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Analysis of the Success of Early Breastfeeding Initiation on Stunting in Infants Aged Less Than 12 Months

Fenty Agustini[1], Hapi Apriasih[1], Ayuning Tias Budi Lestari[1], Novita Tri Rahayu[1]
[1]*Department of Midwifery, STIKes Respati Tasikmalaya, Tasikmalaya, Indonesia*

Correspondence author: Fenty Agustini
Email: fentyagustini86@gmail.com
Address: Jl. Raya Singaparna KM 11, Tasikmalaya, 46418, Jawa Barat, 081322933242
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ABSTRACT

Introduction: The incidence of stunting in Tasikmalaya Regency has decreased from 41.7% to 24.4%, but in 2022 there will be an increase of 2.7 points to 27.2%. The Tasikmalaya Regency Government has designated 67 villages as special locations for stunting intervention convergence in 2023. Cikunir Village, Singaparna District, Tasikmalaya Regency is one of the villages with a stunting prevalence that exceeds the set limit of 20%.
Objective: The aim of this research is to determine the success of implementing of early breastfeeding initiation in Cikunir Village, Singaparna District, Tasikmalaya Regency on 2024.
Method: This research method is qualitative with the aim of knowing the implementation of early breastfeeding initiation, mother's knowledge about early breastfeeding initiation, family motivation and the implementation of early breastfeeding initiation in stunted babies less than 12 months.
Result: Based on the results of interviews during the implementation of early breastfeeding initiation, it is known that not a single baby succeeded in finding and sucking its mother's nipple, most did not exclusively breastfeed their babies, most did not know about early breastfeeding initiation, some most do not get motivation from their husbands and families in implementing early breastfeeding initiation and most do not prepare themselves for breastfeeding such as not taking care of their breasts during pregnancy.
Conclusion: This research is expected to increase mothers' knowledge and motivation in carrying out early breastfeeding initiation.

Keywords: breastfeeding, infant, stunting

Introduction

Stunting is a condition of growth failure in toddlers due to prolonged malnutrition, resulting in a height that is not proportional to their age. It is primarily caused by a lack of proper attention during the first 1000 days of life. These initial 1000 days are crucial as they determine an individual's physical growth, intelligence, and future productivity (Kemenkes RI, 2019). The prevalence of stunting remains high in Indonesia. According to the 2021 Indonesian Toddler Nutrition Status Survey, the stunting prevalence was 24.4%, affecting 5.33 million children under five, with a slight decrease to 21.6% in 2022. Data from the Sustainable Development Goals (SDGs) report in 2018 indicated that Indonesia was the third highest in Southeast Asia for stunting among children under five, at 36.4% (Bappenas, 2018). In West Java, the prevalence of stunting among children under five was 20.2% in 2022. In Tasikmalaya Regency, stunting dropped from 41.7% in 2018 (Riskesdas) to 24.4% in 2021 (SSGI), but increased again to 27.2% in 2022. As a response, the Tasikmalaya Regency Government has designated 67 villages as special locations for stunting intervention convergence in 2023.

Failure to meet the nutritional needs of children, which results in growth failure, can be attributed to various factors, such as improper early breastfeeding initiation and lack of exclusive breastfeeding. Inadequate early breastfeeding initiation prevents babies from receiving essential nutrients in the early stages of life. The success of early breastfeeding initiation is crucial for the success of exclusive breastfeeding (0-6 months). The nutritional components in breast milk are vital for babies, especially during the first two years, a period of rapid growth and development, including physical growth and brain function. The Indonesian government supports WHO and UNICEF recommendations advocating early breastfeeding initiation as a life-saving measure, as it can prevent 22% of deaths in babies under one month of age (Kemenkes, 2018).

Data from the Indonesian Ministry of Health in 2017 shows that the coverage of early breastfeeding initiation in Indonesia was 57.90%, an increase from 51.80% in 2016 (Kemenkes, 2017). Despite this improvement, it still falls short of the WHO target of 90%. In West Java, early breastfeeding initiation coverage was reported at 58% in 2017, and Cikunir Village, Singaparna District, Tasikmalaya Regency, is one of the areas with a stunting prevalence exceeding the 20% threshold (Profil Data Kesehatan Provinsi Jawa Barat, 2017). Based on these findings, the researcher is interested in conducting a study on the "Analysis of the Success of Early Breastfeeding Initiation in Stunted Babies Aged 6-12 Months in Cikunir Village, Singaparna District, Tasikmalaya Regency in 2024."

