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**HASIL PENILAIAN SEJAWAT SEBIDANG ATAU PEER**  
**REVIEW KARYA ILMIAH: JURNAL ILMIAH**

Judul Artikel Ilmiah : **Factors Affecting Pregnant Women in Preparation of Early Breastfeeding Initiation (IMD) at Grobogan Regencys**

Nama semua penulis : **Aniestia Yuliana, M. Zen Rahfiludin, Sri Achadi Nugraheni**

Status Pengusul (coret yg tidak perlu) : ~~Penulis Utama/ Penulis Utama & Korespondensi/ Penulis Korespondensi/ Penulis Anggota~~

**Status Jurnal:**

- Nama Jurnal : KEMAS: Jurnal Kesehatan Masyarakat
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- Terindex di : SINTA 2 (SK NO. 10/E/KPT/2019)

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d	Kelengkapan unsur dan kualitas jurnal (30%)	7,5	7
	Nilai Total	<b>25</b>	<b>23</b>
<b>Nilai yang didapat pengusul: 23 X 0.4 = 9,2 / 2 = 4.6</b>			

**Catatan Penilaian artikel oleh Reviewer**

a	Kelengkapan unsur isi artikel	Kelengkapan isi jurnal sudah sesuai dengan unsur isi artikel di Jurnal KEMAS
b	Ruang lingkup & kedalaman pembahasan	Subtansi artikel tentang faktor yang mempengaruhi wanita hamil melakukan inisiasi pemberian ASI sudah sesuai dengan ruang lingkup jurnal. KEMAS Kedalaman pembahasan baik, terdapat 14 artikel yang digunakan di pembahasan dari 24 buah rujukan ada.
c	Kecukupan dan kemutakhiran data/informasi dan metodologi	Data atau informasi up to date atau mutakhir karena 23 dari 24 daftar pustaka yang digunakan dalam jurnal adalah kurang dari 10 tahun terakhir. Metode penelitian seperti jumlah dan cara sampling, variabel dan cara analisis data juga ditulis cukup lengkap
d	Kelengkapan unsur dan kualitas jurnal	Jurnal ini jurnal nasional yang sudah terakreditasi SINTA 2

Semarang,  
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Dr. Yuliani Setyaningsih., SKM, M.Kes  
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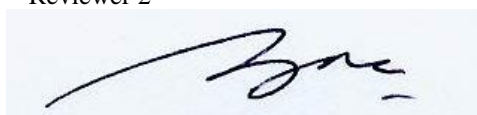
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d	Kelengkapan unsur dan kualitas jurnal (30%)	7,5	7,5
	Nilai Total	<b>25</b>	24
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a	Kelengkapan unsur isi artikel	Artikel berisi komponen yang lengkap sesuai dengan kaidah penulisan artikel ilmiah. Introduksi, metoda, hasil dan pembahasan disampaikan dengan baik
b	Ruang lingkup & kedalaman pembahasan	Konten artikel ini menjadi sumber bacaan ilmiah yang baik. Disajikan dalam Bahasa yang tertata baik serta alur penulisan yang runtut
c	Kecukupan dan kemutakhiran data/informasi dan metodologi	Informasi yang terkandung didalamnya menjadi tambahan pada khasanah keilmuan yang menjadi focus dari pengaju. Data yang disajikan cukup mutakhir dan memasukkan hasil temuan terdahulu sebagai bahan pembandingan.
d	Kelengkapan unsur dan kualitas jurnal	Jurnal memiliki reputasi baik, memiliki proses review terstandar dengan melibatkan review pakar pada bidangnya serta diterbitkan oleh Lembaga bereputasi baik.

Semarang, 14 Oktober 2021  
 Reviewer 2



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HOME ABOUT LOGIN REGISTER SEARCH CURRENT ARCHIVES ANNOUNCEMENTS

Home > Vol 17, No 1 (2021)

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Vol 17, No 1 (2021): KEMAS  
(Article in Press)

All articles in this "Articles in Press" are in the process of editing and layout.

## Table of Contents

### Articles

#### Life Skills Education to Improvement of Teenager's Knowledge, Attitude, Self-efficacy and Risk Health Behavior

Zahroh Shaluhiah, Ratih Indraswari, Aditya Kusumawati, Syamsulhuda Budi Musthofa

10.15294/kemas.v17i1.22474 Views of Abstract: 102

#### Behavior Paying Premium to the Independent Participants in Healthcare Social Insurance Administration Office

Sylvia Flora Tarigan, Marisa Lestary Dondo

10.15294/kemas.v17i1.23301 Views of Abstract: 14

#### Anti-Tuberculosis Drugs against the Resistance Level of Mycobacterium tuberculosis isolates

Yusup Subagio Sutanto, Magdalena Sutanto Sutanto, Agnes Sri Harti

10.15294/kemas.v17i1.24158 Views of Abstract: 16

#### Z. mauritiana Leaves as Larvasidal Alternatives

Amaliyah Nurul, Aryanto Purnomo, Khayan Khayan, Slamet Wardoyo, Taufik Anwar

10.15294/kemas.v17i1.24377 Views of Abstract: 27

#### Amount of Menstrual Blood and Nutrient Intake with Hemoglobin Level

Izka Sofiyya Wahyurin, Hiya Alfi Rahmah

10.15294/kemas.v17i1.24540 Views of Abstract: 15

#### Relationship between Smoking and Hereditary with Hypertension

Suprpto Suprpto, Trimaya Cahya Mulat, Nur Syamsi Norma Lalla

10.15294/kemas.v17i1.24548 Views of Abstract: 13

#### Altered Baseline of Plasma Glucagon Level in pre-Obese to very Obese Persons

Ronny Lesmana, William Giovanni Mulyanaga, Siti Baitul Mukarromah, Hanna Goenawan, Meita Darmayanti, Adhi sugianli

10.15294/kemas.v17i1.24703 Views of Abstract: 22

#### Dynamic System Model of the Role of Leadership Coaching on Employee Performance

Budi Hartono, Muhamad Erman Darmawansyah, Dinda Iryawati Bedy Saskito

10.15294/kemas.v17i1.25023 Views of Abstract: 13

#### Loving Latctation of Massage Effectiveness to Accelerating Lactation Onset

Rahayu Rudi Utami, Rohana Rohana

## ABOUT THE JOURNAL

Focus and Scope

Manuscript Submission

Guide for Authors

Editorial Board

Reviewer Team

Abstracting/Indexing

Ethics Statement

Policy of Screening for Plagiarism

Contact

1,449,120

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Search

Search Scope

All

Search

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- » By Title
- » Other Journals

