

THE RELATIONSHIP OF FATIGUE AND HUSBAND'S SUPPORT TO MOTHER'S MOTIVATION IN BREASTFEEDING THE FIRST 24 HOURS TO POSTPARTUM MOTHERS

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ABSTRAK : HUBUNGAN Kelelahan DAN DUKUNGAN SUAMI TERHADAP MOTIVASI IBU DALAM MENYUSUI 24 JAM PERTAMA PADA IBU PASCA PERSALINAN

Latar Belakang : Kelelahan merupakan keluhan yang sering dialami ibu setelah melahirkan, dan dapat berpengaruh terhadap motivasi ibu dalam memberikan ASI dalam 24 jam pertama postpartum. Untuk itu ibu postpartum memerlukan dukungan dari keluarga terutama dukungan suami sebagai keluarga terdekat karena akan memberikan dampak positif terhadap pengalaman ibu dalam menyusui Tujuan penelitian ini untuk mengetahui hubungan antara kelelahan ibu dan dukungan suami terhadap motivasi ibu dalam pemberian ASI 24 jam pertama pada ibu postpartum di Ruang Nifas RSUD Akhmad Berahim.

Metode : Penelitian ini menggunakan survei analitik dengan pendekatan *cross sectional* yang dilakukan pada 42 orang ibu postpartum normal dengan teknik pengambilan sampel *total sampling*. Instrumen yang digunakan dalam penelitian ini adalah *Postpartum Fatigue Scale (PFS)*, kuesioner dukungan suami, dan *breastfeeding motivational instructional measurement scale (BMIMS)*. Uji statistik univariat, bivariat dengan menggunakan uji Spearman Rho, dan uji multivariat dengan regresi logistik ordinal.

Hasil : Penelitian ini menunjukkan bahwa ada korelasi antara kelelahan dan dukungan suami terhadap motivasi pemberian ASI 24 jam pertama postpartum dengan p value < 0,05.

Kesimpulan : dari penelitian ini diketahui terdapat hubungan yang bermakna antara kelelahan dan dukungan suami terhadap pemberian ASI 24 jam pertama postpartum. Dengan kekuatan hubungan pada kategori cukup kuat dan arah hubungan korelasi positif.

Kata kunci : Dukungan Suami, Kelelahan, Motivasi pemberian ASI 24 jam pertama

ABSTRACT

Background: Fatigue is a complaint that is often experienced by mothers after giving birth, and can affect the motivation of mothers in giving milk in the first 24 hours postpartum. For this reason, postpartum mothers need support from the family, especially the support of the husband as the closest family because it will have a positive impact on the mother's experience in breastfeeding The purpose of this study was to determine the relationship between maternal fatigue and husband support for maternal motivation in breastfeeding the first 24 hours for postpartum mothers.

Method: This study used an analytical survey with a cross sectional approach conducted on 42 normal postpartum mothers with total sampling techniques. The instruments used in this study were Postpartum Fatigue Scale (PFS), husband support questionnaire, and breastfeeding motivational instructional measurement scale (BMIMS). Univariate, bivariate statistical tests using the Spearman Rho test, and multivariate tests with ordinal logistic regression.

Results: This study showed that there was a correlation between fatigue and husband support for breastfeeding motivation in the first 24 hours postpartum with a p value of < 0.05.

Conclusion: from this study it is known that there is a significant relationship between fatigue and husband support for breastfeeding in the first 24 hours postpartum. With the strength of the relationship in the category is quite strong and the direction of the relationship is positively correlated.

Keywords: Fatigue, Husband Support, Motivation for breastfeeding the first 24 hours

INTRODUCTION

The postpartum or puerperium period is the period after labor and birth of the baby and placenta needed for the restoration of the uterine organs as before pregnancy with approximately 6 weeks (Hsains et al., 2023). The postpartum period occurs in three stages, namely Immediate postpartum (Indrianita et al., 2021), early postpartum (Soetrisno et al., 2023) and late postpartum (Soetrisno et al., 2023). In the postpartum period there are also many changes in the mother in the form of physiological changes and psychological adaptations. One of the physiological changes that occur is changes in the breasts. Changes that occur in the breasts because breastfeeding will arise (Yuliani, 2021)

Breastfeeding or lactation is the entire process from breastfeeding starting from breast milk (ASI) produced until the process of the baby sucking and swallowing breast milk (Sulymbona et al., 2021). The beginning of breastfeeding activities in the first hour or commonly called Early Breastfeeding Initiation (IMD) (Sarumi, 2022). One of the benefits of breastfeeding in the short term is post-pregnancy and postpartum recovery (Duhita et al., 2023). In the process of breastfeeding, there are two hormones that influence, namely the hormone prolactin which plays a role in stimulating milk production and the hormone oxytocin which plays a role in the process of milk production (Sarumi, 2022).

