

The Differences Effect Of Corn Hair Tea And Rajuke Tea On The Production Of Breast Milk In The Working Area Of Puskesmas Kota Selatan , Puskesmas Kota Utara And Puskesmas Sipatana In Gorontalo City

Nurnaningsih Ali Abdul¹, Nancy Olii²

^{1,2}.Department of Midwifery, Health Polytechnic of the Gorontalo Ministry of Health

ARTICLE INFO

Keywords:

Corn Hair
Rajuke
Breast Milk Production

ABSTRACT

In 2018 in Gorontalo Province there were three health centers with the lowest breastfeeding coverage, Sipatana Public Health Center (33.9%), Kota Utara (23.8%), and Kota Selatan (16.6%). The results showed that the antioxidant content in the form of alkaloids and sterols can increase the production of breastmilk. This substance is contained in the combination tea of Corn Hair and Moringa leaves (Rajuke). This study aimed to analyze the different effect of corn hair tea and Rajuke tea on breastmilk production in postpartum mothers. This research was pre-experimental with a control group pretest-posttest design which was carried out from August to November 2020 with number of sample were 60 postpartum mothers. Respondents were divided into 2 groups, each group was given tea for 7 consecutive days and a breast pump. Data analysis used univariate and bivariate analysis using paired t-test. The results showed that Rajuke tea was more able to increase breastmilk production comparing to Corn Hair tea (0.86). The midwives are expected to provide promotion and education about foodstuffs that can increase breastmilk production by utilizing local ingredients.

E-mail:
nurnaningsihabdul@poltekkesgorontalo.ac.id

Copyright © 2021 Science Midwifery.

1. Introduction

Breastfeeding (ASI) for 6 months is one of the global strategies to improve growth, development, health and survival of infants. Although there are many benefits of breastfeeding for babies, mothers, families, and communities, its coverage is still low in various countries including Indonesia (Indri, 2018). The results showed that the fear of being fat, busy working were some of the reasons why not all mothers wanted to breastfeed their babies and this was exacerbated by the incessant promotion of formula milk in various media. Some mothers want to breastfeed their babies but experience problems in the form of a little breast milk at the beginning of the postpartum period (Dewi and Sunarsih, 2013).

The World Health Organization (WHO) states that in 2015 the coverage of exclusive breastfeeding in developing countries was only 46% (WHO, 2015). Riskesdas in 2018 states, the percentage of babies aged less than 6 months who get breast milk in Indonesia is 37.3%, while the percentage of babies aged less than 6 months who get partial breastfeeding is 9.3%, and those who get dominant breastfeeding are 3.3. % (Kemenkes RI, 2018).

In 2018 in Gorontalo Province, out of 11,975 babies aged less than 6 months, 5,618 babies received breast milk (46.9%), while the target of babies who were breastfed in 2018 was 47%. There are 1,264 babies (37.9%) of 3,336 babies aged less than 6 months who received breast milk.

In the province of Gorontalo, there are three health centers with the lowest number of breastfeeding achievements, namely the Sipatana Public Health center with 33.9% of the attainment of ASI, the Kota Utara Public Health center with 23.8% of the attainment of ASI, and the Kota Selatan Public Health center with 16.6% of the achievements of ASI. (Dikes Kota Gorontalo, 2018).

According to the research results, the antioxidant content in the form of alkaloids and sterols can increase milk production because it can increase glucose metabolism for lactose synthesis. The content of alkaloids and sterols is found in the combination tea of Corn Hair and Moringa leaves or what is called "Rajuke Tea" which has an antioxidant content of 85.5%. (Rahmanisa, 2016).

Gorontalo Province is one of the regions with superior local food in the form of corn. Corn hair in the Gorontalo area only ends up as waste from the food industry, which has not been optimally utilized. Currently, the number of mothers giving exclusive breastfeeding in the working area of the Kota Selatan Puskesmas, Kota Utara Puskesmas, Puskesmas Sipatana is less than 50%. Health promotion in the form of providing education to the community, counseling and counseling, as well as training for cadres at each posyandu are some of the efforts made by the puskesmas to overcome the problem of breastfeeding. Based on the above background, it is important to conduct research on "Differences in the Effect of Corn Hair Tea and Rajuke Tea on Increased Breast Milk Production in Post-partum Women in the Work Area of Puskesmas Kota Selatan, Puskesmas Kota Utara and Puskesmas Sipatana Kota Gorontalo".

