The Success of Early Initiation of Breastfeeding in terms of the Level of Knowledge and Family Support

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The Success of Early Initiation of Breastfeeding in terms of the Level of Knowledge and Family Support at the Prasetya Husada Hospital, Karangploso Malang

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ABSTRACT

Early Initiation of Breastfeeding (IMD) is the process of allowing a baby to breastfeed itself after birth. The baby is placed on the breast of the mother and the baby himself with all his efforts to find nipples to breastfeed immediately (Yuliarti, 2010). The aim of the study was to determine the relationship between the success of IMD implementation in terms of the level of knowledge and family support in the hospital. Prasetya Husada Karangploso Malang. The research design used analytic observational method with cross sectional approach. The number of respondents was 55 people. The instrument used was a questionnaire. The results of data analysis from statistics show that 44 respondents (80%) have good knowledge of IMD, who provide good support as many as 45 respondent families (81.8%) and the number of IMD is 50 respondents (90.9%). The results of the chis-quare analysis between the knowledge variable and the IMD success variable obtained the p-value value = 0.002. This means that there is a significant relationship between knowledge about IMD and the successful implementation of IMD. The results of the chisquare analysis between the variable family support and the IMD success variable, the p-value value = 0.001. This means that there is a significant relationship between family support and the successful implementation of IMD. The relationship between knowledge, family support and the success of IMD can be influenced by the age status where the majority of the majority are early adulthood and can also be influenced by the level of education at which the education level of the respondents is SMA / SMK and also influenced by the parity of the respondents where most of the respondents have multiple parity.

Keywords: Knowledge of Early Breastfeeding Initiation, Family Support, Implementation of Early Breastfeeding Initiation

INTRODUCTION

Early Initiation of Breastfeeding (IMD) is the process of allowing a baby to breastfeed itself after birth. The baby is placed on the breast of the mother and the baby himself with all his efforts to find a nipple for breastfeeding immediately (Yuliarti, 2010). The results of the Basic Health Research (Riskesdas) 2010 show that the IMD rate in Indonesia under one hour of birth is 29.3%. This figure has indeed increased when referring to the 2013 Riskesda data of 34.5%. The percentage of East Java who get IMD is 67.66% and those who get exclusive breastfeeding are 76.98% (Depkes 2018). According to the Director General of Nutrition and MCH, the main problem of the low use of breast milk in Indonesia is the socio-cultural factor, the lack of knowledge of mothers about the importance of breastfeeding and health personnel who have not fully supported the increase in breastfeeding (PP-ASI) and this problem is exacerbated by the incessant promotion of formula milk. Family support is the power and strength that exists in humans that encourage or move someone to certain behavior which is directed towards a main goal, namely encouraging mothers to initiate early breastfeeding (Hidayat, 2009)

From the data obtained, the average number of post partum patients (giving birth) every month in R.S Prasetya Husada is 64 patients (January-June 2019). From a preliminary study conducted on January 28, 2019 in the delivery room of Prasetya Husada Hospital, data obtained from 14 people after giving birth showed that 9 (64.28%) people did not know how to implement IMD and did not succeed in implementing IMD and 5 people (35, 71%) know how to implement the IMD. The problem with the unsuccessful IMD is that the baby's family and mother are afraid that their baby will get cold and something will happen.

RESEARCH METHODS

This study used an analytic observational research design with a cross-sectional approach, namely: the type of measurement / observation guide data at one time that can be done on the dependent variable and the independent variable. Population In this study were 64 mothers who gave birth at Prasetya Husada Hospital Karangploso Malang, a sample of 55 mothers who gave birth at Prasetya Husada Hospital. The sampling technique in this study was accidental sampling, the variables in this study used 2 variables, namely independent and dependent, the instrument used in this study was a knowledge questionnaire about IMD at the level of knowledge and understanding, which includes definitions, disadvantages, advantages and indications of IMD. . The correct answer is given a score of 1 (one) and if the answer is wrong it is given a score of 0 (zero). While the instrument used to assess the implementation of IMD is an observation sheet in the form of name, initials, age, how many children, address, after which a score of 1 is successful and a score of 0 is not successful. The research was conducted in the delivery room / postpartum room of Prasetya Husada Hospital Karangploso Malang on the date September 30, 2019 - October 30, 2019, data processing is carried out by the process of editing, coding, tabulating. Data analysis in this study was carried out by univariate and bivariate testing. Univariate analysis. The results are presented in the form of a frequency distribution table and narrative. Bivariate analysis is used to see the relationship between two variables, namely the independent variable and the dependent variable using Chi - Square with SPSS, with a significance level of 95% $p = 0.005$. If the p value <0.005, it can be stated that there is a relationship between maternal knowledge and the practice of early initiation of breastfeeding, but if the p value is> 0.005 it can be stated that there is no relationship between maternal knowledge and early breastfeeding practice..