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[Home](#) > [Archives](#) > **Vol 15, No 2 (2019)**

## Vol 15, No 2 (2019)

### Table of Contents

#### Articles

**Hypertension and Diabetes Mellitus Increase the Risk of Stroke**

Liena Sofiana, Dwy Desy Rahmawati

PDF  
147-152
 10.15294/kemas.v15i2.14349  Views of Abstract: 528 | PDF: 369

**Variety of Anopheles mosquito in Salamwates Village, Dongko Subdistrict Trenggalek District, East Java Province**

Farah Shabrina Amazida Yuniawan, Budi Utomo, Heny Arwati

PDF  
153-159
 10.15294/kemas.v15i2.15937  Views of Abstract: 271 | PDF: 150

**Prediction Model and Scoring System in Prevention and Control of Stunting Problems in Under Five-Year-Olds in Indonesia**

Dema Simbolon, Desri Suryani, Epti Yorita

PDF  
160-170
 10.15294/kemas.v15i2.13415  Views of Abstract: 449 | PDF: 359

**Environmental Sanitation and Hygiene on Waste Collector in TPA Piyungan Bantul Yogyakarta**

Jasas Munandar, Surahma Asti Mulasari

PDF  
171-178
 10.15294/kemas.v15i2.13801  Views of Abstract: 350 | PDF: 186

**The Effect of Active Assistive Range of Motion to Blood Pressure Decrease of Type II Diabetes Mellitus Patient**

Sri Handayani, Susana Nurtanti

PDF  
179-186
 10.15294/kemas.v15i2.19459  Views of Abstract: 218 | PDF: 132

**Stunting Intervension Strategy Based on Community Empowerment**

Intan Fitri Meutia, Devi Yulianti

PDF  
187-195
 10.15294/kemas.v15i2.19049  Views of Abstract: 469 | PDF: 296

**Current Evidence on the Effect of Beetroot Juice During Exercise Efforts**

Sun He, Tengku Fadilah Tengku-Kamalden

PDF  
196-205
 10.15294/kemas.v15i2.22401  Views of Abstract: 272 | PDF: 145

**Traditional Softball Games Effective Modified for Improving Nutritional Status and Physical Fitness in Elementary School Children**

M. Choirel Anwar, Irwan Budiono, Hermawan Pamot

PDF  
206-212
 10.15294/kemas.v15i2.21524  Views of Abstract: 184 | PDF: 111

**Determination of Oviposition, pH, and Salinity of Aedes aegypti's Breeding Places in Semarang Regency**

Widya Hary Cahyati, Nur Siyam

PDF  
213-222
 10.15294/kemas.v15i2.21844  Views of Abstract: 216 | PDF: 109

**Risk Factors and Early Symptoms Related to Respiratory Disease in Pedicab Drivers in Surabaya**

Amelia Lorensia, Rivan Virlando Suryadinata, I Nyoman Yoga Diputra

PDF  
223-234
 10.15294/kemas.v15i2.19255  Views of Abstract: 262 | PDF: 118

**Knowledge, Behavior, and Role of Health Cadres in The Early Detection of New Tuberculosis Case in Wonogiri**

Nita Yuniarti Ratnasari, Marni Marni, Putri Halimu Husna

PDF  
235-240
 10.15294/kemas.v15i2.20647  Views of Abstract: 326 | PDF: 169

**Application of Casein Phosphopeptide Isolate in Cheese as Dental Caries Prevention**

Muhammad Muflih Fathulhuda, Cindy Caroline, Shafwah Muthmainnah, Didah Nur Faridah

PDF  
241-246
 10.15294/kemas.v15i2.20042  Views of Abstract: 235 | PDF: 174

**White Onion (Allium sativum) Extract as a Vegetable Larvicide in Blowfly (Calliphoridae) Control**

Denai Wahyuni, Nila Puspita Sari, Della Lucky Hanjani

PDF  
247-256
 10.15294/kemas.v15i2.20578  Views of Abstract: 255 | PDF: 148

**The Effect of Physical and Socio-cultural Environments on the Access of Family Planning Service in Poor Couples of**

PDF

#### ABOUT THE JOURNAL

[Focus and Scope](#)[Manuscript Submission](#)[Guide for Authors](#)[Editorial Board](#)[Reviewer Team](#)[Abstracting/Indexing](#)[Ethics Statement](#)[Policy of Screening for Plagiarism](#)[Contact](#)

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**Reproductive Age in Sabu Raijua Regency**

Aysanti Yuliana Paulus, Arman Rifat Lette

 10.15294/kemas.v15i2.20964  Views of Abstract: 181 | PDF: 124

258-268

**Implementation of Hazard Analysis Critical Control Point Nutrition Service at Toto Kabila Regional Public Hospital, Bone Bolango**

Sunarto Kadir, Safira Amalia

 10.15294/kemas.v15i2.21222  Views of Abstract: 435 | PDF: 220PDF  
269-275**Factors Affecting Pregnant Women in Preparation of Early Breastfeeding Initiation (IMD) at Grobogan Regencys**Aniestia Yuliana, M. Zen Rahfiludin, Sri Achadi Nugraheni 10.15294/kemas.v15i2.20547  Views of Abstract: 189 | PDF: 128PDF  
276-285**SMS Gateway as a Media to Improve Awareness and Dietary Compliance of Hypertensive Patients**

Merita Merita, Iswanto Iswanto, Kasyani Kasyani, Ratti Fitriana, Zimatul Wahyu

 10.15294/kemas.v15i1.17479  Views of Abstract: 204 | PDF: 160PDF  
286-294**Risk Factors of Cognitive Impairment Post Ischemic Stroke**

Rr Rizqi Saphira Nurani, Santi Martini, Fanni Marzela

 10.15294/kemas.v15i2.16845  Views of Abstract: 303 | PDF: 188PDF  
295-302

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	739,416		841
	34,403		758
	3,781		711
	1,939		603
	1,779		525
	1,466		513
	1,049		427
	1,032		352
	981		352

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	76,709		205
	857		174
	435		151
	366		120
	217		101





## Prediction Model and Scoring System in Prevention and Control of Stunting Problems in Under Five-Year-Olds in Indonesia