2. Method

This study was a pre-experiment with a pretest-posttest control group design with each treatment of corn hair tea and rajuke tea.

3. Results and Analysis

3.1 Univariate Analysis

This research was conducted for 7 days by giving Corn Hair Tea and Rajuke to post-partum mothers in the working areas of Kota Selatan, Kota Utara, and Sipatana Public health center Gorontalo city. This research was started by measuring the respondent's milk production which measured the amount of breast milk before and after being given Corn Hair Tea and Rajuke through. Based on the results of the data processing, it is shown in the following table

a. Production of breast milk before being given Corn hair tea

Table 1.

| Amount of breast milk before being given Corn Hair Tea | | |
|--------------------------------------------------------|-----------------------|-------------------|
| Amount of breast milk (24 hour) | Frekuensi (person) | Persentase (%) |
| Normal (550 ml) | 0 | 0 |
| Tidak Normal (<550 ml) | 30 | 100 |
| Total | 30 | 100 |

Based on the data in the table above shows that before being given Corn Hair Tea, respondents with an abnormal / insufficient amount of breast milk were 30 mothers (100%).

b. Production of mother's milk after being given Corn Hair Tea

Table 2.

| Amount of breast milk after being given corn hair | | |
|---------------------------------------------------|-----------------------|-------------------|
| Amount of breast milk (24 hour) | Frekuensi (person) | Persentase (%) |
| Normal (550 ml) | 24 | 80 |
| Tidak Normal (<550 ml) | 6 | 20 |
| Total | 30 | 100 |

Based on the data in the table above shows that before being given Corn Hair Tea, respondents with a normal amount of breast milk were 24 mothers (80%) and the amount of breast milk was not normal as many as 6 mothers (20%)

c. Production of mother's milk before being given Rajuke Tea**Table 3.**

Amount of breast milk before being given Rajuke Tea

| Amount of breast milk (24 hour) | Frekuensi (person) | Persentase (%) |
|---------------------------------|--------------------|----------------|
| Normal (550 ml) | 0 | 0 |
| Tidak Normal (<550 ml) | 30 | 100 |
| Total | 30 | 100 |

Whereas before being given Rajuke Tea, respondents with an abnormal / insufficient amount of ASI were 30 mothers (100%).

d. Production of mother's milk after being given Rajuke Tea**Table 4.**

Jumlah ASI Setelah diberikan Teh Rajuke

| Amount of breast milk (24 hour) | Frekuensi (person) | Persentase (%) |
|---------------------------------|--------------------|----------------|
| Normal (550 ml) | 26 | 86,7 |
| Tidak Normal (<550 ml) | 4 | 13,3 |
| Total | 30 | 100 |

Based on the data in the table above, it shows that after being given Rajuke tea, the normal amount of breast milk increased to 26 mothers (86.7%).

3.2 Bivariate Analysis

Bivariate analysis was carried out to see the effect of consumption of corn hair tea and rajuke tea on increased milk production in breastfeeding mothers in the working areas of Puskesmas Kota Selatan, Kota Utara, and Sipatana Kota Gorontalo using paired t-test with the SPSS computerized program. Data analysis was carried out in the following stages:

a. The effect of giving Corn Hair Tea on breast milk production in postpartum mothers

To analyze the effect of giving Corn Hair Tea on milk production in postpartum mothers using the Paired T-Test statistical test

Table 5.

Distribution of mean amount of breast milk before and after drinking cornhair tea

| Variabel | Min | Max | Rerata ± SD |
|-----------------|-----|-----|-------------|
| Jumlah ASI Pre | 250 | 530 | 2,00±0,00 |
| Jumlah ASI Post | 390 | 825 | 1,20±0,407 |
| Δ Perubahan | 140 | 295 | 0,80±0,407 |

The mean amount of breast milk before and after the intervention to drink Corn Hair Tea showed an increase in the amount of breast milk of respondents by 0.80.

Table 6.

