

# Several Parameters in Implementation of Lactation Management

Tinuk Esti Handayani<sup>1</sup>

<sup>1</sup>Health Polytechnic of Ministry of Health in Surabaya, Indonesia

## Abstract

One of the goals of maternal and children's health program in Indonesia reduced infant and toddlers mortality rate (*angka kematian bayi (AKB) dan balita*) that was the most sensitive indicator for valuing a quality of health care. The purpose of this research are: 1) identifying the predisposing factor which was mother factor (characteristic of education, age and parity, knowledge, belief/trust, and norm) toward the implementation of lactation management in PONEC, Magetan, East Java, Indonesia; 2) identifying the support factor (attitude and motivation from midwives) toward the implementation of lactation management in PONEC, Magetan. Based on the result, it could be concluded that: 1) the childbirth mother had "good" educational level, "good" norm, and "enough" belief level regarding lactation management; 2) the midwives had high motivation and good attitude toward lactation management; 3) the implementation of lactation management had quite good quality. Based on the conclusion of the result of this research, it could be suggested that: 1) in improving the implementation of lactation management, it was much needed the support from midwife and family because the involvement from several parties in antenatal period, intranatal period, and postnatal period were much needed; 2) The Health Office and Public Health Center needed to improve in informing regarding the importance of lactation management in realizing the successfulness in giving exclusive breast milk.

**Key words:** Lactation management, Knowledge, Norm, Belief, Motivation, Attitude

## INTRODUCTION

### Background

One of the goals of maternal and children's health program in Indonesia reduced infant and toddlers mortality rate (*angka kematian bayi (AKB) dan balita*) that was the most sensitive indicator for valuing a quality of health care. In Indonesia in 2012, the infant mortality rate (AKB) was relative high which was 34 mortalities per 1000 live births (Indonesian Health Department (Depkes RI), 2008). Meanwhile, in East Java, Indonesia, in 2012, the infant mortality rate was 30 per 1000 live births (Health Office in East Java (Dinkes Jawa Timur), 2009). In Magetan district, the infant mortality rate in 2014 was 10,36 % and the toddlers mortality rate was 11,27 % per 1000 live births (Health Office in Magetan (Dinkes Magetan), 2014). Based on the data of infant and toddler mortalities, one of them was concerned with nutrition factor by the cause of, such as: poor exclusive breast milk. Nutrition factor was one of determining factors of quality of human resources because poor nutrition would cause psychomotor disorder, cognitive disorder, and social disorder and clinically, it would be occurred the growth disorder that finally, it resulted unqualified human resources and it would increase the morbidity and mortality rate (Roesli, 2009).

The result of basic health research (*riset kesehatan dasar (Riskesdas)*) in 2013 showed that poor nutrition prevalence nationally was 5,7%, it increased to be 0,8% if it was compared with *Riskesdas* result in 2010 which was 4,9%. Meanwhile, poor nutrition in 2013 was 13,9%, and it increased 0,9% if it was compared with the *Riskesdas* result in 2010 which was 13%. Poor nutrition prevalence based on (Profile data) in Magetan in 2014 was 56,1% (Health Office in Magetan, 2014). One of the causes of the poor and less nutrition was due to low breastfeeding that was caused by having no implementation of lactation management. Lactation management was the efforts which were conducted in order to support the success in breastfeeding. In this implementation, it was particularly begun while in pregnancy period, and as soon as possible after having birth and the next breastfeeding period (Handoko, 1995).

If the lactation management was not implemented, it would impact to the reduction of exclusive breast milk. Thus, it also impacted to the increase of poor and less nutrition that had risk in increasing the morbidity and mortality rate for either the infants or the toddlers (Roesli, 2009).

United Nations Childrens Fund (UNICEF) stated that by giving exclusive breast milk for first six months of birth, it could prevent mortality around 1,3 million of infants in the world in every year (Jane Chumble, 2003). In 2011, there were 42 percent of mother in Indonesia who gave exclusive breast milk to their infants for first six months and it increased to be 52,3% in 2014 (Indonesian Minister of Health, 2015). Based on the Health Office in Magetan, the coverage of exclusive breast milk in 2014 was 66,9%, and this reduced if it was compared with in 2013, which was 75,66% further from National target, which was 80% (Health Office in Magetan, 2014).

According to Rusli, by the increase of giving exclusive breast milk for all the infants in Indonesia would reduce nutrition problem and increase toddler's health. Giving exclusive breast milk also could protect either infants or toddlers from several infectious diseases. Besides, they would also have higher IQ rather than infants or toddlers who were given formula milk (Roesli, 2009; Edmond, 2006).

