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Science Midwifery

journal homepage: www.midwifery.iocspublisher.org

Relationship of Knowledge, Lactation Facilities and Superior Support with Breastfeeding (ASI) for Babies, for Mothers who Work at the Daya Guna PO Factory in the Nawangsasi Health Center Work Area in 2021

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ARTICLEINFO

Keywords:

Breastfeeding for Working Mothers,
knowledge,
Lactation Facilities,
Superior Support

ABSTRACT

Background: The World Health Organization (WHO) and UNICEF recommend that mothers, if possible, give exclusive breastfeeding for up to 6 months by applying Early Initiation of Breastfeeding (MDI) for approximately 1 hour immediately after the birth of the baby, exclusive breastfeeding is given to the baby only breast milk without additional food. or drinks, breast milk is given on demand or according to the baby's needs every day for 24 hours. The purpose of this study was to determine knowledge, lactation facilities, support from superiors by giving breast milk to infants for mothers who work in PO factories. effectiveness in the working area of the Nawangsasi Health Center in 2021. This study used an analytical survey method with a cross sectional approach. The population used in this study were all working mothers who had babies aged 7-24 months at the PO. The utilization of the working area of the Nawangsasi Health Center in 2021 is 50 people. The sampling technique in this study was simple random sampling by making the entire population a sample of 33 people. The results of univariate analysis were obtained as many as 10 (33.3%) respondents had good knowledge as many as 11 (30.3%) knowledge was quite good and knowledge was not good as many as 12 (36.4%), as many as 26 (78.8%) respondents stated that they had lactation facilities and as many as 7 (21.2%) and as many as 22 (66.7%) respondents had supervisor support and as many as 11 (33.3%) respondents did not have supervisor support. From the results of bivariate analysis of data using the chi-square statistical test showing the limit of significance =0.05, it was found that there was a significant relationship between knowledge and breastfeeding for infants in working mothers with p.value 0.007, there was a significant relationship between lactation facilities. with breastfeeding for infants in working mothers with p.value 0.008 and there is a significant relationship between supervisor support and breastfeeding for infants in working mothers with p-value 0.001. Based on the results of this study, it is expected to be a contribution to advice for factory leaders in an effort to increase breastfeeding for infants for working mothers in the working area of the Nawangsasi Health Center. it was found that there was a significant relationship between knowledge and breastfeeding for infants in working mothers with p.value 0.007, there was a significant relationship between lactation facilities. with breastfeeding for infants in working mothers with p.value 0.008 and there is a significant relationship between supervisor support and breastfeeding for infants in working mothers with p-value 0.001.

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1. Introduction

The most important baby food is breast milk. All the nutrients and nutrients needed by babies are contained in it. The content that is rich in nutrients and nutrients cannot be replaced by formula milk even though it is expensive [1]. Mother's Milk (ASI) is an emulsion of fat in a solution of protein, lactose and

inorganic salts secreted by the mother's mammary glands, which is useful as food for her baby [2]. Breast milk contains colostrum which is rich in antibodies because it contains protein for immune system and is useful for killing germs in high numbers so that exclusive breastfeeding can reduce the risk of death in infants [3].

The United Nations International Children's Fund (UNICEF) states, there are around 30,000 infant deaths in Indonesia and 10 million deaths of children under five in the world every year. These deaths can be prevented through exclusive breastfeeding for six months from birth, without having to provide additional food or drink to the baby [4].

The World Health Organization (WHO) and UNICEF recommend that mothers, if possible, give exclusive breastfeeding for up to 6 months by applying Early Breastfeeding Initiation (MDI) for approximately 1 hour immediately after the birth of the baby, exclusive breastfeeding is given to babies only breast milk without additional food or drinks, breast milk is given on demand or according to the baby's needs every day for 24 hours, breast milk should be given not using bottles, cups, or pacifiers (Wiji, 2013). [5]. In reality, breastfeeding for 6 months (exclusive breastfeeding) is not as simple as imagined. Various obstacles can arise in an effort to provide exclusive breastfeeding for the first 6 months of a baby's life. The main reason postpartum mothers do not give exclusive breastfeeding is because breast milk does not meet the nutritional needs of babies with little milk production,

The problem that occurs is that exclusive breastfeeding is not achieved, one of which is due to the non-smooth expulsion of breast milk in the early postpartum period. The decrease in the production and expenditure of breast milk (ASI) in the first days after giving birth can be caused by a lack of stimulation of the hormones prolactin and oxytocin which play a very important role in the smooth production and expenditure of breast milk (Yulianaetal, 2016) [6].

