

Effect of Early Initiation on Exclusive Breastfeeding in Blindungan Village Blindungan District Bondowoso

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ABSTRACT

Introduction: Mothers who do not provide exclusive and customary breastfeeding to their babies are influenced by several factors such as insufficient breast milk so that the babies often fuss and cry. Exclusive breastfeeding constraints are also due to the provision of food and drinks to the baby before breastfeeding, such as honey and formula milk, and the distrust of mothers in breastfeeding the baby.

Method: The research method used is observational analytic with cross sectional approach to see the effect of independent variables on the dependent variable.

Result: The results of this study were 69 respondents who did Early Initiation of Breastfeeding (IMD), 23 respondents (33.3%) succeeded in giving exclusive breastfeeding, and 18 respondents (26.1%) were unable to provide exclusive breastfeeding. Mothers who did not perform IMD and were able to provide exclusive breastfeeding were 6 respondents (8.7%) and 22 respondents (31.9%) were unable to exclusively breastfeed. This shows that IMD can increase exclusive breastfeeding, while mothers who do not do IMD are at risk of not being able to provide exclusive breastfeeding.

Conclusion: From the results of this study, it is necessary to increase health education about improving the quality of mothers in carrying out IMD and exclusive breastfeeding.

Keywords: *Early Initiation; Exclusive Breastfeeding*

Introduction

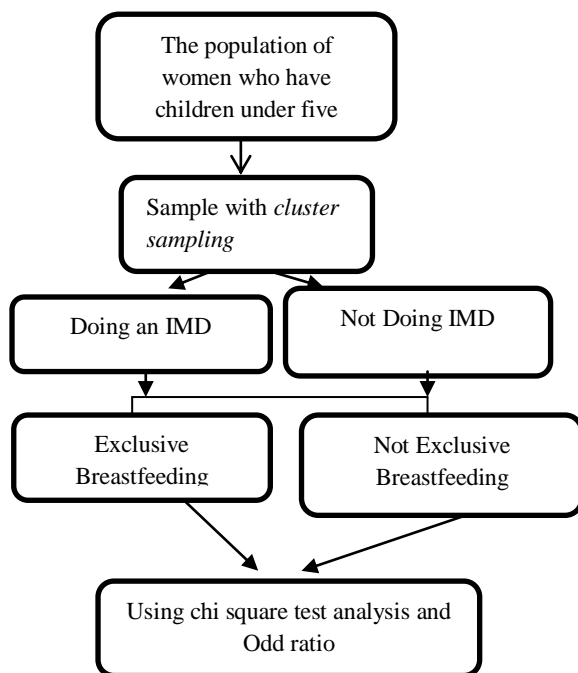
In developing countries, at birth and the first week after delivery are critical times for both mother and baby. About two thirds of deaths occur in the neonatal period (Aprillia, 2009). Mothers who do not provide exclusive breastfeeding for their babies are also affected by several factors such as insufficient breast milk so that the babies often fuss and cry. Barriers to exclusive breastfeeding are the provision of food and drink to the baby before the milk comes out such as honey and formula milk and the mother's distrust of breast milk. In addition, the incessant promotion of formula milk is also one of the failures of exclusive breastfeeding.

This can be caused by various factors, one of which is the lack of interaction between the child and the mother. Other factors that the authors can explain are the lack of affection between mother and child when the child is still growing and a lack of awareness of the importance of IMD. The government has set a target of exclusive breastfeeding coverage in 2010 for infants 0-6 months of 80% (Depkes RI, 2007). Efforts to increase breastfeeding have started to give encouraging results, exclusive breastfeeding coverage up to the age of 6 months in Indonesia in 2010 was only 15.3% (Riskesdas, 2010), in 2012 it increased to 48.6% (Kemenkes, 2013).

Many measures are relatively inexpensive and easy to implement to improve the health and survival of the newborn. One of them is breastfeeding (ASI) immediately after birth or so-called early initiation of breastfeeding and exclusive breastfeeding. (Aprillia, 2009). Furthermore, early initiation of breastfeeding greatly affects the baby, which makes the baby calmer, less stressed, with a more stable breathing and heart rate, this is because the contact between the mother's skin and the baby can strengthen the bonds of affection between mothers and children (Mochtar, 2008). In this study, there was an influence between Early Breastfeeding Initiation on Exclusive Breastfeeding and a significant relationship with Bounding Attachments. Therefore, we as researchers are interested in taking the title The Effect of Early Initiation of Breastfeeding on Exclusive Breastfeeding in Blindungan Village, Bondowoso Regency.

