

## Factors Associated with Exclusive Breastfeeding during the Covid-19 Pandemic in Tamalanrea Jaya Healthcare Center Makassar

### *Faktor yang Berkaitan dengan ASI Eksklusif untuk Bayi Selama Pandemi Covid-19 di Puskesmas Tamalanrea Jaya Kota Makassar*

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**Abstract:** *Mother's Milk (ASI) is the best primary food for babies, especially during the Covid-19 pandemic because it contains many nutrients and antibodies to increase the baby's immune system and exclusive breastfeeding is very important for babies for optimal baby growth and development. Objectives:* The purpose of this study was to determine the correlation between mother's knowledge, mother's occupation, and family support with exclusive breastfeeding for infants during the Covid-19 pandemic in the working area of the Tamalanrea Jaya Health Center Makassar City. **Methods:** This research is quantitative by using the Cross-Sectional Study method with an analytical survey design. The sampling technique used purposive sampling with a total of 49 respondents. The research instrument used a questionnaire and test Chi-Square. **Results:** The results showed that exclusive breastfeeding for infants was based on the test Chi-Square it was found that there was a significant correlation between the mother's knowledge and exclusive breastfeeding ( $p\text{-value } 0.013 < 0.05$ ), there was a significant correlation between the mother's work and exclusive breastfeeding ( $p\text{-value } 0.008 < 0.05$ ), and there was a significant correlation between family support with exclusive breastfeeding ( $p\text{-value } 0.041 < 0.05$ ). **Conclusion:** The conclusion is that there is a significant correlation between the mother's knowledge, the mother's occupation, and family support with exclusive breastfeeding for babies during the Covid-19 pandemic. The suggestion is that it is hoped that mothers continue to explore information about the importance of the benefits of exclusive breastfeeding for babies during the Covid-19 pandemic by implementing health protocols and mothers to be more active in conducting examinations during pregnancy to obtain information related to exclusive breastfeeding.

**Keywords:** exclusive breastfeeding, mother's knowledge, mother's occupation, family support, covid-19 pandemic

## 1. INTRODUCTION

Breastfeeding is the best primary food for babies because it contains lots of nutrients. Breast milk contains colostrum which is rich in antibodies because it contains protein for immunity. Breast milk can also protect babies from respiratory infections, digestive infections, and allergies, and help build the intelligence and emotional development of babies. Exclusive breastfeeding can reduce the risk of infant mortality (1). WHO (World Health Organization), AAP (American Academy of Pediatrics), AAFP (American Academy of Family Physicians) and IDAI (Indonesian Pediatrician Association) recommend exclusive breastfeeding for babies from 0-6 months old without providing additional food and drinks and then breastfeeding can be continued until the age of 2 years. After 6 months of age, breastfeeding can be continued by providing healthy and

nutritious complementary weaning food (Makanan Pendamping ASI or MP-ASI) for babies (1).

UNICEF (United Nations Children's Fund) and WHO (World Health Organization) recommend breastfeeding within one hour after birth, which is called early breastfeeding initiation (Inisiasi Menyusui Dini or IMD) to reduce morbidity and mortality in infants. During the early breastfeeding process, the mother and baby will have direct skin contact, which can establish a bond between mother and baby and increase the mother's self-confidence and can motivate the mother to give exclusive breastfeeding to the baby. (2). According to the Indonesian Ministry of Health (3), the impact of not giving exclusive breastfeeding is a threat to the growth and development of babies and babies will be more vulnerable to infectious diseases. Compared to babies who are exclusively breastfed, babies who are not exclusively breastfed will have a 17 times higher risk of experiencing diarrhea and a 3-4 times higher risk of experiencing an acute respiratory infection. (4).

