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**RELATIONSHIP BETWEEN MOTHER'S PARTICIPATION IN  
SUPPORT GROUPS WITH EXCLUSIVE BREASTFEEDING  
PRACTICE IN PUSKESMAS UMBUL HARJO I YOGYAKARTA,  
INDONESIA**

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**ABSTRACT**

**Background:** By the Indonesian Demographic and Health Survey (IDHS) in 2012, infant mortality rate in Indonesia is still quite high at 32 deaths per 1,000 live births. The majority of infant deaths occur in the neonatal period. The main capital in achieving quality health starts since the beginning with breastfeeding without any additional food in this case of exclusive breastfeeding. Many mothers do not provide exclusive breastfeed due to social factors (maternal employment, social, cultural, supportfamily).

**Aims:** This paper explains the relationship between the rate of participation in maternal supporting group with the success of exclusive breastfeeding program in Community Health Centers Umbulharjo I Yogyakarta in 2014.

**Methods:** This study employed correlation analytical survey with cross sectional approach. The samples were 30 mothers who having a baby age 6 to 12 months, and participated in a maternal supporting group.

**Results:** Of the 30 respondents, 26 (86.7%) of respondents successfully breastfeed exclusive. Of which 23 respondents (76.7%) with a participation rate of mothers in support groups with good category, 22 (73.3%) were successful exclusive breastfeeding and 1 (3.3%) of respondents who did not give exclusive breastfeeding, in the medium category 3 respondents (10.0%), 2 respondents (6,7%) were successful exclusive breastfeeding, and 1 (3.3%) of respondents who did not give exclusive breastfeeding, and low category 4 respondents (%13.3), 2 respondents (6,7%) were successful exclusive breastfeeding and 2 (6.7%) of respondents who did not give exclusive breastfeeding. The participation rate of mothers in maternal supporting group affects the success of exclusive breastfeeding with the  $P$  value = 0.026.

**Conclusion:** There was a significant relationship between the rate of participation of mothers in maternal supporting group success exclusive breastfeeding mothers. The social relations become very important to increase the exclusive breastfeeding through mother support groups.

**Keywords:** Participation rate, Maternal supporting group, Exclusive Breastfeeding

**INTRODUCTION**

Quality human capital base formation begins in infancy in the womb, with the provision of mother's milk (ASI) from an early age, especially in exclusive breastfeeding. Past two years of life is a period critical to lay the foundations for growth, development and health optimal in the long run. Hence it is very important to ensure that children aged 0-2 years to get optimal nutrition [1].

WHO and UNICEF (2006) have recommended that breast milk is given exclusively during the first six months of a baby's life, at the age of 6 months starting complementary feeding by

qualified and administration ASI passed on to infants aged two years or more. The infant mortality rate in Indonesia based on the 2012 Indonesia Demographic and Health Survey (IDHS) is still high at 32 deaths per 1,000 live births, the majority of infant deaths occur in the period neonates [2].

Exclusive breastfeeding is one program that is quite difficult developed as it relates to various social problems in community. In Yogyakarta awareness to breast feed exclusively on the baby is still low when compared to Bantul and Kulon Progo. Data from Yogyakarta Health Office in 2012 coverage of exclusive breastfeeding in Bantul has reached 63.5%, 58% Kulon Progo, Gunung Kidul 44.8%, Sleman 42.5%. While in the city of Yogyakarta itself coverage exclusivebreastfeeding breastfeeding only reached 46.4% [2]. Not yet achieved the level of success of exclusive breastfeeding is influenced by maternal education level, working mothers, social, cultural, family support, maternal health, parity, and the role of health workers in this regard through mother-support group with a participation rate of mothers in the mother support group, mother breastfeeding will be quiet, safe and comfortable for the support of around, so that the continuity of a mother to breastfeed her child can maintained until the child can eat extra food [3].

Results from Polriani (2010) shows that there is a relationship which between the positive role of mother support group with exclusive breastfeeding [4,14]. While research conducted by Triastra (2009) show that there is a relationship mother support group significantly concerning the behavior of mothers in exclusive breastfeeding, shown on the behavior of exclusive breastfeeding in the group hamlet set-up mother support group 17% (39% on the prior program and 56% in after the program) compared with none hamlet set-up mother support group at 8.8% [5].

