EDUCATION THE IMPORTANCE OF HUSBAND SUPPORT IN EARLY INITIATION OF BREASTFEEDING IN MATERIAL MOTHERS

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Abstract

Education on the importance of husband's support for mothers in the implementation of early breastfeeding initiation is something that mothers really need, so that mothers feel loved and cared for, have self-respect and are valued, real assistance and presence provided by people in the mother's social environment can provide benefits. emotional and affect the implementation of IMD which makes mothers and babies successful to do exclusive breastfeeding. This study aims to determine the husband's support for the implementation of early initiation of breastfeeding in maternity mothers. Research methods ; analytic survey with cross sectional design. The data were processed by univariate, bivariate analysis, with a sample size of n = 34. Husband's support for the implementation of IMD in maternity mothers can be seen that the characteristics (age, education, occupation, sources of information), knowledge and education of husband's support for the implementation of IMD in maternity mothers are present. significant relationship with ($p < 0.05$). Education of husband's support for his wife in the implementation of Early Breastfeeding Initiation can be an event for health promotion by midwives to pre-conception mothers, as one of the efforts to make the Exclusive Breastfeeding program a success.

Keywords: Early initiation-breastfeeding, support-husband-mother-maternity

Preliminary

The first and main food for babies is breast milk (ASI). Mother's milk is very suitable to meet the needs of the baby, as well as when the baby is in the womb. Breast milk is a natural food for babies and can meet the baby's needs for energy and nutrients in the baby's growth period during the first six months of life. [1]. The nutritional needs of babies up to six months can be met only by giving breast milk (ASI only) or what is known as "exclusive breastfeeding". Exclusive breastfeeding is breastfeeding without other additional food for infants aged 0-6 months [2].

According to the World Health Organization (WHO), in 2013 the infant mortality rate (IMR) in the world was 34 per 1,000 live births, the infant mortality rate in developing countries was 37 per 1,000 live births and the infant mortality rate in developed countries was 5 per 1,000 per live birth. The Infant Mortality Rate (IMR) in East Asia is 11 per 1,000 live births, South Asia is 43 per 1,000 live births, [3][4]. Southeast Asia 24 per 1,000 per live birth and West Asia 21 per live birth (WHO, 2014). Infant and under-five mortality in Indonesia in the last 5 years, Neonatal Mortality Rate (AKN) remains the same namely 19/1,000 live births, while the Post-Neonatal Mortality Rate (AKPN) decreased from 15/1,000 to 13/1,000 live births, the mortality rate for children under five also decreased from 44/1,000 to 40/1,000 live births, Ministry of Health, 2015, [5].

The World Health Organization (WHO) demographic survey in 2000 found that exclusive breastfeeding for the first four months was very low especially in Central and North Africa, Asia and Latin America. Research in six developing countries, the risk of infant mortality between 9-12 months increased by 40% if the baby was not breastfed, for infants under two months of age, the mortality rate increased to 48% (WHO, 2000) [6][7]

In order to reduce child morbidity and mortality, the United Nations Children's Fund (UNICEF) and the World Health Organization (WHO) recommend that children only be breastfed with breast milk for at least six months. Solid food should be given after the child is six months old, and breastfeeding should be continued until the child is two years old. In 2003, the Indonesian government changed the recommendation for the duration of exclusive breastfeeding from four months to six months (Center for Data and Information, 2014)[8].

Early Initiation of Breastfeeding (IMD) is a program issued by WHO/UNICEF in 2007 where in principle it is not the mother who breastfeeds the baby, but the baby who must actively find the mother's nipple and make skin-to-skin contact between the mother and the baby's skin immediately after birth for at least one year. o'clock. Early initiation is often misunderstood forcing the baby to suckle on the mother's breast immediately after birth. If the baby is allowed to make skin-to-skin

contact with the mother's skin, the baby will make movements to find the mother's nipple, insert the mother's nipple into her mouth correctly and suck it in the first hour of life [9]

Besides being able to reduce infant mortality, IMD can also help mothers in breastfeeding which is the best alternative to prevent prelactal feeding/drinks. IMD has a very real influence on the implementation of exclusive breastfeeding [10]. By doing IMD, mothers have an eight times more chance of being successful in providing exclusive breastfeeding for up to four or six months compared to mothers who do not do IMD [11].