The Global data shows the average rate of exclusive breastfeeding in 2017 is only 38%. WHO targets that by 2025, the rate of exclusive breastfeeding in the first 6 months of birth can increase by at least 50%. The results of the 2018 Basic Health Research Data stated that the proportion of exclusive breastfeeding to infants aged 0-6 months by the province in Indonesia was 37.3%. The province that has the highest exclusive breastfeeding coverage is West Nusa Tenggara 87.3% and the lowest exclusive breastfeeding coverage is West Papua 34% (3). The profile of the South Sulawesi Provincial Health Office reports that in 2017 there were 750 babies aged 0-6 months who received early breastfeeding initiation as many as 400 babies (53.33%) and there were 340 babies (45.33%) who did not get exclusive breastfeeding in the 4th and 5th months, and in 2018 there were 800 babies aged 0-6 months who got IMD, namely 420 babies (52.05%) and there were 250 babies (31.25%) who did not get exclusive breastfeeding(5). Based on data obtained from the Tamalanrea Jaya Health Center from January to June 2021 the coverage rate for exclusive breastfeeding is 46.5%, and the coverage for exclusive breastfeeding has not reached the target set by WHO, which is 50%. This is because there are still a lot of mothers who do not give exclusive breastfeeding for their babies due to the condition of the mothers who experience a lack of milk production, a lack of the knowledge and understanding of mothers in real practice regarding the importance of exclusive breastfeeding for their babies, and mothers who are busy working during the Covid-19 pandemic feel worried and anxious about transmitting the Covid-19 virus when giving breast milk directly to the baby.

Coronavirus Disease19 (Covid-19) is a disease caused by Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) which can attack the human respiratory system. Covid-19 can attack anyone, including the elderly, adults, children, babies, pregnant women, as well as breastfeeding mothers. Covid-19 was declared a world pandemic on March 11 2020 by the World Health Organization (1). The current condition of the Covid-19 pandemic makes breastfeeding mothers try to take preventive measures regarding the opportunities for the spread and transmission of Covid-19 to infants while breastfeeding by adhering to existing health protocols, namely by wearing a mask, washing hands or using a hand sanitizer before and after feeding the baby. For mothers who choose not to breastfeed their babies directly, mothers can wear masks and wash their hands or use hand sanitizer before and after giving the pumped breast milk, during close contact with the baby, and also the mother needs to maintain the quality of her breast milk by paying attention to the food consumed to provide sufficient nutrients because adequate milk production, both in

terms of quantity and quality will greatly determine the optimal baby development both physically, mentally and intelligently (6).

According to research (7) one of the factors related to exclusive breastfeeding is the mother's occupation. Mothers' work has a very important role in the success of exclusive breastfeeding. The condition of the Covid-19 pandemic makes working mothers who work outside the home find it difficult to give exclusive breastfeeding to their babies because mothers are worried and afraid they will transmit the Covid-19 virus when breastfeeding directly, so this makes mothers choose to give pumped breast milk or replace breast milk by giving formula milk to their babies. According to research (2), one of the factors that influence breastfeeding is family support. Family support is needed by mothers when breastfeeding babies to get calm, and peace and this can also increase the production of the hormone oxytocin in breastfeeding babies. Family support has a very important role in exclusive breastfeeding for a full six months, this family support consists of facilities support, emotional support, information support, and mental support. Family support for breastfeeding mothers is needed, especially during the Covid-19 pandemic because families can help mothers by providing information about the importance and benefits of exclusive breastfeeding and the right way to give breast milk by implementing good and correct health protocols when breastfeeding their babies (8).

Family support that can be given to breastfeeding mothers during the Covid-19 pandemic situation is by trying to minimize exposure to Covid-19 when doing activities outside the home while adhering to existing health protocols and making efforts so that mothers do not feel anxious and worried, but instead feel comfortable and calm. when giving breast milk to their babies, mothers need to maintain the quality of their breast milk by paying attention to the intake of nutrients consumed so that breast milk production can be fulfilled to be given to the baby (4). Based on the description above, the researcher is interested in doing a research with the title "Factors Associated with Exclusive Breastfeeding to Infants during the Covid-19 Pandemic in the Work Area of the Tamalanrea Jaya Health Center, Makassar City".

## **2. METHODS**

This study uses a quantitative analytic survey, using a Cross-Sectional Study approach, namely the dependent variable (dependent variable) and independent variable (independent variable) collected simultaneously at the same time or timely approach. This research was conducted in the working area of the Tamalanrea Jaya Health Center, Makassar City, from 13 to 30 July 2021. The population in this study was all mothers who had babies aged 0-6 months, namely 145 respondents in the work area of the Tamalanrea Jaya Health Center. The sampling technique in this study was to use purposive sampling with the Isaac and Michael formulas so that a total of 49 samples were obtained.

