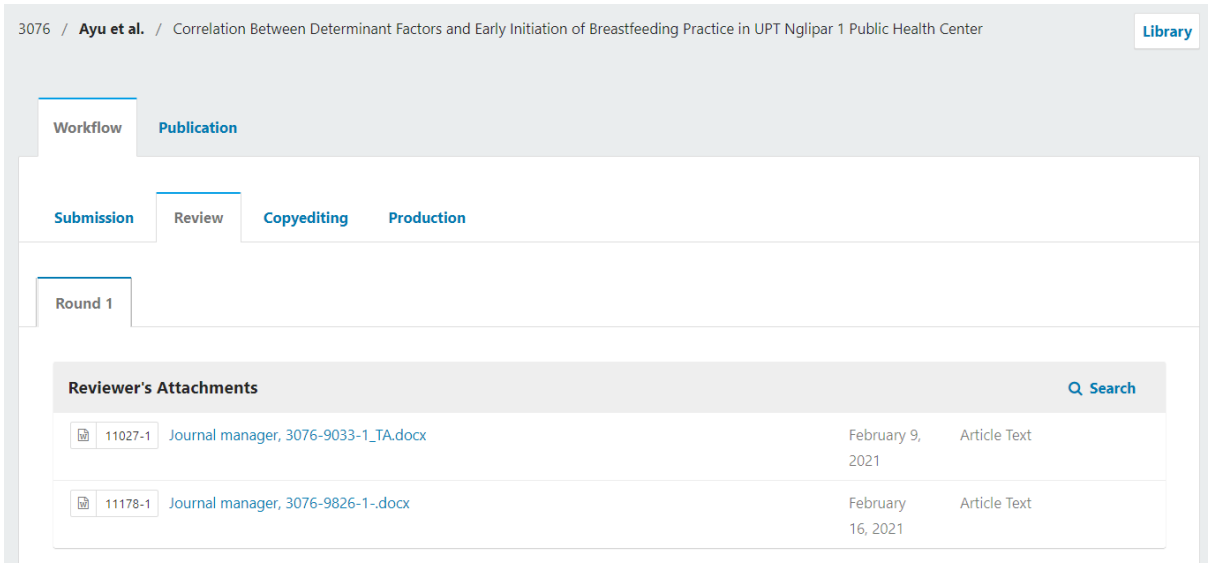
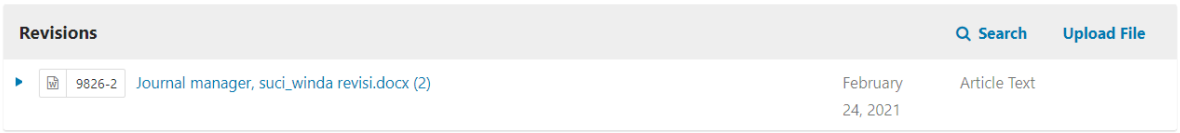
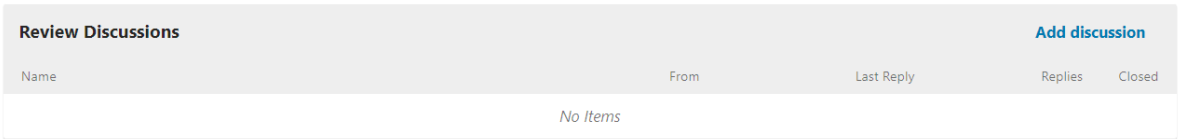
Nama: Suci Musvita Ayu, Winda Juliani Hergianingrum

Judul: Correlation Between Determinant Factors and Early Initiation of Breastfeeding Practice in UPT Nglipar 1 Public Health Center







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Factors Affecting The Low Initiation of Early Breastfeeding in UPT Public Health Center Nglipar 1

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Abstract

Background: Early Initiation of Breastfeeding (IMD) is the process of a baby who breastfeeds itself within the first hour of birth. The coverage of early breastfeeding initiation in Public Health centers in Gunung Kidul Regency was 84.79%. Early breastfeeding initiation at UPT Public Health Centers Nglipar 1 had coverage below the average of Public Health Centers around Gunung Kidul, which was 75.86%. **Methods:** The type of research was observational analytic with a cross-sectional study design. The sample of this study was 45 mothers and used primary data. The sampling technique used purposive sampling with a questionnaire research instrument. **Results:** The results, a relationship between maternal knowledge and BMI (p-value 0.025 <0.05). There was no relationship between partner support and BMI (p-value 0.313> 0.05). There was a relationship between health personnel support and IMD (p-value 0.044 <0.05). **Conclusion**: it can be concluded that the factors associated with low Early breastfeeding initiation at the UPT Public Health Centers Ngelipar 1 are maternal knowledge and support of health workers. In contrast, the unrelated factor is husband support.

Keywords: ~~Early Breastfeeding Initiation~~ ~~(EBI)~~ Early Initiation of Breastfeedinf (EIB) ; Husband's Support, Health Worker's Support, Mother Knowledge

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1. Introduction

Early Initiation of Breastfeeding or often abbreviated as IMD is one of the opportunities given to babies immediately after birth by placing the baby on the mother's stomach, then allowing the baby to find the mother's nipple and breastfeed until satisfied. This process is carried out the first 1 hour after the baby is born (1)

New mothers are recommended to support infants initiating early breastfeeding for one hour after birth.5 Delayed early breastfeeding initiation can increase the risk of neonatal death (2). Children who are not given early breastfeeding initiation within one hour of birth will have a higher risk against infection. A study showed that more than 4000 children in Tanzania had delayed initiation of early breastfeeding associated with an increased risk of coughing and nearly 50% increased the risk of breathing difficulties in the first six months compared with children who received early breastfeeding initiation (3).

Babies born normally can breastfeed to their mothers without assistance for one hour. However, in caesarean births the success of early breastfeeding is only 50%. Babies who are given the opportunity to IMD will get colostrum faster. IMD basically should not be given too late because the newborn's sucking reflex will peak at the age of 20-30 minutes and this reflex will continue to weaken over time (4). Early initiation of breastfeeding requires support from families, especially husbands. The importance of the father being ASI greatly affects the success of IMD which is followed by exclusive breastfeeding (5). The success of breastfeeding is largely determined by the role of the father because the father will help determine the smoothness of the reflex for breastfeeding which is strongly influenced by the emotional state or feelings of the mother (6)

Husband's support is very active in the process of breastfeeding from EBI to exclusive breastfeeding. This is evident from the fact that as much as 72.7% of husbands support their

Commented [TA1]: Cross sectional is not appropriate for cause and effect. It's only correlation ship or association.
Revise the title as association between factors… and Early Initiation of Breast feeding practice

Commented [TA2]: Use English abbreviation Early Initiation of Breastfeeding (EIB)

Commented [TA3]: What is the objection of the research?? Or what is the research's aims to..

Commented [TA4]: Coverage of early breastfeeding initiation in area of 'The *UPT Puskesmas Nglipar*' is lower than …..

