

Conference Paper

Past Experience of Exclusive Breastfeeding, Early Initiation of Breastfeeding, and Family Support are Important Factors of Exclusive Breastfeeding Practice in Padang Panjang City, Indonesia

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Abstract

Based sed on Indonesia Demographic Health Survey (IDHS) in 2012, incidences of diarrhea and acute respiratory infections in infants aged 0-11 months are 516 and 147 respectively. Additionally, infant mortality rate based on IDHS in 2012 is 32 infant deaths per 1,000 live births. Many efforts are done to overcome these problems, one of which is by exclusive breastfeeding. However, exclusive breastfeeding coverage is still low. According to IDHS in 2012, exclusive breastfeeding for infants is 41.5%. Data from Health Office of Padang Panjang City showed that there is no increase in the coverage of exclusive breastfeeding for the last three years. The aim of this study was to determine the factors associated with exclusive breastfeeding in Padang Panjang City in 2015. A cross-sectional study was conducted between December 2014 to July 2015. The subjects of 152 mothers who had infants aged 6-12 months were selected by using multistage sampling method. Analysis results showed that the significant factors were past exclusive breastfeeding experience with PR= 2.61 (95% CI= 1.4-4.8), early initiation breastfeeding with PR=1.99 (95% CI= 1.1-3.6), and family support with PR= 2.67 (95% CI= 1.1-6.4). Past breastfeeding experience is the dominant factor of exclusive breastfeeding with PR= 3.3 (95% CI= 1.5-7.5).

Keywords: Exclusive breastfeeding, past exclusive breastfeeding experience, early initiation breastfeeding, family support

1. INTRODUCTION

Infants who are fed with other than breast milk have 17 times higher risk to suffer from diarrhea and 3-4 times more likely to suffer from acute respiratory infections (ARI) compared to breast-fed infants (WHO 2000). According to The United Nations

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 OPEN ACCESS

Children's Fund (UNICEF), exclusive breastfeeding can reduce infant mortality rate in Indonesia and that 30,000 infant deaths in Indonesia and 10 million deaths of children under five in the world each year could be prevented by breastfeeding exclusively for six months from the first hour after birth without providing supplementary food and drink to the infants (Prasetyono 2012).

Based on the results of Indonesia Demographic Health Survey (IDHS) in 2012, the number of diarrhea incidence in infants aged 0-11 months is 516 and the number of ARI incidence is 147 infants. Meanwhile, based on National Basic Health Research 2013, prevalence of pneumonia in infants aged 0-11 months is 2.2% and the prevalence of diarrhea incidence is 5.5%. The infant mortality rate in Indonesia based on IDHS in 2012 is 32 infant deaths per 1,000 live births. Based on the National Medium Term Development Plan (NMTDP) 2015-2019 part Health Development and Community Nutrition, one of the targets to be achieved by 2019 is to reduce infant mortality to 24 deaths per 1,000 live births. One of the efforts that can be done to reduce infant mortality is by increasing exclusive breastfeeding (NMTDP of Indonesia 2010).

Exclusive breastfeeding in Indonesia is still low. According to IDHS in 2012 and National Basic Health Research in 2013, exclusive breastfeeding for infants under 6 months old is only 41.5% and 30.2% respectively. Data from Health Office of Padang Panjang City in the last three years showed that there was no any increase in the exclusive breastfeeding coverage. The achievements of exclusive breastfeeding in 2012, 2013, and 2014 are 76.6%, 75.7% and 75%, yet have not reached the target of 80% (Health Office of Padang Panjang City 2014).

Demographically, the Padang Panjang City of is a small area, which covers only \pm 23 km² equivalent to 2,300 hectares or about 0.05% of the area of West Sumatra Province (Health Office of Padang Panjang City 2014). Padang Panjang is a small town centered in one place with a population that is not too dense, which makes it a supporting factor for health workers to carry out health interventions easier, including exclusive breastfeeding. In addition, Padang Panjang is also called the City of the Veranda of Mecca where most of the population are muslims and hold strong Islamic principles, such as suggestion to breastfeed the infants until they turn 2 years old.

