



KLASICS

Kendari Journal of Maritime and Holistic Nursing

<https://stikesks-kendari.e-journal.id/K>

Volume 04 | Number 01 | December | 2023

E- ISSN: 2774-6577

Social Factors and Family Attachment in Providing Early Breastfeeding Initiation

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Keywords:

Early Initiation of Breastfeeding; family; social;

Abstract. *The problem that Indonesia is currently facing is the incidence of stunting in children. The mother's mindset and support system, namely the family, especially the husband, is one of the causes of difficulties in giving breast milk to babies. This also influences the mother's initiation of breastfeeding from an early age commonly known as Early Breastfeeding Initiation (IMD). This type of research is quantitative with a descriptive, retrospective study approach. The sampling technique used incidental sampling, namely 30 pregnant women according to the criteria at the Poasia Health Center, Kendari City KIA Polyclinic. The research was conducted in June - August 2018. The majority of respondents were involved in social organization activities, namely 70% (21 people), 20% (66 people) did not benefit from social activities, and had good relationships with other people, namely 100% (30 people), have good family ties, which is 100% (30 people), have a good relationship with the head of the family, which is 100% (30 people). Social factors and family attachment (kinship and social factors) show that mothers who have carried out Early Breastfeeding Initiation, namely providing support in terms of information and decision-making, are influenced by several factors including Social Organizational Activities, the mother's relationship with other people and Family Attachment at the Poasia Health Center.*

Introduction

The problem that Indonesia is currently facing is the incidence of stunting in children¹. This is closely related to the negative impact of stunting and other malnutrition in the first 1,000 days of life, which not only hampers physical growth and makes children more susceptible to disease, but also disrupts cognitive development and

has a negative impact on intelligence and productivity in the future². One of the things that causes stunting is the low quality of nutrition given to children from infancy, one of which is breast milk. The problem of exclusive breastfeeding starts from the beginning of the mother's pregnancy³.

The mother's mindset and support system, namely the family, especially the

husband, is one of the causes of difficulties in giving breast milk to babies⁴⁻⁷. This also influences the mother's initiation of breastfeeding from an early age or commonly known as Early Breastfeeding Initiation.

Based on data, Indonesia's infant mortality rate (IMR) in 2011 was around 24.8 deaths per 1,000 live births⁸. Nationally, the infant mortality rate (IMR) was 2.4 deaths per 1,000 live births in 2017 (2017 SDKI), although it has not yet reached the Sustainable Development Goals (SDGs) target, in 2022, the number of deaths will decrease to 16.85 deaths per 1,000 live births⁹. Even though the child mortality rate in Southeast Sulawesi has decreased, the average LBW rate in Southeast Sulawesi is relatively high, namely 3.26%¹⁰.

Up to 22% of the lives of babies less than 28 days old can be saved by implementing IMD as a strategy to reduce neonatal mortality¹¹. Riskedass findings show that awareness of IMD implementation has increased from 29.3% in 2010 to 34.5% in 2013¹². The IMD program helped save at least 30,000 Indonesian babies who died within the first hour of birth¹³.

Based on the results of a preliminary survey conducted at the Poasia Community Health Center on June 2 2018, the average number of pregnant women who visited the KIA Polyclinic during the last four months

of 2018 was 101 people. The number of pregnant women visiting hospitals was 95 people in January, 91 people in February, 107 people in March, and 110 people in April.

Interviews with midwives conducted in the delivery room found that Early Breastfeeding Initiation was carried out for all mothers giving birth on the recommendation of health workers. The mother did not refuse, but she also did not take the initiative to ask for Early Breastfeeding Initiation.

This background encourages researchers to investigate further the social factors and family attachment of pregnant women regarding the practice of Early Breastfeeding Initiation.

Method

This is a quantitative with *descriptive retrospective* study approach, *that* evaluating events that have taken place and getting a picture of situations that occur naturally^{14,15}. This research only looks at transcultural factors in pregnant women's perceptions of Early Breastfeeding Initiation¹⁵. The research was carried out at the Maternal and Child Health Polyclinic, Poasia Community Health Center, which has Basic Emergency Neonatal Obstetric Services and 24-hour inpatient care so that Early Breastfeeding Initiation can be implemented for mothers giving birth. This

research was carried out in June - August 2018.

The research population in this study was all pregnant women in the working area of the Poasia Kendari Health Center who visited from January - April 2018 amounting to 403 visits from pregnant women. The sample for this research was pregnant women at the Poasia Kendari Community Health Center. Using sampling techniques *accidental sampling*. The sample for this research was taken when the researcher met 100 pregnant women according to the criteria at the KIA Polyclinic, Poasia Health Center, Kendari City.

Data collection was carried out by recruiting respondents, namely pregnant women, according to the inclusion and exclusion criteria. After getting the desired respondents, the researcher explained the research objectives according to the respondent's explanation sheet. After the respondent understands, the respondent is asked to sign a consent form to become a respondent. The researcher then gave the respondent a questionnaire to fill out and accompanied them to complete it.

The research instrument used in this study was a transcultural assessment questionnaire based on the Transcultural Nursing nursing theory developed by Madeline Leininger. The questionnaire was prepared by the researcher by first compiling

a questionnaire preparation matrix. Validity and reliability tests will be carried out on the questionnaire to increase the trust value of the questionnaire used. The validity test was carried out using the correlation test *pearson's product moment* with the result that if $r_{count} > r_{table}$ then the question item is valid¹⁵. Reliability test using *cronbach alpha*, with coefficient alpha values of 0.80 to 0.89 were considered *reliable*¹⁵. This test was carried out on 10 pregnant women.

