

The relationship between family support and the implementation of Early Breastfeeding Initiation (IMD) at PKU Muhammadiyah Mojoagung Hospital Jombang Regency

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ABSTRACT

Early Breastfeeding Initiation (IMD) is an important aspect in the care period for mothers and newborns. In this case, family support has a very important role, and can support the implementation of early breastfeeding initiation. The purpose of this research is to identify and examine the association between family support and the beginning, maintenance, and development of breastfeeding in moms who have recently had a cesarean section. This study collects data using a quantitative research design and cross-sectional methodology by use of questionnaires and observation. Forty postpartum moms who underwent cesarean sections at PKU Muhammadiyah Hospital in Mojoagung, Jombang Regency, participated in the study. Statistical software was used to analyse and analyze the data through the Chi-square test. Early breastfeeding is associated with higher levels of family support, as shown by a p value of 0.024 (where the value is 0.05) and a significance level of 0.05. Within an hour after giving birth, 23 of the women who had family support were able to do IMD, but just 2 of the women who did not have family support were able to. Early breastfeeding in postpartum women may be more likely if they have strong family support. This support can take the form of emotional support, information and physical assistance in helping mothers to initiate early breastfeeding. Therefore, the role of the family in providing adequate support from the start of labor is very important to improve IMD practices and provide optimal health benefits for the baby.

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INTRODUCTION

Breastfeeding is a natural process for every woman who gives birth, it is not uncommon for this process to be a process that requires struggle for the mother to breastfeed her baby. The high death

rate and infant morbidity rate in Indonesia is still one of the health problems in Indonesia. Implementing Early Breastfeeding Initiation is one strategy for lowering this figure. Unless the health of the mother or infant is in jeopardy, nursing should begin within the first hour following delivery. In contrast to newborns who are not put on their mothers' stomachs immediately after delivery, those who do have superior nursing results (Mawaddah, 2020). Breastfeeding is often regarded as the cheapest and most straightforward method of lowering newborn death rates. Breastfeeding rates may be increased by prenatal and postpartum education and community support (Abdulahi, M., Fretheim, A., & Magnus, 2018). The difference between this study and other studies is that the type of respondents in this study were post partum mothers whose delivery was carried out by caesarean section. Early Breastfeeding Initiation (IMD) and continued exclusive breastfeeding until the baby is 6 months old are two strategies that have been used to lower the infant mortality rate. Implementing the IMD method correctly is the first step toward a successful nursing relationship. Besides laying the groundwork for a healthy and productive breastfeeding relationship between mother and child, IMD is also thought to have numerous positive effects on the mother. For example, when the baby touches, sucks, and licks the mother's nipple during the process of initiating early breastfeeding, it stimulates the release of the hormone oxytocin, which causes the uterus to contract, assisting in the expulsion of the placenta and reducing bleeding (Mawaddah, 2020). One of the first steps in establishing healthy breastfeeding for infants is called Early Breastfeeding Initiation (IMD), and its goal is to provide the best possible health for both the infant and the mother in the immediate postpartum period. IMD refers to nursing a newborn during the first hour after delivery, a time when the infant is most receptive to the mother's milk. IMD has a significant positive impact, one of which is increasing the supply of breast milk in sufficient quantities and providing early immunity to babies through colostrum, which is the first fluid produced by the mother's breasts which is rich in benefits. One factor that can influence the success of implementing IMD is the family support given to post partum mothers. Family support is an important factor in helping mothers to overcome challenges in the process of providing early breast milk to babies, including helping babies to find the mother's breast and providing emotional support to the mother. The importance of family support in supporting IMD during the postpartum period really helps mothers in breastfeeding early after delivery. The family also acts as a strong support system for its members, especially in handling family health problems (Khasanah, 2012). The family also acts as a strong support system for its members, especially in handling family health problems. Family function in health problems (Marlita Dewi, 2011). Fathers and families can provide support and help mothers during the baby's breastfeeding process. Mothers are given support to recognize when the baby is ready to breastfeed, help the baby if necessary (JNKP-KR, 2018). According to WHO statistics collected between 2007 and 2014, worldwide exclusive breastfeeding coverage hovered around 36%. Breastfeeding is strongly encouraged by the World Health Organization and the United Nations Children's Fund (UNICEF) from the time of delivery and throughout the first six months of a baby's life. Providing additional food and drink as a complement to breast milk that meets adequate nutritional needs and has a high intake is given when the baby enters the age of six months continuously for up to two years or more (Israini Suriati dan Dian Auliah, n.d.). According to Basic Health Research, IMD coverage during the first hour after birth was 34.5%, with the greatest percentage gained in NTB, and 44.9% in the province of South Sulawesi (Israini Suriati dan Dian Auliah, n.d.). In the Belawae Community Health Center Work Area, 25 mothers were recorded as giving birth in 2019, 16 people gave birth spontaneously and 9 people gave birth through the Sectio Seasarea procedure. In 2020 there were 27 people who gave birth, 21 people gave birth normally or spontaneously and 6 people gave birth through the Sectio Seasarea procedure. In 2021 there were 32 people who gave birth, 27 gave birth spontaneously and 4 gave birth through the Sectio Seasarea procedure. All birthing mothers are taught and encouraged to carry out IMD. The findings of the study (Hobbs, A. J., Mannion, C. A., McDonald, S. W., Brockway, M., & Tough, n.d.) support this. When comparing