UPT Puskesmas Ngipar is a name

Commented [TA5]: Who the population, samples and how to select the sample?
Write about variables in your research?

Commented [TA6]: You write about BMI → what is the this statement refers?? Your research not collect the BMI? You research about EIB.

Commented [TA7]: Rewrite this sentence

Commented [TA8]: I suggest addition other keywords: infant feeding practice; infant nutrition status

Commented [TA9]: I suggest to rewrite the introduction;
- What is Infant / child nutritional status in Gunung Kidul? You can start from child health or nutrition status of Gunung Kidul among another districts in DIY Province. Is it the lowest? For example the highest of stunting.
- Support literature about one of

Commented [TA10]: IMD is bahasa Indonesia abbreviation. Be consistent. What is the formal abbreviation for Early initiation of breastfeeding in English?

Commented [TA11]: You write 'after birth by placing the baby on the mother's stomach'. Please checks again your statement, because the important of EIB is 'infant placed in early skin-to-skin contact with their mother'.

Commented [TA12]: What is it mean? 'New mother'? → change with other suitable word

wives in the process of breastfeeding (7).Mothers need strong support so they can be motivated in conducting health behaviors. Support can come from third parties, namely, husband, family, and health workers. The greatest support comes from the husband because the husband is a core family and the person closest to the mother (8).

Another factor that can affect the success of IMD is health personnel. These health workers include midwives and doctors. Cooperation between health workers and mothers can increase the success of IMD (9). In addition, the attitude of health workers based on knowledge about IMD has a big influence on the success of IMD (10).

Variables that influence early breastfeeding initiation were mothers aged 20-34 years (76.9%), married (86.9%), had done at least four antenatal care visits (67.5%) and delivered vaginally (78.3%) at 37-41 weeks of pregnancy (89.7%).

Indonesia has an EBI coverage of 40.2% .5 Indonesia supports early breastfeeding initiation program, this is evidenced by the early breastfeeding initiation which increased from 29.3% in 2010 to 34.5% in 2013 (11). Yogyakarta has early breastfeeding initiation coverage <1 hour by 54.10% and> 1 hour by 20.20%. The data obtained shows that of 42,954 babies born alive, who did early breastfeeding initiation amounted to 37,919 which means the coverage of early breastfeeding initiation in all Public Health Center in Yogyakarta was 88.28%. Coverage of early breastfeeding initiation in Sleman 94.10%, Bantul 88.95%, GunungKidul 84.80%, Kulonprogo 81.64%, and Yogyakarta City 79.44% (12).The coverage of early breastfeeding initiation in Public Health Center throughout GunungKidul was 84.79%. However, UPT Public Health Center Nglipar 1 has an early breastfeeding initiation coverage of 75.86% which means below the average Public Health Center throughout Gunung Kidul.14 Based on EBI coverage data at UPT Public Health Center Nglipar 1, the researchers are interested in taking research at UPT Public Health Center Nglipar 1.

..

2. Method

This research is a quantitative observational analytic study using the Cross Sectional survey method. The sample of this study was 45 mothers and used primary data. Sampling was done using purposive sampling with a questionnaire research instrument. Cross sectional is a type of research in which the measurement of the variables is carried out only once at a time. Not all subjects must be examined on the same day or time, but variables are measured according to the conditions at the time of observation, so there is no follow-up procedure or follow-up (13)…

..

3. Results and Discussion

3.1. Results

Did all 45 respondents interview successfully? 100% respons rate?

Tabel1.Frequency Distribution of Respondent Characteristics

Characteristics of respondent	f (%)
wife's education	
Primary School	3 (6.7)
Junior High School	15 (33.3)
Senior High School	10 (22.2)
Vocational High School	15 (33.3)
D3	1 (2.2)
S1	1 (2.2)
wife's work	
Teacher	1 (2.2)
private employees	1 (2.2)
farmer	4 (8.9)
Housewife	39 (86.7)
Husband's education	
Primary School	3 (6.7)
Junior High School	16 (35.6)
Senior High School	7 (15.6)

Commented [TA13]: You have to state what did the objective of the research ??

Commented [TA14]: Please explain, your population and sample.
Did you have criteria of the sample?
According your title? What'is the mean 'in UPT Puskesmas Nglipar'; every women who delivered in Puskesmas, or every women who lived in Puskesmas's territory ? how long period between interview and the time of mother delivered?

Commented [TA15]: Please explain about number of sample.
Did you used a sample's formula?
Did you had a sample frame (the list of mother in population)?
Write your inclusion and exclusion criteria of the sample.

Commented [TA16]: What do you mean of this statement?
You can just write 'a cross sectional design'
Than you explain about how you find sample 45 of mothers.

Commented [TA17]: Do you have a framework of research ?
Please write the all variables the research and definition of operational.

Commented [TA18]: How did you analysis? What is the test of statistics? Chi square?

Commented [TA19]: If the respondent is mother you have to write women or mother's education

Commented [TA20]: Senior high school and vocational high school is the same grade. Why you separate this category? Do you have an argument ? what is the purpose? If you don't have any reason, I suggest to merge this category as seniorhigh school

Commented [TA21]: If too small – merge both as University

Commented [TA22]: Some comment no TA18

Commented [TA23]: Teacher is not common category of occupation of the survey. Teacher and private can merge as one catagory

Vocational High School	17 (37.8)
D3	1 (2.2)
SI	1 (2.2)
Husband's work	
Village Apparatus	1 (2.2)
Government Employees	1 (2.2)
Private Employees	2 (4.4)
Employees	3 (6.7)
Entrepreneur	7 (15.6)
Farmer	15 (33.3)
Laborer	16 (35,6)
Total	**45 (100)**

Based on table 1, most of the mothers are junior high school(JHS) and vocational high School (VHS) graduates with a percentage of 33.3% each. The majority of mothers are housewives with a percentage of 86.7%. The majority of husband sare VHS graduates with a percentage of 37.8%. The majority of husbands work as laborers with a percentage of 35.6%.

Tabel2. Frequency Distribution of Univariate Analysis

Variable	f (%)
Mother Knowladge	
Poor	23 (51.1)
Good	22 (48.9)
Husband's Support	
Not Support	16 (35.6)
support	29 (64.4)
Health Workers Support	
Not Support	15 (33.3)
support	30 (66.7)
Early Breastfeeding Initiation(EBI)	
Not conducting EBI	25 (55.6)
conducting EBI	20 (44.4)
Total	**45 (100)**

Based on table 2, the majority of mothers have poor knowledge (51.1%). The majority of mothers are supported by their husbands in doing EBI (64.4%). The majority of mothers are supported by health workers in conducting EBI (66.7%). The majority of mothers did not do EBI (55.6%).