The highest percentage of IMD is in the Province of West Nusa Tenggara (NTB) at 52.9%, while the lowest is in the Province of West Papua at 21.7%. National Early Initiation Coverage is 34.5% and there are 18 provinces whose coverage is below the national figure [12]. Nationally, exclusive breastfeeding coverage is 52.3% referring to the 2014 program target of 80%, so Provinces that have achieved the IMD target are West Nusa Tenggara Province with 84.7%, there are three provinces with low achievement such as West Java Province (21.8), West Papua (27.3), and North Sumatra (37.6) (Indonesian Health Profile, 2014, PUSDATIN, 2014)

In the process of breastfeeding a child, we can understand the process of reciprocal processes that are mutually beneficial, and for the welfare of both mother and baby. To achieve this, the husband's participation is very much needed and useful as the closest companion when the wife struggles to support her child through various stages of breastfeeding [13].

Research conducted by Manggabarani, [14] shows that exclusive breastfeeding is influenced by various factors, including breast milk does not come out immediately after giving birth, less milk production, baby difficulties in sucking, unsupportive nipple conditions, working mothers and the influence/promotion of breast milk substitutes. Meanwhile, another research conducted by Annisa'Istiqomah, [15] shows that the supporting factor for the success of Early Breastfeeding Initiation is husband support, where husbands who before their wives gave birth received information about Early Breastfeeding Initiation, provided good support to their wives at the beginning of childbirth as much as 85.7% [16].

Research by Harahap, S. M. [17] proves that the factors that influence husband's support are age, education, occupation and husband's knowledge in the implementation of early initiation of breastfeeding. Determinants of IMD implementation are also strongly influenced by infant factors (eg gender and birth weight of the baby), maternal factors (such as health status, age, parity, education, knowledge and occupation, and health service factors such as pregnancy check-ups and birth attendants.) Of these three things, the role of the environment in this case husband/parents and relatives influences the implementation of IMD in mothers [18].

Preliminary study conducted in the working area of the Kutalimbaru Health Center, especially Private Practice Midwives, observations and interviews were carried out that 14 mothers did not breastfeed their babies for various reasons, one of which was the lack of husband support. Husband's support is needed by mothers starting from pre-conception, pregnancy, childbirth and the postpartum period, so education on the importance of husband's support in implementing IMD is needed by mothers in labor, especially in the first hour.

The formulation of the problem in this study, that Early Breastfeeding Initiation is the first step in the process of breastfeeding the baby in the first hour of life by allowing the baby to crawl to find the mother's breast or nipple as well as supporting the implementation of exclusive breastfeeding. The success of breastfeeding for mothers must begin with a variety of strong social support, besides the family, the most important thing is the husband as the closest companion to the mother who can provide support, especially in giving attention, love and affection to the mother and her baby so that the mother will feel calm and grow confidence to breastfeed their baby.

The purpose of this study was to determine the husband's support for the implementation of early initiation of breastfeeding for women giving birth in the work area of the Kutalimbaru Public Health Center, Deli Serdang Regency. The benefits of research, mothers and families, especially husbands, can assist mothers in implementing early initiation of breastfeeding for babies with the hope of taking the first step to succeed and increase the success of exclusive breastfeeding.

Method

Type or research design, this type of research is an analytic survey with a cross sectional design, aiming to find out husband's support for the implementation of early breastfeeding initiation in women in labor. The research was conducted in 2017 in the Kutalimbaru Health Center Work Area, Deli Serdang Regency, starting with initial survey activities, proposal preparation, proposal seminars, proposal improvement, research, and final preparation of research reports.

The population in this study were husbands who accompanied their wives in carrying out normal deliveries, from the 3rd week of July to the 2nd week of August 2017 in five villages, namely 34 mothers giving birth.

