Relationship of Knowledge and Father Support with Exclusive Breastfeeding in Puskesmas Pekan Labuhan Medan

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Abstract

: Exclusive breastfeeding aims to fulfill the infant's nutritional needs for optimal growth and development. The purpose of this study was to determine the relationship of knowledge and support of father in exclusive breastfeeding. This research was conducted in Puskesmas Pekan Labuhan working area. The research design is cross-sectional study. The sample of this study as many as 50 respondents is father who has infants aged 6-11 months obtained by using purposive sampling technique. The research instrument used was a questionnaire consisting of father's knowledge questionnaire, father support and exclusive breastfeeding. The results showed that there was a significant relationship between knowledge of the father and exclusive breastfeeding (p <0.05), and there was no significant relationship between father support and exclusive breastfeeding. Most fathers (54%) had sufficient knowledge about exclusive breastfeeding and knowledge had a significant association with exclusive breastfeeding (p <0.05). Likewise, good father support is expected to contribute to exclusive breastfeeding.

1 INTRODUCTION

Golden period can be realized if in infancy given appropriate nutrition for optimal growth and development. The WHO recommendation is to provide exclusive breastfeeding until the infant is 6 months old. Exclusive breastfeeding can provide nutrients with the best quality and quantity for babies. Breastfeeding also improves baby's health, baby's intelligence and improves the connection of mother's attachment with the baby (UNICEF, 2013). Exclusive breastfeeding can also prevent infant deaths caused by various diseases such as diarrhea and respiratory infections that are the leading cause of infant death in Indonesia (Roesli, 2008). Exclusive breastfeeding is also included in the specific intervention in activities or actions to succeed the first 1,000 days of life, which prioritizes the improvement of the nutrition of Indonesian society (Kemenkes RI, 2009) (Kemenkes RI, 2013).

Based on data from the Health Profile of the Republic of Indonesia for 3 consecutive years namely the year 2012, 2013 and 2014 that the achievement of Exclusive breastfeeding in Indonesia has increased and decreased. Exclusive breastfeeding performance in Indonesia in 2012 was at 48.62%, then increased in

2013 (54.3%). While in 2014, exclusive breastfeeding in Indonesia decreased to 52,3% (Kemenkes RI, 2013) (Kemenkes RI, 2015).

There are many factors related to the increase and decrease of breastfeeding in Indonesia, including socio-cultural change, psychological factors (in determining decisions or attitudes of mothers influenced by knowledge, family support and health personnel. The role of the family, especially the father in the success of breastfeeding is very large, because with the direct participation of the father in breastfeeding can provide a comfortable feeling of mother and baby. Mother feel themselves supported, loved, and cared for, generates positive energy that will affect the production of oxytocin hormone to increase milk production (Sunardi, 2008).

Decision to give exclusive breastfeeding is not only determined by the mother. Most pregnant women and nursing mothers who have been informed about breastfeeding do not practice the knowledge they get because they are not the primary decision makers in the family. So, it still takes the husband's decision in exclusive breastfeeding (Widodo, 2001).

Father's support is the most meaningful support for mother. The father's active role in the success of exclusive breastfeeding will contribute of milk let

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down reflex which is greatly influenced by emotional support and practical help (Roesli, 2000). Based on (Wulandari's, 2009) study, the role of father has a significant relationship to adherence in exclusive breastfeeding as well as support of health personnel and social support around the mother. Other studies have also shown that the role of fathers influences maternal factors in the selection of feeding types such exclusively breastfeeding or exclusive breastfeeding (Nickerson, 2010). A form of support that can be provided include attention, opportunity, atmosphere that supports creation of an breastfeeding, optimal nutrition for pregnant and lactating women.

Achievement of Exclusive Breastfeeding Program in Medan City in 2015 amounted to 40.1% while the national target of 80%. While the achievement of Exclusive ASI at Puskesmas Pekan Labuhan Medan City equal to 41,1% (Profile of Health Office of Medan City, 2016), it is seen that of 141 babies born there are 58 infants (41.1%) who get Exclusive Breastfeeding. Based on the preliminary survey, it was found that there were 5 mothers (50%) who gave exclusive breastfeeding for infants aged 0-6 months from 10 breastfeeding mothers and also received support from their husbands in taking care of their babies. Also, mother and father who have a baby know that breast milk is the best food baby until the age of 6 months. The association between father's knowledge and support in exclusive breastfeeding needs to be examined an attempt to increase the achievement of Exclusive Breastfeeding coverage.