The increase of giving breast milk was very influenced by health professionals, particularly midwife. The midwife was expected to be able to inform and support (giving motivation) to the mothers since they were pregnant regarding breastfeeding. Thus, it could support the mother's success in breastfeeding her infant. However, in fact, we often found many mothers who failed in breastfeeding exclusively (Roesli, 2010; Jane Chumble, 2010). Several researches proved that the health professional's attitude, particularly midwife, did not suggest and did not care in implementing lactation management and one of them was the initiation of early breastfeeding by did not suggest and did not help if there was difficulty in breastfeeding. Thus, there were many mothers who failed in breastfeeding. The role of health professionals, particularly midwife, in informing regarding giving early breast milk (colostrum), how to care and clean the breast, informing that the mothers did not give formula milk to the infants/toddlers, nutritious food for breastfeeding mother, solving the difficulties in breastfeeding, hence, the lactation management could be conducted (IBI, 2006 and Soetjiningsih, 2007).

The conducted effort by government in improvement of giving exclusive breast milk in Indonesia must be enhanced. This was proven by the determination of "Pekan ASI Sedunia" (Worldwide breast milk fair), which its determination was established by World Alliance for Breastfeeding Action (WABA) or association of worldwide breastfeeding which was conducted for 1<sup>st</sup>–7<sup>th</sup> August 2008 ago. Besides, there was recommendation from WHO and UNICEF (2002) that was done to increase the coverage of exclusive breast milk (Indonesian Health Department (Depkes RI), 2008). The political supports from government were: Indonesian Health Law (*UU Kesehatan*) No: 36/2009, which was : Chapter 128: (1) every infant has rights for having breast milk (*Air Susu Ibu (ASI)*) exclusively since being born for 6 (six) months, except for medical indication, (2) During breastfeeding, the family, local government, and society must support the infant's mother fully by providing the time and certain facility, (3) Allocation of certain facility as what was referred to verse/paragraph (2) was conducted in work place or the place of public facility. Chapter 129: (1) The government was responsible in determining the policy in guaranteeing the infant's rights for having breast milk exclusively, (2) the further determination as what have been stated in paragraph one was controlled by governmental law. Chapter 200: Everybody who intentionally hindered the program of giving breast milk would be imprisoned maximum for 1 year and penalty maximum in 100.000.000,00 (one hundred million rupiahs).

Determination of Indonesian Ministry of Health No.450/Menkes/IV/2004 was regarding giving breast milk exclusively for the infants in Indonesia, which contained ten steps to be success in breastfeeding. Besides, common determination among Minister of Women Empowerment, Minister of Labor and Transmigration, and Minister of Health Number: 48/Men. PP/XII/2008, Number: PER.27/Men/XII/2008, and Number: 177/Menkes/XII /2008, regarding: The improvement of Giving Breast Milk (*Air Susu Ibu (ASI)*) during working hour in work place (Indonesian Health Department, 2008).

The selection of Magetan as the research location was because the implementation of lactation management that had not been operated as what had been expected which was showed by the poor coverage of exclusive breast milk. Besides, in Magetan there were 150 midwives who worked in 6 (six) Public Health Centers of PONEC. By knowing the quite many midwives, actually the implementation of lactation management and giving exclusive breast milk were success. However, in fact, not all of midwives implemented lactation management since the childbirth, which was initiation of early breastfeeding.

This research was conducted for all midwives in Public Health Center of PONEC because the midwifery care for either pregnant mother, childbirth, or postpartum mother was conducted more by the midwives of Public Health Center of PONEC. Thus, midwife had an impact toward the successfulness of the implementation of lactation management. Based on the information from 10 midwives who gave midwifery care through interview concerning with the implementation of initiation of early breastfeeding was obtained the result as followed: In the implementation of initiation of early breastfeeding, it was obtained that only 1 midwife who conducted initiation of early breastfeeding (*Inisiasi Menyusui Dini (IMD)*), 8 midwives who gave formula milk in 24 hours by the reason of fussy infant, being afraid if the infant had fever, the breast milk had not flowed out, and because of the family's request, 7 midwives who gave information regarding the nutrition of the mother who was breastfeeding, and all of midwives had not ever referred the mother who had problem in breastfeeding. Based on the problem, it proved that the implementation of lactation management had not been conducted as what was expected.

## **Research Purpose**

1. Identifying the predisposing factor which was mother factor (characteristic of education, age and parity, knowledge, belief/trust, and norm) toward the implementation of lactation management in PONED, Magetan, East Java, Indonesia.
2. Identifying the support factor (attitude and motivation from midwives) toward the implementation of lactation management in PONED, Magetan.

