



Relationship between Family Social Support and Exclusive Breastfeeding Behavior at Talise Health Center, Indonesia

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Abstract

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BACKGROUND: The failure of exclusive breastfeeding has a big impact on the health of a child. Family social support is a factor that plays a major role in the behavior of exclusive breastfeeding.

AIM: This study aimed to determine the relationship between social-informational support, emotional, instrumental, and family assessment support on exclusive breastfeeding behavior at Talise Health Center, Palu City.

MATERIALS AND METHODS: The research method was quantitative, with a cross-sectional study design. The population was 70 mothers who have babies aged 7–24 months and live in the Talise Health Center working area. The sampling technique was total sampling. Data analysis was the chi square test with a significance level of $p < 0.05$ using SPSS.

RESULTS: Univariate analysis showed that the dominant age of the mother was 29–37 years (75.7%), bachelor degree education level (85.7%), multiparous parity status (68.6%), and exclusive breastfeeding status (68.6%). The results showed that there was a significant relationship between social-information support ($p = 0.042$), instrumental ($p = 0.013$), emotional ($p = 0.038$), and assessment ($p = 0.020$) on the behavior of exclusive breastfeeding.

CONCLUSION: Lack of social support from the family, including informational, instrumental, emotional, and assessment, would hinder exclusive breastfeeding behavior and impact on the failure of exclusive breastfeeding.

Introduction

Giving exclusive breastfeeding to babies is the most effective way to prevent infant mortality [1]. Optimal breastfeeding until the baby is 2 years old can prevent more than 800,000 deaths in infants and toddlers in developing countries [2]. For babies, breastfeeding has an important role to support the growth, health, and survival of the baby because breast milk is rich in nutrients and antibodies.

However, the practice of exclusive breastfeeding in Indonesia is low. The results of Riskesdas Indonesia 2018 showed that the exclusive breastfeeding practices in Indonesia were still around 37.3%, very far from the Minimum Achievement Standards that the government had set, which was 80% [3]. Exclusive breastfeeding is the best nutrient for babies under 6 months of age. Various research results show the benefits of exclusive breastfeeding, including the research results by Sankar *et al.* [4], which showed that exclusive breastfeeding could reduce the risk of death by up to 14 times.

The failure of exclusive breastfeeding can be caused by several factors. Factors related to exclusive breastfeeding are predisposing factors (individual knowledge, attitudes, beliefs, traditions, and social

norms), enabling factors (availability of health-care facilities), and reinforcing factors (attitudes and behavior of health workers) [5]. The factors that cause babies not to receive exclusive breastfeeding in Indonesia include the lack of support from various parties [6]. To achieve exclusive breastfeeding for 6 months, motivation from the family is needed to support the success of breastfeeding. Families make a big contribution to the desire of mothers to breastfeed their babies.

The success of exclusive breastfeeding is closely related to social support from the family. The family is the closest community that can influence the mother in her actions. Research result showed a relationship between the success of exclusive breastfeeding and family social support with value ($p = 0.000$) [7]. Forms of support that families can provide include informational support (providing the information), instrumental support (availability of facilities and funds), emotional support (empathy, love, trust, and motivation), and appraisal support (appreciation for the efforts of the mother). The practices of exclusive breastfeeding in Palu City in 2018 were still very far from the target of 80%, which were only 59.9% [8]. Data from the Palu City Health Office in 2018 show that exclusive breastfeeding practices were deficient at Talise Health Center, even <50%, which was 48.2%.

This study focuses on social support from families and this study aimed to determine the relationship between family social support in informational, instrumental, emotional, and assessment supports for exclusive breastfeeding at Talise Public Health Center, Palu City.

Materials and Methods

Research design

The research method was quantitative with a cross-sectional design. The research was conducted to find the relationship between the independent and dependent variables. The dependent variable was exclusive breastfeeding. The independent variable was social-informational support, instrumental-social support, emotional-social support, and assessment social support. The study population was 70 mothers who had babies aged 7–24 months registered in 2019 in the Talise Health Center Work Area, Palu City. The sampling technique used total sampling.

