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CORRELATION BETWEEN HISTORY OF TYPE OF CHILDBIRTH AND EARLY INITIATION OF BREASTFEEDING WITH EXCLUSIVE BREASTFEEDING

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I N F O A R T I K E L

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ABSTRACT

Exclusive breastfeeding means breastfeeding until six months of age with no other additives except vitamins and medicine. Exclusive breastfeeding coverage in Kediri District (34.30%) is still below the national target (45%). Low breastfeeding coverage rates are influenced by many factors, including the history of childbirth and early initiation of breastfeeding. To prevent problems due to the failure of exclusive breastfeeding, this study was conducted to determine the relationship between the history of childbirth and early initiation of breastfeeding with exclusive breastfeeding. This study used an observational research design with a cross sectional approach, which is a one-time analytic survey research approach. The sample size of the research was 49 respondents. The sampling method for this study used simple random sampling. The statistical test of chi square is used for data analysis. The results showed that most respondents had a history of spontaneous labor (69.4%) and early initiation of breastfeeding (69.4%), and also most respondents provided exclusive breastfeeding (51%). Statistical tests showed that there was no correlation between history of childbirth and exclusive breastfeeding (P 0.051) and there was a correlation between and early initiation of breastfeeding and exclusive breastfeeding (P 0.010). Therefore, it has been found that mothers who received early initiation of breastfeeding measures had a greater chance of being able to provide exclusive breastfeeding. Through early initiation of breastfeeding, babies were able to learn to suckle and become accustomed to sucking on nipples, and also helping mothers to prepare their bodies to produce breast milk so they could start providing breast milk to their babies as early as possible and increasing the chances of successful exclusive breastfeeding.

Keywords:
Types of Childbirth; Early Initiation of Breastfeeding; Exclusive Breastfeeding

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1. INTRODUCTION

Breast milk is a white liquid produced by the mother's mammary glands. Breast milk offers all the nutrients for newborns in their growth and development process. The high nutritional content and availability of immunological components in breast milk make it irreplaceable, even if excellent and expensive formula milk is available (Linda, 2019).

The best period of breastfeeding is until the child is two years old because the composition of breast milk is not the same throughout the breastfeeding period. The World Health Organization (WHO) recommends that mothers breastfeed for a full six months because the nutritional needs of babies up to that age can be met only by breastfeeding. The period of breastfeeding until the baby is half a year old without any other food or drink is called exclusive breastfeeding (Linda, 2019).

Exclusive breastfeeding means providing breast milk to a baby from birth to 6 months of age without giving any other food or drink, except medicines and supplements prescribed by a doctor. Babies get the best nutrition from breast milk. Exclusive breastfeeding helps newborns avoid malnutrition, boost immunity, improve cognitive abilities, reduce gastrointestinal inflammatory diseases including vomiting and diarrhea, and avoid respiratory inflammation and death. Breast milk helps children develop intelligence (Padeng et al., 2021).

Exclusive breastfeeding affects future health. Children who are not exclusively breastfed may experience stunting, obesity, and future chronic diseases such as diabetes. If the milk supply is low, the child's growth, development and even IQ may be affected (Samiun, 2019).

According to the Central Bureau of Statistics in 2022, the percentage of exclusive breastfeeding in Kediri District was 39.42%. This coverage is still lower than the national medium-term development planning target of 45%, which conducted by the president. Based on exclusive breastfeeding data obtained from the Kediri District Health Profile in 2019-2021, it is known that the coverage of mothers who provide exclusive breastfeeding in the Plosoklaten Health Center working area continues to decline. The coverage of mothers who provide exclusive breastfeeding in the Plosoklaten Health Center working area in 2021 is 30%. Then, the data obtained from the preliminary study states that the highest number of toddlers in the age range of 7-12 months in the working area of the Plosoklaten Health Center is in Jarak Village, Plosoklaten District, Kediri Regency.

Exclusive breastfeeding coverage rates that do not reach the target can be caused by various factors. Some of these factors are type of childbirth and early initiation of breastfeeding. The process that explains how the type of childbirth can affect exclusive breastfeeding is that the type of delivery is strongly influenced by the level of pain. Surgical wounds obtained as a result of sectio caesarea have a higher pain level compared to surgical wounds in spontaneous labor so that it will affect the mobility ability of the mother after childbirth. This can have an impact on breastfeeding, affecting exclusive breastfeeding. In addition, prolactin and oxytocin levels in the blood will decrease on the second day after cesarean childbirth (Rahmawati, 2019).