The Indonesian government itself supports the policies of WHO and Unicef which recommends early initiation of breastfeeding as a “lifesaving” measure, as early initiation of breastfeeding can save 22% of infants who die before one month of age. It is hoped that all health workers at all levels of health services can socialize the program. (Indonesian Health Profile, 2013) [7].

Based on the results of the 2013 Rikesdes, the percentage of exclusive breastfeeding for infants aged 0-6 months in Indonesia in 2012 was 63.4% and there was a decrease in 2013 to 54.34%, while the percentage of the process starting to get breast milk was less than 1 hour (early initiation of breastfeeding) in children aged 0-23 months in Indonesia in 2013 was 34.5%. The percentage of the process of starting breastfeeding between 1-6 hours is 35.2%, the percentage of the process of starting to get breast milk between 7-23 hours is 3.7%, while the percentage of the process that starts getting breast milk between 24-47 hours is 13.0% and the percentage of process that starts breastfeeding between 24-47 hours is 13.0% starting to breastfeed more than 47 hours by 13.7%. The highest percentage of starting breastfeeding in less than one hour (early initiation of breastfeeding) was in West Nusa Tenggara at 52.9% followed by South Sulawesi at 44.9% and West Sumatra at 44.2%. Meanwhile, the lowest percentage of early initiation of breastfeeding was in West Papua province at 21.7%, followed by Riau province at 22.1%, and Riau Islands at 22.7%. all were given as much as 85.3%, some 8.9% were discarded and all were discarded 5.9%. (Indonesian Health Profile, 2013) [7].

Based on data from the Health Office of South Sumatra Province in 2013, the percentage of infants aged 0-6 months who received exclusive breastfeeding was 63.9% while infants who did not receive exclusive breastfeeding were 36.1%, this shows that the implementation of exclusive breastfeeding in South Sumatra has not reached the target of exclusive breastfeeding in Indonesia, which is 80% (Provincial Health Service Report, 2013) [8].

According to data from the Nawangsasi Health Center in 2018, the number of mothers who gave exclusive breastfeeding was 164 people. With the number of baby boys 81 people (49.39%) and baby girls 83 people(50.61%). In 2019 the number of mothers who gave breast milk was 149 people. With the number of baby boys 74 people (49.66%) and baby girls 82 people (55.03%). In 2020 the number of mothers who breastfeed is 183 people. With the number of baby boys 54 people (29.50%) and baby girls 48 people (26.22%) (Data Health Center Nawangsasi, 2021) [9].

The factors that influence exclusive breastfeeding include the lack of knowledge of mothers about the advantages of breastfeeding and lactation physiology, lack of physical and mental preparation of mothers, lack of family support, lack of support from health care facilities, lack of support for lactation facilities at work, lack of support from superiors and lack of support. environment [10].

The most dominant factor related to exclusive breastfeeding is knowledge. Mothers with good knowledge have an opportunity to be able to give exclusive breastfeeding 13 times greater than mothers who have less knowledge. According to research by Listyaningrum and Vidayantiada (2016) [12], there is a relationship between knowledge about exclusive breastfeeding and mother's motivation with exclusive

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breastfeeding for working mothers, while other studies show that good knowledge about exclusive breastfeeding increases exclusive breastfeeding.

According to research, there is a relationship between workload and the availability of lactation space on exclusive breastfeeding for working mothers in Tuminting District, Manado. The majority of working mothers who get support from their superiors have a success rate of exclusive breastfeeding as much as 78.9%. So it was found that there was an effect of superior support on the success of exclusive breastfeeding for working mothers [15].

According to the PO Daya Guna Factory Data in 2018 the number of mothers who had babies aged 7 to 24 months who worked 50 people and who gave breast milk 15 people, in 2019 the number of mothers who had babies aged 7 to 24 months who worked 50 people and gave 18 people breastfeeding, in 2020 the number of mothers who have babies aged 7 to 24 months who work 50 people and who breastfeed 11 people.

