

Determinant of Early Breastfeeding Initiation Practice in New Born Baby in the Working Area of Gunung Tua

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Abstract : The initiation for early lactch on the principle, that is not a mother which is suckled her baby, but the baby should have actived to reach the nipple of the mother, and do a contact for the mother's skin to the baby's skin as soon as possible after the baby birth at least one hour (1 hour). A midwife which is help a child-birth, must assist. The purpose of this research is for know a determinant of implementation on early suckle initiation practice on the new baby born at the area of the local government clinic Gunung Tua, Panyabungan Regency on Februari 2018. The research design is use a quantitative cross sectional approach, respondent sample in this study is 97 people . The data collecting is use the questionnaire by interview, and use a test of chi-square and double logistic regression. The result of this research is show that the mother which is implementation IMD are 65 persons (67,0%). And which is not implementation IMD are 32 persons (33%) The result test of chi-square variable which is relating to the IMD practice are the age, the kind of child birth, the official support. The result of logistic regression test is the most dominant variable which is relating to the IMD implementation practice is knowledge weight with the point OR = 18,426. The proposition to the official, especially to the midwife is implementation the IMD on each aids of the normal child-birth according to the standard of up bringing normal child-birth.

1 INTRODUCTION

Child survival is an ongoing public health priority in the South Asia region, which includes eight countries Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan and Sri-Lanka (UNICEF, 2014). Infant Mortality Rate (IMR) is one of the important indicators in determining the level of public health. In developing countries, the time of delivery and the first week after delivery is a critical period for mother and baby. About two-thirds of deaths occur during the neonatal period, two-thirds of these neonatal deaths occur on the first week and two-thirds of the infant deaths on the first week occur on the first day. Whereas in Indonesia, IMR reached 32 per 1000 live births in 2012 (Aprillia, 2009).

Early or timely initiation of breastfeeding is crucial in preventing newborn deaths and influences childhood nutrition however remains low in South Asia and the factors and barriers warrant greater consideration for improved action (Sharma and Byrne, 2016). Early or timely initiation of breastfeeding, specifically within 1 h of birth, refers

to the best practice recommendation by the World Health Organization (WHO, 2012).

Many measures are relatively inexpensive and are easily implemented to improve the health and survival of newborns. One of them is breastfeeding immediately after birth or commonly called early breastfeeding initiation and exclusive breastfeeding. This is supported by the statement of the United Nations Children's Fund (UNICEF), that as many as 30,000 infant deaths in Indonesia and 10 million deaths of children under five in the world each year, can be prevented through exclusive breastfeeding for six months from the date of birth, without having to provide food and additional drinks to babies (Aprillia, 2009). A recent systematic review and meta-analysis revealed that breastfeeding initiation after the first hour of birth doubles the risk of neonatal mortality (Khan *et al*, 2015). In specific countries, initiating within 1 h reduced deaths by 19 % in Nepal (Mullany *et al*, 2008) and 22 % in Ghana (Tawiah *et al*, 2008). The evidence, drawn from meta-analysis and over 63 developing countries, shows that early initiation of breastfeeding prevents newborn infections, averts

newborn death due to sepsis, pneumonia, diarrhoea and hypothermia, and facilitates sustained breastfeeding (Oddy, 2013).

Breastfeeding research predominantly focuses on exclusive breastfeeding to the age of 6 months and other infant and young child feeding (IYCF) indicators (Lawn *et al*, 2010). Existing systematic literature reviews on early initiation primarily draw on evidence from developed countries and on the effect of skin-to-skin contact on breastfeeding rates (Dennis, 2002; Carfoot *et al*, 2003).

