

Analysis Of The Influence Of Legal Aspects, The Role Of The Midwife And The Rights Of Children On The Practice Of Exclusive Breast Feeding In Hutabagot Health Center, Hutabagot District, Mandailing Natal District Year 2020

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ARTICLE INFO

Keywords:

Legal Aspects,
The Role Of The Midwife

ABSTRACT

The level of health development of a country is reflected in the infant and child mortality rates. According to the Central Statistics Agency (2020) infant mortality under the age of five in Indonesia has reached 28,158 people. Of that number, 20,266 toddlers (71.97%) died in the age range 0-28 days (neonatal). A total of 5,386 toddlers (19.13%) died within the age range of 29 days - 11 months (post neonatal). Meanwhile, 2,506 toddlers (8.9%) died in the age range of 12-59 months. The most post-Natal toddler deaths were due to pneumonia, namely 14.5%, diarrhea by 9.8%, other congenital abnormalities 0.5%, neurological diseases 0.9% and other factors 73.9%. Meanwhile, 42.83% of under-five deaths in the age range of 12-59 months were due to parasitic infections, 5.05% pneumonia, 4.5% diarrhea and 47.41% other factors. In order to prevent under-five deaths, comprehensive and continuous child health efforts are needed, one of which is exclusive breastfeeding (Central Bureau of Statistics and Ministry of Health, 2020). Breast milk is an important source of nutrition for babies. Breast milk is given to babies for 2 years. While exclusive breastfeeding is given to babies for 6 months without adding other food and drinks. Exclusive breastfeeding is recommended for the first six months of a baby's life. Breast milk is very necessary for the growth and development of children's intelligence. (RI Ministry of Health, 2020).

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1. Introduction

Research by Agunbiade and Ogunleye (2015) showed that the obstacles to exclusive breastfeeding were the perception that the baby was not full, 29%; maternal health problems 26%; afraid that the baby will become dependent on breast milk 26%; pressure from mother-in-law 25%; pain in the breast 25%; and mothers return to work 24%. Research by Ida and Irianto (2015) stated that the influencing factors were parity, early breastfeeding initiation, hospitalization, husband's support, support for health facilities and personnel, friend support, and family support (mother and mother-in-law). Research by Bonia et al (2016), states that breastfeeding is associated with issues of support given to mothers, promotion of formula milk, and embarrassment for breastfeeding in public.

According to Yuliarti (2015) children who are not breastfed have a lower IQ (Intellectual Quotient) 7-8 points compared to children who are exclusively breastfed. The baby will get colostrum, which is a golden liquid which is rich in antibodies and is very important for the growth that the baby really needs. This can be done by trying to breastfeed the baby early. Breast milk if consumed by babies can increase DHA (Docosahexaenoic Acid) levels in the brain. Breast milk contains a lot of DHA and immune substances that prevent infection or disease in babies. The baby's brain development will be better if the baby drinks more breast milk (Maryunani, 2016).

Exclusive breastfeeding can reduce the risk of babies suffering from various diseases such as pneumonia, diarrhea, ear infections/inflammation, asthma, diabetes, overweight and several other infections caused by germs. Infants who are not exclusively breastfed are more likely to suffer from malnutrition, obesity, cancer, heart disease, hypertension and diabetes (Amiruddin and Rostia, 2017).

The Indonesian government has issued regulations regarding exclusive breastfeeding which is regulated in Article 128 of Law no. 36 of 2009 concerning Health ("Health Law") which reads: (1) Every baby has the right to receive exclusive breast milk from birth for 6 (six) months, except for medical indications. Even though the government has made this policy, only breastfeeding in Indonesia is decreasing as the baby's age increases. 52.7% of infants aged zero months, 48.7% one month old, 46.0% two months old, 42.2% three months old, 41.9% four months old, 4 months old five months by 36.6%, and six months old by 30.2% (RI Ministry of Health, 2018). Therefore, researchers are interested in examining the Analysis of the Effect of Legal Aspects, the Role of Midwives and Children's Rights on the Practice of Exclusive Breastfeeding at the Hutabagot Health Center, Hutabagot District, Mandailing Natal Regency in 2022.

The level of health development of a country is reflected in the infant and child mortality rates. According to the Central Statistics Agency (2020) infant mortality under the age of five in Indonesia has reached 28,158 people. Of that number, 20,266 toddlers (71.97%) died in the age range 0-28 days (neonatal). A total of 5,386 toddlers (19.13%) died within the age range of 29 days - 11 months (post neonatal). Meanwhile, 2,506 toddlers (8.9%) died in the age range of 12-59 months.

The most post-Natal toddler deaths were due to pneumonia, namely 14.5%, diarrhea by 9.8%, other congenital abnormalities 0.5%, neurological diseases 0.9% and other factors 73.9%. Meanwhile, 42.83% of under-five deaths in the age range of 12-59 months were due to parasitic infections, 5.05% pneumonia, 4.5% diarrhea and 47.41% other factors. In order to prevent under-five deaths, comprehensive and continuous child health efforts are needed, one of which is exclusive breastfeeding (Central Bureau of Statistics and Ministry of Health, 2020).

Breast milk is an important source of nutrition for babies. Breast milk is given to babies for 2 years. While exclusive breastfeeding is given to babies for 6 months without adding other food and drinks. Exclusive breastfeeding is recommended for the first six months of a baby's life. Breast milk is very necessary for the growth and development of children's intelligence. (RI Ministry of Health, 2020).