Based on the description above, the author is interested in conducting a study entitled "The relationship between knowledge, lactation facilities and superior support with breastfeeding. for babies, for mothers who work in the PO Daya Guna factory at the Nawangsasi Health Center in 2021".

2. Methods

This study uses analytical quantitative research using a cross-sectional research design performed on August 9-31, 2021., the sample of this study is partly working mothers who have babies aged 7-24 months at the PO Daya Guna factory in the working area of the Nawangsasi Health Center **,** the number of samples in this study was 33 people.

3. Results and Discussion

3.1 Research result

a. Univariate Analysis

Table 1

Frequency Distribution of Respondents According to Mother's Knowledge Variables at the PO Daya Guna Factory in the Work Area of the Nawangsasi Health Center in 2021

Knowledge	F	%
Good	10	33.3
Pretty good	11	30.3
Not good	12	36.4
Tbrain	33	100.0

BerBased on table 1 above, it can be seen clearly that there are 10 respondents with good knowledge (33.3%), 11 people with good knowledge (30.3%) and 12 respondents with poor knowledge (36.4%).

Tabel 2

Frequency Distribution of Respondents by Variable Lactation Facilities at the PO Daya Guna Factory in the Work Area of the Nawangsasi Health Center in 2021

Lactation Facilities	F	%
Yes	26	78.8
Not	7	21.2
Tbrain	33	100.0

BerBased on table 2 above, it can be clearly seen that the respondents who stated that there were more lactation facilities available, namely 26 people (78.8%) compared to respondents who stated that there were no lactation facilities, namely there were 7 people (21.2%).

Table 3

Frequency Distribution of Respondents According to Superior Support Variables at the PO Daya Guna Factory in the Work Area of the Nawangsasi Health Center in 2021

Boss Support	F	%
Yes	22	66.7
Not	11	33.3
Tbrain	33	100.0

BerBased on table 3 above, it can be seen clearly that there are more respondents who stated that there were more support from their superiors, namely 22 people (66.7%) compared to respondents who stated that there was no support from their superiors, namely there were 11 people (33.3%).

Table 4

Frequency Distribution of Respondents by Variable Breastfeeding in Infants For Mothers Who Work at PO Daya Guna Factory in the Region Nawangsasi Health Center Work in 2021

Breastfeeding Babies for Working Mothers	F	%
Yes	20	60.6
Not	13	39.4
Tbrain	33	100.0

Based on table 4 above it can be seen clearly that the respondents who stated that there were more breastfed babies, namely 20 people (60.6%) than the respondents who stated that there were 13 people (39.4%).

b. Bivariate Analysis

Table 5

Relationship between Knowledge and Breastfeeding for Babies for Working Mothers in the Working Area of the Nawangsasi Health Center in 2021

No	Knowledge	Breastfeeding for Babies for Working Mothers				Tbrain		p Valu	OR
		Yes		Not					
		N	%	n	%	N	%		
1.	Good	6	54.5	5	45.5	11	100	0.756	1,278
2.	Pretty good	3	30.0	7	70.0	10	100		
3.	Not good	11	91.7	1	8.3	12	100		
	Total	20	-	13	-	33	-		

Pain table 5 the results of the analysis of the relationship between knowledge of breastfeeding infants for working mothers obtained as many as 6 people (54.5%) and those who did not breastfeed babies as many as 5 people (45.5%) with breastfeeding for babies for working mothers who do not breastfeed from a total of 11 mothers who have good knowledge. Statistical test results obtained valuep = 0.007, it can be concluded that there is a statistically significant relationship between mother's knowledge and breastfeeding for working mothers.