Many factors affect the success of exclusive breastfeeding. Factors that affect the practice of breastfeeding are individual level which includes attributes of the baby, attributes the mother, and the attributes of both mother and baby; community level which includes the environmental attributes of hospital and health care, home/family environment, work environment, public policy; and community level factors include the attributes of society, culture and economy (Debra 2005).

Based on the initial survey conducted in 21 – 22 March 2015 in Padang Panjang to 20 mothers who have infants aged 6-12 months old, there were only seven mothers who breastfeed exclusively. Therefore, this study aimed to examine factors associated with exclusive breastfeeding by mothers in Padang Panjang City in 2015.

2. METHODS

Cross-sectional study was conducted in the Padang Panjang City from December 2014 to July 2015. The subjects of this study were mothers of children aged 6-12 months old. Sample size was calculated using sample formula for hypothesis test of 2 proportion Lameshow which resulted 152 subjects and 10% of drop rate was considered, thus the final sample size calculated was 167. Inclusion criteria included mothers who were willing to participate in the study and who could communicate well. Mothers of infants aged 0-6 months with severe illness/disease congenital abnormalities, mother was not in the place at the time of the study lasted for 3 days in a row, and mother who had been interviewed in the initial survey were excluded. The sampling was done by multistage sampling. There are two stages of first determining the amount and choosing the cluster, then specifying the subject of research. Variables measured were exclusive breastfeeding status, intention to breastfeed, knowledge of exclusive breastfeeding, past experience of exclusive breastfeeding, early initiation of breastfeeding, supports to exclusively breastfeed from family and health officials. Factors associated with exclusive breastfeeding measured by structured interviews with using a questionnaire. Data were analyzed by using chi-square and multiple logistic regression.

3. RESULTS

Table 1 presents the small proportion (22.4%) of mothers who exclusively breastfed their children, 61.8% had strong intention to breastfeed, 62.5% had high knowledge of exclusive breastfeeding, 38.2% had the past experience of exclusive breastfeeding, 38.8% had early initiation of breastfeeding, 68.4% had support for exclusive breastfeeding from family, and 62.5% had support for exclusive breastfeeding from health officials.

Table 2 presents past experience of exclusive breastfeeding, early initiation of breastfeeding and family support for exclusive breastfeeding showed association with exclusive breastfeeding.

TABLE 1: Frequency Distribution of Research Variables.

Variable	Frequency (f)	Percentage (%)
Exclusive Breastfeeding		
Yes	34	22.4
No	118	77.6
Intention		
Strong	94	61.8
Less	58	38.2
Mother's Knowledge		
High	95	62.5
Low	57	37.5
Past Experience of Exclusive Breastfeeding		
Have	58	38.2
Not Have	94	61.8
Early Initiation to Breastfeed		
EIB*	59	38.8
Not EIB	93	61.2
Family Support		
High Support	104	68.4
Less Support	48	31.6
Health Officials' Support		
High Support	95	62.5
Less Support	57	37.5
*EIB = Early Initiation to Breastfeeding		

Table 3 presents that multivariate analysis between exclusive breastfeeding and independent variables results found that the most dominant factor exclusive breastfeeding was the past exclusive breastfeeding.

4. DISCUSSION

Past exclusive breastfeeding experience, early initiation of breastfeeding, and family support showed association with exclusive breastfeeding. The most dominant factor exclusive breastfeeding was the past breastfeeding experience.

Statistical analysis showed a significant relation between past exclusive breastfeeding experience and exclusive breastfeeding with PR = 2.61 (p = 0.003). Mother who had past exclusive breastfeeding experience were 2.61 times more likely to provide exclusive breastfeeding than mothers who did not have.

TABLE 2: Relations of Exclusive Breastfeeding and Independent Variables.