Breast Milk (ASI) is an emulsion of fat in a solution of protein, lactose, and salts secreted by the two mother's breast glands as the baby's main food (Dompas, 2021). Breast milk contains more than 200 basic elements between carbohydrates, fats, vitamins, antibodies, growth hormones and enzymes (Fariszki, 2020). Breast milk is divided into three according to the time of release, namely colostrum, transitional breast milk and mature breast milk (matur) (Satryawan & Astuti, 2023). There are many factors that can affect milk production both from maternal factors and from the baby itself, including the mother's physical condition and the baby's suction factor (P. A. Lestari, 2018)

The Indonesian Pediatrician Association (2016) states that, the 24-hour postpartum period is a very important period for mothers to start the breastfeeding process because it will determine the success of the next breastfeeding process. Although the amount of milk that comes out in the first 24 hours is still small or not out at all, the baby is still recommended to be attached and sucked into the mother's breast to stimulate milk production. Because in the first hours of birth, the hormone oxytocin responsible for milk production increases (Indonesian Pediatrician Association, 2016).

According to data from the World Health Organization (WHO), in 2019 there were 41% of babies receiving exclusive breastfeeding in the world aged less than 6 months (World Health Organization, 2019) and in 2020 globally around 44% of babies aged 0-6 months who received exclusive breastfeeding (WHO, 2020). A study conducted in India in 2020 showed that the percentage of exclusive breastfeeding was around 50% and the percentage of Early Breastfeeding Initiation (IMD) was 41.6%, and the rate of breastfeeding in the first 24 hours of birth was 33% (Muhammed et al., 2020).

According to Basic Health Research (RISKESDAS), nationally the proportion of babies who were breastfed in the first 24 hours of birth in 2018 was 77.1%. 28.4% were breastfeeding done before 1 hour of birth and 48.7% were done at 1 hour to 24 hours of birth. For North Kalimantan province, the percentage of breastfeeding in the first 24 hours is 87.7% with breastfeeding before 1 hour at 32.6%, and breastfeeding at 1 hour to 24 hours of birth is 56.1% (National Riskesdas 2018 Report, 2018).

The Ministry of Health targets to increase the target of implementing exclusive breastfeeding by 80%. However, exclusive breastfeeding in Indonesia is actually still low at 74.5% (Balitbangkes, 2019). Nationally, the coverage of exclusively breastfed infants in 2021 was 56.9%, down from the previous year's coverage figure of 77.06% (Indonesia, 2021). The percentage of exclusive breastfeeding of North Kalimantan Province is 49.1%, and Tana Tidung Regency is 50% in 2021, still far from the target targeted by the government, which is 80% (Performance Report of the North Kalimantan Provincial Health Office 2021).

The low coverage of exclusive breastfeeding is influenced by the low coverage of breastfeeding in the first 24 hours of birth including Early Initiation of Breastfeeding (IMD), due to the practice of feeding other than breast milk or prelacteal food on the first day to the third day, which eventually causes a reduced opportunity for the baby to get colostrum, and interferes with milk production as early as possible. (Purwanti et al., 2022). Another factor that can inhibit milk production is the mother's physical factor, one of the most common complaints experienced in postpartum mothers is fatigue (Oktafia & Deviana, 2021a).

Postpartum fatigue is a very common complaint among postpartum women. Troy (2003) in (Hsieh et al., 2018) explained the causes of postpartum fatigue which include physical factors such as length of labor, type of labor, wound healing/episiotomy, pain, and breastfeeding. The fatigue felt by mothers during breastfeeding

decreases milk production during the first month (Ardhiyanti & Rosita, 2021a). In another study, it was also mentioned that fatigue is the most high-risk factor in reducing motivation in breastfeeding and the quality of life of postpartum mothers (Sandika, Agus Hari; Utami, Tun; Hanitah, 2022) and postpartum fatigue are among the most frequently cited reasons for early weaning in breastfeeding (Fata & Atan, 2018). One of the factors that influence motivation in breastfeeding is the reinforcing factors consisting of motivation and behavior of community leaders, religious leaders, health workers, support from local governments and family/husband support, (Boediarsih et al., 2021a).

