



Factors Related to Implementation Early Initiation of Breastfeeding (IMD) in Particular Women at PMB Bika Hardi, S.ST Padang

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Received: 15-05-2024 Reviewed: 25-05-2024 Accepted: 15-06-2024

Abstract

IMD is giving newborn babies the opportunity to breastfeed themselves from the mother within the first hour of birth. IMD implementation in Indonesia has decreased from 58.2% in 2019 to 48.6% in 2021. West Sumatra also experienced a decline in 2020 by 29.64%, in 2021 by 25.84% and in 2022 by 25.68%. The aim of this research is to determine the factors related to the implementation of early initiation of breastfeeding (IMD) among mothers giving birth at PMB Rika Hardi, S.ST Padang in 2023. The type of research used is descriptive analytic using a cross sectional approach. This research was carried out from September 2023 to April 2024 at PMB Rika Hardi, S.ST Padang. The sampling technique used in accidental sampling. Data processing techniques using editing, coding, data entry, tabulating, cleaning and data analysis using univariate analysis and bivariate analysis using the Chi-Square test. The research results showed that 35.7% did not implement IMD, 33.3% had a low level of knowledge, 54.8% family does not support, 42.9% of health workers do not support. There is a significant relationship between knowledge, family support, support from health workers and the implementation of IMD at PMB Rika Hardi, S.ST Padang in 2023. Knowledge factors, family support, health worker support are related to the implementation of IMD. It is hoped that the results of this research can be used in providing midwifery care for mothers giving birth, apart from that it can also be a reference for midwives in providing intensive counseling to expectant mothers about the importance of exclusive breastfeeding starting from IMD so that the quality of service increases.

Keywords: Knowledge, family support, health worker support

Introduction

Policies to implement early initiation of breastfeeding are expected can reduce the neonatal mortality rate (AKN), which is 12 per 1,000 live births, in line with the Sustainable achievement target Development Goals (SDGs). The role of SDGs in achieving Breastfeeding Initiation Early (IMD), namely Early Initiation of Breastfeeding can increase success Exclusive breastfeeding and prolonged breastfeeding will help reduce this poverty, helps reduce hunger because breast milk can fulfill food needs of babies up to two years of age, helping to reduce numbers death of children under five (Astuti, 2022).

Early Initiation of Breastfeeding (IMD) is a process of letting the baby with his own instinct to breastfeed immediately within the first hour after birth, along with contact between the baby's skin and the mother's skin (Kemenkes RI, 2023). IMD is one of the main influencing factors success of exclusive breastfeeding. United Nations Children's Fund (UNICEF) and The World Health Organization (WHO) has recommended implementation Early Initiation of Breastfeeding (IMD) in newborns which can prevent 22% deaths of infants under one month old in developing countries. Number The death of the baby can be prevented if the baby breastfeeds from the mother for one hour first, while breastfeeding on the first day of birth can reduce the number infant mortality up to 16%. The process of early initiation of breastfeeding causes the baby do not experience hypothermia or cold due to the mother's embrace of the baby and the temperature in the mother's chest will rise by 2° C .

Overall, only 44% of newborn babies in the world receive breast milk Within the first hour after birth, even a small number of babies under six months of age are exclusively breastfed. Exclusive breastfeeding coverage in Central Africa as much as 25%, Latin America and the Caribbean as much as 30%, South Asia as much as 47%, and developing countries as much as 46%. By overall less than 40 percent of children under six months of age were given it exclusive breastfeeding (WHO, 2018). The prevalence of newborns receiving IMD in Indonesia in in 2019 there were 75.58%. Province with the highest percentage of new babies born to receive IMD is Southeast Sulawesi (94.92%) while the province with the lowest percentage is West Papua (3.06%). Nationally, Coverage of babies receiving exclusive breast milk in 2022 is 67.96%, down from 69.7% from 2021 (Kemenkes RI, 2023). Meanwhile in 2020, in Indonesia has experienced an increase in the coverage of newborns receiving IMD namely 77.6%, while in 2021, 52.5% or only half of the 2.3 million babies aged less than 6 months are breastfed Exclusive, or a decrease of 12% from the figure in 2019. The IMD figure also fell from 58.2% in 2019 to 48.6% in 2021.

Meanwhile, conditions in West Sumatra include exclusive breastfeeding up to 6 months of age was 68.32% and IMD 81.91%. Percentage of new babies births who did not receive IMD in 2020 were 29.64%, in 2020 In 2021 it was 25.84%, while in 2022 it was 25.68% (Dinas kesehatan Provinsi Sumatera Barat, 2021). Based on the 2021 Padang City Health Service report regarding IMD coverage, where the target number of live births in 2021 is 16,420 babies, but only Early Breastfeeding Initiation is carried out as many as 15,605 babies (92.9%). In 2022 IMD coverage will be as much as 86.2% of the number of live births, this percentage has decreased from previous year (Dinas Kesehatan Kota Padang, 2021).

