

# The Effect of Exclusive Breastfeeding in Grogol Petamburan Health Center

Erlina Puspitaloka Mahadewi<sup>1</sup>, Ika Putri Yanuarti<sup>1</sup>, Ade Heryana<sup>1</sup> and Rokiah Kusumapradja<sup>2</sup>

<sup>1</sup>Public Health Faculty, Esa Unggul University

<sup>2</sup>Departement of Hospital Administration, Esa Unggul University

**Keywords:** Influencing Factors, Exclusive ASI giving.

**Abstract:** The low rate of breastfeeding (ASI) giving is a threat to growing children. As we know, babies who are not ASI giving for at least 6 months are more prone to nutritional deficiencies. Health Center in Grogol Petamburan West Jakarta has data regarding mothers who provide exclusive breast (ASI) in 2015 reached 39%. The purpose of this study was to determine the factors that influence ASI giving in health centers in the district of Grogol Petamburan, West Jakarta in 2016. The research method used in this study was a descriptive analytic study with cross-section analysis. The results of the study are the relationship between knowledge and exclusive ASI giving and there is support for family relationships with ASI giving. It is concluded that there's a significant relationship between knowledge and support of exclusive ASI giving families and there is no relationship between age, occupation, place of delivery and exclusive ASI giving.

## 1 INTRODUCTION

The low supply of breastfeeding (ASI) is a threat to a child's growth and development. As it is known that babies who are not given breastfeeding at least up to the age of 6 months are more prone to experience nutritional deficiencies. Based on data from Basic Health Research (Riskesdas) 2010, the provision of Asi in Indonesia is still a concern. Percentage of exclusively given breastfeeding babies for up to 6 months is only 15.3%. The results of 2007 Indonesian Demographic and Health Survey (IDHS) showed that exclusive ASI coverage of infants from 0-6 months is 32% which later had a meaningful increase to 42% in 2012.

DKI Jakarta area so far only reached 62.7%, the target expected in the year 2013 is 75%. Therefore it is necessary to make efforts to increase the coverage of exclusive ASI giving and achieve predetermined targets. For DKI Jakarta area, it is divided into 6 Regencies / Cities, namely Central Jakarta, North Jakarta, West Jakarta, South Jakarta, East Jakarta and 'Pulau Seribu'. For West Jakarta, Exclusive ASI coverage only reached 10.5% (City Regency Health Profile in 2012).

The decrease of exclusive ASI giving can be influenced by various factors; human behavior factors from the level of health. The health of a person or community is influenced by three factors:

predisposing factors that manifest in knowledge, attitudes, beliefs, beliefs, values and so on. Supporting factors manifested in the physical environment, health facilities. The driving factor is manifested in the attitudes and behavior of health workers or other officers who are a reference group of community behavior (Notoatmodjo, 2012).

Exclusive ASI giving can be influenced by many factors, namely knowledge,maternal age, parity, maternal education, mother's work, place of birth, childbirth assistance, family support and support from health workers. The coverage of ASI giving in West Jakarta is still low at only 10.5%, so the researcher is interested in researching at Grogol Petamburan District Health Center, West Jakarta. Coverage of exclusive ASI giving at Grogol Petamburan District Health Center in West Jakarta in 2015 only reached 39%. Based on these data, the researcher wanted to find out the factors that influence exclusive ASI giving in West Jakarta Grogol Petamburan District Health Center in 2016.

## 2 LITERATURE REVIEW

The importance of Exclusive Breastfeeding: Breastfeeding has many health benefits for both the mother and infant. Breast milk contains all the

nutrients an infant needs in the first six months of life. Breastfeeding protects against diarrhoea and common childhood illnesses such as pneumonia, and may also have longer-term health benefits for the mother and child, such as reducing the risk of overweight and obesity in childhood and adolescence.

Exclusive breastfeeding means that the infant receives only breast milk. No other liquids or solids are given – not even water – except oral rehydration solution, or drops/syrups of vitamins, minerals or medicines.

For infants to survive, grow and develop properly, they require the right proportion of nutrients. Breast milk is rich in nutrients and antibodies and contains the right quantities of fat, sugar, water and protein. These nutrients are major pre-requisites to the health and survival of the baby. When a child is exclusively breastfed, their immune system is strengthened, enabling it to life-threatening illnesses like pneumonia and diarrhoea amongst other infections. Reports indicate that babies who are not breastfed for the first six months of life are 15 times more likely to die from Pneumonia compared to newborns that are breastfed exclusively for six months after birth.