Data Collection Method

The type of data used in this study is primary data. The method of data collection was done by using a questionnaire sheet about the characteristics of the husband, husband's support and observation sheets for the implementation of IMD in infants. The sample criteria are husbands who accompany their wives during normal delivery. The steps taken during the research process are:

1. Researchers collaborated with midwives in the villages of Suka Rende, Kutalimbaru, Pasar X, Namo Mirik and Suka Makmur.
2. The researcher gave the midwife's cellphone number so that she could contact the researcher when there was a delivery. The researcher also entrusted the questionnaire to the owner of BPS, if there were mothers who gave birth the researcher could not attend immediately, the midwives could help the researchers.
3. Husbands whose wives gave birth normally became research respondents, approached and explained and signed the research agreement.
4. Give time to respondents to fill out the questionnaire and provide opportunities for respondents to ask questions if something is not clear.
5. After all the questions in the questionnaire were answered, the researcher collected and re-examined the completeness of the data.
6. The researcher would like to thank the respondents for their participation.

The research instrument is a questionnaire that is used to determine the husband's knowledge about the implementation of IMD, with a multiple choice questionnaire and if one is given a score of 0 and if it is correct it is given a score of 1. The questionnaire in this study was first tested for validity and reliability using Pearson or product moment where the results value of r arithmetic > r table (0.444), from 25 questions there were 7 invalid questions so that the questionnaire was revised. Test the reliability of the instrument, using Chroanbach's alpha value > r criteria (0.60) so that the reliability test is 0.875, so the instrument is said to be reliable.

Data analysis method, data analysis was performed with univariate and bivariate. Univariate analysis is used to see the percentage of each variable studied and then present it in the frequency distribution table. Bivariate analysis using Chi square correlation to see the relationship between variables, both dependent and independent variables. If the p value <0.05, it means that there is a significant relationship between the independent variable and the dependent variable.

Results

The results of the research on husband's support for the Implementation of Early Breastfeeding Initiation in Maternity in the Work Area of the Kutalimbaru Health Center, Deli Serdang Regency.

Characteristics of Respondents (age, education, occupation and sources of information, Number of children)

Characteristics of respondents' husband's support for the implementation of early breastfeeding initiation can be seen in the table below:

Table 1. Distribution of respondents' characteristics of husband's support in implementation of Early Initiation of Breastfeeding

No.	Characteristics	n	%
1	**Age**		
	<20 Year	15	44.1
	20 – 35 Year	17	50.0
	>35 Year	2	5.9
2	**Education**		
	Low	4	11.7
	Intermediate	27	79.4
	Tall	3	8.9
3	**Work**		
	Does not work	12	35.3
	Work	22	64.7
4	**Resources**		
	Never	8	23.5
	Once	26	76.5

Source: 2017 research results (processed data)

Table 1 characteristics of respondents, generally aged 20-35 years as much as 50.0%, secondary education as much as 79.4%, generally working as much as 64.7% and sources of information about IMD in general have heard of 76.5%.

Husband's Knowledge of Support for IMD Implementation in Maternal Mothers

Husband's knowledge of IMD Implementation Support in Maternity can be seen in the table below:

Table 2. Distribution of Respondents' Knowledge about husband's support in the Implementation of IMD

No	Knowledge	Frekuensi (n)	Persentase (%)
1	Not enough	8	23.6
2	Enough	23	67.6
3	Well	3	8.8
	Total	34	100.0

Source: 2017 research results (processed data)

Table 2 can be seen that the knowledge of respondents in general is sufficient as much as 67.6%.

Husband's support for the implementation of IMD

Husband's support for the implementation of IMD in maternity can be seen in the table below :

Table 3. Distribution of Husband's Support Respondents on the implementation of IMD

No	Husband Support	Frekuensi (n)	Persentase (%)
1	Less Support	9	26.5
2	Support	25	73.5
	Total	34	100.0

Table 3 can be seen in general, respondents support their wives in the implementation of IMD as much as 73.5%.

Implementation of IMD

The implementation of IMD in maternity can be seen in the table below.

Table 4. Distribution of Respondents in the Implementation of IMD in maternity

No	Implementation of IMD	Jumlah (n)	Persentase (%)
1	Do not do	8	23.5
2	Do	26	76.5
	Total	34	100.0

Table 4. It can be seen that the implementation of IMD in maternity mothers is 76.5%.

