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Determinants Related to the Implementation of Early Breastfeeding Initiation at the Maternity of Regional General Hospital of Yowari, Jayapura Regency

Sri Wahrini ^{a*}, Noer Bahri Noor ^b, Andreas Rantetampang ^c

^a Master Program, Faculty of Public Health, Cendrawasih University, Papua

^b Hospital Management Department, Faculty of public Health Hasanuddin University, Makassar

^c Chief Study Program of Postgraduate Program of Faculty of Public Health, Cendrawasih University

Email address: sri.wahyuni@gmail.com

Abstract

Early Initiation of Breastfeeding is the first step towards the success of breastfeeding, one of the important factors of the development of human resources in the future. This is in accordance with the recommendation of the World Health Organization where every newborn should be breast-fed for the first hour after birth. But in reality there are many mothers who did not. Research in Indonesia showed that only 44% breastfed in the first hour after birth. This study aims to determine the determinant associated with the implementation of Early Initiation of Breastfeeding in hospitals Yowari Jayapura district. Factors identified include knowledge of the mother, the husband of support, the role of health workers, motivation, psychology, fatigue and culture. The study design was a cross sectional study, using the technique of accidental sampling with unit observation post partum mothers of 50 people. The data were analyzed using univariate, bivariate with chi square test and multivariate analysis with multiple logistic regression. Statistical analysis showed that the variables significantly related to the implementation of Early Initiation of Breastfeeding is the husband support $P = 0.012$ and $PR = 5,357$. The role of health workers $p = 0.000$ and $PR = 96\ 600$.

* Corresponding author.

Logistic regression analysis showed that the most dominant factor related to the implementation of Early Initiation of Breastfeeding is the husband support the value of $p = 0.418$ in the maternity hospital room Yowari Jayapura district.

Keywords: Determinants; Implementation; Early Breastfeeding initiation.

1. Introduction

National development program mandates that development is directed at improving the quality of human resources quality. The basis of quality human capital formation begins in infancy in the womb along with breastfeeding early. Convention on children's rights in 1990, among others assert that the optimal growth and development is one of the rights of children, this means that in addition to the needs of the mother's milk is also a baby's rights are to be met by their parents. Given the importance of breastfeeding for optimal growth and development both physically and mentally and intelligence, it needs attention in order to be implemented properly. Newborns were not as weak as expected of people over the years. If guided in the right way, then in the first hour of her baby's life can find your own way to breastfeed. This is the first step towards the success of breastfeeding, one of the important factors of the development of human resources in the future. This indicate that the morbidity and mortality can be reduced by effectively when we provide opportunities for the baby with her mother, with skin contact and let, them together for at least one hour. This is in accordance with the recommendation of the World Health Organization where every newborn should be breast-fed for the first hour after birth, or better known as the Early Initiation of Breastfeeding or IMD.

Research in Indonesia, showed 95% of children under five years ever breastfed, however, only 44% were breastfed in the first hour after birth and only 62% were breastfed within the first days after birth. According to Jones et al in [1] that exclusive breastfeeding during the first 6 months of life can reduce 13% of infant mortality. Basic health research data in 2010 showed that the percentage of breast-feeding process began less than an hour after the baby is born is 29.3%. Various other studies show that only 8% of mothers exclusively breastfed their babies until the age of six months and only 4% of babies breastfed within the first hour after birth. In fact, about 21,000 newborn deaths under the age of twenty-eight days in Indonesia can be prevented by breastfeeding in the first hour after birth [2]. Basic health research data in 2013, shows the IMD national coverage of 34.5% and there are 18 provinces which scope is below the national average, including 31.5% of Papua Province is below the national figure specified. Jayapura District, yet have data showing the percentage of coverage IMD, and hospital Yowari Jayapura District has yet to have data that can show the level of achievement of the implementation of early breastfeeding initiation. Based on the above description where the level of achievement that still does not meet the expected target will require attention and thinking in the search for breakthrough efforts and concrete actions to be done in the field of health and all components of society. In an effort to increase breastfeeding achievement of the required study determinant factor to consider to be addressed both at the level of the mother, family, community or organization that can provide inputs efforts should be made to achieve these targets. In connection with these two researchers interested in conducting a study entitled Determinants Related to the Implementation of Early Initiation of Breastfeeding (IMD) at the Maternity Hospital Regional General Yowari in Jayapura.