The World Health Organization estimates that around 220,000 children could be saved every year with exclusive breastfeeding. It recommends that colostrum, the yellowish sticky breast milk that is produced at the end of pregnancy as the ideal food for newborns; to be given within the first hour of birth, a process referred to as early initiation. Infants breastfed within the first hour of birth are three times more likely to survive than those who have their first breast milk after a day. Exclusive breastfeeding should be given from birth up to 6 months and continued breastfeeding is recommended with appropriate complementary food until the child celebrates his/her second year birthday without water, food or drink. The only exceptions are rehydration salts and syrups that contain medicine.

### 3 RESEARCH METHODOLOGY

The Research location is in Grogol Petamburan District Health Center, West Jakarta, on May to June 2016. This type of research is quantitative. This research is a descriptive analytic study with Cross-Sectional method. Where all variables consisting of dependent variables and independent end variables were measured at the same time as the study took place.

The population in this study were all mothers who had babies aged more than 0 months to 6 months (monitored babies) recorded at Grogol Petamburan Subdistrict Health Center, West Jakarta in 2016. The sampling method used was an estimated proportion formula of Notoatmodjo (2012) the researcher managed to obtain 185 samples. Purposive sampling is based on a particular consideration by inputting the health parameters of the Health Center and those made by the researchers themselves.

The source of research data was primary data obtained by conducting interviews with questionnaire tools. Secondary data were obtained from data from Grogol Petamburan District Health Center in the form of 2015 exclusive ASI giving coverage data and the number of infants monitored. Data analysis phase uses univariate and bivariate analysis. The univariate analysis aims to see or get an overview of the distribution of respondents and to describe the dependent variable in this study. The bivariate analysis aims to find out if there is a significant relationship between two variables or more sample groups. This bivariate research or analysis uses the Quadratic Kai test (Chi-Square), aims to determine the relationship between the independent variable and the dependent variable.

## 4 RESULT AND DISCUSSION

### 4.1 Univariate Analysis

- Knowledge

Table 1: Frequency Distribution of Respondents Based on Mother's Knowledge

Variable	Total	
	Frequency (n)	%
Mother's Knowledge		
Lacking	98	53
Good	87	47
Total	185	100

Based on the table above, it is known that the proportion of mother's knowledge at Grogol Petamburan Public Health Center, West Jakarta in 2016, are mostly lacking; 98 respondents (53%).

• **Age**

Table 2: Frequency Distribution of Respondents Based on Mother's Age

Variable	Total	
	Frequency	%
Age		
<20 years old and >35 years old	69	37.3
20-35 years old	116	62.7
Total	185	100.0

Based on the table above, it can be seen that the proportion of respondents' age at Grogol Petamburan Health Center, West Jakarta In 2016, was mostly aged 20-35 years old; 116 respondents (62.7%).

• **Occupation**

Table 3: Frequency Distribution of Respondents Based on Mother's Occupation

Variable	Total	
	Frequency (n)	%
Occupation		
Working	73	39.5
Not Working	112	60.5
Total	185	100

Based on the table above, it can be seen that the proportion of respondents' work in Grogol Petamburan Health Center, West Jakarta in 2016 mostly unemployed / not working; 112 respondents (60.5%)

• **Place for Giving Birth**

Table 4: Frequency Distribution of Respondents Based on Place for Giving Birth

Variable	Total	
	Frequency (n)	%
Place for Giving Birth		
Health Facility	172	93
Non-Health Facility	13	7
Total	185	100

Based on the table above, it can be seen that the respondents' proportion of places for giving birth in Grogol Petamburan Health Center, West Jakarta in 2016 was mostly health facilities; 172 respondents (93%)

• **Family Support**

Table 5: Frequency Distribution of Respondents Based on Family Support

Variable	Total	
	Frequency(n)	%
Family Support		
Supportive	70	37.8
Not Supportive	115	62.2
Total	185	100.0

Based on the table above, it is known that the proportion of the mother's family support at Grogol Petamburan Health Center, West Jakarta in 2016 were mostly not supportive 115 respondents (62.2%).

• **Exclusive Breastfeeding giving**

Table 6: Frequency Distribution of Respondents Based on Exclusive Breastfeeding

Variable	Total	
	Frequency (n)	%
Exclusive ASI giving		
Giving exclusive ASI giving	98	53
Not giving exclusive ASI giving	87	47
Total	185	100

Based on the table above, it is known that the proportion of exclusive breastfeeding at Grogol Petamburan Health Center, West Jakarta in 2016 mostly didnot provide; 98 respondents (53%).