Bivariate analysis was conducted to identify the relationship between the independent variable and the dependent variable using the chi-square test. Testing the research hypothesis was based on a significant level of 5% (p = 0.05) and 95% Confidance Interval (CI). To see the relationship between the implementation of IMD in women giving birth to husband's support in the work area of the Kutalimbaru Health Center, Deli Serdang Regency, it can be seen in the following table

Table 5. Relationship of husband's support to the implementation of IMD in Maternity in the Work Area of Kutalimbaru Health Center

Variable	Implementation of IMD				*P*	CI 95%
	Is not done	%	Done	%		
Husband Support						
Does not support	6	75.0	2	25.0	0,02	0.058-0.089
Support	1	4.0	24	96.0		
Knowledge						
Not enough	6	75.0	2	25.0	0.02	0.066-1.050
Enough	3	13.0	20	87.0		
Well	0	0.0	3	100		
Age						
< 20 years	6	40.0	9	60.0	0.00	0.041-0.083
20-35 years old	2	11.8	15	88.2		
>35 years old	0	0.0	2	100		
Education						
Low	3	75.0	1	25.0	0.00	0.081-1.130
Intermediate	5	18.5	22	81.5		
Tall	0	0.0	3	100		
Work						

Does not work	5	41.7	7	58.3	0.00	0.048-0.082
Work	4	18.2	18	81.8		
Resources						
No	6	75.0	2	25.0	0.00	0.061-0.091
Yes	0	0	26	100		

The results showed that there was a significant relationship between husband's support for the implementation of IMD in maternity with the Chi square test, p value <0.01 and Confidence Interval (Cl) 95% (0.058-0.089). The results of the analysis of a significant relationship between husband's knowledge on the implementation of IMD in maternity with Chi square test results obtained p value < 0.05 and 95% Cl value (0.066 - 1.050). The results of the analysis there is a significant relationship between husband's age on the implementation of IMD in maternity with Chi square test p <0.01 and 95% Cl (0.041 - 0.083). The results of the study showed that there was a significant relationship between husband's education on the implementation of IMD in maternity with the Chi square test, p value <0.01 and 95% Cl (2.088 - 133.05). The results of the analysis there is a significant relationship between husband's work on the implementation of IMD in maternity with Chi square test results p <0.01 and 95% Cl (0.048 - 0.082). The results of the analysis showed that there was a significant relationship between listening to information on the implementation of IMD in postpartum mothers. Chi square test results obtained p <0.01 and 95% Cl (0.061 - 0.091).

Discussion

The discussion of the research with the title husband's support for the implementation of early initiation of breastfeeding in maternity mothers in the Kutalimbaru Health Center Work Area Deli Serdang Regency is as follows:

Characteristics of Respondents (age, education, occupation and sources of information)

The results of the analysis there is a significant relationship between husband's age on the implementation of IMD in maternity with Chi square test p <0.01 and 95% Cl (0.041 - 0.083). Respondents who provide support for IMD for maternity mothers are generally aged between 20-35 years which is referred to as productive age. Increasing age is part of increasing experience, knowledge and information for husbands in supporting the implementation of IMD in maternity mothers. The older a person gets, the process of mental development will also get better and can affect the increase in knowledge he gains [19]. The same thing as stated by Brotosaputro (1998) that the older a person gets, the faster they adapt to the environment, so they can consider the advantages/disadvantages of an innovation. Several studies that state that age is very related to someone to act in this case are the implementation of IMD in childbirth mothers, the age of companions for mothers is very important in learning in every life cycle in the implementation of IMD in postpartum mothers.[16] [20]

The results of the study showed that there was a significant relationship between husband's education on the implementation of IMD in maternity with the Chi square test, p value <0.01 and 95% Cl (2.088 - 133.05). The majority of respondents with secondary education and education will make it easier for respondents to understand everything in this case about early initiation of breastfeeding in maternity mothers. Through education, a person will more easily receive and understand health messages conveyed either through counseling or mass media [21]. Several studies are in line, 56.7% of those who completed secondary education (SMA/equivalent) were successful in doing IMD. Someone who is highly educated will give a more rational response to the information received and reason to think rationally what benefits will be obtained from the idea. The education of the respondents is generally at the intermediate level, and can support the mother in giving birth to perform IMD on the baby in the first hour. The success of carrying out IMD will have an impact on the implementation of exclusive breastfeeding for babies who will become a quality generation as the nation's successor. [22]