2. Materials and Methods

This research is non-experimental quantitative research with cross sectional approach is a design study that studies the relationship between independent variables or risk factors with the dependent variable or by measuring instantaneous effect at the same time. This design is intended to study the dynamics and the variations of the variables included in the research title determinants associated with the implementation of early initiation of breastfeeding in the delivery room Yowari Regional General Hospital Jayapura district. Respondents in this study were all mothers who visit and deliver at the maternity ward Yowari District General Hospital. Sampling technique used in this study is the technique Accidental nonprobability Sampling and the number of respondents used in this study of the data collection of 50 respondents. The instrument used was a questionnaire covering the characteristics of respondents (age, ethnicity, education level, occupation), the dependent variable is the implementation of the IMD and the independent variable is the mother's knowledge, the support of her husband, the role of health workers, motivation, psychology, fatigue and culture.

3. Results

Characteristics and research variables are described in tabular form as follows:

Table 1: Description of respondents based on characteristics

Respondent Characteristics	category	n	%
Age	< 20 yr	6	12,0
	20-34 yr	40	80,0
	≥ 35 yr	4	8,0
Tribe	Immigrant	15	30,0
	Indigenous people	35	70,0
Education level	Never school	6	12,0
	Basic school	3	6,0
	Junior high school	8	16,0
	Senior high school	25	50,0
	University	8	16,0
Occupation	Civil servant	3	6,0
	Private	3	6,0
	Businessman	0	0
	Labor	0	0
	Not work	36	72,0
	Other	8	16,0

Based on the characteristics of the respondents in the table. 1 can be described that according to the respondents are 20-34 years of age who dominated labor in the delivery room Yowari Jayapura District Hospital (80%) and are of reproductive age for women. Based on the tribe that dominates is indigenous (70%), it can happen because Yowari Hospital is the referral hospital of suburbs which is mainly inhabited by local communities. According to the education level of 50% of respondents had high school and on the job as much as 72% of respondents were not working.

Table 2: Description of respondents by the research variables

Research Variables	Category	n	%
IMD given	IMD did not do	28	56,0
	IMD done	22	44,0
Mothers knowledge <i>post partum</i>	Do not know	29	58,0
	Know	21	42,0
Husband support	Not support	27	54,0
	Support	23	46,0
The role of health staff	Did not do	24	48,0
	done	26	52,0
Mother motivation of <i>post partum</i>	Low	15	30,0
	High	35	70,0
Mother Psychologies <i>post partum</i>	Negative	6	12,0
	Positive	44	88,0
Fatigue	No willingness	20	40,0
	Willingness	30	60,0
Mother cultural <i>post partum</i>	Negative	17	34,0
	Positive	33	66,0

Based on the research variables in Table 2 can be described as follows; that of 50 post partum mothers as much as 28 respondents (56%) IMD is not done and as many as 22 respondents (44%) IMD done. Based on the knowledge of post partum mothers who do not know about the IMD as many as 29 respondents (58%) and respondents who knew about the IMD as many as 21 respondents (42%). Based husband support illustrates that respondents who did not get the support of her husband of 27 respondents (54%) and respondents who received husband support as many as 23 respondents (46%). Based on the role that the health workers; officers did not perform its role in post-partum mothers were 24 respondents (48%) and respondents who received the officer's role as much as 26 respondents (52%). Respondents who have low motivation as much as 15 respondents (30%) and respondents who have a high motivation as much as 35 respondents (70%). Based on post partum mothers psychologically that; respondents who have a negative psychological as much as 6 respondents (12%) and respondents who have a positive psychological as much as 44 respondents (88%). Respondents were exhausted no willingness to IMD as many as 20 respondents (40%) and respondents were exhausted there is a willingness

to IMD of 30 respondents (60%). Post partum mother culture associated with the IMD describe that; as many as 17 respondents culture negative mothers (34%) and a total of 33 respondents who had a positive culture (66%).

Table 3: Chi Square Test Results Analysis with Independent Variables Dependent Variables

No.	Variable	P value	Prevalence Ratio (PR)
1.	Knowledge	0.192	2.533
2.	Husband support	0.012	5.357
3.	Role of health staffs	0.000	96.600
4.	Motivation	1.000	0.857
5.	Psychology	0.902	1.667
6.	Fatigue	0.450	1.857
7.	Culture	1.000	1.190

Results of the analysis in Table 3. Shows that, there are two variables that showed significant gains of 7 variables studied were; husband support variables with $p = 0.012$ and the value of $PR = 5,357$. It can be concluded that the knowledge is less risk 2,533 times greater than in the respondents knowledge to the implementation of the IMD. Variable-2 which shows the significant value that is the role of health workers with $p = 0.000$ and the value of $PR = 96\ 600$. To determine the dominant factor in the implementation of the IMD then the next variable that has a significant value included in the multiple logistic regression test and the results in Table 4.