Demsa Simbolon✉, Desri Suryani, Epti Yorita

Bengkulu Health Polytechnic Ministry of Health

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### Abstract

Prevalence of stunting in Indonesia is a cause for concern. We used IFLS 2007 as secondary data in the cross-sectional study to develop a problem-solving and prevention model of stunting. The study was conducted in 2016 to predict a model from the characteristics, parents, and health care of the child. We recruited 3589 children under-five years from IFLS 2007 data as samples. The inclusion criteria are 1-5 years old children from 15-49 years old pregnant women, living with biological parents, available data of birth weight and gestational age, and do not have chronic disease. We used multiple logistic regression for modeling, and Receiver Operation Characteristic (ROC) Curve as a diagnostic test. We found that 39.5% of children under-five have stunting. Stunting protective factors are: prevention of LBW (Low Birth Weight) in infant, limitation of number of children by three, improved parenting for the boys, prevention of young-age pregnancy and stunting in the female adolescent. Other factors are completing immunization, improving maternal education and the health services of under-five children in rural areas, and improving Fe consumption for pregnant mothers. The model was able to prevent and delay the stunting in toddler by 64%, with 61.9% sensitivity and 60.9% specificity, and AUROC 65.5%. It is necessary to counsel the pregnant women with a low height and young-age pregnancy as a high risk, as well as management of the infant with LBW to prevent stunting.

### Introductions

Stunting in toddler reflects a condition of failure to grow as a result of chronic nutrition insufficiency, so they become shorter for his/her age. It is a growth faltering situation caused by the accumulation of inadequate nutrition which occur since pregnancy until 24 months old (Hoffman et al., 2000; Bloem et al., 2013). Stunting is aggravated with imbalance catch up growth (Hoffman et al., 2000). The indicator of a stunted and severely stunted toddler is height-for-age or length-for-age by WHO-MGRS (Multicentre Growth Reference Study) (Picauly & Toy, 2013; Mucha, 2013).

Whereas the definition of stunting, according to Indonesian Ministry of Health, is a toddler with z-score < -2 SD (stunted) and < -3 SD (severely stunted) (Indonesian Ministry of Health, 2010). Stunting is a shared global nutritional problem, specifically in low-income and developed countries (UNICEF, 2013). It is turned to a universal problem because it related to increased risk of morbidity and mortality.

Globally, in 2010 there were 171 million stunting children, which 167 million of them were living in developed countries. The prevalence of stunting decreased from 39.7% in 1990 to 26% in 2010. This trend is expected to

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## **Environmental Sanitation and Hygiene on Waste Collector in TPA Piyungan Bantul Yogyakarta**

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### **Abstract**

A garbagemen involved directly with garbage, it causes a garbagemen have injured of-tenly when they do their duty. Based on center of worker trans department Jakarta, the injury case causes has 81.169. A garbagemen risk, highly to influence. This is a descriptive kualitative research, the subject are garbagemen who lived in TPA Piyungan and people who involved to manage TPA Piyungan, Bantul Yogyakarta. Research use observed method and In-Depth Interview method. Data analyzed as kualitative descriptive. Data collected by triangulasi source technique. The result that sanitation and hygienic environment and how to keep the environment clean, and to maintain the risk environment work on the garbageman area is deficient. The suitability between sanitation and hygiene environment on the garbagemen still need to improve. Financing is the problem of the garbagemen, hygiene environment on garbagemen work area's very deficient, that things happened too for willingness and act to create a healthy environment.

### **Introduction**

Waste landfill (TPA) is a physical facility in the form of a place that is used to quarantine municipal waste safely. The presence of TPA often creates a dilemma. TPA activities cause inconvenience effects, such as noise, scattered garbage, dust, odor, and vector animals. There are countless invisible threats, such as the possibility of a gas explosion due to inadequate processing. Furthermore, waste also has the potential to cause social conflicts with surrounding communities due to land control by groups of people living from scavenging.

Garbage is anything that is no longer desired by those who have and is usually solid (Soemirat, 2011). The impact of waste is very large. Garbage that continues to grow and is

not managed properly can cause problems for the government, society, health and the environment (Mulasari dan Sulistyawati, 2014). The impact of improper waste disposal can hamper the building of good and healthy environment (Riduan, 2012).

Hygiene and environmental sanitation are the supervision of the physical, biological, social and economic environment that affects human health, a useful environment is increased and reproduced, while the harmful ones should be repaired or eliminated (Entjang, 2000). WHO states that the mortality rate, the high ratio of sick people (morbidity), and the frequent occurrence of epidemics, occur in a place with poor environmental hygiene and sanitation. In that place there were many

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## Variety of *Anopheles* Mosquito in Salamwates Village, Dongko Subdistrict Trenggalek District, East Java Province

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### Abstract

Malaria is an infectious disease caused by parasites from the genus *Plasmodium* and transmitted through the bites of *Anopheles* mosquitoes. This study was an observational analytic research by using adult mosquito specimens. The mosquitoes were caught using indoor net trapping and outdoor cow baited net trapping started at 18.45 to 24.00 for six catching times. Outdoor cow baited net trapping caught 61 mosquitoes from seven different species namely *An. aconitus*, *An. annularis*, *An. barbirostris*, *An. indefinitus*, *An. kochi*, and *An. vagus*. Human bait trap only trapped one species, *An. indefinitus*. The most often caught mosquito was a zoophilic *An. barbirostris*, while *An. indefinitus* was the only species of anthrozoophilic mosquito and suspected as the malaria vector because they were caught using indoor human bait trap.

### Introduction

Malaria is an infectious disease caused by parasite of the genus *Plasmodium* and transmitted through the bite of *Anopheles* mosquito. (Arwati et al, 2018). Malaria remains an important health problem in Indonesia (Supriyanto et al, 2017) and also a life-threatening disease in tropical and subtropical regions (Zareen et al, 2016). Annual parasites incidence (API) is the number of malaria cases per 1000 inhabitants per year. Since 2011, national API has continued to decline and reached 0.85 in 2015. Only the eastern region of Indonesia, such as Papua, Maluku and NTT, still shows a high API (Pusdatin Kemenkes RI, 2016).

East Java is a province where malaria cases are localized in certain regions. The residents of several districts such as Trenggalek, Madiun, Pacitan and Banyuwangi often work outside of Java where malaria is more endemic

in order to obtain more income. The number of malaria cases in this province in 2016 was 298, all of which were imported malaria cases brought by residents returning from working in malaria-endemic areas outside Java and there was no indigenous cases (local infections) (Dinas Kesehatan Jawa Timur, 2017). In Trenggalek District at 2015, the number of microscopically positive malaria cases was 91 (Dinas Kesehatan Kabupaten Trenggalek, 2016) and in 2017 was 105 (Dinas Kesehatan Kabupaten Trenggalek, 2018). There were 26 cases of Imported malaria in the working region of Pandean Primary Health Center (Pandean PHC) or Puskesmas Pandean at 2015, which included Dongko subdistrict, Trenggalek District (Dinas Kesehatan Kabupaten Trenggalek, 2016). The number decreased to 14 cases in 2017 (Dinas Kesehatan Kabupaten Trenggalek, 2018).

