DETERMINANTS OF THE IMPLEMENTATION OF EARLY BREASTFEEDING INITIATION (IMD) IN THE WORKING AREA OF THE PONDOK CABE ILIR HEALTH CENTER IN 2022

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ABSTRAK

Inisiasi Menyusui Dini (IMD) wajib dilakukan segera setelah bayi lahir dan tidak dapat ditunda. IMD memberikan dampak positif bagi bayi dan ibu, pemberian ASI mempunyai peranan penting dalam menunjang pertumbuhan, kesehatan, dan kelangsungan hidup bayi serta ibu dapat menurunkan angka kesakitan dan kematian. Penelitian ini bertujuan untuk mengetahui faktor-faktor yang mempengaruhi pelaksanaan Inisiasi Menyusui Dini (IMD). Penelitian ini merupakan penelitian analitik dan menggunakan desain studi *cross-sectional*. Sebanyak 93 responden yang memiliki anak usia 0-3 bulan diperoleh dengan teknik aksidental. Analisis data dilakukan dengan menggunakan uji univariat dan bivariat. Penelitian dilakukan di wilayah kerja Puskesmas Pondok Cabe Ilir. Hasil penelitian ini menunjukkan adanya hubungan antara faktor predisposisi (usia ibu p=0,007, paritas p= =0,037, sikap ibu p=0,000, pengetahuan ibu p=0,000, dan pekerjaan ibu p=0,024). Faktor penguat (dukungan petugas kesehatan p=0,000, dukungan keluarga p=0,000, dan dukungan suami p=0,000) dengan pelaksanaan IMD. Faktor yang berhubungan dengan pelaksanaan IMD di wilayah kerja Puskesmas Pondok Cabe Ilir adalah umur ibu, paritas, sikap ibu, pengetahuan ibu, pekerjaan ibu, dukungan petugas kesehatan, dukungan keluarga, dan dukungan suami. Ibu hamil diharapkan mencari informasi tentang pentingnya dan manfaat Inisiasi Menyusu Dini (IMD) bagi bayi dan ibu.

Kata kunci: *Inisiasi Menyusui Dini (IMD), faktor predisposisi, faktor pemungkin, faktor penguat*

ABSTRACT

The incidence of dysmenorrhea in Indonesia has reached 64.5%, based on a survey conducted at one school in Garut Regency, as many as 60-70% of female students experienced primary dysmenorrhea. This study aimed to determine the relationship between the age of menarche, menstrual cycle, family history, physical activity, frequency of fast food consumption, and history of exposure to cigarette smoke with the incidence of primary dysmenorrhea. The method in this research uses cross-sectional with a total sample of 176 samples determined using stratified random sampling by determining probability using probability proportional to size then tested univariately and bivariately using Chi Square with $\alpha = 0.05$. The results of the study showed that factors associated with the incidence of primary dysmenorrhea included age at menarche, family history, frequency of fast food consumption, physical activity, and history of exposure to cigarette smoke. Meanwhile, the menstrual cycle is not related to the incidence of primary dysmenorrhea. Suggestions that researchers can give include students being more careful and aware of themselves to prevent primary dysmenorrhea.

Keywords: *Early Breastfeeding Initiation (IMD), predisposing factors, enabling factors, reinforcing factors*

INTRODUCTION

Early Breastfeeding Initiation (IMD) is a process that must be carried out immediately after the baby is born and cannot be delayed. Early Breastfeeding Initiation (IMD) is recommended for newborns to immediately breastfeed through their mother by placing the baby on the mother's chest so that the baby's skin is in direct contact with the mother's skin and the baby is left to look for the mother's nipple to breastfeed which is done for at least one hour as soon as the baby born, if direct contact with the

mother is blocked by a cloth or carried out for less than one hour then IMD is considered immature and can be said not to do IMD (1).

Considering that IMD is the beginning of the success of exclusive breastfeeding, the benefits of Early Breastfeeding Initiation (IMD) and exclusive breastfeeding can help children survive and build the antibodies that children need to be protected from various diseases that are often encountered or occur in childhood. children, including diarrhea and pneumonia. There is evidence that a child who is breastfed performs better on intelligence tests, is less likely to be obese and overweight, and is less likely to develop diabetes as an adult Globally, an increase in the number of breastfeeding mothers has the potential to save the lives of more than 820,000 children under five and can prevent an additional 20,000 cases of breast cancer in women every year (2).