Besides type of childbirth, early initiation of breastfeeding is also a variable that contributes to exclusive breastfeeding. The process that explains how early initiation of breastfeeding can affect exclusive breastfeeding is because through early initiation of breastfeeding the mother's mammary glands are stimulated to produce milk immediately and through this action, the baby's sucking reflex becomes stronger. The first few hours after birth is the best time for babies to learn to suck on mom's nipple. This is because the spontaneous movement of the baby to suck the nipple is the strongest at this time and this can also increase the duration of the baby's breastfeeding. Therefore, it is known that early initiation of breastfeeding serves to facilitate continuity of breastfeeding and increase the chances of exclusive breastfeeding. The prolactin content will decrease if the newborn does not suckle within 30 minutes after birth, making it more difficult to stimulate milk production and causing colostrum production to be delayed, so breast milk is only released around the third day after delivery. If colostrum is not removed promptly, the baby will also be deprived of milk,

which may affect exclusive breastfeeding (Lesti, 2018).

Because the target percentage of exclusive breastfeeding has not been achieved evenly and by considering the history of childbirth including the type of childbirth and early initiation of breastfeeding actions and their correlation with exclusive breastfeeding, therefore, as a measure to prevent problems arising from the failure of exclusive breastfeeding, this study was conducted to determine the relationship between the history of type of delivery and early breastfeeding initiation with exclusive breastfeeding.

2. METHODS

Observational analytic with cross sectional type was the design used in this study. Jarak Village, Plosoklaten District, Kediri Regency was chosen as the location for this study. The data collection process was carried out in March 2023. This study has a population of 55 mothers who have babies aged 7-12 months in Jarak Village, Plosoklaten District, Kediri Regency and have a MCH (Mother and Child Health) handbook which includes data on the type of childbirth and early initiation of breastfeeding, as well as taking care of their own babies from birth until the time of the study. Then, exclusion criteria were also applied to this study, including breastfeeding mothers who had a history of serious illness or infectious diseases (such as HIV, Hepatitis B, TB), and mothers who refused to be research respondents. A total of 49 respondents were sampled in this study. The respondents were selected using simple random sampling technique. This study has received ethical approval from the Health Research Ethics Commission of the Health Polytechnic of the Ministry of Health Malang No.065/III/KEPK POLKESMA/2023 valid for the period March 07, 2023 to March 07, 2024.

Data were collected using MCH handbook instruments and questionnaires. Before the questionnaires were distributed, validity and reliability tests were conducted. Recording data obtained from the MCH handbook was used to determine the history of the type of childbirth and early initiation of breastfeeding actions, while filling out the questionnaire by respondents was carried out to determine exclusive breastfeeding. Simple random sampling was the sampling method used. The chi square statistical test was used in data analysis to determine the correlation between the history of type of childbirth with exclusive breastfeeding and the correlation between early initiation of breastfeeding with exclusive breastfeeding.

3. DISCUSSION

The data that has been collected are then tabulated and analyzed. The following below is general data and specific data from research respondents.

Table 1. General Characteristics of Respondents

Characteristics	Category	n	%
Age	<20 years old	2	4,1
	20-35 years old	45	91,8
	>35 years old	2	4,1
Last Education	Elementary School / Equivalent	2	4,1
	Junior High School / Equivalent	8	32,6
	Senior High School/Equivalent	34	53,1
	Bachelor/Diploma IV	5	10,2
Employment Status	Work	14	28,6
	Not Work	35	71,4

Table 1 shows that almost all respondents were in the age range of 20-35 years (91.8%), and most respondents had completed 12 years of compulsory education (53.1%) and were not working (71.4%).

Table 2. Distribution of Childbirth Type History

Type of Childbirth	Frequency	Percentage (%)
Spontaneous	34	69,4
SC	15	30,6
Total	49	100

Table 2 shows that of the total number of respondents, 34 respondents (69.4%) had a history of spontaneous and 15 respondents (30.6%) had a history of SC.

Table 3. Distribution of Early Initiation of Breastfeeding Measures

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Early Initiation of Breastfeeding	Frequency	Percentage (%)
Implemented	34	69,4
Not implemented	15	30,6
Total	49	100

Table 3 shows that 69.4% of respondents initiated early breastfeeding during labor.

Table 4. Distribution of Exclusive Breastfeeding

Exclusive Breastfeeding	Frequency	Percentage (%)
Provide	25	51,0
Not provide	24	49,6
Total	49	100

Table 4 shows that 25 mothers (51%) provide exclusive breastfeeding for their baby.

Table 5. Correlation between history of type of childbirth and exclusive breastfeeding

Childbirth Type History	Exclusive Breastfeeding				*P*-Value
	Provide		Not Provide		
	N	%	N	%	0,051
Spontaneous	21	84	13	54,2	
SC	4	16	11	45,8	
Total	25	100	24	100	

Table 5 shows that of the total mothers who exclusively breastfed, 21 (84%) of them had a history of spontaneous and the other 4 respondents had a history of SC. The chi square test results showed a significance value (P = 0.051) which is greater than the alpha value (0.05). Therefore, it can be concluded that there is no correlation between history of type of childbirth and exclusive breastfeeding.