From the preliminary study and information from health professionals Health Centers Umbulharjo achievement data I obtained exclusive breastfeeding in the Region Health Centers Umbulharjo I in 2012 and 39.3% in 2013 approximately 66.05% despite the increase, the achievement of exclusive breastfeeding is still below the national target set of 80%. Based on the interviews 2 April with eight nursing mothers showed that two mothers exclusive breastfeeding, 6 mothers said not to breastfeed Exclusive with reason, two mothers say worked as a hunting mill, 2 said that the milk does not come out since the birth of the baby, two people said felt Her milk less. Some even say since the age of 4 months infants have been given foods such as bananas and porridge (Puskesmas Profile Umbulharjo I, 2014). Is there any relation participation rate of mothers in mother support group with success of exclusive breastfeeding in Puskesmas Umbulharjo I Yogyakarta in 2014? ". Objective to determine the relationship of mothers in the participation rate mother support group with the success of exclusive breastfeeding in community health centers Umbulharjo I Yogyakarta 2014.

## **METHODS**

Research using the method of collecting analytic approach Cross Sectional approach. A total of 30 respondents, mothers who have babies > 6-12 months. The sampling technique using total sampling as many as 30 respondents. The instrument used in this study was a questionnaire. Analysis of the data used to the statistical test Chi-square.

This research was conducted in Puskesmas Umbulharjo I Yogyakarta. Research using the method of collecting analytic approach Cross Sectional approach. A total of 30 respondents, mothers who have babies > 6-12 months. The sampling technique using total sampling as many as 30 respondents. The sample in this study using inclusion and exclusion criteria as follows: Inclusion criteria: Mothers with babies aged > 6 months -12 months Puskesmas Umbulharjo I Yogyakarta, Mothers who have a health status who have no contraindications to giving breastfeeding, and Willing to become respondents. Exclusion criteria were as follows: Mothers with babies aged <6 months, Mothers who have babies with labiopalatokisis.

## RESULTS

This research was conducted in RW 4 and RW 12 in Village Giwangan health centers Umbulharjo I Yogyakarta obtained results with respondents were 30 mothers who have babies > 6-12 months.

Table 1. The frequency distribution of respondents by characteristics

Respondents' characteristics	Frequency	%
<i>Education</i>		
Uncomplete secondary	11	36.6
Secondary	15	50.0
Higher education	4	13.3
Total	30	100.0
<i>Age</i>		
< 25	5	16.7
25-35	21	70.0
>35	4	13.3
Total	30	100.0
<i>Parity</i>		
1	6	20.0
2	16	53.3
3	8	26.7
Total	30	100.0
<i>Occupation</i>		
Unemployed	20	66.6
Private sector	5	16.7
Self-employment	1	3.3
Factory worker	2	6.7
Government officer	2	6.7
Total	30	100.0

Based on table 1 shows that there is a tendency of education most most are high school respondents as many as 15 people (50%), the respondent's age most most are 25-35 years as many as 21 people (70%), the number of parity was 2 of 16 people (26.7%), the type of work the respondent most most are IRT / not working as many as 20 people (66.6%), and has The same tribe is the tribe of Java by 30 respondents (100%). all respondents come from the same tribe (Java) ie 30 respondents (100%).

Table 2. The level of participation in the mother support group

Level of participation in support group	Frequency	%
Good	23	76.7
Medium	3	10.0
Low	4	13.3
Total	30	100.0

According to the table 2. It can be seen that the participation rate of mothers in mother support group with a sample of 30 respondents most had levels of participation the good category is 23 respondents (76.7%) categories were 3 respondents (10.0%) and low category of 4 respondents (13.3%),

based on the questionnaire the participation rate was lowest for the number three aspects of the visit home together motivator if there are participants KP-mother who gave birth and number 13 on reading materials or books related to the theme before the discussion begins. The results measure the level of participation in the activities of mother support group (KP) is an ordinal scale, the assessment criteria are derived from responses to questionnaires with four possible answers' always, often, sometimes, never "to the criteria of good judgment, medium and low.

Assessment criteria: Participating good if the correct answer is 76% -100%, Participating medium if the correct answer is 56%-75% and Participating low if the correct answer is <56%.

