

Family Support on Exclusive Breastfeeding in Babies Aged 0-6 Months in Indonesia: Literature Review

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ABSTRACT

The beneficial of breastfeeding can be felt by baby and its mother. The national scope of giving breastmilk in 2018 is 32,3%. However, the national scope target for breastmilk set by the Ministry of Health, is 80%. In exclusive breastfeeding, mother needs support from the family as closest neighborhood. This study aim to identify publications that provide information on concepts and data relevant to the topic of family support for exclusive breastfeeding in Indonesia. This study uses a literature review design with 3 search engines: Science Direct, Google Scholar, and PubMed. The total of 12 selected articles with a cross-sectional approach has population of mother and baby aged 0-24 months. The results of the article analysis shows that 9 articles stated that there were relationship between family support and exclusive breastfeeding. Then, 3 articles stated that there were no relationship between family support and exclusive breastfeeding. Support that comes from husband and other family members can increase mother's ability to give exclusive breastfeeding, a sense of calm and comfortable. Thereby, it also can increase production of the hormone oxytocin and affect breastmilk production. In addition, family support can increase confidence in exclusive breastfeeding. By continuously giving an exclusive breastfeeding for 6 months, can provide benefits for both mother and baby. The nursing implication that can be done is to provide health education to mother regarding exclusive breastfeeding as the main source of food and the best nutrition for babies in a first 6 months.

Keywords: family support; husband support; exclusive breastfeeding

INTRODUCTION

The best source source of nutrition for babies aged 0-6 months is breast milk (Motee et al., 2013 in Rahman et al., 2017). As the main food source for babies, breast milk contains various important components, including colostrum containing vitamin A, protein, and carbohydrates with low fat. Breastfeeding to babies can be called exclusive when no additional drinks are given within the first 6 months of the babies' life as it is a golden period of their growth (Roesli, 2009). Breastfeeding not only provides benefits for the babies, but also will provide other benefits that can be felt by the mothers. The breast milk can increase body's resistance, so the babies are not exposed to various kinds of infections, as well as reduces the risk of malnutrition in babies (Bobak, 2010 in Nurlinawati, Sahar, and Permatasari, 2016).

As quoted from data reported by WHO, from 2007 to 2014, globally, exclusive breastfeeding was at 36% and increased to 38% in 2017 (Riskesdas, 2018). Riskesdas' data from 2014 to 2018 showed that, nationally, exclusive breastfeeding was at 37.3% in 2014, then increased to 55.7% in 2015, 54% in 2016, 61.33% in 2017, but decreased to 37.3% in 2018. Fulfilling nutritional needs for babies through exclusive breastfeeding by mothers certainly requires the closest person, as well as family to provide support. The closest social environment where a person grows up interacting, forming values and thoughts is the family. One of the functions of the family is the function of support. The form of action, the attitude and acceptance given and carried out by the family and lasts for a lifetime is family support (Friedman, 2013 in Trisnawati, 2020). The role of family support is needed to eliminate doubts as being a mother in conjunction with her ability to breastfeed to meet the needs of her baby (Nelson, 2000 in Oktalina, Muniroh, and Adiningsih, 2015). Support from friends and family for breastfeeding mothers helps them face various challenges regarding opposition from others regarding their decision to breastfeed (Lauwers and Swisher, 2016). The support gained from the family, especially the husbands, can provide a stable emotional condition for the mothers and trigger the hormone oxytocin, and therefor, the milk production increases (Adiningsih, 2004 in Oktalina et al., 2015). In addition, the importance of breastfeeding children can also avoid cancer, including in late adolescence or early adulthood (Novelia et al., 2021).

METHOD

This study used a literature review to examine more deeply on family support for exclusive breastfeeding in Indonesia. The type of literature study used was narrative literature review or traditional review. Literature searches were carried out through article search engines, namely SINTA, Science Direct, Google Scholar, and PubMed. The data search in this literature review study used the Boolean operator technique introduced by George Boole in 1874. The keywords used in the search for articles to be reviewed were "illustrations of family support for exclusive breastfeeding in Indonesia". Selection was made on articles or papers to be used in literature studies using PRISMA flow diagrams, which consist of 4 stages, namely identification, screening, eligibility, and included (Stovold et al., 2014).

RESULT

In this literature review study, 84 articles were obtained using SINTA search engine. From Google Scholar search engine, 79 articles were found, 1 article was found by Science Direct search engine, while from Pubmed search engine, 4 articles were found. From the total number of 84 articles obtained, 12 articles were considered worthy of review. Articles with cross-sectional approach were found as many as 12 articles with a population of mothers with babies aged 0-24 months. The articles analyzed with publication time from March 2016 to March 2021 were 12 articles. Articles written in Indonesian were 8 articles, while those written in English were 4 articles. A total of 8 articles consisted of topic studies that describe family support for exclusive breastfeeding, and as many as 4 articles reviewed husbands' support for exclusive breastfeeding. The results in these 12 articles are supported in Friedman's theory that there are 4 dimensions of family support, namely emotional support, informational support, instrumental support, and appreciation support (Friedman, 1998 in Solikhati et al., 2018). In 1 of those articles, it was shown that the family provided poor support. In this study, there were 6 articles denoting that mothers did exclusive breastfeeding, and 6 other articles denoted that mothers did not give exclusive breastfeeding.