Based on Law No. 33 of 2012 article 9 health workers and providers of health care facilities are required to initiate early breastfeeding (IMD) of newborns to their mothers for a minimum of 1 hour. Early breastfeeding (IMD) initiation as referred to in paragraph 1 is done by placing the baby on his stomach on the mother's chest or on the mother's stomach so that the baby's skin is attached to the mother's skin

The MCH Program Data for the Mandailing Natal District Health Office in 2009-2013, showed that the infant mortality rate in Mandailing Natal District was 32/1000 live births. The highest number of infant deaths in early neonatal (0-6 days) is 90 cases. The cause of death of infants aged 0-6 days in Mandailing Natal Regency is low birth weight (LBW) of 43 cases, Asphyxia 20 cases, 27 cases due to other factors. LBW is one of the causes of hypothermia. Because the fat tissue in the subcutaneous is lacking and the immature thermoregulation system. One of the handling of heat loss (hypothermia) one of them by doing IMD and based on the results of interviews with 20 mothers, there are only 3 mothers who do IMD in infants (15%).

From the background description of the problem, the problem in this study is the unknown determinants of the practice of early breastfeeding in newborns in the working area of Gunung Tua Health Center, Panyabungan Subdistrict, Mandailing Natal District in 2018. Purposes of this research to determine the determinants of the practice of early breastfeeding in newborns in the area of the Gunung Tua Public Health Center, Panyabungan District, Mandailing Natal District in 2018.

2 METHODS

2.1 Types of Research

The research design used was descriptive analytic survey type with Cross Sectional design.

2.2 Research Location and Time

This research was conducted in the working area of Gunung Tua Health Center, Panyabungan District, Mandailing Natal District. This research was conducted in January to February 2018.

2.3 Population and Sample

The population in this study were all mothers who gave birth in 2018 with a total of 288 people (KIA Data of Gunung Tua Health Center, 2018) The sample in this study was 97 people. Sampling was done by systematic random sampling.

2.4 Inclusion Criteria

The characteristics that must be fulfilled to be a sample in this study are:

- a) The baby's body weight is born > 2000 grams and has no complications such as no asphyxia (minimum apgar value of 7), no cyanotic skin color, healthy babies and mothers.
- b) Gestational age (> 37 weeks).

2.5 Method of Collecting Data

The data in this study include two types, namely primary data and secondary data.

2.6 Validity and Reliability Test

The research data was taken using a questionnaire that was filled in by the respondents themselves. Previously conducted trials at the Panyabungan Jae Health Center. The purpose of this trial is to determine the validity and reliability of the instrument's contents.

2.7 Data Processing Techniques

Data processing is performed using a statistical analysis program. The data collected is processed through several stages (Hastono, 2007) including: editing data (*Data Editing*), encoding data (*Data Coding*), enter data (*Entry Data*), data processing (*Processing*), data cleansing.

2.8 Data Analysis Method

After processing the data, the next step is to analyze the data using a statistical analysis tool application. The analysis conducted in this study was divided into

3 analyzes, namely univariate, bivariate, and multivariate analyzes.

3 RESULT

3.1 Puskesmas Overview

This general description concerns the description of the study site and various information related to the research, derived from the Profile of the Mandailing Natal District Health Office and documents available at Gunung Tua Health Center, Panyabungan District, Mandailing Natal District.

3.2 Demographics

The working area of the Gunung Tua Health Center in the Panyabungan Subdistrict of Mandailing Natal District is located in the southern part of North Sumatra Province. Administratively, the working area of the Gunung Tua Health Center consists of 1 sub-district, 13 villages, which has an area of 15,116.14 hectares or 9.93%.

3.3 Economy and Livelihoods

The main livelihoods of the community are farming, private employees / civil servants / TNI / POLRI, traders and breeders.

3.4 Health Facilities and Infrastructure

Consists of 1 unit of Puskesmas, 1 unit of auxiliary puskesmas, 13 units of posyandu, and 3 units of Private Medical Centers.

3.5 Characteristics of Respondents

It is known that the age of most respondents in the age group ≥ 30 years is 53 people (54.6%) and a small portion in the age group <30 years is 44 people (45.4%). The majority of respondents in the mandailing tribe were 82 people (84.5%) and a small portion of the Malay tribe were 3 people (3.1%). Most of the respondents' religion is Islam, 95 people (96.5%) and a small proportion of Christians, 2 people (3.5%). Most respondents' education is Higher Education \geq SMP is 72 people (74.2%) and a small portion is in low education $<$ SMP is 25 people (25.8%).

