

Antenatal Class Increases Knowledge and Attitude of Pregnant Women in Succeeding Early Breastfeeding Initiation

Ainun Jariyah¹, St. Supeni¹, Hartati S¹

¹D-III Midwifery Study Program, Faculty of Health Sciences, Cokroaminoto University
Makassar, Indonesia

Received: May 15, 2022

Received in Revised: June 12, 2022

Accepted: June 23, 2022

Abstract

Early Breastfeeding initiation increases exclusive breastfeeding. This research is aimed at knowing the effect of ante natal class to the knowledge and attitude of pregnant mothers and to the success of early breastfeeding. The type of the research is a literary research by researching literature related to ante natal class/classes for pregnant women, early breastfeeding initiation and exclusive breastfeeding. From the research it is found that through ante natal class, pregnant women obtained information and training about mother's and baby's health which comprises of pregnancy, physical changes and conditions during pregnancy, pregnancy care, delivery followed by early breastfeeding initiation, childbed, the baby, myths/beliefs/local customs, contagious diseases and birth registration. Through the acceptance of early breastfeeding initiation material in ante natal class, it is expected that pregnant women will have the knowledge and understanding concerning early breastfeeding initiation which eventually form a positive attitude towards early breastfeeding initiation. Based on good knowledge and a positive attitude regarding early breastfeeding initiation, it is hoped that its implementation will be successful and eventually will increase exclusive breastfeeding. Thus, it is advised that mother and child health care institutions conduct ante natal class programs to support the successful implementation of early breastfeeding initiation, to obtain healthy and qualified human resources.

Keywords: Ante Natal Class, Knowledge, Attitude, Early Breastfeeding Initiation

Introduction

Health is a dream and one of the basic human rights, it is also a very decisive factor in the development of human resources (HR) along with education and economic factors which are the measure to determine the index of human resource development. Therefore, the statement that states, "Healthy is not everything, but if it is not healthy, then everything is meaningless". Therefore, health needs to be strived for, and fought for by all levels of society. So, it is very appropriate that the Ministry of Health raises the theme of the 47th National Health Day "Indonesia Loves Healthy".

The theme mandates that all components of the nation, both the community, the private sector/business world, and the government work together to achieve Indonesian health, love of health, which describes the three pillars of the spirit of all Indonesian people, namely healthy behavior, maintaining a healthy environment, and getting quality services. The first pillar is healthy living behavior such as: giving birth to health workers, giving exclusive breastfeeding, etc.

The second pillar is maintaining a healthy environment, for example instilling the habit of washing hands to prevent infectious diseases. The third pillar is quality health services. To

provide the best health services, doctors, nurses and midwives continue to gain and deepen knowledge in their respective fields to be applied to patients.

In accordance with the spirit of Pancasila and other elements of the national paradigm, every activity and effort to improve the highest degree of public health is carried out based on non-discriminatory, participatory, protective and sustainable principles which are very important for the formation of Indonesian human resources, increasing resilience and human resources. national competitiveness and national development.

The relationship between Pancasila as the state's basis for the health sector must be directed at producing the nation's human resources (HR) as Indonesian human beings who are complete, physically and mentally healthy. The nation's human resources like this will only be realized if the values contained in the three patterns of human relations are: (1) humans with the Creator, which is reflected in the nature of their faith and devotion, (2) humans and other humans, which are reflected in morals and character. owned; and (3) the relationship between humans and their environment which is reflected in the laws and regulations on the environment that are applied in everyday life.

The Law of the Republic of Indonesia Number 36 of 2009 concerning health mandates that health development must be aimed at increasing awareness, willingness, and ability to live a healthy life of the community as high as possible, as an investment for the development of community resources. Health development is also inseparable from the commitment of the Indonesian people as citizens of the world community to achieve the Millennium Development Goals (MDGs). Five of the eight MDGs are directly related to health, namely: eradicating poverty and hunger, reducing child mortality, improving maternal health, fighting HIV/AIDS, malaria and other diseases, and preserving the environment.