Table 3. Exclusive breastfeeding

Exclusive breastfeeding	Frequency	%
Successfully	26	86.7
Not managed	4	13.3
Total	30	100.0

Based on Table 3. shows that exclusive breastfeeding is 30 respondents, most are successful exclusive breastfeeding is as many as 26 respondents (86.7%). And that did not work as much as Exclusive breastfeeding 4 respondents (13.3%). Based questionnaires are not successful exclusive breastfeeding in the aspect of number 8 on the granting of additional? food complementary foods before 6-month-old baby and number 9 on the provision of water when a later newborn continuation of breastfeeding for 6 months. The measurement results Exclusive breastfeeding is the nominal scale, the assessment criteria are derived from responses to questionnaires with two answer " Yes " and " NO " to the assessment criteria of successful and unsuccessful. Assessment criteria : Exclusive breastfeeding successful if answered correctly 100% and exclusive breastfeeding Not successful if answer is correct <100%

Table 4. Relations Participation rate in support groups with Exclusive breastfeeding success

Level of participation in support group	Successful breastfeeding		Unsuccessful breastfeeding		Total		p-value
	F	%	F	%	F	%	
Good	22	73.3	1	3.3	23	76.7	0,026
Medium	2	6.7	1	3.3	4	10.0	
Low	2	6.7	4	6.7	4	13.3	
Total	26	86.7	4	13.3	30	100.0	

Based on Table 4. The results indicate that the mother had a participation rate of mothers in the maternal supporting group with the good category that managed to give exclusive breastfeeding as much as 22 respondents (73.3%), whereas mothers who had a participation rate of mothers in maternal supporting group-good category that is not success exclusive breastfeeding as one respondent (3.3%), the level of partition of motherin maternal supporting group with the category of being a successful exclusive breastfeeding as much as 2 respondents (6.7%), while the level of participation in the mother support group with category which fail to give exclusive breastfeeding as one respondent (6.7%), and the level of participation in the maternal supporting group with low category of successful exclusive breastfeeding as much as 2 respondents (6.7%), while the level of participation in the –maternal supporting group low category are not able to give exclusive breastfeeding as much as 2 respondents (6.7%).

Based on the analysis there was a trend seen between levels of participation Mother in Maternal supporting group-high with the success of exclusive breastfeeding well with results as many

as 22 people (73.3%) who have a good level of participation with Exclusive breastfeeding success. Calculations with Chi Square has obtained h calculated  $X^2 = 7,299 > X^2_{tabel}$ ,  $df = 2 = 5.99$ . P value =  $0.026 < 0.05$ , then  $H_0$  is rejected and  $H_a$  accepted, so it is concluded that there is a relationship between levels mother's participation in the maternal maternal supporting group with the success of exclusive breastfeeding in Health Centers Umbulharjo I Yogyakarta. Based on the results it can be deduced that the higher the mother's level of participation in the maternal supporting group breastfeeding success Exclusive increasing.

Based on the analysis, there was a trend seen between the high level of participation of mothers in the support groups with the success of exclusive breastfeeding with result 22 respondents (73.3%) with a participation rate of mothers in support groups with good category were successful exclusive breastfeeding. Calculations with Chi Square has obtained h calculated  $X^2 = 7,299 > X^2_{tabel}$ ,  $df = 2 = 5.99$ . P value =  $0.026 < 0.05$ , then  $H_0$  is rejected and  $H_a$  accepted, It can be concluded there is a significant relationship between the level of Mother's participation in maternal supporting group with success of exclusive breastfeeding in Puskesmas Umbulharjo I Yogyakarta. Based on the results it can be deduced that The higher the participation rate of mothers in the support groups.

## **DISCUSSION**

The level of participation in the mother support group Based on Table 2 shows that the participation rate of mother the maternal supporting group, mostly in the good category is 23 (76.7%), moderate category 3 respondents (10.0%) and low category of 4 respondents (13.3%), factors that affect the low participation rate among other things the meeting schedule KP-Mother together with working hours and parity with the number of children > 1. Based on the characteristics of the respondents, the level of good participation tend to be at the level of high school education, participation being tended in the level of secondary education, in terms of age tend to respondents with categories Low participation were age 25-35 years, whereas parity is likely to the respondents who have a second child as well as respondents with job status i.e., house wife.

The results of this study indicate that the participation rate of mothers in good mother support group. However, from the fourth respondent participation levels low 2 respondents were not able to give exclusive breastfeeding and 2 among the successful exclusive breastfeeding This is according to research (Polriani 2010) entitled "The effectiveness of the role of Exclusive breastfeeding support group to mother" showed that there is a positive relationship between the role of maternal supporting group and Exclusive breastfeeding [4,14]. Here the mother will get various information directly on exclusive breastfeeding so it will be easier understood.

