

**RELATIONSHIP OF EXCLUSIVE BREASTFEEDING ACTIVITIES BY ARTICLES OF
ARD ARRIVAL IN CHILDREN AGE 6-24 MONTHS**

(In Work Area of Akbar Medika Clinic - TambakAgung-Puri Village - Mojokerto)

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Abstract

One of the most common diseases in the community is ISPA (Acute Respiratory Tract Infection) which includes acute upper and lower respiratory tract infections. The disease is much in the suffering by children both in developing countries and in developed countries. Acute respiratory disease is known as cough sickness. ARI is an important health problem because it causes high infant and toddler mortality is 1 of 4 deaths that occur. One of the risk factors that increase the outbreak of ARI is the inadequate fulfillment of breast milk. Baby food is ideally breastmilk Exclusivity from birth to 6 months of age.

This research type with Cross Sectional approach. The sample in this study is children aged 6-24 months who are in the working area of Akbar Medika Clinic from January 2017 until April 2017 as many as 74 children. This research uses Simple Random sampling technique. There are 2 variables that are free variable that is giving Exclusive Breast Milk and dependent variable is ARI of ARI at child age 6-24 month.

Based on Chi Square test in get p value equal to 0,002 because value of $p < 0,05$ meaning H_0 rejected it can be concluded that there is relation between action of Exclusive breastfeeding with ARI occurrence at child age 6-24 month in work area Akbar Medika Clinic Village Pond Agung-Puri-Mojokerto.

We as health workers should be able to help the government program to succeed the delivery of Exclusive breastfeeding for newborns - 6 months for Exclusives Breastfeeding as the best food and as a source of immunity for Indonesian children by giving HE to pregnant women and mothers to provide breastfeeding to their babies.

Keywords: Exclusivity Breastfeeding, ARI of 6-24 months

INTRODUCTION

Health development is a part of National development that aims to increase awareness, willingness and ability to live healthy for every person to realize the optimal health of society. Health efforts conducted in the form of promotional activities, preventive, curative and rehabilitative. But the effort to realize the optimal health degree for the community is in fact not easy because the problem is very complex, where the diseases that many suffered by the community, especially the most vulnerable are mother and child, pregnant women, breastfeeding mothers, infants, children and children (Nelson, 2004). One of the many ailments suffered by the community is ISPA (Akut Respiratory Tract infection), which is an acute infection that attacks one or more of the respiratory tract from the nose to the alveoli including adnexal tissue such as sinuses, middle ear cavity, pleura lasting up to 14 Day (Nelson, 2003). ARI is a disease that most suffered by children both in developing countries and in developed countries and already many of them need to enter the Hospital because the illness is quite serious so ISPA often called The Leading Killer of Children which means ISPA is the first killer disease In children.

ISPA is a disease caused by bacteria or viruses. The most common bacteria are from the genus Streptococcus, Staphylococcus, Pneumococcus, Hemophilus, Bordetella and Corynebacterium. The virus that causes ARI is Miksovirus, Adenovirus, Koronavirus, HerpesVirus (Nelson, 2003). Classification of upper respiratory tract is nasopharynx or common cold, acute pharyngitis, acute Uvulitis, rhinitis, nasopharyngitis and sinusitis. While the lower Classification of Acute Respiratory Infection is Acute Bronchitis, Chronic Bronchitis, Bronchiolitis and Pneumonia (Nelson, 2003). In Indonesia, the incidence of ARI in 2013 is 25%. Five provinces with highest ISPA prevalence were NTT (41.7%), Papua (31.1%), Aceh 30%, NTB 28.3% and East Java (28.3%). The incidence of ARI in infants in Mojokerto in 2014 was 5,879 people and from those patients can be handled properly (Profile of Health Office of Mojokerto Regency). And data from Akbar Medika Clinic in 2017 in 40-60% didapatkan visit of children under five is caused by ARI.