The current health issue itself as the main factor and a valuable investment is expected to be implemented based on a healthy paradigm, namely prioritizing promotive and preventive efforts without neglecting curative and rehabilitative (Ramadhani, 2021). In implementing preventive and promotive efforts as well as to achieve the MDGs, especially in the context of producing quality human resources, the government has launched several programs starting from the baby in the womb through antenatal care which is equipped with antenatal classes, planning programs for childbirth preparation and prevention of complications (PPPK), initiation early breastfeeding, exclusive breastfeeding and many other programs. Through these programs, it is hoped that the next Indonesian human resources will be more secure and of higher quality.

Human quality in the development of a nation must start as early as possible, since the baby is in the womb (Irwin et al., 2007). One of the factors that play an important role in improving the quality of human resources is exclusive breastfeeding (Abekah-Nkrumah et al., 2020). Exclusive breastfeeding plays a very important role in the maintenance of children and the preparation of quality future generations because breast milk is the sole source of food for babies until the age of the first six months of life. WHO through UNICEF in 1990 in Italy stated that exclusive breastfeeding for six months was able to prevent 30,000 infant deaths in Indonesia 2 . Because of the great benefits of exclusive breastfeeding starting from IMD, the Decree of the Minister of Health of the Republic of Indonesia number 33 of 2012 concerning exclusive breastfeeding stated that babies have the right to exclusive breastfeeding, health workers are obliged to carry out IMD, join in, mothers have the right to refuse formula milk , workplaces and public places are required to provide a place for breastfeeding as well as sanctions if they prevent exclusive breastfeeding. The Minister of Health's decision was issued by the President on March 1, 2012.

The success of IMD must start from the time the baby is in the womb through antenatal care (ANC). During the ANC period, there was one program carried out for the success of IMD, namely through antenatal classes/pregnancy classes. Through this antenatal class, there are several counseling materials given to pregnant women and their partners, including IMD. This early initiation of breastfeeding is one of the series/steps in the normal delivery assistance operational procedure. Through receiving IMD material during antenatal classes, it is hoped that pregnant women will have knowledge and understanding regarding the goals, benefits and implementation of IMD, which will eventually form a positive attitude about IMD. Based on good knowledge and a positive attitude about IMD, it is hoped that its implementation will also be successful, which in turn will increase exclusive breastfeeding.

The role of IMD in achieving the MDGs is very important, because IMD can increase the success of exclusive breastfeeding and the duration of breastfeeding. Exclusive breastfeeding reduces spending on formula milk, thereby helping to reduce poverty, helping to reduce hunger. Mother's milk, besides being able to meet the food needs of babies until the age of two years, also helps reduce the mortality rate of children under five, because breast milk contains antibodies. delivery to achieve IMD success and the success of exclusive breastfeeding is still low. Of the programs that have been launched by the government in order to form healthy and quality Indonesian human resources, one of the programs is antenatal classes. Can antenatal classes improve the knowledge and attitudes of pregnant women and make successful early breastfeeding initiation in order to nourish the nation's generation?

The purpose of this scientific paper is to contribute to the love of healthy Indonesia through a program that has been launched by the government to obtain healthy and quality Indonesian human resources, by analyzing the impact of the antenatal class program on the knowledge and attitudes of pregnant women and the success of IMD in order to nourish the nation's generation.

Methods

The method and discussion of this paper is a literature study, which is exploring various literatures that describe, discuss, study and conclude the impact of antenatal/pregnant women's classes on the knowledge and attitudes of pregnant women and the success of IMD in order to nourish the nation's generation.

Maternity Class

Health education is generally carried out individually through consultation or communication, information, and education (KIE) or case-by-case counseling given when pregnant women check their pregnancy or during posyandu activities. This has weaknesses, including the knowledge gained is only limited to the health problems experienced, there is no cross-sectoral or cross-program monitoring and guidance. To overcome these weaknesses, a face-to-face learning class for pregnant women was made, followed by group discussions and exchanging experiences between pregnant women and health workers, and ended with pregnancy exercise. The following describes the meaning, goals, objectives, and implementation of classes for pregnant women.