## **3. RESULTS**

### **Correlation between Mother's Knowledge and Exclusive Breastfeeding in The Work Area of the Tamalanrea Jaya Health Center**

**Table 1. The Correlation between Knowledge and Exclusive Breastfeeding in the Work Area of the Tamalanrea Jaya Health Center, Makassar City in 2021**

Knowledge	Exclusive breastfeeding						P
	Give		Not Giving		Amount		
	f	%	F	%	f	%	
Good	16	61.5	10	38.5	26	100.0	<i>p.s=</i> 0.013
Not enough	6	26,1	17	73.9	23	100.0	
<b>Total</b>	<b>22</b>	<b>100.</b>	<b>27</b>	<b>100.0</b>	<b>49</b>	<b>100.</b>	<b>0</b>

Table 3.1 shows the results of the analysis of knowledge and exclusive breastfeeding, it was found that out of 26 respondents who had good knowledge, 16 respondents (61.5%) gave exclusive breastfeeding and 10 respondents (38.5%) did not give exclusive breastfeeding, while from 23 Respondents who had less knowledge, there were 6 respondents (26.1%) who gave exclusive breastfeeding and 17 respondents (73.9%) who did not give exclusive breastfeeding. Based on the results of statistical tests using the Pearson Chi-Square, the value of  $p = 0.013$  was obtained where  $p < \alpha$  ( $\alpha = 0.05$ ) so that it could be concluded that  $H_0$  was rejected and  $H_a$  was accepted, meaning that there was a significant correlation between knowledge and exclusive breastfeeding.

#### **Correlation between Mother's Occupation and Exclusive Breastfeeding in the Work Area of the Tamalanrea Jaya Health Center**

**Table 2. Employment Correlation with Exclusive Breastfeeding in the Work Area of the Tamalanrea Jaya Health Center, Makassar City in 2021**

Work	Exclusive breastfeeding						P
	Give		Not Giving		Amount		
	f	%	f	%	F	%	
Work	14	66,7	7	33,3	21	100.0	<i>p.s=</i> 0.008
Doesn't work	8	28,6	20	71.4	28	100.0	
<b>Total</b>	<b>22</b>	<b>100.</b>	<b>27</b>	<b>100.0</b>	<b>49</b>	<b>100.</b>	<b>0</b>

Table 3.2 shows the results of the job analysis with exclusive breastfeeding, it was found that out of 21 respondents who worked, 14 respondents (66.7%) gave exclusive breastfeeding and 7 respondents (33.3%) did not give exclusive breastfeeding, while of the 28 respondents who not working, there were 8 respondents (28.6%) who gave exclusive breastfeeding and 20 respondents (71.4%) who did not.

Based on the results of statistical tests using the Pearson Chi-Square, the value of  $p = 0.008$  was obtained where  $p < \alpha$  ( $\alpha = 0.05$ ) so that it could be concluded that  $H_0$  was rejected and  $H_a$  was accepted, meaning that there was a significant correlation between work and exclusive breastfeeding

### **Correlation between Family Support and Exclusive Breastfeeding in the Work Area of the Tamalanrea Jaya Health Center**

**Table 3. The Correlation between Family Support and Exclusive Breastfeeding in the Working Area of the Tamalanrea Jaya Health Center, Makassar City in 2021**

Family support	Exclusive breastfeeding						P
	Give		Not Giving		Amount		
	f	%	f	%	f	%	
Support	10	33,3	20	66,7	30	100.0	<i>p.s=</i> 0.041
Does not support	12	63,2	7	38,6	19	100.0	
<b>Total</b>	<b>22</b>	<b>100.0</b>	<b>27</b>	<b>100.0</b>	<b>49</b>	<b>100.0</b>	

Table 3.3 shows the results of the analysis of family support with exclusive breast feeding; it is known that out of 30 respondents who received family support, there were 10 respondents (33.3%) who gave exclusive breastfeeding and 20 respondents (66.7%) who did not give exclusive breastfeeding. Of the 19 respondents who did not receive family support, there were 12 respondents (63.2%) who gave exclusive breastfeeding and 7 respondents (36.8%) who did not. Based on the results of statistical tests using the Pearson Chi-Square, the value of  $p = 0.041$  was obtained where  $p < \alpha$  ( $\alpha = 0.05$ ) so that it could be concluded that  $H_0$  was rejected and  $H_a$  was accepted, meaning that there was a significant correlation between family support and exclusive breastfeeding.