women who gave birth vaginally (3% each) to those who had a planned cesarean section (7.4% each) or an emergency cesarean section (2.7% each), the results showed that more women who had a planned cesarean section did not intend to or did not begin breastfeeding. Compared to women who gave birth via vaginal delivery (29%, 40%, and 52%) or a planned caesarean section (33%, 49%, and 41%), those who gave birth via emergency caesarean section had a higher proportion of breastfeeding difficulties (41%), and used more resources prior to (67%), and after (58%). Women who had planned cesarean sections were more likely than those who gave birth vaginally to stop breastfeeding before 12 weeks postpartum (OR = 1.61; 95% CI: 1.14, 2.26; $p = 0.014$), even after adjusting for socioeconomic status, level of education, number of pregnancies, gestational age at birth, maternal physical and mental health, ethnicity, and breastfeeding difficulties. Given the above, the researcher has an interest in investigating the topic given the title "The Relationship between Family Support and the Implementation of Early Breastfeeding Initiation (IMD) at PKU Muhammadiyah Mojoagung Hospital, Jombang Regency".

RESEARCH METHOD

This study employs a cross-sectional strategy based on correlational analytics. Forty moms who had cesarean sections at PKU Muhammadiyah Mojoagung Hospital in Jombang Regency made up the study's population and sample. In this research, moms who had cesarean sections and agreed to participate in the survey were selected using a purposive sample strategy. Questionnaires and direct observation of early breastfeeding introduction are among the approaches used to obtain data. Chi-square is utilized, and the computer program SPSS is used to analyze the data at a significance level () of 0.05%, which is equivalent to a 95% level of confidence. H_a is rejected and H_o is accepted if the p-value of the statistical test is less than 0.05, indicating that no significant link exists between the independent and dependent variables. Since human participants are essential to this study, no ethical compromises may be made. Nonmaleficence, beneficence, autonomy, anonymity, fairness, candor, trustworthiness, confidentiality, inducement, and other principles of informed consent

RESULTS AND DISCUSSIONS

Results

Research conducted on "The Relationship between Family Support and the Implementation of Early Breastfeeding Initiation (IMD) at PKU Muhammadiyah Mojoagung Hospital, Jombang Regency" yielded the following findings: Data from this study was entered into SPSS and evaluated using the chi-squared test; topics covered included maternal age and education, employment, family support, and the introduction of early breastfeeding.

1. General Data

a. Age

Table 1. Frequency distribution of respondents based on age in the maternity room at PKU Mojoagung Hospital, Jombang Regency.