Definition

Pregnant women class is a joint learning activity, discussion, and exchange of experiences between pregnant women about maternal and child health which includes pregnancy, pregnancy care, childbirth, postpartum care, baby care, myths, infectious diseases, and birth

certificates. This activity is carried out thoroughly, systematically, scheduled, and continuously in a face-to-face form.

Maternity Class Goals

General Purpose

Classes for pregnant women aim to increase knowledge, change attitudes and practices of mothers to understand maternal and infant health which includes pregnancy, body changes and complaints during pregnancy, prenatal care, childbirth, postpartum, babies, local myths/beliefs/customs, infectious diseases and certificates birth.

Special purpose; (1) There was interaction and exchange of experiences between participants and between pregnant women and health workers/midwives regarding maternal and child health; (2) Increase knowledge, attitudes and practices of pregnant women about pregnancy, body changes, common complaints during pregnancy and pregnancy care which includes psychological readiness to face pregnancy, husband-wife relationship during pregnancy, danger signs of pregnancy, drugs that may or may not be consumed during pregnancy, including giving Fe tablets to treat anemia, danger signs of pregnancy, and P4K; (3) Improving knowledge, attitudes and practices of pregnant women about childbirth care which includes signs of labor, danger signs in labor, and the delivery process including IMD; (4) Improving knowledge, attitudes and practices of pregnant women about postpartum care which includes exclusive breastfeeding, danger signs during the postpartum period, post-partum family planning; (5) Improving knowledge, attitudes and practices of pregnant women regarding infant care, including newborn care (BBL), administration of Vitamin K injection, danger signs for newborns, monitoring of infant/child growth and development, and immunization of BBL; (6) Increase knowledge, attitudes and practices of pregnant women about local myths/beliefs/customs related to maternal and child health; (7) Improving knowledge, attitudes and practices of pregnant women about sexually transmitted diseases, basic information about HIV-AIDS and the prevention and treatment of malaria in pregnant women; (8) Improving knowledge, attitudes and practices of pregnant women regarding birth certificates.

Target Class of Pregnant Women

Participants in the class for pregnant women, preferably pregnant women at 20 to 32 weeks of gestation. The maximum number of participants is 10 people per class. Husbands or families need to be included in the class for pregnant women.

Implementation of Class Activities for Pregnant Women

Classes for pregnant women are carried out in a coordinated manner and are developed according to the roles and functions of each level: (a) Province: preparing trainers, supporting facilities and infrastructure, as well as monitoring and evaluation. (b) District: preparing facilitators, supporting facilities and infrastructure, as well as monitoring and evaluation. (c) Puskesmas: the head of the Puskesmas is responsible for and coordinates the implementation of classes for pregnant women in their working areas, d) midwives/health workers carry out classes for pregnant women, including identification of potential participants, coordination with stakeholders. Facilitators and resource persons. The facilitators for the pregnant women class are midwives or health workers who have received training in facilitators (Gebrehiwot et al., 2014). The facilities and infrastructure needed include study rooms, writing utensils, KIA books, flip sheets for pregnant women, facilitator handbooks, teaching aids, pillows,

chairs, mats/carpets/mattresses, pregnancy exercise CDs, as well as a guidebook for conducting classes for pregnant women.

Maternity Class Benefits

The class for pregnant women has the following benefits: 1) The formation of maternal behavior regarding maternal and child health from pregnancy to postpartum is more lasting because it is based on knowledge, awareness, and a positive attitude. 2) Preparation for labor and preventing complications become more stable. 3) Growing "alert" attitudes and actions in husbands towards the health of mothers and babies. Increase the coverage of exclusive breastfeeding. 5) Increase the confidence of mothers and husbands in caring for babies.

