

**EXCLUSIVE BREASTFEEDING AND INFANT MORBIDITY  
IN INDONESIA**

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M.A.(POPULATION AND REPRODUCTIVE HEALTH RESEARCH)

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The study aims to examine the effect of different types of infant feeding on infant morbidity in Indonesia, particularly diarrhea and acute respiratory infection, and to determine which populations breastfeed their babies exclusively, partially or not at all.

Indonesia Demography and Health Survey data were used in this study with a sample of 3418 mothers aged 15-49 who had babies up to eleven months of age. The data was analyzed by cross tabulation (Chi-square) and binary logistic regression. Four group variables were involved in this statistical package: circumstances of the pregnancy and delivery i.e. access to things such as ante-natal care and hospital birth, mother's socioeconomic profile, father's socioeconomic profile, and environmental factors in the baby's community.

From this sample, at nearly 98 percent, we can say that breastfeeding prevalence in Indonesia is high. Indonesian mothers consider that breast milk is a normal food for their babies. However, exclusive breastfeeding in the first six months is uncommon. Lack of knowledge of exclusive breastfeeding and many other problems are hindering its adoption. Exclusive breastfeeding in the first six months can reduce the rate of diarrhea and acute respiratory infection not only because of breast milk content but also because contaminated utensils are avoided. It was found through Chi-square analysis (but not in multivariate analysis) that exclusive breastfeeding was strongly related to the lowest rates of infant diarrhea and acute respiratory infection. Some background characteristics are significantly related to lower rates of exclusive breastfeeding such as a high frequency of ante-natal care visits, assisted delivery by modern birth attendants, delivery at hospitals, low parity, the infants being given pacifiers, highly educated mothers, high maternal economic level, mothers living in urban areas, highly educated fathers, and professional fathers and higher infant age (Chi-Square). However, in multivariate analysis only two significant variables were found, namely, the use of pacifiers and higher infant age. This correlation was not confirmed in multivariate analysis. The differences between chi-square and multivariate analysis could be due to the small sample size of women who exclusively breast fed in the first six months.

In order to increase exclusive breastfeeding practices and reduce infant morbidity, intervention programs should increase the knowledge and awareness of risk of infant morbidity and stress the need for improvements in the standard of sanitation.

**KEY WORDS: EXCLUSIVE BREASTFEEDING/ MOTHERS/ INFANT  
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