

APPLICATION OF EXCLUSIVE BREASTFEEDING TO MOTHERS WITH INVERTED NIPPLES

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ABSTRACT

During breastfeeding the mother's reason for not breastfeeding her baby's nipples are difficult to breastfeed because of the anatomical condition of the nipple due to the wrong way of breastfeeding or improper care of the breast. This reason can cause mothers to stress so that the hormone oxytocin does not work and breast milk stored in the breasts causes mothers to switch to using formula milk. This study aims to analyze the factors that influence the application of exclusive breastfeeding in mothers with inverted nipples in Kudaile Village, Tegal Regency. The specific target in this study is that factors are found that influence the application of exclusive breastfeeding so that it can contribute to increasing the scope of exclusive breastfeeding in Kudaile Village. This research uses qualitative methods with an observational design. Data collection was carried out using indepth interview techniques in accordance with interview and observation guidelines. The results of the interview were recorded and field notes were made. To avoid subjectivity, researchers use the source triangulation technique which is to collect data from different sources (informant families) by the same method (in-depth interviews)

INTRODUCTION

The benefits of breastfeeding for babies are an ideal source of nutrition for babies with quality, normal quantity, can reduce the risk of neonatal death, increase endurance because colostrum found in breast milk contains immune substances 10-17 times higher than breast milk matur (Susilowati, 2016). But often mothers do not manage to suckle or stop breastfeeding faster. The reasons during breastfeeding conveyed by mothers not to breastfeed include mothers with flat nipples who are difficult to breastfeed because of the condition of the nipple skin tissue. These two things trigger the hormone oxytocin not to work and breast milk will be stored in the breast but not flowing so that it makes the mother not enthusiastic about giving breast milk to her baby and the mother begins to think about switching to formula milk to meet the baby's needs. Therefore

mothers need help so that the breastfeeding process is successful (Anggraini, 2010). The government establishes a national policy related to the exclusive breastfeeding program as stated in the Government Regulation of the Republic of Indonesia Number: 33 of 2012. The target of the Strategic Plan (Renstra) 2015-2019 is that the exclusive breastfeeding coverage is 50% in 2019 (Ministry of Health ri, 2015). The culture of breastfeeding babies in Indonesia is something important for mothers who have babies. However, the practice of exclusive breastfeeding has not been achieved by the expected target. In Indonesia, the value of AKB is high, when compared to several ASEAN countries. The Human Development Report (2010) shows data that AKB in Indonesia reaches 31/1,000 birth rate. This value is 2.4 times higher than Thailand and 1.2 times higher than the Philippines. Even the AKB value in Indonesia is 5.2 times higher than Malaysia (Aulia and Budi, 2017). Based on the data obtained, the coverage of exclusive breastfeeding in Tegal Regency in 2019 was 49.55% an increase compared to 2018 of 38.89%. The expected national coverage is 80%. The

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highest breast milk coverage in Tegal Regency in the Slawi Health Center Area in Kudaile Village was 66.7% but this figure was still below the national coverage. The maternal factor with flat nipples is one of the factors of breast milk failure. This is shown by the results of a study conducted by Rahmatillah Razak (2015) on the determinants of exclusive breastfeeding of mothers with nipple problems in giving exclusive breastfeeding that most mothers do not give exclusive breastfeeding to their babies, because breast milk does not come out difficult to suck by the baby. If the milk does not come out smoothly, especially on the first day after giving birth, then the mother feels anxious and worried that the baby is starving, then the mother immediately gives formula milk or other drinks such as tajin water and water for the baby. Failure in the breastfeeding process has an impact on the baby's health profile obtained by statistical data from the Tegal Regency Health Office where the Infant Mortality Rate (AKB) in Tegal Regency in the last 5 years (2013 - 2018) has fluctuated where in 2017 - 2018 it continues to increase, which is caused by nutritional status. This condition deserves the attention and health workers, especially midwives (Tegal Regency Health Office Profile 2018).

RESEARCH METHODS

The research uses qualitative descriptive research methods. Data collection was carried out through indepth interview techniques in accordance with interview and observation guidelines. The results of the interview were recorded and then made field notes. Informant samples were taken by purposive sampling, according to the purpose and type of research. Informants in this study consisted of key informants, primary and triangulation. The key informant in the study is the regional coordinating midwife of the Slawi health center who will direct the researcher in selecting the main informant. The main informants, namely mothers with flat nipples who have babies with a maximum age of 4 months, only give breast milk in the Kudaile Village Area. While the triangulation informant in the study was the family closest to the mother. In this study, the number of informants was determined by the saturation of informant sources, in this study the number of main informants was 4 multipara mothers and flat nipples and triangulation informants were 4 mothers' families. The research tool used is in-depth interview guidelines (indepth interview).

RESULTS AND DISCUSSION

The results of the study were obtained based on a structured interview guide for 30-40 minutes, the time and place have been agreed upon by the informant and researcher, namely at the informant's residence.

a. Visit I (exploring knowledge about the importance of Exclusive Breastfeeding)
Knowledge of the importance of exclusive breastfeeding was expressed by informants as follows :

1) Meaning, benefits, correct technique, prevention of flat nipples, signs of sufficient breast milk

" Exclusive breastfeeding is breast milk that is given up to 6 months after that can only be given additional food, whether it is bananas, porridge or other foods, breast milk is important for the baby's intelligence, strong antibodies, not easy to get sick, the baby is like in the front carrying, continue the baby is hugged, the mother is sitting usually leaning back so that it is not tired, the buttocks can be held by a pillow, baby's head in the upper hand. So that the nipples are not flat, you can give baby oil, if you don't get it wrong, my friend said to send it to breast milk. The sign that the baby is enough breast milk, the baby sleeps well, it doesn't snooze, it's not fussy, then usually when it's full, it's usually taken off by itself, the eek is also sometimes loose, sometimes it's not... different mba.... i got the information from the midwife where i checked...." (IU 1)

"Exclusive breastfeeding if the baby is given breast milk for up to 6 months. Later, the milk can be continued for up to 2 years. Breast milk is very important for babies to be healthy, right directly from their mother, not from canned milk, my nipples are now not flat, mom,, Just right again flat, I usually give ointment... then I compress warm water... but it was only yesterday-yesterday that I knew that evenly it was smeared with milk... signs that the baby's breast milk is enough, usually the baby is not fussy, his weight is rising, his body is also akas..." (IU 2)

"Mmm..... breast milk that is up to 2 years... or six months yes mba... water can't, other foods can't... but if the baby is sick, you can give medicine. The

problem is that my son when he was born was also sick and continued to be given medicines and vitamins, said the doctor, ga papa.... Breast milk remains the way. Nipples so that they are not easily flat, which is important to use breast milk mb.... i know from reading on the internet mba.... that's why I already know.. a sign that the baby is enough breast milk is increasing in weight.... keep ga overweight.... usually the body is small but fits snugly..” (IU 3)

“Exclusive breastfeeding is that the baby is breastfed for 6 months said, can not be given formula milk or food other than breast milk..., breast milk is important mba.... so that the baby is healthy, strong, not easy to make up.... immune usually even though heja mayeng-mayeng (walk) if the nipples are not flat, yes dipijet using baby oil peke warm water, the baby is quite breastfed if the mimic is as good as he continues to usually sleep” (IU 4)

Informants' knowledge of exclusive breastfeeding mostly says that exclusive breastfeeding is a 6-month feeding of breast milk without additional food even formula milk. One informant said it was still said to be exclusive breastfeeding if given medication if it was necessary in the healing of sick children (IU 3).

The informant's statement is in line with Government Regulation Number 33 of 2012 Chapter I Article 1 Paragraph 2, the definition of exclusive breastfeeding given to babies from birth to six months of age without adding and replacing them with other foods or drinks, except vitamin, medicinal, and mineral supplements.

All informants know the importance of exclusive breastfeeding is one of them for the baby's immunity and brain intelligence (IU 1 – 4)

One informant learned that the prevention of nipple abrasions by applying milk on the nipples (IU 3), some other informants stated that the prevention of flat nipples used warm water, baby oil and ointment (IU 1 and IU 4)

In general, informants know the signs that the baby has enough breast milk, including the baby sleeping well, not fussing about removing the nipples themselves if they are full, and the bowel movements vary (IU 1 and IU 4), weight gain (IU 2), not obesity (IU 3).