Results and Discussion

Knowledge

According to Notoatmojo⁵, knowledge is the result of knowing and this occurs after people have sensed a certain object. Sensing occurs through the human senses, namely the senses of sight, hearing, smell, taste, and touch. Most of human knowledge is obtained through the eyes and ears. Knowledge is something that is known to be related to the learning process. This learning process is influenced by various internal factors such as motivation and external factors in the form of available information and socio-cultural conditions (Mirhadizadeh, 2016).

In another sense, knowledge is a variety of symptoms encountered and obtained by humans through the observation of reason. Knowledge arises when a person uses his mind to recognize certain objects or events that have never been seen or felt before (Gopnik, 1993). For example, when a person tastes a new dish he knows, he will gain knowledge about the shape, taste and aroma of the dish. Factors that affect knowledge. Knowledge possessed by a person is influenced by 5 things, namely: (1) Education. A person's level of education will help the person to be easier to capture and understand an information. The higher a person's education, the level of understanding also increases and is appropriate in taking attitudes. (2) Sources of information such as mass media, health workers, through experience, through friends, (3) Age can affect a person's knowledge. Younger people have stronger memory than older people. In addition, the ability to absorb new knowledge is easier to do at a younger age because the brain functions optimally at a young age.

Attitude

Definition

Attitude is the reaction or response of a person who is still closed to a stimulus or object. Attitudes cannot be directly seen, but can only be interpreted beforehand from closed behavior. So, attitude is still a closed reaction that cannot be seen directly but can be interpreted through implementation, interviews, or questionnaires

Attitude Component

The structure of the attitude consists of three mutually supportive components¹, namely: (1) Cognitive component This component is representative of what the individual owner of the attitude believes, the cognitive component contains stereotyped beliefs that individuals have about something that can be equated with handling or opinion, especially when it comes to issues that controversial. (2) Affective component. This component is a feeling that involves the emotional aspect. This emotional effect is usually the basis of the attitude component and is the aspect that is most resistant to environmental influences. (3) Conative components.

This component is an aspect of the tendency to behave, especially according to the attitude possessed by a person. This is also accompanied by a tendency to act or react to something in certain ways.

Attitude Trait

Attitude statements according to 1 consist of two kinds, namely: (1) favorable statements are in favor of or in favor of the attitude object. Attitude statements that contain positive things about the attitude object that are supportive or in favor of the attitude object, unfavorable statements are not supporting the attitude object. Attitude statement that contains negative things about the object, attitude, which is neither supportive nor contra towards the object of attitude.

Factors Influencing Attitude

Factors that influence attitudes are: (1) Personal experience. Attitudes will be more easily formed if the personal experience occurs in situations that involve emotional factors. (2) The influence of other people who are considered important. A person who is expected to approve of every move of current behavior and opinion, a person who is not disappointed, and who is special. (3) The influence of culture Culture has instilled a guiding line for our attitude to various problems. Depends on where the individual grew up. (4) Mass media. In reporting on newspapers or radio or other communication media, news that should be factually conveyed objectively tends to be influenced by the attitude of the writer, as a result, it affects consumer attitudes. As technology advances, a lot of information is disseminated through the mass media. One can get various knowledge from newspapers, radio, magazines, tabloids, TV, internet, and other media. (5) Educational institutions and religious institutions. Institutions function to carry out the basic understanding and oral concepts within the individual. Understanding of good and bad, wrong or right, which determines a person's belief system to play a role in determining individual attitudes. 6) Emotional factor. Attitudes that are based on emotions that function as a kind of channeling frustration or diversion of the ego defense mechanism. This can be temporary or permanent.

Early Initiation of Breastfeeding Definition of Early Initiation of Breastfeeding

Early initiation of breastfeeding or early initiation of breastfeeding is when the baby begins to suckle on its own immediately after birth (Nakao et al., 2008). So, actually human babies, like other mammalian babies, have the ability to suckle on their own as long as they allow direct contact between the baby's skin and the mother's skin for at least an hour immediately after birth. The way the baby initiates early breastfeeding is called The Breast Crawl or crawling looking for the breast

Benefits of Early Breastfeeding Initiation

The mother's chest warms the baby appropriately while the baby crawls to the breast. This will reduce death due to cold (Hypothermia). Mother and baby feel calmer. The baby's breathing and heart rate are more stable. Babies will cry less often, thereby reducing energy consumption. The bonding between mother and baby will be better because in the first 1-2 hours, the baby is on standby. After that, the baby usually sleeps for a long time. Non-breastfeeding starter foods contain egg whites that are not derived from human milk, for example from animal milk. This can interfere with the growth of intestinal function and trigger allergies earlier.