The results of the analysis there is a significant relationship between husband's work on the implementation of IMD in maternity with Chi square test results p <0.01 and 95% Cl (0.048 - 0.082). There are 35.2% of respondents who do not work, compared to those who carry out IMD in the high category, which is 81.8%, meaning that the respondent's job plays an important role in supporting mothers in labor to initiate early breastfeeding. The respondent's work is supported by knowledge and education, the better the knowledge and the higher the level of education, the better the husband's work. Respondents succeeded in providing support so that the process of initiating early breastfeeding for mothers giving birth was carried out. Research conducted by Suryani, [23] at BPS Semarang city, the supporting factors that influence the provision of Early Breastfeeding Initiation (IMD) so as to support the success of Early Breastfeeding Initiation (IMD), namely:

husband's work. The husband's work greatly affects breastfeeding, the husband may be busy but in between his busyness will give full support to the mother in the implementation of IMD, followed by exclusive breastfeeding [24]. Husbands who do not work may spend a lot of time supporting mothers in labor but because he doesn't work, his husband's mood will be different or he feels less appreciated. If the husband doesn't work, it may clearly be said that it will be easier to support the mother in breastfeeding because the husband has more time to accompany the mother, but psychologically this is very contrary to a woman's heart. husband as the head of the family in the household and is responsible for all family members. Sometimes with the husband working it turns out to be more flexible to motivate the wife to carry out early initiation of breastfeeding well and support the successful implementation of exclusive breastfeeding [25] [26]

The results of the analysis showed that there was a significant relationship between listening to information on the implementation of IMD in postpartum mothers, the results of the Chi square test obtained p <0.01 and 95% Cl (0.061 - 0.091). Husbands know information about early initiation of breastfeeding in general from information media in the form of books and electronic media, but there are also some respondents who obtain information from midwives. In the era of globalization, advances in science and technology have made it easier for husbands to get information. The information factor greatly influences the husband in the implementation of IMD. IMD information can be done early in pregnancy even before the mother becomes pregnant the right decision [27][28] [29][30]. To make mothers successful in exclusive breastfeeding, it would be better if the implementation of IMD was initiated, this is husband's support which is very important to create a healthy generation. This means that husband's support is needed both physically and psychosocially so that mothers can give exclusive breastfeeding to babies, only breast milk for six months. The better the sources of information obtained by the husband, the better the more knowledge about IMD, the greater the possibility to carry out the IMD implementation in maternity mothers.

Husband's Knowledge of Support for IMD Implementation in Maternal Mothers

The results of the study, most of the respondents had sufficient knowledge about BMI 87.0% of respondents, Chi square test results obtained p value <0.05 and 95% Cl value (0.066 - 1.050). To be able to have an influence in the practice of breastfeeding, the first thing a husband must have is knowledge related to breastfeeding. [31]. Husbands who have received information that can increasing knowledge provides a great opportunity for the implementation of IMD. Husbands can take part in the decision-making process regarding feeding patterns for babies through exclusive breastfeeding for up to 6 months starting with the implementation of IMD. In general, husbands only play a role in accompanying their wives for antenatal care, childbirth, and In general, the husband feels that it is not their business but the mother's business because the mother is breastfeeding [32]. Actually, support from the husband is really needed to make the mother successful in the implementation IMD and then exclusive breastfeeding.Intervention studies in western countries also show that an increase in husband's knowledge about breastfeeding affects breastfeeding initiation [33].