In Indonesia, only 1 out of 2 babies under 6 months old is exclusively breastfed and at least 5% of children are still breastfed at 23 months of age, which means that almost half of all children in Indonesia do not get the nutrition they need for the first 2 years life. More than 40% of babies are introduced too early to complementary foods, namely before they reach 6 months of age, and often the food given does not meet the nutritional needs of infants (2). Babies need nutritional intake according to their body's metabolic needs. Mother's Milk (ASI) is the best intake for babies because breast milk has all types of nutrients needed for optimal development and growth. Exclusive breastfeeding for infants is beneficial for increasing immunity and can prevent morbidity and death in infants (3).

Based on Government Regulation Number 33 of 2012 concerning Exclusive Breastfeeding (ASI) breast milk is given since the baby is born for 6 months, without replacing or adding other foods or drinks, except vitamins, minerals, and medicines. Breast milk contains colostrum which is rich in antibodies because it contains protein which is useful for maintaining immunity and for killing germs in high numbers so that exclusive breastfeeding can reduce the risk of death in infants (4). One of the goals of health development in Indonesia is to achieve sustainable The Development Goals (SDGs) are to end preventable infant and under-five deaths by reducing the Infant Mortality Rate (IMR) to 12 per 1,000 live births (5).

Breastfeeding from an early age has a positive impact on both the baby and the mother. The impact on the baby is that breastfeeding has an important role in supporting the growth, health, and survival of the baby because the content of breast milk is rich in nutrients and antibodies. The impact for the mother is that breastfeeding can reduce morbidity and mortality because the process of breastfeeding will stimulate uterine contractions to reduce postpartum bleeding (6).

In practice and based on research results, it is known that the implementation of Early Breastfeeding Initiation (IMD) is influenced by various factors including the mother's age, parity, mother's education, mother's occupation, mother's knowledge, mother's attitude, place of delivery, birth attendant, health worker support, family support, and husband support. According to research by Ulfa

et al. (2022), based on the results of the study, it was shown that the age of the mothers or respondents who were classified as early adolescents were in the age range 17-25 (52.94%) had low knowledge, while respondents were at the ideal age for pregnancy aged 26-35 (47.61%) during a health check-up visit at a health care facility, from prenatal care to delivery, could not receive the information conveyed properly (7).

Parity is also one of the factors that influence the implementation of early breastfeeding initiation (IMD). According to Sari's research (2022), a p-value = 0.000 was obtained, which indicates that there is a relationship between parity and the implementation of IMD. Educational background is also one of the factors that influence the implementation of early breastfeeding initiation (IMD) (8). Based on Salanti's research (2017) it was found that mothers who carried out IMD with higher education were 53 respondents (86.9%) while those with low education levels were 8 respondents (13.1%) and obtained a p-value of 0.000, which means there is the relationship between mother's education with the implementation of IMD (9).

The mother's employment status is also one of the factors that influence the implementation of early breastfeeding initiation (IMD). Mothers who work or have jobs already have quite extensive knowledge, so they can visit health services more often during pregnancy so they get more information that will add insight or knowledge about IMD because someone who is already working interacts with or meets more people. people socially who are in the workplace environment and get a lot of information (7).

The results of research conducted by Nufra and Rahmita (2020) obtained a p-value of 0.025, which means that there is a relationship between the mother's knowledge and the implementation of IMD. Information obtained from the family and health workers will affect the mother's knowledge about IMD (10). If the information obtained from the family or health workers is inaccurate or incomplete due to a lack of knowledge or information about IMD, then the information conveyed to the mother will also be wrong (11). From The results of Nuraini et al.'s research (2022) using the chi-square test obtained a p-value of 0.000, which means that there is a relationship between the mother's attitude and the implementation of IMD (12).

The place of delivery is also one of the factors that influence the implementation of early breastfeeding initiation (IMD). According to Yuwansyah's research (2017), a p-value = 0.036 was obtained, which indicated that there was a relationship between the place of delivery and the implementation of IMD (13). Based on the research by Sihsiliya & Saputri (2018), a p-value of 0.02 was obtained, which means that there is a relationship between birth attendants and the implementation of IMD (14).