## **4. DISCUSSION**

### **The Correlation between Knowledge and Exclusive Breastfeeding in the Work Area of the Tamalanrea Jaya Health Center**

The definition of knowledge is input from one's understanding of an object through the five senses, the senses of sight, sense of smell, sense of hearing, sense of taste, and sense of touch. Knowledge has an important role in exclusive breastfeeding for breastfeeding mothers because knowledge can provide a deep understanding for mothers about the good and bad of giving exclusive breastfeeding to babies.(9).

According to the Indonesian Ministry of Health (10) exclusive breastfeeding during the Covid-19 pandemic was influenced by various factors, including the knowledge factor. Knowledge about Covid-19 is not only carried out by those who are exposed, but all parties need to know it so they can make the right action to protect themselves and others, including breastfeeding mothers.

Knowledge is a factor that supports breastfeeding mothers in changing breastfeeding behavior patterns during the Covid-19 pandemic, this is related to breastfeeding motivation and controlling and preventing the risk of Covid-19 transmission during the breastfeeding process. Knowledge about exclusive breastfeeding during the Covid-19 pandemic is very important to be studied, understood, and applied because information about breastfeeding patterns during a pandemic is an internal factor that influences the accuracy of breastfeeding behavior during the Covid-19 pandemic (6).

The mother's knowledge in this study is meant by the mother's knowledge regarding the importance of exclusive breastfeeding for infants by implementing health protocols during the Covid-19 pandemic, namely wearing masks, washing hands with soap or using hand sanitizers, and avoiding crowds. Knowledge shows the level of understanding related to one's intellectual ability toward an object. Mothers' knowledge about exclusive breastfeeding is all the information that mothers have obtained about how to give exclusive breastfeeding to babies by implementing health protocols that have been recommended by the government during the Covid-19 pandemic so that the rate of exclusive breastfeeding can increase even during the Covid-19 pandemic.

The knowledge and information obtained can influence a mother's desire to provide exclusive breastfeeding during the Covid-19 pandemic. Breastfeeding practice is related to the knowledge or information of the mother which is one of the factors for mothers not to provide exclusive breastfeeding to their babies (11). Decent knowledge about exclusive breastfeeding greatly influences the behavior and quality of a mother in providing breast milk to her baby. Knowledge about breastfeeding is the basis needed so that mothers know and understand about good and appropriate actions in exclusive breastfeeding during the Covid-19 pandemic so that this can increase the coverage rate of exclusive breastfeeding for babies according to the knowledge possessed by mothers.

Based on the results of statistical tests using Pearson Chi-Square, the value of  $p = 0.013$  was obtained where  $p < \alpha$  ( $\alpha = 0.05$ ). It can be concluded that  $H_0$  was rejected and  $H_a$  was accepted, meaning that there was a significant correlation between mothers' knowledge and exclusive breastfeeding during the Covid-19 pandemic in the working area of the Tamalanrea Jaya Health Center, Makassar City.

Mothers' knowledge in this study was divided into two categories, which are good knowledge and poor knowledge. Of the 49 respondents, 16 respondents (61.5%) had good knowledge and gave exclusive breastfeeding. From the results of interviews using questionnaires, it was found that mothers received information about the importance of exclusive breastfeeding for babies which can support the baby's growth and development as a whole. By implementing health protocols during the Covid-19 pandemic, namely by washing hands before and after breastfeeding, wearing masks, and avoiding crowds, and mothers also trying to give pumped breast milk to their babies when they do not have time to breastfeed their babies while still implementing health protocols, such as maintaining the quality of their milk starting from pumping, storing, and serving.

Respondents who have good knowledge and do not give exclusive breastfeeding as many as 10 respondents (38.5%), this is because mothers who have good knowledge about exclusive breastfeeding but mothers only know and understand what exclusive breastfeeding is but do not practice it, and also because mothers experience a lack of milk production so that this prevents mothers from giving exclusive breastfeeding and choose to give formula milk to their babies.

Of the 49 respondents who had less knowledge and gave exclusive breastfeeding as many as 6 respondents (26.1%), from the interview, it was found that mothers received information about the importance of the benefits of exclusive breastfeeding for babies which can support the growth and development of babies as a whole. optimally by implementing health protocols during the Covid-19 pandemic, as well as motivation and support from the family so that this makes mothers try to give exclusive breastfeeding to their babies.