Babies who are given the opportunity to breastfeed early are more successful in exclusive breastfeeding and will be breastfed for longer. The pounding of the baby's head on the mother's

chest, the touch of the baby's hand on the nipple and its surroundings, and the baby's licking on the mother's nipple stimulates the release of the hormone oxytocin. Babies get colostrum, the first milk that comes out. This golden liquid is sometimes also called the gift of life. Babies who are given the opportunity to initiate breastfeeding earlier get colostrum than those who are not given the opportunity. Colostrum, the special breast milk that is rich in immunity, is important for the survival of the baby. Colostrum will create a layer that protects the baby's immature intestinal wall as well as matures this intestinal wall. Mom and dad will be very happy to meet their baby for the first time in these conditions. In fact, fathers get the opportunity to call to prayer on their mother's chest. An inner experience for the three of them that is very beautiful.

IMD Implementation

Management of Early Initiation of Breastfeeding in general, 1) It is recommended that the husband or family accompany the mother during childbirth, 2) It is recommended not to or reduce the use of chemical drugs during childbirth. Can be replaced by non-chemical means, such as massage, aromatherapy, movement, or hypnobirthing, 3) Let the mother determine how to give birth according to the mother's wishes, for example giving birth normally, in water, or by squatting, 4) Dry the whole body and baby's head quickly, except for both hands. White fat (vernix) which comforts the baby's skin should be left, 5) The baby is prone on the mother's chest or stomach. Let the baby's skin adhere to the mother's skin. This skin-to-skin position is maintained for a minimum of one hour or after the initial feeding is complete.

Both are enveloped, the baby is left to look for the mother's nipple. Mothers can stimulate the baby with a gentle touch, but do not force the baby to the nipple, 6) The father is supported to help the mother to recognize the signs or behavior of the baby before feeding. This can take a few minutes or an hour or more. Father's support will increase mother's self-confidence. Leave the baby in skin-to-skin contact with the mother's skin for at least an hour, even if she has had her first feeding before one hour. If you have not found the mother's nipple within one hour, let the baby's skin remain in contact with the mother's skin until the first feeding is successful, 7) It is recommended to provide the opportunity for skin-to-skin contact for the mother who gives birth by means of a cesarean section, 8) The baby is separated from the mother. to be weighed, measured, and stamped after one hour or the initial feeding is complete. Invasive procedures, such as vitamin K injections and baby eye drops can be delayed.

Stages of early initiation of breastfeeding According to Roesli (2008), before starting early breastfeeding, the baby will go through five stages of behavior as follows, 1) In the first 30 minutes, the resting/silent stage is on standby. The baby is still not moving every now and then his eyes are wide open to see his mother. This special quiet period is a transitional adjustment from the state in the womb to outside the womb. 2) Between 30-40 minutes, make mouth movements such as wanting to drink, kissing and licking hands. The baby smells and feels the amniotic fluid in his hand. This smell is the same as the smell of liquid released by the mother's breast. These smells and tastes will guide the baby to find the mother's breast and nipple. 3) Removing saliva. When he notices that there is food around, the baby begins to salivate. 4) The baby begins to move toward the breast. Areola as target, with feet pressing mother's belly. The baby will lick the mother's skin, pounding her head, turning right and left, and touching and squeezing the nipple and surrounding area with her hands. Finds, licks, sucks nipple, opens wide mouth, latch on and suckles well.