According to Haryono & Setianingsih in (Boediarsih et al., 2021a), support is obtained by mothers from two parties, namely families and health workers. But the biggest influence of support is family support, especially from husbands. This is because the husband is the nuclear family and the closest person to the mother. The support provided by husbands to mothers has a positive impact on the mother's experience in breastfeeding, the amount of milk produced by the mother, the duration of breastfeeding, and influences the mother's choice in breastfeeding (Silaen et al., 2022a). Father's attitude predicts the mother's intention to breastfeed in addition to the mother's own attitude (Rempel et al., 2017). But in reality, the husband's support in the practice of breastfeeding is still minimal, one of which is because culturally there is a division of roles, where the husband acts as the breadwinner and household affairs are all taken care of by the wife (Bakri et al., 2019).

In previous studies, it has been shown that factors that cause fatigue are influenced by psychological and physiological anxiety such as the breastfeeding process and situations such as fussy babies and difficulty sleeping will affect the low level of motivation in breastfeeding (Sandika, Agus Hari; Utami, Tun; Hanitah, 2022). The results of the study (Oktafia & Deviana, 2021a) showed that the relationship between postpartum maternal fatigue and breastfeeding motivation with the Spearman Rho statistical test showed that there was a significant relationship between postpartum fatigue and breastfeeding motivation with a p value of 0.001 ($p < 0.05$).

In addition to fatigue, another factor that affects maternal motivation in breastfeeding (breastfeeding) is the support of the husband or breastfeeding father. Breastfeeding Father is the full support of a husband as a father to his wife in order to succeed in the breastfeeding process (Boediarsih et al., 2021a). Proper support from fathers can help

mothers to rest more, feel comfortable and concentrate more in breastfeeding their babies, thereby increasing the duration and overall exclusivity of breastfeeding (Ouyang & Nasrin, 2021)

A preliminary study conducted in August 2023 in the Postpartum Room of RSUD Akhmad Berahim on 18 postpartum mothers by conducting short interviews about the motivation for breastfeeding in the first 24 hours of birth. The short interview was conducted by asking questions that broadly represent the statements on the Postpartum Fatigue Scale (PFS) questionnaire, the husband support questionnaire and the Breastfeeding Motivational Instructional Measurement Scale (BMIMS). From the interview results, it was found that there were 12 respondents who said they were still weak, tired and lazy to do activities, and 6 other respondents said they still wanted to do light activities. From the husband support questionnaire, 14 respondents said the husband always helped and supported the mother, including helping breastfeeding both emotionally and financially, and 4 respondents said sometimes helped by the husband. Meanwhile, from the breastfeeding motivation questionnaire, it was found that 10 mothers still had low motivation / encouragement to breastfeed for various reasons such as still tired, breast milk has not come out and others, while 8 respondents with sufficient breastfeeding motivation.

The reason researchers conducted research at RSUD Akhmad Berahim is because this hospital is the only hospital in Tana Tidung Regency and provides 24-hour delivery services, and is a referral hospital. In addition, the highest number of deliveries is also in this hospital.

Based on these data, researchers are interested in proving the relationship between maternal fatigue and husband support for maternal motivation in giving 24-hour breastfeeding to postpartum mothers

RESEARCH METHODS

Type of quantitative research with analytical survey method method with cross sectional approach. The population of all postpartum mothers during the treatment period in November-December 2023 is 43 people. The sample used 43 respondents with total sampling technique. The research was conducted at RSUD Akhmad Berahim. The instrument used PFS (Postpartum Fatigue Scale) questionnaire and BMIMS (Breastfeeding Motivational Instructional Measurement Scale) questionnaire. Analysis of univariate and bivariate data (t-test).

RESEARCH RESULTS

Univariate Analysis

Based on table 1 above, the distribution of respondents based on age found that most respondents aged 20-35 years, namely 29 people (69%), while at the age of >35 years amounted to 7 people (16.7%). In the distribution based on education, the level of elementary and junior high school education has the same number and percentage of 14 people (33.3%), and at the high school level 11 people (26.2%). Almost all respondents were IRTs, namely 36 people (85.7%).