According to UNICEF & WHO (2018), most newborns in the world are left waiting too long to start suckling on their mothers later. It is estimated that 2 out of 5 or around 78 million newborns

have to wait more than 1 hour to suckle their mother. In 2017, global IMD practice coverage was 42%. Across regions of the world, the level of IMD practice varies widely, with South Asia having coverage of 40%, the Middle East 35%, around 65% in North Africa and around 65% in East and South Africa (15).

Based on data from Indonesia's Health Profile for 2020, the percentage of newborns nationally receiving IMD is 77.6%. The province of DKI Jakarta has the highest percentage of newborns receiving IMD, namely 96.1%, while the lowest percentage is the province of Maluku, which is equal to 52.1%. In 2020, the national IMD target is 54% and only the Provinces of Maluku (52.1%) and Bali (53.8%) have not reached the IMD target (11).

Based on Basic Health Research (Riskesdas) data, the proportion of IMD rates aged 0-23 months at 1-6 hours was highest (35.2%) in 2017 and experienced an increase in 2018, IMD rates in children aged 0-23 months at 1-2 months 6 hours (58.2%). The proportion of IMD in Banten Province is 54.6% and the duration of IMD in children aged 0-23 months at 1-6 hours in Banten Province is 11.1%.[10] Based on the Banten Province Health Profile (2020), the percentage of newborns receiving IMD in South Tangerang City is 70.1%. Meanwhile, the coverage of exclusive breastfeeding in 2022 has the highest percentage in the West Pamulang sub-district at 79.31% and the lowest is in the Pondok Cabe Udik sub-district at 57.69% which is the working area of the Pondok Cabe Ilir Health Center (1).

The low coverage of exclusive breastfeeding in the Pondok Cabe Udik sub-district, which is part of the working area of the Pondok Cabe Ilir Health Center, compared to all other sub-districts, is quite a cause for concern. Considering that IMD is the beginning of the success of exclusive breastfeeding, it is necessary to research "Factors Influencing the Implementation of Early Breastfeeding Initiation (IMD) in the Working Area of the Pondok Cabe Ilir Health Center, which is expected to improve the implementation of IMD later.

METHOD

This research is an analytical study and uses cross-sectional by measuring a variable between the independent variable and the dependent variable at the same time. This study aims to determine whether there is a correlation or related relationship between the two variables which include the independent variables (mother's knowledge, mother's attitude, mother's age, mother's education, mother's occupation, parity, place of delivery, birth attendant, health worker support, family support, and husband's support) with the dependent variable (implementation of Early Breastfeeding Initiation (IMD)). Data analysis was carried out using univariate and bivariate tests. The place chosen to conduct this research was located in the working area of the Pondok Cabe Ilir Community Health Center, South Tangerang City.

The target sample or population needed in this study were all mothers who had babies in the working area of the Pondok Cabe Ilir Health Center, South Tangerang City in 2022. The sample used

in this study was 93 respondents with several criteria in taking respondents including, namely, all mothers who live or in the working area of the Pondok Cabe Ilir Health Center, South Tangerang City, all mothers who still have babies aged 0-3 months, all mothers who can communicate well, are willing to be respondents in the study. Sampling was carried out using an accidental technique or the process of taking respondents to be used as a sample based on a sample that the researcher happened to meet and conducted direct interviews.

RESULTS AND DISCUSSION

Based on table 1. the results of the distribution of the implementation of Early Breastfeeding Initiation (IMD) in the working area of the Pondok Cabe Ilir Health Center, it can be seen that some respondents carried out IMD, namely 71 respondents (76.3%), while respondents who did not carry out IMD were 22 respondents (23.7%). The total number of respondents used in the study was 93 respondents.

Based the table below, it can be seen that 41 respondents (44.1%) had good knowledge regarding the implementation of Early Breastfeeding Initiation (IMD), while 52 respondents (55.9%) had less knowledge regarding the implementation of Early Breastfeeding Initiation (IMD). The results of the analysis showed that 62 respondents (66.7%) had a positive attitude regarding the implementation of Early Breastfeeding Initiation (IMD), while 31 respondents (33.3%) had a negative attitude regarding the implementation of Early Breastfeeding Initiation (IMD).

The results of the analysis of respondents aged< 20 and > 35 years by 24 respondents (25.8%), while respondents aged 20-35 years by 69 respondents (74.2%). The results of the analysis showed that 88 respondents (94.6%) had higher education, while 5 respondents (5.4%) had lower education. The results of the analysis show that 47 respondents (50.5%) are respondents or mothers who work outside or inside the house, while respondents or mothers who do not work are 46 respondents (49.5%). The results of the analysis show that 27 respondents (29.0%) have respondents or mothers who have one child (primipara), while 66 respondents (71.0%) have more than one child.