Objective

The aim of this research is to determine the success of implementing of early breastfeeding initiation by analyzing the implementation of early breastfeeding initiation, the mother's knowledge about early breastfeeding initiation, family motivation in implementing early breastfeeding initiation and the mother's physical and psychological readiness in implementing early breastfeeding initiationin in Cikunir Village, Singaparna District, Tasikmalaya Regency on 2024.

Method

This research method is qualitative with the aim of knowing the implementation of early breastfeeding initiation, mother's knowledge about early breastfeeding initiation, family motivation and physical and psychological readiness in implementing early breastfeeding

initiation in stunted babies less than 12 months old. The population in this research were 8 mothers who had stunted babies aged less than 12 months in Cikunir Village, Singaparna District, Tasikmalaya Regency. The variables of this research are mother's knowledge, family motivation, physical and psychological readiness and implementation of early breastfeeding initiation. The research instrument consists of an interview guide, note-taking equipment and recording equipment in the form of a tape recorder. Data processing was carried out by transcribing data from in-depth interviews and creating narratives of observation results. Data were analyzed using content analysis. The location of this research was carried out in Cikunir Village in September 2024.

Result

Characteristics of responden

Table 1. Number and Percentage of Respondent Characteristics

Variable	n (min)	% (max)
Age	16	44
Education		
Elementary	3	37.5
Junior high school	3	37.5
Senior high school	2	25.0
Occupation		
Work	0	0
Housewife	8	100

Based on Table 1, the age of responden with stunted toddlers ranges from 16 to 44 years. The majority of mothers have an education level of elementary and junior high school (75%), while 25% have a high school education. Additionally, all respondens in the study are housewives.

Implementation of early breastfeeding initiation

The results of interviews with eight mothers revealed varied experiences during early breastfeeding initiation. Two mothers reported that their babies, assisted by midwives, managed to breastfeed for approximately one hour and 15 minutes, respectively. However, three mothers did not undergo early breastfeeding initiation due to delivery via Caesarean section, while another mother required assistance as her baby could not breastfeed independently. Overall, none of the babies were able to find and latch onto their mothers' nipples without assistance, highlighting the challenges faced during the early breastfeeding initiation process.

Knowledge regarding Early Initiation of Breastfeeding

Interviews with eight mothers revealed varying levels of knowledge about early breastfeeding initiation. Two mothers had heard of early breastfeeding initiation, with one describing it as "immediate breastfeeding at birth" and the other as "exclusive breastfeeding for newborns." They obtained this information from cell phones, midwives, student-led activities, and maternal health books (KIA). These respondents mentioned the benefits of early

breastfeeding initiation, such as helping babies get accustomed to breastfeeding, introducing the mother's nipple, and fostering bonding between mother and child. However, six mothers admitted they had never heard of early breastfeeding initiation. Overall, the findings indicate that the majority of respondents lacked knowledge about early breastfeeding initiation.

Family Motivation

Of the respondents, five mothers were accompanied by their husbands during early breastfeeding initiation, while three were accompanied by their own mothers. However, the family members present primarily observed the mothers without offering encouragement or support during the process.

Mother's Physical and Psychological Readiness

Based on interviews with eight mothers, it was found that two respondents performed breast care during pregnancy by cleaning their nipples, while three focused solely on their pregnancy without paying attention to nipple hygiene. Three others, who gave birth via Sectio Caesarea (SC), did not undergo early breastfeeding initiation and had not performed any breast care during pregnancy. This indicates that most mothers were not physically prepared for early breastfeeding initiation. Psychologically, some mothers also faced challenges, such as sutures preventing successful breastfeeding.

Regarding exclusive breastfeeding, two mothers exclusively breastfed their babies with the first milk produced. Three mothers who delivered via SC reported that their babies were separated immediately after birth, placed in the nursery, and given formula milk, as their breast milk only began to flow two days post-delivery. Additionally, three mothers provided breast milk combined with supplementary food for babies under six months old and discarded the first milk produced. These findings highlight that the majority of respondents did not practice exclusive breastfeeding.