Results and Discussion

Karakteristik Responden

Table 1.1 Distribution of respondents based on the characteristics of pregnant women at the Poasia Health Center, Kendari City

No	Characteristics	Frequency (n)	Percentage (%)
1	Age (year)	21 – 30	70
		31 – 40	30
		Total	100
2	Ethnic group	Tolaki	36,67
		Muna	36,67
		Bugis	26,66
		Total	100
3	Education	Junior High School	6,66
		Senior High School	80
		College	13,34
		Total	100
4	Religion	Islam	100
5	Income	<Rp.1.685.000	20
		≥Rp. 1.685.000	80
		Total	100
6	FamilyType	Nuclear Family	63,33
		Extended Family	36,67
		Total	100

Based on table 1.1, it is known that based on age, the majority of respondents were between 21-30 years old, namely 70% (21 people). Based on ethnicity, the majority of respondents are ethnic. Muna and Tolaki, namely 36.67% each (11 people). Based on education level, the majority of respondents had a high school educational background, namely 80% (24 people). Based on religion, all respondents were Muslim, namely 100% (30 people). Based on mother's income, most respondents had an income of \geq Rp. 1,685,000, which is 80% (24 people). Based on family type, the majority of respondents have a nuclear family type, namely 63.33% (19 people)

Social factors and family attachment

1. Social Organization Activities

Table 1.2 Distribution of Social Organization Activities for Pregnant Women at the Poasia Health Center, Kendari City

Social Organization Activities	n	%
Yes	21	70
No	9	30
Total	30	100

Based on table 1.2, it is known that the majority of respondents are involved in social organization activities, namely 70% (21 people).

2. Benefits of Social Organization Activities on Early Breastfeeding Initiation

Table 1.3 Distribution of Benefits of Social Organization Activities for Pregnant Women at the Poasia Health Center, Kendari City

Benefits of Social Organization Activities	n	%
Yes	10	33,33
No	20	66,67
Total	30	100

Based on table 1.3, it is known that the majority of mothers do not benefit from social activities, amounting to 20% (66 people).

3. Relationships with other people

Table 1.4 Distribution of mothers' relationships with other people at the Poasia Health Center, Kendari City

Relationships with other people	N	%
Good	30	100
Bad	0	0
Total	30	100

Based on table 1.4, it is known that all respondents have good relationships with other people, namely 100% (30 people).

4. Family ties

Table 1.5 Distribution of Family Attachments at the Poasia Health Center, Kendari City

Family ties	N	%
Good	30	100
Bad	0	0
Total	30	100

Based on table 1.5, it is known that all respondents have good family attachment, namely 100% (30 people).

5. Mother's relationship with head of family

Table 1.6 Distribution of Relationship between Mother and Head of Family at Poasia Health Center, Kendari City

Relationship with the head of the family	N	%
Good	30	100
Bad	0	0
Total	30	100

Based on table 1.6, it is known that all respondents have a relationship with the head of the family good, namely 100% (30 people).

Pregnant women in this study were characterized by the youngest age being 18 years and the oldest being 35 years old. A total of 21 mothers took part in social organization activities, all respondents had good relationships with other people. All respondents have a good attachment to the family and have a good relationship with the head of the family

At that age, individuals will have phases *intimacy* which influences the decision making process, closeness as support is needed by pregnant women both from family and health workers¹⁶. Individuals will begin to be free from

parental responsibilities and earn their own income and have independent decisions so that they begin to interact socially and seek support for the information they need according to their phase of life, including regarding Early Breastfeeding Initiation¹⁷. Widiastuti's research states that to avoid failure in Early Breastfeeding Initiation, mothers need good support from the surrounding environment (other people, co-workers) and the family, especially the head of the family as the decision maker in the family⁷.

This support will provide a positive atmosphere when the mother is pregnant, where many physical and hormonal changes often make the mother make wrong decisions during pregnancy¹⁸. Social support also provides significant benefits, where mothers will gain knowledge and confidence in dealing with other people¹⁹.

This research supports previous research, namely research conducted by Rais, et al, that there is a significant relationship between husband's support for the implementation of early breastfeeding initiation²⁰. Meanwhile, research by Afi Lutfiyati, et al shows that social factors, in this case attachment to health workers, have a significant influence on the success of implementing Early Breastfeeding Initiation, considering that respondents in this study were more compliant with the

recommendations of the health workers who cared for them²¹.

Conclusion

Social factors and family attachment (*kinship and social factors*), shows that Mothers who have implemented Early Breastfeeding Initiation, namely providing support in terms of information and decision making, are influenced by several factors, including: Social Organization Activities, mother's relationship with other people and Family Attachment at Poasia Health Center.

The researcher's suggestion for implementing Early Breastfeeding Initiation at the Poasia Community Health Center is that pregnant women who are monitored by health workers at the Posyandu are given information and practice implementing IMD more often by involving their husbands and closest family. Meanwhile, mothers who are not monitored at the Posyandu (visiting patients from outside the Puskesmas work area) can be given education regarding Early Breastfeeding Initiation before delivery.

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