Table 6. Correlation between early initiation of breastfeeding and exclusive breastfeeding

Early Initiation of Breastfeeding	Exclusive Breastfeeding				*P* Value
	Provide		Not Provide		
	N	%	N	%	0,010
Implemented	22	88	12	50	
Not **Implemented**	3	12	12	50	
Total	25	100	24	100	

Table 6 shows that of the total respondents who exclusively breastfed, 22 respondents (88%) practiced early initiation of breastfeeding and 3 did not. The chi square test results showed that the P value = 0.010, which is smaller than the alpha value (0.05). Therefore, it can be concluded that there is a correlation between early initiation of breastfeeding and exclusive breastfeeding.

History of Type of Childbirth

The results showed that spontaneous labor was owned by most respondents (69.4%). This is supported by the age of respondents. Respondents who had a history of spontaneous labor were all (100%) in the age range of 20-35 years.

Women between the ages of 20-35 are safer to conceive and give birth because it can minimize the risk of labor complications. The safest age to get pregnant is between 20 to 35 years old because at this age women usually feel ready to become a mother and the uterus and other organs are ready to support pregnancy. Therefore, pregnancy that occurs in the age range of 20-35 years can minimize unwanted things during pregnancy and childbirth (Qurniyawati et al., 2018).

One factor that increases the chance of spontaneous labor is age. Respondents whose ages ranged from 20-35 years were more likely to give birth spontaneously. This is supported by data in the field which states that the age category of 20-35 years is owned by most respondents. Women who conceive and give birth in this age range tend to be safer to undergo labor. This is because the uterus and female reproductive organs are still functioning well during this age range. Therefore, if the mother gives birth in this age range, it can minimize the chances of SC and increase the chances of spontaneous labor.

Early Initiation of Breastfeeding

Based on the data processing that has been done, the results show that early initiation of breastfeeding actions are carried out in most respondents (69.4%). This was supported by the type of childbirth of the respondents. Respondents who initiated early breastfeeding at the time of childbirth, almost all (94.1%) had a history of spontaneous labor.

Most early initiation of breastfeeding implementation is only done in spontaneous labor due to unfavorable conditions in patients with caesarean labor. Sectio caesarea is one of the obstacles in the implementation of early

initiation of breastfeeding. In cases of spontaneous labor accompanied by emergency cases is also one of the factors for not implementing early initiation of breastfeeding. In addition to these factors, birth attendants and regulations at the place of delivery also influence the implementation of early initiation of breastfeeding. Medical personnel can provide information to mothers who have inadequate knowledge regarding early initiation of breastfeeding practices during pregnancy check-ups and facilitate early initiation of breastfeeding when the patient and baby's circumstances allow for such actions (Sukarti et al., 2020).

The mother will have a greater chance of early initiation of breastfeeding if she has spontaneous labor. This is because there is less chance of complications in spontaneous labor. This is evidenced by the results of the study which found that almost all respondents who had a history of spontaneous labor also initiated early breastfeeding during the delivery process. In spontaneous deliveries, medical personnel will be more confident to implement IMD due to the mother's better condition compared to SC deliveries, thus minimizing the worries of birth attendants. Therefore, medical personnel and maternity regulations play an important role in implementing early breastfeeding initiation measures and preventing prelacteal food consumption.

Exclusive Breastfeeding

Data calculations showed that exclusive breastfeeding was practiced by most respondents (51%). The respondents' employment status supported exclusive breastfeeding coverage in this study. All respondents who provided exclusive breastfeeding (100%) were not working.

Education, knowledge and employment status can influence the exclusive breastfeeding process. In the process of breastfeeding up to 6 months, the mother's employment status is one of the things that affects it. Non-working mothers are more likely to provide exclusive breastfeeding. This is because non-working mothers have more opportunities to breastfeed their babies whenever the baby wants, thus increasing the chances of exclusive breastfeeding (Timporok et al., 2018).

Non-working mothers are more likely to provide full breastfeeding for 6 months. This is evidenced by the results of the study which showed that exclusive breastfeeding was entirely provided by respondents who did not work. A mother's employment status is an important factor that contributes to breastfeeding for 6 months. Mothers who are not working will have more opportunities to be with their babies. Thus, it would be more feasible for mothers to breastfeed at any time or as often as possible. Therefore, exclusive breastfeeding is more likely to be provided by non-working mothers.

Correlation between history of type of childbirth and exclusive breastfeeding

The results of the bivariate analysis showed that there was no correlation between the history of the type of childbirth and exclusive breastfeeding in Jarak Village, Plosoklaten District, Kediri Regency (p value = 0.051).