## METHODS

The research design that was utilized was analytical research by utilizing retrospective approach. The research was conducted in Public Health Center of PONED in working area of Health Office in Magetan from April to November 2016. The population in this research was all of mothers who had childbirth with the pregnancy age of >36 weeks, in PONED in working area of Health Office in Magetan until in September 2016.

All of the data of this research were collected through filling the questionnaire, then, were analyzed by utilizing descriptive statistics that was provided in table.

## RESULT

### Characteristic of Childbirth Mother

Data regarding respondent's characteristic were: age, parity, education, knowledge, trust/belief, and norm. Table 1 showed that the age was mostly in 30-34 years old (36.3%). Table 2 shows that the parity was mostly in 2 (48.8%). Table 3 showed that the educational level was mostly in Senior High (46.3%).

Table 1: Distribution of Childbirth Mother's Age

Age	Frequency	Percent
<20-24	20	25
25-29	23	28.8
30-34	29	36.3
35-39	8	10
≥ 40	0	0
Total	80	100,0

Table 2: Distribution of Childbirth Mother's Parity

Parity	Frequency	Percent
1	27	33.8
2	39	48.8
3	12	15
> 3	2	2.5
Total	80	100,0

Table 3: Distribution of Childbirth Mother's Educational Level

Educational Level	Frequency	Percent
Primary	4	5
Junior High	24	30
Senior High	37	46.3
College	15	18.7
Total	80	100,0

### The Childbirth Mother's Knowledge, Norm, and Belief; the Motivation and Attitude from the Midwives: and The Implementation of Lactation Management

There were 80 childbirth mothers in Public Health Center of PONED in working area of Health Office in Magetan. They had "good" knowledge regarding lactation management with mean = 9.03 from the score total of 10; had "good" norm regarding lactation management with mean = 4.77 from the score total of 5; and had "enough" belief level regarding lactation management with mean = 4.11 from the score total of 6. In the other side, the midwives who had high motivation for implementing lactation management had mean = 36.73 from the score total of 42; had good attitude toward lactation management with mean = 35.82 from the score total of 42. All in all, the quality of the implementation of lactation management was "enough" with mean = 13.75 from the score total of 19.

Table 4: The Childbirth Mother's Knowledge, Norm, and Belief; the Motivation and Attitude from the Midwives: and the Implementation of Lactation Management

Respondent's Characteristic	Mean	Range	Deviation Standard	Minimum	Maximum
Knowledge	9.037	6	1.257	4	10
Norm	4.77	2	0.5	3	5
Belief	4.11	5	1.242	1	6
Motivation	36.73	22	4.50	20	42
Attitude	35.82	15	3.811	27	42
Management	13.75	14	3.65	5	19
Lactation					

## I. DISCUSSION

According to the result of research, regarding mother's characteristic, it was known that most of the mothers were 30-34 years old. The range of this age was included in category of healthy reproduction age. In this age, they had matured in either mental development or physical development in order to do their activity as a mother. Most of childbirth mother had the experience twice in birthing. This was included in multi-parity category. Hence, they had had experience in either caring themselves or their newborn infant.

Most of childbirth mother were graduated from Senior High who were categorized in middle educational level. According to Notoatmodjo (2003), someone's educational level would have impact in giving responds toward something that was from the outside. The higher the someone's educational level, the easier the someone in accepting information, thus, much knowledge was owned.

The level of positive knowledge, positive norm, and positive belief from the childbirth mother was a potential model for implementing and continuing the implementation of lactation management. Several theories regarding behavior had explained that knowledge, norm, and belief were the determinant for realizing action in certain object behavior, including in this case was the implementation of lactation management (Notoatmodjo, 2003).

In other sides, the high motivation and attitude from the midwives toward lactation management were important modal for realizing the implementation and continuity of lactation management. This opinion was based on several theories of health behavior that health professional's attitude and behavior were the determinant for health behavior (Notoatmodjo, 2003).

The result of the research showed that the implementation of lactation management had quite good quality although in this research, it had not been conducted analysis of the influence of childbirth mother's knowledge, norm, and belief toward the implementation of lactation management. However, the distribution of determinant from childbirth mother and determinant from the midwives as the health professional were equivalent with the quality of the implementation of lactation management. Therefore, this lactation management that had quite good quality was perhaps a result from "good" knowledge, norm, and belief from the childbirth mother; and high motivation and attitude from the midwives toward lactation management.

