

Research Article

Role of mother support group (KP-Ibu) on behavior of exclusive breastfeeding in work area primary health care (Puskesmas) of Ngoresan Surakarta

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ABSTRACT

Background: Mother's breastmilk (ASI) is the best food for babies. WHO recommended breastmilk for 6 months. Mother Support Group (KP-Ibu) is a program that has been established in the city of Surakarta to support IMD (Early Initiation of Breastfeeding) and exclusive breastfeeding. Puskesmas Ngoresan is one of the pilot projects for the implementation of the KP-Ibu in Surakarta. Currently known achievements of exclusive breastfeeding in the Puskesmas Ngoresan is 58%. The objective of the study was to identify the role of Mother Support Group (KP Ibu) on the behavior of exclusive breastfeeding in primary health Ngoresan of Surakarta.

Methods: The study design was cross-sectional quantitative approach. The experiment was conducted in Puskesmas Ngoresan of Surakarta at November-December 2014. Sampling was done by purposive sampling. Subjects were mothers who had attended KP Ibu with children aged 6-24 months some 42 people. Data was collected using a questionnaire. Bivariate analysis using the chi-square test and multivariate analysis using logistic regression.

Results: The Role of Support Group of mothers significantly affects the behavior of exclusive breastfeeding. KP Ibu who plays both have 12,85 times higher chance of the behavior of exclusive breastfeeding than women with Mother Support Group (KP Ibu) who did not play a role either. Possible contributions husband's support and social support so affects the behavior of exclusive breastfeeding.

Conclusions: The role of KP Ibu increased with the involvement of those closest around of the mother (husband, parents, family, co-workers and the public) to support the success of exclusive breastfeeding program.

Keywords: Exclusive breastfeeding, The role, Mother support group (KP Ibu)

INTRODUCTION

Breast milk is a complete food and specific, it contains all the nutrients needed by the newborn and provide a variety of immune factors for infant (Li et al, 2008). It contains nutrients needed by infants to achieve optimal growth and development. Although it is known the benefits of breastfeeding, but the numbers is still relatively low breastfeeding coverage. Data on Health

Profile Indonesia in 2012, it was found that the scope of exclusive breastfeeding in 2012 was 48,6%. Based on data obtained from the district health profile / town in Central Java in 2012 showed coverage of exclusive breastfeeding is only about 25,6%.

One step in the success of breastfeeding is to refer the mother to support groups after discharge from the health service. The existence of the group support for

breastfeeding mothers is an important factor that can support the success of mothers to breastfeed. Various benefits advanced by the mother in the presence of the support group, then the mother can communicate well, mutual trust, increase confidence and lack of respect from members of the group (Bevan and Brown, 2014). The existence of peer support on breastfeeding mothers can also increase the IMD, the duration of exclusive breastfeeding and maternal satisfaction with breastfeeding (Vari et al., 2000; Lawrence, 2000). Counseling is done by peer counselors more easily accepted by the public, will support more easily awakened when a peer group has the experience and the same environmental situation (Nankunda et al., 2006). Youens et al. (2014) stated that peer support may be one part in supporting and empowering mothers with their choice to breastfeed. Lakshmi (2011) says that women who participate in the meeting at mother support group more than 3 times more likely to be able to breastfeed exclusively. It is stated that the existence of a support group for breastfeeding could be one of the success factors for breast-feeding mothers.

The existence of mother support group is expected to be one of the strategies to improve the performance of exclusive breastfeeding and early breastfeeding initiation (IMD) in Surakarta. Therefore, since 2010 the government has developed a program Surakarta Mother Support Group (KP Ibu) as one way to improve the coverage of breastfeeding exclusively in Surakarta. Surakarta city has the highest coverage of exclusive breastfeeding in Central Java that is equal to 46,1%. This coverage includes quite high though but still far from the expected national target that is equal to 80%. Puskesmas Ngoreasan which became the initial pilot program KP Ibu by the Government of Surakarta. Although it is known that there KP Ibu running with regular and early implementation of activities when compared with KP Ibu in others Puskesmas, but to date note that the scope of exclusive breastfeeding in the Puskesmas Ngoreasan still about 58%.

