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DOES BREASTFEEDING INTENTION AMONG PREGNANT MOTHERS ASSOCIATED WITH EARLY INITIATION OF BREASTFEEDING?

Apakah Intensi Menyusui pada Ibu Hamil Berhubungan dengan Inisiasi Menyusu Dini?

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Abstract

Background: *Early initiation of breastfeeding is defined as breastfeed started immediately after birth delivery up to one hour , and it will lead to successfull exclusive breastfeeding. Skin-to-skin contact during early initiation of breastfeeding gives positive health impact to both mother dan baby. However, national coverage of early initiation of breasfeeding in Indonesia was 34,5% in 2014 which was lower than global coverage (50%).*
Objective: *To examine the relationship of of breastfeeding intention among pregnant mothers towards early initiation of breastfeeding in two Mother and Child Hospitals, in South Tangerang.*
Methods: *A prospective study conducted in August-November 2016. A sample of 152 third trimester pregnant mothers were from the 2 selected hospitals, taken by purposive sampling. Early breastfeeding initiation (EBI) was measured by interview based structured questionnaire and breastfeeding intention measured by The Infant Feeding Intention scale (IFI).*
Results: *A total of 56.6% of mothers breastfeed during 1 hour after delivery. EBI was done by 71.1% of mothers with high breastfeeding intention. It was the most dominant variable related to early breastfeeding (p = 0.000; OR=5.249;95%CI:2.321-11.870) after controlling other variables.*
Conclusion: *Mother with high breastfeeding intention 5 times more likely to initiate breastfeeding, than those having the low ones. Early promotive, preventive and intervention can be done by measuring breastfeeding intentions during pregnancy. Further research is needed to analyze breastfeeding initiation towards exclusive breastfeeding.*

Keywords: *early initiation of breastfeeding, breastfeeding intention, exclusive breastfeeding, The Infant Feeding Intentions scale (IFI), skin-to-skin contact*

Abstrak

Latar belakang: Inisiasi Menyusu Dini (IMD), yaitu proses bayi menyusu segera setelah dilahirkan hingga 1 jam pertama dapat menentukan keberhasilan ASI eksklusif. *Skin-to-skin contact* saat IMD terbukti bermanfaat bagi kesehatan ibu dan bayi. Namun cakupan IMD secara global kurang dari 50% dan 34,5% secara nasional pada tahun 2014.
Tujuan: Mengetahui hubungan intensi menyusui pada ibu hamil terhadap Inisiasi Menyusu Dini (IMD di dua Rumah Sakit Ibu dan Anak (RSIA) di Kota Tangerang Selatan.
Metode: Studi prospektif dilakukan pada bulan Juni-November tahun 2016. Sampel sebanyak 152 ibu hamil trimester ketiga berasal dari 2 RSIA diambil secara *purposive sampling*. IMD diukur dengan kuesioner terstruktur dan intensi menyusui diukur dengan *The Infant Feeding Intentions scale* (IFI).
Hasil: Sebanyak 56,6% ibu melakukan IMD dalam 1 jam setelah persalinan. IMD dilakukan oleh 71,1% ibu dengan intensi menyusui yang tinggi. Intensi menyusui paling dominan berhubungan dengan IMD (p=0,000; OR=5,249; 95% CI: 2,321-11,870) setelah dikontrol variabel lainnya.

Kesimpulan: Ibu dengan intensi menyusui yang tinggi berpeluang 5 kali lebih besar melakukan IMD dibandingan ibu dengan intensi menyusui rendah. Upaya promotif, preventif dan intervensi dapat dilakukan lebih dini dengan mengukur intensi menyusui saat kehamilan. Perlu penelitian lanjutan untuk melihat IMD terhadap pemberian ASI eksklusif.

Kata kunci: Inisiasi Menyusu Dini (IMD), intensi menyusui, ASI eksklusif, *The Infant Feeding Intentions* scale (IFI), *skin-to-skin contact*

BACKGROUND

Early breastfeeding initiation is the first step of effectiveness and continuity of breastfeeding.[1]*World Health Organization* (WHO) recommends early breasfeeding initiation which is putting the baby immediately on mother's breast within the first hour after delivery. This process conducted minimally within one hour and can be continued until 2 hours.[1,2] This intervention is one of global health strategies in decreasing infant morbidity and mortality.[3] Early breastfeeding initiation continued by exclusive breastfeeding is recommended to improve nutrition status including low birth weight, child stunting, wasting, obesity, and also anemia in reproductive age women. Moreover, it also supports the government on improving the health and economy of the people.[4,5,6]

