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Correlation between History Early Breastfeeding Initiation and Exclusive Breastfeeding among Mothers of Infants Aged

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Abstract

This study investigates the relationship between early initiation of breastfeeding (EIBF) and exclusive breastfeeding to mothers in the Banjarangkan II Public Health Center, Regional Technical Implementation Unit (RTIU). This study employs the correlative analytical method of cross-sectional design, utilizing a retrospective approach. This study lasted from February to April 2024. The random proportional sample method consists of 58 individuals. We collected data through questionnaires and used the Fisher exact test for data analysis. The results of the study showed that the majority (89.7%) of mothers of babies aged 7–12 months had EIBFs, and most (82.8%) had exclusive breastfeeding. Studies show that mothers who perform EIBF in the Banjarangkan II Public Health Center's Regional Technical Implementation Unit work area and have babies aged 7–12 months are more likely to provide breast milk as the only source of nutrition for babies, often called exclusive breastfeeding. The results indicate a correlation between the history of EIBF and exclusive breastfeeding among mothers, with a contingency coefficient value of 0.597. To implement EIBF, midwives must continue to promote pregnant mothers' health.

Keywords: History of early breastfeeding initiation, exclusive breastfeeding, infants aged 7-12 months

INTRODUCTION

Early breastfeeding allows newborns to independently seek out their mother's nipples. The baby achieves this by lying prone on the mother's tummy or chest. This way, the baby's skin is near the mother's skin for at least an hour after birth. If a cloth or other object obstructs skin-to-skin contact for less than an hour, we consider the process incomplete and declare the early initiation of breastfeeding (EIBF) unsuccessful (1).

Recommendations from the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) state that initiating early breastfeeding in stoneborn babies can reduce 22% of infant deaths in less than one month (2). The Sustainable Development Goals (SDGs) emphasize that EIBF aids in reducing poverty, hunger, and infant and child mortality. One way to reduce infant mortality rates is to breastfeed exclusively until the baby is six months old and continue to feed him or her complementary foods until he or she is two years old (3).

In Indonesia, the percentage of infants exclusively breastfed rose from 56.9% in 2021 to 67.96% in 2022. In Bali Province, the percentage of exclusively breastfed infants rose from 70.9% in 2021 to 76.96% in 2022, but it still falls short of the Ministry of Health of the Republic of Indonesia's 80% target. So far, the limited breastfeeding coverage in Klungkung Regency has not achieved optimal results. In 2020, 71.09% of infants aged 0 to 6 months received exclusive breastfeeding, rising to 73.0% in 2021, 81.45% in 2022, and 81.04% in 2023 (4).

Banjarangkan subdistrict is in Klungkung Regency, which is in the province of Bali. On the edge of the city center, the Banjarangkan II Public Health Center, Regional Technical Implementation Unit (RTIU), is located. Overall, from 2020 to 2022, EIBF achievement in the Banjarangkan II Public Health Center's Regional Technical Implementation Unit working area continued to decline, reaching 52.8% in 2020, 43.3% in 2021, 34.5% in 2022, and 29.51% in 2023. Exclusive breastfeeding outcomes are also low in the Banjarangkan Sub-district.

Banjarangkan II Public Health Center, Regional Technical Implementation Unit, is in the middle of Klungkung Regency, Bali Province. The area spans 24.18 km2, with an average travel distance of 12 km to the health center, resulting in a travel time of 10 minutes between the district and the health center. The work area is located on hills with high rainfall every year. Paved roads allow two- or four-wheeled vehicles to enter each village, but the roads' unpaved, narrow, and slippery condition makes some hamlets difficult to reach by motorized vehicles. Most people here are traders, farmers, and entrepreneurs. In 2023, the study area had 16,910 residents (8,431 males and 8,431 females, respectively), with 8,479 females making a total of 4,895 family cards.