RESEARCH RESULT

Most of the respondents at Prasetya Husada Hospital Karangploso Malang are early adults as many as 34 people (61.8%), are Muslim as many as 53 people (96.4%), as many as 52 people (94.6%), have high school education / SMK as many as 33 people (60%)., Work as housewives as many as 35 people (63.6%), multiparity as many as 26 people (47.3%).

Table 1. Frequency Distribution Based on Knowledge About IMD

Knowledge	Frequency	Percentage
Good	44	80
Enough	10	18,2
Less	1	1,8
Total	55	100

Based on the table above, it can be seen that most of the respondents at the Prasetya Husada Hospital Karang Ploso Malang have good knowledge about IMD as many as 44 people (80%).

Table 2. Frequency Distribution Based on Inner Family Support

Family Support	Frequency	Percentage
Good	45	81,8
Enough	9	16,4
Less	1	1,8
Total	55	100

IMD implementation

Based on the table above, it can be seen that most of the respondent's family support in implementing IMD at Prasetya Husada Hospital Karang Ploso Malang is giving good support as many as 45 respondent families (81,8%).

Table 3. Frequency distribution based on the success of IMD

Successful Early Initiation of Breastfeeding	Frequency	Percentage
Done	50	90,9
Not Done	5	9,1
Total	55	100

Based on the table above, it can be seen that most of the success of doing IMD at Prasetya Husada Hospital Karangploso Malang is done with a total of 50 respondents (90.9%).

Table 4. Frequency Distribution Based on Cross Tabulation of Knowledge with Successful Implementation of IMD

Knowledge	IMD		Total	Statistical Test Value
	Done	Not Done		
Good	42 (76,4%)	2 (3,6%)	44 (80%)	
Enough	8 (14,5%)	2 (3,6%)	10 (18,2%)	P-valute = 0,002
Less	0 (0%)	1 (1,8%)	1 (1,8%)	
Total	50 (90,9%)	5 (9,1%)	55 (100%)	

Based on the table above, it can be explained that the respondents of this study who had good knowledge and implementation of IMD were 44 people and those who were implemented were 42 people (95.5%) and were not implemented as many as 2 people (4.5%).

Table 5. Frequency Distribution Based on Cross Tabulation of Family Support with Successful Implementation of IMD

Family Support	IMD		Total	Statistical Test Value
	Done	Not Done		
Good	43 (78,2%)	2 (3,6%)	45 (81,8%)	
Enough	7 (12,7%)	2 (3,6%)	9 (16,4%)	P-valute = 0,001
Less	0 (0%)	1 (1,8%)	1 (1,8%)	
Total	50 (90%)	5 (9,1%)	55 (100%)	

Based on the table above, it can be explained that the respondents in this study supported family support in the implementation of IMD as many as 45 respondents and those who were carried out were 43 respondents (95.6%) and those who were not carried out were 2 respondents (4.4%)

DISCUSSION

Level of Knowledge About IMD in Prasetya Husada Hospital Karangploso Malang

The level of knowledge of respondents about IMD was mostly good knowledge, namely as many as 44 people (80%) and 10 people with sufficient knowledge (18.2%) while those with less knowledge were 1 person (1.8%). From these data it can be explained that patients know and know the steps for IMD, know the benefits of IMD and how to carry out IMD correctly, from the data of respondents with inadequate knowledge because the patient does not know how to carry out IMD correctly and the benefits that will be obtained.

The results of good knowledge can also be influenced by the age status where the majority are early adulthood and can also be influenced by the level of education where the education level of the respondents at Prasetya Husada Hospital Karangploso Malang is SMA / SMK and can also be influenced by which parity of respondents most of the respondents had multiple parity. It can be concluded that in this study the majority of knowledge about IMD in Prasetya Husada Hospital Karangploso Malang is good.

Family Support in the Success of IMD at the Prasetya Husada Hospital Karangploso Malang

Most of the respondent's family support is good, namely from 55 people as many as 45 people (81.8%) good family support, and 9 people (16.4%) family support is sufficient, whereas people (1.8%) lack family support.

According to Simmon (2006), the success of breastfeeding is closely related to the support of people around the mother, such as husbands and parents. According to Roesli (2000), family support increases the mother's self-confidence and comfortable conditions for producing breast milk. Mothers who feel confident tend to want to give their babies the opportunity to breastfeed.

The results of good family support can be influenced by several factors, including the education level of respondents who are mostly SMA / SMK and the most respondents are early adults as many as 34 people (61.8%), which will affect family support to be good because the family already understands. from respondents about the implementation of IMD.

The success of IMD at Prasetya Husada Hospital Karangploso Malang

The success of IMD of the respondents was mostly done from 55 people as many as 50 people (90.9%) had IMD implemented while 5 people (9.1%) had IMD not implemented.