Regarding knowledge about breast milk, two informants got information from midwives and doctors during pregnancy and peers (IU 1, IU 2,

IU 4) one informant got information from the internet (IU3)

Maternal knowledge is a factor that can affect breastfeeding. This is in line with the results of research by Rahmawati (2010) and Juliani (2009) that there is a relationship between maternal knowledge and breastfeeding. With good knowledge the informant will give exclusive breastfeeding so that the milk will run smoothly and the baby is satisfied with getting breast milk, so that the mother does not give additional food other than breast milk before the age of 6 months.

2) Mother's feelings during the breastfeeding process

“when the baby was born it was directly placed on my belly I thought about whether later my baby could breastfeed or not because my nipples were flat, mba.... but thank God even since then the baby is big his mouth is also wide immediately sucking walapun can't immediately breastfeed tp my son like understands the location of my nipples where even though they are flat... thank God....”(IU 1)

“happy..... I was helped by breast milk.... if I can't breastfeed pity my son.... the benefits are also many.... make a baby for mom for all.... so proud to be able to breastfeed especially with the flat condition of my nipples.... tp this thank God kaya has started to stand out in thekit” (IU 2)

“my feeling is so happy to be able to breastfeed.... I feel like I'm giving my best to the kids.... the condition of my nipples is flat mbaa.... at first there was a worry... but I am sure that I can and am sure that breast milk is indeed a good one for my son.... just give the formula milk later... maybe after 6 months....” (IU 3)

“thank God.... it's really fun.... it's hard at first but it can be missed.... the name is fighting for the child ya mba.... The breast milk is already there... so it has to be spirited.... right a lot of my friends asinya ga come out finally the baby drinks formula milk....”(IU 4)

The results showed respondents mothers made the decision to breastfeed babies exclusively mostly wanting the best for the child. This is in line with Riordan and Wambach's theory in 2010, breastfeeding decision making can be influenced by several factors, namely child factors, maternal

factors, information obtained by mothers, families and people around, health workers and socio-culture.

3) The mother's view of the responsibility in providing exclusive breastfeeding which is the right of the baby

"babies have the right to get breast milk, mom.. kasian if it's not given... after all, it also loses the milk,,,because my milk comes out a lot.... formula milk besides being expensive is also not necessary... ntar after 6 months ga papa.... Breast milk has many benefits, the child is also smart, smart, when breastfeeding, usually thin quickly" (IU 1)

"Breast milk is very important for babies, if it is formula milk even though on tv and in supermarkets that nawarin often I am not interested.... breastfeeding itself is more seneng mba.... formula milk just sends it if it's been 2 years... right breast milk may not come out anymore..... if now I'm sorry for the baby... bother too... gotta get the bottle too... even dizzy... not to mention the milk, maybe there are preservatives too... isn't it good for babies"(IU 2)

"right, if we can give breast milk why change formula milk... whose benefits are also better breast milk. If the milk is sterile, it's easy to give it, don't buy a bottle, manasin, not to mention that buying the milk is actually a waste... if exclusive breastfeeding is economical for 6 months, even up to 2 years, you don't have to buy milk... good benefits for babies... The milk that comes out first, which is yellow, is good for the baby's immune system..... thank God when I was born the baby got the milk" (IU 3)

"The breast milk that I know is indeed for the baby mom, it has been moved from there, mom.... hehehe... so you don't need formula milk... expensive too... I'm also at home just not working if I use formula milk to pity the baby.... like this I already feel comfortable.... babies are also rich in needing their mothers when they are just right again... we're happy.... Breast milk is important for the baby's brain, God willing, if you grow up, the child is smart" (IU 4)

The statement made by all informants that breast milk is the right of infants, in line with the legal basis of the Constitution article 28B

paragraph (2) every child has the right to survival, body and development, the right to protection from violence and discrimination. This means that the right to grow and develop, one of which is with breast milk.

All informants revealed that breastfeeding is important for the baby's health, this is in line with the theory that breast milk plays a role in increasing the baby's immunity (Damayanti, 2010)

4) Mother's view of formula milk on children's growth and development

"Breast milk alone, better for developmental growth.... given by God... if the formula is made.... so babies want to drink as much breast milk as parents don't worry... the stomach may not be ready if given a formula ... formula milk will be just if I have been weaning for 2 years. Breast milk used to be maximized." (IU 1)

"the nutritional content in formula milk is still inferior to that in breast milk mba.... the function for the growth and development of the baby is obviously mba... Breast milk is a nutrient-rich food... rich us if we eat ya let's get fatter... after all, formula milk is not at all different from breast milk" (IU 2)

"formula milk for baby growth and development.... but if it's processed like that, the chemicals must have been there, right? If it's breast milk, it's not a cardboard boxer. hehehe..... directly through mom's breasts... sterile and guaranteed in my opinion..." (IU 3)

"The formula does make the baby fat like the neighbor's child fat, but like it's not tight to the skin,, sometimes also if it's not suitable for diarrhea bias, for now breast milk just used to be mba.... the formula will be later...." (IU 4)

Main Informant 1 (IU 1) revealed that babies do not need to be given formula milk for up to 6 months because digestion is not ready, breast milk given from God is not man-made so it is more sterile than formula milk from man-made products that have been mixed with chemicals so it is likely that the baby is not ready.

Another informant said that breast milk can increase weight because the nutrients contained in breast milk are very much, very good for the growth and development of babies. While it is still there or breast milk is still enough the formula

does not have benefits for up to 6 months (IU 2, IU 3, IU 4)

The informant's expression above is in line with Khamzah's theory (2012) that breastfeeding is important in children's growth and development because in breast milk there is a content of omega 3 alpha linoleic acid oil which is needed for child development and is not found in formula milk.

5) Problems related to exclusive breastfeeding are mainly related to the multipara and flat nipple condition of the mother, whether or not there is any effect in the application of exclusive breastfeeding.

"sometimes confused... even though I've had children but sometimes feel like the first child because it's been a long time too... parents are also already different physically... sometimes if you ask for help, you can't stay long either.... but if you don't give breast milk, it might be more troublesome... it takes money and manpower too. If it's exclusive breastfeeding, the baby's cry is immediately given even though sometimes I'm really tired... the end hurts.... no one has changed it anyway.... but ga papa.... bismillah was given smoothly... if the neighbors used to ask me this " have you been given to eat what?they said let the baby grow up just eat it's okay..."(IU1)

"it turns out that exclusive breastfeeding is not easy... but it's also not difficult if it's already been walked.. when I started it my breast milk was a little bit... it hurts her nipples... flat finally hurts... sometimes there are my neighbors who say that if 6) the child who is given the formula is bigger faster.... if you drink breast milk for a long time.... but I don't want to just breastfeed... my husband is also very supportive,, if my parents who are in-laws who sometimes say they just give me to eat, maybe they are still hungry... because my parents don't use the old rules mba.heheh... but ga maksa is also up to the mantunya..."(IU2)

"there's no obstacle... it's been a routine so get used to it.... if you feel tired, or upset, sometimes there is..... it's called nyusuin ya no one changed it ya mba... he.... the problem when I was on my nipples flat at the beginning was that I thought I was using formula milk... it really hurts mba... but when you have recovered, thank God, you can now enjoy....."(IU 3)

"sometimes my breast milk is a little bit.... lack of rest... this is me guarding the store so if I don't sleep during the day, later at night I often stay up late.... my other son also sometimes doesn't understand,,,that's time to nyusuin ya at asking for this it becomes troublesome,,,uping my milk is also average sometimes when it hurts, I want to stop nyusuin... but I'm still excited ,, can't stand it... tired, yes, take a break because the husband also often stays..... eating, drinking, resting... yes this is already my daily life...." (IU 4)

Most informants revealed that they had the intention to breastfeed exclusively but sometimes mothers got information that the baby was fed only on the grounds that it was probably still hungry (IU2). All informants remain determined to remain exclusively breastfed (IU 1 - IU 4)

The phrase informants indicates that they have not received full support from the surrounding environment, but so far the informant has had no difficulty in passing on his intention to still provide exclusive breastfeeding.

Most informants have a strong motivation, a feeling of pleasure and pride for being able to breastfeed their own baby. This is according to the theory from Abdullah 2004, that breastfeeding a child is part of the biological task of a mother, with a feeling of pleasure and pride can be part of the mother's positive self-concept so that the mother can play an optimal role in the care of her baby.

