**ABSTRACT**

Introduction: Early initiation of breastfeeding (IMD) is beneficial for both mother and baby and determines the success of breastfeeding. The benefits of IMD include reducing the risk of maternal and infant mortality, increasing the success of exclusive breastfeeding for 6 months, and increasing bonding attachment between mother and baby. This study aimed to determine the effect of early breastfeeding initiation on exclusive breastfeeding.

Methods: This study was an observational study with a cross-sectional design with a retrospective approach. The population in this study were mothers who had babies aged 7-12 months in the Tambakrejo Health Centre Area, Jombang Regency. The technique used to determine the sample in this study used purposive sampling with a total of 60 respondents. Data collection using interviews with the help of a fill-in format. Results: The results of the chi-square statistical test showed a p value = 0.110 (p>0.05), meaning that there was no relationship between the implementation of IMD and the success of exclusive breastfeeding. The results of the calculation of the prevalence ratio (PR) showed that mothers who implemented IMD had a 1.699 times chance of successfully providing exclusive breastfeeding compared to mothers who did not implement IMD. Conclusion: There is no influence between the implementation of IMD and the success of exclusive breastfeeding. Suggestion: Future researchers are expected to examine other factors that influence the success of exclusive breastfeeding other than early breastfeeding initiation, such as husband and family support factors and maternal employment status.

**Keywords:** Implementing Early Breastfeeding, Exclusive Breastfeeding

**INTRODUCTION**

An indicator to assess the degree of public health is by assessing the infant mortality rate (IMR). Infant mortality is a major health problem in Indonesia (Mastuti et al., 2017). One of the efforts in reducing the infant mortality rate (IMR) is to provide exclusive breastfeeding (Mulyani et al., 2023). Optimal breastfeeding is very important. If all children aged 0-23 months are optimally breastfed, this period can promote child development, reduce the risk of chronic diseases, and reduce morbidity and mortality. The SDGs target at the end of 2030 in
the third goal is to reduce neonatal mortality by 12 per 1000 births and under-5 mortality by 25 per 1000 births (Mastuti et al., 2017).

Exclusive breastfeeding is breast milk that is given to babies from birth until 6 months of age without adding and replacing with other foods or drinks, except vitamin supplements, medicines, and minerals. The benefits of breast milk will increase if the baby is fed only breast milk for the first six months of life. Exclusive breastfeeding has a great contribution to the optimal growth and development and endurance of children so that children are not easily sick (Irawan, 2018). However, Indonesia is ranked 66 out of 99 countries, with an exclusive breastfeeding coverage rate of only 34% from the World Breastfeeding Trends Initiative report in 2023.

The implementation of IMD is the first step in the baby's success to start learning the first breastfeeding so that breast milk is still produced and the baby can get colostrum, which is breast milk that comes out on the first and second day (Ujung & Nainggolan, 2020). The early breastfeeding initiation policy has been socialised in Indonesia since August 2007. The World Health Organisation (WHO) has recommended that all infants receive colostrum to fight infections and receive breast milk from birth for 6 months. Government Regulation of the Republic of Indonesia Number 33 Year 2012 states that IMD for newborn babies to their mothers for a minimum of one hour by placing the baby on the mother's chest or abdomen so that the baby's skin is attached to the mother's skin (Ujung & Nainggolan, 2020).

According to research by Mastuti, et al (2017) the success of exclusive breastfeeding in the first 1 month is more influenced by the duration of IMD implementation than the stages of IMD. Breastfeeding, even for 1 month, is the perfect start for babies to start their lives. The lowest failure rate for exclusive breastfeeding occurs in the first month. While the failure rate will be higher if exclusive breastfeeding exceeds the first month (Ujung & Nainggolan, 2020).

According to research by Tasrin et al., (2022) there is a correlation between IMD and exclusive breastfeeding status. In addition to providing IMD, husband and family support is also very important for the success of exclusive breastfeeding because the experience of family, friends, or the surrounding environment who have breastfed can help the mother's acceptance of being able to breastfeed. Another study by Irayani et al., (2023) also said there was a significant relationship between the implementation of IMD and exclusive breastfeeding. However, in reality there are still mothers who do not exclusively breastfeed their babies despite IMD. Therefore, researchers are interested in knowing the effect of the implementation of early breastfeeding initiation on exclusive breastfeeding.
METHOD

This research is an observational research cross sectional study design with a retrospective approach. The implementation of the study on 03 March to 11 April 2023 after passing the research ethics test. The population in this study were 71 mothers who had babies aged 7-12 months in the Tambakrejo Health Centre Area, Jombang Regency. To determine the sample size using the Slovin formula so that 60 samples were obtained. The sampling technique used in this study was purposive sampling.