Number of scientific studies proved that the benefit of early breastfeeding initiation is increasing each year. The baby will get colostrum produced by breast milk on early life. Colostrum contains various nutrient elements work for optimum growth.[7,8,9] Colostrum also contains antibodies. These are immunoglobulins, especially IgA and lymphocytes to increase the immune system which will decrease intestinal permeability and the likelihood of translocation of infectious pathogens. IgA in the form of mucosa, namely Secretory IgA (SigA) provides the initial bolus that supplements immunoglobulins transferred earlier across the placenta to the fetus.[1,5] A baby who is getting early breastfeeding and exclusive breast milk can be protected from various infectious, and some degenerative diseases.[10,11] S*kin-to-skin contact* between mother and child on early breastfeeding initiation forms bonding that improves the emotional control.[12] Baby will get thermal transfer from his mother to control his self-regulation as the initial phase for behavior formation. This psychological comfort developes baby's emotional intelligence.[13]

A mother gets both physical and psychological benefit by conducting early breastfeeding intention. Baby's suction can stimulate the uterus contraction in placenta secretions and accelerate wound recovery on uterus.[14] Oxytocin hormone production will increase and it can reduce stress and depression after labor.[1]A mother can control pregnancy naturally by Lactation Amenorrhea Method if she succeed in exclusive breastfeeding.[15] The breastfeeding mother is prevented from cardiovascular, cancer, and diabetes mellitus type 2.[11]

Effectiveness of early breastfeeding initiation is expected to achieve the target of exclusive breast milk global coverage from 36% to minimally 50%.[2] However, early breastfeeding initiation coverage globally is less than 50%.[16] The coverage of early breastfeeding initiation varies among countries. Coverage of EBI from 906 babies born in 62 primary health care facilities during June to July 2009 in Al – Hassa province Saudi Arabia, was only 11,4%.[17] In Brazil, early breastfeeding initiation was 47% from all babies which this data was taken from 10 maternity hospitals in Feira de Santana, Bahia from 1,308 pairs of mothers and babies.[18] The result of demographic and health survey in Vietnam showed that from 2,690 newborns during March 2008 to June 2010 in urban and rural area, there were 40% of them got early breastfeeding initiation.[19] This coverage is higher in Uganda which reaches to 56% based on the data from Uganda Demographic and Health Survey (UDHS) 2006 conducted by Macro International and Uganda Bureau of Statistics (UBOS).[20]

In Indonesia, coverage of early breastfeeding initiation (less than 1 hour) increased from 29.3% (2010) to 34.5% (2013) based on the

report from *Riskesdas* in 2013.[21] Among 34 provinces in Indonesia, Nusa Tenggara Barat had the highest EBI coverage namely 52.9% and the lowest is in West Papua which is 21.7% in 2013. The coverage of EBI in districts area also vary. A cross-sectional study in 243 mothers in Subang,West Java Indonesia showed that EBI coverage was 38.6%.[22] The low coverage of early breastfeeding initiation in Indonesia is caused by various factors. Titaley, et al in 2014 found that low coverage of early breastfeeding initiation in Indonesia was related to social environment, social-economy (age, education, occupation, information exposure), pregnancy characteristics and labor (parity, previous breastfeeding experience), the use of health care facilities for maternal services (partum method, antenatal service) and postpartum.[23]

Other studies in various countries also showed similar results.[18,24]

Ajzen (2005), who developed *Theory of Planned Behavio*r, stated that a behavior was determined immediately and directly by intention.[25] This theory is effectively proven by various studies which showed breastfeeding intention was one of predictors practice on breastfeeding.[26,27]This study is also showed that attitude, subjective norms and perceived behavioral control influenced the practice of early breastfeeding initiation. A study in 2014 by Novianti, found that supporting factors for the effectiveness of early breastfeeding initiation practice both in private and government hospital in Jakarta are labor process, maternal and children condition after labor, and mother's knowledge about the importance of early breastfeeding initiation.[28] Prospective studies in Indonesia to examine breastfeeding intention for early breastfeeding initiation is still limited. The measurement on breastfeeding intention on period of pregnancy by using valid and reliable measurement instruments can be set as early detection which directly associated with the effectiveness of early breastfeeding intention administration. This effectiveness simultaneously affects to the improvement of both national and global exclusive breastfeeding administration coverage. One of province with low EBI coverage was Banten with 33.8% based on *Riskesdas* data in 2013. Although the provincial coverage of exclusive breastfeeding

was high (65.8%) (Indonesian Health Profile in 2015), this coverage was fluctuates because high mobility and migration of the people in this region.[29]

EBI coverage in South Tangerang, was 49.2% in 2012. This coverage was lower than Pandeglang district which was64.4%. Most of the mothers were working and had higher education. The mother tends to have maternal and postpartum care in health care facility namely maternal and children hospital.[30] The objective of this study is to find out the association between intention and early breastfeeding intention in two mothers and children hospitals in South Tangerang after it is controlled by other variables.

