

OVERVIEW OF EXCLUSIVE BREASTFEEDING AT KAMASAN VILLAGE IN THE WORKING AREA OF KLUNGKUNG I PUBLIC HEALTH CENTER

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Abstract: Exclusive breastfeeding is one factor that helps decrease infant mortality rate. Exclusive breastfeeding gives baby a better immunity and nutrients needed for growth and development. The implementation of exclusive breastfeeding in Bali only reach 67.4% on the 1st semester of 2018, meanwhile in Klungkung the number only reach 67.4% in 2018 and just 60.0% in Kamasan Village. This research was conducted to find out the characteristics of exclusive breastfeeding in Kamasan Village. This is a descriptive study with cross-sectional design. The sample of this study is mother of child 6-59 months old. The data in this study is primary data taken with interview guided with a questionnaire. Of all 92 samples in the study, the number of implementation of exclusive breastfeeding reaches 58.7%. Implementation of exclusive breastfeeding on mothers with high degree of knowledge reaches 63.0% while only 58.3% on mothers with lesser degree. Implementation of exclusive breastfeeding on mothers with good family support reach 69.4% while only 20.0% on poor family support. The proportion of exclusive breastfeeding on mothers which gave early breastfeeding initiative reaches 83.9% while only 45.9% on mothers who don't. It can be concluded that exclusive breastfeeding tends to be given more in mothers with higher degree of knowledge and on family with good support towards the implementation of exclusive breastfeeding. Mothers who did early breastfeeding initiative tends to give exclusive breastfeeding later on. The result of the study is hopefully implemented towards a better way to deal with the issues on improving the number of exclusive breastfeeding implementation.

Keywords: exclusive breastfeeding, klungkung, mother.

1. INTRODUCTION

The main indicator of public health of a country is the infant mortality rate. Based on the Indonesian Demographic and Health Survey (SDKI), the neonatal mortality rate in Indonesia in 2017 reached 15 deaths/1000 live births and the infant mortality rate reached 24 deaths/1000 live births.¹ One of the factors contributing to the high infant mortality rate is the low coverage of exclusive breastfeeding in Indonesia. Exclusive breastfeeding will provide the immune system or natural immunity for newborns who are still vulnerable to disease. Therefore, exclusive breastfeeding indirectly plays a role in reducing infant mortality.

Coverage of breastfeeding in Indonesia in 2018 still has not reached the target set by the government. According to the data of Riskesdas Indonesia 2007-2018, the prevalence of exclusive breastfeeding was fluctuating i.e. from 32% decreased to 15.3% and then increased to 37.3% in 2018. This figure is still far below the Indonesian Ministry of Health's target of 80%.²

Coverage of exclusive breastfeeding in Klungkung Regency itself has not shown significant results. In 2018 the percentage of babies who got an Early Breastfeeding Initiation (IMD) in Klungkung was 44.3%. This figure increased from the previous year which was 33.98%. The percentage of infants receiving IMD in Klungkung Regency has indeed met the target set, but this was not accompanied by the achievement of exclusive breastfeeding coverage in Klungkung Regency itself. The exclusive cohort of breast milk (breastfed infants aged 0 - 6 months) in Klungkung Regency reached 74.03 % in 2018, but this figure is still below the predetermined target of 80%.³

There are various factors that can influence exclusive breastfeeding in new-borns, including the mother and the baby itself. Mother does not provide exclusive breastfeeding due to several reasons, including the lack of mother's knowledge about the importance of breastfeeding, age, education, employment, family support and mother's ability in providing the breastfeeding.⁴ Seeing the above problems, and realizing how important exclusive breastfeeding is in improving the health status of infants and the low coverage of exclusive breastfeeding which is still far from expectations, the author was interested in conducting research to find out more about the overview of exclusive breastfeeding at Kamasan Village in the working area of Klungkung I Public Health Center (Puskesmas).