One of the risk factors to increase the

incidence of ARI in children is the inadequate fulfillment of breast milk. Good food for babies is Breastfeeding Exclusivity from birth up to 6 months and after 6 months may be fed complementary feeding, while breastmilk can continue until 2 years of age (Solikin, 2000). In addition to containing all the nutrients needed for growth and development of the baby, breast milk also contains leukocyte (white blood cell) and Immunoglobulin from the mother through the placenta that can protect infants from bacterial, viral, parasitic, fungal infections, especially during the immune system in infants Perfectly formed (Roesli, 2000). Breastfeeding is essential for optimal growth, both physical and mental and infant intelligence. The success factor of breastfeeding is the mother's commitment to breastfeed. Early initiation, correct position for breastfeeding, nurse on request of baby (On Demand) and given Exclusively (Roesli, 2000). Breast milk contains nutritional hormones, immune elements, growth factors, anti-allergy and anti-inflammatory. Nutrition in breast milk includes 200 elements of food substances include hydrate of charcoal, protein, fats, vitamins and minerals in a proportionate amount.

ASI Exclusives help protect against diarrhea and other infections (Proverawati, 2010) Breast milk is an ideal source of nutrients with a balanced composition and tailored to the baby's growing needs. Breast milk is the most perfect baby food both quality and quantity. Colostrum contains 10-17 times more immune substances than boiled milk. According to MOHRI the best time for mother to breastfeed the baby is immediately after the baby is born, the baby is given ASI as often as possible. From the above background researchers are interested in conducting further research on the relationship of Exclusive Breastfeeding with ARI occurrence in children aged 6-12 months in the working area of Akbar Medika Clinic TambakAgung-Puri Village-Mojokerto.

METHODE

This type of research is an analytic research to find out the relationship between two or more variables. Based on the time of this research is grouped in Cross Sectional research that observation only done at one time only.

Population

The population in this study were children aged 6-24 months in the work area of Akbar

Medika Clinic from January 2017 until April 2017 as many as 80 children.

Sample

The sample in this study is some children aged 6-24 months in the working area of Akbar Medika Clinic from January 2017 to April 2017. The sample size in this study was 74 children aged 6-24 months who visited the Akbar Medika Clinic from January to April 2017

Sampling Technique

In this study using Simple random sampling

Variable

Free Variable: Exclusive Breastfeeding

Dependent Variable: Occurrence of child ARI 6-24 months.

Location and Time of Study

Location: Klinik Pratama Akbar Medika TambakAgung Village - Puri - Mojokerto.

Time: January - May 2017

Data analysis

The data has been collected and then scored the data in the calculation and cross-tabulation done to determine the relationship between variables.

The analysis used Chi Square.

With the probability of significance level 5% ($\alpha = 0.05$) H_0 is rejected if the result $\alpha < 0,05$. If X^2 count is greater than X^2 table Hypothesis 0 (H_0) is rejected, it means showing significant relationship between variables.

While X^2 count less than X^2 table then Hypothesis 0 (H_0) in receipt, mean show no significant relation between variables.

RESULT.

Table 1. Frequency Distribution of Exclusive Breastfeeding Action In Working Area of Akbar Medika Clinic TambakAgung Village - Puri - Mojokerto.

Exclusive Breastfeeding	amount	Percentage
Given Exclusivity	41	55,4
Not Exclusivity Milk	33	44,6
Amount	74	100

Primary data 2017

The above table shows that the majority of patients in their Medika Akbar Medika Clinic were given 55.4% (41 children) Exclusivity ASI and a small proportion were not given Excipients' Milk of 44.6% (33 children).

Table 2. Occurrence of ARI Distribution in Children Age 6-24 Months In Work Area of Akbar Medika Clinic TambakAgung Village - Puri - Mojokerto.