2 METHODS

This research design is descriptive research with cross sectional approach that is research to study correlation / correlation between independent variable of research that is knowledge and support of father with dependent variable of research that is exclusive breast feeding at one time. The population in this study were husbands / fathers who had infants aged 6-11 months, considering population still remembering Exclusive breastfeeding to giving to their babies, which amounted to 50 people. The sample in this study is the total population of 50 people.

Primary data were obtained through interviews that included father's knowledge and support in exclusive breastfeeding, as well as father characteristics that included age, education, occupation, income. While secondary data include data of families who have infants aged 6-11 months.

Bivariate analysis was used to see the relationship between independent and dependent variables by using Chi-square test.

3 RESULTS AND DISCUSSION

3.1 Characteristics of Father

Based on the result of research known fathers' characteristics data consist of age, education, income, and occupation. Most fathers are 20-30 years, educated high school, and as a laborer. Data of father's characteristics can be seen in the following table:

Table 1. Distribution of Frequency of Fathers by Characteristics (Age, Education, Income, and Occupation)

Characteristics	n = 50	%		
Age				
20-30 years	25	50,0		
31-40 years	21	42,0		
41-50 years	LIC4.A	8,0		
Education				
SD	4	8,0		
SMP	9	18,0		
SMA	35	70,0		
Perguruan Tinggi	2	4,0		
Income				
Rp. 500.000- Rp.1.500.000	10	20,0		
Rp. >1.500.000- Rp.2.000.000	27	54,0		

Table 1. Distribution of Frequency of Fathers by Characteristics (Age, Education, Income, and Occupation)(Cont.)

Characteristics	n = 50	%
Rp. >2.000.000	13	26,0
Occupation		
Governments employees	1	2,0
Private employees	3	6,0
Laborers	16	32,0
Fishermen	12	24,0
Entrepeneur	14	28,0
Others	4	8,0

3.2 Exclusive Breastfeeding

Based on the results of research known that there are 70% of respondents who give exclusive breastfeeding to the infant. This is known through the question about food / drink is given shortly after the baby is born and at what age the baby is given complementary feeding.

3.3 Father's Knowledge

Based on the results of the study, knowledge of father's knowledge about breastfeeding has a sufficient level of knowledge of breast milk. Father's education reflects that more educated fathers will be more intensively seeking information on health-related and knowledge-related benefits of breastfeeding that are known to affect exclusive breastfeeding practices. Father's work also related to the father's working hours is indicated as a barrier to involvement in prenatal consultations resulting in low opportunities to learn and increase their knowledge of breastfeeding (Destriatania, 2010; Kepmenkes RI, 2004).

Table 2. Distribution of Frequency of Father Knowledge in Exclusive Breastfeeding

Knowledge	n=50	%
Good	22	44,0
Sufficient	27	54,0
Less	1	2,0

A father who has knowledge of breast milk and breastfeeding management before having a baby is a step toward exclusive breastfeeding success. The higher the education level of the father it will be highly correlated with the level of knowledge of the father (Juherman, 2008).

Additionally, there are fathers who have less knowledge about breastfeeding. This is allegedly because there are still fathers who have never heard or read breastfeeding information and have limited access to breastfeeding information. One of the obstacles in increasing exclusive breastfeeding is the lack of knowledge about breastfeeding in the family.

Table 3. Relationship of Knowledge of Fathers with Exclusive Breastfeeding

.00	34	Exclusive Breastfeeding)) 2
Kno wle dge	ľ	No		Yes			p valu e
	f	%	f	%	Σ	%	
Goo d	3	6,0	19	38, 0	22	44, 0	
Suff icie nt	11	22,	16	32, 0	27	54, 0	0,03 6
Less	1	2,0	0	0	1	2,0	

Statistically obtained that p value 0,036 (p <0,05) which mean there is a significant relationship

between father's knowledge with exclusive breastfeeding. The higher level of knowledge of mother and father about breastfeeding will improve the success of exclusive breastfeeding. Fathers and mothers who learn breastfeeding and breastfeeding management are one step towards achieving success in exclusive breastfeeding (Roesli, 2000).