Indonesia is home to a variety of malaria vectors, most of which have specific

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## The Effect of Active Assistive Range of Motion to Blood Pressure Decrease of Type II Diabetes Mellitus Patient

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### Abstract

The application of physical exercise that meets Frequency, Intensities, Time, Type can be applied to control the increase in blood sugar levels and reduce blood pressure. This research is a quantitative study with a pre-experiment design using a one group pretest-posttest model. The purpose of this research is to determine the effectiveness of providing Active Assistive Range of Motion actions in the form of isotonic movements where contractions of the muscles shorten with the movements of each joint in accordance with the range of motion which is normal but the tension in the muscles remains constant during the contraction to decrease blood pressure in people with type II diabetes mellitus. This research was carried out in 2019. The population of this study were people with type II diabetes mellitus who participated in chronic disease management program activities at the Baturetno Health Center as many as 52 people. The research sample of 25 people was taken by purposive sampling technique. The results showed a decrease in systolic and diastolic blood pressure in the range of 0-15 mmHg with an average decrease of 8.6 mmHg for systolic blood pressure and 6.64 mmHg for diastolic blood pressure. Statistical test with Wilcoxon obtained Asymp value. Sig. (2-tailed) of 0,000 with a confidence level of 95% so that it can be concluded that there is a significant difference between the blood pressure of patients with type II DM before and after the Active Assistive Range of Motion treatment at Baturetno Health Center.

### Introduction

Mortality due to non-communicable diseases increased 15% globally between 2010 and 2020 (Budiman, Sihombing, & Pradina, 2017). Indonesia has entered the epidemic of type II Diabetes Mellitus (Purwanti, Jirna, & Arjani, 2016). Diabetes mellitus is a non-communicable disease that can be triggered due to lifestyle changes that are affected by urbanization, modernization and globalization (Isroin, 2019). Diabetes mellitus type II is a condition when blood sugar levels in the body are uncontrolled because of impaired sensitivity of pancreatic  $\beta$  cells to produce the hormone insulin (Lemone, Priscilla., Karen M. Burke, 2015). Insulin plays a role in regulating blood sugar levels, hyperglycemia

occurs when excessive glucose intake and insulin are unable to balance blood sugar levels. Aging and unhealthy lifestyles increase the prevalence of type II DM. Indonesia ranks 7th with the number of DM patients of 8.5 million (Winta, Setiyorini, & Wulandari, 2018) and it is estimated that in 2040 there are around 642 million adults who suffer from DM (Hu, 2019). People suffering from DM are at risk of developing cardiovascular disorders such as stroke and myocardial infarction and causing death due to blood pressure problems (Wang et al., 2019).

Long-term diabetes has a severe impact on the cardiovascular system. Microvascular complications occur due to thickening of the basement membrane of small vessels. The cause

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HEALTH RESEARCH ETHICS COMMITTEE  
FAKULTAS KESEHATAN MASYARAKAT UNIVERSITAS DIPONEGORO  
FACULTY OF PUBLIC HEALTH DIPONEGORO UNIVERSITY**

**KETERANGAN LOLOS KAJI ETIK  
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Protokol penelitian yang diusulkan oleh :  
*The research protocol proposed by*

Peneliti utama : Aniestia Yuliana  
*Principle Investigator*

Nama Institusi : Universitas Diponegoro  
*Name of the Institution*

Anggota Peneliti : 1. Dr. M. Zen Rahfiludin, SKM., M.Kes  
*Member* 2. Dr. dr. Sri Achadi Nugraheni, M.Kes

Dengan judul :  
*Title*

**"BEBERAPA FAKTOR YANG BERPENGARUH TERHADAP PRAKTIK IBU HAMIL DALAM PERSIAPAN  
INISIASI MENYUSU DINI (IMD) DI WILAYAH KABUPATEN GROBOGAN"**

**"FACTORS AFFECTING PREGNANT WOMEN IN PREPARATION OF EARLY BREASTFEEDING INITIATION (IMD)  
AT GROBOGAN REGENCY"**

Dinyatakan layak etik sesuai 7 (tujuh) Standart WHO 2011, yaitu 1) Nilai Sosial, 2) Nilai Ilmiah, 3) Pemerataan Beban dan Manfaat, 4) Risiko, 5) Bujukan/Eksploitasi, 6) Kerahasiaan dan Privacy, dan 7) Persetujuan Setelah Penjelasan, yang merujuk pada Pedoman CIOMS 2016. Hal ini seperti yang ditunjukkan oleh terpenuhinya indikator setiap standar.

*Declared to be ethically appropriate in accordance to 7 (seven) WHO 2011 Standards, 1) Social Values, 2) Scientific Values, 3) Equitable Assessment And Benefits, 4) Risks, 5) Persuasion/Exploitation, 6) Confidentiality and Privacy, and 7) Informed Consent, referring to the 2016 CIOMS Guidelines. This is as indicated by the fulfillment of the indicators of each standard.*

Pernyataan Laik Etik ini berlaku selama kurun waktu tanggal 15 Februari 2019 sampai dengan tanggal 15 Februari 2020

*This declaration of ethics applies during the period Feb, 15th 2019 until Feb, 15th 2020*

Semarang, 15 Februari 2019  
Professor and Chairperson,



dr. M. Sakundarno Adi, M. Sc, Ph. D  
NIP. 196401101990011001

# Factors Affecting Pregnant Women in Preparation of Early Breastfeeding Initiation (IMD) at Grobogan Regencys

*by Sri Achadi Nugraheni*

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## Factors Affecting Pregnant Women in Preparation of Early Breastfeeding Initiation (IMD) at Grobogan Regencys

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### Abstract

Exclusive breastfeeding will be realized if mother start implementing Early Breastfeeding Initiation (IMD) program. The purpose of this study is to investigate factors influencing pregnant women in preparation for early breastfeeding initiation (IMD) in Grobogan regency. Study method is quantitative with cross-sectional design. Total population is 716 pregnant women with minimal of 85 sample after calculations. To anticipate drop out, 100 samples will be collected. Independent variable is the factors influencing preparation of IMD in pregnant women and depend<sup>22</sup> variable is preparation of Early Breastfeeding Initiation (IMD). Data was analyzed using multiple logistic regression. The analysis showed no significant relation between factors such as education, knowledge, attitudes, breastfeeding experience, husband/family support, participation in classes of pregnant women, the role of health workers with preparation for IMD. In contrast, the variable trust had a significance value of 0.001 < 0.05. We conclude that IMD preparation of pregnant women is most influenced by trust.