2. MATERIAL AND METHOD

This research was a descriptive cross sectional study. This research was conducted in the working area of Klungkung I Public Health Center, namely the Posyandu activities carried out in February 2019 with a sample of mothers who has children aged 6-59 months old and living or settling in the working area of Klungkung I Public Health Center. The sample was the target population that meets the criteria inclusion. The minimum sample size in this study was 92 samples. The research data was a primary data using interview techniques guided by questionnaires. The data subsequently was processed and presented in tabular form. The data was analyzed using the SPSS program.

3. RESULTS

In this study the number of samples obtained in Kamasan Village was 92 respondents. Characteristics of respondents can be seen in Table 1. The lowest age of respondents was 22 years (3.3%) and the oldest was 46 years (1.1%) with the most age in this study was 27 years (15.2%). The lowest level of education was junior high school (14.1%) and for the highest education level was senior high school (56.5%). Most of the respondents were housewives (70.7%) and the most frequently found jobs were entrepreneurs (14.1%).

Table 1. Respondents Characteristics

| Variable | Quantity (n=92) | Percentage (%) |
|--------------------------|-----------------|----------------|
| Age Category | | |
| 20–35 years old | 77 | 83.7 |
| >35 years old | 15 | 16.3 |
| Education Level | | |
| Low | 15 | 16.3 |
| High | 77 | 83.7 |
| Employment Status | | |
| Employed | 27 | 29.3 |
| Unemployed | 65 | 70.7 |

The variables of this study were exclusive breastfeeding for 6 months, early breastfeeding initiation, previous breastfeeding history, previous breastfeeding difficulties, level of maternal knowledge and level of family support. The distribution of the research variables is outlined in **Table 2**. Exclusive breastfeeding behavior for 6 months was found in 58.7% of all study respondents in Kamasan village. This figure was higher than the rate of IMD behavior which was only 33.7%. Of all respondents obtained, most of them had breastfeeding experience (81.5%) and breastfeeding difficulties (50.0%). Mother's level of knowledge about breastfeeding has largely reached a sufficient level (57.6%). The level of family support for exclusive breastfeeding programs was also good, reaching 78.3%.

Table 2. Research Variable Distribution

| Variable | Quantity (n=92) | Percentage (%) |
|---|-----------------|----------------|
| Exclusive breastfeeding for 6 months | | |
| Yes | 54 | 58.7 |
| No | 38 | 41.3 |
| Early breastfeeding initiation | | |
| Yes | 31 | 33.7 |
| No | 61 | 66.3 |
| Previous breastfeeding history | | |
| Yes | 75 | 81.5 |
| No | 17 | 18.5 |
| Previous breastfeeding difficulty | | |
| Yes | 46 | 50.0 |
| No | 50 | 50.0 |
| Mother knowledge level | | |
| Inadequate | 12 | 13.0 |
| Adequate | 53 | 57.6 |
| High | 27 | 29.3 |
| Family support level | | |
| Good | 72 | 78.3 |
| Not good | 20 | 21.7 |

The overview of exclusive breastfeeding based on age category showed that exclusive breastfeeding was higher for mothers in the age range of 20-35 years (61.0%), based on the level of education it was found that mothers with low education levels (66.7%) were more likely to give exclusive breastfeeding compared to mothers who have higher education (57.1%), and based on employment status a higher proportion of exclusive breastfeeding was found in non working mothers (61.5%) compared to working mothers (51.9%).

Table 3. The Overview of Exclusive Breastfeeding Based on Age Category, Education Level, and Employment Status

| | | Exclusive Breastfeeding | | Total |
|--------------------------|------------|-------------------------|------------|-------------|
| | | Yes | No | |
| Age Category | 20-35 | 47 (61.0%) | 30 (39.0%) | 77 (100.0%) |
| | >35 | 7 (46.7%) | 8 (53.3%) | 15 (100.0%) |
| Education Level | Low | 10 (66.7%) | 5 (33.3%) | 15 (100.0%) |
| | High | 44 (57.1%) | 33 (42.9%) | 77 (100.0%) |
| Employment Status | Employed | 14 (51.9%) | 13 (48.1%) | 27 (100.0%) |
| | Unemployed | 40 (61.5%) | 25 (38.5%) | 65 (100.0%) |

