



Exclusive Breastfeeding

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Factors Associated with Exclusive to Giving Breastfeeding Infants Tambora in the Community Health Center, West Jakarta Year 2019

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Abstract: Based on the Data Provided, Exclusive Breastfeeding in the Tambora District Health Center by 47.6% is still below the targets of the Indonesian national government. This study discusses the factors associated with exclusive breastfeeding in the Tambora Community Health Center Working Area in West Jakarta in 2019. This study uses a cross-sectional design with a sample of 53 mothers who have 180-365 days of babies, using the stratified sampling techniques sampling method Analyzed by the Chi-square test. Univariate results items, namely exclusive breastfeeding (56.6%), mothers who did not work (64, 2%), good knowledge 58.5), receiving family support (52.8%), receiving support from health workers (62.3%). There was a relationship between maternal parity (PR = 2.100, 95% CI = 1.077 to 4.093), maternal knowledge (PR = 2.192, 95% CI = 1.162 to 4.4134), family support (PR = 3.173, 95% CI = 1,486- 6.775) and health care support (PR = 3.771, 95% CI = 1.886 to 7.543) with exclusive breastfeeding for infants. It is expected to add material and conduct questions and answer questions after updating and monitoring with the help of Cadres.

1 PRELIMINARY

Exclusive Breastfeeding is the first food, main and that are best for the baby naturally. Exclusive breastfeeding is the infant only given breast milk alone, since the age of 30-minute postnatal (after birth) until the age of 6 months without additional other liquids such as milk formula, orange, maduk, mineral water, biscuits, rice porridge, juice beet and rice team except drink medicines and vitamins (Prasetyono, 2009) ; (Wilyani & Purwoastuti, 2015) ; (Roesli, 2000), Exclusive breastfeeding is still a problem in the world. Scope of exclusive breastfeeding in the world only by 41%. Scope of exclusive breastfeeding highest in the world were in East and Southern Africa by 56%. While in Asia coverage of exclusive breastfeeding with the highest coverage is in South Asia by 52% and the lowest coverage in the Asia Pacific and East Asia by 22% (UNICEF, 2018),

Based Health Research (RISKESDAS) in 2018 that the proportions pattern of exclusive breastfeeding in the last 24 hours only breast milk consumption and not to eat or drink in the last 24 hours in infants aged 0-5 months in Indonesia amounted to 37.3% and the proportion of pattern exclusive breastfeeding in

infants 0-5 months of Jakarta approximately 33% (Kemenkes RI, 2018).

Based on the data from Jakarta Health Profile 2017, the number of infants who are exclusively breastfed for 28 880 out of a total of 51 978 babies. Based on the region implement exclusive breastfeeding in North Jakarta (71.67%), South Jakarta (69.59%), East Jakarta (61.22%), Jakarta (55.54%), Thousand Islands (54%) and the lowest was in West Jakarta (41.70%) (Jakarta Provincial Health Office, 2017),

Mothers who breastfeed the child has long-term health benefits such as reduced risk of being overweight or obese. While the children are breastfed by his mother's influence on health outcomes will come which is to protect children against gastrointestinal infections diseases to infectious diseases gastrointestinal (diarrhea), respiratory tract infection (pneumonia), stunting and ear infections. Besides the importance of breastfeeding can reduce and prevent allergic diseases, asthma, malnutrition and obesity. In Indonesia there are 31.36% from 37.94% a sick child because it does not receive exclusive breastfeeding (WHO, 2019); (Kemenkes RI, 2019); (Prasetyono, 2009),

Tambora Puskesmas is one of public health services in the area of West Jakarta. Scope of exclusive breastfeeding in Puskesmas Tambora in 2018 was still low at 63.1%. Tambora Puskesmas oversees nine health centers in the villages working area, one of the health centers coverage to its lowest exclusive breastfeeding Urban Village Puskesmas Tambora with the achievements of exclusive breastfeeding 47.6%. Tambora Urban Village Puskesmas data show that in 2018 cases of diarrhea in infants aged 6-12 months as many as 26 people (32.5%) and cases of malnutrition by 1 person (1.2%).