This study aimed to analyze the effect of the role of KP Ibu to behavior of exclusive breastfeeding in Puskesmas Ngoreasan of Surakarta.

METHODS

This study was an observational study with cross-sectional study design (cross-sectional). This study uses a quantitative approach in the form of a questionnaire distributed in the form of a questionnaire. The research was conducted in Puskesmas Ngoreasan Surakarta in November-Desember 2014. Samples were taken based on the inclusion criteria with a mother who has children aged 6-24 months, participated in the KP Ibu minimum 3 meetings, domiciled in Puskesmas Ngoreasan, respondents willing to sign an agreement as respondent. Exclusion criteria are breast-feeding mother impaired due to chronic disease (eg breast cancer).

The population in this study area are nursing mother and participan KP Ibu and has met the requirements specified research. Sampling techniques done by purposive sampling. The sample size in this study was 42 of 10 KP Ibu in Puskesmas Ngoreasan.

RESULTS

Table 1 shows the majority of respondents, 25 responden (59.5%) stated that KP Ibu have a role, only a small portion mothers exclusively breast-feed as many as 18 responden (42.9%), about 71.4% responden has the support of her husband high, majority of responden (88.1%) had the support of health workers is high and the amount of 64.3% of responden had high social support. Most mothers 66.7% aged between 20-35 years, with most of the mother's education level (42.9%) are high school educated. When viewed from the job status is known that most mothers do not work (64.3%) and the majority of responden has children between the ages of 13-24 months (57.4%).

Table 1: Distribution of variable frequency to study the role of Mrs. KP exclusive breastfeeding behavior in the working area Puskesmas Ngoreasan Surakarta 2014.

Variable	Frequencies	Percentage (%)
Roles of KP Ibu		
Contribute	25	59.5
Not contribute	17	40.5
Breastfeeding		
Eklusif	18	42.9
Not eksklusif	24	57.1
Support of husband		
High	30	71.4
Low	12	28.6
Support of health professional		
High	37	88.1
Low	5	11.9
Social support		
Yes	27	64.3
No	15	35.7
Age		
< 20 years old	3	7.1
20- 35 years old	28	66.7
> 35 years old	11	26.2
Educational		
SD	5	11.9
SMP	10	23.8
SMA	18	42.9
PT	9	21.4
Working status		
Working	15	35.7
Not working	27	64.3
The data age of Child		
6-12 month	20	47.6
12-24 month	22	52.4

Table 2: Analysis of the effect of the role of KP ibu, husband's support, the support of health, social support, age, education and work on the behavior of exclusive breastfeeding in the work area health centers Ngoresan Surakarta 2014.

Variable	Behavior Of Breastfeeding				p	RR	95% CI
	Eksklusif		Not Eksklusif				
	N	%	n	%			
Roles of KP Ibu							
Contributes	15	83.3	10	41.7	0.006	7.0	1.59-30.8
Not contributes	3	16.7	14	58.3			
Age							
Not at risk	10	55.6	18	75	0.186	0.41	0.11-1.54
At Risk	8	44.4	6	25			
Educational							
High	11	61.1	16	66.7	0.710	0.78	0,22-2,80
Low	7	38.9	8	33.3			
Working status							
Working	13	72.2	14	58.3	0.353	1.85	0.50-6.89
Not working	5	27.8	10	41.7			
Support of husband							
High	16	88.9	14	58.3	0.03	5.7	1.06-30.63
Low	2	11.1	10	41.7			
Support of health professional							
High	17	94.4	20	83.3	0.27	3.4	0.34-33.39
Low	1	5.6	4	16.7			
Social support							
Yes	16	88.9	11	45.8	0.004	9.45	1.77-50.47
No	2	11.1	13	54.2			

RR= Relatif Risk, CI = Confident Interval

Effect of Role KP Ibu, husband's support, the support of health, social support, age, education and work on the behavior of exclusive breastfeeding

Based on Table 2 it can be seen that the role of KP Ibu, husband support and social support significantly influence the behavior of exclusive breastfeeding at $p < 0.05$. Opportunities behavior exclusive breastfeeding is 7.0 times greater in women who stated that KP Ibu have a role if compared to women who stated that KP Ibu did not play a role. Opportunities behavior exclusive breastfeeding 5.7 times greater in women with husbands support high compared to the lower support of her husband. Opportunities behavior exclusive breastfeeding 9, 45 times greater in supporting social support compared to the social support that does not support. Support health personnel, age, education and working mothers do not significantly affect the behavior of exclusive breastfeeding.