The result of the analysis shows that 87 respondents (93.5%) gave birth at healthcare facilities, while 6 respondents (6.5%) gave birth not at healthcare facilities. The results showed that 87 respondents (93.5%) gave birth assisted by a health worker, while 6 respondents (6.5%) gave birth not assisted by a health worker. The results of the analysis shows that 71 respondents (76.3%) received good support from health workers and 22 respondents (23.7%) did not get support from health workers.

The results showed that 41 respondents (44.1%) received good support from their families and 52 respondents (55.9%) received less support from their families. The results showed that 71 respondents (76.3%) received good support from their husbands and 22 respondents (23.7%) received less support from their husbands. The results of the bivariate analysis test showed that there was a relationship between the age of the mother and the implementation of Early Breastfeeding Initiation

(IMD) p-value = 0.007 (<0.05), the results of the analysis were 58 (84.1%) who carried out IMD were respondents or mothers aged 20-35 years.

The resulting analysis between the mother's occupation and the implementation of IMD p-value = 0.024, it can be concluded that there is a relationship between the mother's work and the implementation of IMD, it was obtained that 41 (87.2%) of mothers who carried out IMD had jobs outside or inside the house, while mothers who not working 30 (65.2%) carry out IMD. The resulting analysis between maternal education and the implementation of IMD p-value = 0.084, it can be concluded that there is no relationship between maternal education and the implementation of IMD, obtained 69 (78.4%) highly educated mothers carry out IMD.

The resulting analysis between parity and the implementation of IMD p-value = 0.037, it can be concluded that there is a relationship between parity and the implementation of IMD, obtained from 25 (92.6%) mothers who have children with one person carrying out IMD. The resulting analysis between the mother's attitude and the implementation of IMD p-value = 0.000, it can be concluded that there is a relationship between the mother's attitude and the implementation of IMD, it was obtained that 55 (88.7%) mothers had a positive attitude towards the implementation of IMD, while 16 (51.6%) mothers who had a negative attitude carried out IMD.

The resulting analysis between mother's knowledge and implementation of IMD obtained 40 (97.6%) of mothers had good knowledge of implementing IMD, while 31 (59.6%) of mothers who had less knowledge continued to carry out IMD. The results of the statistical tests carried out obtained a value of p-value = 0.000, so it can be concluded that there is a relationship between the mother's knowledge and the implementation of IMD.

Based on table 2, analysis produced between the place of delivery and the implementation of Early Breastfeeding Initiation (IMD) p-value = 0.142, which means there is no relationship between the place of delivery and the implementation of IMD, there were 68 (78.2%) mothers giving birth at health service facilities carrying out IMD and as many as 3 (50.0%) mothers giving birth not at health service facilities carrying out IMD.

Table 1. Characteristic of Respondents

Variable	n	%
Implementation of IMD		
IMD	71	76.3
Not IMD	22	23.7
Mother Knowledge		
Good	41	44.1
Not Enough	52	55.9
Attitude		
Positive	62	66.7
Negative	31	33.3
Mother's Age		
< 20 Years And > 35 Years	24	25.8
20 – 35 Years	69	74.2

Variable	n	%
Mother's Education		
High Education	88	94.6
Low Education	5	5.4
Mother's Job		
Work	47	50.5
Doen't Work	46	49.5
Parity		
Primipara	27	29.0
Multipara	66	71.0
Place Of Giving Birth		
Health Facilities	87	93.5
Non-Health Services Fasilities	6	6.5
Childbirth Helper		
Health Workers	87	93.5
Non-Health Workers	6	6.5
Health Workers Support		
Good	71	76.3
Not Enough	22	23.7
Family Support		
Good	41	44.1
Not Enough	52	55.9
Husband Support		
Good	71	76.3
Not Enough	22	23.7

The resulting analysis between birth attendants and the implementation of Early Breastfeeding Initiation (IMD) p=0.624, which means there is no relationship between birth attendants and the implementation of IMD, there were as many as 67 (77.0%) mothers giving birth assisted by health workers carrying out IMD and there were 4 (66.7%) mothers giving birth not assisted by health workers still carrying out IMD.