3.6 Univariate Analysis

Univariate data analysis aims to provide an overview of the object of research based on data and variables obtained from the group of subjects studied.

The independent variables in this study consisted of parity, knowledge, birth weight, type of labor, staff support and husband support. The majority of mothers with a large parity (pultiplara-grandemultipara) have 66%, while those with a small parity (primipara-scundipara) have 34%.

3.7 Knowledge Distribution of Respondents in the Working Area of Gunung Tua Health Center in Panyabungan District, Mandailing Natal District in 2018

That the majority of mothers with high knowledge are 67.0%, while mothers with low knowledge have 33.0%.

3.8 Baby Weight Distribution of Respondents in the Working Area of Gunung Tua Health Center in Panyabungan District, Mandailing Natal District in 2018

That the majority of mothers gave birth to babies weighing 2500-2000 grams, namely there were 56.7%, while <2500 grams there were 43.3%.

3.9 Distribution of Respondents' Delivery in the Gunung Tua Community Health Center, Panyabungan District, Mandailing Natal District in 2018

That the majority of mothers gave birth with a cesarean section were 54.6% while mothers who gave birth were normal namely 45.4%.

3.10 Distribution of Support of Respondents in the Working Area of Gunung Tua Public Health Center, Panyabungan District, Mandailing Natal District in 2018

That the majority of mothers received support from officers there were 60.8%, while 39.2% did not get support from officers.

3.11 Distribution of Respondents' Husband Support in the Working Area of Gunung Tua Public Health Center, Panyabungan District, Mandailing Natal District in 2018

The majority of mothers did not get husband support, there were 54.6%, while those who received husband support were 45.4%.

3.12 Distribution of IMD Implementation Practices in the Gunung Tua Community Health Center in Panyabungan District, Mandailing Natal District in 2018

The majority of IMD practices have 70.1%, while not implementing IMD there are 29.9%.

3.13 Bivariate Analysis

Bivariate analysis was carried out to see the relationship between the independent variables namely age, education, parity, knowledge, birth

Table 1: Age Relationship with IMD Practices in the Gunung Tua Health Center Work Area, Panyabungan District, Mandailing Natal District in 2018

Mother's Age	Practice IMD				Total N	p value %	OR (95%CI)
	IMD N	Not IMD %	IMD %	Not IMD N			
≥ 30 years		21	39,6	53	54,6	0,022	0,339 (1,132 – 0,870)
< 30 years	36	81,8	8	18,2	44		
Total	68	70,1	29	29,9	97		

Sumber : Data of Gunung Tua Puskesmas in 2018

3.15 Relationship of Mother's Education with IMD Practice

The relationship of education with the practice of IMD obtained results that are mothers with high education ≥ SMP there are 63 (87.5%) to implement IMD, while mothers with low education <SMP have 6 (29.2%), and the value of p = 0,000 it means that there is a significant relationship between education and the practice of IMD. A value of OR = 28,000 means that mothers with high education have 28 times the opportunity to carry out IMD practices compared to women with low education.

weight, type of labor, staff support, and husband support with the dependent variable namely IMD practice.

3.14 Relationship between Mother's Age and IMD Practice

Based on the results of research on the relationship of age with the practice of early breastfeeding in the working area of Gunung Tua Health Center, Panyabungan District, Mandailing Natal District, the results of the analysis can be seen in the Table 1.

The results of the study based on Table 1 the relationship of age with the practice of IMD obtained results that mothers aged ≥30 years there were 32 (60.4%) who carried out IMD, while mothers aged <30 years there were 36 (81.8%), and the value of p= 0.022 it means that there is a significant relationship between maternal age and the practice of implementing IMD. Obtained OR value = 0.339, means that mothers aged ≥ 30 years have the opportunity 0.339 times to carry out IMD compared to the number of mothers aged <30 years.

3.16 The Relationship between Mother Parity and IMD Practice

Based on the results of research on the relationship between maternal parity with the practice of early breastfeeding in the working area of the Gunung Tua Health Center, Panyabungan District, Mandailing Natal District, the results of the analysis can be seen in the following Table 2.

