

Inhibitor Factors of Early Initiation of Breastfeeding by Postpartum Mothers in Zainoel Abidin General Hospital Banda Aceh

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Abstract: Early Initiation of Breastfeeding (EIB) is a program by the Health Ministry of the Republic of Indonesia. Various studies had confirmed the benefit of EIB implementation to maternal and newborns' health. The study aims to determine the inhibitor factors of EIB implementation in Zainoel Abidin General Hospital Banda Aceh. The study uses Cross-sectional design. The population included mothers who underwent normal delivery in Zainoel Abidin General Hospital in February 2018, totaling 231 people. Simple Random Sampling method was used to determine the sample. The data were analyzed using bivariate and multivariate analysis with Chi-square test and Multiple Logistic Regression. The results showed a significant relation between maternal employment status, number of children, knowledge, family support, and midwife's role (p-value <0.05) and the EIB implementation. On Multivariate analysis, midwife's role (p-value: 0.001; OR: 10.92; CI: 2.88 - 38.09) was found as the main inhibitor factors of EIB Implementation, meanwhile maternal employment status (p-value: 0.016; OR: 6,660; CI: 1,424 - 31.150) comes next. In conclusion, less participation of midwives is the main inhibitor factors of EIB implementation in Zainoel Abidin General Hospital Banda Aceh.

1 INTRODUCTION

Early Initiation of Breastfeeding (EIB) is an activity of putting a newborn baby on the mother's chest to begin the breastfeeding process, which is conducted within the first hour of life (WHO, 2008). According to UNICEF and WHO (2018), most newborns in the world were not directly breastfed either because of habit or medical reason. In 2017, it was estimated that 78 million newborns did not accept the EIB process in the first hour of life. Globally, only 42% of newborns received the EIB process in the first hour of life. The highest percentage of EIB implementation in the world was discovered in East and South Africa region. Meanwhile, the lowest was in East Asia and the Pacific.

Every year, it is estimated that 9 out of 10 newborns in Burundi, Sri Lanka, and Vanuatu received EIB Initiation. On the other hand, only 2 out of 10 newborns in Azerbaijan, Chad, and Montenegro had it (UNICEF & WHO, 2018; WHO, 2018).

EIB is an effective method to prevent newborns death, as well as giving long-term health benefit for both baby and mother (UNICEF & WHO, 2018). Numerous studies have shown the advantage of breastfeeding process within the first hour of life. For instance, it has proven to reduce the risk of newborns death and prolong exclusive breastfeeding process. On the contrary, breastfeeding after the first hour of life could increase the risk of newborn death (Edmond et al., 2006; Smith et al., 2017; Bisrat, Kenzudine, & Bossena, 2017; Suparmi & Saptarini, 2016). Furthermore, the EIB process is beneficial for maternal health. Mothers who implement EIB directly after deliveries have lower rates of postpartum depression compared to those who postpone it. Moreover, the EIB process is important for both baby and mother in term of psychological and physical relationships (Pope & Mazmanian, 2016; Sharifi, Nouraei, & Shahverdi, 2016).

Various studies have revealed the contributing factors for inhibiting EIB Process. First is maternal factor, consisting of maternal age, education, knowledge, attitudes, maternal employment status,

and parity. Second is family factor that consists of husband/family support and family income, place of deliveries, health workers, and culture (Bisrat et al., 2017; Elyas, Mekasha, Admasie, & Assefa, 2017; Liben & Yesuf, 2016; Syam & Amiruddin, 2015).

According to the study, the inhibiting factors of EIB implementation in Indonesia are varied, depending on geographic and demographic conditions. However, various studies have stated that the main inhibiting factors of EIB are socio-economic and cultural factors, type of delivery, place of delivery, attitude, knowledge, family support, and the health workers factors (Bernolian, 2017; Sirajuddin, Abdullah, & Lumula, 2013; Suparmi & Saptarini, 2016).

According to the Regulation of the Minister of Health No. 25 of 2014 and the Standard Operating Procedure (SOP), Zainoel Abidin General Hospital is required to implement EIB process to newborn baby within the first hour after delivery. However, it has not been implemented properly. Based on a report of EIB implementation in Zainoel Abidin General Hospital in 2017, the coverage was 53.7% (RSUZA, 2018). The number increased slightly compared to previous year, which was 52.1%. The study was aimed to find out inhibiting factors of EIB implementation in Zainoel Abidin General Hospital Banda Aceh.

2 SUBJECTS AND METHODS

This research was carried out in Zainoel Abidin General Hospital Banda Aceh in February 2018. The population includes mothers who underwent normal delivery in February, totaling 231 people. The sample of 65 respondents was selected using Simple Random Sampling method. This study used Cross-sectional design. Data collection was done through interview and questionnaire. The instruments validity and reliability had been tested before they were used. The interview was carried out after the samples were transferred to the treatment room (Arafah Room III). Univariate analysis was performed to determine the frequency distribution of each variable. Bivariate analysis using Chi-Square test was employed to identify the relationship among variables, while multivariate analysis using Multiple Logistic Regression tests with Backward Conditional method was used to identify the inhibitor factors of EIB implementation in Zainoel Abidin General Hospital.