The Banjarangkan II Public Health Center, Regional Technical Implementation Unit, has socialized and implemented the EIBF program in six villages, five independent midwife practices, and a maternity clinic. The current program at Banjarangkan II Public Health Center, Regional Technical Implementation Unit, aims to enhance the success of EIBF and exclusive breastfeeding by promoting EIBF counseling and education, as well as providing early breastfeeding services to pregnant women, particularly those in their third trimester. This makes mothers more prepared to perform EIBF immediately after the birth of their babies and provide breastfeeding as early as possible without additional food or drink, both inside and outside the building (5).

During posyandu, home visits, pregnancy classes, and health center visits, pregnant women, postpartum women, and breastfeeding mothers receive an explanation of EIBF and exclusive breastfeeding (6). We provide health education on topics such as breast care, the importance of early breastfeeding, the correct position and technique for breastfeeding, the frequency of breastfeeding, and strategies for working mothers to preserve their breast milk. The study focused on mothers aged between 7 and 12 months in the Banjarangkan II Community Health Centre area. Additionally, we distributed the respondents based on their characteristics.

According to data in 2022, of the six villages under the responsibility of the Banjarangkan II Public Health Center, Regional Technical Implementation Unit, only two villages, Tihingan Village (36.84%) and Takmung Village (56.10%), had very low exclusive breastfeeding coverage. In 2023, only 81 out of 205 babies underwent early breastfeeding initiation (EIBF). In Nyanglan village, 89.47% of babies received EIBF; in Getakan village, 96.43%; in Timuhun village, 90.00%; and in Village A, it is also 90.00%.

Researchers at Banjarangkan II Public Health Center, Regional Technical Implementation Unit, conducted the initial study by interviewing 10 mothers with babies aged between 7 and 12 months. Of these, three claimed to have only consumed breast milk for six months, while the remaining seven claimed to have added formula milk during the same period.

In addition, Suhita's (2023) study found that early breastfeeding initiation (EIBF) was associated with exclusive breastfeeding, with a p-value <0.05 (7); however, a study by Periselo et al. (2021) found that there was no correlation between EIBF and exclusive breastfeeding success (p = 0.102) (8).

Based on the above information, the researcher is interested in a study titled "The relationship between the history of early breastfeeding initiation and special breast milk feeding in mothers who have babies aged 7 to 12 months in the Banjarangkan II Public Health Center, Regional Technical Implementation Unit working area".

METHOD

This study used correlative analytical techniques because the purpose of the research was to find the relationship between variables and analyze the data collected. The research design used a cross-sectional and retrospective approach (9). This study had a broader goal than just finding answers to these specific questions, which was to help improve breastfeeding policies and practices to benefit the community as a whole and the well-being of

infants. In January 2024, we conducted this study in the working area of the Banjarangkan II Public Health Center, Regional Technical Implementation Unit, situated in Losan Hamlet, Takmung Village, Banjarangkan, Klungkung, Bali. This study involved all mothers of infants in the Banjarangkan II Public Health Center, Regional Technical Implementation Unit.

The working area accommodates individuals aged between 7 and 12 months. 156 individuals. The correlation analysis formula, taken from the following sample, was used to calculate the sample size (10):

$$n = \left(\frac{(Z\alpha+Z\beta)^2}{0{,}5\ ln\ (\frac{1+r}{1-r})}\right) + 3$$

Notes:

$Z\alpha$ = 5% alpha standardised derivative (1.64) $Z\beta$ = 10% beta standardised derivative (1.28) n = sample size

r = minimum correlation coefficient that considered meaningful (0.4)

Then the size of the subject:

$$n = \left[\frac{1{,}64+1{,}28}{0{,}5\ln(1+0{,}4)/(1-0{,}4)}\right]^2+3$$

$$n = \left[\frac{2{,}92}{0{,}42}\right]^2+3$$

$$n = [6{,}952]^2+3$$

$$n = 48{,}33 + 3$$

$$n = 51{,}33$$

$$n = 52$$

Proportional random sampling methods were used in this study; particular focus was given to the use of proportional random sampling. Sugiyono (2018) states that in the proportional sampling method, each participant has the same opportunity to be sampled proportionally (5). Stated in the proportional sampling method, each participant has the same chance to be proportionately sampled.