Genesis of ARI Age 6-24 Months	Amont	Percentage
ARI	28	37,8
No ARI	46	62,2
Amont	74	100

Data Primer 2017

In the table above shows that most of the absence of ARI age 6-24 Months of 62.2% (46 children) and a small part of ARI by 37.8% (28 children).

Table 3. Frequency Distribution Relationship of Exclusive Breastfeeding Measures with ARI Occurrences in Children Ages 6-24 Months In Work Areas Akbar Medika Clinic TambakAgung Village - Puri - Mojokerto.

Exclusive Breastfeeding Milk	ARI		NO ARI		Amont
	N	%	N	%	
Exclusive NOT EXCLUSIVE MILK	18	64,3	15	32,6	33
Amont	28	100	46	100	74

The results showed that most of the infants who had ARI were not breastfed exclusively by their mothers by 64.3% (18 children) and most of the children without ARI were given mother's mother's breast milk 67.4% (31 children).

The relationship between the action of Breastfeeding Exclusively with the incidence of ARI in children Age 6-24 months with Chi Square test in get p value of 0.002 because the value of $p < 0.05$ means H_0 rejected, it can be concluded that there is a relationship between the action of Exclusive breastfeeding with The incidence of ARI in children aged 6-24 months in the Village Area Tambak Agung - Puri - Mojokerto.

RESULT AND DISCUSSION

1. Action of Exclusive Breastfeeding

**In Working Area Akbar Medika
Clinic TambakAgung Village -
Puri - Mojokerto.**

Based on the results of the research contained in Table 1, it is apparent that the majority of mothers give exclusive breastfeeding of 55.4% (41 mothers), and a small proportion of mothers in their actions do not give exclusive breastfeeding as much as 44.6% (33 mothers). Exclusive breast milk is breastfeeding without other liquids such as infant formula, orange, honey, tea water, water and additional and additional solid foods such as bananas, papaya, milk porridge, biscuits, rice porridge and teams. Exclusive breastfeeding is recommended for a period of at least 4 months, but if possible for up to 6 months (Roesli, 2000). When the mother gives Breastfeeding Exclusively to her baby there is Kolustrum milk, which contains 10-17 times more immune substances than boiled milk. Immunity contained in breast milk, among others, will protect from disease. A person's actions are formed on several levels: perception (perception), guided response, mechanism (mechanism), and adoption (adoption). To support the attitude of being an action other than the necessary supporting factors such as facilities, the supporting parties are very important role (Notoadmodjo, 2007). Much of Mother's action in this study is to provide Exclusive Breast Milk, it is because There is a supporting factor that is so far health workers have been doing counseling about the benefits of the importance of exclusive breastfeeding and the existence of regents Mojokerto regent to provide breast milk until the baby aged 6 months. With these supporting factors can stimulate the mother to take active action, the respondent will have a positive perception then will form the action of exclusive breastfeeding.

2. Occurrence of ARI in Children 6-

24 Months.

Based on the result of the research, it can be seen that the majority of children aged 6-24 months did not suffer from ARI of 62.2% (46 babies), and a small percentage of children aged 6-24 months had ARI of 37.8% 28 babies). Based on research led by Caroline Chantry, assistant professor of childhood expertise from the Faculty of Medicine UC Davis, revealed that breastfeeding for at least 6 months showed a decrease in Upper Respiratory Infection in children aged 2 years when compared to children who were breastfed for 4 months (Rizal, 2002). A study in South Brazil, infants who were not breastfed inadequately had the possibility of dying 14.2 times more than breastfed babies adequately. Reduced breast milk will also reduce the possibility of infants affected by ear infections, nose, cough, runny nose, and allergic diseases. Breastfed infants will be healthier and less likely to get sick than babies who are not getting adequate milk (Roesli, 2000). Newborns naturally get immunoglobulins (immune substances) from their mother through the placenta. However, these substances will rapidly decline as soon as the baby is born. Based on the results of the study, babies who suffer from ARI mostly due to not exclusive breastfeeding, it allows the baby can experience various diseases caused by lack of protective / immune substances in the baby's body. Generally, exclusive breastfeeding is not a major cause of infancy ARI, but ARI in infants may occur due to other factors such as underweight, low birth weight, air pollution, density, vitamin A physiology and feeding too early.