Respondents who had less knowledge and did not provide exclusive breastfeeding as many as 17 respondents (73.9%), this was because mothers did not receive information about the importance of breastfeeding for infants which can support optimal growth and development of infants by implementing health protocols during the Covid-19 pandemic and also the lack of motivation in mothers, support from families and mothers who experience a lack of milk production, and also mothers who still don't know the benefits of consuming Moringa leaves and katuk leaves to increase milk production, so this is what makes mothers not give exclusive breastfeeding to babies.

The results of this study are in line with research conducted by Kusumaningrum (6) that is, a value of  $p = 0.001$  was obtained where  $p < \alpha$  ( $\alpha = 0.05$ ) indicating that  $H_0$  was rejected and  $H_a$  was accepted, meaning that the knowledge factor had a significant correlation with exclusive breastfeeding during the Covid-19 pandemic. This shows that knowledge is a factor that supports breastfeeding mothers in changing breastfeeding behavior patterns during the Covid-19 pandemic. The results of this study are not in line with or contrary to previous research conducted by Pitaloka (12) which shows the results of statistical tests with the Fisher's Exact Test, it was found that the significance value was  $p \text{ value} = 0.233 > \alpha 0.05$ . This shows that the mother's knowledge is not related to exclusive breastfeeding in infants.

### **Employment Relations with Exclusive Breastfeeding in the Work Area of the Tamalanrea Jaya Health Center**

Working means all activities or activities carried out by someone who can then earn

income to support life. According to research (7), one of the factors that influence exclusive breastfeeding is the mother's occupation. The mother's income and occupation have quite an important role in the success of the exclusive breastfeeding practice. For example, when the mother is working the mother has to leave her baby so this makes it difficult for the mother to provide exclusive breastfeeding to her baby.

Efforts to give exclusive breastfeeding carried out by working mothers sometimes experience problems where mothers tend to have little time to be able to breastfeed their babies due to busy schedules and short periods of maternity leave, so mothers have to go back to work and leave their babies and this makes difficulty in providing exclusive breastfeeding for the entire 6 months to their babies.

The current condition of the Covid-19 pandemic makes working mothers feel afraid and worried as people without symptoms may transmit the Covid-19 virus while breastfeeding their babies because when mothers work and do activities outside the home, mothers will meet many people at their workplace and of course, this will be vulnerable to the spread of Covid-19 (13).

The current conditions of the Covid-19 pandemic will provide opportunities for exclusive breastfeeding for some breastfeeding mothers who initially had difficulty giving breast milk due to busy work outside the home, now they can breastfeed directly without having to be forced to replace breast milk with other sources of nutrition because of working outside the home.

Mothers who are forced to stop working due to the Covid-19 pandemic will have a golden opportunity and unlimited time to continue breastfeeding because mothers who don't work tend to have more time to always accompany and be with their babies, so this can enable mothers to give breast milk to their babies whenever the baby wants to, and also mothers can directly breastfeed their babies without having to pump and store breast milk. As a result of the decreased income experienced by parents, it will also provide a difficult choice for families whether to choose to buy formula milk by managing expenses as effectively as possible because they are tempted by the promotion of formula milk, or will continue to provide exclusive breastfeeding to babies to make it more economical (13). The lack of breast milk production also results in the mother not giving exclusive breastfeeding for a full 6 months to her baby. This can minimize the baby from exposure to Covid-19 and provide complementary food for ASI when the mother is working so that the baby's nutritional needs can still be met.

Based on the results of statistical tests using the Pearson Chi-Square, the value of  $p = 0.008$  was obtained where  $p < \alpha$  ( $\alpha = 0.05$ ), so that it could be concluded that  $H_0$  was rejected and  $H_a$  was accepted, meaning that there was a significant correlation between mother's occupation and breastfeeding exclusively for infants during the Covid-19 pandemic in the working area of the Tamalanrea Jaya Health Center, Makassar City.

The mother's occupation in this study was divided into two categories, namely working and not working. Of the 49 respondents who work and provide exclusive breastfeeding, as many as 14 respondents (66.7%), from the results of interviews, it is known that mothers give exclusive breastfeeding because mothers have good knowledge in understanding and applying it in the form of the real practice of exclusive breastfeeding to support the optimal growth and development of babies, as well as mothers who get information about the importance of the benefits of exclusive breastfeeding for babies by implementing health protocols, namely by wearing masks and washing hands with

soap and avoiding crowds during the Covid-19 pandemic.

