

HUBUNGAN POLA PEMBERIAN ASI EKSKLUSIF DENGAN PENCAPAIAN
TUMBUH KEMBANG OPTIMAL ANAK USIA 7 – 10 BULAN (Studi Cross-
Sectional di Kecamatan Kenjeran Surabaya)

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BREASTFEEDING; GROWTH

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SUMMARY

Association with Exclusive Breastfeeding Patterns Aachieving Optimal Growth and Development of Cchildren Aged 7-10 months (Cross-Sectional Study in Subdistrict Kenjeran Surabaya)

Kenjeran sub district is one of the Surabaya East regions around the border Suramadu. The issues in this district is going to be complex because of high rates of population density, low levels of knowledge and education of mother, size of population turnover rates, and high number of poor families. This situation is certainly very influential on public health conditions in the District Kenjeran, especially mothers and toddlers group. This study was chosen based on the high number of children in the Lower Red Line (BGM) for 3 years back. Figures coverage exclusively breastfed infants with the people in both work areas and Soil Health Center Sidotopo Wetan and Kalikedinding still low (only about 38.5%). While the coverage rate of exclusive breastfeeding of Riset Kesehatan Dasar 2010 only 27.2%. Based on the three conditions, this study wanted to see how exactly the relationship pattern of exclusive breastfeeding in the community by achieving optimal growth and development of children aged 7-10 months in sub district Kenjeran Surabaya. Several datas mentioned that the behavior of mothers in exclusive breastfeeding at their babies is also still found lots of mistakes. This study is an observational analytic study, designed cross-sectional. The study is undertaken from January to July 2011. Data collected by filling questionnaires, in-depth interviews, and observations of respondents from house to house technique. The population is children aged 7-10 months residing in the sub district Kenjeran Surabaya, sample size is 90 babies by cluster random sampling. Pattern of exclusive breastfeeding relationship with the achievement of optimal growth and development of children aged 7-10 months tested through Fisher's Exact Test. The Fisher's Exact Test showed that there was no significant association with exclusive breastfeeding patterns achieving optimal growth and development of children aged 7-10 months in sub district Kenjeran Surabaya. The p-value is 0.133 ($p > 0.05$) on growth and 0.126 ($p > 0.05$) on the development. The conclusions are: The association of exclusive breastfeeding has have a trend or pattern, where growth (normal weight) is getting better with the better exclusive breastfeeding, as well as the development of (normal) is getting better with better exclusive breastfeeding. The association between the pattern of exclusive breastfeeding with optimal growth and development of children aged 7-10 months in the district of Kenjeran Surabaya has potential to improve, although not yet significant. This is due to the weaknesses encountered in the study include 1) design is used (cross-sectional) by extracting data recall, thus the condition of exclusive breastfeeding of children is unknown precisely because of the already elapsed; 2) there may be other variables that are not controlled. Many factors can influence the pattern of exclusive breastfeeding in the field of study, including: 1) viii 10 Many birth mothers who can not exclude breast milk in less than 24 hours, so that the vacuum had to be replaced by the presence of milk formula. 2) Let Down Reflex (LDR) and early initiation of breastfeeding that should be able to stimulate milk production to be smooth and much have not fully be understood, implemented and communicated to the mothers of childbearing age by health officials.

These conditions allow one failure of why the achievement of the scope of exclusive breastfeeding in the District Kenjeran Surabaya remained low in 3 years back. The suggestion are : 1) Consider the difficulty of clarifying the benefit of breast milk is really exclusive need more study which is done prospectively, 2) It is need to perform more detail study, maybe not 'recall', but the observation (direct observation) with an expanded study populations, 3) It is need to socialize the equalize of perception about what exactly is meant by PASI for providers, health implementers, and the public, 4) Keep socialization to the community at large and continuous that is not exclusively breastfed 0-4 months, but has turned into 0-6 months.

ABSTRACT

Association with Exclusive Breastfeeding Patterns Aachieving Optimal Growth and Development of Cchildren Aged 7-10 months (Cross-Sectional Study in Subdistrict Kenjeran Surabaya)

Based on Riset Kesehatan Dasar 2010, exclusive breastfeeding has decreased in the last three years since 2007. The difficulty of changing the local culture and customs, knowledge and low maternal education, low socioeconomic, as well as density and high population mobility produce condition which is not support the existence of exclusive breastfeeding. This condition is also found in the sub district Kenjeran as study sites. This study is observational analytic study, designed cross-sectional from January to July 2011. Data collected by filling questionnaires, in-depth interviews, and observations of respondents from house to house technique. The population is children aged 7-10 months residing in the sub district Kenjeran Surabaya. Sample size 90 babies by cluster random sampling. The Fisher's Exact Test showed that there was no significant association with exclusive breastfeeding patterns achieving optimal growth and development of children aged 7-10 months in sub district Kenjeran Surabaya. The p-value is 0.133 ($p > 0.05$) on growth and 0.126 ($p > 0.05$) on the development. The conclusions are: The association of exclusive breastfeeding has have a trend or pattern, where growth (normal weight) is getting better with the better exclusive breastfeeding, as well as the development of (normal) is getting better with better exclusive breastfeeding. The association between the pattern of exclusive breastfeeding with optimal growth and development of children aged 7-10 months in the district of Kenjeran Surabaya has potential to improve, although not yet significant. This is due to the weaknesses encountered in the study include 1) design is used (cross-sectional) by extracting data recall, thus the condition of exclusive breastfeeding of children is unknown precisely because of the already elapsed; 2) there may be other variables that are not controlled. Many factors can influence the pattern of exclusive breastfeeding in the field of study, including: 1) Many birth mothers who can not exclude breast milk in less than 24 hours, so that the vacuum had to be replaced by the presence of milk formula. 2) Let Down Reflex (LDR) and early initiation of breastfeeding that should be able to stimulate milk production to be smooth and much have not fully be understood, implemented and communicated to the mothers of childbearing age by health officials. These conditions allow one failure of why the achievement of the scope of exclusive breastfeeding in the District Kenjeran Surabaya remained low in 3 years back.

Keywords: growth, development, exclusive breastfeeding