



**THE CONTRIBUTION OF EARLY BREASTFEEDING INITIATION (IMD) TO EXCLUSIVE BREASTFEEDING AND THE RELATIONSHIP WITH NUTRITIONAL STATUS OF CHILD**

**Almas Awanis\*, Lilik Ariyanti**

Sekolah Tinggi Ilmu Kesehatan Nasional, Jl. Raya Solo - Baki, Bangorwo, Kwarasan, Kec. Grogol, Kabupaten Sukoharjo, Jawa Tengah 57552, Indonesia

\*[physio.almas@stikesnas.ac.id](mailto:physio.almas@stikesnas.ac.id)

**ABSTRACT**

Early initiation of breastfeeding (IMD) is one of the government's policy can reduce the neonatal mortality rate (AKN) and increase the coverage of exclusive breastfeeding. The Failure of IMD and exclusive breastfeeding can be the one of causes for children have poor nutritional status. The purpose of this research is to examine of early initiation of breastfeeding for exclusive breastfeeding and to know the relationship with nutritional status of children. The research sample as many as 130 people by using purposive sampling. This study using quantitative methods, with cross-sectional design. Data collection instruments such as questionnaires, and measuring the children's height and weight. Data Analysis used to find results of contribution about relationship between IMD and exclusive breastfeeding was with chi-square test, and used to find results of correlation with nutritional status was carried with the Pearson Correlation and Lamda tests. The results showed that there was a relationship Early Initiation of Breastfeeding (IMD) ( $p = 0,00$ ) OR (6,7) CI 95%. Analyzed showed that dominant risk factor of early initiation of breastfeeding is early initiation of breastfeeding. And than for the results of IMD with nutritional status showed that ( $r = 0,00$ ) that's mean it does not have a strong correlation.

**Keywords:** growth and development; mother's role; neonatal mortality

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**INTRODUCTION**

Reducing child morbidity and mortality is still a major task for health organizations such as the World Health Organization (WHO). Deaths that occur in children, infants and toddlers are often caused by lack of nutrition, which is 58%. Breastfeeding that is not optimal, accounts for 45% of deaths caused by neonatal infectious diseases, 30% due to diarrhea and 18% due to acute respiratory disorders (WHO, 2015). Therefore, WHO recommends that children should only be breastfed with breast milk (ASI) for at least 6 months. This early breastfeeding initiation program can save at least 30,000 babies in Indonesia who die within 1 hour of birth (Yuliana & Safitri, 2019).

Based on Government Regulation Number 33 of 2012, the definition of exclusive breastfeeding is mother's milk that is given to babies from birth to 6 months of age without adding and replacing with other foods or drinks, except for vitamin supplements, drugs, and minerals. There are so many benefits that children get when they are exclusively breastfed, such as growth and development and the child's immune system. Children who are exclusively breastfed will grow and develop optimally and not get sick easily (Irwan,

2018).Inisiasi Menyusui Dini (IMD) merupakan proses yang penting untuk memudahkan bayi dalam menyusui. Proses IMD yakni dilakukan dengan cara meletakkan bayi di atas dada atau perut ibu, dan secara alami bayi akan mencari sendiri Air Susu Ibu (ASI) serta menyusui. WHO telah merekomendasikan proses IMD ini dilakukan dalam satu jam pertama sejak bayi lahir (Tasrin, Putri, & Demmalewa, 2022).

The coverage of exclusive breastfeeding in Indonesia is actually still far from expectations, although in recent years it has increased. In 2018 the coverage of exclusive breastfeeding was 44.36%, in 2019 it was 66.69% and in 2020 it was 69.62%. The coverage of exclusive breastfeeding in the Central Java region itself has also increased, although it has not met the expected target of 80%. In 2019 the coverage of exclusive breastfeeding in the Central Java region was 72.00%, in 2020 it was 76.30% and in 2021 it was 78.93% (Central Bureau of Statistics, 2021).

In general, there are various factors that can cause the failure of the practice of IMD and exclusive breastfeeding to occur. Some of them are mothers with working status outside the home, no support from family, no assistance from midwives or other health workers, low knowledge and attitudes of mothers, hereditary culture, incessant promotion of formula milk, maternal nipple abnormalities, and others. (Sinaga, & Siregar, 2020). Failure to give IMD and exclusive breastfeeding can be one of the causes of children experiencing poor nutritional status. It is also supported by the explanation of Par'i et.al, (2017) that children's growth and development factors are also influenced by nutritional status, so it needs to be an important concern, because more nutritional status or poor nutritional status can affect children's cognitive in the future, children become lazy and less active. For this reason, this study was conducted to find out how the contribution of IMD to exclusive breastfeeding and its relationship to the nutritional status of children in the working area of the Cawas II Public Health Center Klaten.