### Introduction

Infant mortality rate (IMR) in Indonesia according to the Indonesian Health Demographic Survey (SDKI) in 2012 remained high at 32 per 1,000 live births with toddler mortality rate of 40 per 1,000 live births (Indonesian Health Profile, 2015). IMR in Indonesia is still high compared to other neighboring countries, such as Malaysia and Singapore, which have under 10 deaths per 1,000 live births. Infant mortality is a sensitive indicator to measure health and development status of a country. The high infant mortality at the age of up to one year shows the low quality of health sector in a certain nation.

IMR of Central Java Province in 2016 was 99.9 per 1,000 live births (5445 cases) and in 2017 there were 2182 mortality cases (Health Profile, 2016). Efforts to provide exclusive breastfeeding is one way to meet the challenges and targets of SDGs in reducing

IMR. WHO/UNICEF recommended exclusive breastfeeding until the age of 6 months with Early Breastfeeding Initiation (IMD) program. IMD is an activity that takes place immediately after the baby is born where the mother let the baby actively seek her nipple with direct skin contact to the mother. IMD will keep the baby warm and improve baby sucking reflexes that will increase success chance of exclusive breastfeeding which later on will contribute to reduction of malnutrition prevalence. IMD can also improve infant immune system to prevent various diseases. Baby that is given the opportunity to suckle in the first hour by direct skin contact to the mother's skin, will at least save 22% of them until age of 28 days. A study in Zhejiang, China states that Asian cultures of breastfeeding will prevent *Helicobacter pylori* infection and a cohort study from Shanghai stated that breastfeeding can protect mothers from type II diabetes (Liqian Q et al., 2009).

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IMD can reduce postpartum bleeding caused by pressure to placenta and uterus from the baby that crawls over the mother's chest thus stopping the bleeding. (Noer et al, 2011). In the third trimester and late pregnancy, the mother will start preparing for childbirth and breastfeeding, this marks the best time for midwives and health workers to provide comprehensive information regarding practice of IMD and exclusive breastfeeding. Midwives can provide counseling and information to mothers through Maternal and Child Health (MCH) program, which is carried out in conjunction with Antenatal Care (ANC), especially in late pregnancy ANC at third trimester (Bbaale E, 2014; Acharya P & Khanal V, 2015; MOH RI, 2015). Preparation for IMD can be initiated at the start of pregnancy, such as providing tools for IMD, enhancing maternal knowledge about IMD from health workers or other sources. Discovering information about IMD procedures can also be acquired through health workers cadres around the neighborhood or the closest people who already practice IMD, providing family or husband support, improving physical readiness such as health check up, breast care, and diet (Esteves, TMB et al, 2014). Comprehensive preparation for IMD is important because IMD will be initiated in the first hour after baby delivery, at the time when mothers experience fatigue while thorough care is being provided from health workers to both mother and baby. The decision or positive attitude of the mother towards breastfeeding developed during pregnancy is crucial in achieving successful breastfeeding. Mothers who received information about IMD, will discover more about the methods and benefits of IMD itself. Knowledge can be obtained through participation in health education such as classes for pregnant women from government programs, information from social environment, books/magazines/social media. Knowledge and counseling can improve IMD and breastfeeding practice up to 3 months postpartum, if the mother is provided with knowledge and a good attitude towards IMD, commitment will arise from herself to perform IMD. The role of the closest people is necessary in encouraging IMD practices. Positive support from the closest person or family, will prepare

mother physically and mentally to be able to carry out IMD. The family will support the mother if the right knowledge about IMD is also provided to them. In the end, counseling matters not only to mothers. In addition, company during the delivery process as a way of emotional support can help mother in IMD. Therefore, it is expected that close families, especially husband, to accompany the mother during labor and IMD.

Example of factors that served as obstacles is lack of the proper knowledge during preparation of IMD that can be observed by various opinions or perceptions of both mothers and her families stating that colostrum or first milk that comes out is bad and dangerous for baby, baby need other fluids before breastfeeding, colostrum and breast milk alone are insufficient for the baby's needs, the baby is feeling cold at IMD and exhausted mother after delivery is in a situation that is not acceptable to perform IMD. The preparation of IMD is heavily influenced by socioeconomic status, culture, and norms that flourish among family members and community in general (Tamiru D et al, 2012).

This study is conducted at Grobogan regency. Grobogan is a rural regency considered to still have cultural influence with certain beliefs especially in pregnant mothers and have a low source of health information without involvement from health workers or other relevant organizations to the site (DHO, Grobogan regency Health Office, 2017). The low level of knowledge will contribute to the lack of motivation by the mother to perform IMD and provide exclusive breastfeeding to their babies. Mothers know what is best for their children and mothers will try to give their best from their knowledge (Sirajuddin S et al, 2013). Data from interviews with one of the staff at the Grobogan regency Health Office shows the total target number of pregnant women in 2018 is 23,868. Other data related to breastfeeding state that, only 72.73% of newborn babies were given to their mother and encouraged by health worker to be breastfed after 1 hour of delivery prior to vitamins administrations, and rest time given with consideration of fatigue of the mother after normal delivery. In case of caesarean section births, newborn will be

required to be kept in recovery room, separated from the mother. Data also records that no IMD procedure carried out in accordance with Standard Operational Procedure (SOP) that is less than 30 minutes to 1 hours following delivery. This implies that indicator of successful IMD preparation is intervened by other factors preventing IMD. Preliminary study conducted in 10 pregnant women at Grobogan regency showed that 6 pregnant women did not prepare for IMD, because they did not know what it was. They only knew that breastfeeding should be initiated as early as possible following delivery. Meanwhile, 4 others said that they were preparing for IMD by searching information through health workers in ANC at the health center or during the class session for pregnant women.

Failed IMD preparation is caused by several predisposing factors such as knowledge, attitudes, or self perceptions. Enabling factors include health facilities in community health centers and other health services and health regulations, especially for IMD. Supporting factors are supports from husband, family, friends and health workers, in the form of information and encouragement in preparations for IMD. But the preparation and IMD itself can be carried out if all parties work together thoroughly and commit. Considering above reasons, the purpose of this study is to find out and analyze factors influencing pregnant women in preparation of IMD in the Grobogan regency.