The analysis produced between the support of health workers and the implementation of Early Breastfeeding Initiation (IMD) obtained the results of 64 (90.1%) mothers who received support from health workers could properly carry out IMD and mothers who received less support from health workers 7 (31.8%) still carry out IMD. The results of the statistical test used obtained a p-value = 0.000, which can be concluded that there is a significant relationship between the support of health workers and the implementation of IMD. The resulting analysis between family support and the implementation of Early Breastfeeding Initiation (IMD) obtained a result of 39 (95.1%) mothers who received good support from their families could carry out IMD and mothers who received less support from their families 32 (61.5%) still carry out IMD.

The results of the statistical test used obtained a value of p = 0.000, which can be concluded that there is a significant relationship between family support and the implementation of IMD. The resulting analysis between husband support and the implementation of Early Breastfeeding Initiation (IMD) obtained a result of 64 (90.1%) mothers who received support from their husbands could carry out IMD and mothers who did not get support from their husbands by 7 (31.8%) still carry out IMD.

The results of the statistical test used obtained a value of p = 0.000, which can be concluded that there is a significant relationship between the husband's support and the implementation of IMD.

Based on the results of the research on the implementation when carrying out IMD in the working area of the Pondok Cabe Ilir Health Center, it can be seen that some respondents who did IMD were 71 (76.3%) and respondents who did not carry out IMD were 22 (23.7%). The percentage showing the implementation of IMD in the working area of the Pondok Cabe Ilir Health Center is greater than the percentage of implementing IMD in the Kramatwatu work area by 50% (16). In the results of the bivariate analysis, there is a significant relationship between the variable mother's age and the variable implementing IMD (p-value = 0.007). This is in line with research that has been conducted by Ulfa et al. (2022) the results of the analysis obtained a p-value = 0.009 that there is a relationship between the age of the mother and the implementation of IMD (7). In the results of the bivariate analysis, there is a significant relationship between the variable mother's work and the variable implementing IMD (p-value = 0.024). This is in line with research that has been conducted by Nurmala et al. (2020) with a p-value = 0.010 that there is a relationship between a mother's work and the implementation of IMD (17).

Table 2. Relationship of Predisposing Factors with the Implementation of Early Breastfeeding Initiation (IMD)

Variable	*P-value*	OR	CI (95%)
Mother's age			
< 20 and > 35 years	0.007	0.224	0.080-0.628
20 – 35 years			
Mother's job			
Work	0.024	3.644	1.276-10.412
Doesn't Work			
Education			
High Education	0.084	5.447	0.848-34.987
Low Education			
Parity			
Primipara	0.037	5.435	1.173-25.173
Multipara			
Attitude			
Positive	0.000	7.366	2.563-21.173
Negative			
Knowledge			
Good	0.000	27.097	3.453-212.639
Not Enough			
Delivery Place			
Health Facilities	0.142	3.579	0.668-19.187
Non-Health Facilities			
Childbirth Helper			
Health Workers	0.624	1.675	0.286-9.827
Non-Health Workers			
Health Workers Support			
Good	0.000	19.592	5.966-64.334
Enough			
Family Support			
Good	0.000	12.188	2.647-56.108
Not Enough			

Variable	*P-value*	OR	CI (95%)
Husband Support			
Good	0.000	19.592	5.966-64.334
Not Enough			

Mothers who work or have jobs already have quite broad insights, so they can more often visit health services during pregnancy so that they get information that will add insight or knowledge about IMD because someone who is already working interacts or meets more people socially who are in the workplace environment and obtains a lot of information (7). The results of the bivariate analysis showed that there was no significant relationship between the mother's education variable and the IMD implementation variable (p-value = 0.084). This is in line with research conducted by Sandra et al (2016) the results of the analysis obtained a p-value = 0.382 that there was no relationship between maternal education and the implementation of IMD (18). The results of the bivariate analysis showed that there was a relationship between maternal parity and variable implementation of IMD (p-value =0.037). This is in line with research conducted by Sari (2022) in the results of the analysis obtained a p-value = 0.000, indicating that there is a relationship between maternal parity and the implementation of IMD (8). Parity in primiparous mothers or those who have a large number of children≤ 2 did not have enough experience so the mother was afraid to carry out IMD (13).

