The Exclusive Breastfeeding Scope Based on the Coverage of Infant Health Services and Neonates Visits in the North Buton Regency

Aisnah¹, Ramadhan Tosepu²*, Devi Savitri Effendy²

¹Student of Postgraduate Program of Public Health, University of Halu Oleo, Indonesia
²Faculty of Public Health University of Halu Oleo, South East Sulawesi Province, Indonesia

Abstract.
Breastfeeding is a healthy activity necessary for the babies’ growth and development. The United Nations Children’s Funds (UNICEF) and the World Health Organization (WHO) recommend that children only be exclusively breastfed for six months and continue for up to two years. This study objective is to describe the coverage of exclusive breastfeeding based on the coverage of infant health services and neonatal visits in the North Buton Regency for the 2018-2020 period. This is a survey research using the health report data of the North Buton Regency Health Office for the 2018-2020 period involving exclusive breastfeeding coverage data and coverage of infant health services as well as complete neonatal visits. The type of research data is numerical and the research data is presented in the form of graphs with narration. The coverage of exclusive breastfeeding for infants up to the age of 6 months was the highest in 2019 at the Kulisusu Public Health Center at 92% and the lowest in 2020 at the Kioko Public Health Center at only 43.1%. The highest coverage of baby services was in the year 2018 at the Lakansai Public Health Center at 183% and the lowest in 2019 at the Lakansai Public Health Center at only 0.0%. In 2020 the lowest at the North Wakorumba Public Health Center at only 0.0%.

Keywords: Exclusive breastfeeding, Babies, Health services

1. INTRODUCTION
Exclusive breastfeeding is the most effective prevention to prevent child mortality [1]. According to the Demographic Health Survey the rate of exclusive breastfeeding has declined over the last decade [2]. Exclusive breastfeeding is given from the time the baby is just born into the world until six months old. During this period, the baby is only given breast milk, without any additional supplement [3].

Breast milk is an ideal food for infant growth and development [4,5]. The United Nations Children’s Fund (UNICEF) and the World Health Organization (WHO) recommend that children be exclusively breastfed for six months and continued for up to two years. The 2018 global research report showed that the rate of exclusive breastfeeding
was quite low, only 41 percent. Meanwhile, in Indonesia, the 2018 Basic Health Research (RISKESDAS) data shows the exclusive breastfeeding rate is only 37 percent [6].

Breastfeeding is the best method of feeding, especially for infants less than 6 months of age, as well as being beneficial for mothers [7–8]. Breast milk contains all the nutrients and fluids needed to meet all infant nutrition in the first 6 months of life [10]. At the age of 6-12 months, breast milk is still the main food for babies, because it contains more than 60% of the baby’s needs. Milk that is produced naturally by the body contains nutrients that are important for baby’s growth and development such as vitamins, protein and fat [11].

The coverage of achieving exclusive breastfeeding in 2017 in Southeast Sulawesi Province for infants 0-6 months was 55.56%, and the coverage of achieving exclusive breastfeeding in 2018 increased by 72%. Although it increased from the previous year, it was not significant and still far from the national target (80%) and the target of Southeast Sulawesi Province (85%). The fluctuating achievement shows that the program to increase exclusive breastfeeding has not been standardized by the related technical program [6].

This study objective to describe the coverage of exclusive breastfeeding based on the coverage of infant health services and neonatal visits in North Buton Regency for the 2018-2020 periods.

2. METODHOLOGY OF THE STUDY

The type of this research is a survey research by utilizing the health report data of the North Buton Regency Health Office for the 2018-2020 period involving exclusive breastfeeding coverage data and coverage of infant health services as well as complete neonatal visits. The type of research data is numerical. The research data is presented in the form of a graph with narration.

3. RESULT OF THE STUDY

The research result is presented using a bar chart accompanied by an explanation that can be presented as follows:

Figure 1 show that in 2018 exclusive breastfeeding for infants up to the age of 6 months was highest at Boneguru Health Center by 75% and the lowest at Bonerombo Health Center only 47.7%. In 2019, the highest was at the Kulisusu Health Center at 92% and the lowest was at the Kioko Health Center at 47.9%. Then in 2020, the highest was
at the Kulisu Health Center at 79.8% and the lowest was at the Kioko Health Center at only 43.1%.