## METHOD

This type of research is a correlation analytic method with a cross sectional design. Correlation analytic study is a technique used to analyze the relationship between independent and dependent variables. Cross sectional is a research to study the correlation between risk factors by approach or data collection at one time only. This means that each subject was only observed once to determine the relationship of IMD action with exclusive breastfeeding and the nutritional status of children in the working area of the Cawas II Public Health Center Klaten. The time of the research was held in May 2022 and is located in the working area of the Cawas II Public Health Center Klaten, Central Java. In this study, univariate analysis was used to determine each of the variables studied. Bivariate analysis used Chi-Square to examine the relationship between IMD implementation and exclusive breastfeeding, and to determine the correlation between IMD, exclusive breastfeeding and children's nutritional status, Pearson Correlation and Lamda tests were used.

## RESULTS



Figure 1. Distribution of maternal age

The characteristics of the age of mothers who have babies aged 0-60 months in the working area of the Cawas II Public Health Center Klaten are dominated by mothers aged 26-30 years as much as 35.3%. In the characteristics of the mother's age, there was also no age at risk during pregnancy, which was under 20 years.

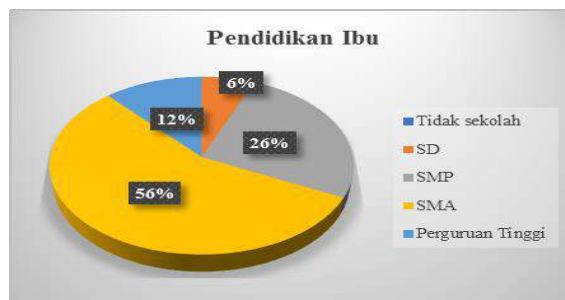


Figure 2. Mother's educational history

More than half of mothers who have children in the age range of 0-60 months have a history of high school education, although the second highest percentage is mothers who have a history of junior high school education.

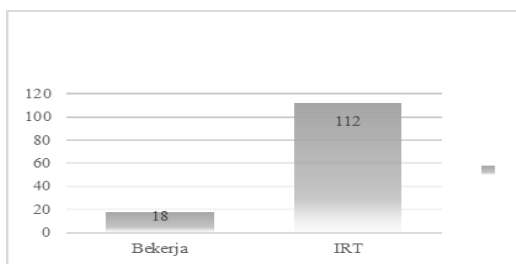


Figure 3. Mother's Work

A total of 86.9% of respondents are housewives (IRT). This is in line with the results of the percentage of exclusive breastfeeding by mothers, which is 80.8%.

Table 1. Effect of BMI on exclusive breastfeeding

IMD	ASI eksklusif		Total	OR (CI 95%)	p-value
	Tidak	Ya			
Tidak	9 (13,8%)	38 (22,3%)	47 (36,2%)	6,7 (2,5 - 17,8)	0,00
Ya	16 (5,4%)	67 (58,5%)	83 (63,8%)		

From the results of this study, it was found that there was a strong relationship between giving IMD to exclusive breastfeeding. Table 1 shows the results of hypothesis testing with the chi square test, where p-value <0.05, it can be concluded that the implementation of IMD has a relationship with exclusive breastfeeding.

Table 2 can be seen that the implementation of IMD has a correlation with exclusive breastfeeding.

Table 3 shows that mothers who do IMD are more likely to have children with normal weight status, compared to those who do not practice IMD.

Table 2.  
Correlation between BMI, exclusive breastfeeding and mother's occupation

Variabel	IMD	ASI	Pekerjaan Ibu
IMD			
Uji Korelasi	1	0.36	0.18
<i>p-value</i>		0.00	0.03
ASI			
Uji Korelasi	0.36	1	0.15
<i>p-value</i>	0.00		0.07
Pekerjaan Ibu			
Uji Korelasi	0.18	0.15	1
<i>p-value</i>	0.03	0.07	

Tabel 3.  
Hubungan IMD dengan Status Gizi Anak

Variabel	Status Gizi				Value
	BB Sangat Kurang	BB Kurang	BB Normal	BB Lebih	
IMD	2 (1,1%)	3 (5,4%)	33 (32,5%)	9 (8%)	0.00
Tidak Ya	1 (1,9%)	12 (9,6%)	57 (57,5%)	13 (14%)	

## DISCUSSION

The characteristics of the age of mothers who have babies aged 0-60 months in the working area of the Cawas II Public Health Center Klaten are dominated by mothers aged 26-30 years as much as 35.3%. In the characteristics of the mother's age, there was also no age at risk during pregnancy, which was under 20 years. The status of being a mother under the age of 20 is considered a risky age for pregnancy, in addition to physical, mental and psychological health, it is also considered not mature enough and mature enough to face pregnancy and childbirth. Meanwhile, for gestational age that occurs above the age of 35 years is considered risky, because reproductive health begins to decline (Depkes RI, 2010). More than half of mothers who have children in the age range of 0-60 months have a history of high school education, although the second highest percentage is mothers who have a history of junior high school education. Because usually mothers who have a fairly high educational history will be busy working outside the home, so the behavior for exclusive breastfeeding is also uncertain (Irawan, 2018).

A total of 86.9% of respondents are housewives (IRT). This is in line with the results of the percentage of exclusive breastfeeding by mothers, which is 80.8%. One of the obstacles for mothers to exclusively breastfeed is working due to difficulties in managing the time to pump breast milk, limitations in choosing breast milk pumping equipment and the unavailability of a breastfeeding corner room. In this study, the coverage of exclusive breastfeeding was good (Yuliana & Safitri, 2019).