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IMD and exclusive breastfeeding are not only natural actions, but it is also a behavior that must be learned. Extensive research shows that mothers need active support to develop and implementing correct breastfeeding practices. The main problem is The reason why IMD cannot be done as early as possible in Indonesia is factors such as lack of knowledge, attitudes and lack of family support in implementing IMD, socio-cultural, awareness of the importance of breast milk for child health, health services and health workers who have not fully supports the program to increase the use of breast milk, incessantly promotion of formula milk and working mothers (Cholifah & Astuti, 2017).

Research conducted by Rahajuningsih in 2014 states that the success of the IMD program is greatly influenced by attitudes, a mother's knowledge and motivation to breastfeed her baby. Breastfeeding The most successful way to do this is if the mother herself is physically ready and ready mentally to give birth and breastfeed, and if the mother gets it information, support and feeling confident in their ability to care her own baby, the support of her husband, family, health workers and the community. Therefore, the attitudes and behavior of mothers who have just given birth are based on knowledge about the importance of IMD from treatment Antenatal and during delivery have a big influence on success practice of IMD and exclusive breastfeeding later (Nova et al., 2018). Similar research was also carried out by (Listiana & Jasa, 2020) who said that the husband's support for early initiation of breastfeeding was There were 17 respondents who did not support it, namely 56.7%. Statistical test results Husband's support obtained a p-value of 0.004, so it was found to exist significant relationship between husband's support and success early initiation of breastfeeding.

Based on the above phenomena and the benefits arising from IMD for mothers and babies, so researchers conducted research on factors related to the implementation of early initiation of breastfeeding (IMD) for mothers giving birth at PMB Rika Hardi, S.ST Padang.

Literature Review

Early Initiation of Breastfeeding (IMD) is the beginning of activities breastfeed within the first hour after the baby is born. Early initiation is also possible is defined as the way a baby breastfeeds in the first hour after birth own efforts, in other words breastfeeding, not being breastfed. Baby way initiating early breastfeeding is called The Breast Crawl or crawling looking for breasts (Astuti YR, 2016).

IMD is said to be successful if the baby can find and suck mother's nipples within the first hour of birth, and if one The first hour the baby didn't work so he tried again to put it on the chest his mother with skin-to-skin contact for another hour. If the baby has not successfully initiated breastfeeding Within an hour, position the baby closer to the nipple breast milk and leave in skin contact for 30-60 minutes next.

Benefits of IMD for mothers: Strengthens the emotional bond between mother and baby, stimulates the production of the hormones oxytocin and prolactin, stimulates uterine contractions so that postpartum bleeding is reduced, stimulates colostrum production, increases breast milk production, The mother is calmer and feels less pain during the placenta birth and

other postnatal procedures thereby reducing maternal stress after giving birth and can delay ovulation, encouraging mothers to sleep and relax after the baby is finished breastfeeding, Increases the mother's opportunity to establish and continue breastfeeding during infancy, Better uterine contractions. The baby sucks on the mother's nipple stimulates the release of the hormone oxytocin which will help contraction of the uterus, accelerates expulsion of the placenta, reduces risk of postpartum hemorrhage and prevent anemia.

Benefits of IMD for babies: Prevents hypothermia, calms mother and baby and regulates breathing and heart rate, Moves bacteria from the skin to itself, Reduces baby crying thereby reducing stress and energy which the baby wears, Encourages the baby's skills to breastfeed more quickly and Effectively, bilirubin will return to normal more quickly and remove meconium faster thereby reducing the incidence of newborn jaundice, preventing the peak of the "sucking reflex" in babies from being missed occurs 20-30 minutes after birth. If the baby is not breastfed, the reflex will decrease rapidly, and will only reappear in levels sufficiently 40 hours later and helps the development of the baby's nervous system and improve baby's intelligence.

Research Method

This research is about factors related to implementation of early initiation of breastfeeding (IMD) for mothers giving birth at PMB Rika Hardi, S.ST Padang. The type of research is analytical descriptive cross sectional approach with independent variables (knowledge, family support and health worker support), dependent variable (IMD implementation). The research was conducted in September 2023 – April 2024. The population of this study was mothers in the third stage of labor. at PMB Rika Hardi, S.ST Padang the mother gave birth on December 18 2023 – 11 January 2024 as many as 42 people with a sample of 42 people. Technique sampling in accidental research. Data analysis used were univariate and bivariate analysis with the Chi Square statistical test.