The results of the study based on Table 2 parity relationship with the practice of IMD obtained the results that there are 46 (71.9%) mothers with primipara-parity who carry out IMD, while with multipara-grandemultipara parity there are 22 (66.7%), and the value of p = 0.767 means there is no significant relationship between parity and IMD practice.

Table 2: Relationship of Parity with IMD Practices in the Work Areas of Gunung Tua Health Center in Panyabungan District Mandailing Natal District in 2018

Maternal Parity	IMD practice				Total		p value	OR (95%CI)
	IMD		Not IMD					
	N	%	N	%	N	%		
Primipara-Scundipara	46	71,9	18	28,1	64	66,0	0,767	1,278 (0,516 – 3,162)
Multipara-Grandemultipara	22	66,7	11	33,3	33	34,0		
Total	68	70,1	29	29,9	97	100,0		

Source: Data of Gunung Tua Puskesmas in 2018

3.17 Relationship of Mother's Knowledge with IMD Practice

Based on the results of research on the relationship of knowledge with the practice of IMD obtained results that there are 57 knowledgeable mothers (87.7%) to carry out IMD, while those with low knowledge there are 11 (34.4%), and the value of $p = 0,000$ means there is a relationship significant between knowledge and IMD practice. Obtained an $OR = 13,602$, meaning that mothers with high knowledge have 13 times the opportunity to carry out IMD practices compared to women with low knowledge.

3.18 Relationship between Birth Weight of Babies and the Practice of IMD

Based on the results of research on the relationship of birth weight with the practice of IMD obtained results that babies who weigh $\geq 2500-4000$ grams there are 45 (81.8%) to carry out IMD, while babies weighing <2500 grams there are 23 (54.8%), and $p = 0.008$ means that there is a significant relationship between birth weight of babies with IMD practice. With $OR = 3,717$, it means that mothers who give birth to babies weighing $2500-4000$ grams have 3.7 times the practice of IMD compared to mothers who give birth to babies <2500 grams.

3.19 The Relationship between Type of Labor and IMD Practices

Based on the results of research on the relationship between types of labor with the practice of IMD obtained results, namely mothers with spontaneous labor there were 36 (81.8%) who carried out IMD, while with cesarean sectio delivery there were 32 (60.4%), and the value of $p = 0.038$ means there is a significant relationship between the types of labor and IMD practices. Obtained an $OR = 2.953$ means that women who have spontaneous labor have 2.9 times

the opportunity to carry out IMD practices compared to respondents who have cesarean sectio deliveries.

3.20 Relationship of Support Officers with IMD Practices

Based on the results of research on the relationship between the support of officers and the practice of IMD, the results show that there are 37 (62.7%) supporting officers implementing IMD, while there are 31 (81.6%), and $p = 0.079$ means that there is no Significant relationship between staff support and IMD practice.

3.21 Relationship between Husband's Support and IMD Practice

The relationship of husband support with the practice of IMD obtained results that there are 33 unsupported husbands (75.0%) who carry out IMD, while husbands who do not support 33 (66.0%), and the value of $p = 0.461$ means there was no significant relationship between husband's support and IMD practice.

3.22 Multivariate Analysis

Based on the results of multivariate analysis the most dominant variable related to the implementation of IMD practices is knowledge. With $OR = 18.426$, it means that mothers with high knowledge have 18 times the opportunity to practice IMD compared to mothers with low knowledge after being controlled with the support of officers about IMD.

4 DISCUSSION

4.1 Relationship between Age and Implementation of IMD Practices

The results showed a significant relationship between age and IMD practice $p = 0.022$. $OR = 0.339$ which means that respondents aged ≥ 30 years have the opportunity 0.339 times to carry out IMD practices. These findings are in line with Haryati (2005), which states that elderly mothers have a significant relationship with the implementation of IMD practices with a value of $p = 0.023$ with an OR value of 7.577 which means that older respondents have 7.5 times the opportunity to carry out practice early breastfeeding initiation (IMD).