This study uses univariate analysis for each variable to see the results of descriptive analysis, the following formula can be used (11) :

$$X = \frac{f}{n}\ x\ 100\%$$

Notes:

X : Percentage result

f : frequency of achievement results

n : total of all observations

While the research flow applied is as follows.

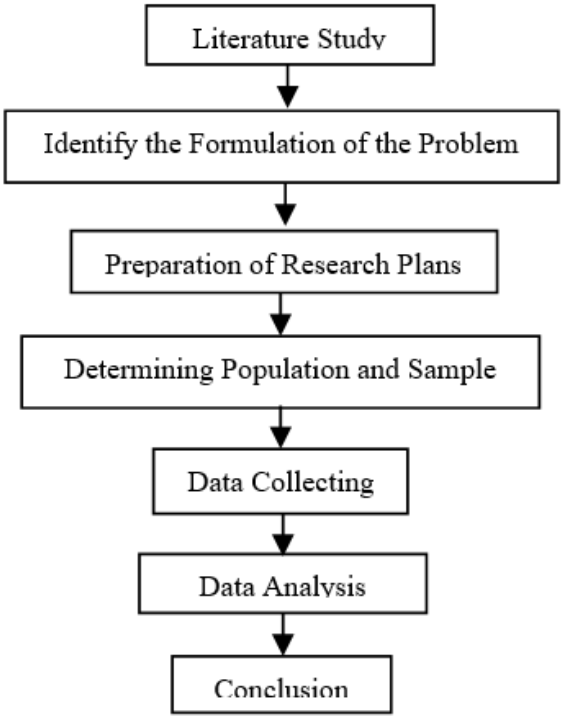

Figure 1. Research Flow

RESULTS

This section presents the findings from the analysis of the correlation between early breastfeeding initiation (EIBF) and exclusive breastfeeding (EBF) among mothers of infants aged 7 to 12 months.

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We analyzed the data using cross-tabulation (crosstab) to explore the relationship between the two variables. We performed a chi-square test of independence to determine whether there was a statistically significant association between early initiation of breastfeeding and the practice of exclusive breastfeeding.

The analysis includes both descriptive statistics and inferential statistics to provide a comprehensive view of the relationship. We used the Chi-Square test to examine the association between these practices because both variables—EIBF and EBF—are categorical. The following sections will detail the distribution of the data and the results of the Chi-Square test.

Table 1. Distribution of respondents' characteristics

Characteristics	Frequency (f)	Percentage (%)
Age		
≤ 20 Years	0	0
20-35 Years	51	87,9
≥ 35 Years	7	12,1
Education		
Primary	6	10,3
Secondary	33	56,9
Higher	19	32,8
Parity		
Primipara	12	20,7
Multiparous	39	67,2
Grandemultipara	7	12,1
Job		
Housewife	42	72,4
Private sector employee	10	17,2
Entrepreneur or self-employed	6	10,4
Amount	**58**	**100**

The table above states that most people aged between 20 and 35 years old, 51 people, or 87.9% of the total population, work as housewives.

The table below shows the history of early breastfeeding here and exclusive breastfeeding based on researcher observations.

Table 2. History of early breastfeeding initiation

Early breastfeeding initiation	Frequency (f)	Percentage (%)
No	6	10,3
Yes	52	89,7
Amount	58	100

In Banjarangkan II Public Health Center, Regional Technical Implementation Unit, there were 52 people, or about 89.7% of the respondents. EIBF was done enthusiastically, especially by mothers.

The following table shows exclusive breastfeeding in other places:

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Table 3. Exclusive breastfeeding data

Exclusive breastfeeding	Frequency (f)	Percentage (%)
No	10	17,2
Yes	48	82,8
Amount	58	100

According to the data above, 48 out of 58 people who answered, or about 82.8%, considered that babies need exclusive breastfeeding for their growth.