The results showed most of the rate of participation the maternal supporting group has a good level of participation contained in aspects implementation, but there are women who have this level of participation lacking in exclusive breastfeeding are the aspects of number 3 regarding home visits together motivator if there are participants maternal supporting group delivery (50%) and number 13 on the reading materials or books related to the theme before the discussion begins (45%). On mother's level of participation, participants maternal supporting group support each other and motivating in exclusive breastfeeding.

Each participant may submit questions or opinions to the motivator or other participants about experiences, ideas and information that is known and discussed together. If there are unanswered questions, the questions. The bags will be recorded in the book of questions that will be delivered or ask the builder maternal supporting group is midwived the region. Every three meetings, midwives in health centres as a coach region monitoring by visiting mother support group meetings with the aim

identify the progress already made, and discuss the difficulties faced and action plan. Then every 3 months coach region as a centres midwife meets regularly with participants mother support group to make participation in the mother support group more enhanced and exclusive breastfeeding, and discuss successes, difficulties, and learning that occurs during the carrying out of activities meetings and home visits. Additionally, midwife equips participants maternal supporting group with advanced knowledge and skills acquired from during follow-Maternal supporting group. So participation less than it should be and maternal motivation less will affect the role of Maternal supporting group as well.

Exclusive breastfeeding success Based on Table 3 shows that the success of exclusive breastfeeding. Exclusive breastfeeding is largely successful, as many as 26 respondents (86.7%), and just 4 respondents (13.3%) were not successful Exclusive breastfeeding exclusive. This is a concern for the coach Maternal supporting group that among mothers breastfeeding who joined the Maternal supporting group, there are still mothers not exclusive breastfeeding. Factors affecting Exclusive breastfeeding mothers did not succeed in the baby when the baby is born breast milk has not come out so that the baby is fed and formula the occurrence of misperceptions about exclusive breastfeeding. Also, some misconceptions that often disregard baby. For partly maternal nutrition, breastfeeding is an action that natural and instinctive, they think breastfeeding is not necessary to be learned. Mostly mothers are less aware of the importance of exclusive breastfeeding as the main meal infant. Relationships in the maternal supporting group Participation Rate mothers Success Exclusive breastfeeding Based on Table 4 shows no relationship between the level of participati on mother support group in the success of exclusive breastfeeding mother indicated on chi-squareX2 coefficient count = 7,299> X2table, df = 2 = 5.99. P value = 0.026<0.05, then Ho is rejected, and Ha accepted, so it is concluded that there is the relationship between the mother's level of participation in the Maternal supporting group with breastfeeding success Exclusive in Health Centers Umbulharjo I Yogyakarta.

This is consistent with the results of the study (Ingram *el al*, 2010) entitled "Effect of antenatal peer support on breastfeeding initiation" indicates that the peer support has experience breastfeeding or who are breastfeeding is effective in improving the initiation breastfeeding and support breastfeeding. Mother will be more flexible reveals the problems faced in breastfeeding compared to their peers with families [7,8,20].

The above description is relevant to the opinion of Notoatmojo (2010) stating that knowledge is influenced by several factors, including from the experience. Experience can be gained from own experience and others [9,13]. The experience gained can expand knowledge and raise the motivation of a person in breastfeeding Exclusive. Motivation less will affect the level of participation of mothers as well as the effect on motivation in exclusive breastfeeding.

## **CONCLUSIONS AND RECOMMENDATIONS**

Mother participant level in maternal supporting group at 23 respondents and Exclusive breastfeeding success 26 responden (86.7%), It can be concluded there is a significant relationship between the level of Mother's participation in maternal supporting group with breastfeeding success Exclusive with P value = 0.026 <0.05.8

For obstetrics that can be used to developknowledge, especially about mother support group with Exclusive breastfeeding. Participants maternal supporting group hould be more active in activities mainly in the mother support groupdiscussion groups so they can add to the experience and insight regarding exclusive breastfeeding which is expected to increase Exclusive breastfeeding. For health workers, especially so when the center midwife maternal supporting group activities

participants were given a clearer explanation about Exclusive breastfeeding sense because there is still a participant wrong understand about exclusive breastfeeding.

For further research To be able to examine other factors that have not been discussed at. This research which may affect the success of exclusive breastfeeding

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