Based on the description above, the researchers are interested to do research with title Factors - Factors Associated with Exclusive Breastfeeding Baby in Tambora Urban Village Puskesmas 2019.

2 RESEARCH METHODS

This research uses quantitative approach with the aim to get an idea by studying the relationship between the dependent and independent variables. This study used cross sectional design because in this study were mothers with babies 180-365 days with a sample size of 53 respondents. Sample calculations performed using two different formulas proportions. The sampling technique in this study using probability Sampling techniques Stratified Sampling.

The collection of data that will be used in the form of primary data is done by using a questionnaire to interview contains questions such as age, parity, employment status, knowledge, family support and support of health workers. Furthermore, the data were analyzed using univariate performed each variable, while bivariate analysis done with chi-square test using SPSS with significance level of $p = 0.05$ (CI = 95%).

3 RESULT

The result showed that the variables Exclusive breastfeeding The highest proportion is in exclusive breastfeeding mothers who were 30 infants (56.6%), while the lowest proportion is the mother who does not give exclusive breastfeeding as much as 23 infants (43.4%). Results showed that maternal employment status variables The highest proportion is in women who do not work as many as 34 mothers (64.2%), while the lowest proportion is the working mother as many as 19 mothers (35.8%).

Table 1: An overview of each Variable Exclusive breastfeeding In Infants at Village Puskesmas Tambora, West Jakarta 2019.

Variables	Frequency	Percentage (%)
Exclusive breastfeeding		
Exclusive breastfeeding photo	23	43.4
Exclusive breastfeeding	30	56.6
Mother work status		
Work	19	35.8
Does not work	34	64.2
Knowledge		
More knowledge	22	41.5
Good knowledge	31	58.5
Family support		
Does not support	25	47.2
Support	28	52.8
Support Health Officer		
Does not support	20	37.7
Support	33	62.3

Results showed that the variables mother's knowledge The highest proportion is in women who have a good knowledge as many as 31 mothers (58.5%), while the lowest proportion is in women who have poor knowledge as many as 22 mothers (41.5%). Results showed that the variables of family support the highest proportion in mothers family support as many as 28 mothers (52.8%), while the lowest proportion is in mothers no family support as many as 25 mothers (47.2%). Results showed that on the variable support health workers the highest proportion in mothers support health workers as much as 33 mothers (62.3%), while the lowest proportion is in mothers do not get the support of health workers by 20 mothers (37.7%).

Table 2: Proportion of Exclusive Breastfeeding with Independent Variables in Infants in urban village Puskesmas Tambora, West Jakarta 2019.

Variables	Exclusive breastfeeding				Total		P-Value	PR (95% CI)
	No		Yes		N	%		
	N	%	N	%				
Mothers Work Status								
Work	9	47.4	10	52.6	19	100.0	0,883	1,150 (0.618 to 2.141)
Does not work	14	41.2	20	58.8	34	100.0		
Knowledge								
More knowledge	14	63.6	8	36.4	22	100.0	0,026	2,192 (1.162 to 4.134)
Good knowledge	9	29.0	22	71.0	31	100.0		
Family support								
Does not support	17	68.0	8	32.0	25	100.0	0,002	3,173 (1.486 to 6.775)
Support	6	21.4	22	78.6	28	100.0		
Support Health Officer								
Does not support	16	80.0	4	20.0	20	100.0	0,000	3,771 (1.886 to 7.543)
Support	7	21.2	26	78.8	33	100.0		

4 DISCUSSION

4.1 Job Status

Based on the survey results revealed there is no relationship between maternal employment status with exclusive breastfeeding. This is in line with research conducted by Susmaneli (2013) showed that there was no correlation between employment status with exclusive breastfeeding. Another line of research is research conducted by Trisnawati et al., (2013) showed no association between maternal employment status with exclusive breastfeeding. Mothers who work in an effort to exclusive breastfeeding often experience barriers due to the short period of maternity leave. Exclusive breastfeeding before ending perfectly, mothers have started to work, it is used as a reason for not breastfeeding mothers, especially mothers who exclusively in urban areas (Petyono, 2009), but the results of the study claim there is no relationship between maternal employment status with exclusive breastfeeding. This may be caused by other factors such as knowledge, family support and support of health workers.