The inclusion criteria of this study are mothers who have babies aged 7-12 months who come to the Tambakrejo Health Centre, Jombang Regency and are willing to become research respondents. While the exclusion criteria of this study were mother and baby pairs experiencing severe pain and mothers who forgot about the IMD they had done before. The independent variable studied was the implementation of IMD and the dependent variable studied was the success of exclusive breastfeeding. For data collection, the researcher conducted an interview with a form.

Data analysis began by determining the category of implementing IMD if the respondent said the baby after birth made skin contact by being placed on the mother's chest or abdomen for approximately 1 hour, and the category did not implement IMD if the respondent said after birth the baby did not make skin contact and was not placed on the mother's chest or abdomen. Respondents were categorised as providing exclusive breastfeeding if during the first 6 months the baby was given only breast milk without adding and replacing with other foods or drinks, except vitamin supplements, drugs, and minerals, respondents were categorised as not providing exclusive breastfeeding if during the first 6 months the baby had been given other foods or drinks besides breast milk. Data were analysed univariately with frequency distribution and bivariately using the chi square test with a significance level of 0.05. Data analysis in this study used the SPSS programme.

RESULTS

Research conducted on 03 March - 11 April 2023 at Tambakrejo Health Centre Jombang Regency obtained the following data:
1. General Data

<table>
<thead>
<tr>
<th>Table 1. Characteristics of respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>No.</td>
</tr>
<tr>
<td>-----</td>
</tr>
<tr>
<td>1.</td>
</tr>
<tr>
<td></td>
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<tr>
<td></td>
</tr>
</tbody>
</table>
Based on table 1, most of the respondents (71.7%) were aged 21-35 years. Most respondents' parity (56.7%) was primipara. The average education of respondents is high school, which is 45%. Most (57.1%) respondents were worked and most (55%) respondents had family income above the minimum standard.

2. Univariate Analysis

Univariate analysis was conducted to see the frequency distribution of research variables which included the implementation of early breastfeeding initiation and exclusive breastfeeding. The results of univariate analysis can be seen in table 2.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Frequency (n)</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implementation of IMD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>34</td>
<td>56.7</td>
</tr>
<tr>
<td>No</td>
<td>26</td>
<td>43.3</td>
</tr>
<tr>
<td>Total</td>
<td>60</td>
<td>100</td>
</tr>
<tr>
<td>Exclusive Breastfeeding</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>29</td>
<td>36.7</td>
</tr>
<tr>
<td>No</td>
<td>31</td>
<td>63.3</td>
</tr>
<tr>
<td>Total</td>
<td>60</td>
<td>100</td>
</tr>
</tbody>
</table>
respondents succeeded in implementing exclusive breastfeeding (36.7%).

3. Bivariate Analysis

Bivariate analysis was conducted to test whether or not there was a relationship between the variables of IMD implementation and exclusive breastfeeding. The results of bivariate analysis can be seen in table 3.

### Table 3. Cross tabulation implementation of IMD with exclusive breastfeeding

<table>
<thead>
<tr>
<th>Implementation of IMD</th>
<th>Exclusive Breastfeeding</th>
<th>Total</th>
<th>PR 95% CI</th>
<th>P Value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
<td>n</td>
<td>%</td>
</tr>
<tr>
<td>Yes</td>
<td>20</td>
<td>14</td>
<td>34</td>
<td>100</td>
</tr>
<tr>
<td>No</td>
<td>9</td>
<td>17</td>
<td>26</td>
<td>100</td>
</tr>
</tbody>
</table>

The table shows that 34 people who performed IMD, 58.8% provided exclusive breastfeeding, and 26 people who did not perform IMD only 34.6% provided exclusive breastfeeding. The results of the statistical test showed that there was no relationship between IMD and exclusive breastfeeding (0.11>0.05), however, the prevalence ratio (PR) showed that mothers who performed IMD had a chance of 1.699 times to successfully breastfeed exclusively when compared to those who did not provide exclusive breastfeeding.

**DISCUSSION**

The results of the frequency distribution on the implementation of IMD were obtained from 60 respondents, 34 mothers (56.7%) had performed IMD for approximately 60 minutes after delivery and there were 26 mothers (43.3%) who did not perform IMD. Various literature states that immediately after birth the baby should be placed on the mother's chest by attaching the baby to the mother's chest or abdomen, so that the baby can learn to suckle and get to know the mother's nipple. In addition, suction stimulation from the baby will stimulate the posterior pituitary gland to secrete the hormone oxytocin to accelerate milk production (Afrinis et al., 2021) and can reduce postpartum bleeding and accelerate uterine involution (Nur et al., 2019).