METHODS

A prospective study was conducted started in June until November 2016. Population of this study was pregnant mothers who attended antenatal care whitin two type C mother and child hospitals in South Tangerang. Based on Hypothesis of Two Population Proportion with 2-sided test approach, a minimal sample of 126 pregnant mothers on their third trimester pregnancy was required by purposive sampling technique. An additional of 20% sample was added to anticipate drop-out. The total sample of 152 pregnant mothers was then selected for this study.

Sample inclusion criteria were minimally 18-years-old mother and did not experience any complications during pregnancy as well as eclampsia or chronic disease that can lead into difficulties in breastfeeding process. Sample exclusion criteria were mother experiencing serious problems during delivery such as bleeding, their babies had serious health problem, or passed away during delivery, mothers did not have partum in 2 mother and child hospital where the research was conducted, and the mother refused to be involved until the end of the measurement. Eligible sample were 160 pregnant mothers, there were 75 from "X" hospital and 85 for "Y" hospital. Total amount of the pregnant mothers decline to 152 because six mother refused to be measured two days after partum (came from "X" hospital), and two mother got their baby passed away during partum at "Y" hospital. The sample which was successful to

be analyzed was 152 mothers, consisting of 69 pregnant mothers form "X" hospital and 83 from "Y" hospital.

Dependent variable in this study was early breastfeeding initiation, which was collected by direct interview using structured questionnaire based on the definition of early breastfeeding initiation from WHO. This measurement was taken on two days after delivery. It was conducted during the mothers were still in the ward of the two selected hospitals. Early breastfeeding initiation measurement at this time was intended to reduce recall bias ensuring the mothers gave more accurate information.

Breastfeeding intention, as an independent variable, was measured by interview based during third trimester of pregnancy. Mothers' breastfeeding intention on this trimester was formed stronger than the previous trimester. This variable was measured by adapting questionnaire of The Infant Feeding Intention (IFI) scale which was first developed by Nommsen-Rivers in prenatal clinic of University of California in Davis Health Service Centre. It had been adapted in different ethnics and culture.[31,32]

The IFI questionnaire was used through these following steps: 1) Psychometric tests that include questionnaire use permit, forward and back translation process, evidence based on content validity by panel of lactation expert, panelist readability test, validity and reliability test; 2) the use of questionnaire in the study. The IFI questionnaire consists of five questions/items, assessed five points Likert scale. Scoring for item 1 is assessed from "very much agree"=0, "somewhat agree=1", "unsure"=2, "somewhat disagree"=3, and very much disagree=4. This assessment aplies inversely to items 2,3,4 and 5. Total intention score was calcualted using formula of addition of (mean score of item 1+2) + (total score of item 3,4,and 5). Thus total score has the range of 0 (strong intention for no breastfeeding at all) until 16 (the strong intention to give breastfeeding as the only source of food for babies on the first 6 months).[31] Furthermore, the intention is categorized based on the mean score that are: 1) Low intention if the intention score is less than the mean score (<mean), and 2) High

intension if the intention score more than or equal to mean score ($\geq$mean). The use of mean score is due to the normal distribution of data.

Three control variables such as attitude towards exclusive breastfeeding, subjective norm, and perceived behavioral control were measured by adapting the questionnaire of *Breastfeeding Attrition Prediction Tool* (BAPT) which was first developed by Jill, R. Janke in United States of America.[27] The use of this questionnaire also follow the same procedure with the process of adapting The IFI questionnaire. These three variables were assessed using 56 items with a 6 point Likert scale. Attitudes towards exclusive breastfeeding consisted of 30 questions, as many as 16 questions of subjective norms, and 10 questions for the perception of behavior control. All variable wered categorized by the mean score of each variable. Attitudes are categorized into: 1) Negative attitude, if the score of attitude is less than the mean score (<125), and 2) Posstive attitude, if the score of attitude more than or equal to mean score ($\geq$125). The subjects norms were categorized into: 1) Low subjectiv norm, if the score of subjective norm is less than the mean score (<68), and 2) High subjective norm, if the score of subjevtive norm more than or equal to mean score ($\geq$68). Perceived behavioral control are categorized into: 1) Low perceived behavioral control, if the score of perceived behavioral control is less than the mean score (<42), and 2) High perceived behavioral control, if the score of perceived behavioral control score more than or equal to mean score ($\geq$42).