Tabel 3. Relationship of Mother Knowladge, Husband's Support, Support of Health Workers and Early Breastfeeding Initiation at UPT Public Health Center Ngelipar 1

Variable	Early Breastfeeding Initiation(EBI)						P-value	RP (CI95%)
	Not conducting		conducting		Total			
	N	%	N	%	N	%		
Mother Knowladge								
Poor	17	73,9	6	26,1	23	100	0,025	2,033
Good	8	36,4	14	63,6	22	100		(1,111-3,718)
Husband's Support								
Not Support	11	68,8	5	31,3	16	100	0,313	1,424
support	14	48,3	15	51,7	29	100		(0,863-2,350)
Health Workers Support								

Commented [TA24]: Same comment for TA19

Commented [TA25]: See comment no 17

Commented [TA26]: Please make the common of occupation categories. You can find or search others' article. When you make categories of variables you should referral on the literatures → you explain the category in the method

Commented [TA27]: Explain all the variables in methods. How did you decide knowledge poor or good?

Commented [TA28]: EIB practice
Yes and No category

Not Support	12	80	3	20	15	100	0,044	1,846
support	13	43,3	17	56,7	30	100		(1,141-2,987)

The bivariate test used in this study was the Chi square test. The requirements for the chi square test are expected to be less than 5 and a maximum of 20% of the cell count. The sample used was 45 people. Chi square test results of the relationship of knowledge with EBI produces p value 0.025 (p <0.05), which means there is a relationship between knowledge and EBI. The RP value obtained is 2.033 with a value (95% CI) of 1,111-3,718, which means mothers who have bad knowledge risk 2,033 times not doing EBI compared to mothers who have good knowledge. RP value (95% CI)> 1 so that mother's knowledge is a risk factor for EBI. Chi square test results of the relationship between husband's support and EBI produces p value of 0.313 (p> 0.05) which means there is no relationship between husband's support and EBI. The RP value obtained is 1.424 with a value (95% CI) of 0.863 to 2.350 which means that husband's support is not necessarily a risk factor for EBI. Chi square test results of maternal perceptions about the support of health workers with EBI obtained p value 0.044 (p <0.05) which means there is a relationship between support of health workers with EBI. The RP value obtained is 1,846 with a value (95% CI) 1,141-2,987 which means that mothers who are not supported by health workers are 1.846 times more at risk of not having EBI compared to mothers who are supported by health workers. RP value (95% CI)> 1 so that support of health workers is a risk factor for EBI.

3.2 Discussion

Relationship of Knowledge with Early Breastfeeding Initiation

Based on the chi square test, maternal knowledge and EBI obtained p value 0.025 (p <0.05), which means there is a relationship between knowledge and EBI. The RP value obtained is 2.033 with a value (95% CI) of 1,111-3,718, which means mothers who have bad knowledge risk 2,033 times not doing EBI compared to mothers who have good knowledge. RP value (95% CI)> 1 so that mother's knowledge is a risk factor for EBI.

Commented [TA29]: For discussion don't rewrite the result. Just mention what the main finding than you explain the limitation, same result and contrast result with others research.

Search the literatures related with knowledge, husband's support, other factors which lack in this research.

Research on the factors of EBI states that the better the mother's knowledge about EBI, the greater the mother's opportunity to do EBI, the higher a mother's education will further increase her knowledge of EBI so that the mother will EBI her newborn child (14). The results of the study said there was a significant relationship between mother's knowledge and EBI. Mothers who did not do EBI were more in mothers who had low knowledge (66.7%) compared to mothers who had high knowledge (33.3%) (15).

The results showed that the inception of early breastfeeding was caused by a lack of understanding of the mother (predisposing factors) about EBI. Other qualitative studies report that the predisposing factor to failure of exclusive breastfeeding is due to the predisposing factor to the lack of knowledge and experience of the mother and the enabling factor that is very important to cause failure is because the mother is not facilitated to do EBI (16).

The results showed that there was a relationship between maternal knowledge and EBI. Lack of mother's knowledge about EBI is due to lack of proper information about EBI and respondents' lack of concern about EBI so that there is no sense of wanting to know more about EBI. Good knowledge about the initiation of early breastfeeding plays a role in the mother's decision to initiate early breastfeeding and strengthens the mother's belief that early breastfeeding initiation will have a positive impact on her baby (17).

The results showed that there was a relationship between maternal knowledge and the implementation of EBI. There are still many respondents who lack knowledge due to lack of socialization from health workers and lack of interest from the respondents themselves to seek or add information about the understanding, procedures for implementation and benefits of EBI. Education of respondents gives an effect on knowledge. Knowledge is also gained from experience and information received (18). The main obstacle is the lack of knowledge about EBI in mothers. A mother must have good knowledge about EBI.

Relationship between Husband's Support and Early Breastfeeding Initiation

Based on the chi square test of husband's support with EBI obtained p value of 0.313 (p> 0.05) which means there is no relationship between husband's support and EBI. The RP value obtained is 1.424 with a value (95% CI) of 0.863 to 2.350 which means that husband's support is not necessarily a risk factor for EBI.

Based on information obtained from midwives at UPT Public Health CenterNglipar 1, while being examined for pregnancy and given information about EBI, the husband did not pay attention so the husband did not remind his wife about EBI when giving birth. The UPT Public Health CenterNglipar1 has a pregnant mother class program that aims to make mothers and husbands understand about the benefits of EBI. However, many husbands do not take part in the class of pregnant women because they are working. Mothers who do not do EBI but are supported by their husbands to do EBI can be caused by mothers being too tired after giving birth, husbands who do not accompany them during labor due to work so as not to remind them of EBI, and there are myths about colostrum that are considered stale ASI so that they are not given to infants. The husband's education, which is in the majority of junior and senior high schools, also influences the husband's support, because the higher the education, the husband will more often seek information about EBI and inform his wife.

The husband's support factor in the results of the study stated that the husband did not support the implementation of EBI because the husband also did not understand the importance of implementing EBI. The husband has never been given an understanding of EBI and considers that regarding pregnancy and childbirth is the mother's duty to find out. The husband is only tasked to accompany and accompany the mother to carry out pregnancy and childbirth checks. In the minds of husbands, the definition of standby husband is like that

Things that cause the lack of support given by the husband to carry out EBI include husbands who are busy working, lack of communication and husband's opinion stating that the wife knows better what is best for her mother and baby so that it seems that the husband is not too meddling in labor issues.

Commented [TA30]: Lack of comparison study. Read and read other articles

The thing that causes the support of the husband is not obtained by the mother during childbirth is the husband is working, especially for those who earn a living as fishermen who sometimes have not returned home for weeks. If a husband knows the benefits of implementing EBI, the husband will tend to support his wife to provide EBI, but conversely to the husband who does not know about the benefits of implementing EBI, the husband will tend not to be in line with the EBI implementation program 30 minutes to the first hour of the baby's birth (18).