We used a chi-square test of independence to analyze the correlation between early breastfeeding initiation (EIBF) and exclusive breastfeeding (EBF) among mothers of infants aged 7 to 12 months. The hypotheses tested were:

H0: There is no correlation between early breastfeeding initiation (EIBF) and exclusive breastfeeding (EBF) among mothers of infants aged 7 to 12 months.

Ha: There is a correlation between early breastfeeding initiation (EIBF) and exclusive breastfeeding (EBF) among mothers of infants aged 7 to 12 months.

The decision-making criteria are as follows:

1. When the Asymp. Sig. (2-sided) value is less than 0.05, we reject the null hypothesis (H0) and accept the alternative hypothesis (Ha), signifying a significant correlation between EIBF and EBF.
2. When the Asymp. Sig. (2-sided) value exceeds 0.05, we accept the null hypothesis (H0) and reject the alternative hypothesis (Ha), signifying a lack of significant correlation between EIBF and EBF.

We conducted a chi-square test of independence to assess the relationship between early breastfeeding initiation (EIBF) and exclusive breastfeeding (EBF) among mothers of infants aged 7 to 12 months. The test aims to determine whether there is a statistically significant association between these two variables. We categorized and cross-tabulated the EIBF and EBF data, then applied the Chi-Square test to assess the strength and significance of the relationship.

The table below summarizes the results of the Chi-Square test, including the test statistic value, degrees of freedom, and the p-value (Asymp. Sig.). These values will guide the decision-making process based on the significance level of 0.05.

Table 4. The Result of Crosstabulation Between Two Variable

Variable		Exclusive breastfeeding				P *Value*
		No		Yes		
		f	%	f	%	
	No	6	10,3	0	0	0,000
	Yes	4	6,9	48	82,8	

Table 5. The Result of Chi-Square Test with SPSS

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	32.123	1	<0.001
Continuity Correction	25.980	1	<0.001
Likelihood Ratio	25.121	1	<0.001
Linear-by-Linear Association	31.569	1	<0.001
N of Valid Cases	58		

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This indicates that four respondents experienced early initiation of breastfeeding (EIBF) but did not perform exclusive breastfeeding (6.9%). The results showed that 48 respondents practiced early initiation of breastfeeding (EIBF) and provided exclusive breastfeeding, while 6 respondents, or 10.3%, did not.

The table above presents the results of the Chi-Square test for independence between early breastfeeding initiation (EIBF) and exclusive breastfeeding (EBF) among mothers of infants aged 7 to 12 months. The Pearson Chi-Square value is 32.123 with 1 degree of freedom, and the associated p-value is less than 0.001. Since the p-value is below the significance threshold of 0.05, we reject the null hypothesis (H0), indicating that there is a significant correlation between EIBF and EBF.

Additionally, the 2x2 tables' continuity correction yielded a value of 25.980 with a p-value less than 0.001, further supporting the rejection of the null hypothesis. The Likelihood Ratio and Linear-by-Linear Association tests both produced significant results ($p < 0.001$), confirming the strong association between EIBF and EBF. The analysis included a total of 58 valid cases.

These findings suggest a statistically significant relationship between early initiation of breastfeeding and the likelihood of exclusive breastfeeding among mothers in this study.

Table 6. The Result of Symmetric Measures

	Value	Approximate Significance
Contingency Coefficient	0.597	<0.001
N of Valid Cases	58	

We conducted a symmetric measures analysis to assess the strength of the association between early breastfeeding initiation (EIBF) and exclusive breastfeeding (EBF) among mothers of infants aged 7 to 12 months. The contingency coefficient value is 0.597, indicating a moderately strong association between the two variables. The approximate significance level for this test is less than 0.001, which suggests that the observed association is statistically significant at the 0.05 significance level. This result supports the finding that there is a significant relationship between early breastfeeding initiation and the likelihood of practicing exclusive breastfeeding. A contingency coefficient value closer to 1.0 would indicate a stronger association, so the value of 0.597 reflects a notable but not perfect correlation between the two variables.

DISCUSSION

We classify the respondents by age, education, occupational parity, and education level.