IMD Terms

According to Reisha, the IMD requirements are: 1) Performed on newborns at term, healthy and low-risk premature babies without breathing problems (stable). 2) The condition of the mother is in a stable condition, namely the mother without complications of pregnancy/delivery such as severe preeclampsia/eclampsia, severe anemia (postnatal bleeding), uncontrolled diabetes mellitus, heart disease, asthma and other special diseases such as autoimmune diseases. 3) Availability of facilities and infrastructure for handling newborns. 4) Availability of trained medical and paramedical personnel.

In essence, Indonesia loves health, thus the government has made various efforts and launched various programs. The current health issue is a major factor and a valuable investment whose implementation is based on a new paradigm commonly known as the healthy paradigm, namely the health paradigm that prioritizes promotive and preventive efforts without neglecting curative and rehabilitative. In the implementation of preventive and promotive efforts as well as to achieve the MDGs, especially in order to produce quality human resources, the government launched the IMD program in order to increase the achievement of exclusive breastfeeding.

The quality of human resources in the development of a nation must start as early as possible since the baby is in the womb. One of the factors that play an important role in improving the quality of human resources is through exclusive breastfeeding. Exclusive breastfeeding is a very important role in the care of children and the preparation of quality future generations because breast milk is the sole source of food for infants until the first six months of life. The Decree of the Minister of Health of the Republic of Indonesia number 33 of 2012 concerning exclusive breastfeeding was stipulated by the President on March 1 2012, stating that babies have the right to exclusive breastfeeding, health workers are obliged to carry out early initiation of breastfeeding, join-in-patient care, mothers have the right to refuse formula milk, workplaces and public places. must provide a place for breastfeeding and sanctions if it prevents exclusive breastfeeding.

Currently, the government continues to make preventive efforts to improve maternal and child health, one of which is by implementing the IMD program which will indirectly have a positive impact on exclusive breastfeeding. Early Breastfeeding Initiation is a learning effort for babies to breastfeed for the first time by placing the baby on the mother's stomach or chest and allowing the baby's skin to make contact with the mother's skin (Anderson et al., 2003). Early skin-to-skin contact for mothers and their healthy newborn infants. Cochrane Database of Systematic Reviews, (2). The function of IMD is related to the baby's immune system where the first breast milk containing colostrum has a positive impact on the baby. Colostrum is the first source of immunity for the baby's body which contains white blood cells and antibodies that function to prevent disease.

The success of IMD must start from the time the baby is in the womb through ANC. During the ANC period there is one program that is carried out for the success of IMD, namely through ante natal classes / classes for pregnant women. Through this ante natal class, there are several counseling materials given to pregnant women and their partners, including IMD. This early initiation of breastfeeding is one of the series/steps in the normal delivery assistance operational procedure. Through receiving IMD material during antenatal classes, it is hoped that pregnant women will have knowledge and understanding regarding the goals, benefits and implementation of IMD, which will eventually form a positive attitude about IMD. Based on good knowledge and a positive attitude about IMD, it is hoped that its implementation will also be successful, which in turn will increase exclusive breastfeeding.

The role of IMD in achieving the MDGs is very important, because IMD can increase the success of exclusive breastfeeding and the duration of breastfeeding will help reduce poverty, help reduce hunger. Breast milk can meet the nutritional needs of infants up to two years of age, helping to reduce infant mortality. Early initiation of breastfeeding can also increase the success of exclusive breastfeeding and the success of breastfeeding until children are two years old or older, in this case the role of IMD are: Early initiation of breastfeeding can increase the success of breastfeeding in the first six months and the duration of breastfeeding. If all babies born in Indonesia in a year are exclusively breastfed for six months, it means that people can reduce spending on the cost of buying formula milk. Help reduce hunger. The purpose of the pregnant women class is to increase knowledge, change attitudes and practices (behavior) of mothers so that they understand about maternal and infant health which includes pregnancy, body changes and complaints during pregnancy, pregnancy care, childbirth, postpartum, babies, myths/beliefs local customs, infectious diseases and birth certificates. For children aged 1-6 months, breast milk still meets the baby's calorie needs as much as 70%. This situation will significantly meet the food needs of infants until the age of two years. In other words, breastfeeding helps reduce the incidence of malnutrition and stunted growth which generally occurs at this age. 6. Helps reduce infant mortality. Approximately 40% of under-five deaths occur at the age of newborns (under one month). IMD can reduce 22% infant mortality at 28 days. Means that IMD reduces the under-five mortality rate by 8.8%. IMD increases the success of exclusive breastfeeding and breastfeeding duration up to two years. Thus, it can reduce overall child mortality.