This study is not in line with other studies that say there is a significant relationship between husband support with EBI. It was seen that the tendency of respondents who did not do EBI was more for those who did not get husband support by 78.0% compared to those who received husband support by 25.6%. Husband's support in the success of EBI is highly expected because there are still many women whose decision-making is still influenced by their husband, including breastfeeding

Relationship between Support of Health Workers and Early Breastfeeding Initiations

Based on the chi square test for health personnel support with EBI, the p value was 0.044 (p <0.05), which means that there is a relationship between health personnel support and EBI. The RP value obtained is 1,846 with a value (95% CI) 1,141-2,987 which means that mothers who are not supported by health workers are 1.846 times more at risk of not having EBI compared to mothers who are supported by health workers. RP value (95% CI)> 1 so that support of health workers is a risk factor for EBI.

This study is in line with research that states that there is a relationship between support of health workers with EBI. Respondents who did EBI (80%) were supported by health workers (15). The role of officers and families who support greatly influences the attitude of mothers in EBI. If it can be conditioned on the role of officers and families who support EBI, it is clear that mothers will behave EBI. Family and husband support is very important in implementing EBI (19).

The results of Lestari's (2018) study show that there is a relationship between health personnel support and EBI. The role of health care facilities in breastfeeding practices related to the commitment of the service unit management to give special attention to the EBI program is very influential in achieving the success of EBI. The availability of people doing EBI is largely determined by their trust in midwives.

The results of this study are in line with other studies that mention the support of health workers influential in the implementation of EBI. The results showed a p value of 0.001. There were 26 mothers (86.7%) who received the support of health workers and 4 mothers (13.3%) did not have the support of health workers (20). The results showed there was a relationship between the support of health workers and the implementation of EBI. This is because the better an officer is in conveying the intentions, objectives, benefits and impacts of the EBI, the

better the results will be achieved but conversely the less good the officer is in carrying out the tasks as charged, the results to be achieved will also be far from the targets (18).

Childbirth assistance is the main key to the success of EBI because during this time the role and support of childbirth assistance is still very dominant. If the childbirth helper facilitates the mother to immediately hug her baby then the interaction between mother and baby is expected to happen soon.

4. Conclusion

Based on the results and discussion, it can be concluded that the factors associated with low EBI at the UPT Public Health Center Nglipar 1 are maternal knowledge and support of health workers, while the unrelated factor is husband support.

Acknowledgments: We would like thank you to Universitas Ahmad Dahlan for providing support in research funding, and for all respondents in this study who have agreed to be respondents in taking data from this study.

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Keywords: Early Breastfeeding Initiation (EBI); Husband's Support, Health Worker's Support, Mother Knowledge

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Commented [WR1]: Please also mention analysis data that researcher used in this study

Commented [WR2]: Please checked grammar

1. Introduction

Early Initiation of Breastfeeding or often abbreviated as IMD is one of the opportunities given to babies immediately after birth by placing the baby on the mother's stomach, then allowing the baby to find the mother's nipple and breastfeed until satisfied. This process is carried out the first 1 hour after the baby is born (1)

New mothers are recommended to support infants initiating early breastfeeding for one hour after birth.5 Delayed early breastfeeding initiation can increase the risk of neonatal death (2). Children who are not given early breastfeeding initiation within one hour of birth will have a higher risk against infection. A study showed that more than 4000 children in Tanzania had delayed initiation of early breastfeeding associated with an increased risk of coughing and nearly 50% increased the risk of breathing difficulties in the first six months compared with children who received early breastfeeding initiation (3).

Babies born normally can breastfeed to their mothers without assistance for one hour. However, in caesarean births the success of early breastfeeding is only 50%. Babies who are given the opportunity to IMD will get colostrum faster. IMD basically should not be given too late because the newborn's sucking reflex will peak at the age of 20-30 minutes and this reflex will continue to weaken over time (4). Early initiation of breastfeeding requires support from families, especially husbands. The importance of the father being ASI greatly affects the success of IMD which is followed by exclusive breastfeeding (5). The success of breastfeeding is largely determined by the role of the father because the father will help determine the smoothness of the reflex for breastfeeding which is strongly influenced by the emotional state or feelings of the mother (6)

Husband's support is very active in the process of breastfeeding from EBI to exclusive breastfeeding. This is evident from the fact that as much as 72.7% of husbands support their wives in the process of breastfeeding (7).Mothers need strong support so they can be motivated in conducting health behaviors. Support can come from third parties, namely, husband, family, and health workers. The greatest support comes from the husband because the husband is a core family and the person closest to the mother (8).

Another factor that can affect the success of IMD is health personnel. These health workers include midwives and doctors. Cooperation between health workers and mothers can increase the success of IMD (9). In addition, the attitude of health workers based on knowledge about IMD has a big influence on the success of IMD (10).

Variables that influence early breastfeeding initiation were mothers aged 20-34 years (76.9%), married (86.9%), had done at least four antenatal care visits (67.5%) and delivered vaginally (78.3%) at 37-41 weeks of pregnancy (89.7%).

Indonesia has an EBI coverage of 40.2% .5 Indonesia supports early breastfeeding initiation program, this is evidenced by the early breastfeeding initiation which increased from 29.3% in 2010 to 34.5% in 2013 (11). Yogyakarta has early breastfeeding initiation coverage <1 hour by 54.10% and> 1 hour by 20.20%. The data obtained shows that of 42,954 babies born alive, who did early breastfeeding initiation amounted to 37,919 which means the coverage of early breastfeeding initiation in all Public Health Center in Yogyakarta was 88.28%. Coverage of early breastfeeding initiation in Sleman 94.10%, Bantul 88.95%, GunungKidul 84.80%, Kulonprogo 81.64%, and Yogyakarta City 79.44% (12).The coverage of early breastfeeding initiation in Public Health Center throughout GunungKidul was 84.79%. However, UPT Public Health Center Nglipar 1 has an early breastfeeding initiation coverage of 75.86% which means below the average Public Health Center throughout Gunung Kidul.14 Based on EBI coverage data at UPT Public Health Center Nglipar 1, the researchers are interested in taking research at UPT Public Health Center Nglipar 1.

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2. Method

This research is a quantitative observational analytic study using the Cross Sectional survey method. The sample of this study was 45 mothers and used primary data. Sampling was done using purposive sampling with a questionnaire research instrument. Cross sectional is a type of research in which the measurement of the variables is carried out only once at a time. Not all subjects must be examined on the same day or time, but variables are measured according to the conditions at the time of observation, so there is no follow-up procedure or follow-up (13).

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Where the research conducted?
When the research began?
How many population?
How to calculated the sample size?
Inclusion and exclusion criteria?
What questionnaire used in this research?
How many questions in the questionnaire?
What analysis that researcher used in this study?