4.2 Mother's Knowledge

Based on the survey results revealed there is a relationship between knowledge of mothers with exclusive breastfeeding. This is in line with research conducted by Susmaneli (2013) shows that there is a relationship between knowledge of mothers with exclusive breastfeeding. Another line of research is research conducted by Trisnawati et al., (2013)

showed no association between maternal knowledge with exclusive breastfeeding. One's knowledge of the object has a different intensity. Knowledge and understanding enough about breastfeeding in terms of feeding positions, treat breast, stimulate breast milk, the benefits and advantages of breastfeeding, will motivate mothers to breast feed properly and will increase the breastfeeding baby (Maryunani, 2012), Efforts are underway health centers to improve knowledge of the mother in the form of counseling pregnant women and education puerperal women with delivery of material in the form of the sense of exclusive breastfeeding, the benefits of breastfeeding, how to express the milk, breastfeeding is right, what is breast milk colostrum, the substance contained in breast milk and how to facilitate breastfeeding without question and answer. As for storage, the composition of breast milk and breastfeeding infants marks are not described in these materials.

4.3 Family Support

Based on the survey results revealed there is a relationship between family support exclusive breastfeeding. This is in line with research conducted by Rubinem (2012) shows that there is a relationship between family support exclusive breastfeeding. Another line of research is research conducted by Trisnawati et al., (2013) showed no relationship between family support exclusive breastfeeding. According to Mubaraq (2012), The family is the strategic focus of health care because the family has a major role in maintaining the health of all family members, and family issues are interrelated, the

family can also be a place in health care decision makers. Support husband greatly affect family, especially exclusive breastfeeding for infants. That the support of the family, especially the husband is very important in the success of the mother to produce the quality and quantity. When the mother was having difficulty with breastfeeding, a husband who can not wait will advise mothers to switch to formula (Fikawati et al, 2018). Based on the interview with the mother, because of family reasons do not support her husband have entrusted the affairs of the house and the child to the mother. Then when it is experiencing difficult to breastfeed then husband/ family suggested that formula feeding in anticipation of the baby is hungry. As for the efforts of health centers that provide education about the role of the family in the exclusive breastfeeding when the mother's womb control with the family.

4.4 Support Health Officer

Based on the survey results revealed there is a relationship between health workers to support exclusive breastfeeding. This is in line with research conducted by Arifiati (2017) shows that there is a relationship between health workers with the support exclusive breastfeeding. Another line of research research conducted by Rubinem (2012) showed no relationship between support health workers with exclusive breastfeeding. An important role for supporting success of breastfeeding, health care workers are required to provide information and education exclusive breastfeeding to mothers or members keluarga baby is concerned since prenatal care until the period of exclusive breastfeeding is finished and health officials are forbidden to promote and provide infant formula that dampat inhibit feeding programs exclusive breastfeeding unless there is a medical indication determined by a physician who require drinking milk formula (Fikawati et al., 2018). Based on the interview to health workers that in order to succeed in addition to the extension of exclusive breastfeeding during pregnancy and after childbirth education, health care workers to monitor every Posyandu, mothers with babies less than 180 days they were asked about exclusive breastfeeding or not. The results based on the observation that health officials are tasked to monitor infants aged less than 180 days amounted to only one person, so it is less effective. Efforts made health officials when mothers do not come to Posyandu appealed to cadres to pick up the ball that is attended to home, weighed and asked about exclusive breastfeeding.

5 CONCLUSION

These results indicate the relationship between mother's knowledge, family support and support of health workers. There was no relationship between maternal employment status.

6 SUGGESTION

To increase rates of exclusive breastfeeding in Puskesmas Village of Tambora in 2019 then puskesmas village added the material was enough milk, how breast milk storage and milk composition and conduct a question and answer after being given counseling and education and monitoring of exclusive breastfeeding monthly smoothly should health workers ask for help the cadres to conduct monitoring of exclusive breastfeeding on the following day for 6 months so that the monitoring is effective for reports posyandu every month.

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