Table 4: Results Multivariate Analysis Test Multiple Logistic Regression

Variable	P value	Exp (B)	95% CI
Husband support	0.338	0.418	0.070-2.490
Role of health staffs	0.000	0.013	0.001-0.123

4. Discussion

Knowledge is the result of know, and can occur after a person perform sensing on a particular object [4]. Issyaputri research results [5] showed no correlation between knowledge with the mother doing IMD in RSIA Fatimah Makassar in 2011 (value $X2 = 5,873 > X2\ table = 3,841$ and $P = 0.015$. Knowledge contribute to the mother do IMD of 27.4% with strong relation to "moderate". In contrast to the results of research by [6] that knowledge is known there is no connection with the practice of Early Initiation of Breastfeeding (IMD) On Mother Post Maternity Normal in Blado I Batang health centre.

This is in line with the test results of statistical analysis showed no significant relationship between knowledge and implementation of the IMD ($p = 0.192 < 0.05$). Chi-Square test results demonstrate the value of $PR = 2,533$. It gives the sense that knowledge is a risk factor for the implementation of the IMD. It concluded that mothers who do not know about IMD risk 2,533 times greater than in women who know, for the implementation of the IMD. Support is information from other people that he loved and cared for, have pride and appreciated, and is part of a network of communication and mutual obligation. Can also be interpreted as information verbal or non-verbal, advice, assistance tangible or behavior given by people who are familiar with the subject in a social environment or that form of presence and the things that can provide emotional benefit or effect on behavior recipients.

Study by [7] obtained from the chi square test performed on husband's support to the implementation of early initiation of breastfeeding on postpartum mother obtained chi-square value of 8.167 to the value $p = 0.004$. P value less than 0.05 ($0.004 < 0.05$), so that H_a H_o accepted and rejected. That there is a relationship with the husband support the implementation of early initiation of breastfeeding on post partum mothers in BPS Ny. Ida Purwanto. This is in line with the results of the Chi-Square test that showed the value of $P = 0.012$. It means that there is a significant relationship between husband support the implementation of the IMD. Based on the results Peralensi Ratio (PR) values obtained 5,357 This means that there is a risk factor between husband support the implementation of the IMD. It can be concluded that mothers who do not support riskier husband 5,357 times greater than in women who received husband support for the implementation of the IMD.

Understanding the role according to [8], is a series of expected behavior in accordance with the person's social position given either formally or informally. Study by [9] obtained results which indicate that the midwife's actions gave 2.6 times greater influence on the implementation of IMD than the midwife who did IMD. Based on the research results [6] by bivariate correlation between the role of health workers with the practice of Early Initiation of Breastfeeding (IMD) on normal post-partum mothers in Puskesmas Blado I Batang. P value ($0.010 < \alpha (0.05)$) and the value RP of 12.333 it is known that health workers do not facilitate IMD on normal postpartum mothers at risk 12 times greater than the officer who facilitates the mother to practice IMD. This is in line with the results of the statistical test Chi-Square test was obtained $p = 0.000 < \alpha = 0.05$. This means that there is a significant relationship between the role of health workers in the implementation of the IMD. Based on the results Peralensi Ratio (PR) values obtained 96 600. This means that there are risk factors between the role of health workers in the implementation of the IMD. It can be concluded that the role of the officer is not carried out risk 96 600 times greater than the role of the officers who carried out for the implementation of the IMD. Motivation is defined as the urge to act in order to achieve certain goals. According to [4] that in humans there are two motivations, the primary motive or motives that are not studied, and a secondary motive or motives that are learned through experience and interaction with others. Research results of [10] showed statistical test result with chi-square between motivation variables with Early Initiation of Breastfeeding practice in Tegal Pangkah health centre obtained $p = 0.435 (p > 0.05)$, which means there is no significant relationship between motivation to practice Early Initiation of Breastfeeding Pangkah health centers in the region of Tegal. The results showed that the better the motivation does not affect the merits of the practice of IMD. This is evident from the results of the study most mothers are already getting information about the current IMD antenatal care, but some still refuse to IMD upon entry in the delivery room.

This is in line with the statistical test results obtained by value $p = 1,000 > \alpha = 00:05$ showed no significant relationship between motivation and implementation of the IMD. [11] defines psychology as a science that studies the behavior of open and closed in humans both as individuals and groups, in relation to the environment. Open behavior is behavior that are psychomotor which include deeds speak, sit, walk and other, while the behavior covered include thinking, belief, feeling and so forth. Based on the results of research and [12] found mothers who breastfeed are less good as much as 31.4% if exercised IMD. Mentioned that, there are many other factors that influence the success of early breastfeeding, such as socio-cultural factors, psychological factors. Some psychological condition of the mother during the research showed the mother feel her milk does not come out and feel unable to breastfeed properly, because there is no previous experience. Disappointed with the physical appearance of the baby because it does not match expectations.