Discussion

Based on the researchers' observations, the implementation of early breastfeeding initiation (IMD) was limited to an average duration of 15 minutes. Ideally, IMD should be conducted for a minimum of one hour, as recommended by the JNPK-KR (2017), which emphasizes maintaining uninterrupted skin-to-skin contact between mother and baby during this period. Most infants successfully initiate breastfeeding within 30-60 minutes under these conditions. Roesli (2008) also highlighted that in the first 15-30 minutes after birth, infants are typically in a resting or alert state. Observations revealed that most infants displayed readiness cues, such as keeping their mouths open, indicating their natural instinct to seek and latch onto the mother's breast. However, the opportunity for these behaviors was often prematurely interrupted, preventing the infants from fully initiating breastfeeding. This evidence supports the conclusion that a 15-minute timeframe is insufficient for infants to naturally locate and latch onto their mother's nipple, thereby limiting the success of early breastfeeding initiation.

Successful Implementation of Early Breastfeeding Initiation

Observational results indicate that none of the mothers successfully implemented early breastfeeding initiation (IMD). Within a 15-minute timeframe, infants were unable to find and latch onto the mother's nipple, and midwives did not place the babies on their mothers' chests

for skin-to-skin contact. Instead, formula milk was given to the infants, despite evidence suggesting that formula is not ideal for newborns.

Early breastfeeding initiation is considered successful if the infant can locate and latch onto the mother's nipple within the first hour after birth. If unsuccessful within this timeframe, the infant should be repositioned on the mother's chest and provided with additional skin-to-skin contact for another hour. According to JNPK-KR (2017), when an infant does not successfully initiate breastfeeding within the first hour, it is recommended to position the baby closer to the nipple and extend skin-to-skin contact for 30-60 minutes. Research by Edmond et al. (2006) in Ghana involving 11,000 infants found that successful IMD within the first hour, facilitated by uninterrupted skin-to-skin contact for at least one hour, could save the lives of 22% of neonates under 28 days of age.

However, observations in this study revealed that IMD was not optimally implemented. Midwives often interrupted the process by lifting the infants to assist with breastfeeding, conducting newborn care, and swaddling them without returning them for skin-to-skin contact with their mothers. Roesli (2008) emphasizes that non-breast milk starter foods, such as formula derived from animal milk, contain non-human proteins that can disrupt intestinal development and increase the risk of early allergies.

Mother's knowledge

The results of interviews conducted during the implementation of early breastfeeding initiation (IMD) revealed that mothers did not actively participate in the process but merely held their babies. This finding is corroborated by in-depth interviews in which mothers stated that while the baby was on their chest, they only held the infant without providing any stimulation. Ideally, during IMD, mothers should actively stimulate their babies by gently stroking or caressing their bodies, as this helps the baby feel comfortable and encourages active efforts to locate and latch onto the mother's nipple. According to JNPK-KR (2017), mothers can support IMD by hugging and stroking their babies to facilitate the process.

The lack of maternal action during IMD may be attributed to insufficient knowledge and understanding of the process. Many mothers were unaware of the steps involved in IMD, largely due to inadequate dissemination of information. While two mothers reported having some awareness of IMD from sources such as cell phones, midwives, student activities, and maternal and child health (KIA) books, the information was incomplete and focused only on the definition and benefits of IMD, without addressing its technical implementation. This lack of comprehensive knowledge made it challenging for mothers to effectively carry out IMD.

Research supports the importance of maternal knowledge in the success of IMD. Roesli (2012) emphasized that the information available to mothers significantly influences their ability to perform IMD. Similarly, Jana (2015) found a significant relationship between the level of maternal knowledge about IMD and their participation in its implementation ($p=0.009$). Rusada et al. (2016) further demonstrated a significant correlation between maternal knowledge and the successful execution of IMD. These findings highlight the need for targeted education and comprehensive guidance to improve maternal engagement and the overall success of IMD.

Family Motivation

Based on the interview results, it was found that during the implementation of early breastfeeding initiation (IMD), none of the mother's family members provided support or motivation to the mother. Family members simply observed in silence without offering any assistance. This lack of involvement may stem from a low level of knowledge and information about IMD among the mother's family, leading to a lack of motivation to actively participate in the process. In-depth interviews revealed that while mothers felt supported emotionally by their family members, such as being encouraged with words of agreement or happiness, there was no substantial action taken to assist the mother in the process of IMD. This was also observed during the study, where no family members provided practical support to boost the mother's confidence during IMD.