This is in line with research Rusnita, A. (2010) that the possibility at the age of <30 years has no experience compared to the age group ≥ 30 years so that the first breastfeeding in the group ≥ 30 years is faster. Whereas in accordance with the theory > 35 years will be at high risk for pregnancy so there may be difficulties during childbirth that cause mothers not to carry out IMD practices. According to Robbins (2004), employees with older age are generally more responsible and more conscientious compared to young people. This is possible because a younger age does not have much experience. This is in line with the statement of Huclok (1998) in the research of Faujiah (2009) that the more age, the maturity level and strength of a person will be more mature in thinking and working in terms of community trust. Someone who is more mature will be more trusted than someone who is not yet high enough maturity. This is as a result of the experience and maturity of his soul.

There is a significant relationship between maternal age and the implementation of IMD in newborns in this study, according to the researchers' assumptions because actually every mother is able to carry out IMD practices. This is very much influenced by the support of the surrounding environment.

4.2 Relationship between Education and the Implementation of IMD Practices

The results showed a significant relationship between education and the practice of IMD p value = 0,000. $OR = 28,000$ which means that respondents with high education have a 28 times probability compared to respondents with low education. These findings are in line with the research of Hariati, Y (2005) mothers

with higher education are associated with the practice of early breastfeeding initiation (IMD) with a p value of 0.011 with an OR value of 6.453, which means mothers with higher education have a 6.4 times chance to implementing IMD practices compared to mothers with low knowledge.

Faujiah's research (2009) said that there was a significant relationship between mother's education and the implementation of early breastfeeding initiation (IMD) with a p value of 0.031. This is in line with research conducted by Ratri (2000) that there is a statistically significant difference between the average of IMD and education. Breastfeeding for the first time on average is fastest in the group of mothers with higher education (more than junior high). This happens because mothers in the higher education group have higher knowledge including in terms of breast milk so that mothers will try to breastfeed their babies soon after the baby is born.

Whereas in Afilianti's research (2002), it was found that not giving breastfeeding for the first time in newborns 68.6% of mothers with high education and 57.9% of mothers with low education. The results showed that an insignificant relationship could occur possibly because the mother's education about health, especially about lack of lactation that should be known and understood by mothers from the start of pregnancy.

Husna's research results (2018) obtained the results of the chi square p value <0.05 means that there is a significant relationship between education and the implementation of IMD. According to Notoatmodjo (2003), there are several factors that influence one's knowledge, one of them is education. Knowledge is closely related to education where it is expected that there is someone with higher education, so that person will also broad knowledge. Education in general is any planned effort to influence others, whether individuals, groups or communities, so that they do what is expected by education practitioners.

According to researchers, the implementation of IMD carried out by postpartum mothers is actually not entirely influenced by maternal education. Because it is likely influenced by other variables, or the mother also often hears IMD so that the mother knows what the purpose and benefits of IMD are for the mother and her baby

4.3 Relationship between Parity and the Implementation of IMD Practices

The results showed there was no significant relationship between parity and IMD practice with p

= 0.767. OR = 1,278 which means that respondents with parity ≥ 2 people have 1.227 times the opportunity to carry out IMD practices. This is in line with research Faujiah (2009) there is no significant relationship between each parity with the implementation of IMD in newborns with $p = 0.460$. In this study also in line with Nelvi (2000) the proportion of multipara respondents 34.2% did an IMD higher than that of primipara which is 29.5%. The analysis showed that there was no significant relationship between parity and IMD implementation.

This result is not in line with the opinion of Ebrahim (2000) on a mother who experiences a second lactation and so tends to have more experience in carrying out early breastfeeding initiation (IMD). Similarly, in the third lactation and so on. Whereas in the first lactation the mother did not have experience in breastfeeding so the mother did not know how to carry out early breastfeeding initiation (IMD). These findings are also not in line with Afianti (2002) mothers whose parity ≥ 2 children have a significant relationship with the implementation of IMD with $p = 0.010$ with an OR value = 9.171 which means mothers who have children ≥ 2 children will have a 9.7 times chance performing IMD compared to mothers whose parity < 2 children.