The other control variables were age, education, occupation, parity, method of delivery, previous breastfeeding experience, infant sex, exposure to formula milk advertising, and exposure to exclusive breast milk from social media, support from family and health workers were scored by structured questionnaire. Mother's age was calculated by converting the date, month, and year of birth in years. The education variables are categorized into: 1) No higher education, if the mother does not study in college (mother was educated throgh senior high school), and 2) higher education, if the mother is studying in college (DI /DIII/DIV or S1/S2/S3).

Exposure to formula milk adverstising was the exposure of the mother to information of advertising of formula milk from various sources such as mass media, social media, health workers, family, peer, religious leaders or community leaders. This variables is categorized into: 1) Low expossure, if the mother get exposure of formula milk ads less than 3 times per week from one source of information, and 2) High expossure, if the mother get exposure of formula milk ads more than or equal to three times per week at least from one source of information exposure. Exposure to exclusive breastfeeding from social media was the exposure of mother to information about exclusive breastfeeding from various social media (BBM/facebook /twitter/whatsapp/instargram/telegram/line/pat h/other) during the period of pregnancy until the interview was conducted. This variable was categorized into: 1) Low expossure, if the mother obtains information on exclusive breastfeeding not everyday from one social media source, and 2) High exposures, if the mother gets information on exclusive breastfeeding every day at least from one social media source.

Family support was all forms of support provided by the mother to provide exclusive breastfeeding from the family such as husband, parents, in-laws, siblings, or other family members. This varible was categorized into: 1) less supported, if the score of family support was less than the mean (<mean), and 2) supported, if the score of family support was more than or equal to the mean score. While health workers supports was all efforts provided by health workers (midwife/nurse/doctor/obstetrician/nutrition educator/other) to support of exclusive breastfeeding according to mother's perception. The support can be in the form of counseling, training, mentoring, and other support conducted since the early period of pregnancy until the interview conducted. All forms of support from each profession are summed, then categorized into: 1) less supported, if the score of health workers support was less than the mean (<mean), dn 2) supported, if the score of health workers support was more than or equal to the mean. Multivariate analysis with multiple logistic regression analysis was used to identify the breastfeeding intention on pregnant mothers

which was the most dominant variable related to early breastfeeding initiation.

Data collection was conducted after the study got ethical approval from Commision of Research Ethics, Faculty of Public Health, University of Indonesia number 188/UN2.F10/PPM.00.02/2016 dated 13 June 2016. After getting the letter, equal perception and technical training for data collection were conducted by the researcher to the enumerator before validity and reliability test to the questionnaire was conducted. The pregnant mothers signed the informed consent after getting explanation from the researcher or enumerator and stated their willingness to participate in the research from the beginning of measurement.

RESULT

Early Breastfeeding Initiation

The babies' breastfed immediately within the first hour after labor in this research were 56.6% as seen on Table 1. From this proportion, there were 9.3% babies who had not succeeded in sucking their mother's breasts, continued to early breastfeeding initiation until 2 hours. Most of the mothers (87%) succeeded in early breastfeeding initiation in 1 hour were accompanied by their family especially their husbands during the labor process. Meanwhile 43.4% mothers who latched their babies on their breasts less than 1 hour, generally (87.8%) was caused from the mothers were exhausted after delivery.

Breastfeeding Intention

The mean score of intention in this study was 10.0 ± 2.3 SD. The mothers who had high intention ($\geq$mean, intention score$\geq$10.0), to breastfeed since the third trimester pregnancy were 63.8%. From 63.8% mothers having high intention in breastfeeding their babies, as many as 70.1% intend to give exclusive breastfeeding, 22.7% intend to breastfeed until their baby is 2 months-old, and 7.2% intend to breastfeed until their baby is 3 months-old. Mothers who intend to breastfeed until age $\leq$2 months are generally argued would breastfeed due to return to work after maternity leave. Mother admitted that they were worried their milk production can not meet the needs of the baby. They also stated that pump breast milk

at work will not be optimal. It was also considered quite inconvenient.

Attitude, Subjective Norm and Perceived Behavioral Control

Table 1 shows that mothers having positive attitude on breastfeeding were 53.9%. The positive attitudes were asked through 16 items of question. General answer was given by a mother with a positive attitude were breastfeeding was more practical than giving formula milk, breast milk was healthier than formula milk, breast milk can bring mothers closer to their baby, breast milk has suitable nutrient for baby's need, breastfeeding was natural, breast milk was the best nutrition for baby, breastfeeding gave satisfaction to mothers, the babies given breast milk were smarter than those who were not. The possitive attitude were stated in 16 items. Whereas the negative attitudes were stated in 14 items. Negative attitudes toward breasfeeding were as follow: breastfeeding was not practical, breastfeeding made the breasts slack, it was difficult to breastfeed when working, and it was difficult for mothers to have their previous body shape when breastfeeding.