3 RESULT

Most of the respondents participated in this study were 20-35 years old (87.7%). As much as 61.5% of respondents completed high school and 23.2% completed Diploma/Bachelor Degree. Based on the result, 67.7% of the respondents did not perform EIB in the first hour after the delivery.

Table 1. Bivariate analysis.

Independent Variables	Implementation of EIB				Total		P
	no		yes		n	%	
	n	%	n	%			
Maternal employment status							
Unemployed	24	57.1	18	42.9	42	100	0.014
Employee	20	87.0	3	13.0	23	100	
Knowledge							
Less	25	75.8	8	24.2	33	100	0.158
Good	19	59.4	13	40.6	32	100	
Attitude							
Negative	22	71.0	9	29.0	31	100	0.590
Positive	22	64.7	12	35.3	34	100	
The number of children							
≤2 children	21	58.6	16	43.2	37	100	0.030
>2 children	23	82.1	5	17.9	28	100	
ANC services utilization							
Incomplete	20	71.4	8	28.6	28	100	0.575
Complete	24	64.9	13	35.1	37	100	
Family support							
Less supportive	31	81.6	7	18.4	38	100	0.005
Supportive	13	48.1	14	51.9	27	100	
Midwives action							
Less	34	85.0	6	15.0	40	100	0.001
Good	10	40.0	15	60.0	25	100	

Bivariate analysis showed a significant relation between maternal employment status and the EIB implementation (p-value: 0.014). Most of the working mothers choose not to implement EIB. In addition, the number of children is related to the implementation of EIB. The mothers who have more than two children prefer not to implement the EIB. Family support is related to implementation of EIB (p-value: 0.005). Mothers who received less family support chose to not implement EIB. Furthermore, this study found a relation between midwife's treatment and EIB implementation (p-value: 0.001). Those who were less assisted by midwives chose not to perform EIB compared. However, this study did not confirm the significant relation among mother's knowledge (p-value: 0.158), mother's attitude (p-value: 0.590), and ANC utilization services (p-value:

0.578) with EIB implementation. The result of multivariate analysis is shown in table 2.

Table 2. Multivariate analysis result

Variables	B	S.E	Wald	pv	OR
Maternal employment status	1.89	.787	5.80	0.016	6.66 (1.42-31.15)
Midwives role	2.33	.664	12.43	0.001	10.33 (2.82-38.09)

Among the 5 qualified variables to be performed in multivariate analysis, 2 variables are consistent as inhibitor factors of EIB implementation, which are maternal employment status (p-value: 0.016; OR: 6.66; CI: 1.42 – 31.15) and midwives role (p-value: 0.001; OR: 10.33; CI: 2.82 – 38.09). Respondents who were assisted by a midwife with less contribution in the implementation EIB have 10.3 times possibility to not performing EIB. Furthermore, the working respondents have 6.6 times more possibility to not performing EIB.

4 DISCUSSION

This research found that maternal employment status is the inhibitor factors of EIB implementation. Similar result was obtained by previous studies (Khanal, Scott, Lee, Karkee, & Binns, 2015, Titaley, Loh, Prasetyo, Ariawan, & Shankar, 2014). The bivariate analysis showed a higher proportion of EIB implementation in unemployed mothers. Similar fact was found in the research conducted in Turkey (Yilmaz et al., 2017) and Nepal (Khanal et al., 2015). Unemployed mothers have enough leisure time to access information related to family health. Moreover, unemployed mother utilizes the ANC service optimally during pregnancy. Similar results were found in the research conducted by Danasekaran et al (2017) and Srivastava et al (2014). Access to information resources and ANC utilization services will increase the mother's knowledge and awareness regarding health. Mothers who completely utilize ANC services generally have better knowledge related to pregnancy, labor, and breastfeeding/Early Initiation Breastfeeding.

Furthermore, midwives role is the main inhibitor factors of EIB implementation in Zainoel Abidin General Hospital Banda Aceh. This study revealed that respondents accompanied and fully helped by the midwives were successful (60%) in

implementing EIB, while those with less contributing midwives were not really successful (15%). The results were relevant with the study conducted in Nepal by Adhikari, Khanal, Karkee, and Gavidia (2014) and Ariyani and Handayani (2015) at Pulang Pisau Hospital, Central Kalimantan. Midwife's role is strongly required to perform EIB since a mother's physical and psychological conditions are in exhaustion after the delivery. Therefore, midwife's role is needed to motivate and guide the mother to implement the EIB.

This research is one of the studies reporting the implementation of EIB in hospitals in Indonesia. This study has several weaknesses, including limited research duration and sample size. Furthermore, the researcher did not directly observe the EIB process during the first hours of life due to limited access to the delivery room. In general, the results of this study are relevant to various researches that have been published.

5 CONCLUSION

According to the results and discussion, it can be concluded that only two variables play important role as inhibitor factors of EIB implementation: midwives role and maternal employment status. In particular, midwives role is the most influential factors on EIB implementation in Zainoel Abidin General Hospital Banda Aceh. Therefore, periodic monitoring and evaluation are required to be conducted by Zainoel Abidin General Hospital to ensure that each newborn in the hospital goes through EIB process.

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