The influence of external factors on the role of KP Ibu

Based on Table 3 it can be seen that there is an interaction between the role of KP mother with husband support where there is a significant relationship between the variables Role of KP Ibu ($p < 0.05$) so that the

husband's support is expected as a confounding variable in the role of KP Ibu.

Effect of the role of KP Ibu to exclusive breastfeeding behavior by controlling social support

In multivariable analysis conducted to analyze the relationship between the independent variable and dependent variable to control external variables in bivariate analysis significantly related to the dependent variable. Based on Table 3 It is known that the role of KP Ibu has a significant effect on the behavior of exclusive breastfeeding. So that analysis with logistic regression test these results are not disturbed then the variable husband's support potentially interact with variable roles were excluded from analysis.

Analysis Model 1 shows the relationship between variables the role of KP Ibu to the behavior of exclusive breastfeeding without inserting other variables. Based on statistical calculation result OR = 7.00 (95% CI = 1.59 to 30.8), which means that KP Ibu who plays a role can potentially increase the exclusive breastfeeding behavior as much as 7 times greater than the KP Ibu who did not play a role.

Table 3: Analysis of the interaction between the husband's support, the support of health, social support, age, education and occupation of the role of mothers in the work area of Puskesmas Ngoresan Surakarta 2014.

Variabel	Role of KP Ibu				p	RR	95% CI
	Contributes		Not Contributes				
	n	%	n	%			
Age							
Not at risk	17	68.0	11	64.7	0.82	1.16	0.31-4.26
At risk	8	32.0	6	35.3			
Educational							
High	16	64.0	11	64.7	0.96	0.97	0.26-3.51
Low	9	36.0	6	35.3			
Working status							
Not working	18	72.0	9	52.9	0.20	2.26	0.62-8.32
working	7	28.0	8	47.1			
Support of husband							
High	23	92.0	7	41.8	0.001	16.42	2.88-93.41
Low	2	8.0	10	58.2			
Support of health professional							
High	24	96.0	3	76.5	0.14	7.3	0.74-73.1
Low	1	4.0	4	23.5			
Social support							
Yes	16	64.0	11	64.7	0.96	0.97	0.26-3.51
No	9	36.0	6	35.3			

Notes: RR= Relatif Risk, CI = Confident Interval

On the value of R² (coefficient of determination) is obtained 0.229 variables means that the variables in this study were able to explain 22.9% variance accuracy of exclusive breastfeeding behavior while the remaining 77.1% can be explained by other factors.

Table 4: Results of logistic regression analysis the role of KP Ibu by controlling Social Support in Puskesmas Ngoresan Surakarta 2014.

Variabel	Behavior of Breastfeeding	
	Model 1 OR (CI 95%)	Model 2 OR (CI 95%)
The Role of KP Ibu	7.00*	12.85*
contributes	(1.59-30.8)	(2.19-45.34)
Not contributes	1	1
Sosial suport		17.26*
High		(2.49-79.73)
Low		1
R ²	0.229	0.493
-2 likelihood	49.495	38.135
N	42	42

*= significant

Analysis Model 2 shows the results of the study the relationship between the roles of KP Capital with exclusive breastfeeding behavior by incorporating social support variables. Variable statistical calculation results indicate the role of KP Ibu has a value of OR = 12.85

(95% CI = 2.19 to 45.34). It means that KP Ibu who plays a role as much as 12.85 times greater increase exclusive breastfeeding behavior. Social support variables in the model 2 has a value of OR = 17.26 (95% CI = 2.49 to 79.73), this means that mothers with high social support likely at 17.26 times more likely to improve behavior exclusive breastfeeding. On the value of R² (coefficient of determination) is obtained 0.493 variables means that the variables in this study could explain 49.3% variance accuracy of exclusive breastfeeding behavior while the remaining 50.7% can be explained by other factors.

