
THE RELATIONSHIP OF KNOWLEDGE AND FAMILY SUPPORT TO MOTHERS WITH EXCLUSIVE BREAST FEEDING AT THE PAMATANG SILIMAHUTA HEALTH CENTER SIMALUNGUN DISTRICT

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Abstract

Based on the 2013 Basic Health Research (Riskesdas) data, it shows that breastfeeding in Indonesia is currently still a cause for concern, only 53.4%. Data from health professionals achieving exclusive breastfeeding at Pamatang Silimahuta Health Center in 2016 was 64%. To find out the relationship between Knowledge and Family Support for Mothers with Exclusive Breastfeeding at the Pamatang Silimahuta Health Center in 2017. The research method used this type of analytic survey research with a cross-sectional approach to 75 breastfeeding mothers who had babies aged 7-24 months in the Pamatang Silimahuta Health Center area. The sampling technique uses the Notoatmodjo formula (2005). Data analysis used the chi square test. The results showed that $p=0.063$ and $p=0.098$ ($\alpha=0.05$) were obtained so that H_a was rejected and H_o was accepted.

Keywords: Knowledge, Family Support and Exclusive Breastfeeding

INTRODUCTION

Mother's Milk (ASI) is the best food for babies, because the nutritional content is very special and perfect and according to the needs of the baby's growth and development. Breast milk is easy to digest, because apart from containing the appropriate nutrients, it also contains enzymes to digest the nutrients contained in the breast milk. Breast milk contains high-quality nutrients that are useful for the growth and development of the intelligence of infants or children (Maryunani, 2012). Exclusive breastfeeding is giving only breast milk to babies aged 0-6 months without being given additional food or drinks other than drugs for therapy (disease treatment) (Maryunani, 2012).

Breastfeeding is very beneficial, but breastfeeding has not been fully implemented. It is estimated that 8596 mothers in the world do not provide optimal breastfeeding. Based on the results of a study by the United Nation Child's Fun (UNICEF) from 2005 to 2011, it was found that 32% of Indonesian babies received exclusive breastfeeding for the first 6 months and 50% of children were given exclusive breastfeeding until the age of 23 months. However, this percentage is still low when compared to other developing countries such as Bangladesh where 43% of children are exclusively breastfed for 6 months and 91% of children are breastfed until the age of 23 months (UNICEF, 2011).

Based on the 2013 Basic Health Research (Kiskesdas) data, breastfeeding in Indonesia is currently still a cause for concern. The percentage of babies who were exclusively breastfed in Indonesia in 2013 was only 53.4%, while the national exclusive breastfeeding target in 2013 was 75%. The percentage of babies who are exclusively breastfed for up to 6 months in Central Java is 58.4%, with these data showing that Central Java is better than the percentage of exclusive breastfeeding nationally. This shows that national exclusive breastfeeding has not reached the set target (Riskesdas, 2013). The low

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coverage of exclusive breastfeeding is caused by several factors, including predisposing factors (facilitating factors) such as age, mother's knowledge, education level, parity, and occupation,

Family support is very influential in exclusive breastfeeding. One of them is social support from other people that can affect the continuity of breastfeeding so that the mother can feel comfortable physically and psychologically. These other people consist of spouses (husbands), parents, siblings, children, relatives, friends, colleagues, medical staff, and members of community groups (Astutik, 2014). Breastfeeding mothers need support and assistance, both when starting and continuing breastfeeding for up to 2 years, namely support from the family, especially husbands and health workers (Proverawati and Rahmawati, 2010).

The achievement of exclusive breastfeeding at the Pamatang Silimahuta Health Center in 2016 was 70 people out of 218 or 64% of the target of 109 people, and from January to May 2017 there were 21 people out of 95 babies aged 6 months or as many as 4596 of the target of 47 people (Profile Puskesmas, 2016). From the results of interviews conducted by researchers on 10 mothers who had babies 7-24 months at posyandu activities and home visits, there were 4 mothers who gave exclusive breastfeeding, 2 of them received family support and 6 mothers who did not give exclusive breastfeeding, 4 Some of them do not get family support. This shows that there is a relationship between family support and exclusive breastfeeding.

Formulation of the problem

What is the Relationship between Knowledge and Family Support for Mothers with Exclusive Breastfeeding at the Pamatang Silimahuta Health Center in 2017?

METHODS

Types of research

The type of research used is analytic survey research, which is research that explores how and why health phenomena occur which focuses on correlation analysis, namely studying the relationship between the independent variables and the dependent variable, namely wanting to see the relationship between knowledge and family support for mothers with exclusive breastfeeding in Pamatang Silimakuta Health Center, Simalungun Regency, 2017.

Time and Place of Research

The time of this research was conducted in August 2017. Place of Research This research was conducted at the Pamatang Silimahuta Health Center, Pamatang Silimahuta District, Simalungun Regency in 2017.

Data analysis

Univariate analysis

Verbal univariate analysis was carried out to get an overview of each independent and dependent variable. The data will be presented in the form of a frequency distribution.

- 1) Knowledge
 - Not enough : knowledge score 50%,
 - Good : knowledge score 50%
- 2) Family support
 - Does not support : Question score 50%

Support : Question score 50%

Bivariate Analysis

Bivariate analysis is to determine whether there is a relationship between the independent variables (categorical) and the independent variables (categorical) by using the Kai Square Test or Chi Sgudrs. : Chi result is: Vans decision is taken from Square Chi result.

RESULTS AND DISCUSSION

The Relationship between Mother's Knowledge and Exclusive Breastfeeding

The results of the statistical test obtained a p-value of 0.063, so it can be concluded that statistically there is no relationship between mother's knowledge of exclusive breastfeeding at the Pamatang Silimahuta Health Center in 2017. Knowledge is the result of knowing, and this occurs after people sense a certain object. Sensing occurs through the five human senses, namely the senses of sight, hearing, smell, taste and touch. Most of human knowledge is obtained through: eyes and ears (Notoadmodjo, 2007). Mother's knowledge is defined as the mother's ability to answer questions about exclusive breastfeeding, and is categorized into 2 (two), namely good (correct) and poor (50% correct). Based on the results of the study showed that the majority of respondents 45 people (60%) with good knowledge and 30 respondents (40%) with less knowledge. Respondents with good knowledge mostly did not give exclusive breastfeeding, namely as many as 31 people (68.9%). However, there were also respondents who had less knowledge who gave exclusive breastfeeding, namely 3 people.

CLOSING

Conclusion

The frequency distribution of respondents with good knowledge is 45 people (60%) while respondents with less knowledge are 30 people (40%). The frequency distribution of respondents with family support was 33 respondents (44%) while respondents without family support were 42 respondents (56%). The frequency distribution of respondents with the act of giving exclusive breastfeeding was 17 respondents (22.7%) while not doing exclusive breastfeeding as many as 58 respondents (77.3%) There was no relationship between mother's knowledge of exclusive breastfeeding at the Pamatang Silimahuta Health Center, Simalungun Regency in 2017 (pvalue 0.063) There is no relationship between family support and exclusive breastfeeding at the Pamatang Silimahuta Health Center, Simalungun Regency in 2017 (pvalue 0.098).

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