Table 1
Characteristics of Respondents at RSUD Akhmad Berahim

Characteristics Respondents	Frequency	Percentage (%)
<20 years	6	14,3
20-35 years	29	69,0
>35 years	7	16,7
Education		
Primary School	14	33,3
Junior High School	14	33,3
Senior High School	11	26,2
College	3	3
Work		
Housewives	36	85,7
Civil servants	1	2,4
Honorary	4	9,5
Entrepreneurial	1	2,4

Table 2 shows the distribution of variables measured based on postpartum maternal fatigue. Postpartum maternal fatigue was mostly at moderate fatigue level of 28 people (66.7%). Table 3 shows the distribution of variables measured based on husband's support for postpartum mothers. Most maternal respondents received husband support in the medium category, namely 27 people (64.3%), less support category 9 people (21.4%), and those who received support in the good category 6 people (14.3%).

Table 2
Fatigue Variable Distribution

Fatigue Level	Frequency	Percentage (%)
Light	8	19
Medium	28	66,7
Severe	6	14,3

Table 3
Variable Distribution of Husband Support

Husband's level of support	Frekuensi	Percentage (%)
Less	9	21,4
Enough	27	64,3
Well	6	14,3

Table 4
Distribution of Motivational Variables of Breastfeeding

Mother's motivation	Frequency	Percentage (%)
Low	7	16,7
Medium	26	61,9
High	9	21,4

Table 4 shows the distribution of variables measured based on maternal motivation in breastfeeding in the first 24 hours postpartum. Of the 42 respondents, it was found that 26 people (61.9%) had motivation for breastfeeding in the medium category, 7 respondents (16.7%) with low motivation, and 9 respondents (21.4%) with high motivation

Bivariate Analysis

Table 5 shows that the relationship between postpartum maternal fatigue and breastfeeding motivation in the first 24 hours postpartum. Respondents with moderate fatigue tended to have moderate motivation in the 19 people (45.2%). Respondents with heavy fatigue 6 people, 2 respondents (4.8%) had moderate motivation and 4 people (9.52%) had high motivation.

The results of the analysis with the Spearman's Rho correlation test obtained a P Value of 0.001 (<0.05) which showed that there was a significant relationship between fatigue experienced by mothers and the motivation to breastfeed in the first 24 hours postpartum. From the SPSS output, a correlation coefficient value of 0.477 was obtained, meaning that the level of strength of the relationship between the fatigue variable and postpartum maternal motivation was a fairly strong correlation.

Table 5
Distribution of Fatigue to Motivation for Breastfeeding the first 24 hours postpartum

Mother's Fatigue Postpartum	Motivation for breastfeeding 24 hours postpartum								Analysis Results with Spearman Rho
	Light		Medium		High		Total		
	Σ	%	Σ	%	Σ	%	Σ	%	
Light	3	7,1	5	11,9	0	0	8	19	Koefisien korelasi = 0,477 P value = 0,001
Medium	4	9,5	19	45,2	5	11,9	28	66,7	
High	0	0	2	4,8	4	9,52	6	14,3	

Table 6
Distribution of Husband's Support for Breastfeeding Motivation The first 24 hours postpartum

Husband Support	Motivation for breastfeeding 24 hours postpartum								Results of analysis with Spearman Rho
	Light		Medium		High		Total		
	Σ	%	Σ	%	Σ	%	Σ	%	
Less	4	9,5	5	11,9	0	0	9	21,4	Koefisien korelasi = 0,467 P value = 0,002
Enough	3	7,1	18	42,7	6	14,3	27	64,3	
Good	0	0	3	7,1	3	7,1	6	14,3	

Based on table 6 above, of the 42 respondents studied, respondents who received less husband support were 9 people, 4 respondents (9.5%) with low motivation and 5 people (11.9%) with moderate motivation. While respondents who received enough husband support 27 people (64.3%) tended to have moderate motivation, namely 18 people (42.7%).

The results of the analysis on the variable of husband support with the motivation to breastfeed in 24 hours found that there was a significant relationship between the two variables, with a p value

of 0.002 (<0.05), and a correlation coefficient of 0.467 which showed the strength of the relationship between the two variables was in the category of quite strong. The direction of the correlation relationship in this study is a positive correlation.

Multivariate Analysis

Based on table 7, the results of the analysis showed that the variables of fatigue and husband support together had a relationship with the motivation for breastfeeding in the first 24 hours with a p value of 0.014 (<0.05).