Tabel 6

Relationship between Lactation Facilities and Breastfeeding for Infants Mothers who work in the working area of the Nawangsasi Health Center in 2021

No	Lactation Facilities	Breastfeeding for Babies For Working Moms				Tbrain		p-Value	OR
		Yes		Not					
		N	%	N	%	N	%		
1.	Yes	19	73.1	7	26.9	26	100	0.008	16,286
2.	Not	1	14.3	6	85.7	7	100		
	Tbrain	20	-	13	-	33	-		

In table 6 the results of the analysis of the relationship between lactation facilities and breastfeeding for infants for working mothers obtained as many as 19 people (73.1%) who did not breastfeed infants for working mothers 7 people (26.9%), breastfeeding for infants for working mothers who do not provide from a number of 26 people with the availability of lactation rooms. The results of statistical tests obtained p value = 0.008, it can be concluded that there is a statistically significant relationship between lactation facilities and breastfeeding for infants for working mothers. From the analysis obtained OR: 16,286, meaning that lactation facilities have a tendency of 16,286 times to give breast milk to infants compared to no lactation facilities for working mothers.

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Tabel 7
Relationship between superior support and breastfeeding for babies
Mothers who work in the working area of the Nawangsasi Health Center in 2021

No	Boss Support	Breastfeeding for Babies for Working Mothers				Tbrain		p- Value	OR
		Yes		Not					
		N	%	n	%	N	%		
1.	Yes	18	81.4	4	18.2	22	100	0.001	20,250
2.	Not	2	18.2	9	81.2	11	100		
	Tbrain	20	-	13	-	33	-		

In table 7 the results of the analysis of the relationship between supervisor support and breastfeeding for infants for working mothers obtained as many as 18 people (81.4%) who did not breastfeed babies for working mothers, 4 people (18.2%), breastfeeding in babies for working mothers who did not provide from a total of 22 people who successfully provided superior support. The results of statistical tests obtained p value = 0.001 so it can be concluded that there is a statistically significant relationship between supervisor support and breastfeeding for infants for working mothers. From the analysis, it was obtained OR: 20.250, which means that supervisor support has a tendency of 20.250 times to give breast milk to babies compared to no supervisor support for working mothers.

3.2 Discussion

a. Relationship between Knowledge and Breastfeeding for Babies for Working Mothers

The results of the analysis of the relationship between knowledge of breastfeeding in infants for working mothers were obtained as many as 6 people (54.5%) and 5 people (45.5%) who did not breastfeed their babies with breastfeeding for working mothers who did not give breastfeeding. Breast milk from 11 mothers with good knowledge. Statistical test results obtained valuep = 0.007, it can be concluded that there is a statistically significant relationship between mother's knowledge and breastfeeding for working mothers.

The level of knowledge is one of the important factors that affect exclusive breastfeeding. The basis for an individual to make decisions and determine actions against problems faced, including health problems. Knowledge about health can be obtained through formal education, counseling and information from the mass media. With the knowledge of exclusive breastfeeding for lactation management, awareness will arise to provide exclusive breastfeeding [4].

This theory is supported by the results of research conducted which states that there is a significant relationship between mother's knowledge about lactation management with maternal behavior in exclusive breastfeeding. Likewise with the research of Listiningrum and Vidayanti (2016) which showed that there was a relationship between knowledge about exclusive breastfeeding and mother's motivation with exclusive breastfeeding for working mothers [11].

The study of 45 respondents found that almost half of mothers' knowledge of exclusive breastfeeding had less knowledge, the behavior of mothers giving exclusive breastfeeding was mostly passive. The results of statistical tests obtained p value = 0.041 < 0.05, it was concluded that there was an influence of knowledge on mother's behavior in giving Exclusive breastfeeding with a significance value of 0.041[15].

Knowledge is also one of the important factors that influence exclusive breastfeeding for infants. From other research statesthat of 22 mothers with good knowledge as many as 17 mothers (77.3%) gave exclusive breastfeeding while mothers with sufficient knowledge only 8.3% gave exclusive breastfeeding and mothers with poor knowledge only 33.3% gave exclusive breastfeeding, statistical test results obtained that the value of p = 0.000 (p value < (0.05), meaning that there is a relationship between mother's knowledge about breastfeeding and exclusive breastfeeding for breastfeeding mothers [10].