The results showed that many fathers know that breast milk is the best food for babies. In addition, the father also knows that colostrum should be given to the baby, because in colostrum contains immune substances for babies. This shows that the father already has a good knowledge of colostrum. Colostrum is also called "golden liquid" that is breast milk that comes from the first day until day 4 or 7, rich in anti-infective and high protein. Colostrum contains living cells that resemble white blood cells that can kill germs, so it should be given to the baby (Roesli, 2000).

The distribution of father's knowledge of exclusive breastfeeding can be seen in the following table.

3.4 Father's Support

Father's support is an emotional and psychological activity given to nursing mothers. This is related to thoughts, feelings, and senses that can facilitate the production of breast milk. Fathers can play an active role in exclusive breastfeeding success by providing emotional support and practical help.

Table 4. Distribution of Frequency of Father Support in Exclusive Breastfeeding

Support	n = 50	%
Good	5	10,0
Sufficient	34	68,0
Less	11	22,0

Based on the results of the study is known most of the father has sufficient support in breastfeeding. However, there are 22% less supportive fathers in breastfeeding. Of all the support for nursing mothers, father support is most meaningful to mom. Father has a very decisive role in the success of breastfeeding because father helped determine the smoothness of

the reflex of milk let down reflex which is strongly influenced by emotions or mother's feelings (Roesli,2000).

Studies in Jakarta show that the father will provide support to the mother to breastfeed if the father has a good knowledge about breastfeeding and has a good relationship with the mother-baby (Februhartanty, 2008). Efforts that fathers can make during breastfeeding are burping the baby after feeding, changing diapers, massaging babies, bathing babies, rocking babies, singing or telling stories for babies, and playing with babies. Playing is usually the first thing a mother asks for a father to do. Often babies quickly recognize the father as a playmate and mother as a caregiver because the father spends a lot of time playing (Riordan, 2005).

Table 5. Relationships Father's Support with Exclusive Breastfeeding

	Exclusive Breastfeeding						
Support	1	No	Yes				p val ue
	f	%	f	%	To tal	%	
Good	0	0	5	10	5	10	
Sufficie nt	12	24	22	44	34	68	0,2 68
Less	3	6	8	16	11	22	

Statistically obtained that p value 0,268 (p <0,05) meaning there is no significant relation between father support with Exclusive breastfeeding. This is not in line with research at Lalang Village Health Center that there is a significant relationship between husband support with Exclusive Breastfeeding at Lalang Village Community Health Center in Medan (Sitopu, 2015). In addition, in other studies also obtained the result that there is a husband support relationship with the mother's willingness to provide Exclusive Breast Milk (p = 0.001 <0.05) (Abidjulu et al, 2014)

Different results in this study are possible because the father works for 4-10 hours outside the home, so when at home the father does not have the opportunity to accompany the mother in exclusive breastfeeding. Today there are still many fathers who argue that breastfeeding is a matter of mother and baby. Father thinks enough to be a passive observer. This can be seen in the results of research that there are 22% of fathers think that the father only works and take care of the baby is the mother's job (Roesli, 2000).

The results of research indicate that the practice of exclusive breastfeeding is not significantly related to the role of the father in breastfeeding (p = 0.235 and r = 0.156). This indicates whether or not the role of the father in breastfeeding is not related to success in exclusive breastfeeding (Juherman, 2008). Other research in Bogor City is known to be the most discussed before the decision of exclusive breastfeeding, but in reality, when decision making father played very small and many done by mother. Decision making dominated by mothers is suspected because there is still a stereotype that breastfeeding is a mother's business, so Mother is a major party in decision making breastfeeding (Abdullah, 2002).

4 **CONCLUSIONS**

Based on the results of this study, it can be concluded that:

Most fathers (54%) had sufficient knowledge about exclusive breastfeeding and knowledge had a significant association with exclusive breastfeeding (p <0.05). Likewise, father support is expected to contribute to exclusive breastfeeding.

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