Variable	Exclusive Breastfeeding						PR (95%CI)	p value
	Yes		No		Total			
	n	%	n	%	n	%		
Intention								
Strong	26	27.70%	68	72.30%	94	100%	2,00	0.073
Less	8	13.80%	50	86.20%	58	100%	(0,9-4,1)	
Sum	34	22.40%	118	77.60%	152	100%		
Mother's Knowledge								
High	25	26.30%	70	73.70%	95	100%	1,66	0.191
Low	9	15.80%	48	84.20%	57	100%	(0,8-3,3)	
Sum	34	22.40%	118	77.60%	152	100%		
Past Experience of Exclusive Breastfeeding								
Have Experience								
Not Have Experience	21	36.20%	37	63.80%	58	100%	2,61	0.003
Sum	13	13.80%	81	86.20%	94	100%	(1,4-4,8)	
	34	22.40%	118	77.60%	152	100%		
Early Initiation to Breastfeed								
EIB*								
Not EIB	19	32.20%	40	67.80%	59	100%	1,99	0.034
Sum	15	16.10%	78	83.90%	93	100%	(1,1-3,6)	
	34	22.40%	118	77.60%	152	100%		
Family Support								
Support	29	27.90%	75	72.10%	104	100%	2,67	0.028
Less Support	5	10.70%	43	89.60%	48	100%	(1,1-6,4)	
Sum	34	22.40%	118	77.60%	152	100%		
Health Officials' Support								
Support	26	27.40%	69	72.60%	95	100%	1,95	0.088
Less Support	8	14.00%	49	86.00%	57	100%	(0,9-4,0)	
Sum	34	22.40%	118	77.60%	152	100%		

*EIB = Early Initiation to Breastfeeding

The similar results to research by Phillips et al. (2011) stated that 70% of mothers repeated the duration of exclusive breastfeeding of their first child with their second child [14]. Also, similar to research by Dorothy et al. (2015) mothers who exclusively breastfeed will reiterated exclusive breastfeeding and mothers who do not have past

TABLE 3: Multivariate Analysis between Exclusive Breastfeeding and Independent Variables.

Variable	p value	PR	95% CI	
			Lower	Upper
Past Experience of Exclusive Breastfeeding	0.003	3.3	1.5	7.5
Early Initiation to Breastfeed	0.041	2.3	1.0	5.1
Family Support	0,144	2.2	0.7	6.6

exclusive breastfeeding are likely to stop breastfeeding exclusively at the next child (Dorothy et al. 2015).

Mothers who do not have past exclusive breastfeeding experience or short duration of breastfeeding, they have low confidence and will repeat the same duration, even shorter. The past breastfeeding experience of a mother have more significant role to the next feeding behavior. The success of exclusive breastfeeding at this time determines the success of exclusive breastfeeding for the next child (Dorothy et al. 2015).

Statistical analysis showed that there was significant relation between early initiation of breastfeeding and exclusive breastfeeding PR = 1.99 ($p = 0.034$). Mothers with early initiation of breastfeeding had the opportunity 1.99 times to exclusively breastfeed than mothers who did not have early initiation of breastfeeding.

These results are similar to research by Ida (2011) that there is significant relation between early initiation of breastfeeding and exclusive breastfeeding PR = 2.36 ($p = 0.024$). Mothers with early initiation of breastfeeding have the opportunity 2.36 times to exclusively breastfeed than mothers who do not have early initiation of breastfeeding [6].

One of factors that influence the success of exclusive breastfeeding is early initiation of breastfeeding. One key to success is role of health officials that can facilitate the success of early initiation breastfeeding. By the early initiation to breastfeed, mother is more confident to continue providing her breast milk and she will not feel the need to provide food/drink anything to the baby because the baby can be comfortably breastfed [4].

Statistical analysis showed that there was significant relation between family support and exclusive breastfeeding with PR = 2.67 ($p = 0.028$). Mothers who got the support from family to exclusively breastfeed were 2.67 times more likely to exclusively breastfeed than mothers who got the low support.

These results are similar to research by Ida (2011) that there is significant relation between family support and exclusive breastfeeding with PR = 4.11 ($p = 0.002$).

Mothers who got family support for breastfeeding have the opportunity 4.11 times to exclusively breastfeed than mothers who got the low support [6].