Method

The research design used an observational analytic with a cross sectional approach, where data on the independent and dependent variables were collected at the same time (Notoatmodjo, 2012). This study aims to determine the effect of IMD with exclusive breastfeeding in Blindungan Village, Bondowoso Regency. The place and time of the research were carried out in Blindungan Village, Bondowoso Regency, which was held in September 2019.



The population in this study were mothers who had given birth to live children who did IMD and did not do IMD, either exclusively breastfeeding or not exclusively breastfed. Samples were taken from populations that had met the inclusion criteria, then the sampling technique used was cluster sampling, namely taking from 2 posyandu, namely Posyandu Jambu and Posyandu Durian. In collecting the research data, the researcher did: Editing, Coding, Tabulation, Analyze and Interpretation.

Result

The results of this study describe in this table below:

Table 1.1 Frequency distribution

No	Variable	Frequency	Percentage (%)
1.	Early initiation with breastfeeding	23	33,3
2.	Early initiation without breastfeeding	18	26,1
3.	Not Early initiation with breastfeeding	6	8,7
4.	Not Early initiation without breastfeeding	22	31,9
Total		69	100

Based on the table above, the results of respondents who carried out early breastfeeding with IMD and exclusive breastfeeding were 23 respondents (33.3%), and 18 respondents (26.1%) were not exclusively breastfed, while mothers who were not breastfed were exclusively breastfed. 6 respondents (8.7%) and not breastfeeding. Exclusive of 22 respondents (31.9%). This shows that early breastfeeding initiation (IMD) can increase exclusive breastfeeding, while those who do not do early breastfeeding are at risk of not getting exclusive breastfeeding.

Discussion

In this case the author will discuss the effect of IMD on exclusive breastfeeding and with a discussion arrangement including Facts, Theory, Opinion. This discussion in addition to IMD to increase exclusive breastfeeding is also the importance of providing colostrum and bonding attachments that can produce perfect exclusive breastfeeding.

In fact, the effect of IMD on exclusive breastfeeding is similar to the theory where from the data of mothers (respondents) there are 69, 23 respondents (33.3%) who have been able to provide exclusive breastfeeding, and 18 respondents who cannot be exclusive. breastfeeding. respondents (26, 1%). Mothers who did not perform IMD but were able to provide exclusive breastfeeding were 6 respondents (8.7%) and 22 respondents (31.9%) were unable to provide exclusive breastfeeding. This shows that IMD can affect the increase in exclusive breastfeeding, and those who do not do IMD are at risk of not getting exclusive breastfeeding.

According to Soetjiningsih, the factors that influence exclusive breastfeeding are: (1) socio-cultural factors (economy, formal education, family income, and work status) (2) psychological factors (fear of losing attractiveness as a woman), (3) factors physical mother (sick mother, for example mastitis, etc.), (4) the factor of the lack of number of health workers so that the community lacks information or encouragement about the benefits of exclusive breastfeeding.

The problems that occur in this study are related to theory because IMD is the main step in the success of exclusive breastfeeding. Breastfeeding immediately after the baby is born for less than one hour will result in two to eight times the success of exclusive breastfeeding for four months compared to mothers who do not breastfeed immediately. This shows that initiation of IMD is very influential in increasing exclusive breastfeeding, whereas those who not doing IMD risks not getting exclusive breastfeeding. So that IMD can affect the success of exclusive breastfeeding for children under five. IMD is also a program that plays an important role in bonding between mother and baby and its relationship with improving physical and psychological health. The failure of IMD that continues with the failure to provide exclusive breastfeeding results in nutritional deficiencies and has an impact on reducing the attachment of mothers to their babies, decreasing physical and psychological health which is a threat to human resources in Indonesia in the future.

Conclusion

Based on the results of this study, namely the effect of IMD on the success of exclusive breastfeeding, the following conclusions were obtained:

- a. IMD is very influential in increasing exclusive breastfeeding, while those who don't do IMD are at risk of not getting exclusive breastfeeding.
- b. The success of exclusive breastfeeding is influenced by the implementation of IMD in the Blindungan Village area of Bondowoso Regency.
- c. IMD is a program that plays an important role in a mother's attachment to her baby and its relationship with improving physical and psychological health.

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