The results of the bivariate analysis showed that there was a significant relationship between the mother's attitude variable and the IMD implementation variable (p-value = 0.000). The results of the same research were carried out by Elfina (2021) with a p-value = 0.000 which shows that there is a link between the mother's attitude and the implementation of IMD in the working area of the Lesung Batu Health Center, Kab. Four Lawns (19).

The results of the bivariate analysis showed that there was a significant relationship between the mother's knowledge variable and the IMD implementation variable (p-value = 0.000). This is in line with the research that has been conducted by Nufra & Rahmita (2020) the results of the analysis obtained a p-value = 0.025 that there is a relationship between a mother's knowledge and the implementation of IMD (10). The results of the test conducted in this study, namely the Chi-Square test showed that there is no relationship between the place of delivery and the implementation of IMD (p-value = 0.142). These results are in line with a study conducted by Chatib et al. (2020) with a p-value = 0.323, which means that there is no relationship between the place of delivery and the implementation of IMD. p-value =0.624). These results are in line with research conducted by Sriwahyuni (2020) with a p-value = 0.177, which means that there is no relationship between birth attendants and the implementation of IMD (20).

The results obtained using the Chi-Square test show that the support of health workers has a significant relationship with the implementation of IMD (p-value = 0.000). These results are in line with research conducted by previous researchers with p-value = 0.000 (p-value < 0.05) which means

that there is a significant relationship between the support of health personnel and the implementation of IMD with an OR value of 8.000 which means that mothers who receive support from good health workers have 8 times higher chances of carrying out IMD compared to mothers who receive less support from health workers (21). Chi-Square test results show that family support has a significant relationship with the implementation of IMD (p-value = 0.000). These results are in line with research conducted by Fitriani et al. (2022) with a p-value = 0.046 (p-value < 0.05) which means there is a relationship between family support and the implementation of IMD with an OR value of 3.4 which means that mothers who receive support from good families have a 3.4 times higher chance of carrying out IMD compared to mothers who receive less support from the family (6). Chi-Square test results show that the husband's support has a significant relationship with the implementation of IMD (p-value = 0.000). These results are in line with research conducted by Fitriani et al. (2022) with a p-value = 0.046 (p-value < 0.05) which means there is a relationship between the husband's support and the implementation of IMD with an OR value of 3.4 which means that mothers who receive support from good husbands have a 3.4 times higher chance of carrying out IMD compared to mothers who receive less support from husband (22).

CONCLUSION AND SUGGESTIONS

Based on the results of the discussion in the previous chapter, it can be concluded that as many as 76.3% of respondents carried out IMD and 23.7% did not carry out IMD. There is a relationship between predisposing factors of maternal age with p-value = 0.007, parity with p-value = 0.037, mother's attitude with p-value = 0.000, mother's knowledge with p-value = 0.000, and mother's occupation with p-value = 0.024) on the implementation of Breastfeeding Initiation (IMD). There is a relationship between reinforcing factors (support of health workers, family support, and husband's support) to the implementation of Early Breastfeeding Initiation (IMD) with p-value = 0.000. There is no relationship between predisposing factors of maternal education with a p-value of 0.084 on the implementation of Early Breastfeeding Initiation (IMD). There is no relationship between enabling factors in the place of delivery with p-value =0.142 and birth attendant with p-value = 0.624 for the implementation of Early Breastfeeding Initiation (IMD).

The suggestions in this study are that pregnant women are expected to seek information about the importance and benefits of carrying out early breastfeeding initiation (IMD) for babies and mothers so that during childbirth they can immediately apply early breastfeeding initiation (IMD). When carrying out pregnancy control, the Puskesmas must provide information about the importance and benefits of carrying out early breastfeeding initiation (IMD) immediately after delivery and health workers must continue to promote and support the implementation of early breastfeeding initiation (IMD) to all pregnant women. Support from the family is needed in the implementation of early breastfeeding initiation (IMD). Families can provide support in the form of motivation to carry out early

breastfeeding initiation (IMD). Husbands need to find as much information about early breastfeeding initiation (IMD) as possible with their wives so that husbands can provide positive support to their wives to carry out early breastfeeding initiation (IMD) and husbands also need to accompany them during ANC to find information about early breastfeeding initiation (IMD) and accompanying his wife during the birth process so that she can help carry out early breastfeeding initiation (IMD). For other researchers who wish to research the same title, it is expected to find many references so that the research results can be more robust and reliable.

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