Respondents who worked and did not provide exclusive breastfeeding were 7 respondents (33.3%) in total, this was because mothers only knew and understood what exclusive breastfeeding was but did not apply this knowledge in real practice, mothers who felt anxious and worried that they could transmit Covid-19 when breastfeeding babies because they meet many people while at work, mothers who experience a lack of milk production because they feel tired at work which makes mothers not give exclusive breastfeeding to their babies for a full 6 months, mothers who are busy and don't have time to pump breast milk so they provide formula milk and complementary food so that their baby's nutritional needs are still met.

Of the 49 respondents who did not work and gave exclusive breastfeeding, namely as many as 8 respondents (28.6%), from the results of the interviews, it was found that mothers gave exclusive breastfeeding because mothers had good knowledge and understanding and applied it in the form of real practice regarding the importance the benefits of exclusive breastfeeding for babies during the Covid-19 pandemic by implementing health protocols, namely by wearing masks and washing hands with soap and avoiding crowds.

Respondents who did not work and did not provide exclusive breastfeeding as many as 20 respondents (71.4%), this was due to mothers who had less knowledge and mothers who did not receive information about the importance of the benefits of exclusive breastfeeding for babies by implementing health protocols during the Covid pandemic -19, and also mothers who experience a lack of milk production so that mothers do not give exclusive breastfeeding for 6 full months and give formula milk to babies so that their nutrition is fulfilled.

The results of this study are in line with research conducted by Mertasari (13) that is, from the statistical test results, it was obtained that the value of  $p = 0.000$  where  $p < \alpha$  ( $\alpha = 0.05$ ) which stated that there was a significant correlation between mother's occupation and exclusive breastfeeding during the Covid-19 pandemic. This shows that work is a factor that can be related to breastfeeding mothers in exclusive breastfeeding during the Covid-19 pandemic because most working mothers have less time to care for their babies, thus enabling mothers not to provide exclusive breastfeeding for the full 6 months of their babies.

The results of this study are not in line with or contrary to previous research conducted by Ramli (14) which shows that out of 15 respondents who worked, 1 respondent (6.7%) gave exclusive breastfeeding and 14 respondents (93.3%) did not give exclusive breastfeeding, while out of 42 respondents who did not work, 4 respondents (9.5%) ) who gave exclusive breastfeeding and who did not give exclusive breastfeeding as many as 38 respondents (90.5%). From the statistical test results, it was obtained that  $p\text{-value} = 0.604 > \alpha = 0.05$ , which means that there is no correlation between the mother's employment status and exclusive breastfeeding.

### **Correlation between Family Support and Exclusive Breastfeeding in the Work Area of the Tamalanrea Jaya Health Center**

Family support is the provision of information by seeking encouragement or support from other people to be able to provide and provide assistance to their families. Family support in this study means the support given to mothers, given from husbands, parents, in-laws, and other close relatives who live at the same home as breastfeeding

mothers which can influence the success of exclusive breastfeeding because this family support has an impact on the emotional state of the mother so that it affects the quality and quantity of the breastmilk. Mothers who do not get family support when breastfeeding will affect the mothers' willingness to give exclusive breastfeeding to their babies (15).

Family support has a crucial role in supporting mothers in caring for and providing breast milk to babies. Family support for breastfeeding mothers is very much needed, especially during the Covid-19 pandemic because families can assist mothers in providing information about the benefits and importance of exclusive breastfeeding as well as the right way to give breastfeeding by implementing good and correct health protocols during the breastfeeding process, namely by using masks and washing hands with soap (8).

Family support that can be given to breastfeeding mothers in the midst of the Covid-19 pandemic as it is today is by trying to minimize exposure to Covid-19 when doing activities outside the home by adhering to existing health protocols and trying so that mothers do not feel anxious and worried, but mothers feel comfortable and calm when giving breast milk to their babies, and also strives for mothers to maintain the quality of their breast milk by paying attention to the intake of nutrients consumed by the mother so that milk production can be fulfilled to be given to the baby(4).