Support from family members, especially from the father was very important in exclusive breastfeeding. The not supportive behavior and negative attitudes from family can reduce the duration of breastfeeding [11].

Based on multivariate analysis, dominant variables associated with exclusive breastfeeding were past exclusive breastfeeding experience with PR = 3.3 (p value = 0.003). Mothers who had past exclusive breastfeeding experience had a 3.3 times greater chance to exclusively breastfeed their infants.

Similar to research by Nagi et al. (2001), compared to mother who do not have past exclusive breastfeeding experience, mother who exclusively breastfed her first infant is more likely to exclusively breastfeed her second baby, too [9].

Past exclusive breastfeeding experience, breastfeeding the first baby, and knowledge about the benefits of breastfeeding affect on the mother's decision to breastfeed her baby or not. The more number of baby that a mother has, the breastfeeding behavior will be better because of the breastfeeding experience and the experience can gain knowledge about breastfeeding [13].

5. CONCLUSION AND RECOMMENDATION

The most important factor of exclusive breastfeeding practice in Padang Panjang City in 2015 is the past exclusive breastfeeding experience. All mothers, especially mothers who get pregnant for the first time are expectedly to prepare themselves physically and mentally to be able to breastfeed exclusively later as it can affect the next lactation.

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*“Public Health Perspective
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PROFILE OF ORGANIZER & CO-ORGANIZER

Faculty Of Public Health, Universitas Indonesia

The Faculty of Public Health Universitas Indonesia (FPH UI) was established by Doctor Mochtar, the head of the Department of Public Health and Medical Community, Faculty of Medicine Universitas Indonesia. In collaboration with USAID, the first program offered was Bachelor of Public Health which equal with Master of Public Health.

Referring to Ministry of Higher Education and Science Decree No. 26 of 1965 dated on February 26 1965, it is determined that Faculty of Public Health was established under Universitas Indonesia. In accordance to Ministry of Higher Education and Science Decree No. 153 of 1965, the Faculty of Public Health Universitas Indonesia (FPH UI) was formally established on July 1, 1965.

In 1989, the public health degree program was opened to fulfill the requisite as a faculty in relevance to education law in Indonesia. Hereafter, since 1990 FPH UI offered Master program in Public Health science followed by Master program in Hospital Administration Study, Epidemiology, Occupational Health and Safety. In 1994, FPH UI opened Diploma III program (a 3-year vocational program after secondary high school in various health disciplines). Nevertheless, the program was closed in 2004 to foster the university vision to promote research and become world class University.

Since 2013, FPH UI has been developed as a legal institution who offered public health study for bachelor, master and doctoral program with 10 study programs, 7 departments, 2 study groups, and 12 research centers. As the oldest faculty of public health in Indonesia, FPH UI will always do improvement and evaluations to be a national's leading institution on public health.

Vision

Supporting Universitas Indonesia vision to be the center of science and technology development, creating a worldclass public health education as well as actively involving on public health profession advancement and health development in Indonesia and Asia.

Mission

- Establishing FPH UI as the center of characters, morality, ethics, and Indonesian cultures development through its education program which oriented to integrity, knowledge, intellectuality, professionalism and social empathy.
- Establishing FPH UI as the center of health science and technology development through its research activities which generating scientific works with excellence qualification, creative, innovative and beneficial values.
- Establishing FPH UI as a leading institution on national and regional health development through its active participation by supporting society abilities and efforts in order to solve various health problems and challenges.