After doing the likelihood ratio test (LR test) and goodness of fit test, then the model 2 Role of KP Ibu to conduct exclusive breastfeeding chosen as the right model to predict the effect of the role of KP Ibu to exclusive breastfeeding behavior by involving social support variables.

DISCUSSION

Table 1 shows that the views of the age it can be seen that most exclusively breastfed is in women with an age range of 20-35. Based on research Oakley, et al showed that there is a 4-6% increase in the odds of exclusive breastfeeding in mothers who have a more mature age when compared to mothers with younger age. Jones, et al stated that age is a factor that affects exclusive breastfeeding in which mothers have a more mature age tend to be exclusively breastfed. Factors that influence

the level of knowledge is the level of education. Notoatmodjo stated that education can provide specific values for humans, especially in the open mind to accept new things. In this study, the results of 12 women with higher education to breastfeed exclusively and about 8 mothers with low education who are exclusively breastfed.

Working status may also effect to exclusive breastfeeding. The results of this study indicate that the majority of mothers who exclusively breastfed does not work as many as 15 people. Mother, who does not work, will have more time to spend with their babies so that they can provide breastfeeding exclusively. Mothers who do not work as well have a more flexible time for breastfeeding a baby. This is what allows mothers to breastfeed at all times when a mother does not work (Ogunlesi). A lack of breastfeeding and the existence of a high work load are considered as a factor that can hamper work for breastfeeding mothers in the workplace (Fitria).

Table 4 shows that the KP Ibu who plays a role can be assessed exclusive breastfeeding is greater when compared with KP Ibu who does not plays a role, it is known that mother who states KP Ibu plays about 15 respondent who exclusively breastfed. Pawestri states that there are differences in the behaviour of exclusive breastfeeding among mothers who follow KP Ibu with mothers who did not follow the KP Ibu. KP Ibu considered effective role in influencing exclusive breastfeeding. Oakley, et al stated that mothers who did not receive support from parents, peers or groups similar to it have a greater opportunity to stop breastfeeding within the first ten days since the birth of her baby. The existence of peer support that have experience breastfeeding or who are breastfeeding, will improve early breastfeeding initiation and support of breastfeeding is being done by a mother (Ingram et al).

Another factor that affecting the mother breastfeeding exclusively is husband support. The results of this study indicate that the husband's support has a significant relationship with the behavior of exclusive breastfeeding with $p < 0.05$. Rokhanawati states that the husband's support has a significant influence on the behavior of exclusive breastfeeding. This support can include information support, an emotional support, financial and so on in order to facilitate mothers to breastfeed exclusively. Syahrani et al stated that based on his research showed that cultural factors and factors husband's support is significant in exclusive breastfeeding.

Support of health workers is essential in feeding behaviour eksklusif. Wulandari states that there are significant ties between the support provided by health personnel with adherence mothers to breastfeed exclusively. Similarly Rokhanawati stated that the proportion of health professionals support the low seen in mothers who did not breastfeed exclusively. In this study,

a different result, as statistik support health workers not significant with $p > 0,05$. Although health professionals have been providing information, counselling and guidance about the importance of the benefits of breastfeeding and exclusive breastfeeding, but the fact that health workers are not able to accompany the mother all the time. Therefore, the fact that mothers who have problems related to breastfeeding as breast milk has not come out, come out a little breast milk, baby nipple confusion, baby crying, sore nipples, and so on tend to take practical steps to resolve the problem. Nevertheless, the support of health workers is still needed in practice to support exclusive breastfeeding (Sukini).

Social support includes a large family, co-workers or the public is a factor that affects the behaviour of exclusive breastfeeding. The results of this study showed a significant effect $p = 0.004$ (< 0.05) social support for exclusive breastfeeding behaviour. Mothers who receive social support were more likely to breastfeed exclusively when compared to those without social support. This is possible because of what the cultural beliefs and habits from parents, co-workers and neighbors around the house can affect the habits of a mother in raising children (Perry et al). Accordingly Demirtas states that breastfeeding, as well as health behaviours are influenced by cultural values of society. A woman who in daily life often see their family or neighbourhood who breastfeed their babies on a regular basis, then it will also have a positive attitude and outlook on breastfeeding behaviour according to experience (Sidi et al in Dompas).