Difference in the amount of breast milk before and after drinking corn hair tea

| Variabel | Rerata ± SD (gr/dl) | p value |
|-----------------|---------------------|---------|
| Jumlah ASI Pre | 2,00±0,00 | |
| Jumlah ASI Post | 1,20±0,407 | 0,000 |
| Δ Perubahan | 0,80±0,407 | |

**Uji paired t-test*

The results of the analysis of the difference test on the amount of breast milk before and after drinking Corn Hair Tea showed that there was a difference in the amount of breast milk with a value of $p = 0.000$ ($p < 0.05$)

b. Effect of Rajuke tea on breast milk production in postpartum mothers**Table 7.**

Distribution of mean amount of breast milk before and after drinking Rajuke tea

| Variabel | Min | Max | Rerata ± SD |
|-----------------|-----|-----|-------------|
| Jumlah ASI Pre | 225 | 500 | 2,00±0,00 |
| Jumlah ASI Post | 380 | 950 | 1,13±0,346 |
| Δ Perubahan | 155 | 450 | 0,867±0,346 |

The average amount of breast milk before and after the intervention to drink Rajuke Tea showed an increase in the amount of breast milk of respondents by 0.867

Table.8

The difference in the amount of breast milk before and after drinking Rajuke tea

| Variabel | Rerata ± SD (gr/dl) | p value |
|------------------------|---------------------|---------|
| Jumlah ASI <i>Pre</i> | 2,00±0,00 | |
| Jumlah ASI <i>Post</i> | 1,13±0,346 | 0,000 |
| Δ Perubahan | 0,87±0,346 | |

**Uji paired t-test*

Table 16 shows that the results of the analysis of the difference test on production of breastmilk before and after drinking Rajuke tea show that there is a difference in the amount of breast milk with a value of $p = 0.000$ ($p < 0.05$).

c. Effect of corn silk tea on breast milk production

Based on the results of the study showed that after being given the intervention of 200 ml of corn hair tea for 7 days in post-partum mothers, the results of this study indicated that there was a change in milk production after being given corn hair tea by 80%, with an average amount of breast milk of 1.20 and the difference in the average increase. The amount of breast milk before and after consuming Corn Hair Tea is 0.80. The results of statistical tests with Paired t test obtained p value = 0.000, thus H_0 is rejected and H_a is accepted, meaning that there is an effect of corn rmbut tea on increased breast milk production for postpartum mothers. This is influenced by the content of corn hair, namely alkaloids, saponins, and flavonoids and other compounds. believed to be able to increase the work of the hormones oxytocin and prolactin, which are hormones in increasing the work of breast milk production. Based on the results of research conducted by Indragiri (2019), fennel plants containing alkaloid compounds, tannin saponins, flavonoids, triterpenoids given 60 g / 300 ml for 15 days can induce an increase in milk production in white rat pups because of the content of flavonoids, steroids, and stigmasterol .

Based on the researchers' assumptions, the same compounds contained in corn hair, namely alkaloids, saponins, tannins, and flavonoids, can increase the production of the hormone prolactin through the dopamine inhibitor mechanism, while saponins can also increase the activity of the hormone oxytocin in myoepithelial cells around the alveoli and ducts. The hormone prolactin plays a role in the synthesis of milk while oxytocin activity in the mammary glands causes contraction of myoepithelial cells, so that milk will be pushed into the milk ducts (Indragiri, 2019). Flavonoids are a group of the largest phenolic compounds found in nature. The results of research conducted by Indragiri (2019) state that the chemical content contained in alkaloids, flavonoids, tannins, triterpenoids, and saponins is esterogenic so that it can stimulate growth, ovarian development, protect cell structure, increase the effectiveness of vitamin C, anti-inflammatory. , antibiotics, prevent bone loss and can also increase the mammary gland. The high flavonoid content can affect the endocrine system and hormone function so that it can increase milk production.

However, from the results of this study, there were still 6 people (5.9%) who did not experience an increase in breast milk production. Researchers assume that this is due to several factors found in the field, namely the type of maternal delivery by caesarean section, the delivery process is known to affect breastfeeding in infants. Based on research by Pratini, et al. (2019) factors that affect the smoothness of breastfeeding in mothers with the type of caesarean delivery. In cesarean delivery, it is influenced by a long interval during the initiation of early breastfeeding and the use of anesthesia which slows down the process of expressing breastmilk, and can cause psychological changes in the mother when experiencing surgical wound pain, and drugs that can affect the production of breast milk that the mother consumes after labor.