Result/Findings

Respondent characteristics

Table 1. Respondent Characteristics

Respondent characteristics	f	%
Age		
20 – 30 years	30	71,4
> 30 years	12	28,6
Education		
Junior High School	6	14,3
Senior High School	28	66,7
College	8	19,0

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Job status		
Work	13	30,9
Doesn't work	29	69,1
Child's gender		
Man	17	40,5
Woman	25	59,5

Table 1 shows that the majority of respondents aged 20-30 as many as 30 respondents (71.4%). Most levels of education viz 28 respondents (66.7%) had graduated from high school. Job you have Most of the respondents were housewives, 29 respondents (69.0%). A total of 25 respondents had girls (59.5%).

Univariate Analysis

Table 2. Frequency Distribution of Respondents Based on IMD Implementation at PMB Rika Hardi, S.ST Padang

Implementation of IMD	f	%
Not IMD	15	35,7
D	27	64,3

Based on table 2, it shows that 15 respondents (35.7%) did not implement IMD at PMB Rika Hardi, S.SiT Padang.

Table 3. Frequency Distribution of Respondents Based on Level Knowledge about IMD in PMB Rika Hardi, S.ST Padang

level of knowledge	f	%
Low	14	33,3
Hight	28	67,3

Based on table 3, it shows that 14 respondents (33.3%) have a low level of knowledge in PMB Rika Hardi, S.ST Padang.

Table 4. Frequency Distribution of Respondents Based on Support Family about IMD at PMB Rika Hardi, S.ST Padang

Family Support	F	%
Does Not Support	23	54,8
Support	19	45,2

Based on table 4, it shows that 23 respondents (54.8%) have families who do not support the implementation of IMD at PMB Rika Hardi, S.SiT Padang.

Table 5. Frequency Distribution of Respondents Based on Officer Support

Health about IMD at PMB Rika Hardi, S.ST Padang		
Officer Support Health	F	%
Does Not Support	18	42,9
Support	24	57,1

Based on table 4.5, it shows that 18 respondents (42.9%) health workers do not support the implementation of IMD at PMB Rika Hardi, S.ST Padang.

Bivariate Analysis

Table 6. Relationship between Mother's Knowledge and Implementation of IMD at PMB Rika Hardi, S.ST Padang

Level of knowledge	IMD implementation				Total		Pvalue
	Not IMD		IMD		F	%	
	F	%	F	%			
Low	12	87,5	2	14,3	14	100	0,000
High	3	10,7	25	89,3	28	100	
Total	15	35,7	27	64,3	42	100	

Based on the table above, it can be seen that respondents who not implementing IMD is more dependent on the mother's knowledge low (85.7%) compared to high maternal knowledge (10.7%). From the statistical test, the p value = 0.000 (pvalue < 0.05) which means there is a significant relationship between knowledge and implementation of IMD at PMB Rika Hardi, S.ST Padang.

Table 7. Relationship between Family Support and Implementation of IMD at PMB Rika Hardi, S.ST Padang

Family Support	IMD implementation				Total		Pvalue
	Not IMD		IMD		F	%	
	F	%	F	%			
Not Support	12	52,2	11	47,8	23	100	0,034
Support	3	15,8	16	84,2	19	100	
Total	15	35,7	27	64,3	42	100	

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Based on the table above, it can be seen that respondents who not implementing IMD more in unsupportive families (52.2%) compared to supportive families (15.8%). From the statistical test, the p value = 0.034 (pvalue < 0.05) which means there is a significant relationship between family support and implementation of IMD at PMB Rika Hardi, S.ST Padang.

Table 8. Relationship between Officer Support Health and Implementation of IMD at PMB Rika Hardi, S.ST Padang

Officer Support Health	IMD implementation				Total		Pvalue
	Not IMD		IMD		F	%	
	F	%	F	%			
Not Support	11	61,1	7	38,9	18	100	0,008
Support	4	16,7	20	83,3	24	100	
Total	15	35,7	27	64,3	42	100	

Based on the table above, it can be seen that respondents who not implementing IMD more on health workers no support (61.1%) compared to health workers who support (16.7%). From the statistical test, the p value = 0.008 (p< 0.05) which means there is a significant relationship between support health workers with the implementation of IMD at PMB Rika Hardi, S.ST Padang.

Discussion

Relationship between mother's knowledge about the implementation of IMD at PMB Rika Hardi, S.ST

The research results showed that respondents who did not implementing IMD is more common in mothers with low knowledge (85.7%) compared to high maternal knowledge (10.7%). From the statistical test, the p value = 0.000 (pvalue < 0.05) which means there is a significant relationship between knowledge and implementation IMD at PMB Rika Hardi, S.ST Padang in 2023.