## II. CONCLUSION AND SUGGESTION

### Conclusion

Based on the result of this research, it could be concluded that: 1) The childbirth mother had "good" educational level, "good" norm, and "enough" belief level regarding lactation management; 2) The midwives had high motivation and good attitude toward lactation management; 3) The implementation of lactation management had quite good quality.

### Suggestion

Based on the conclusion of the result of this research, it could be suggested that:

1. In improving the implementation of lactation management, it was much needed the support from midwife and family because the involvement from several parties in antenatal period, intranatal period, and postnatal period were much needed.
2. The Health Office and Public Health Center needed to improve in informing regarding the importance of lactation management in realizing the successfulness in giving exclusive breast milk.

## REFERENCES

1. Indonesian Health Department (Depkes RI), 2008, *Panduan Pelaksanaan Strategi Making Pregnancy Safer dan Child Survival*, Jakarta: Indonesian Health Department.

2. Health Office in East Java Province, 2009, *Profil Kesehatan Propinsi Jawa Timur*, Surabaya: Health Office in East Java Province.
3. Health Office in Magetan, 2014. *Profil Kesehatan Kabupaten Magetan*, Magetan: Health Office in Magetan.
4. Edmond KM, Zandoh C, Quigley MA, Amega \_ etego S, Owusu-Agyei S and Kirkwood BR, 2006 *Delayed breastfe/beding initiation increase risk of neonatal mortality*. *Pediatrics*, 117: 380-386.
5. Handoko, H, 1995, *Manajemen Personalia dan Sumber Daya Manusia*. II edition, Yogyakarta: BPFE.
6. IBI, 2006, *Kompetensi Bidan Indonesia*, Jakarta, Pusdiknakes DepKes RI.
7. IBI. 2006, *Standar Profesi Kebidanan*, Jakarta: Pusdiknakes Depkes RI.
8. Jane Chumble, 2003, *Menyusui*, Jakarta: Penerbit Erlangga.
9. Indonesian Minister of Health, 2007, *Keputusan Menteri Kesehatan tentang Standart Profesi Bidan*, Jakarta: Indonesian Health Department.
10. Nugroho, H.S.W., 2017. *Analisis Data Secara Deskriptif untuk Data Kategorik*. Ponorogo: Forum Ilmiah Kesehatan (Forikes)
11. Nugroho, H.S.W., 2017. *Analisis Data Secara Deskriptif untuk Data Numerik*. Ponorogo: Forum Ilmiah Kesehatan (Forikes)
12. Nursalam, 2008, *Konsep dan Penerapan Metodologi Penelitian Ilmu Keperawatan Pedoman Skripsi, Tesis dan Instrumen Penelitian Keperawatan*, Jakarta: Penerbit Salemba Medika.
13. Roesli U, 2007, *Inisiasi Menyusui Dini Plus Asi Eksklusif*, Jakarta: Pustaka Bunda.
14. Soetjiningsih, 2007, *ASI Petunjuk Untuk Tenaga Kesehatan*, first printing, Jakarta: EGC.
15. Sugiyono, 2011, *Statistika untuk penelitian*, Bandung: Alfabeta.

# Several Parameters in Implementation of Lactation Management

Tinuk Esti Handayani<sup>1</sup>

<sup>1</sup>Health Polytechnic of Ministry of Health in Surabaya, Indonesia

## Abstract

One of the goals of maternal and children's health program in Indonesia reduced infant and toddlers mortality rate (*angka kematian bayi (AKB) dan balita*) that was the most sensitive indicator for valuing a quality of health care. The purpose of this research are: 1) identifying the predisposing factor which was mother factor (characteristic of education, age and parity, knowledge, belief/trust, and norm) toward the implementation of lactation management in PONEB, Magetan, East Java, Indonesia; 2) identifying the support factor (attitude and motivation from midwives) toward the implementation of lactation management in PONEB, Magetan.

Based on the result, it could be concluded that: 1) the childbirth mother had "good" educational level, "good" norm, and "enough" belief level regarding lactation management; 2) the midwives had high motivation and good attitude toward lactation management; 3) the implementation of lactation management had quite good quality.

Based on the conclusion of the result of this research, it could be suggested that: 1) in improving the implementation of lactation management, it was much needed the support from midwife and family because the involvement from several parties in antenatal period, intranatal period, and postnatal period were much needed; 2) The Health Office and Public Health Center needed to improve in informing regarding the importance of lactation management in realizing the successfulness in giving exclusive breast milk.