Another factor that affects it is age. The age factor influences the production of breastmilk in the mother, in the breastfeeding process that does not always go well with the time of breastfeeding, there are several obstacles that become obstacles, especially if the mother's first experience, the mother's age is still young with low knowledge, and often feels she does not want to breastfeed her baby. for fear of sagging breasts, and not feeling beautiful anymore (Novitasari, 2015).

Another factor is parity, where mothers who breastfeed more than once are able to produce more milk than those who have just given birth for the first time, and lactation management is carried out better. The psychological preparedness between primiparous and multiparous is very different. A primiparous person feels anxious and psychologically unstable more easily, this will affect the production of hormones that play a role in breast milk production (Pranajaya, Rudiyananti, 2013). Primipara's mother has no experience in breastfeeding her baby, because it is new, causing

discomfort in breastfeeding which results in the baby crying and refusing to be breastfed. Babies who refuse to breastfeed will have an effect on the frequency of breastfeeding the baby.

The results of this study are in line with Juliastuti's theory, Sulastris (2018) states that the smooth production of breast milk greatly affects the success of the breastfeeding process. The decrease in milk production on the first day after delivery can be caused by the hormone oxytocin and the hormone prolactin, which are very important in the smooth production of breast milk. Apart from being influenced by the baby's suction, the release of the hormone oxytocin is also influenced by the receptors located in the duct system, if the duct is widened or becomes soft, then reflector oxytocin is released by the pituitary which plays a role in squeezing milk from the alveoli, therefore it is necessary to remove breast milk for some postpartum mother.

d. The effect of Rajuke tea on breast milk production

The results of this study indicate that before consuming Rajuke Tea, all respondents have a small amount of breast milk, namely <550 ml, and after consuming Rajuke tea, 86.7% increase in the amount of breast milk, with an average amount of ASI 1.13 and the difference in the average increase in the amount of breast milk. before and after consuming Rajuke tea which is 0.87. The results of statistical tests with Paired t test obtained p value = 0.000, thus H₀ is rejected and H_a is accepted, which means that there is an effect of Rajuke tea on the increase in breast milk production of postpartum mothers. This is supported by Johan (2019) 's research which shows that moringa leaf brew can increase milk production seen from the increase in the frequency of BAK and the frequency of breastfeeding babies. Other studies have also shown that giving Moringa leaf extract to nursing mothers can increase breast milk volume (Zakaria, 2016).

Rajuke tea is a tea made from a combination of moringa leaves and corn hair. Moringa leaves contain phytoesterol compounds which function to increase and accelerate milk production. Moringa leaves also contain complete protein (containing 9 essential amino acids), calcium, iron, potassium, magnesium, zinc and vitamin A, vitamin C, vitamin E and vitamin B which have a major role in the immune system. The results of the research of Alegantina (2013) that Moringa leaves contain antioxidant compounds including tannins, saponins, steroids, Sterols-Triterpenoids, and alkaloids. Based on the results of Jannah's (2018) research, corn hair also contains antioxidant compounds including alkaloids, flavonoids, steroids / triterpenoids, tannins, saponins and phenols. According to Rahmanisa (2016) the content of alkaloids and sterols can increase the production of breast milk because it can increase glucose metabolism for lactose synthesis so that milk production increases.

There are still 4 respondents whose milk production has not increased after consuming rajuke tea with the amount of respondent's milk <550 ml, the frequency of BAK and the frequency of breastfeeding are still insufficient, this is due to various factors including mothers who are tired in giving breast milk due to dense daily household activities. days, improper breastfeeding position, and changing emotional condition of the mother which affects the smoothness of milk production. Kamariyah's research (2014) also states that there is a relationship between the smooth production of breast milk and the psychological condition of the mother, and Dewi's (2019) research states that there is a relationship between mental peace, rest and baby sucking and the smooth production of breast milk in breastfeeding mothers.

According to Kamariyah (2014), a good mother's psychological state will motivate mothers to breastfeed their babies. This is also supported by research by Dewi (2019) which states that psychological stress can affect the work of breastfeeding hormones to produce and flow breast milk. Not only that, the condition of the mother who is too tired and doesn't get enough rest will cause less milk. The fatigue experienced by mothers when breastfeeding will have an impact on psychological conditions. The worsening psychological condition will affect the work of the breastfeeding hormones, causing problems in the smooth production of breast milk. Dewi (2019) also stated that the baby's suction will stimulate the hypothalamus gland to produce the hormone oxytocin and the hormone prolactin. The more often and the stronger the baby sucks, the more milk will be produced. If there is an error in the breastfeeding position, it will certainly cause discomfort to the baby so that it will affect the frequency of breastfeeding and the baby's suction power.