**4.2 Bivariate Analysis**

- The relationship between Knowledge and Exclusive Breastfeeding

Table 7: The Relationship between Knowledge with Exclusive Breastfeeding in Grogol Petamburan, West Jakarta in 2016

Variable	Category	Exclusive				Total		p-value
		No		Y		N	%	
		N	%	N	%			
Knowledge	Lack	73	74.5	25	25.5	98	100	0.000
	Good	25	28	62	71	87	100	

The highest proportion of respondents with poor knowledge who does not give exclusive breastfeeding were 73 people (74.5%), while from respondents with good knowledge, the highest

proportion in giving exclusive breastfeeding were 62 people (71.3%). Thus it can be concluded that there is a significant relationship between knowledge and exclusive breastfeeding.

- Relationship Between Age and Exclusive Breastfeeding

Table 8: The relationship between Age and exclusive breastfeeding at Grogol Petamburan Health Center, West Jakarta in 2016

Variable	Category	Exclusive Breastfeeding						Total	p-value
		No			Yes				
		n	%	N	%	N	%		
Age	<20 and >35 years old	41	59.4	28	40.6	69	100	.175	
	20-35 years	57	49.5	59	50.5	116	100		

In this study, the age of respondents <20 and> 35 years have the highest proportion on not giving Exclusive breastfeeding, which was 41 respondents (59.4%) and the age category of 20-35 years have the highest proportion of 59 respondents (50.9%) who gives exclusive breastfeeding. It can be concluded that there is no significant relationship between age and exclusive breastfeeding.

- Relationship Between Works and Exclusive Breastfeeding

Table 9: The relationship between work and exclusive breastfeeding at Grogol Petamburan Health Center, West Jakarta in 2016

Variable	Category	Exclusive Breastfeeding				Total		p-value
		No		Yes				
		N	%	N	%	N	%	
Occupation	Working	37	50.7	36	49.3	73	100	0.615
	Not Working	61	54.5	51	45.5	112	100	

The highest proportion of working respondents is not giving exclusive breastfeeding as many as 37 people (50.7%), while the highest proportion of unemployed respondents (IRT) are not providing exclusive breastfeeding as many as 61 people (54.5%). Thus it can be concluded that there is no significant relationship between works with exclusive breastfeeding.

- Relationship Between Place of Giving Birth and Exclusive Breastfeeding

Table 10: The relationship between giving birth and exclusive breastfeeding at Grogol Petamburan Health Center, West Jakarta in 2016

Variable	Category	Exclusive Breastfeeding				Total		p-value
		No		Yes				
		N	%	N	%	N	%	
Place of Giving Birth	Non-Health Facility	8	61.5	5	38.5	13	100	0.521
	Health Facility	90	52.3	82	47.7	172	100	

The proportion of respondents who uses non-health facility as a place to give birth and not giving exclusive breastfeeding were as many as 8 people (61.5%), while from respondents who use health facility as a place to give birth and giving exclusive breastfeeding were as many as 90 people (52.3%). Thus it can be concluded that there is no significant relationship between place of giving birth and exclusive breastfeeding.

- Relationship Between Family Support and Exclusive Breastfeeding

Table 11: The relationship between family support and exclusive breastfeeding at Grogol Petamburan Health Center, West Jakarta in 2016

Variable	Category	Exclusive Breastfeeding				Total		p-value
		No		Yes				
		N	%	N	%	n	%	
Family Support	Not Supportive	70	60.9	45	39.1	115	100	0.006
	Supportive	28	40	42	60	70	100	

The proportion of respondents with less family support and not giving exclusive breastfeeding were as many as 70 people (60.9%), while respondents with good family support and give out exclusive breastfeeding were as many as 42 people (60%). Thus it can be concluded that there is a significant relationship between family support and exclusive breastfeeding.

## 5 CONCLUSION

### 5.1 Overview of Exclusive Breastfeeding

Exclusive breastfeeding is giving out breastfeeding without additional food at the age of 0-6 months. Exclusive breastfeeding is that babies are only given breastfeeding from birth without additional fluids such as formula milk, oranges, honey, tea water, water, and without solid foods such as bananas, porridge, milk porridge, and steamed rice (Maryunani, 2012, p.98). In this study, the results of the univariate analysis showed that mothers who carried out exclusive breastfeeding were mostly not giving exclusive breastfeeding as many as 98 respondents (53%) and respondents who gave exclusive breastfeeding were 87 respondents (47%).