Breastfeeding techniques performed during the breastfeeding process

"breastfeeding technique?what does it mean..... (after being explained)... yes I breastfeed sometimes while lying down, sometimes sitting... it's just as comfortable as it is.... giving milk if the baby is crying or at least 2 hours... sleep yes we wake up.... but my son often hasn't had 2 hours of asking for a drink....." (IU 1)

"I often breastfeed while lying down.... so baby sleep I can rest for a while.... sit yes sometimes... tired of the problem...." (IU 2)

"breastfeeding techniques are there... Hehe... i know the important thing is that the nipples enter the baby's mouth and then the baby drinks.... if my position is often lying down... but sit down too... just as comfortable as it is....." (IU 3)

"during this time I was breastfeeding, yes, just right away... don't use any tools.... frequent sitting.... sleep if you want to sleep...." (IU 4)

The phrase conveyed by the informant conveyed that breastfeeding techniques are often carried out with a sleeping position on the grounds that they feel more comfortable (IU 1 – 4)

Saryono's theory, 2008 was conveyed that breastfeeding is recommended in a relaxed atmosphere for mothers and babies. The recommended position is that there are several (dekapan position, football hold, lying position) with the aim that the baby will feel calmer, there will be no mumbling, uneven nipples.

- 7) Efforts made by mothers so that their milk production remains a lot

"eat vegetables that are ijo-ijo, soup many kinds of soup vegetables, spinach vegetables, katuk leaf vegetables, eat no taboos, breastfeed every 2 hours or if the child has cried, just ask for nenen, just give it... no need to be scheduled....." (IU 1)

"just eat a lot... no need to choose.... the important thing is not to stress... the problem is like me, mba, if you are stressed, just reduce the breast milk immediately... it's really hard.... the problem is made casual even though it is difficult.... frequent nyusuin babies....." (IU 2)

"if you breastfeed a lot, eat a lot of it, add milk... eat vegetablesya eat nutritious mb.... my milk is also often.... green vegetables, drink a lot...." (IU 3)

"breastfeeding each baby cries, as often as possible or at least 2 hours, nutritious food, many portions, at most it is mba.... the important thing is not to stress.... get enough rest..." (IU 4)

- 8) How to maintain the quality and amount of breast milk production to continue to meet the needs of babies

"eat a lot, drink a lot, vitamins, and not stress..." (IU 1)

"set diet, fluids, no stress..." (IU 2)

"breastfeeding as often as possible, plus nutritious food, drinks for body fluids, and breast milk-enhancing tablets...." (IU 3)

"nutritious food, and there is no need to stress..." (IU 4)

Some informants revealed that their way of implementing ways to maintain quality in supporting the success of exclusive breastfeeding. Most respondents maintain the quality of breast milk through diet and fluid addition. In accordance with Purwanti's 2012 theory that the quality of breast milk is influenced by the overall health of the mother, including the quality of food intake and adequate rest..

- 9) Defense mechanisms against the influence of formula milk and early complementary foods

"because we know the benefits of breast milk are better than formula milk so it makes it my strength to prefer breast milk...." (IU 1)

"the important thing is intention.... husband and family support as well.... even though the husband is far away it is okay, and is also often reminded... my family also accompanied me at the time of breastfeeding...." (IU 2)

"I'm the important one because I often get information that if breastfeeding uses breast milk, I just need to do it. because it turns out that there are so many benefits.... thank God I'm happy..." (IU 3)

"I know that breast milk is very good for babies, so formula milk will be later if it's been 6 months or later when weaning 2 years...." (IU 4)

The behavior of mothers giving exclusive breastfeeding according to the model of attitude change developed by Niven 2002 includes the first stage, namely unfreezing, which is when the mother realizes that her actions so far about breastfeeding her child are not appropriate, so that problems arise due to these behaviors, for example diarrhea or malnutrition in the child. The second stage is changing, namely after knowing that the breastfeeding behavior they have done so far is wrong, it has a bad impact on the health of their children, the mother's awareness is opened and a new attitude is formed about the correct management of breastfeeding. The third stage is re freezig, this stage the mother evaluates her attitude

in training the exclusive breastfeeding has been in accordance with her expectations or not. Keberhasilan penerapan ASI eksklusif

"thank God, I am happy to be able to provide breast milk exclusively for my children, I feel very useful.... for healthy babies, weight also never loses even though it's not really fat but it's just right here.... it's hard to be happy, yes, there is lah.... the important thing is the best intention for the child... continued support from those around us.... although some people don't agree in fact now they are just used to it... already agreed..." (IU 1)

"thank God it's been 6 months since I breastfed my son, it must be happy... the child also looks healthy.. it's not easy to get sick.. for mom she said it can prevent breast cancer too ya mba.... tired obviously there is a hassle too.... but it seems more troublesome if you use canned milk, mba.... Breast milk is delicious... ngek jel ngek jel... hehehe.... experience also for later my son which is next...." (IU 2)

"thank God lanca.... helped me too... thanks.... Since this pregnancy my intention is that the child should be given exclusively breast milk without any food additives before the time is over.... obstacles there must be mba... but if it's the intention, god willing, everything can be resolved... although it is not easy.... children are also investments, yes.. hehehe... my weight is also stable because of breastfeeding" (IU 3)

"Grateful... soon 6 months.... my son Alhamdulillah is also healthy... the ups and downs must be there... fighting on.. flat nipples, cranky child, neighbors say that the child is given to eat bananas, there are many temptations but I am not affected... all for the sake of the child..." (IU 4)

All informants expressed their success in providing exclusive breastfeeding with the ups and downs experienced during the process of exclusive breastfeeding. From the results of interviews conducted on six informants, it was found that the mother's motivation in giving exclusive breastfeeding was because she knew that the benefits of breast milk could provide benefits for all. Babies will be healthier and smarter. One informant, IU 2, said that the benefits of exclusive breastfeeding can prevent breast cancer. This is in line with research by Buckeley, Kathleen, and Gloria (2006) which states that breastfeeding can

reduce the risk of breast cancer by as much as 4.3% for each year during breastfeeding.

Informant IU 3 revealed that the benefit that mothers feel after exclusive breastfeeding is weight loss from weight before pregnancy. This is in line with research by Wen, et al (2009) in Australia that as many as 10% of mothers say the benefits of exclusive breastfeeding can lose weight postpartum.

The results of the study also found that all informants revealed that exclusive breastfeeding can improve the growth and development of babies, and children become healthier. Dewi (2011) explained that the benefit of exclusive breastfeeding to a child for 6 months can cause his growth and development to be better, babies rarely experience pain due to the presence of protective substances to protect the baby from infection. This is also in line with the research of Wen et al (2009) that breast milk is good for the health of the baby, protects the baby from disease, improves the immune system and helps to establish closeness between mother and child.

All informants feel happy and proud to be able to provide exclusive breastfeeding for 6 months. This is in line with the research of Wen et al (2006) which states that when mothers are successful in giving exclusive breastfeeding they feel pride and comfort based on the experience of the mother of one of the informants also said feeling satisfied and relieved can give the best for her baby. This is in line with the theory written by Wong et al (2008) mothers have feelings that are very close to their children and feel complete and feel satisfied when the baby sucks breast milk from them.

Triangulation Informants (IT 1 – IT 4) (Exclusive Breastfeeding Knowledge, benefits, importance for mothers and babies, opinions on the myth of exclusive breastfeeding, opinions about formula milk and the impact on baby growth and development, and efforts made to support exclusive breastfeeding)

" Exclusive breastfeeding.. Breast milk taken up to 6 months, is important for the health of the baby..... myths sometimes believe sometimes not... but trust breast milk more than formula milk.... so yes, I suggest that children only use breast milk..." (IT 1)

"Exclusive breastfeeding is given to children when giving birth for up to 6 months... benefits

for the child's body to be strong, get enough nutrition, if formula milk is for a companion but yes later after 6 months. my support is always to surprise the food eaten, sometimes help with his household work....”(IT 2)

doesn't get sick easily, the best food for babies, formula milk can only be after 2 years, later if the baby is already big, maybe breast milk is not enough, yes, you can use formula milk, I just support it... only if bananas don't papa, right mba... or shouldn't it? I sometimes kasian maybe if breast milk is just lacking.....”(IT 3)

“ Exclusive breastfeeding is just breast milk that a 6-month-old baby drinks... has many benefits for the baby's mother, I know from the midwife and the neighbor... formula milk is good too Just better breast milk... i support what my son chooses....”(IT 4)

Some triangulation informants say that exclusive breastfeeding is breast milk that is given for up to 6 months, only breast milk (IT 2 and IT 4). Although there are triangulation informants who are hesitant about the timing of feeding the baby (IT 3). Triangulation Informants provide maternal support to provide exclusive breastfeeding, some informants give IU freedom to decide whether or not the baby will be breastfed exclusively.