Lack of breastfeeding in infants can lead to milk retention, mastitis, and breast abscess in the mother. Meanwhile, the impact of lack of breastfeeding for babies can cause the baby's nutrition is not fulfilled, susceptible to infection and diarrhea, prone to allergies, and decreased immune system (Rahmanisa, 2016).

One of the efforts to streamline breast milk production is to improve the quality of food and beverages which directly affect the production of breast milk, for example green vegetables such as moringa leaves, katuk leaves, sweet potato leaves, papaya leaves and so on. If the mother does not want to consume these vegetables, breastfeeding mothers can consume ready-to-eat breast milk stimulants such as Rajuke Tea or other breast milk boosters. This research can help utilize corn hair which is considered as public waste which, if not utilized properly, can affect environmental pollution. The provision of corn silk tea which can increase breast milk production in nursing mothers can help the success of government programs (Ministry of Health, Provincial / City) in an effort to provide exclusive breastfeeding.

Several efforts have been made by the Puskesmas in increasing the coverage of exclusive breastfeeding for babies in Gorontalo Province, namely, by increasing the motivation of health workers and the participation of cadres in each village to help run a successful exclusive breastfeeding program. Programs that are routinely carried out include health education or promotion about the importance of exclusive breastfeeding for babies during posyandu, as well as home visits during the postpartum period or during neonates visits, which are given by health workers and cadres directly using counseling tools as well as counseling. given, among others, the importance of exclusive breastfeeding, and an explanation of good nutritional intake for mothers so that they can increase breast milk production.

4. Conclusions

That Rajuke tea was more able to increase breastmilk production comparing to Corn Hair tea (0.86). The midwives are expected to provide promotion and education about foodstuffs that can increase breastmilk production by utilizing local ingredients.

5. References

- Alegantina, S., Isnawati, A., & Widowati, L. (2013). Kualitas Ekstrak Etanol 70% Daun Kelor (Moringa oleifera Lamk) dalam Ramuan Penambah ASI. *Jurnal Kefarmasian Indonesia*, 3(1), 1-8.
- Astutik, Reni Yuli. (2014). *Payudara dan Laktasi*. Jakarta: Salemba Medika.
- Bahiyatun. (2009). *Buku Ajar Asuhan Kebidanan Nifas Normal* (M. Ester, Ed.). Jakarta: EGC.
- Dewi, A. B. F., & et all. (2013). *Ilmu Gizi untuk Praktisi Kesehatan*. Yogyakarta: Graha Ilmu.
- Dewi, A. D. C. (2019). Faktor-Faktor yang Mempengaruhi Kelancaran Produksi ASI. *Jurnal' Aisyiyah Medika*, 4(1), 22-34.
- Dikes Kota Gorontalo. (2018). *Bayi Baru Lahir Mendapat IMD dan Pemberian ASI Eksklusif pada Bayi < 6 Bulan Menurut Kecamatan dan Puskesmas Kota Gorontalo Tahun 2018*. Gorontalo.
- Dikes Provinsi Gorontalo. (2018). *Data ASI Eksklusif Tahun 2018*. Gorontalo.
- Garnida, Y., Suliasih, N., & Ismaya, P. L. (2018). Pengaruh Suhu Pengeringan dan Jenis Jagung terhadap Karakteristik Teh Herbal Rambut Jagung (Corn Silk Tea). *Pasundan Food Technology Journal*, 5(1), 63-71.
- Iriany, N. R., Yasin, M. H. G., & Takdir, a. M. (2009). *Asal, Sejarah, Evolusi, dan Taksonomi Tanaman Jagung*. Jagung: Teknik Produksi Dan Pengembangan, 1-15.
- Jannah, A., Rachmawaty, D. U., & Maunatin, A. (2018). Uji Aktivitas Antibakteri Rambut Jagung Manis (Zea mays ssaccarata Strurt) terhadap Bakteri Staphylococcus aureus dan Escherichia coli. *Alchemy*, 5(4), 132-137.
- Johan, H., Anggraini, R.D., & Noorbaya, S. (2019). Potensi Minuman Daun Kelor terhadap Peningkatan Produksi Air Susu Ibu (ASI) pada Ibu Postpartum. *Sebatik*, 23(1), 192-194.
- Kamariyah, Nurul. (2014). Kondisi Psikologi Mempengaruhi Produksi ASI Ibu Menyusui di BPS Aski Pakis Sido Kumpul Surabaya. *Jurnal Ilmiah Kesehatan*, 7(12), 29-36.
- Kemenkes RI. (2018). *Proporsi Pola Pemberian Asi pada Bayi Umur 0-5 Bulan dalam RISKESDAS 2018*.
- Kurniati, T., & Fadhilah, R. (2017). Pemanfaatan Limbah Rambut Jagung (Zea Mays L.) Sebagai Minuman Herbal Di Desa Nanga Taman Kecamatan Nanga Taman Kabupaten Sekadau. 14(1), 8
- Monika, F. B. (2014). *Buku Pintar ASI dan Menyusui* (K. Sulistiyani, Ed.). Jakarta: Mizan Digital Publishing.
- Notoadmodjo, Soekidjo. (2012). *Metodologi Penelitian Kesehatan*. Jakarta: Rineka Cipta.
- Pitriani, R., & Andriyani, R. (2014). *Panduan Lengkap Asuhan Kebidanan Ibu Nifas Normal (ASKEB III)* (1st ed.). Yogyakarta: Deepublish.
- Putri, F. K. (2016). *Aktivitas Antioksidan dan Kualitas Teh Kombinasi Rambut Jagung dan Daun Kelor dengan Variasi Suhu Pengeringan*. Muhammadiyah Surakarta.