PROGRAM SCHEDULE

1st Day of The Conference: Saturday, 19th November 2016

Time	Agenda
Lobby of Health Science Cluster Campus (Selasar RIK)	
07.00-08.00	Registration
Auditorium of Health Science Cluster Campus	
08.30-10.00	Opening Ceremony
10.00-10.20	Keynote Speech by Dr. Anung Sugihantono, M.Kes Delegation of Minister of Health, Republic of Indonesia Topic: <i>Public Health Perspective of Sustainable Development Goals : Challenges and Opportunities</i>
10.20-10.35	<i>Asia-Pacific Region</i> Coffee Break
10.35-12.30	Plenary Session 1 <i>The Universal Health Coverage (UHC) : Access to quality essential health care services</i> Moderator : Dr. Dian Ayubi, S.KM., M.QIH Speakers : 1. dr. Eni Gustina, MPH (Director of Family Health Minister of Health, Republic of Indonesia) 2. Dr. Piya Hanvoravongchai (Faculty of Medicine, Chulalongkorn University, Thailand)
12.30-13.30	Lunch Break, Poster Presentation Session 1
13.30-15.30	Plenary Session 2 <i>Financial Aspect of UHC</i> Moderator : DR. Ede Surya Darmawan, SKM, MM Speakers : 1. Dr. Ye Htut (Parkway Collage Singapore) 2. Dr Porntep Chotchaisuwattana (The Assistant Director of National Health Security Of Region 2 Phitsanulok, Thailand) 3. Prof. dr. Hasbullah Thabrany, MPH, Dr.PH (Faculty of Public Health Universitas Indonesia)
15.30-16.00	Coffee Break
G Building, Faculty of Public Health Campus	
16.00-17.30	Oral Session 1
17.30-19.00	Break
19.00-21.00	Public Health Association

PROGRAM SCHEDULE

2nd Day of The Conference: Sunday, 20th of November 2016

Time	Agenda
Lobby of Health Science Cluster Campus (Selasar RIK)	
07.00-08.00	Registration
Auditorium of Health Science Cluster Campus	
08.00-09.35	<p>Plenary Session 3.1 : Prevention of Mortality Associated with Disaster, Environmental Hazards and Injuries Moderator : Mila Tejamaya, SSi, MOHS, PhD Speaker :</p> <ol style="list-style-type: none"> Hung-Yi Chuang, M.D, M.P.H, Sc.D Professor (Department of Public Health, Kaohsiung Medical University, Taiwan) dr. Mondastri Korib Sudaryo, MS., DSc (Faculty of Public Health, Universitas Indonesia)
09.35-09.50	Coffee Break
09.50-11.30	<p>Plenary Session 3.2 : Prevention of Mortality Associated to Disaster, Enviromental Occupational Hazards and Injuries Moderator : Mila Tejamaya, SSi, MOHS, PhD Prevention of Mortality Associated with Occupational Hazards Speaker :</p> <ol style="list-style-type: none"> Dr Richard Gun (School of Public Health, The University of Adelaide, South Australia) Prof. dra. Fatma Lestari, M.i., Ph.D (Faculty of Public Health, Universitas Indonesia)
G Building, Faculty of Public Health Campus	
11.30 - 12.30	Oral Session 2
12.30 - 13.30	Lunch Break, Poster Presentation Session 2
13.30 - 15.00	Oral Session 3
15.00 - 15.30	Coffee Break
15.30 - 16.30	Oral Session 4
16.30 - 17.30	Closing

ORAL PRESENTATION

Panel 1

Topic	: POVERTY, FOOD SECURITY AND IMPROVED NUTRITION	Chairman	: Dr. Besral, SKM, M.Sc
Room	: G102	Co-Chairman	: Mila Herdayati, SKM, M.Si
Date	: November 19	Time	: 03.30 – 05.00 Pm