Based on the results of statistical tests using the Pearson Chi-Square, the value of  $p = 0.041$  was obtained where  $p < \alpha$  ( $\alpha = 0.05$ ), so that it could be concluded that  $H_0$  was rejected and  $H_a$  was accepted, meaning that there was a significant correlation between family support and breastfeeding exclusively for infants during the Covid-19 pandemic in the working area of the Tamalanrea Jaya Health Center, Makassar City. Family support in this study was divided into two categories, namely supportive and unsupportive. Of the 49 respondents who received family support and gave exclusive breastfeeding, namely as many as 10 respondents (33.3%), from the results of interviews accompanied by questionnaires, it was found that mothers who gave exclusive breastfeeding were mothers who had good knowledge and were able to understand it and apply it in the form of real behavior. information obtained from families regarding the importance of the benefits of exclusive breastfeeding for babies by implementing health protocols, namely by wearing masks and washing hands with soap during the Covid-19 pandemic, and also information about giving pumped breast milk to infants while doing the health protocols, namely maintaining the quality of breast milk.

Of respondents who received family support and did not provide exclusive breastfeeding as many as 20 respondents (66.7%), this was because mothers only knew and understood what exclusive breastfeeding was but did not try to apply it in real practice to their babies and also mothers who experienced lack of milk production so that mothers do not give exclusive breastfeeding to their babies for the full six months. Of the 49 respondents who did not receive family support and exclusively breastfed, as many as 12 respondents (63.2%), from the results of the interviews, it was found that mothers who did not receive family support and exclusively breastfed their babies were due to mothers who had good knowledge and ability to understand and apply it in the form of real practice regarding information obtained from families about the importance of breastfeeding for infants by implementing health protocols, namely by wearing masks and washing hands with soap during the Covid-19 pandemic.

Respondents who did not receive family support and did not provide exclusive breastfeeding as many as 7 respondents (38.6%), this was due to mothers who had less knowledge and mothers who received less information about the importance of the benefits of exclusive breastfeeding for babies by implementing health protocols, namely by wearing masks and washing hands with soap during the Covid-19 pandemic and also mothers who experience a lack of milk production so that mothers do not give exclusive breastfeeding to their babies for a full six months.

The results of this study are in line with previous research conducted by Mamangkey (16) namely from the results of statistical tests obtained value ( $p = 0.000$ ) where  $p < \alpha$  ( $\alpha = 0.05$ ) which states that there is a significant correlation between maternal employment and exclusive breastfeeding. It is known that of the 103 respondents who gave exclusive breastfeeding who received family support, namely as many as 70 respondents (68.0%), and mothers who did not give exclusive breastfeeding who received less family support, namely as many as 33 respondents (32.0%). The results of this study are not in line with or contrary to previous research conducted by Ika (17) where the results of statistical tests using Chi-Square in this study obtained a value ( $p = 0.110$ ) where  $p < \alpha$  ( $\alpha = 0.05$ ), this shows that family support has no significant correlation with exclusive breastfeeding.

## **5. CONCLUSION**

The results of the study show that exclusive breastfeeding is based on the Chi-Square test, obtained a significant correlation between the mother's knowledge and exclusive breastfeeding, namely ( $p$ -value  $0.013 < 0.05$ ), there is a significant correlation between the mother's work and exclusive breastfeeding ( $p$ -value  $0.008 < 0.05$ ), and there is a significant correlation between family support and exclusive breastfeeding ( $p$ -value  $0.041 < 0.05$ ). The conclusion is that there is a significant correlation between the mother's knowledge, the mother's occupation, and family support with exclusive breastfeeding for infants during the Covid-19 pandemic. The suggestion is that mothers are expected to continue to dig up information about the importance of the benefits of exclusive breastfeeding for babies by implementing health protocols during the Covid-19 pandemic and mothers to be more active in carrying out checks during pregnancy to obtain information regarding exclusive breastfeeding.

## **ACKNOWLEDGEMENT**

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## **REFERENCES**

1. Ristanti, A. D., & Masita, E. D. (2021). Peran Kader dalam Mendorong Pemberian Asi Di Masa Pandemi Covid-19. *To Maega: Jurnal Pengabdian Masyarakat*, 4(1), 47–54.
2. Rambu, S. H. (2019). Hubungan Dukungan Keluarga Terhadap Pemberian Asi Eksklusif Pada Bayi Di Puskesmas Biak Kota. *JIKP Jurnal Ilmiah Kesehatan PENCERAH*, 8(02), 123–130.
3. Kemenkes RI. (2019). Hasil Riset Kesehatan Dasar Tahun 2019. *Kementrian Kesehatan RI*, 53(9), 1689–1699.