![Graph](image1.png)

**Figure 1:** Coverage of Exclusive Breastfeeding < 6 months Period 2018-2020.

Figure 2 shows that the highest coverage of infant care in 2018 was at the Lakansai Health Center at 183% and the lowest at the Lambale Health Center at only 7.5%. In the year 2019 the highest was at the Labaraga Health Center at 98.5% and the lowest was at the Lakansai Health Center at only 0.0%. In 2020 the highest was at the Lambale Health Center at 91% and the lowest was at the North Wakorumba Health Center only 0.0%.

![Graph](image2.png)

**Figure 2:** Baby Services Coverage for the Period 2018-2020.

Figure 3 shows that in 2018 the highest complete neonatal visit (KN3) coverage was at the Kioko Health Center at 103.1% and the lowest was at the North Wakorumba Health Center at 0.0%.

![Graph](image3.png)

**Figure 3:** Complete Neonatal Visit (KN3) Coverage Period 2018-2020.
In 2019 the highest was at the Kulisusu Health Center at 98% and the lowest was in Bonerombo Health Center by 91%. In 2020 the highest was at the Boneguru Health Center at 115% and the lowest was at the Kambawo Health Center at 76.7%.

**Figure 3:** Coverage of complete neonatal visit Period 2018-2020.

### 4. DISCUSSION

The success of exclusive breastfeeding requires the support of various parties starting from the Government, Provincial and Regency/City Governments, Health Service Providers, Health Workers, the community and the mother’s closest family. Research data shows that the coverage of exclusive breastfeeding for infants up to the age of 6 months in the North Buton Regency for the 2018-2020 periods is below 90% on average, even in 2020 the highest at Kulisusu Health Center was only 79.8% and the lowest was at Kioko Health Center only by 43.1%. The result evaluation of the coverage of exclusive breastfeeding is still far from the expectations of the government, both at the regional and provincial and state levels.

The low coverage of exclusive breastfeeding is inseparable from the role of various parties, namely mothers, government, and Public Health Center officers as well as social demographic factors. At the Public Health Center level, the coverage of infant health services in North Buton Regency is still very concerning. In 2018 it was only 7.5% at the Lambale Health Center, then in 2019 it was only 0.0% at the Lakansai Health Center. In 2020 at the North Wakorumba Health Center was only 7.5%.

Complete Neonatal Visits are basic neonatal health services, including exclusive breastfeeding, infection prevention in the form of eye care, umbilical cord care, administration of vitamin K1 injection if not given at birth, hepatitis B1 immunization if not given...
at birth, and integrated management of young infants. The results of the evaluation of complete neonatal visits in North Buton Regency can be concluded that the average is above 75%. This is not in line with the achievement of exclusive breastfeeding coverage which shows a figure below 75% and even the lowest is 43.1%.

Researchers assume that the low coverage of exclusive breastfeeding in North Buton Regency is inseparable from family culture and also the understanding of mothers and families about the benefits of breastfeeding and early initiation of breastfeeding. Research on socio-cultural factors in Karawang by Media Y [12] showed that some mothers are self-motivated to breastfeed their babies. Some of them are breastfeed on the advice of their parents, husbands, midwives. This situation shows that the social environment plays a role in breastfeeding behavior and birth attendants also contribute to motivating mothers who have just given birth to breastfeed their babies. Fikky Prasetya's research [13] states that patriarchal culture places men in a dominant position in decision-making and which can influence the behavioral process of family members involved in it. In the concept of exclusive breastfeeding, the dominant role of the father as a form of patriarchal culture in the family contributes greatly to its success.

Several studies on the relationship between exclusive breastfeeding and maternal social factors have been reported by [14–17], stating that social factors such as education, work, parity, maternal knowledge greatly affect the success of breastfeeding until the baby is 6 months old.

5. CONCLUSION

Exclusive breastfeeding coverage for infants up to 6 months of age was highest in 2019 at Kulisu Health Center at 92% and the lowest in 2020 at Kioko Health Center at only 43.1%. The highest coverage of baby services was in 2018 at the Lakansai Health Center at 183% and the lowest in 2019 at the Lakansai Health Center at only 0.0% and in 2020 the lowest at the North Wakorumba Health Center only 0.0%.

6. AUTHORS’ CONTRIBUTION

The authors have contributed to the preparation of this article.
7. ACKNOWLEDGMENTS

The author would like to thank all those who have contributed to the implementation of this research, especially the Head of the North Buton Regency Health Office.