**Key words:** Lactation management, Knowledge, Norm, Belief, Motivation, Attitude

**Comment [U1]:** abstract writing adjust the writing guide

## INTRODUCTION

### Background

One of the goals of maternal and children's health program in Indonesia reduced infant and toddlers mortality rate (*angka kematian bayi (AKB) dan balita*) that was the most sensitive indicator for valuing a quality of health care. In Indonesia in 2012, the infant mortality rate (AKB) was relative high which was 34 mortalities per 1000 live births (Indonesian Health Department (Depkes RI), 2008). Meanwhile, in East Java, Indonesia, in 2012, the infant mortality rate was 30 per 1000 live births (Health Office in East Java (Dinkes Jawa Timur), 2009). In Magetan district, the infant mortality rate in 2014 was 10,36 % and the toddlers mortality rate was 11,27 % per 1000 live births (Health Office in Magetan (Dinkes Magetan), 2014). Based on the data of infant and toddler mortalities, one of them was concerned with nutrition factor by the cause of, such as: poor exclusive breast milk. Nutrition factor was one of determining factors of quality of human resources because poor nutrition would cause psychomotor disorder, cognitive disorder, and social disorder and clinically, it would be occurred the growth disorder that finally, it resulted unqualified human resources and it would increase the morbidity and mortality rate (Roesli, 2009).

**Comment [U2]:** writing (.) in the correct number (.), please adjust all writing (.) in numbers

The result of basic health research (*riset kesehatan dasar (Risesdas)*) in 2013 showed that poor nutrition prevalence nationally was 5,7%, it increased to be 0,8% if it was compared with *Risesdas* result in 2010 which was 4,9%. Meanwhile, poor nutrition in 2013 was 13,9%, and it increased 0,9% if it was compared with the *Risesdas* result in 2010 which was 13%. Poor nutrition prevalence based on (Profile data) in Magetan in 2014 was 56,1% (Health Office in Magetan, 2014). One of the causes of the poor and less nutrition was due to low breastfeeding that was caused by having no implementation of lactation management. Lactation management was the efforts which were conducted in order to support the success in breastfeeding. In this implementation, it was particularly begun while in pregnancy period, and as soon as possible after having birth and the next breastfeeding period (Handoko, 1995).

If the lactation management was not implemented, it would impact to the reduction of exclusive breast milk. Thus, it also impacted to the increase of poor and less nutrition that had risk in increasing the morbidity and mortality rate for either the infants or the toddlers (Roesli, 2009).

United Nations Childrens Fund (UNICEF) stated that by giving exclusive breast milk for first six months of birth, it could prevent mortality around 1,3 million of infants in the world in every year (Jane Chumble, 2003). In 2011, there were 42 percent of mother in Indonesia who gave exclusive breast milk to their infants for first six months and it increased to be 52,3% in 2014 (Indonesian Minister of Health, 2015). Based on the Health Office in Magetan, the coverage of exclusive breast milk in 2014 was 66,9%, and this reduced if it was compared with in 2013, which was 75,66% further from National target, which was 80% (Health Office in Magetan, 2014).

According to Rusli, by the increase of giving exclusive breast milk for all the infants in Indonesia would reduce nutrition problem and increase toddler's health. Giving exclusive breast milk also could protect either infants or toddlers from several infectious diseases. Besides, they would also have higher IQ rather than infants or toddlers who were given formula milk (Roesli, 2009; Edmond, 2006).

The increase of giving breast milk was very influenced by health professionals, particularly midwife. The midwife was expected to be able to inform and support (giving motivation) to the mothers since they were pregnant regarding breastfeeding. Thus, it could support the mother's success in breastfeeding her infant. However, in fact, we often found many mothers who failed in breastfeeding exclusively (Roesli, 2010; Jane Chumble, 2010). Several researches proved that the health professional's attitude, particularly midwife, did not suggest and did not care in implementing lactation management and one of them was the initiation of early breastfeeding by did not suggest and did not help if there was difficulty in breastfeeding. Thus, there were many mothers who failed in breastfeeding. The role of health professionals, particularly midwife, in informing regarding giving early breast milk (colostrum), how to care and clean the breast, informing that the mothers did not give formula milk to the infants/toddlers, nutritious food for breastfeeding mother, solving the difficulties in breastfeeding, hence, the lactation management could be conducted (IBI, 2006 and Soetjiningsih, 2007).