4. Novia, E. (2020). Faktor-Faktor Yang Berhubungan Dengan Praktik Pemberian ASI Eksklusif. 1(1), 15–25. <http://www.jurnal.umitra.ac.id/index.php/JIGZI/article/download/307/236>
5. Alim, N. (2019). Hubungan Pelaksanaan IMD dan Pemberian ASI Eksklusif terhadap Status Gizi Bayi di Puskesmas Lamurukung. *Celebes Health Journal*, 1(2), 112–120.
6. Kusumaningrum, A. T., & Sari, P. I. A. (2021). Faktor-Faktor Yang Mempengaruhi Pola Menyusui Pada Masa Pandemi Covid-19.
7. Ulfah, H. R., & Nugroho, F. S. (2020). Hubungan Usia, Pekerjaan dan Pendidikan Ibu dengan Pemberian ASI Eksklusif. *Jurnal Keperawatan Intan Husada*, 8(1), 9–18.
8. Astutik, R. Y. (2020). Menyusui Pada Masa Pandemi COVID-19 - Google Books. In *Uwais Inspirasi Indonesia (Pertama)*. [https://www.google.co.id/books/edition/MENYUSUI\\_PADA\\_MASA\\_PANDEMI\\_COVID\\_19/q\\_waEAAAQBAJ?hl=en&gbpv=1&dq=Dukungan+keluarga+untuk+ibu+menyusui+pada+masa+pandemi+covid-19&pg=PA93&printsec=frontcover](https://www.google.co.id/books/edition/MENYUSUI_PADA_MASA_PANDEMI_COVID_19/q_waEAAAQBAJ?hl=en&gbpv=1&dq=Dukungan+keluarga+untuk+ibu+menyusui+pada+masa+pandemi+covid-19&pg=PA93&printsec=frontcover)
9. Lestari, N. D. A. (2018). Gambaran Pengetahuan Keluarga Dalam Merawat Anggota Keluarga Dengan Komplikasi Gangre. *Skripsi*, 5–29. [https://eprints.umm.ac.id/38882/3/BAB\\_2.pdf](https://eprints.umm.ac.id/38882/3/BAB_2.pdf)
10. Kemenkes RI. (2020). Kementerian Kesehatan Tahun 2020 Kementerian Kesehatan. Laporan Akuntabilitas Kinerja Tahun 2020.
11. Yusrina, A., & Devy, S. R. (2017). Faktor Yang Mempengaruhi Niat Ibu Memberikan Asi Eksklusif Di Kelurahan Magersari, Sidoarjo. *Jurnal PROMKES*, 4(1), 11. <https://doi.org/10.20473/jpk.v4.i1.2016.11-21>
12. Pitaloka, D. A., Abrory, R., & Pramita, A. D. (2018). Hubungan antara Pengetahuan dan Pendidikan Ibu dengan Pemberian ASI Eksklusif di Desa Kedungrejo Kecamatan Waru Kabupaten Sidoarjo. *Amerta Nutrition*, 2(3), 265. <https://doi.org/10.20473/amnt.v2i3.2018.265-270>
13. Mertasari, L. (2021). Hubungan Status Pekerjaan Dan Pendapatan Orang Tua Di Masa Pandemic Covid-19 Terhadap Perilaku Pemberian ASI Eksklusif. *Bunda Edu-Midwifery Journal (Bemj)*, 4(1).
14. Ramli, R. (2020). Correlation of Mothers' Knowledge and Employment Status with Exclusive Breastfeeding in Sidotopo. *Jurnal PROMKES*, 8(1), 36. <https://doi.org/10.20473/jpk.v8.i1.2020.36-46>
15. Kinasih, P. (2017). Pengaruh Dukungan Keluarga Terhadap Pemberian Asi Eksklusif Di Puskesmas Wonosari I Kabupaten Gunungkidul Tahun 2017. *Jurnal Bidan Komunitas*, VIII, 1–12.
16. Mamangkey, S. J. ., Rompas, S., & Masi, G. (2018). HUBUNGAN DUKUNGAN KELUARGA DENGAN PEMBERIAN ASI EKSKLUSIF PADA BAYI DI PUSKESMAS RANOTANA WERU. *JURNAL KEPERAWATAN*, 6(1). <https://ejournal.unsrat.ac.id/index.php/jkp/article/view/19472>
17. Ika Esti Anggraeni, Ike Putri Setyatama, S. (2020). Hubungan Dukungan Keluarga Terhadap Pemberian ASI Eksklusif Pada Ibu Menyusui. 11(2), 25–31.