According to Sudiharto (2007) family support is support to motivate mothers to give breast milk only to their babies aged 6 months, including providing psychological support to mothers and preparing balanced nutrition for mothers.

CONCLUSION

All informants (breastfeeding mothers) know knowledge about the importance of exclusive breastfeeding, In general informants know the signs of the baby's milk enough, the mother's view on the responsibility of providing exclusive breastfeeding is good because breastfeeding is important for the baby's health and it is the right of the baby to get breast milk, All informants (breastfeeding mothers) Mother's view of formula milk on child growth and development does not approve, because breast milk is the most important thing is that the baby does not need to be fed with milk until 6 moon, most informants (nursing mothers) have a strong motivation, feelings of pleasure and pride because they can breastfeed their own baby even though they have flat nipples, breastfeeding techniques that are often a sleeping

“ Exclusive breast milk is breast milk for up to 6 months... benefits for the baby's immunity so that it

position with comfortable reasons, informants know about how to increase the amount of breast milk production in order to still meet the needs of the baby by maintaining a diet and adding fluids, the success of the application of exclusive breastfeeding that the motivation of the mother in giving exclusive breastfeeding is because knowing that the benefits of breast milk can provide benefits for babies, babies are healthier and smarter.

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3. Respondents of breastfeeding mothers in Kudaile Village

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RELATIONSHIP BETWEEN THE BABY'S BIRTH WEIGHT AND THE INCIDENCE OF PERINEAL TEARING

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ABSTRACT

Childbirth is a physiological process and an important event in life that is often remembered by a woman throughout her life, where birth trauma most often occurs in the perineum. A perineal tear is a perineal laceration that occurs when the baby is born either naturally or through an episiotomy. This study aims to determine the relationship between the baby's birth weight and the level of perineal tear in mothers with normal delivery. The research method is quantitative with a cross-sectional analytical research design. The sample is 298 people. Data were collected by looking at the maternity room register book from January-December 2021. Data were analyzed with the help of Software Statistics Product and Service Solutions (SPSS) Version 25. Research Results: from 298 deliveries 256 respondents experienced perineal tears. 97 respondents to a grade 1 tear (32.6%), 156 respondents to a grade 2 tear (52.3%), and 3 respondents to a grade 3 tear (1%). Of the 298 mothers who gave birth, there were 256 deliveries with perineal tears with 206 (85.5%) baby weights <3365gr and 50 (87.7%) baby weights >3366 grams. Meanwhile, for mothers who experienced intact perineum, there were 42 respondents where the baby's weight < 3365 g was found in as many as 35 respondents (14.5%) and the baby's weight > 3366 there were 7 respondents (12.3%). The results of the chi-square test at $\alpha = 0.05$ obtained $p = 0.821$ ($P > 0.05$) this means that there is no relationship between the baby's birth weight and the incidence of perineal tears. Conclusion: there is no relationship between a baby's birth weight and the incidence of perineal tears.

INTRODUCTION

The main cause of maternal death is associated with complications during pregnancy and childbirth. Childbirth is a physiological process and an important event in life that is often remembered by a woman throughout her life, but there are complications at the time of delivery. The cause of postpartum hemorrhage is 4T, namely *Tonus, Tissue, Tear, and Thrombin* (WHO, 2017)

Perineal tears can occur spontaneously (rupture) or intentionally (episiotomy). Perineal tears are divided into four levels; Grade I to Grade IV. In general, perineal tearing is a tear that occurs during childbirth and is caused by many things such as birth position, mode of delivery, birth canal, and birth weight. In addition, babies who are overweight or have a birth weight above 4000 gr increase the risk at birth that is, their shoulders will droop, they

will have difficulty breathing, and sometimes they will be injured. in the neck, shoulders, and nerves. This happens because the baby's weight is too heavy to pass through the pelvis, causing a rupture of the perineum for the mother who gives birth. (Enggar, P, 2018)

Perineal tears are common in primigravida mothers because the birth canal has never been passed by the baby and the muscles are still stiff and multigravida mothers can also experience perineal tears. The perineum is considered elastic in women who have given birth before, but it was found that women with multigravida still experience tears in the perineum during childbirth. (Anggraini & Anggasari, 2019).

Perineal tearing can be prevented or should not occur if the mother's perineum is elastic or the mother strains well. There are ways to prevent tearing of the perineum, namely, kegel gymnastics and pregnant gymnastics. Addition there is another way to prevent the occurrence of perineal tears that is the perineal massage technique, but not many people know that this massage can prevent perineal tearing, and this massage is very convenient and can

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be done alone without the need to take a long time, it can be done every day and cheaply. (Anggraini & Anggasari, 2019).

According to (Wiknjastro, 2007), Spontaneous perineal tears often occur in childbirth, where the fetus is born too quickly, labor is not done well, there is too much scarring in the previous perineum, and shoulder dystocia in labor. Meanwhile, according to Henderson (2006), some factors can influence the risk of spontaneous perineal tearing, namely the number of births, the way/management of childbirth, and birth weight. (Enggar, P, 2018).

While the world's perineal tear rate in mothers giving birth was 2.7 million in 2015, it is estimated that this number will reach 6.3 million by 2050. In Asia alone, 50% of women who give birth are affected by perineal tears. The author conducted a study on the perineal tear rate through previous studies on the perineal tear rate in maternity mothers. One of the factors causing the occurrence of perineal tears is newborns with body weight above 4000 grams, the heavier the baby, the higher the incidence of perineal tears in mothers. (Russiska et al., 2021).

Based on maternal birth data conducted at BPM Retno Sukengsih Winong Purworejo and medical records in 2020 there were 123 spontaneous deliveries. Of the 123 births, 74 (60.10%) had a perineal tear and 49 (39.9%) did not (BPM Medical Record Retno Sukengsih Winong Purworejo, 2020). (Priestnall, Simon L. Priestnall, et al., 2020). Meanwhile, the results obtained according to another study entitled The relationship between birth weight and the incidence of perineal tearing at Harapan Bunda Surakarta Hospital: 52 (77.6%) cases of rupture. Tears in the perineum were obtained from 52 (77.6%) mothers from 67 samples, consisting of 21 mothers who gave birth with a birth BB of 2500-3000 gr (31.3%) and 31 mothers who gave birth with a birth BB of 3000-3500 gr (46.3%) (Enggar, P, 2018).

A preliminary survey of data obtained from the partus mother register book in January-December 2020 at the RB Puskesmas Senen District related to the title Relationship Between Newborn Weight and Perineal Tear Events, data were obtained: from 215 (52.2%) mothers from 410 samples, consisting of 115 mothers who gave birth with BB born 2500-3000 gr (28.05%) and 100 mothers who gave birth with BB born 3000-3500 gr (24.39%).

A preliminary survey of the results of data from the mother's register book from November 29 to December 16, 2021, at the RB Puskesmas Senen District The Relationship Between Newborn Weight and Perineal Tear Events in the RB puskesmas senen district, obtained the following data: there are 12 total deliveries. Of the 12 found tears 9, Tears in the perineum were obtained from 9 mothers from 12 samples, consisting of 4 mothers who gave birth with a birth BB of 2500-3000 gr and 5 mothers who gave birth with a birth BB of 3000-3500 gr.

An important factor that plays a role in childbirth based on (Wiknjastro, 2007) is the power to push in the mother, the state of the mother's uterus, and the condition of the fetus. The perineum is the area between the vulva and the anus, with an average length of 4 cm. It is determined during childbirth not only by internal genital organs such as the uterus and vagina but also by organs such as muscles, connective tissue, and ligaments that affect the birth canal. The muscles that hold the pelvic floor outwards are the ani externus sphincter, the tuberosus muscle surrounding the vagina, and the transverse perineal muscle. Deeper still finds the strongest inner muscle called the pelvic diaphragm, specifically the levator ani muscle, which holds the pelvic floor in place. Position the lumbar muscles so that they form an anterior triangle called the urogenital triangle. This triangle includes the urethra, vagina, and rectum. (Sarwono Prawirohardjo et al., 2016).