2. Method

This study used an analytic observational study using a case control research design, which is a study using a retrospective approach with measurements of effect factors (exclusive breastfeeding practices) identified at the moment and risk factors (legal aspects, the role of midwives and children's rights) identified as present or occurred in the past (Notoatmodjo, 2012). This design aims to look at the Effect of Legal Aspects, the Role of Midwives and Children's Rights on the Practice of Exclusive Breastfeeding at the Hutabagot Health Center, Hutabagot District, Mandailing Natal Regency in 2022. The population in the study is a large number of subjects who have certain characteristics (Hidayat, 2015). The population in this study were all mothers who had babies aged 6-9 months who gave exclusive breastfeeding at the Hutabagot Health Center, Hutabagot District, Mandailing Natal Regency in 2022 as many as 72 people. The sample is part of the population that is used as a research subject through sampling which must represent the criteria (Nursalam, 2016). Sampling in this study was carried out using a total sampling technique of 72 people.

Table 1. Variable Frequency Distribution Study

No	Variabel	F	%
1	Legal Aspect	50	69
	Yes	22	31
2	The Role Of The Midwife	54	75
	Yes	18	25
3	Children's Rights	60	83
	Not		

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	Yes	12	17
	Not		
4	Practice Of Exclusive Breastfeeding	68	94
	Yes	4	6
	Not		

The table above shows that the respondents practiced exclusive breastfeeding for their babies for reasons at the Hutabagot Health Center, Hutabagot District, Mandailing Natal Regency. Meanwhile, respondents in the practice of exclusively breastfeeding their babies for no reason at the Hutabagot Health Center, Hutabagot District, Mandailing Natal Regency, contained a Regional Regulation on ASI for 22 respondents (31%). Respondents in the practice of exclusively breastfeeding their babies because the midwife had suggested (the role of the midwife) were only 54 respondents (75%). Meanwhile, 18 respondents in the practice of exclusive breastfeeding for their babies for reasons that the midwife never advocated (the role of the midwife) respondents (25%). Respondents in the practice of exclusive breastfeeding for their babies for reasons of fulfilling children's rights were 60 respondents (83%). Meanwhile, 12 respondents (17%) were respondents in the practice of exclusively breastfeeding their babies for reasons not a child's right. The table above shows that of the 72 respondents who practiced exclusive breastfeeding for their babies, 68 respondents (94%) and as many as 4 respondents (6%) did not practice exclusive breastfeeding for their babies.

3. Result and Discussions

The results of this study are in accordance with the recommendations from World Health Organization (WHO), that newborns up to the age of 6 months are only given breast milk (Ministry of Health RI, 2005). Fikawati Sandra (2010) states that in article 128 paragraphs 2 and 3 of the Law Republic of Indonesia Number 36 of 2009 concerning "Health" is mentioned during breastfeeding the family, local government and society must fully support mothers by providing special time and facilities. Provision of special facilities as referred to in paragraph (2) is held in workplaces and public facilities (Fikawati, 2010). The regulations that support the legal aspects of the practice of exclusive breastfeeding are the oldest in articles 12 and 14 providing sanctions to parties who do not support the success of exclusive breastfeeding. In 12 and 14 concerning marketing of breastmilk substitutes are articles on product promotion, circulation, sales and advertising. Health service facilities are prohibited from being used for promotional activities of infant formula and follow-up infant formula, are prohibited from providing medical services at the expense provided by business entities with an imbalance in the promotion of formula milk, are prohibited from accepting samples or donations of infant formula and follow-up milk formula for routine needs or research (Fikawati, 2010). The midwife's initial role in the practice of exclusive breastfeeding according to the Lactation Management Program (2004) ensured that the baby gets sufficient food from the mother's breast and helps the mother in such a way that the mother is able to breastfeed her own baby. Also explained in the Lactation Management Program (2004) the role of midwives in the practice of exclusive breastfeeding by: (1) letting the baby be with the mother immediately after birth for the first few hours, (2) prohibiting how to care for healthy breasts in the mother to prevent common problems that arise, (3) helping the mother when giving breast milk for the first time, (4) placing the baby near the mother in the same room (co-inpatient), (5) giving breast milk to the baby as often as possible, (6) giving only colostrum and breast milk, and (7) avoiding bottles and "pacifiers" (Lactation Management Program, 2004).

The effect of children's rights on the practice of exclusive breastfeeding showed a significant effect, because $p < 0.000$ ($p < 0.05$); $X^2: 32.3$ with 95% CI: 1.55-2.66. The right of babies to get breast milk is defined as getting breast milk in accordance with the resolution of the World Health Assembly (WHA) in 2001, that babies receive exclusive breastfeeding from birth to 6 months of age, then given MP-ASI and continued breastfeeding until the age of 2 years or more (IDAI DKI Branch). Jakarta, 2008). Also confirmed by IDAI (2008), the influence of children's rights on the practice of exclusive breastfeeding This is supported by the Law on Child Protection Chapter I Article 1 No 12

and Chapter II Article 2, that getting Mother's Milk (ASI) is one of the baby's human rights that must be fulfilled as well as the right of every mother to breastfeed her baby (IDAI, 2008).

4. Conclusion

The results of this study can be concluded that legal aspects, the role of midwives and children's rights influence the practice of exclusive breastfeeding, and the hypothesis is accepted.

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