Table 7
Ordinal Logistic Regression of Fatigue and Husband's Support for Breastfeeding Motivation

	Estimate	Std Error	Wald	df	Sig	95% Confidence Interval	
						Lower Bound	Upper bound
Mother's motivation	-6,264	1,664	14,174	1	0,000	-9,525	-3,003
Y=2	-2,164	1,307	2,743	1	0,098	-4,725	0,397
Fatigue	-3,307	1,348	6,022	1	0,014	-5,949	-0,666
X1=2	-2,433	1,067	5,196	1	0,023	-4,534	-0,341
X1=3	0			0			
Support Husband	-3,255	1,320	6,082	1	0,014	-5,841	-0,688
X2=2	-1,655	1,039	2,540	1	0,111	-3,691	0,380
X2=3	0			0			

DISCUSSIONS

Univariate Analysis

Characteristics of respondents

1. Age

Based on frequency distribution, the majority of respondents were in the age range of 20-35 years, namely 29 people (69%), <20 years old, 6 respondents (14.3%), and 7 respondents (16.7%) with the age of >35 years.

The age of 20-35 years is a healthy and mature reproductive age so that it can be very supportive for breastfeeding, while the age of 35 years even though it has a baby with good nutritional status but at that age is considered dangerous, because both the reproductive organs and the mother's physique have been much reduced and decreased, besides that there can be congenital risks to the baby and can also increase difficulties in pregnancy, childbirth, and puerperium (Assriyah et al., 2020).

2. Education

Based on education level, respondents with junior high and high school education levels each had 14 respondents (33.3%). The mother's education level is an important factor to support the success of breast milk in infants. The higher a person's level of education, the easier he is to receive information so that the better his knowledge about breastfeeding (P. A. Lestari, 2018).

Lack of maternal knowledge about breastfeeding will cause the failure of breastfeeding because mothers do not have the motivation to breastfeed their babies and vice versa good maternal knowledge will lead to success in exclusive breastfeeding so that mothers are motivated to provide exclusive breastfeeding to their babies (Polwandari et al., 2021)

3. Work

According to occupation, 36 respondents (85.7%) were IRTs. Employment status is a type of position of a person in carrying out an activity or job in accordance with his capacity and expertise (Made et al., n.d.). According to Conita (2014) in (Rosiana Ulfah et al., 2020) mother's work is closely related to the success of breastfeeding. Meanwhile, according to Hartini in (Rosiana Ulfah et al., 2020), said that IRT has a greater opportunity in breastfeeding because it has more time with its baby.

Working women have a heavier burden than a man, because before the mother does her job, the mother first takes care of household affairs such as her husband and children. However, it is not uncommon for people to prioritize other tasks that are

considered more important than exclusive breastfeeding. Another reason that is most often stated when not breastfeeding is because they have to work, especially during childbearing age, working mothers do not breastfeed their babies due to the lack of time the mother is at home with her baby and the mother's time is spent outside the home to work, so it is always a problem to find ways to care for the baby especially in exclusive breastfeeding (Fahira, 2021).

Postpartum Fatigue

The results showed that most respondents experienced moderate fatigue, namely as many as 28 respondents (66.7%), while 8 (19%) respondents experienced mild fatigue and 6 respondents (14.3%) with the light category.

Postpartum fatigue begins soon after childbirth and may become progressively worse due to excessive negative fatigue and subjective feelings of distress. Postpartum fatigue may be caused by the application and adjustment of a new mother to the roles and functions of her new family (Hsieh et al., 2018).

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Husband Support

Most maternal respondents received husband support in the sufficient category, namely 27 people (64.3%), less support category 9 people (21.4%), and those who received support in the good category 6 people (14.3%).

Husband support is a very important support for a wife in every way because the husband is a person who is in constant contact with mother and child every day, which exerts a lot of influence both intentional and unintentional. Mothers who get support from their husbands will be able to continue breastfeeding their babies (Oktaviani, 2023)

Husband support plays a major role in the success of mothers to provide exclusive breastfeeding. The greater the support provided by the husband, the greater the chances of the mother to breastfeed her baby. This will affect the smooth

reflex of breast milk expenditure, because it is influenced by the mother's feelings and emotions (Batlajery et al., 2023). Husband support is needed for calmness, tranquility, and comfort of breastfeeding mothers who can increase the production of the hormone oxytocin so as to increase breastfeeding in children. Mothers breastfeed because they believe breast milk is healthier for babies (Boediarsih et al., 2021b).