From the results of this study, it was found that there was a strong relationship between giving IMD to exclusive breastfeeding. Table 1 shows the results of hypothesis testing with the chi square test, where  $p\text{-value} < 0.05$ , it can be concluded that the implementation of IMD has a relationship with exclusive breastfeeding. Then the researcher wants to know the magnitude of this relationship by bringing up the risk value or odds ratio (OR). Based on Table 1, it can be seen that the OR value is 6.7 with 95% CI (2.5-17.8). With this value, it can

be seen that exclusive breastfeeding has a strong relationship with the previous IMD implementation. Where mothers who do IMD have 6 times more opportunities to give exclusive breastfeeding than mothers who do not do IMD. This is in line with research conducted by Ahmed & Salih (2019) that giving IMD increased the incidence of exclusive breastfeeding several times.

Table 2 can be seen that the implementation of IMD has a correlation with exclusive breastfeeding. Although the correlation value is 0.36 or weakly correlated, this has a high level of significance, namely 0.00. This means that the IMD relationship for the success of exclusive breastfeeding can be said to be successful. This significant correlation can be explained through the research of Deslima, Misnaniarti, & Zulkarnain (2019) that the first two hours of a baby's life are the optimal time for babies to learn to breastfeed. So, when IMD is given from the start, there will be skin-to-skin contact between the baby and the mother during this period. This will increase the baby's chances of breastfeeding in the first hours of life and in the long term. However, the low correlation created can be influenced by several other factors such as psychological factors and demographic factors from the mother. Mother's psychological factors include mother's level of knowledge, mother's confidence (attitude), mother's commitment to breastfeeding, and support from health workers. In the correlation test between the implementation of the IMD and the mother's occupation, a very weak but significant correlation was also found. That is, when mothers do not have work outside the home, the intensity for exclusive breastfeeding will be greater (Ahmed & Salih, 2019; Woldeamanuel, 2020).

Table 3 shows that mothers who do IMD are more likely to have children with normal weight status, compared to those who do not practice IMD. Meanwhile, to find out the correlation, the results of the correlation test were obtained which refer to the Lamda value, that the result is 0.00 which means that the relationship between the implementation of the IMD and the nutritional status of children is very weak. The absence of a strong correlation can be caused by other factors that can affect the nutritional status of children, other factors include the cleanliness of the living environment (home), clean and healthy living behavior so that it affects children sick in a certain time (Ali, Adam, & Alim, 2019; Abeng, Ismail, & Huriyati, 2014). The hygiene factor is indeed an important thing, where as children get older there will be a tendency to experience weight loss. This happens because children are more susceptible to exposure to infectious diseases such as coughs and colds. Coupled with a reduced appetite when the child is sick (Zogara, 2021).

## CONCLUSION

The contribution of the implementation of Early Breastfeeding Initiation (IMD) to exclusive breastfeeding has a significant relationship and the opportunity to give exclusive breastfeeding is greater (6 times greater) in mothers who carry out IMD. There is no correlation between BMI and the nutritional status of children, or the correlation that occurs is very weak.

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**RESULTS**



Figure 1. Distribution of maternal age

The characteristics of the age of mothers who have babies aged 0-60 months in the working area of the Cawas II Public Health Center Klaten are dominated by mothers aged 26-30 years as much as 35.3%. In the characteristics of the mother's age, there was also no age at risk during pregnancy, which was under 20 years.



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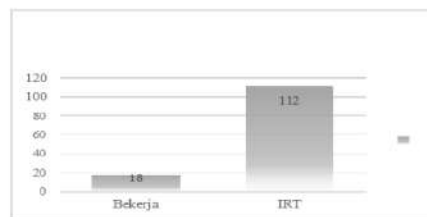


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Table 3 shows that mothers who do IMD are more likely to have children with normal weight status, compared to those who do not practice IMD. Meanwhile, to find out the correlation, the results of the correlation test were obtained which refer to the Lamda value, that the result is 0.00 which means that the relationship between the implementation of the IMD and the nutritional status of children is very weak. The absence of a strong correlation can be caused by other factors that can affect the nutritional status of children, other factors include the cleanliness of the living environment (home), clean and healthy living behavior so that it affects children sick in a certain time (Ali, Adam, & Alim, 2019; Abeng, Ismail, & Huriyati, 2014). The hygiene factor is indeed an important thing, where as children get older there will be a tendency to experience weight loss. This happens because children are more susceptible to exposure to infectious diseases such as coughs and colds. Coupled with a reduced appetite when the child is sick (Zogara, 2021).

## CONCLUSION

The contribution of the implementation of Early Breastfeeding Initiation (IMD) to exclusive breastfeeding has a significant relationship and the opportunity to give exclusive breastfeeding is greater (6 times greater) in mothers who carry out IMD. There is no correlation between BMI and the nutritional status of children, or the correlation that occurs is very weak.

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