#### Method

This study is a quantitative study with cross-sectional design or one-time observation of both variables. Data were collected using questionnaires. Study was conducted in January 2019. The population is 716 pregnant women: 397 from Godong 1 health center and 319 from Godong 2 health center. The sample selection was conducted in sub-districts with the largest area, that is Godong Sub-District as it represents Grobogan regency. Sampling is by purposive sampling with regard to inclusion and exclusion criteria. Samples inclusion are pregnant women who carried out routine ANC at the Puskesmas or in the KIA room at Puskesmas Godong 1 and Godong 2. Based on calculations, sample sizes (n) is 85. To anticipate the drop out the

researcher will take 100 samples.

Analysis is using chi square test with consideration of categorical data. Analysis of p value was then compared with the level of error used, 5% or 0.05 with the provisions that if  $p \leq 0.05$  then  $H_0$  is rejected which include that there is a significant relationship. Bivariate analysis was performed to determine the relationship between independent and dependent variables. Then, the independent variables that have a significant relationship with the dependent variable are included in the multivariate analysis, while variables that are not significant in the relationship are not included. To see factors that influence preparation of IMD in pregnant women, a statistical test with multivariate analysis is performed. We used multiple logistic regression to find out which variable or factors that have the greatest influence and analyze the effect of independent variables by considering confounding variables. Multivariate analysis is also conducted to analyze the effect of the independent variables together on the dependent variable and predict the dependent variable whether there is a change between the independent variables (Hadi S, 2015).

#### Results and Discussion

Univariate analysis will illustrates the frequency distribution of independent variables such as knowledge, attitudes, beliefs, support of husband/family, counseling during pregnancy, support of health workers and confounding variables including the characteristics of respondents such as age, occupation, education, parity, experience of IMD, and participation in classes of pregnant women. The dependent variable is the practice of pregnant women in the preparation of IMD.

Respondents in this study were mainly  $\geq 20$  years old with 47% of respondents work as IRT (Housewife), 39% as entrepreneur, 8% as civil servants/TNI/POLRI, 2% as farmers and the rest 4% as unemployed. Education background of respondents are the following: 63% from high school/vocational education, 28% from junior high school, while 9% from tertiary education. Based on observations, 70% of IMD preparation can be seen in group with

parity/experience of breastfeeding/previous pregnancy delivery/have more than 1 child, while 30% of them are undergoing their first pregnancy. As many as 55% of respondents never perform IMD either primiparous or multiparous while 45% of them already perform at least once. Based on the attendance of pregnant women class, 84% of respondents did not attend the class, and only 16% attended the class.

Table 1. Frequency Distribution of Pregnant Women Characteristics

No.	Characteristics	N	%
1.	Age		
	≥ 20 years	100	100
2.	Occupation		
	a. Unemployed	4	4
	b. Entrepreneur	39	39
	c. PNS/TNI/POLRI	8	8
	d. Farmer	2	2
	e. Housewives	47	47
3.	Education		
	Middle High School	28	28
	Senior High/Vocational School	63	63
	Tertiary	9	9
4.	Pregnancy		
	a. First child	30	30
	b. More than 1 children	70	70
5.	IMD Experience		
	a. Never	55	55
	b. At least once	45	45
6.	Pregnancy Class		
	a. Not attend	84	84
	b. Attend	16	16

Source: Primary Data, 2019

Age of mothers is related to the ease of a mother in understanding all information given regarding IMD. Older mother will have more level of maturity and power in thinking and working. Age is a predisposing factor that is likely to play a role in the preparation for Early Breastfeeding Initiation (IMD). In this study, pregnant women who came for the examination were mainly ≥ 20 years old. Women who are in healthy reproduction age (safe age for pregnancy with low complication, delivery, and breastfeeding) is considered between 20-35 years old. Women with age more than 35 years old will produce less hormones, resulting in decreased lactation. Women under 20 years

old have less prepared physical, psychological, and social development that can interfere with psychological balance, affecting the preparation of IMD and the production of breast milk. Mothers who is breastfeeding should get adequate nutritional supplement food (Astuti I, 2013).

It is possible for mother that works outside to have more opportunities in accessing information about exclusive breastfeeding and IMD. Either way mothers who work as housewives are also capable to access more information by participating in activities such as classes for pregnant women or through midwives/health workers home visits.

Education can affect mother's reception of a new information. Mothers with relatively higher education have more open mindset and quick understanding of an explanation. Our results showed majority of mothers have high school/vocational education. High school/vocational education is considered sufficient for respondents to deepen their understanding by searching information about IMD through sources such as books and the internet (Sirajuddin S et al, 2013).

Parity status in pregnancy may influence the mother's decision to make IMD preparation. Primiparous mothers tend to have less knowledge and experience and require support from families, midwives, doctors and other health workers. In contrast, multipara mothers have accumulated experience and information regarding IMD from health workers and families during previous pregnancy while setting aside whether they perform it or not (Walker M, 2008). The difference between primiparous and multiparous mothers does not guarantee multiparous mothers will successfully practice IMD. Parity does not have direct effect, but the experience of previous pregnancy will increase one's knowledge. A good experience from a first birth will form positive attitude and interest, empowering one's knowledge. Woman that successfully perform IMD will unconsciously prepare her own needs for the next IMD. Pregnant women who have never carried out IMD are given information from midwives or health workers to be able to prepare IMD by setting up equipment and adequate nutrition required for pregnancy. Mothers who have

never had children are possible to perform IMD, while mothers who have given birth will have more information and experience about IMD (Rinata E, 2015).

Absence in class session are due to lack of awareness of the mother herself or lack of socialization from health workers in the vicinity. Things like this should no longer occur, given the importance of the program. Information obtained by researchers, health workers also utilized to revive the program but was hampered by the lack of government funding, that leads to inadequate pregnancy class to fulfill the necessary knowledge for pregnant mother.

The relationship between education and the practice of IMD preparation has a significance value of  $0.412 > 0.05$ , so there is no relationship between the education of pregnant women with the practice of IMD preparation. Pregnant women with low education (junior high school graduate) who did not prepare IMD were 53.5% and those who prepared were 46.4%. Pregnant women who had high education (high school graduate and above) and did not prepare IMD were 44.4%, and those who prepared IMD were 55.5%. This study is in line with the results by Indramukti, 2013 which showed that there is no relationship between the level of education with the practice of Early Initiation Breastfeeding (IMD) in normal post-partum mothers in the working area of the Blado I Puskesmas in Batang Regency (p-value 1,000) (Indramukti F, 2013). In conclusion, a person without high education level can still make preparations for IMD because education is not only obtained in formal education, and pregnant women can actively participate in activities by health centers around their homes such as attending classes for pregnant women and socialization at the time of examination pregnancy at the community health center or midwife.