Research conducted by Novira Kusumayanti and Triska Susila Nindya in 2018 has results that are in line with this study. The study showed the acquisition of statistical test results p value = 0.189. Based on statistical tests, it can be concluded that there is no correlation between the type of delivery and exclusive breastfeeding. This study also revealed that both mothers who gave birth spontaneously or by caesarean section tended not to exclusively breastfeed their babies. Although the mother had a spontaneous labor, prelacteal feeding for the baby was still done. Formula milk and prelacteal foods are still given because the mother feels that breast milk does not come out or the milk supply is insufficient (Kusumayanti & Nindya, 2018).

Many variables are involved in the low prevalence of exclusive breastfeeding coverage internationally. There are seven main barriers associated with breastfeeding duration. The seven barriers include lack of knowledge, milk production problems, socioeconomic difficulties, lack of social support, some prevailing social norms, lack of confidence, employment status and health services, and infant care needs (Suciati & Wulandari, 2020).

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Even if mothers have a history of spontaneous labor, they may not be able to exclusively breastfeed their babies as there are many other factors that contribute to exclusive breastfeeding. This study examined two factors associated with breastfeeding for 6 months. The two factors were type of childbirth and early initiation of breastfeeding, which occurred close together and did not examine other factors that may arise in the following 6 months. Based on the assessment results in the field, it was found that the factors of working status and education were the causes of respondents not providing exclusive breastfeeding despite having a history of spontaneous labor. Formula milk feeding was preferred by respondents with working status. Then, based on the findings during the research process, it was found that although respondents had a history of spontaneous labor, respondents who had a history of education that did not pass the 12-year compulsory education had inadequate knowledge about nutrition for their babies, so they considered that the nutritional intake needed by their babies until the age of 6 months was not enough with breastfeeding only.

Correlation between early initiation of breastfeeding and exclusive breastfeeding

Bivariate analysis showed that there was a correlation between early initiation of breastfeeding and exclusive breastfeeding in Jarak Village, Plosoklaten District, Kediri Regency with a p value = 0.010.

Research conducted by Aswita Amir, Nursalim, Aliffiani Widyansyah in 2018 has results that are in line with this study. The study presented the results of the Chi Square statistical test which obtained a p value = 0.0001. This means that there is a significant correlation between the implementation of early initiation of breastfeeding and exclusive breastfeeding (Amir et al., 2018).

Sofia Mawaddah in 2018 conducted research related to similar topics. The research is another study that also has results that are in line with this research. The Chi Square statistical test results showed a p-value = 0.001 so that the interpretation was obtained that there was a correlation between the implementation of early initiation of breastfeeding and exclusive breastfeeding (Mawaddah, 2018).

Luluk Nur Fakhidah and Fitria Hayu Palupi in 2018 conducted research which also showed the acquisition of statistical test results with a p-value = 0.025. Therefore, it is known that there is a correlation between the implementation of early initiation of breastfeeding and exclusive breastfeeding (Fakhidah & Palupi, 2018).

One of the factors that can influence exclusive breastfeeding is early initiation of breastfeeding. The practice of early initiation of breastfeeding will increase the chances of successful exclusive breastfeeding and continued breastfeeding after 6 months. In the early hours after birth, the infant's spontaneous movement to suck on the mother's nipple is the strongest and this can increase the length of time the infant breastfeeds. Therefore, breastfeeding sustainability can be supported by early breastfeeding initiation practices. In addition, the touch of mother and baby's skin affects how long a woman breastfeeds, which is beneficial for both mother and baby. Early initiation of breastfeeding is recommended to help the mother get ready to produce milk and help the baby learn to suckle and suck on the nipple. Prolactin levels will decrease if the newborn does not suckle within 30 minutes of birth, making it more difficult to stimulate milk production and leading to delayed colostrum production and causing colostrum to only come out around the third day after childbirth (Mawaddah, 2018).

Exclusive breastfeeding is more likely to be provided by mothers who are facilitated by early initiation of breastfeeding. Early initiation of breastfeeding is very important to increase milk supply and the baby's suction reflex becomes stronger. Early initiation of breastfeeding can also help the baby learn to suckle and get the baby used to sucking the nipple. It can also help the mother to start preparing to produce breastmilk so that she can provide breastmilk to her baby as early as possible and increase the chances of exclusive breastfeeding later on.

4. CONCLUSION

The conclusion that can be drawn from the research that has been done is that most respondents have a history of spontaneous labor

and early initiation of breastfeeding, and most respondents provide exclusive breastfeeding, there is no relationship between the history of the type of delivery with exclusive breastfeeding, and there is a relationship between early breastfeeding initiation with exclusive breastfeeding. Therefore, it is hoped that medical personnel will continue to be committed and strive for early initiation of breastfeeding in accordance with existing theories as an effort to increase breast milk production for the sustainability of exclusive breastfeeding.

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