In this study, it was found that the proportion of exclusive breastfeeding was higher in the respondents who gave early breastfeeding initiation (83.9%) compared to the respondents who did not initiate early breastfeeding (45.9%). Respondents who has a previous breastfeeding history had a tendency to give an exclusive breastfeeding (60.0%) compared to mothers who never breastfeed at all (52.9%). Based on the previous breastfeeding difficulties, a significant difference was found where mothers who had no difficulties in breastfeeding were more likely to give an exclusive breastfeeding (80.4%) than mothers who ever had breastfeeding difficulties before (37.0%). The mother's knowledge about exclusive breastfeeding in this study was divided into three main categories, namely inadequate, adequate and high. In this study it was found that mothers with high level of knowledge was more likely to give an exclusive breastfeeding (63.0%) compared to mothers who had inadequate (58.3%) and adequate (56.6%) knowledge. In this study it was found that mothers who had good family support had a tendency to give exclusive breastfeeding (69.4%) compared to mothers who did not have good support (20.0%).

Table 4. Overview of Exclusive Breastfeeding Based on Breastfeeding Behavior, Mother Knowledge Level, and Family Support Level

| | | Exclusive Breastfeeding | | Total |
|--|------------|-------------------------|---------------|----------------|
| | | Yes | No | |
| Early breastfeeding initiation | Yes | 26 (83.9%) | 5 (16.1%) | 31 (100.0%) |
| | No | 28 (45.9%) | 33 (54.1%) | 61 (100.0%) |
| Previous breastfeeding history | Yes | 45 (60.0%) | 30 (40.0%) | 75 (100.0%) |
| | No | 9 (52.9%) | 8 (47.1%) | 17 (100.0%) |
| Previous breastfeeding difficulties | Yes | 17 (37.0%) | 29 (63.0%) | 46 (100.0%) |
| | No | 37 (80.4%) | 9 (19.6%) | 46 (100.0%) |
| Mother knowledge level | Inadequate | 7 (58.3%) | 5 (41.7%) | 12 (100.0%) |
| | Adequate | 30 (56.6%) | 23 (43.4%) | 53 (100.0%) |
| | High | 17 (63.0%) | 10 (37.0%) | 27 (100.0%) |
| Family support level | Good | 50 (69.4%) | 22 (30.6%) | 72 (100.0%) |
| | Not good | 4 (20.0%) | 16 (80.0%) | 20 (100.0%) |

4. DISCUSSION

Based on this study it was found that as many as 58.7% of research respondents in Kamasan Village gave exclusive breastfeeding to their babies until the baby reached the age of 6 months. The results of this study were not much different from the data published by the UPT Puskesmas Klungkung I, in which exclusive breastfeeding coverage in Kamasan Village in February-August 2018 was 60%.³

Based on the age of the mother, there was a tendency for exclusive breastfeeding to be higher in younger mothers (20-35 years) compared to older age (> 35 years). The age range of 20 - 35 years was the best age group for pregnancy as their physic are strong enough and mature enough to be a mother in this age. Whereas when age reaches > 30 years women begin to decline in reproductive health and in the ability to breastfeed. When the age reaches > 30 years, there will be degeneration of the breast and alveoli gland which causes decreased milk production.⁵

Based on mother's education level, it was found that mothers with lower education levels were more likely to give exclusive breastfeeding compared to mothers who had higher education. The level of education which is a social aspect has an influence on the level of family income as an economic factor. Education also has a role in human attitudes and behavior. Higher level of education has an influence on the prevalence of breastfeeding. This was probably because mothers with higher education were more likely to have more activities outside the house so they have a tendency to leave their babies. On the other hand, mothers with low education have more occasions to breastfeed their babies.⁶

Based on the mothers' employment status, it was found that the proportion of exclusive breastfeeding was higher in mothers who did not work compared to mothers who worked. This was in accordance with research conducted by Kharisma (2016), when mothers have started to enter the formal workforce and have predetermined working hours, a mother who has a baby faces its own problems. On the one hand mothers are bound by fixed working hours, on the other hand they also face the fact that their babies also needs the breast milk. In addition, for working mothers with a short period of maternity or childbirth leave, they have to go back to work before the period of exclusive breastfeeding ends. Thus, the mother's work is often a reason for not giving an exclusive breastfeeding, especially for those who lives in urban areas.⁷