The study results of the relationship between knowledge and practice of IMD preparation has a significance value of  $0.488 > 0.05$ , meaning there is no relationship between the knowledge of pregnant women with IMD preparation practice. Then the knowledge of pregnant women who lacked and did not prepare IMD was 66.6%, and those who

prepared it were 33.3%, while the knowledge of pregnant women who did not prepare IMD was 46.5%, and those who prepared IMD were 53.6%. These results are in line with the results of research in Vietnam by Le, et al, 2015 that there is no relationship between knowledge and IMD implementation, the results show that 13% of pregnant women who have high knowledge but have a negative attitude towards IMD. IMD practices are not always influenced by knowledge but there are several other factors such as pregnant women being influenced more by the opinions of families compared to their own knowledge. In other words, mothers actually have sufficient knowledge about IMD preparation but are influenced by the believe and knowledge of the family not to carry out the preparation (Le N et al, 2015; Kornides M and Kitsantas P, 2014).

In this study, the level of knowledge was measured using a questionnaire consisting of 10 questions namely about the definition of IMD, the benefits of IMD, colostrum and its benefits, as well as knowledge about the preparation of IMD itself. 52% of mothers answered the questions correctly, but they did not prepare for IMD. So that good knowledge cannot be categorized as having a significant influence on the practice of IMD preparation.

The results of the study showed the relationship between the attitude and practice of IMD preparation has a significance value of  $0.932 > 0.05$  which means there is no relationship between the attitude of pregnant women with the practice of IMD preparation. Then the attitude of pregnant women who did not support and did not prepare for IMD was 46.5%, and those who prepared it were 53.4%, while the attitude of pregnant women who supported and did not prepare IMD was 47.3%, and 52.6% who prepared for IMD. These results are in line with the results of the Fauziah, 2009 study which has a statistical test result  $p = 0.692$  that means there is no significant relationship between pregnant women who have positive attitude with IMD, 59.7% of pregnant women have a positive attitude towards IMD practices but not much different from negative attitudes. According to the analysis, health workers play a role in shaping the attitude of pregnant women to prepare for IMD but pregnant women lack

the response to the implementation of IMD practices. Attitudes describe a person's likes or dislikes towards objects. Attitudes make someone approach or avoid other objects. In general, a positive attitude will support good behavior as well. Attitude is a reaction or response that is still closed from someone to the stimulus or object, so it has not automatically materialized in an action (Anjarsari L, 2017).

In this study, the positive attitude of pregnant women in preparing for IMD is 57% compared to the negative attitude of preparing and not preparing for IMD there were 43%. Negative attitudes of respondents towards the implementation of IMD is because of the limited knowledge of respondents about the benefits of IMD so that mothers tend to give an unfavorable response to the IMD for that, increased socialization and counseling to mothers need to be increased so that their knowledge and understanding will develop so that it will provide a positive response to IMD implementation.

The study showed the relationship between believe and practice of IMD preparation has a significance value of  $0.001 < 0.05$ , then the confidence of pregnant women with IMD preparation practice is significantly related. Beliefs of pregnant women who did not support and did not prepare IMD were 72.4%, and those who prepared were 27.6%, while the beliefs of pregnant women who supported and did not prepare IMD were 36.6%, and 63.4% who prepared IMD. In this study, factors related to IMD preparation are Believe. In this study, mothers did not believe that early breastfeeding initiation was something that had to be specially prepared, they only prepared baby and maternal equipment without preparing anything specifically for the implementation of the IMD. Other research in Lebanon shows that 24% of 353 pregnant women have the belief that breastfeeding can transmit the disease to infants, in this study health workers will make every effort to provide counseling in accordance with local beliefs and culture about IMD and exclusive breastfeeding (Osman H, 2009). In this study, mothers have the belief that IMD preparation does not need to be done because it is the duty of health workers in the hospital so that mothers do not need to be involved. One

of the IMD preparations that mothers need to do is consult with health workers and cadres, but mothers have the belief that health workers should go to pregnant women who then provide counseling.

The study showed the relationship between breastfeeding experience / parity with IMD preparation practices has a significance value of  $0.631 > 0.05$  meaning there is no relationship between breastfeeding experience / parity of pregnant women with IMD preparation practices. The experience of breastfeeding in the first child of pregnant women did not prepare IMD as much as 43.3%, and those who prepared were 56.6%, while the experience of more than one child who did not prepare IMD was as much as 48.5%, and those who prepared IMD were 51.4%. These results are not in line with the study of Nicole M. Hackman, et.al which shows that multiparous mothers have a significant relationship in IMD ( $p = 0.006$ ) compared to primipara. This study, shows that pregnant women are given support to target improvements in IMD preparation practices and increase exclusive breastfeeding (Nicole M H, 2015). The results showed that multiparous mothers more indirectly did IMD preparation even though the significance results were not related.

The results of the study the relationship between husband / family support and IMD preparation practices have a significance value of  $0.089 > 0.05$ , then there is no influence between husband / family support for pregnant women with IMD preparation practice. Support for husband / family of pregnant women who did not support and did not prepare the IMD as much as 59.3%, and those who prepared were 40.6%, while the support of the husband / family of pregnant women who supported and did not prepare the IMD were 41.1%, and who prepared IMD was 58.8%. This is in line with the research of the Pertiwi, 2017, which obtained a statistical test result of  $0.115 > 0.05$ . There was no significant relationship between husband / family support, but the descriptive results stated that 60% made IMD preparation received husband / family support compared to those who did not get support at 40% (Pertiwi, 2017).

The absence of a relationship between

husband / family support in this study can be caused by pregnant women getting positive support but for the practice of carrying out pregnant women still do it themselves by not ignoring advice from their husband / family. Because the results of existing studies show that with positive husband / family support, the practice of IMD preparation remains a reference for implementing IMD practices. Husband's support should not only be done during the preparation of the IMD, but it is very necessary to get the mother during the process of giving birth until the implementation of the IMD which is then followed by exclusive breastfeeding until the 6-month-old baby is now known as breastfeeding father. The importance of breastfeeding father greatly influences the success of IMD and exclusive breastfeeding.