As many as 63.2% mothers had high subjective norms. These norms were scored by 16 items question to measure how far the mothers were influenced by social environment to breastfeed. This social environment came from family, health workers, religious figures, friends and other relatives. The high perceived behavioral control was 44.7% and the low one was 55.3%. Most of the mothers (88.5%) from 55.3% having low perceived behavioral control answered hesitantly that their breast milk was sufficient to their baby (Table 1).

Maternal and Infant Characteristics

All mothers have high education, minimally graduated from senior high school, and 81.6% of them continued to higher education (diploma, under graduate, post graduate and doctoral) 64.11% form mothers graduated from higher education continued to undergraduate, post graduate and doctoral degree. Half of them were working (53.3%), and most of them were private employees. The primigravid mothers were 46.1%, where

they just delivered their babies when data collection was conducted. The proportion of mothers having vaginal birth is 82.2% which was higher than those having sectio cesaria (17.8%). Even though mothers had sectio cesaria, they were suggested to conduct early breastfeeding initiation. As many as 53.3% of mothers had previous breastfeeding experience especially the multigravida ones. The percentage of newborn was dominated by baby boys (54.2%) than girls (45.8%), with the average birth weight was 3200 ± 431 grams.

Exposure of Social Media, Social Support

As many as 62.4% mothers were exposed to the information about exclusive breastfeeding from social media. From that percentage, nearly 90% mothers use social media to access information about breast milk. Some mothers said they joined certain group in social media focus on breast milk discussion, mainly Facebook and WhatsApp. They said that they have minimally one or more social media in Android application on hand phone (Facebook/Blackberry messenger/ WhatsApp/ Instagram/telegram, and others). As many as 89.5% of them got support to initiate breastfeed from their family, and 70.5% from healthcare workers mainly to motivate them to do early breastfeeding initiation (Table 1). Mother stated that the strong motivation of health personnel to achieve success early initiation of breastfeeding early increased her confidence to breastfeed her baby.

The Association Between Intention and Other Variables Towards Early Breastfeeding Initiation

Table 2 shows bivariate analysis as the step of candidate selection for the requirement of multivariate analysis. Qualified variables for multivariate analysis were those having p score<0.25. Based on bivariate analysis by chi-square with level of confidence was 95% so the variables passed the candidate selection were breastfeeding intention (p=0.000), attitude (p=0.172), perceived behavioral control (p=0.021), maternal age (p=0.159), exposure to social media (p=0,000), family support (p=0.015) and health workers support (p=0.013).

Final modeling from multivariate analysis with multiple logistic regression analysis showed that intention was the most dominant variable correlated with early breastfeeding initiation with p score =0.000, OR=5.249, 95% CI (2.321-22.870) after it was controlled by other variables. The mothers having high intention in breastfeeding got five times more likely to give early breastfeeding initiation (≥1-2 hours) than those having low intention. Another variables correlated with early breastfeeding initiation was perceived behavioral control (p=0.016, OR=2.646, 95% CI:1.201-5.826), maternal exposure to exclusive breast milk information from social media (p=0.005, OR=3.848, 95% CI: 1.498-9.882), family support (p=0.028, OR=4.381, 95% CI: 1.178-16.298), and health workers support (p=0.007, OR=3.211, 95% CI: 1.370-7.523).

DISCUSSION

Early Breastfeeding Initiation

Administration of early breastfeeding initiation to baby soon after the first hour after delivery was the early effectiveness on exclusive breastfeeding and its continuity until 2 years-old. It can reduce infant mortality rates by around 22%. Infants who are given early initiation of breastfeeding will obtain colostrum that contains immunoglobulin to improve infants' immunity. [2] This 'sensitive period' also predisposes or primes mothers and infants to develop a synchronous reciprocal interaction pattern, provided they are together and in intimate contact.[1]

The coverage of early breastfeeding initiation in this study is 56.6%. This coverage is higher than the national coverage which is 34.5% as well as Banten province which is 33.8% in 2014.[21] The same result was found in a cross-sectional study by Permatasari, et al (2013) applied to 234 mothers in urban and rural area in Subang West Java which it was only 33.7%. The cause of this condition is more than half of the mothers are low-educated (elementary and junior high level) which is 55.6% and most of them (72.4%) are working mothers.[22] The respondents characteristics are different with this study because most of the mother have higher education (university or diploma graduate) as many as 81.6% dan 53.3% working mothers. The higher education the

mothers have, the more knowledge for the importance of breastfeeding they have than the low ones.[33] Different result of the study came from Sirajuddin, et al, in 2012 on 215 mothers had partum in *Puskesmas* (Community Health Center) Tilamuta, Boalemo district, Gorontalo province showed higher coverage of early breastfeeding initiation which was 61.4%. Sirajuddin also found that the high early breastfeeding initiation caused by educational attainment. Early breastfeeding initiation was mostly conducted by well-educated mothers (69.9%) than those whose low (23.1%).[34]