This research is in line with research conducted by (Debataraja et al., 2021) found that there was a relationship between knowledge and implementation of IMD (pvalue=0.000). Other similar research was conducted by (Sari, 2022), the results found that there was a knowledge relationship with the implementation of early initiation of breastfeeding (IMD) (pvalue=0.001) Research conducted by (Mandasari, 2022) found that there were results The relationship between knowledge and the implementation of early initiation of breastfeeding (IMD) (pvalue=0.000).

The researcher's assumption from the research results is low knowledge because mothers do not receive enough education about implementing IMD. Every mother who is about to give birth must be informed and guided mothers regarding needs or things that are likely to happen occurs during the birthing process. This will increase knowledge mother in implementing the IMD. The role of health workers, namely providing information and guidance, must work

together with mothers who are about to give birth about the importance of information regarding breastfeed the baby shortly after birth.

Family support relationships regarding the implementation of IMD in PMB Rika Hardi, S.ST

The research results showed that respondents who did not implementing IMD more in unsupportive families (52.2%) compared to supportive families (15.8%). From statistical tests obtained p value = 0.034 (pvalue < 0.05) which means there is a relationship significant relationship between family support and the implementation of IMD in PMB Rika Hardi, S.ST Padang in 2023.

This research is in line with research conducted by (R. Dewi, 2022) there is a relationship between family support and implementation of early initiation of breastfeeding among mothers giving birth (pvalue=0.025). Other similar research conducted by (Debataraja et al., 2021) was found . he results show that there is a relationship between family support and the implementation of IMD (pvalue=0.000). Another similar research was carried out by (S. S. S. Dewi, 2021) found that there was a relationship between family support and implementation of IMD (pvalue=0.010).

Success in the breastfeeding process is also determined by role husband or other family member. The role of the family is to create a situation that allows IMD administration to run smoothly. Before pregnancy, even when the wife is pregnant, the father-to-be can read literature related to pregnancy, care, baby care and about breastfeeding. Breastfeeding father is a husband's full support for his wife so that she can successful in the breastfeeding process. The husband's role in success Early breastfeeding is huge because of being present and providing support to mothers during the implementation of IMD (Soetjningsih, 2018).

According to researchers' assumptions, mothers receive sufficient support tend not to succeed in carrying out IMD. This is because of the family does not fully support the mother to successfully carry out IMD, such as family supports facilities or means for pregnancy care and preparation for childbirth, but the family does not seek important information about IMD so that mothers and families do not understand its importance IMD for mothers and babies. Mothers who get good support tend to managed to carry out IMD, because the family was patient and painstaking help the mother to prepare for childbirth, until the time of delivery, Mothers can carry out all the recommendations of health workers, one of which is: to perform IMD. Families who do not support will tend to to give formula milk because he felt sorry for the mother's condition fatigue and pain after giving birth.

Health Officer Support Relations regarding the implementation of IMD at PMB Rika Hardi, S.ST

Based on the research results, it is known that respondents who not implementing IMD more on health workers no support (61.1%) compared to health workers who support (16.7%). From the statistical test, the p value= 0.008 (p0.05) which means there is a significant relationship between officer support health by implementing IMD at PMB Rika Hardi,S.ST Padang in 2023.

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Similar research conducted by (Nursika & Putri, 2023) was found The results show a relationship between support from health workers for the implementation of IMD (pvalue=0.000) and other research conducted by (S. S. S. Dewi, 2021) the results found that there was a relationship between support from health workers and implementation of IMD (pvalue=0.021).

The role of the midwife is stated in article 9 paragraph (1). stated that health workers and facility administrators Health services are required to initiate early breastfeeding for babies newborn to its mother for a minimum of 1 (one) hour. Role birth attendants are very dominant. If the mother is facilitated to hug the baby, then interaction between mother and baby will occur resulting in IMD can be implemented well (Fadelia et al., 2021).

The role of health workers can be built with good communication between the midwife and the birthing mother so that the mother is willing to carry out IMD and the midwife can implement the IMD program well. Midwife plays a role in providing information about IMD, such as before mothers birth midwives provide information about the benefits of breast milk, at the time the mother does a pregnancy check, the health worker gives it information about breast care (Fadelia et al., 2021).

In an effort to implement the IMD program, the hospital need to evaluate performance in implementing IMD and impose sanctions on midwives who do not carry out their role implementing IMD properly, apart from that a midwife must also be provided training in implementing IMD.

Conclusion

Based on the research results, it was concluded that the level of knowledge, family support and support from health workers were significantly related to the implementation of Early Breastfeeding Initiation (IMD). It is hoped that the results of this research can be used in provide midwifery care for mothers giving birth, apart from that, you can also serve as a reference for midwives in providing counseling intensively to prospective mothers about the importance of exclusive breastfeeding starting from IMD so that the quality of service increases.

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