The majority of mothers with babies aged 7–12 months in the Banjarangkan II Public Health Center's Regional Technical Implementation Unit working area are between 20 and 35 years old (87.9%), indicating a level of maturity in thinking that allows them to understand the consequences of their actions or decisions.

Sinaga (2022) asserts that a person's desire to learn more and their ability to receive information more easily increases in a productive age (12). A person's experiences, reading literature, interpersonal relationships, attitudes, and desires can also influence their knowledge. These knowledge levels, comprising of knowing, understanding, application, analysis, synthesis, and evaluation, also influence a person's behavior and ability to access information.

Breastfeeding correlates with the age of the mother; in terms of breastfeeding, young mothers tend to be less diligent than older mothers. Despite not directly affecting reproductive function, early breastfeeding significantly influences milk production. The baby's suction during EIBF will affect the production of the hormones prolactin and oxytocin, both of which are crucial for milk production (13).

Almost all mothers with infants aged between 7 and 12 months had a lower secondary education level, with 33 people, or 56.9%, having completed this level of education. The picture of the education level shows that most respondents can think

critically and consider the best health choices for themselves and their babies. Mothers with higher education are more aware of the importance of providing exclusive breastfeeding to their babies (14). Educated mothers of children under five can seek to gain knowledge by reading research and health guidelines that emphasize the health benefits of exclusive breastfeeding. Such information can encourage them to exclusively breastfeed and help them understand the importance of education. Education gives people the ability to analyze data and make more informed decisions (15).

Most of the mothers were multiparous, with 39, or 67.2%, having had multiple pregnancies. This indicates that these mothers had given birth before having their babies, aged 7–12 months. Experience in this regard is essential as it forms the basis for future pregnancies. Experience is valuable in improving exclusive breastfeeding practices. Mothers who have given birth multiple times tend to have more breastfeeding experience compared to first-time mothers. They explain that parity is associated with the start of lactation, which determines how well breastmilk functions thereafter (16).

History of Early Breastfeeding Initiation

Most mothers with infants aged 7-12 months practiced early breastfeeding initiation. A total of 52 mothers, or 89.7% of the respondents, had utilized early breastfeeding initiation. Early breastfeeding initiation (EIBF) helps the mother recover after labor and strengthens the bond between the mother and baby without separating them immediately after birth. It reinstates the baby's rights, which the birth doctor had previously taken away (17).

The term 'early breastfeeding' refers to the process of breastfeeding a baby within one hour of birth. There are two ways to initiate early breastfeeding: The first is for babies born through normal or abnormal labor, as long as both the mother and baby are healthy. In this case, early breastfeeding helps increase the mother's milk production and strengthens the baby by enhancing their sucking reflex (18). The second way applies to babies who may need medical attention immediately after birth, such as those born prematurely or with complications. As soon as the baby stabilizes, initiate breastfeeding to reap the benefits of early breastfeeding.

The majority of working mothers in the Banjarangkan II Public Health Center, Regional Technical Implementation Unit, have babies aged between 7 and 12 months and have prior childbirth experience, which aids in their understanding of the benefits of early initiation of breastfeeding (EIBF). According to Pratiwi Puji (2021), performing EIBF will make mothers and babies cry less, their breathing and heart rate will be more stable, and they will feel calmer. It reduces the amount of energy the baby consumes (19).

History of exclusive breastfeeding

In the Banjarangkan II Public Health Center, Regional Technical Implementation Unit working area, 82.8% (48 mothers) of formula-feeding mothers understood the importance of providing their babies with exclusive breastfeeding for six months (20).

Most respondents found that they were unable to exclusively breastfeed their babies. Additionally, working too far away presents numerous challenges, including the absence of childcare and the need to return to work quickly, given that the average maternity leave is only three months. Babies had to rely on formula due to a shortage of expressed breast milk.

There is a correlation between the initiation of early breastfeeding and exclusive breastfeeding.