3. Results and Discussion

3.1. Results

Tabel1.Frequency Distribution of Respondent Characteristics

Characteristics of respondent	f (%)
wife's education	
Primary School	3 (6.7)
Junior High School	15 (33.3)
Senior High School	10 (22.2)
Vocational High School	15 (33.3)
D3	1 (2.2)
S1	1 (2.2)
wife's work	
Teacher	1 (2.2)
private employees	1 (2.2)
farmer	4 (8.9)
Housewife	39 (86.7)
Husband's education	
Primary School	3 (6.7)
Junior High School	16 (35.6)

Senior High School	7 (15.6)
Vocational High School	17 (37.8)
D3	1 (2.2)
SI	1 (2.2)
Husband's work	
Village Apparatus	1 (2.2)
Government Employees	1 (2.2)
Private Employees	2 (4.4)
Employees	3 (6.7)
Entrepreneur	7 (15.6)
Farmer	15 (33.3)
Laborer	16 (35,6)
Total	**45 (100)**

Based on table 1, most of the mothers arejunior high school(JHS) and vocational high School (VHS) graduates with a percentage of 33.3% each. The majority of mothers are housewives with a percentage of 86.7%. The majority of husband sare VHS graduates with a percentage of 37.8%. The majority of husbands work as laborers with a percentage of 35.6%.

Tabel2. Frequency Distribution of Univariate Analysis

Variable	**f (%)**
Mother Knowladge	
Poor	23 (51.1)
Good	22 (48.9)
Husband's Support	
Not Support	16 (35.6)
support	29 (64.4)
Health Workers Support	
Not Support	15 (33.3)
support	30 (66.7)
Early Breastfeeding Initiation(EBI**)**	
Not conducting EBI	25 (55.6)
conducting EBI	20 (44.4)
Total	**45 (100)**

Based on table 2, the majority of mothers have poor knowledge (51.1%). The majority of mothers are supported by their husbands in doing EBI (64.4%). The majority of mothers are supported by health workers in conducting EBI (66.7%). The majority of mothers did not do EBI (55.6%).

Tabel 3. Relationship of Mother Knowladge, Husband's Support, Support of Health Workers and Early Breastfeeding Initiation at UPT Public Health Center Ngelipar 1

Variable	**Early Breastfeeding Initiation(**EBI**)**				Total		P-value	RP (CI95%)
	Not conducting		conducting					
	N	%	N	%	N	%		
Mother Knowladge								
Poor	17	73,9	6	26,1	23	100	0,025	2,033
Good	8	36,4	14	63,6	22	100		(1,111-3,718)
Husband's Support								
Not Support	11	68,8	5	31,3	16	100	0,313	1,424
support	14	48,3	15	51,7	29	100		(0,863-2,350)

Health Workers Support								
Not Support	12	80	3	20	15	100	0,044	1,846
support	13	43,3	17	56,7	30	100		(1,141-2,987)

The bivariate test used in this study was the Chi square test. The requirements for the chi square test are expected to be less than 5 and a maximum of 20% of the cell count. The sample used was 45 people. Chi square test results of the relationship of knowledge with EBI produces p value 0.025 (p <0.05), which means there is a relationship between knowledge and EBI. The RP value obtained is 2.033 with a value (95% CI) of 1,111-3,718, which means mothers who have bad knowledge risk 2,033 times not doing EBI compared to mothers who have good knowledge. RP value (95% CI)> 1 so that mother's knowledge is a risk factor for EBI. Chi square test results of the relationship between husband's support and EBI produces p value of 0.313 (p> 0.05) which means there is no relationship between husband's support and EBI. The RP value obtained is 1.424 with a value (95% CI) of 0.863 to 2.350 which means that husband's support is not necessarily a risk factor for EBI. Chi square test results of maternal perceptions about the support of health workers with EBI obtained p value 0.044 (p <0.05) which means there is a relationship between support of health workers with EBI. The RP value obtained is 1,846 with a value (95% CI) 1,141-2,987 which means that mothers who are not supported by health workers are 1.846 times more at risk of not having EBI compared to mothers who are supported by health workers. RP value (95% CI)> 1 so that support of health workers is a risk factor for EBI.

3.2 Discussion

Relationship of Knowledge with Early Breastfeeding Initiation

Based on the chi square test, maternal knowledge and EBI obtained p value 0.025 (p <0.05), which means there is a relationship between knowledge and EBI. The RP value obtained is 2.033 with a value (95% CI) of 1,111-3,718, which means mothers who have bad knowledge risk 2,033 times not doing EBI compared to mothers who have good knowledge. RP value (95% CI)> 1 so that mother's knowledge is a risk factor for EBI.

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Research on the factors of EBI states that the better the mother's knowledge about EBI, the greater the mother's opportunity to do EBI, the higher a mother's education will further increase her knowledge of EBI so that the mother will EBI her newborn child (14). The results of the study said there was a significant relationship between mother's knowledge and EBI. Mothers who did not do EBI were more in mothers who had low knowledge (66.7%) compared to mothers who had high knowledge (33.3%) (15).

The results showed that the inception of early breastfeeding was caused by a lack of understanding of the mother (predisposing factors) about EBI. Other qualitative studies report that the predisposing factor to failure of exclusive breastfeeding is due to the predisposing factor to the lack of knowledge and experience of the mother and the enabling factor that is very important to cause failure is because the mother is not facilitated to do EBI (16).

The results showed that there was a relationship between maternal knowledge and EBI. Lack of mother's knowledge about EBI is due to lack of proper information about EBI and respondents' lack of concern about EBI so that there is no sense of wanting to know more about EBI. Good knowledge about the initiation of early breastfeeding plays a role in the mother's decision to initiate early breastfeeding and strengthens the mother's belief that early breastfeeding initiation will have a positive impact on her baby (17).

The results showed that there was a relationship between maternal knowledge and the implementation of EBI. There are still many respondents who lack knowledge due to lack of socialization from health workers and lack of interest from the respondents themselves to seek or add information about the understanding, procedures for implementation and benefits of EBI. Education of respondents gives an effect on knowledge. Knowledge is also gained from experience and information received (18). The main obstacle is the lack of knowledge about EBI in mothers. A mother must have good knowledge about EBI.

Relationship between Husband's Support and Early Breastfeeding Initiation

Based on the chi square test of husband's support with EBI obtained p value of 0.313 (p> 0.05) which means there is no relationship between husband's support and EBI. The RP value obtained is 1.424 with a value (95% CI) of 0.863 to 2.350 which means that husband's support is not necessarily a risk factor for EBI.

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Based on information obtained from midwives at UPT Public Health CenterNglipar 1, while being examined for pregnancy and given information about EBI, the husband did not pay attention so the husband did not remind his wife about EBI when giving birth. The UPT Public Health CenterNglipar1 has a pregnant mother class program that aims to make mothers and husbands understand about the benefits of EBI. However, many husbands do not take part in the class of pregnant women because they are working. Mothers who do not do EBI but are supported by their husbands to do EBI can be caused by mothers being too tired after giving birth, husbands who do not accompany them during labor due to work so as not to remind them of EBI, and there are myths about colostrum that are considered stale ASI so that they are not given to infants. The husband's education, which is in the majority of junior and senior high schools, also influences the husband's support, because the higher the education, the husband will more often seek information about EBI and inform his wife.