Motivation for breastfeeding

Based on table 4 shows from 42 respondents it was found that 26 people (61.9%) had motivation for breastfeeding in the medium category, 7 respondents (16.7%) with low motivation, and 9 respondents (21.4%) with high motivation.

Motivation is the result of a collection of internal and external forces that cause people to choose the path to act accordingly and use certain behaviors (Anggraini, 2020b)

Maternal motivation in breastfeeding is very necessary in breastfeeding so that it affects the smoothness of breastfeeding so that it greatly affects the growth and development of the baby and the health of the mother after giving birth. The breastfeeding process immediately after childbirth can help uterine contractions thereby reducing maternal blood loss during the puerperium (Simamora et al., 2021)

Bivariate Analysis

The Relationship of Maternal Fatigue to the Motivation of Breastfeeding in the First 24 Hours in Postpartum Mothers

Table 5 shows the relationship between postpartum maternal fatigue and breastfeeding motivation in the first 24 hours postpartum. Respondents with moderate fatigue tend to have motivation in the moderate category of 19 people (45.2%), 4 people (9.5%) with low motivation and 5 people (11.9%) with high motivation. Respondents with severe fatigue consisted of 6 people (14.3%), 2 respondents (4.8%) had moderate motivation and 4 people (9.52%) had high motivation.

The fatigue experienced by postpartum mothers has a considerable relationship with the motivation to breastfeed in the first 24 hours of birth. This is in line with research (Hsieh et al., 2018) which says that fatigue can interfere with interpersonal relationships, make it difficult to continue babysitting activities, reduce the comfort of new mothers, reduce the quality of life of mothers, affect milk production, and reduce the quality of life of new mothers, motivation and success of breastfeeding. In another study, it was also stated that fatigue is the

most high-risk factor in reducing motivation in breastfeeding and the quality of life of postpartum mothers (Sandika et al., 2022)

This study is in line with (Ardhiyanti & Rosita, 2021) The results of the analysis with the Spearman's Rho correlation statistical test show that the fatigue experienced by postpartum mothers with motivation in exclusive breastfeeding for breastfeeding mothers $\leq \alpha$ which means that there is a significant relationship between postpartum maternal fatigue and exclusive breastfeeding motivation at BPS Lilis Suryawati Jombang at a 99% confidence level, This means that the fatigue experienced by postpartum mothers has a sufficient relationship with the motivation to breastfeed. Some studies have shown a link between breastfeeding and fatigue, while other studies state that fatigue shows a relationship between breastfeeding and fatigue (Fata & ŞÜ Atan, 2018).

Fatigue that is prone to occur in the postpartum period is caused by the labor process that releases a lot of energy, infection, lack of rest in daily life, pressure to be able to do all activities, nighttime sleep disorders, anemia, and stress due to a new role (Viantika et al., 2018). In another study, it was also mentioned that postpartum fatigue can have a negative impact on milk production, mother-baby bonding and interaction, thereby slowing down the baby's development (Oktafia & Deviana, 2021b). Although postpartum fatigue is a common experience, parents often feel unprepared for the effects of fatigue experienced (Azlina, 2021).

According to the researchers' assumptions, postpartum mothers experiencing fatigue easily can cause uncomfortable feelings so lazy to breastfeed their babies who eventually prefer formula milk because it is more practical. Postpartum fatigue can also make milk production decrease in the first month postpartum. In addition, postpartum fatigue can also affect the quality of life for mothers so that it can have an impact on other health problems. Fatigue that continues and is not handled properly can be the cause of early weaning.

The Relationship of Husband Support to the Motivation of Breastfeeding the First 24 Hours in Postpartum Mothers

The relationship between husband support and motivation to breastfeed has a degree of relationship in the moderately category. Respondents who received less husband support were 9 people, 4 respondents (9.5%) with low motivation and 5 people (11.9%) with moderate motivation. While respondents who received enough

husband support 27 people (64.3%) tended to have moderate motivation, namely 18 people (42.7%).

Support is an effort given to others, both moral and material to motivate the person in carrying out activities, as well as husband support in motivating mothers to breastfeed as early as possible to babies to increase maternal enthusiasm in breastfeeding (Simamora et al., 2021)

This study is in line with research conducted by (Batlajery et al., 2023b) showing a p value of 0.037 which is smaller than the meaning value of p 0.05, meaning that there is a positive and significant relationship between husband support and breastfeeding motivation.