Based on the analysis of table 4 it can be seen that the KP who plays both significantly affect the behaviour of exclusive breastfeeding. Opportunities behavior exclusive breastfeeding 7.0 times greater in women who state that KP Ibu plays a role if compared to women who said that KP Ibu did not play a role. Based on the analysis of the interaction is known that an effect modifier husband's support so that the magnitude of the effect depends on the role of the KP.

Based on the analysis table 4 it can be seen that the KP who plays a significant effect on the behaviour of exclusive breastfeeding. Opportunities behaviour of exclusive breastfeeding 7.0 times greater in women who claim that KP plays a role than in women who state that KP ibu did not play a role. Fully supportive husband of a mother to breastfeed would tend to support the mother to obtain the information needed by the breastfeeding mother related actions. Husband would allow her to take part in the success that can support mothers to breastfeed, one of them by following KP. Mother who activities in KP will get a variety of information related to breastfeeding as well as moral support for mothers to continue breastfeeding. It is the husband's support in terms of information (Cohen & Syme in Rokhanawati).

The role of KP Ibu did not doubt its existence as one of the factors that can support the success in breastfeeding

mothers. KP's role will increasingly look stronger effect when accompanied by other support she had. The essence of this group is women who provide support to other mothers to successfully breastfeed her child (Sutanto). Mothers who get support from fellow mothers who breastfeed are generally successful in breastfeeding their babies. There is a correlation between self-esteem low maternal lactation failures. Interventions need to move from education to the effort in order to be confident in mother's breastfeed their babies (Soetjiningsih).

Table 2 shows although most of the KP Ibu plays a role, but there are still KP Ibu who does not play a role. It caused by KP Ibu have not regular and consistent implementation of its activities. There is KP who routinely carries out the activities of 2 weeks, but there is also less. It is also the eventual impact on did not optimal in KP program as a means to increase exclusive breastfeeding. Though the number of mother's presence in the KP ibu activities will affect the behavior of exclusive breastfeeding, as stated by Lakshmi that mothers who attended the KP least 3 times more likely to be able to breastfeed exclusively. Therefore, given the role of KP Ibu in an effort to empower the community to support exclusive breastfeeding program is something that is considered very important, the sustainability of this program KP Ibu is a shared responsibility between the family, the government and the society itself to realize generation intelligent in the future through exclusive breastfeeding as the first step (Sholikah).

It is as shown in the results that KP Ibu who plays role will increase the chances of exclusive breastfeeding behavior in the presence of social support variables. The success of exclusive breastfeeding can not be separated from the influence of family, community and fellow mothers in the workplace so that the mother can comfortably breastfeed and care for their children while working. This is because breast-feeding is not merely a matter of his own mother, but also the family and society (Wilar). Although the husband encouragement for breastfeeding mothers are very strong to exclusively breastfeed but exclusive breastfeeding can be stopped because of the influence of parents/mother in-law/ mother or another large family, co-workers and the communities that do not support the mother's breast milk given by exclusive. Conversely, if the parents / mother in-laws/ other mothers family, co-workers and communities around the capital has to understand and know the importance of exclusive breastfeeding, then this may be a motivating factor that strengthens the mother to continue breastfeeding exclusively (Wulandari).

The participation of the government in this case through the health center will also affect the implementation of a program of exclusive breastfeeding. Development of continuous and consistent approach to sustainability will affect the sustainability of the KP Ibu. This can be done for example through training and refreshing on KP Ibu and exclusive breastfeeding that can be followed by a

motivator, availability of means of infrastructures for KP activities, also motivation and periodic supervision of the coach KP Ibu and government through health centers and health authorities (Maryani).

CONCLUSION

Mother Support Group (KP Ibu) that plays a role, husband support and social support has a significant influence in the behavior of exclusively breastfeeding. This is shown in research that KP Ibu whose plays a role will increase the chances for 12.85 times the behavior of exclusively breastfeeding in the presence of social support variables.

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