The husband's support factor in the results of the study stated that the husband did not support the implementation of EBI because the husband also did not understand the importance of implementing EBI. The husband has never been given an understanding of EBI and considers that regarding pregnancy and childbirth is the mother's duty to find out. The husband is only tasked to accompany and accompany the mother to carry out pregnancy and childbirth checks. In the minds of husbands, the definition of standby husband is like that

Things that cause the lack of support given by the husband to carry out EBI include husbands who are busy working, lack of communication and husband's opinion stating that the wife knows better what is best for her mother and baby so that it seems that the husband is not too meddling in labor issues.

The thing that causes the support of the husband is not obtained by the mother during childbirth is the husband is working, especially for those who earn a living as fishermen who sometimes have not returned home for weeks. If a husband knows the benefits of implementing EBI, the husband will tend to support his wife to provide EBI, but conversely to the husband who does not know about the benefits of implementing EBI, the husband will tend not to be in line with the EBI implementation program 30 minutes to the first hour of the baby's birth (18).

This study is not in line with other studies that say there is a significant relationship between husband support with EBI. It was seen that the tendency of respondents who did not do EBI was more for those who did not get husband support by 78.0% compared to those who received husband support by 25.6%. Husband's support in the success of EBI is highly expected because there are still many women whose decision-making is still influenced by their husband, including breastfeeding

Relationship between Support of Health Workers and Early Breastfeeding Initiations

Based on the chi square test for health personnel support with EBI, the p value was 0.044 ($p < 0.05$), which means that there is a relationship between health personnel support and EBI. The RP value obtained is 1,846 with a value (95% CI) 1,141-2,987 which means that mothers who are not supported by health workers are 1.846 times more at risk of not having EBI compared to mothers who are supported by health workers. RP value (95% CI)> 1 so that support of health workers is a risk factor for EBI.

This study is in line with research that states that there is a relationship between support of health workers with EBI. Respondents who did EBI (80%) were supported by health workers (15). The role of officers and families who support greatly influences the attitude of mothers in EBI. If it can be conditioned on the role of officers and families who support EBI, it is clear that mothers will behave EBI. Family and husband support is very important in implementing EBI (19).

The results of Lestari's (2018) study show that there is a relationship between health personnel support and EBI. The role of health care facilities in breastfeeding practices related to the commitment of the service unit management to give special attention to the EBI program is very influential in achieving the success of EBI. The availability of people doing EBI is largely determined by their trust in midwives.

The results of this study are in line with other studies that mention the support of health workers influential in the implementation of EBI. The results showed a p value of 0.001. There were 26 mothers (86.7%) who received the support of health workers and 4 mothers (13.3%) did not have the support of health workers (20). The results showed there was a relationship between the support of health workers and the implementation of EBI. This is because the better an officer is in conveying the intentions, objectives, benefits and impacts of the EBI, the

better the results will be achieved but conversely the less good the officer is in carrying out the tasks as charged, the results to be achieved will also be far from the targets (18).

Childbirth assistance is the main key to the success of EBI because during this time the role and support of childbirth assistance is still very dominant. If the childbirth helper facilitates the mother to immediately hug her baby then the interaction between mother and baby is expected to happen soon.

4. Conclusion

Based on the results and discussion, it can be concluded that the factors associated with low EBI at the UPT Public Health Center Nglipar 1 are maternal knowledge and support of health workers, while the unrelated factor is husband support.

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Correlation Between Determinant Factors and Early Initiation of Breastfeeding Practice in UPT Nglipar 1 Public Health Center

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Abstract

Background: The coverage of Early Initiation of Breastfeeding (EIB) in Public Health Centers in Gunung Kidul Regency was 84.79%. UPT Nglipar 1 Public Health Center has an EIB coverage of 75.86%. The amount is below the average EIB coverage of all Public Health Centers in Gunung Kidul. This study aims to determine the factors that influence EIB at the UPT Nglipar 1 Public Health Centers. Methods: The type of research was observational analytic with a cross-sectional study design. The sample of this study was 45 mothers and used primary data. The sampling technique used purposive sampling with a questionnaire research instrument. The population in this study were all mothers who gave birth in the UPT Nglipar 1 Public Health Center's working area. The study's independent variables were the mother's knowledge, husband's support, and health personnel support. The dependent variable is the Early Initiation of Breastfeeding. Data analysis using the chi-square technique. Results: The results, a relationship between maternal knowledge and EIB (p-value 0.025 <0.05). There was no relationship between partner support and EIB (p-value 0.313> 0.05). There was a relationship between health personnel support and EIB (p-value 0.044 <0.05). Conclusion: the correlation of the factor with the low EIB at UPT Nglipar 1 Public Health Center is maternal knowledge and health workers' support. Meanwhile, the uncorrelation factor is partner support.

Keywords: Early Initiation of Breastfeeding (EIB), Infant feeding practice, infant nutrition status

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1. Introduction

The nutritional status of infants or toddlers is an indicator of the level of community welfare. The health profile in the Special Region of Yogyakarta (DIY) in 2018, Gunung Kidul Regency, was in the first place with Low birth weight (LBW) cases, which was 7.15%. Then Kulon Progo Regency with the number of LBW cases was 7.09%. Malnutrition cases in Gunung Kidul Regency were in the lowest rank. The number of cases of 7.06%, and the highest occurred in Kulon Progo Regency with 11.84%. Toddlers with Under redline weight (URLW) are another nutritional problem that arises in DIY. URLW is a standard commonly used to describe the nutritional status of children under five. URLW can cause a decrease in endurance and interfere with the growth and development of children's physical, mental and brain networks. URLW does not indicate malnutrition but serves as a warning for follow-up confirmation. If toddlers with URLW status are not treated immediately, it will worsen the toddler's health to cause death. The number of URLW cases in the Kulon Progo Regency in 2018 was in the first rank, namely, 1.06% and Yogyakarta City, with a number of 0.98% (1).

Another nutritional problem in DIY is stunting. Stunting is stunted growth (growing short). Stunting is often closely related to socioeconomic conditions, exposure to a disease, and lack of nutritional intake regarding quantity and quality (WHO, 2014). Stunted children are more likely to have delayed academic development as adults, are poor, less healthy, and are more susceptible to non-communicable diseases. The prevalence of stunting in Gunung Kidul Regency in 2018 was ranked first with the number of stunting cases, namely 18.47% and the lowest prevalence in Bantul Regency, namely 9.75%.

Early Initiation of Breastfeeding (EIB) is the beginning of the success of giving exclusive breastfeeding. EIB can strengthen mothers to provide breast milk to babies for up to 6 months. Giving breast milk from the beginning of birth allows the baby to get colostrum rich in immune substances (2). Early Initiation of Breastfeeding is an important step to facilitate the baby in the breastfeeding process. The EIB process is that the newborn is placed on the mother's breast or stomach naturally and can find her breast milk source and breastfeed. WHO recommends that the EIB process be carried out within the first hour of birth. Babies who get EIB will get colostrum rich in endurance, essential for infection resistance, intestinal growth, and even the baby's survival. The colostrum will create a layer that protects the baby's intestinal wall who is still immature, and ripens the intestinal wall. Colostrum is the first milk that comes out. This gold liquid is also called the gift of life. Infants who are allowed to initiate early breastfeeding receive colostrum earlier than babies who are not given the opportunity (3).