In accordance with this result of the study, there is similarity in mothers' characteristics with the study in Uganda where the coverage of early breastfeeding initiation is 56% based on the data from Uganda Demographic and Health Survey (UDHS) 2006 conducted by Macro International and Uganda Bureau of Statistics (UBOS).[20] Meanwhile, the study in Brazil in 2004 – 2005 on 1,309 mothers and children came from 10 maternity hospitals in Feira de Santana, Bahia, the coverage of early breastfeeding initiation was 47.1%. One factor determined this low coverage score was 44.2% mothers had sectio cesaria delivery on the respondent of the study. The mothers delivered theirs babies with this method commonly experienced higher stress and exhausted after labor than those having vaginal birth so it influenced the effectiveness of early breastfeeding initiation.[11]

In Indonesia, the policy of early breastfeeding initiation has been established in Government Regulation No. 33/2012 about exclusive breast milk on Chapter III verse 9.[35] The administration of early breastfeeding initiation and exclusive breast milk in South Tangerang has also been decided as Community Health Effort Local Government Regulation No. 4/2013 Chapter 11 about City Health System.[36] Similar provincial policy such in Nova Scotia province, Canada, it had been decided that 2005 as the community-based strategy to reduce the obesity epidemic on children.[37]

Breastfeeding Intention

Early breastfeeding initiation and exclusive breast milk are mainly caused directly by the intention or a mother's will to breastfeed her baby. There are 71.1% from mothers doing

early breastfeeding initiation in this research are those having high intention to breastfeed. The intention is the most dominant factor correlates to early breastfeeding initiation. This result is similar to the study to mothers in urban area of Beirut Lebanon in 2009 where the intention strongly correlated with the breast milk administration since the very beginning it was given to baby until 6 months-old (p=0.043, OR=3.28). A mother having high intention gets 3 times more likely to breastfeed soon after giving birth until exclusive breast milk administration. Intention as the direct factor and creates behavior by nature, it was developed by Ajzen in *Theory of Planned Behavior* (TPB).[25]

The previous studies had proven intention is the main predictor of breastfeeding since it was given for the first time until 6 months of baby's life. A study on mothers in 10 primary health service for maternal care in Shahroud Iran in 2011 showed that intention succeeded to predict exclusive breastfeeding, the higher score of mothers' intention in breastfeeding, the more mother's chances to exclusively breastfeed better than those having low intention in third trimester pregnancy.[26,27] Intention on this study was measured by adapting the questionnaire of The Infant Feeding Intention scale (IFI). This questionnaire consisted of 5 questions which were scored by 5 intervals Likert scale. Based on the answers of respondents on the questionnaire The IFI questionnaire, the percentage of mothers having plan to breastfeed until 2 months is 29%, breastfeed until 3 months is 16%, and breastfeed until 6 months is 55%. The most mothers planning to breastfeed until 2 months are those who working after the maternity leave has finished.

Perceived Behavioral Control

Theory of Planned Behavior (TPB) also stated a conception that beside intention, there is another variable which can determine behavior, it is called perceived behavioral control. This variable can determine behavior directly. It also determine behavior through intention beforehand.[25] Perceived behavioral control is defined as mothers' perception on how easy or difficult in breastfeeding. From 10 items of question to score this variable, there are several items which the percentage of "AGREE" answers from the respondents is

high namely 85% for breastfeeding is easy, mothers are able to breastfeed is 72%, there is 65% is agree if mothers have sufficient breast milk for their babies, and 58% respondents are agree if mothers have adequate skill to breastfeed. Mothers with high perceived behavioral control have 2.6 times more likely to practice early breastfeeding initiation better than those whose low. In accordance to the study of Mortazavi, et all in 2011 on pregnant mothers had maternal care in 10 primary health facilities in Shahroud Iran showed that perceived behavioral control directly associated with breastfeeding with the p-value =0.019.[27]