Therefore, in the title, the author is interested in taking research, namely about "The relationship between the birth weight of babies and the incidence of perineal tears at the Senen Health Center". The final results of this study can be used as one thing that officers can do to prevent perineal tears is to control the birth of the head, shoulders, arms, and legs, as well as take time to stretch the skin and thus reduce the risk of perineal tears.

RESEARCH METHODS

This research is quantitative research with an analytical design. The research location is at the Puskesmas, Senen District. The n population of this n study was all maternity mothers in RB Puskesmas Kecamatan Senen starting from January-December 2021 which was recorded in the register book.

Sample is all maternity who experienced perineum tear at the Senen District Health Center from January-December 2021 which was recorded in the medical record in accordance

with the criteria inclusion and exclusion. Criterion Inclusion i.e. data mother in the complete register book. Criterion Exclusion i.e. data mother in the register book is incomplete. Based on these criteria, a sample of 298 people was obtained.

RESULTS AND DISCUSSION

Table 1 Perineum Tearing Incidents at the Senen District Health Center for the Period of January 2021 to December 2021

Variable	N	%
Whole perineum	42	14,1
Grade I	97	32,6
Grade II	156	52,3
Grade III	3	1,0
Total	298	100

Source: Register Book, 2021.

In table 1, it can be seen that there were 42 (14.1%) respondents who gave birth at the Puskesmas in Senen District who had a whole perineum, namely 42 (14.1%) respondents, and those who experienced a grade I tear were 97 (32.6%) respondents, and there were 3 (1%) respondents who experienced a grade III tear.

Table 2 Weight of Babies Born at the Puskesmas Senen District from January 2021 to December 2021

Variable	N	%
Baby weight < 3365 gr	241	80,9
Baby weight > 3366 gr	57	19,1
Total	298	100

Source: Register Book, 2021.

Based on table 5.1. information was obtained that mothers who gave birth at the Puskesmas Senen District who had babies with a birth weight of <3365gr, there were 241 (80.9%) respondents, and for those who gave birth to babies with a birth weight of >3366gr, there were 57 (19.1%) respondents.

Table 2 The Relationship Between Birth Weight and Perineal Tear Incidence at the Senen District Health Center for the Period of January 2021 to December 2021

Baby's Birth Weight (gram)	Perineal Tearing				Total		OR (Odd Ratio)	P value
	No tearing		Perineal tearing					
	N	%	n	%	n	%		
<3365	35	14,5	206	85,5	241	100	1.214	0,821
>3366	7	12,3	50	87,7	57	100	0,5 - 2,8	
Total	42	14,1	256	85,9	298	100		

Source: Register Book, 2021.

The results of the analysis of the relationship between the birth weight of babies and the incidence of perineal tears obtained that there were as many as 206 (85.5%) mothers who gave birth with a baby's birth weight < 3365gr who experienced rupture. While the mother who gave a birth weight of the baby >3366, there were 7 (12.3%) with an intact perineum. The results of the statistical test obtained a value of $p = 0.821$, it can be concluded that there is no difference in the incidence of a perineal tear with the birth weight of the baby <3365gr with the birth weight of >3366gr. From the results of the analysis, the OR value = 1,214 was also obtained, meaning that mothers who had a baby's birth weight >3366gr had a 1,214 times chance of experiencing a perineal tear compared to mothers who had a baby's birth weight <3365gr.

The perineal tear occurs in the median plane and can spread. Since the head of the fetus is born, the angle of the pubic arch is smaller than usual, forcing the head of the fetus to be born more posteriorly than usual, and the head of the fetus passes through it. Through the entrance, the child is born with the help of a tool (Saifuddin et al., 2002).

Perineal tearing is considered the most important risk factor for fecal incontinence in women (Kamm, 1994). Fecal incontinence can occur after delivery due to rupture of the third degree of the perineum, but it can also occur after a seemingly non-traumatic vaginal labor, after the rupture of the third-grade perineum, up to 85% of women have persistent sphincter defects and up to 50% have complaints of ancestors, although they can perform recovery quickly. (Haadem & Gudmundsson, 1997). Perineal tears can be classified, i.e. First-degree tears are defined as injuries to the skin of the perineum or in the vaginal mucosa. The second degree of tear is defined as an injury to the perineum, including the perineal muscle but not the anal sphincter. Rupture of the third degree is defined as an injury to the perineum involving the anal sphincter complex. (Gommessen et al., 2020)

A total of 603 primipara women (203 with whole perineum/level one tear, 200 with second-degree tearing, and 200 with third/fourth-degree

tearing) were included between July 2015 and January 2018. At 12 months postpartum, 575 women (95%) answered questionnaires 193 with whole perineum/first-degree tear, 193 with a second-degree tear, and 189 with third/fourth-degree tear. A total of 499 women underwent endoanal ultrasound scans and 482 women underwent anal manometry. (Gommesen et al., 2020)

Based on the results of the research that has been carried out, information was obtained that there were 298 maternity mothers, who had the whole perineum, there were 42 mothers, while those who had grade I tears were 97 mothers, grade II tears were 156 mothers, and those who had grade III tears were 3 mothers. It can be known that the majority of mothers who experienced grade II tears were 156 mothers.

In epidemiological studies and clinical practice, birth weight is strongly associated with early childhood morbidity and is therefore considered the main indicator of newborn health. Newborns with low and high birth weight (BBLR) are at increased risk of perinatal death and other adverse consequences of childhood, adolescence, and adulthood. Birth weight is the result of the interaction of biological, socioeconomic, and psychological factors. Among biological factors, the genetic background of the mother and fetus, the nutritional and metabolic status of the mother, binary exposure to diseases and toxins, the functioning of the placenta, and ultimately obstetric characteristics are of great importance. Some authors also believe that factors such as the weight and height of the mother before pregnancy and the weight gain of the pregnant woman are strongly related to birth weight. (Trombe et al., 2020)

Birth weight is the weight of a baby measured during the first 24 hours after birth. The higher the birth weight, the higher the risk of tearing the perineum. A large baby is a baby born weighing more than 4000 grams. Perineal tearing occurs at birth with large babies. This is because the risk of perineal tearing increases as the baby's weight increases. After all, the perineum is not stiff enough to support the stretching of the baby's head with large baby weight. Obesity can be caused by many factors, including maternal diabetes, mothers with large children, genetic factors, and the influence of food. Normal birth weight is about 2500 to 4000 grams. (Saifuddin et al., 2002).

Based on the results of the studies that have been carried out, information was obtained that out of 298 maternity mothers, who had babies with a

body weight of < 3365gr as many as 241 mothers, and those who had babies with a body weight of > 3366gr there were 57 mothers. It can be known that the majority of mothers who give birth have babies < 3365gr.

Relationship between the weight of the baby born and the incidence of perineal tear

Maternal mortality and morbidity are major problems in developing countries, including Indonesia. Mortality during childbirth is often an important factor in the mortality rate of mild to moderate females at the peak of their productivity. Birth weight is a risk factor to increase the incidence of perineal injury at birth. The larger the newborn, the greater the risk of perineal tearing, with a normal body weight of about 2,500-3,800 grams. (Nikmah, 2018)

Normal childbirth can result in cases of perineal tearing in primiparous and multipara mothers. The mucous layer and skin of the perineum in a primiparous mother are prone to tearing which can cause spontaneous bleeding (Wiknjastro, 2006). Factors that affect the rupture perineum include the weight of the newborn, the position of the maternity mother, the way of delivery, and the leadership of childbirth (Enggar, P, 2018). The perineal tear is greater when the newborn's weight is too large or the newborn's weight is more than 4000 grams. (Enggar, P, 2018)

Based on the results of research that has been carried out, information was obtained from 298 maternity mothers as many as 57 mothers who experienced tears with the birth weight of babies >3366gr. The results of the chi-square test on $\alpha = 0.05$ obtained a p-value = 0.821 ($P > 0.05$) this means that there is no relationship between the baby's birth weight and the incidence of perineal tear.

CONCLUSION

From the results of research conducted at the Puskesmas Senen District for the period January 2021 to December 2021, the author can draw the following conclusions: Based on the results of research that has been carried out, information was obtained from 298 mothers as many as 57 mothers who experienced tears with the birth weight of babies >3366gr. The results of the chi-square test on $\alpha = 0.05$ obtained a p-value = 0.821 ($P > 0.05$) this means that there is no relationship between the

baby's birth weight and the incidence of perineal tear.