Mothers with new babies are encouraged to support babies who start breastfeeding early for one hour after birth.5 Delayed early breastfeeding initiation can increase the risk of neonatal death (4). Children who are not given early breastfeeding initiation within one hour of birth will have a higher risk of infection. A study showed that more than 4.000 children in Tanzania had delayed early breastfeeding initiation associated with an increased risk of coughing. Nearly 50% increased the risk of breathing difficulties in the first six months compared with children who received early breastfeeding initiation (5).

Babies born naturally can breastfeed to their mothers without assistance for one hour. However, in caesarean births, the success of early breastfeeding is only 50%. Babies who are given the opportunity to EIB will get colostrum faster. EIB basically should not be given too late because the newborn's sucking reflex will peak at the age of 20-30 minutes, and this reflex will continue to weaken over time (4). Early initiation of breastfeeding requires support from families, especially husbands. The importance of the father's breastfeeding significantly affects the EIB in offering exclusive breastfeeding (5). The father's role largely determines the success of breastfeeding because the father will help determine the smoothness of the reflex for breastfeeding, which is strongly influenced by the mother's emotional state or feelings (6).

Husband’s support is very active in the process of breastfeeding from EIB to exclusive breastfeeding. This is evident from the fact that as much as 72.7% of husbands support their wives in the process of breastfeeding (6). Mothers need strong support so they can be motivated in conducting health behaviours. Support can come from third parties, namely, the husband, family, and health workers. The husband's most significant support comes from the husband is a core family, and the person closest to the mother (7).

Another factor that can affect the success of EIB is health personnel. These health workers include midwives and doctors. Cooperation between health workers and mothers can increase the success of EIB (9). Besides, health workers' attitude based on knowledge about EIB has a significant influence on EIB's success (10).

Variables that influence early breastfeeding initiation were mothers aged 20-34 years (76.9%), married (86.9%), had done at least four antenatal care visits (67.5%) and delivered vaginally (78.3%) at 37-41 weeks of pregnancy (89.7%).

Indonesia has an EIB coverage of 40.2%. Indonesia supports an early breastfeeding initiation program. This is evidenced by the early breastfeeding initiation, which increased from 29.3% in 2010 to 34.5% in 2013 (8). Yogyakarta has early breastfeeding initiation coverage < 1 hour by 54.10% and > 1 hour by 20.20%. The data obtained shows that of the 42,954 live babies who initiate early breastfeeding total of 37,919. This means that the EIB coverage in all public health centres in Yogyakarta is 88.28%. Coverage of early breastfeeding initiation in Sleman 94.10%, Bantul 88.95%, Gunung Kidul 84.80%, Kulonprogo 81.64%, and Yogyakarta City 79.44% (9). The coverage of early breastfeeding initiation in Public Health Center throughout Gunung Kidul was 84.79%. However, UPT Nglipar 1 Public Health Center has an early breastfeeding initiation coverage of 75.86%, below the average Public Health Center throughout Gunung Kidul (14). Based on UPT Nglipar 1 Public Health Center's EIB coverage data, the researchers are interested in taking research at UPT Nglipar 1 Public Health Center. The purpose of this study was to determine the factors that influence the Early Initiation of Breastfeeding (EIB) at UPT Nglipar 1 Public Health Center.

2. Method

This research is a quantitative observational analytic study using the *Cross-Sectional* survey method. This research was conducted at the Integrated Healthcare Center in Karangsari, Mangger, and Kwarasan Tengah areas, Gunung Kidul, Yogyakarta. The study was conducted in July 2019. The population used in this study were all mothers who gave birth in the working area of the UPT Nglipar 1 Public Health Center from January to December 2018, namely 97 mothers. Sampling using a purposive sampling technique. Inclusion criteria are mothers who give birth in the work area from January to December 2018, mothers who live in the work area, and mothers whose births are assisted by health personnel. The study exclusion criteria were pregnant women who had complications and mothers who were unwilling to become respondents. The sample of this study was 45 mothers and used primary data. This study's research instrument was a questionnaire adapted from several studies, namely a questionnaire regarding maternal knowledge, a questionnaire regarding the support of health workers for EIB and a questionnaire regarding husband's consent. In the questionnaire, there is 20 item that was asked to research respondents. The analysis used in this research is bivariate analysis with the chi-square test.

3. Results and Discussion

3.1. Results

Table 1. Frequency Distribution of Respondent Characteristics

Characteristics of the respondent	**f (%)**
Mother education	
Primary School	3 (6.7)
Junior High School	15 (33.3)
Senior High School	25 (55.5)
University	2 (4.4)
Mother work	
Teacher	2(4.4)
Farmer	4 (8.9)
Housewife	39 (86.7)
Husband's education	
Primary School	3 (6.7)
Junior High School	16 (35.6)
Senior High School	24 (53.3)
University	2 (4.4)
Husband's work	
Government Employees	1 (2.2)
Private Employees	44 (97.8)
Total	**45 (100)**

Based on Table 1, most mothers are junior high school (JHS), and vocational high school (VHS) graduates with a percentage of 33.3% each. The majority of mothers are housewives, with a percentage of 86.7%. The majority of husbands are VHS graduates, with a percentage of 37.8%. The majority of husbands work as laborers with a percentage of 35.6%.

Table 2. Frequency Distribution of Univariate Analysis

Variable	**f (%)**
Mother Knowledge	
Low	23 (51.1)
Good	22 (48.9)
Husband's Support	
Not Support	16 (35.6)
support	29 (64.4)
Health Workers Support	
Not Support	15 (33.3)

support	30 (66.7)
Early Breastfeeding Initiation (EIB**)**	
Not conducting EIB	25 (55.6)
conducting EIB	20 (44.4)
Total	**45 (100)**

Based on Table 2, the majority of mothers have low knowledge (51.1%). Their husbands support the majority of mothers in doing EIB (64.4%). Health workers support the majority of mothers in conducting EIB (66.7%). The majority of mothers did not do EIB (55.6%).