3. The Relationship between Exclusive Breast-Feeding Measures and ARI Occurrences.

Based on the results of the study, it was found in Table 3 that most of the infants who had ARI were not breastfed by their mothers by 64.3% (18 children) and most of the children without ARI were given mother's mother's breast milk 67,4% 31 children). Various studies have also proven many undeniable advantages about the benefits of exclusive breastfeeding for 6 months. Starting from the perfect physical growth, rapid

development of intelligence, until the emotional maturity of a child spurred thanks to exclusive breastfeeding for six months (Media Indonesia, 2006). Immunity contained in breast milk, among others, will protect children from diarrhea (diarrhea). Breast milk may also reduce the likelihood of infants affected by ear infections, coughs, colds, and allergic diseases. Exclusively breastfed babies will be healthier and less sick than those who are not exclusively breastfed (MOH, 1999). Infants fed complementary foods or milk other than breast milk would have a 17-fold greater risk of developing diarrhea and 3-4 times more likely to get upper respiratory tract infection than breast-fed infants (WHO, 2000) in Anwar (2000). A small chance of ARD occurrence can occur even though Exclusive Breast Milk has been given, it is because of environmental factors that can affect the occurrence of ARI such as density of residence and air pollution. In addition, parenting can also affect the incidence of ARI such as infant malnutrition, low infant weight, and vitamin A deficiency. While the incidence of ARI in children most often occurs because at the time of infants aged 1-6 months are not given Exclusive Breast Milk, where Exclusive Breast Milk Is a protective factor that is also a natural antibiotic that can serve to combat infections that enter the baby's body, so avoid ARI disease. Breast milk is an ideal source of nutrients with a balanced composition and tailored to the needs of infant development. ASI is the most perfect food, both quality and quantity. There is a relationship between action of breastfeeding Exclusife with the incidence of ARI in children can be known by Chi-square test and obtained p value of 0.002 because the value of $p < 0.05$ which means H_0 rejected it can be it was concluded that there was a relationship between exclusive breastfeeding action and ARI occurrence in children aged 6-24 months in the work area of Akbar Medika Clinic TambakAgung Village - Puri - Mojokerto.

Researchers hope that the results of this study midwives can help prepare the program of Exclusive Breastfeeding by Giving babies with their mothers soon after birth during the first few hours. Babies begin breastfeeding themselves after birth, often called early initiation or early breastfeeding. This is an important event, in which the baby can make direct skin contact with his mother in order to provide warmth. In addition, it can generate relationships between mother and baby. Breastfeeding as early as possible is better, if

possible at least 30 minutes after birth. The midwife helps the mother at first feed her baby. Breastfeeding the baby after birth is very important because the more often the baby sucks the nipple, then the expenditure of milk is also more smoothly. This is because, baby sucking will provide stimulation of the pituitary to immediately release the hormone oxytocin that works to stimulate smooth muscle to squeeze milk. With Exclusive breastfeeding the child's morbidity can be lowered.

CONCLUSION

Based on the results and discussion, then taken the following conclusions:

1. Most exclusive breastfeeding is 41 mothers (55,4%).
2. Of the 74 children aged 6-24 months there were 28 children (37.8%) who had ARI.
3. The results showed that most of the infants with ARI were not exclusively breastfed by their mothers as many as 18 babies (64.3%) and most of the infants who did not suffer from ARI were exclusively breastfed by their mothers as many as 31 babies (67.4%). So there is a relationship between the action of exclusive breastfeeding with the incidence of ARI in children 6-24 months. By doing Chi-square test and got p value equal to 0,002 because p value $< 0,05$

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