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THE RELATIONSHIP OF HUSBAND SUPPORT WITH EXCLUSIVE BREAST FEEDING

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ABSTRACT

Background: Breastfeeding is not a completely instinctive behavior, and theoretical breastfeeding guidance is not enough, but supportive assistance from health workers, husbands and families is also needed. A mother needs a practitioner's help to confirm the latch position, interpret her baby's behavior and respond to it. Mothers need someone who provides support and confidence, namely husband, successful breastfeeding is a joint effort that requires correct information and strong support to create an environment that allows mothers to breastfeed optimally. Objective: This study aims to determine the relationship of husband's support to exclusive breastfeeding at PMB Enok Siti Mampang Depok. Methods: This study is a quantitative study with a cross sectional design, using primary data with a sample of 147 breastfeeding mothers who have babies aged 6-24 months. Results: Based on the results of data analysis using the chi-square test with a significance level or p-value <0.05, it can be concluded that there is a significant relationship between informative, emotional, instrumental support and husband's assessment of exclusive breastfeeding at PMB Enok Siti in 2022. : More and more lactation education not only for mothers but husbands and all the support systems involved. Preparation for breastfeeding should be done prenatally with a partner. And more and more health workers are providing practical assistance to breastfeeding mothers.

PENDAHULUAN

ASI merupakan cairan hidup yang ideal untuk bayi, aman, bersih dan mengandung antibodi yang membantu melindungi dari banyak penyakit pada anak dari lahir hingga usia dua tahun (WHO, 2021). Mempertimbangkan dampak positif menyusui terhadap kesehatan, WHO pun merekomendasikan pemberian ASI eksklusif selama 6 bulan pertama kehidupan dan terus menyusui hingga 2 tahun atau lebih.

Menurut WHO hanya 39% anak dibawah 6 bulan diseluruh dunia yang disusui secara eksklusif. Pemerintah Indonesia merekomendasikan lamanya pemberian ASI eksklusif selama 6 bulan. Meskipun angka menyusu secara global relatif tinggi, namun hanya 40% dari semua bayi dibawah 6 bulan yang mendapatkan ASI eksklusif dan 45% yang mendapatkan ASI sampai 24 bulan. Meningkatkan praktik menyusui secara optimal sesuai rekomendasi

dapat mencegah lebih dari 823.000 kematian anak dari 20.000 kematian ibu setiap tahun. Selain itu tidak menyusui dikaitkan dengan tingkat kecerdasan yang lebih rendah dan mengakibatkan kerugian ekonomi sekitar \$ 302 miliar per tahun. Aksi bersama diperlukan untuk mencapai sasaran *World Health Assembly* (WHA) yaitu minimal 50% pemberian ASI eksklusif selama 6 bulan pada tahun 2025 (Kemenkes RI, 2019). Menurut data Survey Demografi dan Kesehatan Indonesia (SDKI) di tahun 2017 menunjukkan secara umum angka ASI eksklusif untuk bayi berusia kurang dari 6 bulan mencapai 52%.

Berdasarkan data Dinas Kesehatan Kota Depok, dari 1000 kelahiran hidup ada 53 kematian bayi usia 0-59 hari di tahun 2021. Inisiasi Menyusu Dini (IMD) dan ASI eksklusif turut membantu menurunkan angka kematian pada bayi baru lahir. Untuk itu, Dinas Kesehatan Kota Depok terus meningkatkan cakupan ASI eksklusif melalui sekseski kesga dan gizi (Dinkes depok, 2020). Berdasarkan profil kesehatan kota depok 2020 diketahui bahwa cakupan IMD di Kota Depok

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mencapai 90,4% akan tetapi cakupan ASI Eksklusif hanya 68.49%(Dinkes depok, 2020)

Menurut penelitian Asosiasi Ibu Menyusui Indonesia (AIMI) menyebutkan jika ibu memberikan ASI sampai 2 tahun, dalam arti tidak diberikan susu formula, maka akan menghemat anggaran keluarga minimal Rp 25 juta(Praborini, 2019). Indikator keberhasilan menyusui bukan hanya ASI eksklusif saja, akan tetapi ibu tampak rileks dan nyaman saat menyusui, bayi juga terlihat tenang dan rileks, payudara tidak ada terasa sakit juga diperlukan (Indonesia, 2016). Menyusui bukanlah perilaku yang sepenuhnya naluriah, dan tidak cukup bimbingan menyusui secara teoritis saja akan tetapi pendampingan secara suportif dari tenaga kesehatan, suami dan keluarga pun diperlukan. Seorang ibu membutuhkan bantuan praktisi untuk memastikan posisi pelekatan, menafsirkan perilaku bayinya dan menanggapi. Jika ia mengalami kesulitan, ia membutuhkan

bantuan terampil untuk mengatasinya. Diatas segalanya, dia membutuhkan seseorang yang memberikan dukungan dan kepercayaan dirinya yaitu suami (Sharp, no date). Keberhasilan menyusui merupakan upaya bersama yang membutuhkan informasi yang benar dan dukungan kuat untuk menciptakan lingkungan yang memungkinkan ibu dapat menyusui secara optimal.

METODE PENELITIAN

Penelitian menggunakan metode penelitian deskriptif analitik dengan pendekatan *cross sectional*. Pengumpulan data dilakukan dengan menggunakan kuesioner. Sampel responden diambil secara *simple random sampling*, sesuai dengan tujuan dan jenis penelitian. Responden dalam penelitian ini adalah ibu yang memiliki anak berusia 6-24 bulan. Dalam penelitian ini jumlah responden 147responden

HASIL DA N PEMBAHASAN

Dari hasil penelitian di dapatkan, Dari 147 ibu yang memiliki bayi berusia 6-24 bulan yang kurang mendapat dukungan informatif dari suami sebanyak 50 ibu. Dari 50 ibu yang kurang mendapatkan dukungan dan berhasil memberikan ASI eksklusif sebanyak 28 ibu (56%), sisanya tidak ASI eksklusif sebanyak 22 ibu (44%). Sedangkan yang mendapatkan dukungan informatif sebanyak 97 ibu. Ibu yang mendapatkan dukungan dan berhasil memberikan ASI eksklusif sebanyak 88 ibu (90,7%), selebihnya sebanyak 9 ibu(9,3%) mendapatkan dukungan akan tetapi tidak berhasil ASI eksklusif.

Hasil *uji chi-square* didapatkan *P-value* sebesar 0,000 dengan derajat kepercayaan 95%. Hal tersebut menunjukkan bahwa ada hubungan yang bermakna antara dukungan informatif terhadap pemberian ASI eksklusif berdasarkan nilai *p-value* $0,000 < 0,05$. Hasil perhitungan OR (*Odds Ratio*) diperoleh skor 7.683 berarti ibu yang memiliki bayi berusia 6-24 bulan yang mendapatkan dukungan informatif dari suami berpeluang 7 kali lebih tinggi untuk memberikan ASI secara eksklusif dibandingkan ibu yang tidak mendapatkan dukungan informatif di PMB Enok Siti RM, S.Keb Mampang Depok.

Dari 147 ibu yang memiliki bayi berusia 6-24 bulan yang kurang mendapat dukungan emosional dari suami sebanyak 24 ibu. Dari 24 ibu

yang kurang mendapatkan dukungan akan tetapi berhasil memberikan ASI eksklusif sebanyak 13 ibu (54,2%) sisanya kurang mendapatkan dukungan dan tidak ASI eksklusif sebanyak 11 ibu (45,8%). Sedangkan yang mendapatkan dukungan emosional sebanyak 123 ibu.Ibu yang mendapatkan dukungan dan berhasil memberikan ASI eksklusif sebanyak 103 ibu (83,7%), selebihnya sebanyak 20 ibu (16,3%) mendapatkan dukungan akan tetapi tidak berhasil ASI eksklusif.

Hasil *uji chi-square* didapatkan *P-value* sebesar 0,003 dengan derajat kepercayaan 95%. Hal tersebut menunjukkan bahwa ada hubungan yang bermakna antara dukungan emosional terhadap pemberian ASI eksklusif berdasarkan nilai *p-value* $0,003 < 0,05$. Hasil perhitungan OR (*Odds Ratio*) diperoleh skor 4.358 yang berarti ibu yang memiliki bayi berusia 6-24 bulan yang mendapatkan dukungan emosional dari suami berpeluang 4 kali lebih tinggi untuk memberikan ASI secara eksklusif dibandingkan ibu yang tidak mendapatkan dukungan emosional di PMB Enok Siti RM, S.Keb Mampang Depok.