Social Media Exposure, Support of Family and Health Workers

Another factors associated with early breastfeeding initiation in multivariate modeling are social media exposure (p=0.005; OR=3.848; 95% CI: 1.498-9.882), family support (p=0.028; OR=4.381; 95% CI: 1.178-16.298) and support from health workers (p=0.007; OR=3.211; 95% CI: 1.370-7.523). These three variables, along with intention and perceived behavioral control, influence early breastfeeding initiation. This study shows that the mothers get high exposure information about exclusive breastfeeding from social media have nearly 4 times more likely to give early breastfeeding initiation to their babies better than those get low exposure. From 85.7% mothers getting high exposure about exclusive breastfeeding from social media, more than half of them (68%) use online social media to access the information about exclusive breastfeeding especially through Facebook/ Whatssapp/ Blackberry Messenger. Even from the mothers getting social media exposure, it is 20% of them join certain group transferring information about exclusive breast milk. The result of the study is in accordance with the study conducted to 64 Irish, 139 Sweden and 143 Australian mothers, showed that social media especially online one related significantly in improving intention and the practice of exclusive breastfeeding. The mothers admitted that accessing information through social media such as facebook/whatssapp/blackberry is easier and can be done anytime. The mothers can directly get the answers for what they really want to know about breastfeeding immediately. This

special group of social media is formed mainly for pregnant mother class.[38]

The supports from family and health workers also has significant role for the effectiveness of early breastfeeding initiation. The mothers getting support from their family have 4 times greater chances to give early breastfeeding initiation than those who get less. Nearly 90% mothers answered that the greatest support to give early breastfeeding initiation came from their husbands. They confessed the presence of their husbands in delivery process contributes psychological convenience and motivation in giving early breastfeeding initiation. This result is in accordance with the study conducted by Sirajuddin et al in 2015 to mothers in *Puskesmas* Tilamuta working area from January until December 2012 stated that mothers getting supports from their family had 6.7 times more likely to be successful in giving early breastfeeding initiation than those who got less.[34] It is similar to the support from health workers. The mothers getting supports from health workers have 3.2 times more likely to give early breastfeeding initiation than those got no supports. It is similar with the study conducted by Sirajudin (p=0.020; OR=2.6; 95% CI: 1.159-5.711) on mothers in Puskesmas Tilamuta and the study of Novianti on mothers having maternal care in regional general hospital and private hospitals.[34,28] Price (2014) explained that support in breastfeeding that mother get earlier can improve the breastfeeding prevalence. The mothers will get comfort and confidence for breastfeeding if they get support from health workers who are considered valid in sharing the information.[39]

CONCLUSION

Earlier breastfeeding initiation conducted by more than half of mothers in this study which the percentage is 56.6%. This coverage exceeds the national standard score which is 34.5% and the coverage in south Tangerang which was less than 50% in 2012.The mothers having high intention were 63.8%. Breastfeeding intention on pregnant mothers is the most related factor to early breastfeeding initiation Intensi menyusui pada ibu hamil merupakan faktor yang paling berhubungan dengan Inisiasi in 2 mothers and children hospital type C in south Tangerang. The

mothers having high intention to breastfeed on the third trimester of pregnancy get 5 times greater chances to be successful in giving immediate early breastfeeding initiation until minimally 1 hour after labor. Perceived behavioral control, mothers' exposure to information from social media, supports from family and health workers along with intention correlate significantly to the effectiveness of early breastfeeding initiation. The mothers having high perceived behavioral control get 2.6 times greater chances to be successful in giving early breastfeeding initiation than those who low. The mothers exposed to exclusive breast milk information from social media get 3.8 times greater chances to be successful in early breastfeeding initiation. Moreover, the mothers getting family support have 4.4 times more likely to give early breastfeeding initiation as well as those get support from health workers have 3,2 times more likely to do it until one first hour after delivery.

RECOMMENDATION

Intention measurement on first trimester of pregnancy is necessary to be done as early detection to find out the effectiveness of the administration of early breastfeeding initiation, even the effectiveness of exclusive breastfeeding administration. It can become the main predictor for the effectiveness of breast milk administration as the basis of promotive and preventive effort as well as early detection to increase the coverage of early breastfeeding initiation and exclusive breast milk administration. The advanced longitudinal study needs to be conducted to determine the correlation of early breastfeeding initiation and exclusive breast milk administration, which is predicted from intention measurement. The efforts on promoting exclusive breast milk needs to be done extensively to increase the mothers' perceived behavioral control so they have better conviction to give early breastfeeding intention. It can be done integrally by the maternal health service program in the hospital which involve the role of family and health workers.