DISCUSSION

Exclusive breastfeeding can be carried out by mothers due to several factors, namely mother's knowledge, mother's education, and mother's age. Mothers, with good knowledge regarding breastfeeding as well as an understanding that breast milk is given without additional food or additional drinks, tend to breastfeed, as the knowledge possessed by them will influence their behavior in making decisions to exclusively breastfeed (Solikhati et al., 2018). Good knowledge possessed by the mothers concerning exclusive breastfeeding will strengthen them to choose the best food given to their babies, namely exclusive breastfeeding until these babies are 6 months old (Berutu et al., 2021). Working mothers can still do exclusive breastfeeding as they have appropriate knowledge on how to keep on breastfeeding while working (Soetjningsih, 2004 in Wahyuni 2019). Mothers with a high level of education have good knowledge because of their knowledge and own experience as well as experience gained from others (Fatmawati and Winarsih, 2020). Mothers of productive age also affect exclusive breastfeeding, as at productive age, mothers have maturity both in terms of psychology and mentality in dealing with the process of exclusive breastfeeding and baby care (Setyowati, Sofiyanti, and Rezeki, 2021).

The lack of support from health workers and informational support from the family also affects mothers not to breastfeed, and mothers with less knowledge on breastfeeding tend not to breastfeed (Sulistiyowati, Cahyaningsih, and Alfiani, 2020). Exclusive breastfeeding tends to swift to formula milk given to babies based on information from other sources as received (Proverawati, 2010 in Sulistiyowati et al., 2020).

Family support is an interpersonal relationship between family members, which is shown through attitudes and actions of family acceptance (Friedman, 2010 in Fatmawati and Winarsih 2020). The 4 (four) dimensions of family support provided by the family or husbands to mothers in exclusive breastfeeding are informational support, instrumental support, emotional support and appreciation support. Of the 12 articles, 8 articles described informational support, 7 articles described instrumental support, 7 articles described appreciation support or appraisal support, and 7 articles described emotional support. The form of informational support provided by the family is the provision of insight or knowledge to mothers regarding exclusive breastfeeding (Solikhati et al., 2018), provision of information that exclusive breastfeeding shall not be accompanied by any additional food or drinks, the family helps find and provide information on the how to do it, so busy working mothers can still provide exclusive breastfeeding to babies (Ratnasari et al., 2017).

The forms of instrumental support that can be provided are helping to provide adequate food intake for mothers, helping to care for babies while the mothers are at work, accompanying mothers and babies when conducting health

checks at health facilities, giving mothers time to rest on the sidelines of breastfeeding, helping mothers to store breast milk in the fridge (Ratnasari et al., 2017). The form of appreciation support for mothers who do exclusive breastfeeding is that the family provides direction and guidance to them regarding the solutions to problems faced related to exclusive breastfeeding (Solikhati et al., 2018). The forms of emotional support are paying attention to the mothers when doing exclusive breastfeeding (Efriani and Astuti, 2020), always asking questions regarding the condition of the mothers and babies (Setyowati et al., 2021), giving praise when the mothers are breastfeeding, convincing them to keep on doing exclusive breastfeeding, listening to all the complaints raised by the mothers (Ratnasari et al., 2017), providing calmness and comforting mothers (Wahyuni, 2019). The inhibiting factors for providing such support are knowledge, education, and the husband's work (Setyowati et al., 2021).

Support from family or husbands given to mothers becomes a factor in whether or not exclusive breastfeeding is achieved in Indonesia. Research by Solikhati et al. (2018) showed that the high level of family support given to mothers further encouraged their tendency to exclusively breastfeed, while the absence of family support received increased their tendency not to do exclusive breastfeeding. This conforms the research by Berutu et al. (2021) stating that the high husbands' support for exclusive breastfeeding makes it more likely that exclusive breastfeeding is carried out by the mothers, and vice versa. In accordance with the theory of change according to Kurt Lewin, changes in breastfeeding behavior in mothers can occur through three stages, namely unfreezing, moving, and refreezing. At the unfreezing stage, mothers carry out a process of change in exclusive breastfeeding as they have a strong motivation to breastfeed, and this motivational encouragement can be obtained from the family as a form of appreciation support.

At the moving stage, mothers have started to make changes towards the expected direction due to the sufficient information needed as well as the ability to change. The next stage is refreezing, at which stage the changes having been made enter the settling stage, the changes that have been made by the mothers regarding exclusive breastfeeding will settle as a new balance (Kurt Lewin, 1951 in Mellita and Elpanso, 2020). The knowledge possessed will have an impact on improving the mindset and decision making in the determination of attitudes (Kurniawati and Rasni, 2018). The implication of nursing that can be carried out is carrying out one of the roles of health workers, namely as educators through the provision of health education regarding exclusive breastfeeding as the main source of food and the best nutrition for babies for 6 months without additional food and drinks.

CONCLUSION

The results of the literature study to 12 articles analyzed have shown that in 10 journals, mothers received good family support for exclusive breastfeeding. Family support is one of the important factors in achieving exclusive breastfeeding for babies aged 0-6 months in Indonesia. The forms of family support that can be provided are informational support, appreciation support, emotional support, and instrumental support. In providing support by the family, there are some factors such as the level of knowledge, education, and occupation of the family or husband.

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