Based on the results of this study, it was clear that the tendency for exclusive breastfeeding was much higher in mothers who has conducted IMD compared to respondents who did not do IMD. The results of this study were in accordance with previous studies conducted in the Special Region of Yogyakarta by Rejeki S (2008), where 83% of infants who has an IMD get an exclusive breastfeeding.⁸ Early breastfeeding initiation is an important process in supporting the success of exclusive breastfeeding. Two hours after delivery is called a 'sensitive period', it is the optimal time for early breastfeeding initiation in newborns. This can show the ability of baby reflexes such as rooting reflexes, sucking reflexes, swallowing reflexes, and so on. Babies who were given the opportunity for IMD were twice as likely to be breastfed.⁹

Based on the results of this study, the proportion of exclusive breastfeeding was higher in mothers who had previous breastfeeding experience compared to mothers who had never breastfed at all even though the difference was not significant. This was in line with the research in the work area of Birobuli Public Health Center showing that 51.6% of multipara parity gave an exclusive breastfeeding to their children and this result was greater than respondents with primipara parity who gave exclusive breastfeeding amounting to 30.4% of 46 respondents.¹⁰ In Rahmawati's research (2010) it was mentioned that the proportion of exclusive breastfeeding in the group of respondents other than the first birth had a higher proportion of 52.5% compared to the group of respondents with the first birth order (30.0%).¹¹ According to BKKBN (2011) parity is the number of children ever born alive.¹² The number of deliveries that have been experienced gives experience to the mother in giving exclusive breastfeeding to the baby. Parity is thought to be related to the direction of seeking information about the knowledge of providing exclusive breastfeeding. In addition, the mother's experience in caring for children influences her knowledge about exclusive breastfeeding.

Based on the results of this study, the proportion of exclusive breastfeeding was found to be much lower in mothers who had experienced difficulties compared to mothers who had never experienced difficulties while breastfeeding. The most common difficulty found in this study was that the mother's milk comes out only a little. Another study conducted by Safitri (2012), in the working area of Cibeber Village Public Health Center in 2009, showed that the most common problems faced by the respondents in her study were swollen breasts and nipples blisters.¹³

Based on this study, it was found that mothers with high level of knowledge were more likely to give exclusive breastfeeding compared to mothers who have less and adequate level of knowledge. This study was in line with research conducted by Rumiasari (2012) at Puskesmas Jati Rahayu, West Java, which found that high level of knowledge were more likely to give an exclusive breastfeeding (63.0%) compared to mothers who tend to have less knowledge (58.3%).⁴ Knowledge is the result of knowing, and this happens after people perceive a certain object. Knowledge can be obtained through formal education, counseling, and information from the mass media. With this knowledge, awareness will arise and influence people's attitudes. Changes in attitude like this will be lasting because it is based on self-awareness, not because of coercion. Knowledge is a very important domain in shaping one's actions. Thus people who have a good level of knowledge about exclusive breastfeeding will tend to practice exclusive breastfeeding as they already know the benefits of exclusive breastfeeding.⁷

Based on this study, it was found that mothers who have good family support tend to give exclusive breastfeeding compared to mothers who have less family support. This is in line with the results of research in the working area of the Megaluh Public Health Center in Megaluh District, Jombang Regency in 2015 which found that mothers who received family support amounted to 76.9% gave exclusive breastfeeding, while only 48.6% of mothers who did not get family support gave exclusive breastfeeding.¹⁴ Another research conducted in Gresik in 2015 also showed that respondents who did not get support from their family almost all did not give exclusive breastfeeding (95.2%), while respondents who received support from families mostly gave exclusive breastfeeding (64.7%).¹⁵ Family support has a significant role in the implementation of exclusive breastfeeding. Family support is the support to motivate the mother to give only breast milk to her baby until the age of 6 months, including providing psychological support to the mother and prepare balanced nutrition for the mother. The basic functions of the family include effective functions, namely the internal functions of the family to fulfill psychosocial needs, care for one another, and provide love, as well as receive and support one another.¹⁶

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