According to Roesli (2012), it is recommended that fathers play an active role by helping the mother recognize signs or behaviors of the baby before breastfeeding. Such support from the father can significantly enhance the mother's self-confidence. This aligns with findings from Nathalia et al. (2019), who showed a positive relationship between husband's support and the success of early breastfeeding initiation. Their research, using chi-square analysis, showed a significant p-value of 0.031, indicating that husband's support is significantly linked to the success of IMD. In the researcher's view, family support, particularly from the husband, is a crucial factor in the success of IMD. Psychologically, a husband's presence and involvement during childbirth and IMD can make the mother feel protected, cared for, and confident. The father, as both a husband and a father, plays multiple important roles within the family: as the breadwinner, educator, protector, and provider of security. His presence and active support can greatly contribute to the overall well-being of the mother and child.

Physical and Psychological Readiness

Based on the results of interviews conducted by the researchers, it was found that one mother underwent suturing, which resulted in unsuccessful early breastfeeding initiation. This finding contradicts research by Elya et al. (2019), which shows that early breastfeeding initiation has a significant impact on accelerating breast milk production in mothers. The tactile stimulation from the baby's touch and licking of the mother's nipple during early breastfeeding initiation triggers the release of oxytocin, which causes uterine contractions. These contractions help expel the placenta and reduce maternal bleeding. Additionally, the baby's touch can soothe the mother, reduce labor pain, and stimulate milk flow. Early breastfeeding initiation has been shown to significantly alleviate post-labor pain and promote maternal bonding.

However, in this study, there was no significant difference in breast milk production before early breastfeeding initiation between groups that practiced early breastfeeding initiation and those that did not. The experimental group's breast milk output was only minimally different (0.005) from the control group. Interviews assessing mothers' physical and psychological readiness for early breastfeeding initiation revealed that many were unprepared, particularly those who had not practiced breast care or had undergone suturing, resulting in unsuccessful breastfeeding.

Supporting evidence from Fridalni et al. (2020) using the Chi-square test ($p = 0.044$) shows a significant relationship between breast care and breast milk production in Padang

Timur District. These findings align with similar research in Tlogomas Village, Malang City, which also found a correlation between breast care and successful breastfeeding (Tyfani, 2017). Proper breast care is essential for stimulating the breasts and promoting the release of prolactin and oxytocin, which are necessary for milk production. Breast care should ideally begin in pregnancy and continue throughout breastfeeding. For mothers with nipple abnormalities, early intervention (around 3 months gestation) is recommended. In this study, a majority of mothers who did not perform breast care (94.4%) had insufficient milk production. Despite this, a small group (5.6%) who did not engage in breast care still had adequate milk supply, likely due to factors such as proper maternal nutrition and rest.

Conclusion

Based on the results of interviews during the implementation of early breastfeeding initiation, it is known that not a single baby succeeded in finding and sucking its mother's nipple, most did not exclusively breastfeed their babies, most did not know about early breastfeeding initiation, some most do not get motivation from their husbands and families in implementing early breastfeeding initiation and most do not prepare themselves for breastfeeding such as not taking care of their breasts during pregnancy. This research is expected to increase mothers' knowledge and motivation in carrying out early breastfeeding initiation.

Conflict of interest

The researchers stated that there is no conflict of interest related to the implementation and publication of the results of this research. The entire research process, from planning, data collection, analysis, to report preparation, was carried out independently without any influence or pressure from any third party. A commitment to research ethics is upheld throughout the research process, ensuring transparency, accuracy and honesty in reporting results. Respondents' participation was voluntary with informed consent, and their confidentiality and privacy were maintained in accordance with applicable research ethics standards. With this statement, researchers hope that the research results can be trusted and used as a valid reference for the development of science and health practices related to ethnomedicine and reproductive health.

Ethical consideration

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Authors' contribution

Each author makes an equal contribution to all parts of the research. All authors have reviewed and approved the final draft critically and are responsible for the index and similarity of the manuscript.

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