No	Code	Title	Author	Affiliation
1	O.1.PFS.1	A BRIEF ECONOMIC EVALUATION OF BREASTFEEDING IN AUSTRALIA	Edwin Nugroho Njoto, Jerico Franciscus Pardosi	University of New South Wales, Australia
2	O.1.PFS.2	MALNUTRITION PROBLEMS IN EASTERN INDONESIA	Mira Miranti Puspitasari	Universitas Indonesia
3	O.1.PFS.3	DETERMINANTS OF ANEMIA AMONG 0-23 MONTHS OLD CHILDREN IN SAMBAS DISTRICT: INDONESIA BORDERLAND AND RURAL AREA	Ahmad Thohir Hidayat, Nurbaya, Umi Fahmida, Evi Ermayani, Daniel Paulus Sahanggamu,	Universitas Indonesia
4	O.1.PFS.4	INFECTION OF INTESTINAL PARACITIC WORM AND THE 5 KEYS TO SAFER FOOD IMPLEMENTATION AMONG FOOD HANDLER IN CAFETERIA IN UNIVERSITY X	Indriya Laras Pramesthi Lassie Fitria, Dewi	Universitas Indonesia
5	O.1.PFS.5	BELIEF AND POLICY INFLUENCE NURSE IN IMPLEMENTING KMC : A SYSTEMATIC REVIEW	Susanna, Tris Eryando Yulianti	Universitas Indonesia
6	O.1.PFS.6	SODIUM INTAKE AND BLOOD PRESSURE IN COASTAL AREA: THE IMPACT ON PUBLIC HEALTH ACCESS	Farapti	Department of Nutrition, Faculty of Public Health, Universitas Airlangga
7	O.1.PFS.7	MATERNAL NUTRITIONAL STATUS OF LACTATION WITH NUTRITIONAL STATUS OF INFANTS AGE 0-6 MONTHS: SYSTEMATIC REVIEW	Adelina Irmayani Lubis	Universitas Indonesia
8	O.1.PFS.8	APPLICATION OF THE IMPORTANCE OF GOOD MANUFACTURING PRACTICE AS A POLLUTION PREVENTION EFFORTS TO FOOD	Feri Andriani	Universitas Airlangga
9	O.1.PFS.9	IMPLEMENTATION OF FIVE KEYS TO SAFER FOOD AND ESCHERICHIA COLI CONTAMINATION ON FOODS SERVED IN CANTFFEN IN A CAMPUS	Dewi Susana, Tris Eryando, Zakianis, Aria	Universitas Indonesia

ORAL PRESENTATION

Panel 2

Topic	: POVERTY, FOOD SECURITY AND IMPROVED NUTRITION	Chairman	: Prof. drh. Wiku Adisasmito, M.Sc, Ph.D
Room	: G104	Co-Chairman	: Putri Bungsu SKM, M.Epid
Date	: November 19	Time	: 03.30 – 05.00 Pm

No	Code	Title	Author	Affiliation
10	O.2.PFS.1	REVIEW ON THE POLICY OF ANTIBIOTICS USE IN ANIMAL FOODS FOR ANTIMICROBIAL RESISTANCE CONTROL	Wiwil Ambarwati	Universitas Indonesia
11	O.2.PFS.2	DESCRIPTION OF THE INTEGRATION PROGRAM OF MATERNAL AND CHILD HEALTH AND NUTRITION PROGRAMS IN THE IMPLEMENTATION OF THE DISTRIBUTION OF IRON TABLETS TO PREGNANT WOMEN AT HEALTH CENTERS PAGATAN CARE DISTRICT TANAH BUMBU OF SOUTH KALIMANTAN PROVINCE IN 2012	Elly Irawati Ashari	Universitas Indonesia
12	O.2.PFS.3	ANALYSIS OF THE CONSTRAINTS IN CONTROLLING POSTPRANDIAL GLUCOSE OF DIABETIC PROLANIS AT PULO GADUNG DISTRICT, 2016	Endang Sri Wahyuningsih	Suku Dinas Kesehatan Jakarta Timur
13	O.2.PFS.4	COMPLIANCE OF IFA & VITAMIN C TABLETS CONSUMPTION AMONG PREGNANT WOMEN IN SUMEDANG, INDONESIA 2014	Hanifah Fitriani	Universitas Indonesia
14	O.2.PFS.5	EXPERIENCE OF EXCLUSIVE BREASTFEED, EARLY INITIATION BREASTFEED, AND FAMILY SUPPORT ARE IMPORTANT FACTORS ON EXCLUSIVE BREASTFEED PRACTICE NI PADANG PANJANG CITY, INDONESIA	Melisa Yenti	Universitas Indonesia
15	O.2.PFS.6	DETERMINANTS OF FOOD SECURITY AMONG INDIGENOUS PEOPLES IN INDONESIA: A LITERATURE REVIEW	Nurbaya	Universitas Indonesia
16	O.2.PFS.7	THE MOTIVATION OF MOTHERS FOR VISITING POSYANDU AT PUSKESMAS TANAH BARU DEPOK IN 2016	Destry Rizkawati	Universitas Indonesia
17	O.2.PFS.8	PROVIDING COMPLEMENTARY FEEDING BABY BASED ON CHARACTERISTICS MOTHERS IN RURAL DISTRICT OF JATINANGOR CIPACING	Ika Khairunnisa	Universitas Indonesia
18	O.2.PFS.9	FACTORS ASSOCIATED WITH THE CONSUMPTION OF FOOD SUPPLEMENTS AT HEALTH/SCIENCE RELATED MAJOR AND NON-HEALTH/SCIENCE RELATED MAJOR AT THE UNIVERSITY OF INDONESIA	Ajeng Hadiati Sarjono	Universitas Indonesia