The success of IMD in this study may be influenced by the parity of respondents, where the majority of respondents' parity is multiple parity, where multiple parity affects someone's experience, namely that experience is a source of knowledge to obtain the truth. So it can be concluded that in this study the majority of IMD is implemented at Prasetya Hospital. Husada Karangploso Malang is successful.

The Relationship of Knowledge Level about IMD with the Success of IMD Implementation in Prasetya Husada Hospital Karangploso Malang

The results of data analysis from statistics show that the level of respondent's knowledge has a relationship with the success of implementing IMD at Prasetya Husada Hospital Karangploso Malang where the p value = 0.002 <0.05. This means that there is a significant relationship between knowledge about IMD and the successful implementation of IMD. Data on knowledge of respondents about IMD with good knowledge were 44 people (80%) who had good knowledge and implemented IMD as many as 42 people (76.8%) and those who had good knowledge but did not implement IMD were 2 people (3.6%), for those who were knowledgeable enough as many as 10 people (18.2%) who had enough knowledge with the implementation of IMD as many as 8 people (14.5%) and those who had enough knowledge but did not implement IMD were 2 people (3.6%), while those with less knowledge were 1 person (1.8%) and one person (1.8%) did not implement the IMD.

The results of this study are reinforced by research conducted by Sigit Windarto, which results in most of the research having good knowledge and willingness to do IMD, namely 64 people (91.4%) who have good knowledge as 62 people who are willing to take IMD action (88.6%) and the results of chi squer analysis obtained p value = 0.000 <0.05. Thus, it can be concluded that the research conducted agrees with that of Sigit Windarto.

The results of good knowledge and the implementation of IMD can be influenced by the level of education where the majority of respondents have high school / vocational education as many as 33

people (60%) and the smallest has an elementary school education as many as 1 person (1.8%). And supported by the majority of the respondents' age was 34 people (61.8%) early adulthood and 6 people (10.9%) were late adults. This is in accordance with the theory of Hurlock (2004) that the more old enough, the level of maturity and strength of a person will be more mature in thinking and working. So it can be concluded that the majority of respondents have good knowledge of implementing IMD, and those who have less knowledge, IMD is not implemented because with a higher level of education mothers will get better knowledge obtained both in schools, mass media and in the surrounding environment.

The Relationship between Family Support and the Success of IMD Implementation at the Prasetya Husada Hospital Karangploso Malang

The results of data analysis from statistics show that the support of the respondent's family in the successful implementation of IMD at Prasetya Husada Karangploso Hospital Malang where the p value = 0.001 <0.05. This means that there is a significant relationship between family support and the successful implementation of IMD. Most of the respondent's family support data in the success of IMD were mostly good, namely 45 families of respondents (81.8%), of the 45 people whose family support was good and the implementation of IMD was 43 people (78.2%) while 2 people (3.6%) provide support for not implementing the IMD. The family support was sufficient as many as 9 people where 7 people (12.7%) had sufficient knowledge of the IMD, while 2 people (3.6%) had IMD not implemented. For those whose family support is lacking as much as 1 person (1.8%) and the IMD is not implemented.

The results of this study are reinforced by research conducted by Eko Haryanto, where the results of the study were 83 respondents who received family support as many as 33 people (39.8%) while those who did not get family support were 50 people (60.2%). The statistical test showed that the p value was 0.008 (<0.05), this means that there is a significant relationship between family support and the implementation of IMD. This illustrates that the implementation of IMD really needs support from husbands or their families where this support is needed by breastfeeding mothers.

According to Purwanto (2008) the factors that influence family support in internal and external factors are the level of education, level of knowledge and cultural background in this study many respondents who have a good education, namely SMA / SMK as many as 33 people (60%) and the smallest 1 person (1.8%) has elementary education (1.8%) for the majority level of knowledge is good about IMD, namely 44 people (80%) have good knowledge and the smallest respondent has less knowledge about IMD, namely 1 person (1.8%), and the majority the ethnicity of the respondents is Javanese as many as 52 people (94.6%) and the smallest is Madurese as many as 1 person (1.8%). So it can be concluded that good family support will encourage mothers to breastfeed their children so that it will affect the implementation of better IMD.

CONCLUSION

The relationship between IMD knowledge and the successful implementation of IMD shows that the level of knowledge of respondents has a relationship with the successful implementation of IMD at Prasetya Husada Hospital Karangploso Malang where the p value = 0.002 is supported by the majority of respondents' ages are early adults as many as 34 people (61.8%) and and a small proportion of respondents aged as many as 6 people (10.9%). This is in accordance with the theory of Hurlock (2004) that the more old enough, the level of maturity and strength of a person will be more mature in thinking and working.

The relationship between family support and the successful implementation of IMD shows that the respondent's family support in the successful implementation of IMD at Prasetya Husada Hospital Karang Ploso Malang where the value of p = 0.001. Most of the respondent's family support data in the success of IMD is mostly good, namely as many as 45 respondent families (81.8%)..

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