The results mean that four people who participated in the study had practiced EIBF but did not provide exclusive breastfeeding (6.9%), and six people who participated in the study did not do both (10.3%). A total of 82.8% of the respondents, or 48 people, practiced early initiation of breastfeeding (EIBF) and provided exclusive breastfeeding. According to the research data, mothers who performed EIBF in the

Banjarangkan II Public Health Center's Regional Technical Implementation Unit working area were more likely to exclusively breastfeed.

The results of this study demonstrate a significant correlation between early breastfeeding initiation (EIBF) and exclusive breastfeeding (EBF) among mothers of infants aged 7 to 12 months. The Chi -Square test revealed a strong link, with a p -value of < 0.001 and a contingency coefficient of 0.597, showing that mothers who started breastfeeding within the first hour of giving birth were more likely to do so exclusively for the recommended six months. This finding aligns with previous research, which highlights the importance of early skin-to-skin contact and breastfeeding initiation in promoting long-term breastfeeding success.

Early breastfeeding initiation stimulates the mother's milk production and improves the baby's latching ability, increasing the likelihood of maintaining exclusive breastfeeding. Moreover, EIBF also fosters an emotional bond between mother and baby, which may encourage mothers to persist with exclusive breastfeeding. Given the well-documented health benefits of exclusive breastfeeding, such as reduced infant mortality, better nutritional outcomes, and stronger immune responses, these findings underscore the critical role of EIBF in improving public health outcomes for both mothers and infants.

This study's strong correlation suggests that healthcare providers should prioritize the importance of EIBF during antenatal care and provide early breastfeeding support to mothers. Future research could explore the barriers preventing some mothers from practicing EIBF and explore potential solutions to further increase rates of exclusive breastfeeding.

However, four individuals, accounting for 6.9% of the participants, did not practice exclusive breastfeeding due to their young age and limited understanding of its benefits. The majority of respondents were 20–30 years old. According to Afiah (2022), most young mothers do not know the benefits of exclusive breastfeeding. In her study, she identified several reasons why mothers do not exclusively breastfeed, including a lack of knowledge about the benefits of exclusive breastfeeding and a lack of support to continue breastfeeding after delivery. To boost mothers' confidence in breastfeeding, support for them is crucial (21).

Infants who can breastfeed at an early age have a higher success rate in exclusive breastfeeding and will breastfeed longer. Early initiation of breastfeeding (EIBF) will be very helpful during prolonged breastfeeding and exclusive breastfeeding. This way, the baby will have everything he needs until the age of two and will not be malnourished. Early initiation of breastfeeding (EIBF) reduces infant mortality due to hypothermia, provides antibodies from colostrum, introduces beneficial gut bacteria that fight pathogenic bacteria, increases the baby's glucose levels for a few hours after delivery, and promotes earlier passage of meconium, which further aids in this process (22).

CONCLUSIONS

In Puskesmas Banjarangkan II, most respondents were between 20 and 30 years old (87.9%), had a secondary education level (56.9%), and most occupations were housewives (72.4%). According to parity, most respondents were multiparous (67.2%). In the Banjarangkan II Public Health Center's Regional Technical Implementation Unit working area, 89.7% of mothers of infants aged 7–12 months had performed EIBF, and 82.8% of mothers exclusively breastfed their infants.

This study demonstrates a significant correlation between early breastfeeding initiation (EIBF) and exclusive breastfeeding (EBF) among mothers of infants aged 7 to 12 months. The findings indicate that mothers who initiate breastfeeding within the first hour after birth are more likely to continue exclusive breastfeeding for the recommended six-month period. This highlights the critical role of EIBF in promoting long-term breastfeeding success and improving infant health outcomes. Given the well-documented benefits of exclusive

breastfeeding, such as enhanced immune protection and reduced risk of infant mortality, it is essential that healthcare providers encourage and support mothers in practicing early breastfeeding initiation. Future efforts should focus on addressing barriers to EIBF and increasing awareness among new mothers about the importance of both early initiation and exclusive breastfeeding. For better research, future researchers will investigate the factors that influence the failure of EIBF implementation in the Banjarangkan II Public Health Center's Regional Technical Implementation Unit working area.

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