Test results with Chi-Square test showed a $p\text{-value} = 0.902 > \alpha = 0:05$ It gives the sense that there is no significant relationship between psychological with the implementation of the IMD. By Pervalensi Ratio (PR) values obtained (1,667), this means that the risk of negative psychological 1,667 times greater than the positive psychological for the implementation of the IMD. Fatigue is an acute condition, which starts from the fatigue which lead to mental fatigue or physical and can hinder a person to be able to perform its function within normal limits. Feeling tired is more than just feeling tired and sleepy, tired feeling this happens when a person has reached the limit of physical or mental condition that has [13]. In the study by [14] , based on interviews with the questionnaire, argued that although the mother did not refuse to do the IMD but some are in doubt when the baby is born do IMD. She felt exhausted after giving birth so that the implementation of the IMD can not be done at least 1 hour. "I feel exhausted give birth so that the baby has not already appointed hour, there are also families who do not have the heart to see mothers who have exhausted give birth" (R 02).

Interview results by [12], conducted on 14 respondents were not at IMD, the mother complained of fatigue due to face labor and most of the mothers primi performed an episiotomy during childbirth, so that mothers feel less comfortable and yet focused on the baby. This is not in line with the statistical analysis of test results obtained by value $p = 0.450 > \alpha = 0:05$. This means that there is no significant relationship between fatigue with the implementation of the IMD. By Pervalensi Ratio (PR) values obtained (1,857), this means that the exhausted mother no willingness 1,857 times greater risk of maternal exhaustion is no willingness for the implementation of the IMD. Culture is the customs and traditions that people do without reasoning whether good or bad done [4]. Culture consists of various aspects, one of which is trust. Trust is something that is believed someone for granted hereditary from parents to their children so that it becomes a fundamental behavior[10]. shows the test results with the chi-square statistic between the variables of trust with the practice of Early Initiation of Breastfeeding obtained $p = 0.238 (p > 0.05)$, which means there is no significant relationship between beliefs and practice IMD in Puskesmas Pangkah Tegal regency. The results showed that the better the trust does not result in improvements in the practice of IMD. This is in line with the test results of statistical analysis obtained by value $p = 1,000 > \alpha = 0:05$. This meant that there was no significant relationship between culture with the implementation of the IMD. By Pervalensi Ratio (PR) values obtained (1,190), this means that the negative culture of risk 1,190 times greater than the positive culture for the implementation of the IMD.

5. Conclusion

Based on the results of research and discussion determinants related to the implementation of the IMD in the maternity room Yowari Jayapura District Hospital, among others; mother's knowledge, the support of her husband, the role of health workers, motivation, psychology, fatigue and culture. So, be concluded as follows:

1. There is no relationship between mother knowledge to the implementation of IMD, with a P value = 0.192 and PR = 2,533.
2. There is a significant relationship between husband support the implementation of the IMD, P = 0.012 and PR = 5,357.
3. There is a significant relationship between the role of health workers in the implementation of the IMD, P = 0.000 and PR = 96 600.
4. There is no correlation between motivation and implementation of the IMD, P = 1.000 and PR = 0857.
5. There is no relationship between psychology with the implementation of IMD, P = 0.902 and PR = 1,667.
6. There is no correlation between fatigue with the implementation of the IMD, P = 0.450 and P = 1,857.
7. There is no relationship between culture with the implementation of the IMD, P = 1.000 and PR = 1,190.
8. The most dominant factor is the support of a husband (PR = 0418) compared to the role of health workers (PR = 0.013) on the implementation of the IMD.

6. Suggestion

1. For Yowari Jayapura District Hospital, although the role of the officer is quite good but the future is expected to be able to provide training or seminars on a regular basis for staff so expect IMD can be performed optimally, as well as the need to establish rules to be implemented primarily IMD for normal birth mothers.
2. For health workers are expected to be more active in providing socialization about the IMD as well as support during the Ante Natal Care (ANC) to improve the knowledge of pregnant women and in practice the IMD to maternal care.
3. For pregnant women and maternal, family and community is expected to obtain counseling and counseling from health professionals associated with IMD and need not hesitate to ask the officers to be able to do the IMD.
4. For further research is expected to add a reference related to IMD and should research the different methods in order to obtain more information with more samples beginning of pregnancy that can be followed to perform IMD delivery whether or not and the determinant factors that influence the role of health workers,

can be a reference to be studied with regard to the implementation of the IMD.

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