Dari 147 ibu yang memiliki bayi berusia 6-24 bulan yang kurang mendapat dukungan instrumental dari suami sebanyak 24 ibu. Dari 24 ibu yang kurang mendapatkan dukungan akan tetapi berhasil memberikan ASI eksklusif sebanyak 4 ibu (16,7%) sisanya kurang mendapatkan dukungan dan tidak ASI eksklusif sebanyak 20 ibu (83,3%). Sedangkan yang mendapatkan dukungan

instrumental sebanyak 123 ibu. Ibu yang mendapatkan dukungan dan berhasil memberikan ASI eksklusif sebanyak 112 ibu (91,1%), selebihnya sebanyak 11 ibu (8,9%) mendapatkan dukungan akan tetapi tidak berhasil ASI eksklusif.

Hasil *uji chi-square* didapatkan *P-value* sebesar 0,000 dengan derajat kepercayaan 95%. Hal tersebut menunjukkan bahwa ada hubungan yang bermakna antara dukungan instrumental terhadap pemberian ASI eksklusif berdasarkan nilai *p-value* $0,000 < 0,05$. Hasil perhitungan OR (*Odds Ratio*) diperoleh skor 50.909 yang berarti ibu yang memiliki bayi berusia 6-24 bulan yang mendapatkan dukungan instrumental dari suami berpeluang 50 kali lebih tinggi untuk memberikan ASI secara eksklusif dibandingkan ibu yang tidak mendapatkan dukungan instrumental di PMB Enok Siti RM, S.Keb Mampang Depok.

Dari 147 ibu yang memiliki bayi berusia 6-24 bulan yang kurang mendapat dukungan penilaian dari suami sebanyak 39 ibu. Dari 39 ibu yang kurang mendapatkan dukungan dan berhasil memberikan ASI eksklusif sebanyak 23 ibu (59%), sisanya tidak ASI eksklusif sebanyak 16 ibu (41%). Sedangkan yang mendapatkan dukungan penilaian sebanyak 108 ibu. Ibu yang mendapatkan dukungan dan berhasil memberikan ASI eksklusif sebanyak 93 ibu (86,1%), selebihnya sebanyak 15 ibu (13,9%) mendapatkan dukungan akan tetapi tidak berhasil ASI eksklusif.

Hasil *uji chi-square* didapatkan *P-value* sebesar 0,001 dengan derajat kepercayaan 95%. Hal tersebut menunjukkan bahwa ada hubungan yang bermakna antara dukungan penilaian terhadap pemberian ASI eksklusif berdasarkan nilai *p-value* $0,001 > 0,05$. Hasil perhitungan OR (*Odds Ratio*) diperoleh skor 4.313 yang berarti ibu yang memiliki bayi berusia 6-24 bulan yang mendapatkan dukungan penilaian dari suami berpeluang 4 kali lebih tinggi untuk memberikan ASI secara eksklusif dibandingkan ibu yang tidak mendapatkan dukungan instrumental di PMB Enok Siti RM, S.Keb Mampang Depok.

Peran suami kini sangat berpengaruh dalam kegiatan ibu menyusui, salah satunya suami perlu terlibat dan mencari pengetahuan terkait ilmu menyusui (Oktaviani, 2019). Dukungan informatif yaitu memberikan penjelasan tentang situasi dan gejala sesuatu yang berhubungan dengan masalah yang dihadapi oleh individu Dukungan ini

mencakup pemberian nasihat, saran, pengetahuan dan informasi serta petunjuk (Rahmawati *et al.*, 2015). Dari hasil penelitian sebagian besar ibu yang mendapatkan dukungan informatif dari suami dan memberikan ASI secara eksklusif pada bayi. Dukungan informatif merupakan dukungan yang berhubungan dengan pemberian informasi dan nasehat. Pemberian dukungan kepada ibu pasca melahirkan adalah salah satu faktor penting dalam mendukung keberhasilan pemberian ASI eksklusif (Windari, Dewi and Siswanto, 2017). Menurut Hidayah (2020) salah satu hal yang melancarkan pemberian ASI adalah peran suami untuk mencari tahu informasi tentang ASI (Hidayat, 2021). Manfaat dari dukungan ini ialah dapat menekan munculnya suatu stressor karena informasi yang diberikan dapat menyumbangkan aksi sugesti yang terkhusus pada individu. Aspek-aspek dalam dukungan ini ialah nasehat, usulan, kritik, saran, petunjuk dan pemberian informasi.

Dalam penelitian ini ada hubungan yang bermakna antara dukungan informatif terhadap pemberian ASI. Penyuluhan, bimbingan, konseling pemberian ASI perlu diberikan oleh rumah bersalin/ rumah sakit sebagai bagian dari pelayanan kesehatan untuk ibu dalam perawatan kehamilan dan persalinan (Perinasia, 2013). Saat ini kampanye pemberian ASI di Indonesia sama sekali tidak menyentuh para pria yang kenyataannya adalah rekan terdekat ibu, dukungan suami mempunyai pengaruh signifikan terhadap keberhasilan menyusui. Banyak suami yang ingin mendukung, tapi tidak mengetahui caranya dan banyak juga *support grup* ASI diinisiasi oleh ibu-ibu. Untuk itu perlu edukasi laktasi yang diberikan kepada suami sejak masa kehamilan (Komunitas Ayah ASI, 2018).

Sejalan dengan penelitian Wahyuningsih responden yang memberikan ASI eksklusif tertinggi adalah ibu yang mendapat dukungan informatif sedangkan 96,8% responden yang tidak mendapat dukungan informatif akan tidak memberikan ASI secara eksklusif (Handayani, Putri and Soemantri, 2018)

Dukungan emosional adalah tingkah laku yang berhubungan dengan rasa tenang, senang, mencakup perasaan empati, kepedulian dan perhatian (Muhammad, 2016). Hal-hal yang dapat dilakukan suami untuk melancarkan proses menyusui menjadi penghibur istri saat menyusui, hal tersebut dapat membuat rileks dan ASI pun menjadi

lebih lancar. Saat ibu senang hormon prolaktin dan oksitosin yang penting dalam produksi ASI akan bekerja lebih baik. Memberikan pesan singkat berisi kata-kata mesra, kejutan kecil bisa memberikan kebahagiaan pada ibu(Hidayat, 2021). Hormon oksitosin yang mengalirkan ASI adalah hormon yang unik karena proses keluarnya dapat dipengaruhi oleh emosi seseorang(Wardani, 2020). Terkadang istri bisa menjadi emosional, merasa lelah, lalu ingin berhenti menyusui. Dalam kondisi seperti ini, menjadi pendengar yang baik, memahami kesulitan istri, mengajak istirahat sejenak dan menikmati waktu berdua. Terus meyakinkan bahwa ASI adalah terbaik untuk buah hati adalah dukungan terbaik yang bisa diberikan oleh suami.

Dukungan dari sosok suami memang sangat dibutuhkan saat ibu sedang dalam proses menyusui. Ada banyak hal yang bisa dilakukan oleh suami diantaranya mendengarkan keluhan ibu, sabar, diharapkan lebih berempati pada ibu menyusui(Oktaviani, 2019). Proses menyusui secara alamiah memang bekerja di tubuh setiap ibu yang baru melahirkan anaknya, ini adalah proses reproduksi mamalia yang tidak terpisahkan. Ada proses kimiawi yang melibatkan banyak komponen dalam tubuh ibu termasuk kerja organ-organ dan peran hormon dalam sistem pengaturan produksi dan penyaluran ASI. Namun proses alamiah ini tidak bisa bekerja sendiri tanpa lingkungan yang kondusif dan nyaman. Karena tubuh manusia tidak bisa dipisahkan masing-masing organnya untuk bekerja sendiri-sendiri, kita adalah satu kesatuan yang utuh dan tak terpisahkan dengan lingkungan dimana kita berada. Perasaan, emosi dan pemikiran kita juga bisa mempengaruhi proses kimiawi dan kerja organ tubuh kita.