According to Roesli (2008), the achievement of 6 months of exclusive breastfeeding depends on the success of initiation within the first hour. In the first 30 minutes, the baby rests in an alert state, occasionally sees his mother, adapts, and adjusts to the environment, the first 40 minutes the baby begins to make sounds, make sucking movements and put his hands in his mouth. IMD can give babies the opportunity to start breastfeeding as soon as the baby is born. Babies must be ensured to have the opportunity to initiate breastfeeding for at least the first hour after birth. Initiation of breastfeeding in the first hour will support the smooth process of breastfeeding in the future. The baby's sucking reflex is strongest in the first hours after birth. After that the baby sleeps. If the baby is born without a problem then as soon as possible after birth the baby is given to the mother to stimulate the breasts. This breast stimulation will accelerate the onset of the prolactin reflex and accelerate milk production.

Conclusion

In order to achieve a healthy Indonesia, the Ministry of Health raised the theme "Indonesia Loves Healthy" on the 47th National Health Day. To achieve this, the government made various efforts and various programs, including antenatal classes, early initiation of breastfeeding, exclusive breastfeeding, etc. Through antenatal classes with material on IMD and exclusive breastfeeding, it is hoped that it will increase knowledge, change attitudes and practices (behavior) of mothers so that they understand about maternal and infant health which includes pregnancy, early initiation of breastfeeding and exclusive breastfeeding. Early initiation of breastfeeding plays a role in achieving the MDGs goals, which are to help reduce poverty, help reduce hunger and help reduce child mortality. Therefore, it is recommended that maternal and infant/child service institutions carry out antenatal classes to achieve successful initiation of early breastfeeding and exclusive breastfeeding for a healthy generation of the nation.

References

- Abekah-Nkrumah, G., Antwi, M. Y., Nkrumah, J., & Gbagbo, F. Y. (2020). Examining working mothers' experience of exclusive breastfeeding in Ghana. *International breastfeeding journal*, 15(1), 1-10.
- Anderson, G. C., Moore, E. R., Hepworth, J. T., & Bergman, N. (2003). Early skin-to-skin contact for mothers and their healthy newborn infants. *Cochrane Database of Systematic Reviews*, (2).
- Gebrehiwot, T., San Sebastian, M., Edin, K., & Goicolea, I. (2014). Health workers' perceptions of facilitators of and barriers to institutional delivery in Tigray, Northern Ethiopia. *BMC pregnancy and childbirth*, 14(1), 1-10.
- Gopnik, A. (1993). How we know our minds: The illusion of first-person knowledge of intentionality. *Behavioral and Brain sciences*, 16(1), 1-14.
- Irwin, L. G., Siddiqi, A., & Hertzman, G. (2007). *Early child development: A powerful equalizer*. Vancouver, BC: Human Early Learning Partnership (HELP).
- Mirhadizadeh, N. (2016). Internal and external factors in language learning. *International Journal of Modern Language Teaching and Learning*, 1(5), 188-196.
- Nakao, Y., Moji, K., Honda, S., & Oishi, K. (2008). Initiation of breastfeeding within 120 minutes after birth is associated with breastfeeding at four months among Japanese women: a self-administered questionnaire survey. *International breastfeeding journal*, 3(1), 1-7.
- Ramadhani, N. A. R. (2021). Literature Review: The Role And Effects Of Hospital Health Promotion On Health Politics. *The Indonesian Journal of Public Health*, 16(2), 327-335.
- Roesli. (2008). *Inisiasi Menyusu Dini Plus ASI Eksklusif*, Jakarta: Pustaka Bunda.