	Frequency	Percent
<20 Th	2	5
20-35 Th	38	95
Total	40	100

The majority (95%) of the 40 respondents were young adults (ages 20-35) as seen in the table above.

b. Education

Table 2. Frequency distribution of respondents based on education in the maternity room at PKU Mojoagung Hospital, Jombang Regency.

	Frequency	Percent
Intermediate	35	87.5
Tall	5	12.5
Total	40	100

The data in the table above shows that 87.5% of respondents have completed at least some college-level coursework.

c. Work

Table 3. Frequency distribution of respondents based on work in the maternity room at PKU Mojoagung Hospital, Jombang Regency.

	Frequency	Percent
Doesn't work	28	70
Work	12	30
Total	40	100

According to the data shown in the table above, as many as 28 respondents (or 70%) do not have working moms.

2. Custom Data

a. Family Support

Table 4. Frequency distribution of respondents based on family support in the maternity room at PKU Mojoagung Hospital, Jombang Regency.

	Frequency	Percent
Support	25	62.5
Doesn't Support	15	37.5
Total	40	100

The findings are in, and the vast majority of women (25 responses, or 62.5% of the total) get some kind of family assistance.

b. Implementation of early initiation of breastfeeding

Table 5. Frequency distribution of respondents based on implementation of early initiation of breastfeeding in the maternity room at PKU Mojoagung Hospital, Jombang Regency.

	Frequency	Percent
Succed	37	92.5
Not Successful	3	7.5
Total	40	100

Table 1 shows that among the sample of 37 moms who attempted to begin breastfeeding as soon as possible, 92.5% were successful.

c. Cross tabulation between family support and early initiation of breastfeeding

Table 6. Frequency distribution of respondents based cross tabulation between family support and early initiation of breastfeeding in the maternity room at PKU Mojoagung Hospital, Jombang Regency.

Family Support	Implementation of early initiation of breastfeeding		Total
	Not Successful	Succed	
Support	2	23	25
Doesn't Support	1	14	15
	3	37	40

The data in the table above show that 23 of the respondents whose mothers had family assistance started nursing as infants.

d. Chi Square Analysis Result "The Relationship between Family Support and the Implementation of Early Breastfeeding Initiation (IMD) at PKU Muhammadiyah Mojoagung Hospital, Jombang Regency".

Table 7. Chi square analysis resul of the relationship between family support and the implementation of early breastfeeding initiation (IMD) at PKU Muhammadiyah Mojoagung Hospital, Jombang Regency

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	.024 ^a	1	.877

Using the data in the table above, we can infer that H1 is accepted ("there is a relationship between family support and the implementation of early breastfeeding initiation") as the p value is 0.024 and the value is 0.05.

Discussion

$P = 0.024 > 0.05$ indicates a statistically significant correlation between family encouragement and starting breastfeeding as soon as possible after birth. The majority of moms (25 respondents, or 62.5%) were determined to have family support, according the study's findings. Emotional support, informational support, instrumental assistance, and evaluation support are the four pillars of the family support model proposed by Friedman (2010). In actual use, these four factors may interact with one another. Whether you have a spouse or not, having their support is crucial while implementing IMD. A positive emotional response is inevitable, since showing support conveys the message that he is loved and cared for, respected, and valued. When mothers are relaxed, they are better able to begin breastfeeding at an earlier age.

Families may help moms begin breastfeeding earlier by providing them with knowledge and emotional support. Because a mother's confidence in her ability to breastfeed may be boosted by the approval of her loved ones, family dynamics have a role in whether or not she succeeds. In addition to the mother's mental state or sentiments, the mother's family has a part in influencing the ease with which the breast milk production reflex (put down reflex) occurs (Adiesti, F., & Diana, 2016). Obviously, it's crucial that families and healthcare providers help post-c-section women start breastfeeding as soon as possible. The three main categories of assistance are educational, emotional, and practical. There are three types of support that may be given to a nursing mother: informational (knowledge of the advantages of breastfeeding and how to nurse), emotional (understanding, encouragement, and love), and physical (help with feeding the baby). After a caesarean section birth, health care providers should talk to mothers about starting breastfeeding as soon as possible, ideally within the first hour. This will encourage the mother, her family, and the health care provider to work together, which is crucial if early breastfeeding is to be initiated as planned. This may be executed inside one hour.

