

ABSTRACT

Exclusive breastfeeding is only give breastmilk without give anythings (including water, except medicines and vitamin or mineral drops) until the baby is 6 months old, then breastfeeding should continue until the baby is 2 years old although babies have eaten (Depkes RI 2012; Riskesdas, 2010).

Breastmilk is the best food suitable for infants, breastmilk benefits not only for babies but also for mothers, families and even countries. The benefits of breastfeeding in addition to aspects of nutrition, among other aspects of immunological, psychological, intelligence, neurological and economical. In addition ASI also prevent various diseases such as diarrhea, pneumonia, respiratory infections, allergies, and asthma. Exclusive breastfeeding can prevent infant mortality by 13% (Suradi 2008; Winarsih, 2008).

Based on data from Indonesia's health profile in 2013 the percentage of coverage of exclusive breastfeeding in Indonesia amounted to 54.3%, while in East Java by 47.88% and 60.2% of Surabaya City. Based on the results of preliminary studies on the health center Karang Pilang Kedurus Surabaya City in August 2014 there were 201 infants aged 0-6 months where as many as 114 or 56.7% of infants aged 0-6 months who are exclusively breastfed and village with ASI coverage is lowest exclusive Kebraon village where 45.9% of infants 0-6 months who are exclusively breastfed. The number is far from the national target that target coverage of 80% exclusive breastfeeding.

Low achievement of exclusive breastfeeding is caused by various factors, both internal factors and external factors. In this study, maternal internal factors studied were age, condition of health, level of knowledge, education level, occupation, perception and commitment, and external factors studied were the husband and family support, the support of health workers and the promotion of infant formula.

The method used is analytical and cross-sectional design of the study population are nursing mothers living in villages Kebraon with babies 0-6 months having milk production. The sample used is the total sample. Based on the results, the 53 respondents of which 22 respondents (41.5%) breastfed exclusively and 31 respondents (58.5%) were not exclusively breastfed.

Based on the test results of statistical chi-square test / fisher's exact concluded that there was no correlation between the age of the mother with the practice of exclusive breastfeeding ($p = 0.097$), there is a relationship between maternal education level with the practice of exclusive breastfeeding ($p = 0.044$), there was no correlation between the mother's occupation with the practice of exclusive breastfeeding ($p = 0.465$), there is a relationship between the mother's knowledge to practice exclusive breastfeeding ($p = 0.003$), there is a relationship between a mother's perception with the practice of exclusive breastfeeding ($p = 0.001$), there is a relationship between conditions of health with practice exclusive breastfeeding ($p = 0.009$), there is a relationship between a mother's commitment with the practice of exclusive breastfeeding ($p < 0.001$), there is a relationship between the promotion of infant formula with the practice of exclusive breastfeeding ($p = 0.004$), there is a relationship between health workers support with practice of exclusive breastfeeding ($p = 0.001$), there is no relationship between her husband and family support with the practice of exclusive breastfeeding ($p = 0.12$).

From this study it can be concluded that education, knowledge, perception, health conditions, commitments, promotion of infant formula and support of health workers is a factor associated with the practice of exclusive breastfeeding in the villages Kebraon Puskesmas Kedurus, while the factors that are not related to age, occupation, the support of her husband and family.