The conducted effort by government in improvement of giving exclusive breast milk in Indonesia must be enhanced. This was proven by the determination of "Pekan ASI Sedunia" (Worldwide breast milk fair), which its determination was established by World Alliance for Breastfeeding Action (WABA) or association of worldwide breastfeeding which was conducted for 1<sup>st</sup>–7<sup>th</sup> August 2008 ago. Besides, there was recommendation from WHO and UNICEF (2002) that was done to increase the coverage of exclusive breast milk (Indonesian Health Department (Depkes RI), 2008). The political supports from government were: Indonesian Health Law (*UU Kesehatan*) No: 36/2009, which was : Chapter 128: (1) every infant has rights for having breast milk (*Air Susu Ibu (ASI)*) exclusively since being born for 6 (six) months, except for medical indication, (2) During breastfeeding, the family, local government, and society must support the infant's mother fully by providing the time and certain facility, (3) Allocation of certain facility as what was referred to verse/paragraph (2) was conducted in work place or the place of public facility. Chapter 129: (1) The government was responsible in determining the policy in guaranteeing the infant's rights for having breast milk exclusively, (2) the further determination as what have been stated in paragraph one was controlled by governmental law. Chapter 200: Everybody who intentionally hindered the program of giving breast milk would be imprisoned maximum for 1 year and penalty maximum in 100.000.000,00 (one hundred million rupiahs).

Determination of Indonesian Ministry of Health No.450/Menkes/IV/2004 was regarding giving breast milk exclusively for the infants in Indonesia, which contained ten steps to be success in breastfeeding. Besides, common determination among Minister of Women Empowerment, Minister of Labor and Transmigration, and Minister of Health Number: 48/Men. PP/XII/2008, Number: PER.27/Men/XII/2008, and Number: 177/Menkes/XII /2008, regarding: The improvement of Giving Breast Milk (*Air Susu Ibu (ASI)*) during working hour in work place (Indonesian Health Department, 2008).

The selection of Magetan as the research location was because the implementation of lactation management that had not been operated as what had been expected which was showed by the poor coverage of exclusive breast milk. Besides, in Magetan there were 150 midwives who worked in 6 (six) Public Health Centers of PONEC. By knowing the quite many midwives, actually the implementation of lactation management and giving exclusive breast milk were success. However, in fact, not all of midwives implemented lactation management since the childbirth, which was initiation of early breastfeeding.

This research was conducted for all midwives in Public Health Center of PONEC because the midwifery care for either pregnant mother, childbirth, or postpartum mother was conducted more by the midwives of Public Health Center of PONEC. Thus, midwife had an impact toward the successfulness of the implementation of lactation management. Based on the information from 10 midwives who gave midwifery care through interview concerning with the implementation of initiation of early breastfeeding was obtained the result as followed: In the implementation of initiation of early breastfeeding, it was obtained that only 1 midwife who conducted initiation of early breastfeeding (*Inisiasi Menyusui Dini (IMD)*), 8 midwives who gave formula milk in 24 hours by the reason of fussy infant, being afraid if the infant had fever, the breast milk had not flowed out, and because of the family's request, 7 midwives who gave information regarding the nutrition of the mother who was breastfeeding, and all of midwives had not ever referred the mother who had problem in breastfeeding. Based on the problem, it proved that the implementation of lactation management had not been conducted as what was expected.

## **Research Purpose**

1. Identifying the predisposing factor which was mother factor (characteristic of education, age and parity, knowledge, belief/trust, and norm) toward the implementation of lactation management in PONED, Magetan, East Java, Indonesia.
2. Identifying the support factor (attitude and motivation from midwives) toward the implementation of lactation management in PONED, Magetan.

## METHODS

The research design that was utilized was analytical research by utilizing retrospective approach. The research was conducted in Public Health Center of PONED in working area of Health Office in Magetan from April to November 2016. The population in this research was all of mothers who had childbirth with the pregnancy age of >36 weeks, in PONED in working area of Health Office in Magetan until in September 2016. The number of population was 80 (all of population member became research subject).

All of the data of this research were collected through filling the questionnaire, then, were analyzed by utilizing descriptive statistics that was provided in table.

## RESULT

### Characteristic of Childbirth Mother

Data regarding respondent's characteristic were: age, parity, education, knowledge, trust/belief, and norm. Table 1 showed that the age was mostly in 30-34 years old (36.3%). Table 2 shows that the parity was mostly in 2 (48.8%). Table 3 showed that the educational level was mostly in Senior High (46.3%).