Husband's support for the implementation of IMD

The results of the study, generally respondents supported the wife in the implementation of IMD as much as 73.5%, there was a relationship between husband's support for the implementation of early initiation of breastfeeding in maternity mothers (ρ value < 0.05). This illustrates that the implementation of early breastfeeding initiation really requires support from the husband and is most needed by breastfeeding mothers. The husband is a vital part in the success or failure of breastfeeding because the husband's support will increase the mother's self-confidence[34]. Implementation of IMD in maternity mothers is a process of breastfeeding babies immediately after birth where the baby is placed on the mother's chest, the baby's skin is attached to the mother's skin without being swaddled, the mother allows the baby to find and find the mother's nipple and stimulates the baby with a gentle touch on the back, cheeks, head, hands or feet, the mother hugs the baby for one [35]. In the implementation of this activity, husband's assistance and support is needed, where the mother is still very weak and tired after giving birth so that with her husband beside the mother, psychologically the mother will also feel comfortable [36]

The success of early breastfeeding is strongly influenced by maternal and infant factors, health workers as providers of information and services, as well as maternal psychological factors where mothers need comfortable conditions to produce breast milk which can be obtained from husband's support while breastfeeding. To be able to help mothers practice breastfeeding initiation immediately after the baby is born, the husband must provide a very specific specific support action in a very short period of time. The results of the study were 73.5% of husbands had accompanied their wives in the implementation of IMD but in general many husbands did not know their role in the IMD period. The presence of husbands in the delivery room is mostly because they only want to

provide emotional support to the mother or because they want to be physically present so that they can give approval if at any time further action is needed in the delivery process [37] [7]

The most dominant support given by husbands to wives is emotional and psychological support in the form of husbands taking care of mother's feelings by showing a caring and friendly attitude and motivating mothers to do IMD. The Working Area of the Kutalimbaru Health Center has implemented husband assistance for every mother giving birth so that when giving birth it is not difficult for husbands to accompany mothers in carrying out IMD

Support is information that can be felt by the mother that she is loved and cared for, has self-esteem and is valued, and is part of a communication network and shared obligations. In addition to this, it can also provide verbal or non-verbal support, advice, tangible assistance or behavior provided by familiar people in the social environment or in the form of presence and things that can provide emotional benefits or affect behavior. behavior of the recipient [38].This will give a new spirit to the mother, because for the mother of the family the most important thing is the husband who is known as the supporting father. Including husband's support for postpartum mothers in carrying out early breastfeeding initiation, respondents (husbands) play a role in the success of early breastfeeding mothers, especially by being present and providing support to mothers during childbirth and building mother's confidence so that they are willing and able to breastfeed until exclusive breastfeeding. A stable emotional state determines the level of milk production produced by the mother. This emotional stability can be achieved if the husband supports the mother[39] [40] There are still many husbands who think it is wrong that breastfeeding is the business of the mother and the baby. They think that it is enough to be passive observers. Actually, the husband has a very decisive role in the success of breastfeeding because the husband will also determine the smoothness of the milk ejection reflex (let down reflex) which is strongly influenced by the emotional state or feelings of the mother. Of all the support for breastfeeding mothers, husband's support is the most meaningful support for mothers [41], [42].

Husband's support includes providing information, emotions and providing help. Informational support is part of knowledge about the benefits of breastfeeding and how to breastfeed. Emotional support includes understanding, encouraging and loving. Assistance support includes providing physical assistance to be able to breastfeed the baby. This is also in accordance with what Roesli stated that in the management of early initiation of breastfeeding in general, it is recommended for husbands to accompany the mother during childbirth[43]

Conclusion

Based on the results of the study, Husband's Support for the Implementation of Early Breastfeeding Initiation in Maternity in the Work Area of the Kutalimbaru Health Center, Kutalimbaru District, Deliserdang Regency as follows:

There is a significant relationship between the implementation of Early Breastfeeding Initiation in maternity with husband's support, There is a significant relationship between husband's knowledge to support mothers in childbirth and there is a significant relationship between respondent characteristics (age, education, occupation and sources of information) on husband's support in mothers giving birth in the implementation of IMD

Suggestion

The suggestions in this research are:

1. To the Kutalimbaru Health Center, Deli Serdang Regency, it is recommended to further improve health promotion, especially regarding early initiation of breastfeeding to support the success of exclusive breastfeeding.
2. To midwives in the working area of the Kutalimbaru Health Center, Deli Serdang Regency, to continue to carry out IMD during the fourth stage of labor and it can be done on every mother who gives birth.

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