When the baby is placed on the chest or stomach, the baby will feel the warmth of the mother's skin so that it can reduce the risk of death due to hypothermia (Mardhiyah et al., 2018). During breastfeeding, the baby will coordinate suction, swallowing and breathing. At that time, the mother may have secreted colostrum (Haryanti et al., 2022). Babies who get colostrum will get antibodies and intestinal cell growth factors, antibodies in breast milk can increase resistance to infection (Sulistiningsih, 2020). Lack of knowledge and parents'
unwillingness to perform IMD are the reasons why IMD is rarely performed (Hurek & Odilia Esem, 2020). In addition, the implementation of IMD is also often carried out imperfectly, such as performing IMD after the baby is wrapped first so that there is no skin contact with the mother, even officers often help breastfeed the baby to the mother, because the baby cannot find the mother's nipple (Nur et al., 2019). Implementation of IMD correctly and according to IMD procedures, by not missing the process of skin contact between the baby and the mother, has been shown to help bonding and the subsequent breastfeeding process (Philip et al., 2023). The type of delivery can also determine whether or not IMD is performed. Spontaneous delivery without complications increases the success of IMD by 24.88 times when compared to spontaneous delivery with complications (Widyaningsih & Nur khayati, 2023). Labour with complication causes long fatigue and trauma to the mother, so it requires a longer recovery time when compared to normal labour (Maulina & Nur Afifah, 2023).

The results of the frequency distribution on exclusive breastfeeding from 60 respondents were 31 mothers (63.3%) who did not carry out exclusive breastfeeding until 6 months of age and 29 mothers (36.7%) who provided exclusive breastfeeding. Exclusive breastfeeding will optimise the growth and development of the baby, but there are some mothers who do not do it for various reasons. One of them is working mothers, as many as 51.7% of respondents in this study were working mothers. According to research by Assriyah et al., (2020), there is a relationship between maternal employment and exclusive breastfeeding. For working mothers, giving birth and providing exclusive breastfeeding is a dilemma, because the leave period is too short compared to the breastfeeding period, so they will give formula milk as a substitute for breast milk. Working mothers also have limited time and space, especially if there are no breastfeeding facilities in the workplace. However, work is not a reason not to provide exclusive breastfeeding because breast milk can be expressed and still given to the baby even if the mother does not accompany the baby (Irayani et al., 2023).

In addition to the mother's employment status, family income also affects exclusive breastfeeding (Raniati et al., 2023). As many as 55% of respondents in this study had an income below the minimum wage. According to Suradi and Roesli (2016), exclusive breastfeeding can alleviate the family economy. This is because mothers who provide exclusive breastfeeding do not need to buy formula milk, besides that by providing exclusive breastfeeding the baby will get natural immunity from the mother and get sick less often, thereby reducing medical costs (Pariselo, Helen, Pasande, 2021).
The results of the chi square statistical test showed that the p value = 0.110 (p > 0.05) means that there is no relationship between the implementation of IMD and exclusive breastfeeding. Early initiation of breastfeeding has an important meaning in stimulating milk production and strengthening the initial sucking reflex in infants in the first few hours after birth and increasing the length of time infants are breastfed (Yuliana, 2020). Therefore, early initiation of breastfeeding is more beneficial for breastfeeding sustainability than not initiating early breastfeeding. Early initiation of breastfeeding increases exclusive breastfeeding success and breastfeeding duration up to two years (Sofia, 2018). However, in addition to the implementation of IMD for the success of exclusive breastfeeding, there are other factors that influence it. According to Saraha, (2020) the factors that play a role in the success of exclusive breastfeeding include family support where the family is someone who is closest to the mother and can provide positive support so as to strengthen the mother's confidence to provide exclusive breastfeeding. In addition to family support according to research by Suliasih et al., (2019) a history of success in previous exclusive breastfeeding, maternal age, employment and education are also associated with exclusive breastfeeding.

The weakness in this study is that it is vulnerable to time and information bias. The collection of interview data using the form is subjective, so the correctness of the data is highly dependent on the honesty and memory of the respondent as well as the honesty and sensitivity of the interviewer (observer) when making observations and filling in which will certainly greatly affect the data and information produced. In addition, the researcher did not examine whether the mother's breastfeeding technique was correct or not, whether the baby was breastfed directly or using a pacifier, which is important because breastfeeding technique affects milk production. Researchers also did not examine the role of the family in the success of exclusive breastfeeding, this is important because the family can provide encouragement to mothers to provide exclusive breastfeeding.

CONCLUSION

The results showed that out of 34 people who performed IMD, there were 20 people (58.8%) who provided exclusive breastfeeding, and out of 26 people who did not perform IMD, there were 17 people (65.4%) who did not provide exclusive breastfeeding. There was no association between IMD and exclusive breastfeeding, but mothers who performed IMD had a chance of 1.699 times to provide exclusive breastfeeding compared to mothers who did not perform IMD. IMD should still be promoted as one of the factors supporting the success of exclusive breastfeeding, but it is also necessary to strengthen other factors that also play an
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important role in the success of exclusive breastfeeding.

REFERENCES