Data collection

This study collected data on respondent characteristics, including maternal age, maternal education, parity status, and exclusive breastfeeding status. The independent variable data were social-informational support, instrumental-social support, emotional-social support, and assessment social support. Data were collected using a validated questionnaire.

Data analysis techniques to determine the relationship between variables were using the Chi-square test with SPSS software's assists. Univariate analysis was carried out to see the frequency distribution of respondent characteristics. A bivariate analysis was carried out to see the relationship between the dependent and independent variables. Data analysis was the chi square test with a significance level of $p < 0.05$ using SPSS.

Results

Table 1 shows the respondents' characteristics, including age, education, parity status, exclusive breastfeeding status, family social support in the form of informational, instrumental, emotional, and assessment. From Table 1, it can be seen that the dominant mother was 29–37 years old (75.7%). The bachelor degree education level was dominance for

maternal education, about 67 people (85.7%). For parity status, the dominant mother with multiparous status was 48 people (68.6%). For the status of exclusive breastfeeding, it can be seen that there were 43 mothers (68.6%) who provide exclusive breastfeeding. Furthermore, there were 27 mothers (31.4%) who did not offer exclusive breastfeeding. Then, Table 1 also shows that 12 mothers (17.2%) obtained low social-informational support from the family. About 18 mothers (25.7%) also received low-social instrumental support from the family. There were 33 mothers (47.1%) with not sufficient social-emotional support from the family, and 29 mothers (41.4%) found inadequate assessments of social support from the family.

Table 1: Univariate analysis

Variable	n (70 respondents)	%
Age		
20–28	11	15.7
29–37	53	75.7
38–46	5	7.1
47–55	1	1.4
Education		
Senior high school	3	4.3
Bachelor	67	85.7
Parity status		
Primipara	22	31.4
Multipara	48	68.6
Exclusive breastfeeding status		
Yes	43	68.6
No	27	31.4
Informational-social support		
Low	12	17.2
Good	58	82.8
Instrumental-social support		
Low	18	25.7
Good	52	74.3
Emotional-social support		
Low	33	47.1
Good	37	52.9
Social support assessment		
Low	29	41.4
Good	41	58.6

Table 2 shows that the variables that have a significant relationship with exclusive breastfeeding are informational social support ($p = 0.042$), instrumental social support ($p = 0.013$), emotional social support ($p = 0.038$), and social support assessment ($p = 0.020$).

Table 2: Bivariate analysis

Variable	Exclusive breastfeeding				n (70 respondents)	p
	No		Yes			
	n	%	n	%		
Informational-social support						
Low	11	91.7	1	8.3	12	0.042
Good	32	55.2	26	44.8	58	
Instrumental-social support						
Low	16	88.9	2	11.1	18	0.013
Good	27	51.9	25	48.1	52	
Emotional-social support						
Low	25	75.8	8	24.2	33	0.038
Good	18	48.6	19	51.4	37	
Social support assessment						
Low	23	79.3	6	20.7	29	0.020
Good	20	48.8	21	51.2	41	

Discussion

Exclusive breastfeeding is still a big problem that contributes to the increase in the Infant mortality rate. Various research results show the

risk of death in infants who do not receive exclusive breastfeeding. Exclusive breastfeeding also affects the level of intelligence of a child. The research states that the IQ score of children who get exclusive breastfeeding is higher than those who do not get an average difference, 3.44 points [9]. Other research shows that from the aspect of cognitive function of children, offering exclusive breastfeeding gives better results than those who do not receive exclusive breastfeeding [10], [11].