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ORAL PRESENTATION

Panel 3

Topic	: HEALTHY LIVES AND PROMOTE WELL-BEING	Chairman	: Dr. Dra.Dewi Susana, M.Kes
Room	: G105	Co-Chairman	: Renti Mahkota, S.KM, M.Epid
Date	: November 19	Time	: 03.30 – 05.00 Pm

No	Code	Title	Author	Affiliation
19	O.3.HLP.1	ROLE OF SOCIAL SUPPORT IN BREASTFEEDING FOR ADOLESCENT MOTHERS	Restu Anandya Palupi	Universitas Indonesia
20	O.3.HLP.2	EFFECTIVENESS IPTP-SP (INTERMITTENT PREVENTIVE TREATMENT WITH SULFADOXINE PRYMETHAMINE) IN PREGNANCY ASSOCIATED MALARIA'S (PAM) TO MATERNAL, FETUS AND NEWBORN OUTCOME: A SYSTEMATIC REVIEW	Virgin Susilowati	Universitas Indonesia
21	O.3.HLP.3	SUPPORTING EXCLUSIVE BREASTFEEDING WITH IMMEDIATE BREASTFEEDING AND BIRTHING FACILITIES WITHOUT INFANT FORMULA PROMOTION	Tien Ihsani	Universitas Indonesia
22	O.3.HLP.4	EPIDEMIOLOGICAL AND VIROLOGICAL DESCRIPTIONS OF INFLUENZA LIKE ILLNESS (ILI) IN EAST JAKARTA, 2011-2015 (ANALYSIS SENTINEL SURVEILLANCE SYSTEM)	Sumiati, Tika Dwi Tama	Universitas Indonesia
23	O.3.HLP.5	FACTORS ASSOCIATED WITH MEDICATION ADHERENCE OF PATIENTS WITH HYPERTENSION IN SEGERI'S HEALTH CENTER	Fajrin Violita	Universitas Hasanuddin
24	O.3.HLP.6	RISK FACTORS OF LOW BIRTH WEIGHT INFANTS IN WORK AREA OF AMBACANG PUBLIC HEALTH CENTER IN PADANG, WEST SUMATERA 2014	Anggela Pradiva Putri, Mery Ramadani, Fitra Yeni, Ratu Ayu Dewi Sartika	Universitas Indonesia
25	O.3.HLP.7	TB PREVENTIVE BEHAVIOUR AND ITS DETERMINANT AMONG BOARDED STUDENTS IN ISLAMIC BOARDING SCHOOL (PESANTREN) GARUT, WEST JAVA, INDONESIA	Risma Puspitasari, Ella N. Hadi, Kartika Anggun DS	Universitas Indonesia
26	O.3.HLP.8	RELATIONSHIP BETWEEN THE WEIGHT GAIN OF PREGNANT WOMEN AND PREECLAMPSIA	Ummi Khairun Niswah, Diah Wulandari	Universitas Indonesia
27	O.3.HLP.9	RISK FACTORS FOR PRETERM BIRTH AT PIRGADI GENERAL HOSPITAL MEDAN IN 2012-2013	Fransiska R Simbolon	Kaohsiung Medical University