Table 3. Relationship of Mother Knowledge, Husband's Support, Support of Health Workers and Early Initiation of Breastfeeding at UPT Ngelipar 1 Public Health Center

Variable	Early Initiation of Breastfeeding (EIB)				Total		P-value	RP (CI95%)
	No		Yes					
	N	%	N	%	N	%		
Mother Knowledge								
Low	17	73.9	6	26.1	23	100	0.025	2.033
Good	8	36.4	14	63.6	22	100		(1.111-3.718)
Husband's Support								
Not Support	11	68.8	5	31.3	16	100	0.313	1.424
support	14	48.3	15	51.7	29	100		(0.863-2.350)
Health Workers Support								
Not Support	12	80	3	20	15	100	0.044	1.846
support	13	43.3	17	56.7	30	100		(1.141-2.987)

The bivariate test used in this study was the Chi-square test. The chi-square test requirements are expected to be less than five and a maximum of 20% of the cell count. The sample used was 45 people. Chi-square test results of the relationship of knowledge with EIB produces a p-value 0.025 ($p < 0.05$), which means there is a relationship between knowledge and EIB. The RP value obtained is 2.033 with a value (95% CI) of 1.111-3.718, which means mothers who have low knowledge risk 2.033 times not doing EIB than mothers who have good knowledge. RP value (95% CI) > 1 so that mother's knowledge is a risk factor for EIB. Chi-square test results of the relationship between the husband's support and EIB produces a p-value of 0.313 ($p > 0.05$) which means there is no relationship between the husband's support and EIB. The RP value obtained is 1.424 with a value (95% CI) of 0.863 to 2.350, which means that the husband's support is not necessarily a risk factor for EIB. Chi-square test results of maternal perceptions about the support of health workers with EIB obtained a p-value 0.044 ($p < 0.05$), which means there is a relationship between support of health workers with EIB. The RP value obtained is 1.846 with a value (95% CI) 1.141-2.987, which means that mothers who health workers do not support are 1.846 times more at risk of not having EIB compared to mothers who health workers support. RP value (95% CI) > 1 so that health workers' support is a risk factor for EIB.

3.2 Discussion

Relationship of Knowledge with Early Breastfeeding Initiation

Research on EIB's factors states that the better the mother's knowledge about EIB, the greater the mother's opportunity to do EIB, the higher a mother's education will further increase her knowledge of EIB so that the mother will EIB her newborn child (10). The results of the study said there was a significant relationship between the mother's knowledge and EIB. Mothers who did not do EIB were more in mothers who had low knowledge (66.7%) compared to mothers who had high knowledge (33.3%) (11).

This study's results are in line with Pratiwi's research, namely that there is a relationship between maternal knowledge and EIB (12). Ulandari's research results show a positive correlation between maternal knowledge and the mother's opportunity to implement EIB. The higher the mother's education, the more knowledge the mother has about EIB to perform EIB on her newborn child (10).

The results showed that early breastfeeding was caused by a lack of understanding of the mother (predisposing factors) about EIB. Other qualitative studies report that the predisposing factor to the failure of exclusive breastfeeding is the predisposing factor to the mother's lack of knowledge and experience and the enabling factor that is very important to cause a loss because the mother is not facilitated to do EIB (13).

The results showed that there was a relationship between maternal knowledge and EIB. Lack of mother's knowledge about EIB is due to lack of proper information about EIB and respondents' lack of concern about EIB. There is no sense of wanting to know more about EIB. Good knowledge about early breastfeeding initiation plays a role in the mother's decision to initiate early breastfeeding. It strengthens the mother's belief that early breastfeeding initiation will positively impact her baby (14).

The results showed that there was a relationship between maternal knowledge and the implementation of EIB. Many respondents lack knowledge due to lack of socialization from health workers and lack of interest from the respondents themselves to seek or add information about the understanding, procedures for implementation, and benefits of EIB. The education of respondents gives an effect on knowledge. Knowledge is also gained from the experience and information received (15). The main obstacle is the lack of knowledge about EIB in mothers. A mother must have good knowledge of EIB.

Relationship between Husband's Support and Early Breastfeeding Initiation

Husband's support is not necessarily a risk factor for EIB. The thing that causes the mother does not obtain the husband's support during childbirth is the husband is working, especially for those who earn a living as fishermen who sometimes have not returned home for weeks. Suppose a husband knows the benefits of implementing EIB. In that case, the husband will tend to support his wife to provide EIB. Still, conversely to the husband who does not know about the benefits of implementing EIB, the husband will tend not to be in line with the EIB implementation program 30 minutes to the first hour of the baby's birth (15).

This study is not in line with other studies showing a significant relationship between husband support with EIB. It was seen that the tendency of respondents who did not do EIB was more for those who did not get husband support by 78.0% compared to those who received husband support by 25.6%. Husband's support in EIB's success is highly expected because there are still many women whose decision-making is still influenced by their husbands, including breastfeeding.

The husband's low understanding of EIB's importance causes the implementation of EIB to be not optimal. Husband has never been educated about EIB and considers knowledge of pregnancy and childbirth as a mother's duty. The husband is only responsible for escorting and accompanying the mother to check pregnancy and childbirth (13). Various factors, such as husbands, cause a lack of support from husbands in implementing EIB are busy working, lack of communication and husband's views are not correct. Husbands believe that wives know better what is best for mother and baby so that it gives the impression that the husband does not want to be further involved in childbirth problems (16).

Relationship between Support of Health Workers and Early Breastfeeding Initiations

Based on the chi-square test for health personnel support with EIB, the p-value was 0.044 ($p < 0.05$), which means a relationship between health personnel support and EIB. The RP value obtained is 1.846 with a value (95% CI) 1.141-2.987, which means that mothers who health workers do not support are 1.846 times more at risk of not having EIB compared to mothers who health workers support. RP value (95% CI) > 1 so that health workers' support is a risk factor for EIB.

This study is in line with research that states a relationship between health workers' support with EIB. Respondents who did EIB (80%) were supported by health workers (11). The role of officers and families who support dramatically influences the attitude of mothers in EIB. If

it can be conditioned on officers and families who support EIB, it is clear that mothers will behave EIB. Family and husband support is essential in implementing EIB (17).

The results of Lestari's (2018) study show that there is a relationship between health personnel support and EIB. The role of health care facilities in breastfeeding practices related to the service unit management's commitment to give special attention to the EIB program is very influential in achieving the success of EIB. Their trust largely determines the availability of people doing EIB in midwives.

This study's results are in line with other studies that mention the support of health workers influential in the implementation of EIB. The results showed a p-value of 0.001. There were 26 mothers (86.7%) who received the support of health workers, and four mothers (13.3%) did not have the support of health workers (18). The results showed there was a relationship between the support of health workers and the implementation of EIB. This is because the better an officer is in conveying the intentions, objectives, benefits and impacts of the EIB, the better the results will be achieved but conversely, the less good the officer is in carrying out the tasks as charged, the results to be achieved will also be far from the targets (15).

Childbirth assistance is the main key to EIB's success. During this time, the role and support of childbirth assistance are still very dominant. Suppose the childbirth helper facilitates the mother to hug her baby immediately. In that case, the interaction between mother and baby is expected to happen soon.

4. Conclusion

Based on the results and discussion, it can be concluded that the factors associated with low EIB at the UPT Nglipar 1 Public Health Center are maternal knowledge and support of health workers. In contrast, the unrelated factor is husband support.

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