According to researchers, the implementation of IMD by mothers is actually not entirely affected by parity, because mothers with low parity will be more careful in maintaining the health of their babies because they are still their first or second child. But according to the results I got, parity mothers ≥ 2 children had more experience than the first or the next child, and knew more about the purpose and benefits of IMD for the health of the mother and her baby.

4.4 Relationship between Knowledge and Implementation of IMD Practices

The results showed a significant relationship between knowledge with the practice of IMD with a value of $p = 0,000$. OR = 13.602 which means that knowledgeable respondents have the opportunity 13.602 times to implement IMD practices. These findings are in line with research Afianti (2002) mothers of high knowledge have a significant relationship between knowledge and implementation of IMD, that is, $p = 0.029$ with an OR value of 14.814, which means mothers with high knowledge will have 14.8 times the opportunity to carry out IMD practices compared to low knowledge mother. Knowledge is one of the factors that is suspected to influence a person's behavior in acting or doing something.

According to Notoatmodjo (2008), knowledge is the result of sensing a certain object. Most of human knowledge is obtained through the eyes and ears. Like education, knowledge also has a level, namely know, understand, application, analysis, synthesis, and evaluation, knowledge is a very important domain for the formation of one's actions.

The implementation of IMD is very important. If individuals, families, health workers and the community, especially postpartum mothers, have understood the understanding, benefits, and goals and benefits of IMD, then IMD can be implemented well so that it can be expected to increase the coverage of exclusive breastfeeding, especially in the working area of Gunung Tua Puskesmas in Panyabungan District in this case. to increase public awareness in implementing IMD is not just knowing and understanding but it needs awareness and understanding to inform mothers and the community about the importance and benefits of implementing IMD in the form of counseling and counseling.

4.5 Relationship between BBs and Birth Babies with the Implementation of IMD Practices

The results showed a significant relationship between BB babies born with IMD practice $p = 0.008$. OR = 3,717 which means that respondents whose birth weight is 3,717 times have an IMD practice. Furthermore, this study is in line with research Faujiah (2009) which says there is a significant relationship between birth weight of babies with the implementation of early breastfeeding initiation (IMD).

According to this study Harianti, Y. (2005) that babies with low birth weight (premature), should be given ASI from their own mothers, if there are no complications such as breathing difficulties, sepsis, and malformations. So most premature babies are usually able to breastfeed immediately.

Based on the statement of Greece Greece (2009) states that babies with birth weight < 2500 grams can breastfeed properly. This success is due to various factors such as the mother's very high motivation to make early contact with her baby at any time and get help and attention from nurses who understand about IMD.

BB of a baby born ≥ 2500 gram is one of the variables that greatly influences the implementation of IMD, because babies whose weight < 2500 grams are difficult to respond to the mother's chest because the baby's weight is still low.

4.6 Relationship between Type of Labor and Implementation of IMD Practices

The results showed a significant relationship between the types of childbirth with IMD practice $p = 0.038$. OR = 2.953 which means that respondents who have spontaneous labor have 2.953 times the opportunity to carry out IMD practices. These findings are in line with Afianti (2002) research that mothers who have spontaneous labor have a significant relationship with the practice of IMD with $p = 0.024$ with an OR value of 1.923, which means mothers who have spontaneous labor have 1.9 times the opportunity to initiate practice early breastfeeding compared to other types of cesarean delivery.

This is because this research, the caesarean method still exists using general anesthesia. In addition, the use of more analgesia in cesarean section rather than spontaneous also reduces the possibility of implementing IMD.

Faujiah's research (2009) says that mothers who have IMD are mostly done with spontaneous labor. The results of the bivariate analysis said that there was a significant relationship between the types of spontaneous labor and the implementation of IMD with $p = 0.026$.

According to Roesli (2012) in cesarean delivery if spinal or epidural anesthesia is given and the mother is conscious so that it can be immediately positioned for skin contact with the skin of the mother and her baby. Try the first suckling in the operating room. If the state of the mother and baby is not yet possible, the baby is given to the mother at the fastest opportunity. If general anesthesia is done, contact can occur in the recovery room when the mother is able to respond even though she is still sleepy or under the influence of anesthesia.