### 5.2 Knowledge

Based on the results of the study, it was also found that there's a significant relationship between knowledge factors with exclusive breastfeeding at Grogol Petamburan Health Center, West Jakarta. Knowledge is a domain that strongly shapes one's actions (Overt Behavior) (Notoatmodjo, 2012).

### 5.3 Age

The result also found no significant relationship between age factors with exclusive breastfeeding at Grogol Petamburan Health Center, West Jakarta. Age is the age of an individual starting from the time of birth until now. Age <20 and> 35 years is a risky age for childbirth which will affect exclusive breastfeeding and can affect lactation ability. While the age of 20-35 years is fertile or reproductive, so it has good lactation to provide exclusive breastfeeding (Utami, 2012).

### 5.4 Occupation

Based on the results of the study, it is also found that there's no significant relationship between occupation and exclusive breastfeeding in Grogol Petamburan Health Center, West Jakarta. The increase in the female workforce can affect exclusive breastfeeding in Indonesia, because it is feared that female workers who have babies experience difficulties in giving breast milk because they do not get the opportunity and means to breastfeed at work (Center for Data and Information of the Ministry of Health, 2014).

### 5.5 Place for Giving Birth

Based on the results of the study it is also found that there's no significant relationship between the place of for giving birth and exclusive breastfeeding at Grogol Petamburan Health Center, West Jakarta. It is very important for all health facilities to support breastfeeding and commit to exclusive breastfeeding because health facilities are institutions that are trusted by the use of childbirth services (MOH, 2007).

### 5.6 Family Support

Based on the results of the study it is also found that there's a significant relationship between place for giving birth and exclusive breastfeeding at Grogol Petamburan Health Center, West Jakarta. Most pregnant women and breastfeeding mothers who have received counseling about breast milk do not practice their knowledge because they are not the main decision-makers in the family to provide exclusive breastfeeding (Utami, 2012).

In this study frequency of knowledge, age, employment, place of birth, family support and exclusive breastfeeding were tested. It is found that there is a relationship between knowledge with exclusive breastfeeding and there is a relationship between family support and exclusive breastfeeding. Forage, work and place of delivery, there were no relationship with exclusive breastfeeding. From the results of this study, following suggestions for the future were concluded:

- The need to increase maternal knowledge about breastfeeding until the baby is 6 months old, by expanding promotion and education about exclusive breastfeeding, not only to mothers but can be done for husbands, parents, and in-laws.
- Establishment of breast milk Support Groups as support for health workers to help promote exclusive breastfeeding in the community.
- Health workers must provide education about exclusive breastfeeding to pregnant women so that they can carry out exclusive breastfeeding.
- Ministry regulation policy on providing breast milk space in each existing company must be applied to each company so that working mothers continue to provide exclusive breastfeeding for their babies.
- Health workers must provide education so that the community gives birth in health facilities.

## REFERENCES

- INFODATIN(2014).*Pusat Data dan Informasi Kementerian Kesehatan RI ASI Eksklusif*.2014.  
<http://www.depkes.go.id/resources/download/pusdatin/infodatin/infodatin-asi.pdf>.
- Maryunani, A. (2012).*Inisiasi Menyusu Dini ASI Eksklusif dan Manajemen Laktasi*. Jakarta: Trans Info Media.
- Notoatmodjo, S. (2012).*Promosi Kesehatan dan Perilaku Kesehatan*. Jakarta: Rineka Cipta, 2012.
- RISKESDAS(2013).*Badan Penelitian dan Pengembangan Kesehatan Kementerian RI*. 2013.<http://www.depkes.go.id/resources/download/general/hasil%20Risksdas%2013.pdf>
- Utami, H.S. (2012).*Faktor-faktor yang berhubungan dengan perilaku ibu dalam praktek pemberian ASI Eksklusif di wilayah kerja Puskesmas Kecamatan Koba Kabupaten Bangka tengah tahun 2012*. Universitas Indonesia, Skripsi. <http://lib.ui.ac.id/file?file=digital/20318461-s-pdf-Hajjah%20Septia%20utami.pdf>
- UURI.(2009).*Tentang Kesehatan*.<http://aimi-asi.org/wp-content/uploads/2013/01/05-UU-36-2009-kesehatan.pdf>
- UURI.(2002).*Tentang Perlindungan Anak*.<http://aimi-asi.org/wp-content/uploads/2013/01/03-UU-23-2002-perlindungan-anak.pdf>.  
[http://www.who.int/elena/titles/exclusive\\_breafeeding/en/](http://www.who.int/elena/titles/exclusive_breafeeding/en/)  
<https://www.healthynewbornnetwork.org/blog/the-importance-of-exclusive-breastfeeding/>