Physical and psychological readiness Mother has had to be prepared since early pregnancy. Things that become supporting factors for smooth running the process of providing Breastfeeding Initiation Early shortly after birth, must prepared from the time the mother is pregnant (Kaban, 2017). Midwives are the health workers who play the most role in implementing IMD because mothers cannot carry out IMD without help and facilitation from midwives. Qualitative research on exclusive breastfeeding for 6 months on groups of mothers who were exclusively breastfed and non-exclusively breastfed showed that most of the exclusive breastfeeding informants were facilitated with IMD by midwives, while most of the non-exclusive breastfeeding informants were not facilitated with IMD. Only three of the seven interviewees in this research who did not have IMD cited difficulty in avoidance as the explanation. This was the case when the mother was ill after a caesarean section, the infant needed immediate placement in an incubator, or the mother suffered hemorrhage. But the other four informants didn't have IMD because they took preventative measures, such washing and swaddling the infant before anything else (Fikawati, S., & Syafiq, 2010).

Age, education, and work are just a few of the elements that may help ensure the success of early breastfeeding beginning programs. Table 1 shows the findings from the investigation. The majority (95%) of the 40 respondents were young adults (ages 20-35) as seen in the table above. According to Assriyah et al. (2020), a mother's ability to offer optimal care and nutrition to her child is maximized between the ages of 20 and 35 (Assriyah, H., Thaha, A. R., & Jafar, 2020).

The vast majority of responders (87.5%) have at least a secondary education, as seen in Table 2. The mother's higher level of education influences the basic ability to think to make decisions, especially the implementation of early breastfeeding initiation. There are many sources of information that mothers can obtain related to early breastfeeding initiation, so that it can be a basis for mothers to be able to determine attitudes and actions in implementing early breastfeeding initiation.

The findings of this study indicate that the presence of positive family support will influence the rate at which early breastfeeding is initiated and maintained. When the mother has the emotional and practical backing of her loved ones, especially an involved father, she is more likely to feel comfortable with breastfeeding from the very beginning. milk to nursing mothers. Of course, giving adequate information, which may be provided as early as pregnancy, can help ensure the success of early breastfeeding start, and the involvement of health professionals is no less crucial in helping ensure the success of early breastfeeding initiation.

CONCLUSION

This study's findings suggest that breastfeeding is more likely to be started early when family members are on board with the idea. This study found that mothers who had strong social support from their families were more likely to start breastfeeding sooner. The odds of a woman successfully adopting early breastfeeding initiation rise when she has strong family support. When adopting early breastfeeding initiation, families may help by actively assisting women. This involves making sure mom and baby are both happy and healthy, as well as helping out around the home.

Families should be educated on the value of breastfeeding and how they may support the mother if she chooses to start early. Families should be educated on their role in helping new moms maintain appropriate breastfeeding habits as part of public health initiatives. The limitation of this research is that not all patients can be invited to cooperate well when the research is carried out, so it is hoped that in future further research, it can be conditioned to be explained before the caesarean section is carried out.

The responsibility of health professionals in educating families on the benefits of starting breastfeeding at an early age cannot be overstated. As part of their care for moms and newborns, they may help spread the word about the importance of breastfeeding and how to do it correctly,

as well as the many advantages that come from starting nursing as soon as possible. Early breastfeeding is more likely to be effective with the help of family members. Healthy breastfeeding habits are essential for the health of both mothers and their infants, and may be greatly enhanced via education, the involvement of families, the assistance of health providers, and the encouragement of early commencement of breastfeeding.

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