References

[1] Arsin, A. A., Sirajuddin, S. and Syafar, M. (2016) ‘The effect of education lactation on breastfeeding behavior infant 0-6 months in Kendari Indonesia’, Public Health of Indonesia, 2(2), pp. 100–111.

[2] Yusrina A, Devy SR. Faktor Yang Mempengaruhi Niat Ibu Memberikan ASI Ekslusif di Kelurahan Magersari, Sidoarjo. Jurnal Promkes: The Indonesian Journal of Health Promotion and Health Education. 2016;4(1):11–21.

[3] Rahayu S, Apriningrum N. Faktor-Faktor Yang Berhubungan Pemberian ASI Ekslusif Pada Karyawan Uniswa tahun 2013. Jurnal Ilmiah Solusi. 2014;1(1):55–63.

[4] Meier PP, Patel AL, Bigger HR, Rossman B, Engstrom JL. Supporting breastfeeding in the neonatal intensive care unit: Rush Mother’s Milk Club as a case study of evidence-based care. Pediatric Clinics. 2013;60(1):209–26.

[5] Piemontese P, Liotto N, Mallardi D, Roggero P, Puricelli V, Giannì ML, et al. The effect of human milk on modulating the quality of growth in preterm infants. Frontiers in pediatrics. 2018;6:291.

[6] Dinkes Propinsi Sultra. Profil Kesehatan Propinsi Sulawesi Tenggara 2019. Kendari: Bidang Data dan Informasi; 2019.

[7] Graus TM, Brandstetter S, Seelbach-Göbel B, Melter M, Kabesch M, Apfelbacher C, et al. Breastfeeding behavior is not associated with health literacy: evidence from the German KUNO-Kids birth cohort study. Archives of Gynecology and Obstetrics. 2021;1–8.

[8] La Aga, Erwin AL. Cakupan dan Determinan Pemberian ASI Ekslusif di Pemukiman Kumuh Dalam Perkotaan di Kecamatan Tallo Kota Makassar. Majalah Kesehatan FKUB. 2019;6(1):44–55.

[9] McCann MF, Baydar N, Williams RL. Breastfeeding attitudes and reported problems in a national sample of WIC participants. Journal of Human Lactation. 2007;23(4):314–24.

[10] Asemahagn MA. Determinants of exclusive breastfeeding practices among mothers in azezo district, northwest Ethiopia. International breastfeeding journal. 2016;11(1):1–7.
[11] Kusnan A, Binekada IMC, Usman AN. The proxy determinant of complementary feeding of the breastfed child delivery in less than 6 months old infant in the fishing community of Buton tribe. Enfermeria clinica. 2020;30:544–7.

[12] Hervilia D, Munifa D. Pandangan Sosial Budaya terhadap ASI Eksklusif di Wilayah Panarung Palangkaraya (Social and Cultural Aspect toward Exclusive Breastfeeding in Panarung Palangkaraya). Indonesian Journal of Human Nutrition. 2016;3(1):63–70.

[13] Prasetya F, Sari AY, Delfiyanti D, Muliana M. Perspektif: Budaya Patriarki Dalam Praktik Pemberian ASI Eksklusif. Jurnal Keperawatan. 2019;3(01):44–7.

[14] Sugiarti E, Zulaekah S, Puspowati SD. Faktor–faktor yang berhubungan dengan pemberian asi eksklusif di kecamatan karangmalang kabupaten sragen. Jurnal Kesehatan [Internet]. 2011;4(2). Available from: https://publikasiilmiah.ums.ac.id/xmlui/handle/11617/2948

[15] Sitohang FD, Kahar IA, Sirait A. Faktor yang Berhubungan dengan Pemberian Asi Eksklusif pada Bayi Usia 6-12 Bulan di Wilayah Kerja Puskesmas Sigalingging Kabupaten Dairi Tahun 2017. Jurnal Ilmiah Keperawatan Imelda. 2019;5(1):568–78.

[16] Polwandari F, Wulandari S. Gambaran Usia, Paritas, Tingkat Pendidikan, Status Pekerjaan, Dukungan Suami dan Tingkat Pengetahuan Ibu dalam Pemberian ASI Eksklusif. Faletehan Health Journal. 2021;8(01):58–64.

[17] Khoiriah A, Latifah L. Faktor-Faktor Yang Berpengaruh Terhadap Pemberian ASI Eksklusif Pada Bayi Berumur dibawah 6 Bulan. Jurnal'Aisyiyah Medika. 2018;2(1).