Results of research conducted asked about the knowledge of breastfeeding in infants to respondents where there were 33 respondents by interviewing and giving questionnaires about mother's knowledge of breastfeeding in infants. The results of this study showed that the knowledge of respondents who had good knowledge were 10 people (33.3%), respondents who had good knowledge were 11 people (30.3%) and the respondents who had poor knowledge were 12 people (36.4 %). Many respond with lack of knowledge but breastfeed their babies one of them because of economic factors, but the results illustrate that there is a relationship between knowledge and breastfeeding for babies for working mothers.

b. Relationship between Lactation Facilities and Breastfeeding for Babies for Working Mothers

The results of the analysis of the relationship between lactation facilities and breastfeeding for infants for working mothers obtained as many as 19 people (73.1%) who did not breastfeed infants for working mothers 7 people (26.9%), breastfeeding infants for working mothers which does not provide from a number of 26 people with the availability of lactation rooms. The results of statistical tests obtained p value = 0.008, it can be concluded that there is a statistically significant relationship between lactation facilities and breastfeeding for infants for working mothers. From the analysis obtained OR: 16,285, meaning that lactation facilities have a tendency of 16.285 times to give breast milk to infants compared to no lactation facilities for working mothers.

The lactation room is a place where breastfeeding mothers gather and exchange experiences and enrich knowledge about breastfeeding and lactation. Breastfeeding facilities in the workplace such as lactation rooms, information media, expressing and storing breast milk, greatly affect the success of a mother to exclusively breastfeed if the facilities are in place. adequate work to do exclusive breastfeeding to her baby, it will be a consideration for a mother to give exclusive breastfeeding [14].

The study asked the availability of lactation facilities to respondents where there were 33 respondents by interviewing and giving questionnaires and answering 10 questions about the availability of lactation facilities available at the factory. The results of this study regarding lactation facilities, it can be seen that there are 26 people (78.8%) who stated that there are lactation facilities and 7 people (21.2%) of respondents who stated that there are no lactation facilities. The results illustrate that there is a relationship between the availability of lactation facilities and breastfeeding for infants for working mothers. And the lactation room is a place where breastfeeding mothers gather and exchange experiences and enrich knowledge about breastfeeding and lactation.

c. Relationship between superior support and breastfeeding for babies for working mothers

The results of the analysis of the relationship between supervisor support and breastfeeding for babies for working mothers were obtained as many as 18 people (81.4%) who did not breastfeed babies for working mothers, 4 people (18.2%), Breastfeeding babies for working mothers who did not provide from a total of 22 people successfully provided superior support. The results of statistical tests obtained p value = 0.001 so it can be concluded that statistically absent 5% there is a significant relationship between supervisor support and breastfeeding for infants for working mothers. From the analysis, it was obtained OR: 20.250, which means that supervisor support has a tendency of 20.250 times to give breast milk to babies compared to no supervisor support for working mothers.

From the results of Marliana's research, most working mothers who get support from their superiors have a success rate of exclusive breastfeeding as much as 78.9%. With the results of the Chi Square test of 0.000, it can be concluded that there is an effect of superior support on the success of exclusive breastfeeding for working mothers. This study is in line with other studies which state that superior support at work is a factor that plays a role in the success of exclusive breastfeeding for working mothers [14].

Support is the provision of encouragement, motivation or enthusiasm and advice to others who are in a decision-making situation,said that the notion of support is verbal or non-verbal information, advice, assistance, real or behavioral given by people who are familiar with the subject in their social environment or in the form of presence and things that can provide emotional benefits or affect the recipient's behavior. Social support is comfort, attention, appreciation, or assistance in other forms that individuals receive from other people or from groups to individuals (Sarafino, 2011) [15].

The study asked the supervisor's support for a mother who breastfeeds the baby when the mother works in the factory and where there are 33 respondents by interviewing and giving questionnaires and answering questions about the boss's support. The results of this study regarding superior support can be seen that there are 22 people (66.7%) who stated yes to superior support and 11 people (33.3%). Support from superiors is said to provide support according to respondents who always provide motivation, enthusiasm, provide assistance and employee rights, one of which is giving maternity leave, giving room and time to express and store breast milk.

4. Conclusion

There is a relationship between knowledge, lactation facilities and support from superiors simultaneously with breastfeeding for babies, for mothers who work at the Daya Guna PO Factory in the Nawangsasi Health Center Work Area in 2021.

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