4.7 Relationship between Officer Support and Implementation of IMD Practices

The results showed no significant relationship between staff support with IMD practice $p = 0.079$ and OR = 0.380.

This is in line with Afianti's (2002) research that there is no meaningful relationship between staff support and the implementation of IMD, this is due to the lack of supervision from superiors so that the implementation of IMD by health workers is not done well.

These findings are different from the study of Nuryanti (2011) mothers who received support from

staff had a significant relationship with the implementation of IMD with $p = 0.035$ with an OR value = 1.867 meaning that mothers who received support from officers had a 1.8 times chance of carrying out IMD practices.

These findings are also different. According to research Faujiah (2009) said that there is a significant relationship between the support of officers with the implementation of IMD with $p = 0.05$.

According to researchers, mothers who received support from staff were actually very influential on the implementation of IMD) because without the support of health workers or midwives. Postpartum mothers will not practice early breastfeeding if they are not supported by health workers, because health workers encourage and motivate mothers to do IMD.

To realize the implementation of IMD can not be separated from the level of knowledge of health workers to inform mothers and the community about the importance of the benefits of implementing IMD from counseling and counseling.

4.8 Relationship between Husband's Support and the Implementation of IMD Practices

The results showed no significant relationship between husband's support and IMD practice $p = 0.461$. OR = 1,543 which means that respondents who received husband's support had an opportunity of 1,543 times to carry out IMD practices compared to husbands who did not support the implementation of IMD. This is different from Afianti's research (2002) which says that there is a significant relationship between husband's support and the implementation of early breastfeeding initiation (IMD) with $p = 0.002$.

According to researchers, the support of the husband is also very influential in the practice of early breastfeeding initiation, because according to Indonesian culture, people say that they must have permission from their husbands. But now mothers must actually heed it because it is in the interest of the mother and child. Because the benefits of IMD are not for the husband but for the mother and baby themselves.

4.9 Dominant Factors Regarding Postpartum Mothers in Early Breastfeeding Practices

The last modeling results show that the most dominant variable is the knowledge variable with OR = 18.426. This means that knowledgeable mothers have 18.426 times the opportunity to carry out IMD.

Knowledge is one of the factors that is suspected to influence a person's behavior in acting or doing something. According to Notoatmodjo (2007), knowledge is the result of sensing a certain object. Most of human knowledge is obtained through the eyes and ears. Like education, knowledge also has a level, namely know, understand, application, analysis, synthesis, and evaluation, knowledge is a very important domain for the formation of one's actions.

IMD is a very important thing. If individuals, families, health workers and the community especially postpartum mothers have understood the understanding, benefits, and goals and benefits of IMD, then IMD can be implemented well so that it can be expected to increase the coverage of exclusive breastfeeding especially in the working area of the old mountain health center in Panyabungan sub-district, in terms of This is to increase public awareness in the implementation of IMD, not just knowing and understanding, but it needs awareness and understanding to inform mothers and the community about the importance and benefits of implementing IMD in the form of counseling and counseling.

5 CONCLUSION

The conclusions that can be drawn from this study are there is an influence between age, knowledge, education, type of birth and birth weight of babies on the practice of early breastfeeding in newborns where the p value < 0.05 . The most dominant factor affecting IMD is knowledge with an odds ratio (OR) = 18.426 meaning that mothers who have high knowledge about IMD will carry out IMD as much as 18.426 times than mothers who have low knowledge.

6 SUGGESTIONS

It is expected that the special health workers at the midwife to carry out IMD at every normal delivery assistance in accordance with the standards of Normal Childbirth Care and to socialize IMD to pregnant women, namely about IMD and the benefits of doing IMD for mothers and their babies so that during delivery the mother does not refuse if health workers will conduct an IMD, and to superiors to supervise directly to mothers who give birth whether midwives do IMD on newborns.

It is recommended to mothers to be able to increase knowledge about the initiation of early

breastfeeding by attending the posyandu every month, and to be able to work closely with the cadres and closest health workers.

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