According to research (Boediarsih et al., 2021b), it was found that the p value of Continuity Correction was $0.001 < 0.05$, so there is a relationship between husband support for exclusive breastfeeding for breastfeeding mothers. A husband has an important role in the success of breastfeeding mothers. The role of the husband influences the feelings and enthusiasm of the mother to breastfeed and to continue to provide the best for her child. The breastfeeding process can be hampered if the relationship between father and mother is not harmonious and the mother does not get the support of her husband.

Research by (Purbasary, 2022) obtained p value = 0.000. P value < 0.05 so that there is a relationship between husband support and exclusive breastfeeding in the Working Area of the KiajaranWetan Health Center

According to the assumption of researchers, mothers want to give breast milk cannot be separated from the support of the husband who will always provide support to the mother to breastfeed, there is communication between mother and husband so that the opportunity for breastfeeding problems, the husband provides extra budget during breastfeeding to buy nutritious food so that breast milk runs smoothly, the husband takes care and pays attention to the needs of the wife, the wife also feels needed and feels proud of herself so that the mother is more motivated to breastfeed the baby so that the baby's nutrition is fulfilled.

Multivariate Analysis

Based on table 7 of the results of the analysis with ordinal logistic regression, the variables of fatigue and husband support have the same level of significance, which means that the variables of fatigue and husband support together have a relationship with the motivation of breastfeeding in the first 24 hours with a p value of 0.014 (< 0.05).

Postpartum fatigue can result from the implementation and adjustment of the mother to new roles and family functions. Studies have shown that high levels of fatigue in mothers cause stress in parents, feelings of inadequacy and dissatisfaction, high irritability, and hopelessness, as well as impaired parent-infant communication. In addition, postpartum fatigue is one of the most frequently cited reasons for early weaning in breastfeeding. Several studies have shown a link between breastfeeding and perceived fatigue (Fata & ŞÜ Atan, 2018)

This study is in line with (Sandika et al., 2022) which says that postpartum mothers who experience mild fatigue will positively affect the success of breastfeeding, where the factors that cause are influenced by psychological and physiological anxiety such as the breastfeeding process and situations such as fussy babies and difficulty sleeping will affect the low level of motivation in breastfeeding.

One of the factors that affect breastfeeding is a supporting factor. The supporting factors themselves consist of family support and support from health workers. Support factors from the family including husband, parents or other siblings determine the success of breastfeeding. Because the influence of the family has an impact on the mother's emotional state so that it indirectly affects milk production. A mother who gets support from her husband and other family members will increase breastfeeding to her baby (Wulandari, Setyo Retno; Winarsih, 2023b)

This research is in line with research conducted by (Lauda, 2021) Maternal motivation in exclusive breastfeeding can succeed with encouragement from husbands to breastfeeding mothers to breastfeed babies. A husband who understands and understands how the benefits of breast milk will always help mothers take care of the baby, including changing diapers, bathing the baby and giving massage to the baby. While mothers try to focus on improving the quality of their breast milk by consuming balanced nutritious foods and carrying out a healthy lifestyle.

CONCLUSION

The results showed that the majority of fatigue experienced by mothers after childbirth was fatigue in the moderate category, caused by the new labor process and adaptation to the new role as parents. Husband support in the form of moral and material is considered to be quite good, with moral support having an important impact on the emotional condition of the mother. The motivation for breastfeeding in the first 24 hours postpartum is mostly in the moderate category, influenced by

postpartum physical fatigue and husband support. There was a considerable correlation between fatigue and husband support and motivation to breastfeed in the first 24 hours, with significance values indicating a relationship between the two variables

SUGGESTION

For Postpartum Mother

It is hoped that postpartum mothers can manage their feelings of fatigue well so that they do not continue which will later affect the breastfeeding process. Husband support is expected to be improved both morally, especially materially.

For Midwives in Hospitals

The results of this study can be used as a method of novelty and innovation in midwifery, making educational media to increase knowledge about fatigue and husband support in the breastfeeding process at RSUD Akhmad Berahim

For Educational Institutions

It is hoped that the results of this research will be a source of reference in the development of midwifery science to improve the quality of midwifery care delivery, especially in midwifery services

For the Next Researcher

Can conduct similar research with a larger number of respondents and it is hoped that the results of this study can be used as a reference to develop this research

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