Saat seseorang punya keinginan menjadi orang tua, ibu dan suami harus mencari bekal sebanyak-banyaknya diantaranya belajar ilmu ASI dan persiapan lainnya. Pemahaman suami mungkin tidak perlu seahli para konselor, akan tetapi saat dibutuhkan suami siap mendukung dan melindungi proses menyusui dari gangguan yang mungkin terjadi. Antusiasme, dukungan dan pemahaman suami tentang ASI sangat diharapkan oleh ibu menyusui. Perjuangan seorang ibu, terutama yang baru pertama kali menyusui akan jauh lebih mudah, menyenangkan dan sukses bila dikawal seorang suami yang sigap dan tahu tentang ASI. Belajar

tentang ASI sejatinya dimulai dari peduli, mau mencari sumber terpercaya dan cerdas menerapkannya dalam kehidupan sehari-hari.

Dalam penelitian ini menunjukkan bahwa ada hubungan yang bermakna antara dukungan emosional terhadap pemberian ASI eksklusif. Sejalan dengan penelitian yang dilakukan oleh Riche Mia menunjukkan bahwa peran keluarga yang baik secara bermakna meningkatkan kemungkinan ibu untuk memberikan ASI eksklusif pada bayi(Riche Mia Destyana, 2018)

Berdasarkan hasil penelitian sebagian responden 112 ibu mendapatkan dukungan instrumental dari suami dan berhasil menyusui bayinya secara eksklusif. Dukungan instrumental adalah dukungan yang bersifat nyata dan dalam bentuk materi dan waktu yang bertujuan untuk meringankan beban bagi individu yang membutuhkan orang lain untuk memenuhinya. Suaminya harus mengetahui jika istri dapat bergantung padanya jika istri memerlukan bantuan. Bantuan mencakup memberikan bantuan yang nyata dan pelayanan yang diberikan secara langsung bisa membantu seseorang yang membutuhkan. Bentuk dukungan ini juga dapat berupa pemeriksaan kesehatan secara rutin bagi ibu serta mengurangi atau menghindari perasaan cemas dan stress(Muhammad, 2016).

Ibu menyusui tidak bisa berjuang sendiri, mengingat adanya perubahan besar dalam hidupnya sebagai ibu baru. Suami dapat membantu untuk menemani ibu bangun malam, membantu menggantikan popok bayi, menggendong, memandikan bayi dan lain-lain. Sejalan dengan penelitian Wiwi Wardani bahwa ada hubungan dukungan keluarga dengan pemberian ASI eksklusif kepada bayi(Wardani, 2020). Dukungan suami saat menyusui kerap disebut dengan *Breastfeeding Father*. *Breastfeeding Father* secara sederhana adalah panduan pola pikir dan Tindakan seorang ayah yang mendukung proses menyusui dari istri (ibu) ke anaknya. Pada tahap kontribusi, ia akan dengan sadar memberi dukungan kepada istri, mendengarkan keluhannya dan menghiburnya, menjadi partner yang bersedia mengurangi beban berat seorang ibu yang menyusui, dengan berpartisipasi pada kegiatan yang bisa dilakukannya. Entah menggendong si anak, menyendawakan setelah menyusui, memandikan anak, membuat makanan pendamping ASI, dan lainnya.

Keterlibatan suami, adanya pasangan di samping istri, yang membantunya mengatasi kelelahan fisik, cenderung membuat istri senang. Apalagi jika suami jadi lebih sering melakukan hal-hal yang membuat istri senang, dengan cara hubungan mereka; karena koneksi setiap pasangan itu khas. Rasa senang istri, akan berdampak sangat positif pada kelancaran proses menyusui. Dan pada titik ini, kesiapan sepasang suami-istri diuji untuk menjadi orang tua.

Ketika seorang laki-laki melewati setiap bagian di atas, ia sudah bertindak. Mungkin ada yang menyadari sejak awal, tapi banyak juga menjalaninya saja tanpa memikirkan how-to-nya. Ada yang menjalaninya dengan baik dari pertama, tak sedikit pula yang catch-up di tengah prosesnya. Both way, jika seorang ayah meyakini di alam pikirannya bahwa menyusui adalah proses yang tidak bisa di-skip dan ASI adalah yang terbaik untuk keluarganya; dan dia memberikan kontribusi nyata dengan caranya(Hidayat, 2021).

Sejalan dengan penelitian yang dilakukan Mery bahwa ibu yang mendapatkan dukungan emosional secara maksimal akan berpeluang memberikan ASI eksklusif 3,5 kali daripada ibu yang kurang mendapatkan dukungan dari suami(Ramadani, 2017).

Berdasarkan hasil penelitian 93 responden (86,1%) yang mendapatkan dukungan penilaian dari suami dapat memberikan ASI eksklusif pada bayinya. Dukungan penghargaan yaitu dukungan yang terjadi lewat ungkapan hormat atau penghargaan positif untuk orang lain, dorongan maju atau persetujuan dengan gagasan atau perasaan seseorang, dan perbandingan positif antara orang tersebut dengan orang lain yang bertujuan meningkatkan penghargaan diri orang tersebut. Suami bertindak sebagai sebuah bimbingan umpan balik, membimbing, dan menengahi pemecahan masalah, sebagai sumber dan validator identitas anggota suami diantaranya memberikan support, penghargaan, dan perhatian (Muhammad, 2016).

Dalam penelitian ini suami memberikan dukungan penilaian berupa pujian dan rasa terima kasih pada ibu. Secara sederhana dibutuhkan panduan pola pikir dan tindakan seseorang suami yang mendukung proses menyusui bukan label, julukan yang apalagi pangkat yang bisa dicapai. Dukungan penilaian dari suami untuk istri merupakan hal yang sangat diperlukan. Karena

suami merupakan benteng pertahanan seorang ibu dalam memberikan ASI eksklusif untuk bayi(Komunitas Ayah ASI, 2018). Kegiatan menyusui nampaknya adalah sebuah kegiatan yang hanya membutuhkan kerjasama antara ibu dan bayi. Namun, sebenarnya itu kurang tepat karena dalam proses menyusui dibutuhkan juga lingkungan yang nyaman dan mendukung kegiatan tersebut. Lingkungan tersebut bisa dibentuk dan diupayakan dengan berbagai cara. Tujuannya adalah agar pasangan ibu dan bayi bisa menyusui dan menyusui itu adalah suatu hal yang kodrati bagi kita(Nia Umar, 2014).

Kontak dengan konselor laktasi merupakan bagian penting untuk mendapatkan edukasi dan dukungan maksimal saat proses menyusui. Anjuran WHO dalam Maonga AR, Mahande MJ, Damian DJ, Msuya SE saat usia kehamilan 28 minggu dan 36 minggu, saat IMD dan saat nifas usia 7 hari, 14 hari, 40 hari(Praborini, 2019). Hal ini sejalan dengan pendapat yang dikemukakan oleh *founder* Ayah ASI Rahmat Hidayat bahwa keberhasilan menyusui adalah keberhasilan suami sedangkan kegagalan menyusui adalah kegagalan suami. Suami tidak perlu seahli konselor akan tetapi siap mendukung saat dibutuhkan(Komunitas Ayah ASI, 2018).

KESIMPULAN

Berdasarkan hasil penelitian dan pembahasan yang telah dilakukan pada 147 ibu yang memiliki bayi dengan rentang usia 6-24 bulan tentang hubungan dukungan suami terhadap pemberian ASI eksklusif di PMB Enok Siti RM tahun 2022 didapatkan hasil sebagian besar ibu memberikan ASI secara eksklusif untuk anaknya. Proses pengumpulan data dilakukan selama 1 bulan di PMB Enok Siti bersamaan dengan pelayanan imunisasi dan kunjungan rumah.

Adanya hubungan yang bermakna antara dukungan informatif terhadap pemberian ASI eksklusif. Pengetahuan terkait ASI disampaikan dari beberapa pertanyaan yang diberikan di kuesioner seperti definisi ASI, manfaat ASI dan tanda kecukupan ASI.

Adanya hubungan yang bermakna antara dukungan emosional terhadap pemberian ASI eksklusif. Menghibur dan menjaga perasaan ibu

termasuk dukungan emosional yang diberikan suami saat kebersamaan proses menyusui.

Adanya hubungan yang bermakna antara dukungan instrumental terhadap pemberian ASI eksklusif. Dukungan yang bersifat nyata yang diberikan suami sangat membantu keberhasilan pemberian ASI eksklusif.

Adanya hubungan yang bermakna antara dukungan penilaian terhadap pemberian ASI eksklusif. Dukungan yang terjadi lewat penghargaan positif terhadap istri pun turut mendukung pemberian ASI eksklusif.

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