The study showed the relationship between the participation of pregnant women in the class of pregnant women with the practice of IMD preparation has a significance value of  $0.419 > 0.05$  meaning there is no relationship between the participation of pregnant women in the class of pregnant women with the practice of IMD preparation. Mothers who did not join the class of pregnant women did not prepare IMD as much as 45.2%, and those who prepared were 54.7%, while mothers who participated in classes of pregnant women who did not prepare IMD as many as 56.2%, and those who prepared IMD were 6.25%. These results are not in line with the study of Shalva Ismi, et al, 2016 which obtained the results of the analysis of the significance value of  $p = 0.000 < 0.05$ , which means there is a significant influence between the participation of pregnant women classes on IMD preparation and exclusive breastfeeding. Basically the class of pregnant women is very useful for pregnant women and their husbands / families, in these activities pregnant women get knowledge of pregnancy, IMD, childbirth, exclusive breastfeeding and baby care. In this case, IMD preparation is the main thing in the success of exclusive breastfeeding, so that if it is not optimal, health workers must make various efforts to improve the pregnant mothers class program (Shalva ismi et al, 2016; Shohifah P, 2016).

The results of the study the relationship between the role of health workers and the

practice of IMD preparation has a significance value of  $0.871 > 0.05$  meaning there is no influence between the role of health workers in pregnant women with the practice of IMD preparation. Health workers who did not play a role in pregnant women in IMD and did not prepare IMD were 45.9%, and those who prepared were 54%, while health workers who played a role in IMD and did not prepare IMD were 47.6%, and those who prepared IMD were 52, 3%. The results of the study are in line with the results of the Hajjah study, 2012 which has a statistical test result of  $0.085 > 0.05$  which shows there is no relationship between health workers and IMD preparation practices, whereas IMD is the beginning of exclusive breastfeeding practices that may or may not work. Another limitation factor is that health workers have limited knowledge about the practice of IMD preparation so counseling or counseling to pregnant women is less than optimal (Irawan J, 2018). The success of the IMD preparation practice lies in the role of health workers who should monitor from the beginning of pregnancy until delivery by giving regular counseling to pregnant women.

Multivariate analysis was used to find out which variables most influenced the practice of pregnant women in IMD preparation. The analysis used is multiple logistic regression.

Table.2 Results of multivariate analysis

No	Independent Variable	R square	Sig. Anova	Sig
1	Education			0.345
2	Knowledge			0.851
3	Attitude			0.783
4	Believe			0.001
5	Breastfeeding / parity experience	0.153	0.048	0.734
6	Husband / family support			0.184
7	Participation in classes of pregnant women			0.854
8	Health workers participation			0.259

Source: Primary Data, 2019

<sup>24</sup> Table.2 shows that the results of multivariate analysis contained 1 (one) variable, namely believe that influenced the practice of pregnant women in the preparation of IMD which had a significance value of  $0.001 < 0.05$ . These results also mean that all independent variables affect the dependent variable as indicated by the value of  $r^2$  square 0.153 (15.3%) the rest  $(100\% - 15.3\% = 84.7\%)$ . The sig anova value also indicates that the independent variables influence together the dependent variable with a value of  $0.048 < 0.05$ .

The implementation of IMD in Indonesia is often done not according to the procedure, the IMD is done after the baby has finished taking care measures such as being cleaned, given vitamins and in a swaddled condition so that skin contact does not occur with the mother, often even the officer helps breastfeed the baby to the mother, because the baby is unable to find the mother's nipples. The correct implementation of IMD and according to the IMD procedure, by not skipping the baby's skin contact process with the mother, is proven to help bonding and subsequent breastfeeding (Mahmood I et al, 2011). This research is focused on how pregnant women prepare for IMD, understanding the importance of IMD in newborns becomes a necessity for all health workers and the wider community, especially pregnant women, as well as people's perceptions and opinions that are wrong about IMD also hinder success of this government program, so that the correct information about the IMD program should continue to be disseminated to the wider community so that the objectives of this government program can be achieved properly.

In this study, believe is the only factor influencing the preparation of IMD. Mother's believe related to the practice of preparing for early breastfeeding at the research site is possible because mothers still believe the myths about breastfeeding even though mothers have been given education through counseling during pregnancy checkups and during pregnancy classes for mothers about the importance of early breastfeeding initiation each month by village midwives. Different cultures in each region and different health behaviors. Culture consists of various aspects, one of which is

believe. Believe is something that someone believes because it is passed down from parents to their children so that it becomes a fundamental behavior. Believe is a person's family members' beliefs starting from parents who believe in something and that is also believed by the surrounding community which is used as the basis for carrying out activities. For example, a belief that says that a new mother is still in a weak condition that requires adequate rest after giving birth and does not allow early breastfeeding initiation. Community beliefs that do not allow mothers to breastfeed before the breast and baby are cleaned. Preparation for early breastfeeding initiation has begun to be done and breastfeeding is common, but there are also those who believe that colostrum is not good for babies, which is marked by infant illness or in other words breastfeeding can transmit certain diseases so it is dangerous to do (Mamonto, 2015 ).

## Conclusion

<sup>2</sup> The study concluded that there was no relationship between education (p-value = 0.412), knowledge (p-value = 0.488), attitude (p-value = 0.932), breastfeeding / family experience (p-value = 0.631), husband's support / family (p-value = 0.089), participation in classes of pregnant women (p-value = 0.419), and the role of health workers (p-value = 0.871) with IMD preparation practices. Multivariate analysis test results of independent variables jointly affect the dependent variable, it is like the results of the regression with a significance value of  $0.048 < 0.05$  of 0.153 (15.3%) the rest  $(100\% - 15.3\% = 84.7\%)$  the practice of IMD preparation is influenced by other variables that are not examined, while the variable that most influences the IMD preparation practice is believe which has a significance value of  $0.001 < 0.05$ .

For health workers to improve the success of IMD preparation practices in pregnant women, it can be done by increasing counseling or counseling activities for pregnant women related to IMD, then the results of research in this thesis can be used as a basis for program evaluation related to IMD preparation practices for pregnant women, IMD practices during labor and exclusive breastfeeding. For pregnant women the success of IMD and

exclusive breastfeeding is an important thing that is always socialized in the community, so expectant mothers are always responsive and pay attention to the information conveyed by health workers. Pregnant women are expected to independently always add information related to IMD and exclusive breastfeeding through socialization from health services, social media and other training. For other researchers, the results of this study can be used as reference material in further research on the practice of IMD preparation in pregnant women and can conduct research with wider variables and research locations and methods of collecting objective data and standardized questionnaires that have been modified as needed.

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PAGE 2

PAGE 3

PAGE 4

PAGE 5

PAGE 6

PAGE 7

PAGE 8

PAGE 9

PAGE 10