Table 1: Distribution of Childbirth Mother's Age

Age	Frequency	Percent
<20-24	20	25
25-29	23	28.8
30-34	29	36.3
35-39	8	10
≥ 40	0	0
Total	80	100,0

Table 2: Distribution of Childbirth Mother's Parity

Parity	Frequency	Percent
1	27	33.8
2	39	48.8
3	12	15
> 3	2	2.5
Total	80	100,0

Table 3: Distribution of Childbirth Mother's Educational Level

Educational Level	Frequency	Percent
Primary	4	5
Junior High	24	30
Senior High	37	46.3
College	15	18.7
Total	80	100,0

### The Childbirth Mother's Knowledge, Norm, and Belief; the Motivation and Attitude from the Midwives: and The Implementation of Lactation Management

There were 80 childbirth mothers in Public Health Center of PONED in working area of Health Office in Magetan. They had "good" knowledge regarding lactation management with mean = 9.03 from the score total of 10; had "good" norm regarding lactation management with mean = 4.77 from the score total of 5; and had "enough" belief level regarding lactation management with mean = 4.11 from the score total of 6. In the other side, the midwives who had high motivation for implementing lactation management had mean = 36.73 from the score total of 42; had good attitude toward lactation management with mean = 35.82 from the score total of 42. All in all, the quality of the implementation of lactation management was "enough" with mean = 13.75 from the score total of 19.

**Comment [U3]:** Describe the sampling technique used



Table 4: The Childbirth Mother's Knowledge, Norm, and Belief; the Motivation and Attitude from the Midwives: and the Implementation of Lactation Management

Respondent's Characteristic	Mean	Range	Deviation Standard	Minimum	Maximum
Knowledge	9.037	6	1.257	4	10
Norm	4.77	2	0.5	3	5
Belief	4.11	5	1.242	1	6
Motivation	36.73	22	4.50	20	42
Attitude	35.82	15	3.811	27	42
Management Lactation	13.75	14	3.65	5	19

## I. DISCUSSION

According to the result of research, regarding mother's characteristic, it was known that most of the mothers were 30-34 years old. The range of this age was included in category of healthy reproduction age. In this age, they had matured in either mental development or physical development in order to do their activity as a mother. Most of childbirth mother had the experience twice in birthing. This was included in multi-parity category. Hence, they had had experience in either caring themselves or their newborn infant.

Most of childbirth mother were graduated from Senior High who were categorized in middle educational level. According to Notoatmodjo (2003), someone's educational level would have impact in giving responds toward something that was from the outside. The higher the someone's educational level, the easier the someone in accepting information, thus, much knowledge was owned.

The level of positive knowledge, positive norm, and positive belief from the childbirth mother was a potential model for implementing and continuing the implementation of lactation management. Several theories regarding behavior had explained that knowledge, norm, and belief were the determinant for realizing action in certain object behavior, including in this case was the implementation of lactation management (Notoatmodjo, 2003).

In other sides, the high motivation and attitude from the midwives toward lactation management were important modal for realizing the implementation and continuity of lactation management. This opinion was based on several theories of health behavior that health professional's attitude and behavior were the determinant for health behavior (Notoatmodjo, 2003).

The result of the research showed that the implementation of lactation management had quite good quality although in this research, it had not been conducted analysis of the influence of childbirth mother's knowledge, norm, and belief toward the implementation of lactation management. However, the distribution of determinant from childbirth mother and determinant from the midwives as the health professional were equivalent with the quality of the implementation of lactation management. Therefore, this lactation management that had quite good quality was perhaps a result from "good" knowledge, norm, and belief from the childbirth mother; and high motivation and attitude from the midwives toward lactation management.

## II. CONCLUSION AND SUGGESTION

### Conclusion

Based on the result of this research, it could be concluded that: 1) The childbirth mother had "good" educational level, "good" norm, and "enough" belief level regarding lactation management; 2) The midwives had high motivation and good attitude toward lactation management; 3) The implementation of lactation management had quite good quality.

### Suggestion

Based on the conclusion of the result of this research, it could be suggested that:

1. In improving the implementation of lactation management, it was much needed the support from midwife and family because the involvement from several parties in antenatal period, intranatal period, and postnatal period were much needed.
2. The Health Office and Public Health Center needed to improve in informing regarding the importance of lactation management in realizing the successfulness in giving exclusive breast milk.

## REFERENCES

1. Indonesian Health Department (Depkes RI), 2008, *Panduan Pelaksanaan Strategi Making Pregnancy Safer dan Child Survival*, Jakarta: Indonesian Health Department.