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TABLE

Table 1. Early Initiation of Breastfeeding, Breastfeeding Intention, dan Others Characteristics among Pregnant Mothers

Variable	Category	Frequency	(%)
Early Initiation of Breastfeeding	< 1 hour	66	43.4
	≥ 1-2 hours	86	56.6
Breastfeeding Intention	Low	55	36.2
	High	97	63.8
Attitude	Negative	70	46.1
	Possitive	82	53.9
Subjective Norm	Low	56	36.8
	High	96	63.2
Perceived Behavioral Control	Low	84	55.3
	High	68	44.7
Maternal Age	≤ 30 years old	100	65.8
	> 30 years old	52	34.2
Education	Non Higher Education	28	18.4
	Higher Education	124	81.6
Occupation	Working	81	53.3
	Not working	71	46.7
Parity	Primipara	70	46.1
	Multipara	82	53.9
Method of Delivery	*Sectio Caesaria*	27	17.8
	Normal	125	82.2
Previous Breastfeeding Experience	No	71	46.7
	Yes	81	53.3
Sex of baby	Boy	83	54.2
	Girl	70	45.8
Exposure of Formula Ads	High expossure	73	46.7
	Low expossure	79	53.3
Exposure of Exclusive Breastfeeding	Low espossure	52	37.6
From social media	High expossure	100	62.4
Family support	Less supported	16	10.5
	Supported	136	89.5
Health workers support	Less supported	36	23.7
	Supported	86	70.5

Tabel 2. Bivariate Analysis of Variables Associated with Early Breastfeeding Initiation

Variabel	Category	Early Initaition of Breastfeeding				p-value	OR (95% CI)
		< 1 hour		≥1-2 hours			
		n	%	n	%		
Breastfeeding Intention	Low	38	69.1	17	30.9	0.000*	2.394 (1.672-3.427)
	High	28	28.9	69	71.1		
Attitude	Negative	35	42.7	47	57.3	0.172*	1.029 (0.670-1.386)
	Possitive	31	44.3	39	55.7		
Subjective Norm	Low	45	46.9	51	53.1	0.339	1.250 (0.838-1.864)
	High	21	37.5	35	62.5		
Perceived Behavioral Control	Low	44	52.4	40	47.6	0.021*	1.619 (1.086-2.414)
	High	22	32.4	46	67.6		
Maternal Age	≤ 30 years old	48	48.0	52	52.0	0.159*	1.387 (0.906-2.122)
	> 30 years old	18	34.6	34	65.4		
Education	No Higher Education	10	35.7	18	64.3	0.484	0.791 (0.464-1.348
	Higher Education	56	45.2	68	54.8		
Occupation	Working	29	40.8	42	59.2	0.663	0.894 (0.619-1.291)
	Not working	37	45.7	44	54.3		
Parity	Primipara	30	42.9	40	57.1	1.000	0.976 (0.678-1.406)
	Multipara	36	43.9	46	56.1		
Method of Delivery	*Sectio Caesaria*	10	37.0	17	63.0	0.600	0.827 (0.487-1.403)
	Normal	56	44.8	69	55.2		
Previous breastfeeding Experineces	No	29	40.8	42	59.2	0.663	0.894 (0.619-1.291)
	Yes	37	45.7	44	54.3		
Sex of baby	Boy	38	45.8	45	54.2	0.631	1.128 (0.780-1.632)
	Girl	28	40.6	41	59.4		
Exposure to Formula Ads	Low Exposure	35	44.3	44	55.7	0.948	0.959 (0.666-1.379)
	High Exposure	31	42.4	42	57.5		
Exposure to Exclusive Breastfeeding from Social Media	Low Exposure	40	76.9	12	23.1	0.000*	3.818 (1.785-8.166)
	High Exposure	60	60.0	40	40.0		
Family Support	Less Supported	12	75.0	4	25.0	0.015*	1.889 (1.330-2.682)
	Supported	54	39.7	82	60.3		
Health Workers Support	Less supported	27	60.0	18	40.0	0.013*	1.646 (1.165-2.326)
	Supported	39	36.4	68	63.6		

 * Eligible variables for the multivariate model (p-value <0.25)

Table 3. The Final Model of Multiple Regression Logistic of Variables Associated with Early Breastfeeding Initiation

Variable	B	S.E	Wald	df	Sig.	Exp (B)	95% CI
Breastfeeding Intention	1.658	0.416	15.857	1	0.000	5.249	2.321-11.870
Perceived Behavioral Control	0.973	0.403	5.836	1	0.016	2.646	1.201-5.826
Expossure to Exclusive Breastfeeding from Social Media	1.348	0.481	7.842	1	0.005	3.848	1.498-9.882
Family Support	1.477	0.670	4.858	1	0.028	4.381	1.178-16.298
Health Workers Support	1.167	0.403	7.210	1	0.007	3.211	1.370-7.523
Constant	-10.278	2.028	25.680	1	0.000	0.000	