents characteristics in this study indicate the majority of mothers with healthy reproductive age (20-35 years), secondary education and above, mostly housewives, most mothers are in the low socioeconomic class category and have sufficient breast milk for their babies. The results of the chi-square test of the relationship between support from health workers and families with breastfeeding adequacy in mothers who have LBW can be seen in the following table:

Table 1. Analysis relationship health workers support with the adequacy of breast milk who have LBW in perinatal room Daerah Istimewa Yogyakarta 2017

| Support | Adequacy of breast milk | | | | Total | % | χ^2 | <i>p value</i> | OR |
|------------|-------------------------|------|------|------|-------|-----|----------|----------------|-------|
| | Adequate | | No | | | | | | |
| | Freq | % | Freq | % | | | | | |
| Yes | 38 | 84.4 | 7 | 15.6 | 45 | 100 | 4.581 | 0.032* | 2.874 |
| No Support | 34 | 65.4 | 18 | 13.4 | 52 | 100 | | | |

Based on table 1, can be seen that the p -value < 0.05 , which can be concluded that there is a significant relationship between the support of health workers and the adequacy of breastfeeding in mother who have LBW. The OR value of 2,874 means that mothers

who receive support from health workers are 2,874 times more likely to have sufficient breast milk than mothers who do not receive support from health workers.

Tabel 2. Analysis relationship family support with the adequacy of breast milk who have LBW in perinatal room Daerah Istimewa Yogyakarta 2017

| Support | Adequacy of breast milk | | | | Total | % | χ^2 | p value | OR |
|------------|-------------------------|------|------|------|-------|-----|----------|---------|-------|
| | Adequate | | No | | | | | | |
| | Freq | % | Freq | % | | | | | |
| Yes | 41 | 83.7 | 8 | 16.3 | 49 | 100 | 4.619 | 0.042* | 2.810 |
| No Support | 31 | 64.6 | 17 | 35.4 | 48 | 100 | | | |

Based on table 2, can be seen that the p-value <0.05, which can be concluded that there is a significant relationship between the support of family and the adequacy of breast milk who have LBW. The OR value of 2,810 means that mothers who receive support from their families are 2,810 times more likely to have sufficient breast milk than mothers who do not receive family support.

DISCUSSION

Health Workers Support

The results of this study stated that there was a significant relationship between the support of health workers and the adequacy of breastfeeding in mothers who have LBW in the perinatal room of the DIY area hospital. Similar research conducted at the Gatot Soebroto Army Center hospital with the subject of mothers who have LBW stated that there is a significant relationship between the support of health workers and mothers' motivation to give breast milk to LBW. Support from health workers makes mothers feel more cared for so that their self-confidence increases^[7].

Another similar study conducted in North Tapanuli stated a relationship between the role of health workers and exclusive breastfeeding^[9]. Another study in Medan also stated that there was a significant relationship between the support of health workers and the success of exclusive breastfeeding^[10].

The support of health workers for breastfeeding mothers is a form of the response given by health workers to breastfeeding mothers. Support can be in the form of providing health information during breastfeeding, providing guidance in dealing with problems during breastfeeding, providing good service, conducting home visits to monitor breastfeeding implementation, facilitating the needs of mothers during breastfeeding, providing information about exclusive breastfeeding, and increasing mother's confidence to provide breast milk^[11].

Health care professionals can be a supporting factor for mothers in breastfeeding. Support provided by health workers can be in the form of advice to mothers. Support from health personnel also determines the sustainability of mothers in breastfeeding^[10].

The role of health workers related to breastfeeding is crucial not only for babies but also for mothers. Health workers can provide health promotion through health education. Health education can be filled by informing mothers to provide exclusive breastfeeding to their babies by explaining the benefits and components of breast milk compared to formula milk and not facilitating newborns with formula milk. Breastfeeding is also explained to help the economy, save costs, increase work productivity, and improve the health of mothers and babies^[9].

Health workers are responsible for infant nutrition and health care. Health workers have a unique position in that they can influence maternal health services, both before and after pregnancy and delivery. Health worker support for breastfeeding can be counseling on exclusive breastfeeding, teaching proper and correct breastfeeding techniques, providing assistance during the breastfeeding process, and conducting home visits^[12].

Perceptions of health workers are critical because they can influence the perceptions of mothers in making decisions. Mothers with depressive symptoms who receive breastfeeding support from doctors, nurses/consultants are less likely to stop breastfeeding their babies up to 12 weeks after delivery^[13].

Family Support

This study states a significant relationship between family supports for breastfeeding adequacy in mothers who have LBW in the perinatal room of the hospital in DIY. Similar research was carried out at the Gatot Soebroto Army Center hospital. The mothers who had LBW stated a significant relationship between family support and mothers' motivation to give breast milk to LBW. Family support makes the mother feel more cared for so that her self-confidence increases^[7].

Studies in mothers with infants aged 0-6 months have similarly stated that family support is associated with breastfeeding^[14]. Another similar study conducted in Blitar District in rural areas indicated that the husband's support is statistically related to exclusive breastfeeding [15]. Research with the subject of mothers aged <20 years also stated that there is a relationship between husband support and exclusive breastfeeding^[16].

The family is the smallest unit of society. The family includes the husband, parents, parents-in-law, or siblings. Family support can be in the form of appreciation or praise, which expresses a positive assessment of fellow family members. Family support can encourage feelings and ideas that are considered good to the mother. Family support can affect the mother's attitude and behavior; the mother will be motivated to give breast milk to the baby due to belief, self-confidence, enthusiasm, and intention in the mother^[14].

Support is verbal or non-verbal information or advice, real help, or action given by the intimacy obtained because the family's presence has a benefit in influencing emotionally. Breastfeeding mothers who are cared for and given attention, advice, assistance, or pleasant impressions by the family will raise awareness and mothers' desire to provide more breast milk^[14].

Family support for breastfeeding mothers is support to motivate mothers to only give breast milk to their babies until the age of 6 months, including providing psychological support to mothers and preparing balanced nutrition for mother consumption. Husbands and families can play an active role in breastfeeding by providing emotional support or other practical assistance^[17].

Mothers who get informational support from their families in the form of breastfeeding information are encouraged to breastfeed their babies compared to never getting information or support from their families. The role of the family is vital for the success of breastfeeding. Mothers who have received advice about breastfeeding from their families can influence their attitudes when they have to breastfeed themselves^[17].

Family instrumental support for breastfeeding mothers, especially parents and in-laws, can be in the form of cooking foods that can facilitate breastfeeding, such as vegetables and making jamu gepyok. The factor of social kinship or mutual cooperation, where the influence of other people/families, especially older people, in caring for babies is very strong^[17].

CONCLUSION

Based on the results of this study, it can be concluded that there is a relationship between the support of health workers and families with the adequacy of breast milk for mothers who have LBW babies in the perinatal room of the DIY area hospital. This study's results can be used to formulate Standard Operating Procedures (SOP) for mentoring health workers and families for mothers who have LBW in the perinatal room of the DIY regional hospital and can also formulate leaflets as guidance mentoring to mothers.

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