**Comment [U4]:** bibliography adjust with citation

2. Health Office in East Java Province, 2009, *Profil Kesehatan Propinsi Jawa Timur*, Surabaya: Health Office in East Java Province.
3. Health Office in Magetan, 2014. *Profil Kesehatan Kabupaten Magetan*, Magetan: Health Office in Magetan.
4. Edmond KM, Zandoh C, Quigley MA, Amega \_ etego S, Owusu-Agyei S and Kirkwood BR, 2006 *Delayed breastfee/beding initiation increase risk of neonatal mortality*. Pediatrics, 117: 380-386.
5. Handoko, H, 1995, *Manajemen Personalia dan Sumber Daya Manusia*. II edition, Yogyakarta: BPFE.
6. IBI, 2006, *Kompetensi Bidan Indonesia*, Jakarta, Pusdiknakes DepKes RI.
7. IBI. 2006, *Standar Profesi Kebidanan*, Jakarta: Pusdiknakes Depkes RI.
8. Jane Chumble, 2003, *Menyusui*, Jakarta: Penerbit Erlangga.
9. Indonesian Minister of Health, 2007, *Keputusan Menteri Kesehatan tentang Standart Profesi Bidan*, Jakarta: Indonesian Health Department.
10. Notoatmodjo, 2003, *Pendidikan Dan Perilaku Kesehatan*. first printing, Jakarta: Penerbit Rineka Cipta.
11. Notoadmodjo, 2005, *Metodologi Penelitian Kesehatan*, Jakarta: PT Rineka Cipta.
12. Nugroho, H.S.W., 2017. *Analisis Data Secara Deskriptif untuk Data Kategorik*. Ponorogo: Forum Ilmiah Kesehatan (Forikes)
13. Nugroho, H.S.W., 2017. *Analisis Data Secara Deskriptif untuk Data Numerik*. Ponorogo: Forum Ilmiah Kesehatan (Forikes)
14. Nursalam, 2008, *Konsep dan Penerapan Metodologi Penelitian Ilmu Keperawatan Pedoman Skripsi, Tesis dan Instrumen Penelitian Keperawatan*, Jakarta: Penerbit Salemba Medika.
15. Roesli U, 2007, *Inisiasi Menyusu Dini Plus Asi Eksklusif*, Jakarta: Pustaka Bunda.
16. Soetjningsih, 2007, *ASI Petunjuk Untuk Tenaga Kesehatan*, first printing, Jakarta: EGC.
17. Sugiyono, 2011, *Statistika untuk penelitian*, Bandung: Alfabeta.

Tinuk Esti Handayani  
Politeknik Kesehatan, Kementerian  
Kesehatan Surabaya Indoneia

16<sup>th</sup> May, 2017

Dear Sir/Madam

**LETTER OF ACCEPTANCE**

Dama Academic Scholarly & Scientific Research Society wish to inform you that your paper titled: **Several Parameters in Implementation of Lactation Management** has been accepted by Dama Academic Scholarly & Scientific Research Society for publication in Scientific Journal of Health Science (<https://damaacademia.com/sjhs>) Volume 2, Issue 05, 2017 with paper reference code: SJHS-021-01-002

Dama Academic Scholarly & Scientific Research Society Journals are endeavors monthly, international, peer review and refereed journal published with the aim to provide an online publishing platform to link academia, researchers, business and industry to publish their original works to promote and disseminate knowledge in the complex multi-disciplinary, Project Management, Mathematics & Science, Procurement, Logistics & Supply Chain Management, Engineering & Pharmaceutical Science, Finance & Management Engineering, Arts & Humanities, and Health Science.

Remember neither has the manuscript nor one with substantially similar content under been published nor is being considered for publication elsewhere, except as described. **The processing fees per paper is \$100 excluding transfer changes.**

All payment made receipt should be email to the Society Executive Director on [editor@damaacademia.com](mailto:editor@damaacademia.com). The processing fees of the accepted paper(s) should be paid through the following details and remember the cost is excluding transfer charges.

▪ Money Transfer: **David Ackah**: Dama Academic Scholarly & Scientific Research Society | Accra, Ghana | Mob: +233 (0) 233 715 697 | ID No.: 5498006252

▪ Interbank Transfer: **Dama Academic Scholarly & Scientific Research Society** | Account Number: **1050027396322** | Bankers: **Fidelity Bank Ghana Ltd, Adenta Branch** | SWIFT CODE: **FBLIGHAC**.

The Editor in Chief and Editorial Board members of the Journal appreciate your effort on the intellectual contribution of your paper.

Thank you.

Yours faithfully,

.....  
The Society Executive Director  
David Ackah, PhD. C. Prof  
(Certified Professor - QAHE)  
Web: [www.damaacademia.com](http://www.damaacademia.com)

[Email Manuscript](#) | [Submit Online](#) | [Home](#) | [About Us](#)  
[Author Guidelines](#) | [Publication Ethics](#) | [Plagiarism Policy](#)

All Journals of Dama Academic Scholarly & Scientific Research Society work is licensed under a [Creative Commons Attribution 4.0 International License](https://creativecommons.org/licenses/by/4.0/).