Family social support is a significant factor in the success of exclusive breastfeeding [12], considering that a mother who has just given birth naturally decreases physical and psychological abilities. The results showed that mothers supported by their husbands (AOR 2.67: 1.04, 6.95) were more likely to practice exclusive breastfeeding [13]. The research result in Gondar City, North Ethiopia, showed that mothers who had social support (AOR = 3.45) were positively associated with exclusive breastfeeding [14]. Likewise, research by Thepha *et al.*, 2018, in Thailand, through qualitative methods, showed that some mothers stated that their family helped them care for the baby and gave the advice to support them in providing exclusive breastfeeding [15]. Family support is an external factor that has the greatest influence on self-confidence in exclusive breastfeeding [16]. The availability of family support, especially husbands, will have an impact on increasing the self-confidence or motivation of the mother in breastfeeding [17].

At the beginning of giving birth, mothers have not issued a lot of breast milk and often get intervention from the family to provide other foods such as formula milk. Mother's helplessness is also caused by feeling bad for the family, resulting in decision-making being left to the family. Research studies showed that mothers who newly married for the 1st time feel obliged to follow their mother-in-law's advice. It was suggested to maintain good relationships and show respect in the household [18]. The family's role, especially the part of the husband, greatly influences exclusive breastfeeding. As in the research results by Tsegaye *et al.* (2019), the lack of support from husband and family was an obstacle to exclusive breastfeeding [19]. It is in line with research that shows that the absence of social support from the family, both husbands and parents, can hinder the success of exclusive breastfeeding behavior [20].

Informational-social support is social support that the family provides to the mother to support exclusive breastfeeding success. A study that provides father-focused antenatal breastfeeding interventions to fathers shows that fathers who provide education to mothers are better prepared to support mothers in exclusive breastfeeding [21].

Other research was also carried out by Bich *et al.* [22] by providing education to the father. The results showed that after 1 year of intervention, mothers in the intervention group were more likely to initiate breastfeeding early in the intervention and control groups 49.2% and 35.8%, respectively. A mother's knowledge regarding exclusive breastfeeding benefits can lead a mother to give exclusive breastfeeding to her child. Research results by Chinweuba *et al.* [23] show a relationship between maternal knowledge and the level of exclusive breastfeeding ($p = 0.016$). Other research shows that mothers who receive family support and husbands will provide more exclusive breastfeeding [24]

Instrumental-social support is assistance provided directly by families to support the success of exclusive breastfeeding by mothers. For example, mothers who get help from someone how to breastfeed properly and correctly will support the success of exclusive breastfeeding for babies [25]. On the other hand, mothers who do not get assistance from their families will undoubtedly find it difficult to succeed in exclusive breastfeeding.

Emotional-social support is a form of expression of empathy from the family for the mother to feel comfortable, at ease, and not stressed. The results showed that mothers who were depressed were 4 times more likely not to provide exclusive breastfeeding [26]. Other research shows that the success of exclusive breastfeeding is related to the source of the mother's emotional support (odds ratio = 1.87, $p = 0.039$) [13]. Another study shows that antenatal depression at 36 weeks' gestation was associated with delayed initiation. Postnatal depression was associated with a shorter duration of exclusive, complete, and breastfeeding ($p < 0.001$) [27]

Social support assessment in support from family to mothers may overcome problems that hinder exclusive breastfeeding success. The family is the closest figure to the mother. All obstacles in the breastfeeding process are expected to be overwhelmed by the family. For example, they give a good assessment to the mother so that the mother's confidence is built to breastfeed her baby. A study by Nnebe-Agumadu *et al.* [28] demonstrated that mothers who report that they value exclusive breastfeeding are twice as likely to be exclusive breastfeeding.

The implication of this research is that family support is very important for breastfeeding mothers to decide on exclusive breastfeeding or formula milk to their children. Therefore, education about exclusive breastfeeding is not only focused on breastfeeding mothers but can also be directed to other family members, especially mothers-in-law, mothers, grandmothers, and husbands.

Conclusion

Family social support is an essential factor that plays a role in the success of exclusive breastfeeding. There is a relationship between family social support in information, emotional, instrumental, and assessment with exclusive breastfeeding success. The family is the closest person who accompanies the mother in a tired condition after giving birth. Thus, the family's social support will undoubtedly play a significant role in exclusive breastfeeding success. The absence of social support from the family will be hinder exclusive breastfeeding.

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