Science Midwifery

journal homepage: www.midwifery.iocspublisher.org

- Rahmanisa, S., & Aulianova, T. (2016). Efektivitas Ekstraksi Alkaloid dan Sterol Daun Katuk (*Sauropus androgynus*) terhadap Produksi ASI. *Majority*, 5(1), 117-121.
- Rayhana, & Sufriani. (2017). Faktor-Faktor yang Mempengaruhi Produksi ASI dengan Kecukupan ASI. *Jurnal Ilmiah Mahasiswa Fakultas Keperawatan*, 3(2), 1 - 11.
- Risneni. (2015). Hubungan Teknik Menyusui dengan Terjadinya Lecet Putting Susu pada Ibu Nifas. *Jurnal Keperawatan*, 2(11), 158 - 163.
- Rukmana, R., & Yudirachman, H. (2016). *Budidaya Sayuran Lokal* (I. Kurniawan, Ed.). Bandung: Penerbit Nuansa Cendekia.
- Setiadi. (2013). *Konsep dan Praktik Penulisan Riset Keperawatan*. Yogyakarta: Graha Ilmu.
- Setyowati, Anis. (2018). Hubungan Inisiasi Menyusui Dini dengan Produksi ASI selama 6 Bulan Pertama. *JMK Yayasan Rs. Dr. Soetomo*, 1(4), 30 - 37.
- Sugiyono. (2013). *Statistika untuk Penelitian*. Bandung: Alfabeta
- Suwahyono, U. (2008). *Khasiat Ajaib si Pohon Gaib: Mengupas Rahasia Tersembunyi Pohon Kelor* (1st ed.; F. S. Suyantoro, Ed.). Yogyakarta: ANDI.
- Tauriska, Tri Aprillia, & Faridah Umamah. (2015). Hubungan antara Isapan Bayi dengan Produksi ASI pada Ibu Menyusui di Rumah Sakit Islam Jemursari Surabaya. Universitas Nahdatul Ulama Surabaya.
- WHO. (2015). *Cakupan Pemberian ASI Eksklusif di Negara Berkembang*.
- Wulandari, Fitria Ika, & Iriana, Natalia Riski. (2013). *Karakteristik Ibu Menyusui yang Tidak Memberikan ASI Eksklusif di UPT Puskesmas Banyudono I Kabupaten Boyolali*. *Infokes*, 3(2), 25 - 32.
- Zakaria, Hadju, V., As'ad, S., & Bahar, B. (2016). *Pengaruh Pemberian Ekstrak Daun Kelor terhadap Kuantitas dan Kualitas Air Susu Ibu (Asi) pada Ibu Menyusui Bayi 0-6 Bulan*. *MKMI*, 12(3), 161-169