Factors Related to the Occurrence of Disease ISPA Infant Age 1-4 Years in the Work Area Health Center Village Pluit Year 2019

Dimas Adriansyah1 and Decy Situngkir2

1Students Prodi Public Health, University of Esa Unggul, Jalan Arjuna Utara No. 9, Duri Kepa, Kebon Jeruk, West Jakarta, Jakarta Raya, 11510, Indonesia
2Prodi Lecturer of Public Health, University of Esa Unggul, Jalan Arjuna Utara No. 9, Duri Kepa, Kebon Jeruk, West Jakarta, Jakarta Raya, 11510, Indonesia

Keywords: Immunization Status, Exclusive Breastfeeding, Nutritional Status, Knowledge Capital, Smoking Habit, Illness ARI (Acute Respiratory Infections).

Abstract: Acute Respiratory Infections (ARI) is a respiratory disease that is usually the top or bottom can be transmitted, which can cause a variety of illnesses ranging from asymptomatic disease or mild infection to severe illness and can be fatal. This study aims to analyze the factors - factors related to the occurrence of ARI Disease in Infants Age 1-4 Years in Pluit Urban Village Puskesmas year 2019. This study used quantitative research with a cross-sectional design with a sample of 103 people and sampling techniques by means of Accidental sampling. The method of collecting the questionnaires, interviews, and observation. Research results from Chi-Square test showed an association between immunization status (\(\rho = 0.000\)), mother knowledge (\(\rho = 0.000\)), smoking (\(\rho = 0, 016\)) and the incidence of ARI. not related to exclusive breastfeeding (\(\rho = 1,000\)), nutritional status (\(\rho = 0.608\)) and the incidence of ARI.

1 PRELIMINARY

Acute Respiratory Infections (ARI) is a respiratory disease that is usually the top or bottom can be transmitted, which can cause a variety of illnesses ranging from asymptomatic disease or a mild infection to severe illness and can be fatal (Masriadi, 2017). ISPA is one of the main causes of consultation or hospitalization in health care facilities, especially in pediatric (WHO, 2007).

The incidence of ARI in children under five years is estimated to reach as much as 151 million and five million episodes per year in developing countries and industrialized countries. The highest incidence occurs in India (43 million), China (21 million), Pakistan (10 million), Bangladesh, Indonesia, and Nigeria (each 6 million). While pneumonia is responsible for 21% of all deaths in children aged less than five years (WHO, 2009).

The prevalence of ARI in Indonesia according to the Health Research Association in 2013 based on the media/means of transmission over the air with a percentage of 25.0%. Five provinces with the highest respiratory diseases are East Nusa Tenggara (41.7%), Papua (31.1%), Aceh (30.0%), West Nusa Tenggara (28.3%) and East Java (28.3%).

Period prevalence ISPA Jakarta according to Riskesdas 2007 and 2013 is seen rising from 22.6% to 25.2%. While prevalence data in the area of North Jakarta has a 24.3% prevalence of acute respiratory infection (Riskesdas, 2013).

Pluit Urban Village is the home state of the dense area and the state of residence in Muara Angke is a risk factor for society, especially in infants exposed to respiratory disease due to environmental bad conditions. Based on the data ARI in infants aged 1-4 years were obtained from urban health centers for handball in March 2018 until March 2019 as many as 1319 cases with a prevalence of 69.02%. Then in January 2019, there were 94 cases with a prevalence of 4.91%, in February 2019 a total of 140 cases with a prevalence of 7.32%, and in March 2019 as many as 123 cases with a prevalence of 6.43%.
2 RESEARCH METHODOLOGY

Research conducted Cross-Sectional. This research is conducted in Puskesmas Kelurahan Pluit, North Jakarta in April-June 2019. The population in this study were all patients aged 1-4 years old baby who was treated at Poly IMCI (Integrated Management of Childhood pain) Urban Village Puskesmas Pluit. Pengambilan samples in this study using accidental sampling.

3 RESEARCH RESULT

3.1 Univariate Analysis

Table 1: Distribution Genesis ISPA disease, immunization status, exclusive breastfeeding, Nutritional Status, Knowledge Capital, Smoking Habit.

<table>
<thead>
<tr>
<th>No</th>
<th>Type Analysis</th>
<th>Number (N)</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Disease incidence ISPA</td>
<td>103</td>
<td>100.0</td>
</tr>
<tr>
<td></td>
<td>ISPA</td>
<td>65</td>
<td>63.1</td>
</tr>
<tr>
<td></td>
<td>not ISPA</td>
<td>38</td>
<td>36.9</td>
</tr>
<tr>
<td>2</td>
<td>Immunization Status</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Incomplete</td>
<td>67</td>
<td>65.0</td>
</tr>
<tr>
<td></td>
<td>Complete</td>
<td>36</td>
<td>35.0</td>
</tr>
<tr>
<td>3</td>
<td>Exclusive breastfeeding</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>not given</td>
<td>57</td>
<td>55.3</td>
</tr>
<tr>
<td></td>
<td>be given</td>
<td>46</td>
<td>44.7</td>
</tr>
<tr>
<td>4</td>
<td>Nutritional status</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Malnutrition</td>
<td>26</td>
<td>25.2</td>
</tr>
<tr>
<td></td>
<td>Good Nutrition</td>
<td>77</td>
<td>74.8</td>
</tr>
<tr>
<td>5</td>
<td>knowledge Capital</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Bad</td>
<td>61</td>
<td>59.2</td>
</tr>
<tr>
<td></td>
<td>Well</td>
<td>42</td>
<td>40.8</td>
</tr>
<tr>
<td>6</td>
<td>Smoking habit</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>There is</td>
<td>82</td>
<td>79.6</td>
</tr>
<tr>
<td></td>
<td>There is no</td>
<td>21</td>
<td>20.4</td>
</tr>
</tbody>
</table>

3.1.1 Disease Incidence Picture ISPA in Pluit Urban Village Puskesmas 2019

Based on the results of Genesis Diseases Acute Respiratory Infections (ARI) are divided into two categories, namely ISPA, if it has been diagnosed by a physician and written in the data reports the clinic, and not ISPA, if not diagnosed by the above table doctor. Based on the note that of the 103 respondents, a total of 65 (63.1%) infants aged 1-4 years who had been diagnosed with an acute respiratory infection, while babies aged 1-4 years who were diagnosed Not ISPA were 38 (36.9%).

3.1.2 Overview of Immunization Status in Puskesmas Kelurahan Pluit 2019

Based on the results of immunization status variables are divided into two categories: Incomplete, when the baby does not get the immunization at one immunization and Complete, if the baby is getting a second immunization. Berdasarkan above table notes that of the 103 respondents, 67 (65.0%) infants aged 1-4 years who do not complete their immunization status coverage while infants aged 1-4 years full coverage of immunization status were 38 (36.9%).

3.1.3 Exclusive Breastfeeding Picture in Pluit Urban Village Puskesmas 2019

Based on the results of the study variables Exclusive breastfeeding is divided into two categories: Not given exclusive breastfeeding from 0-6 months and given other foods including white water, and given exclusive breastfeeding from 0-6 months and not given other foods including white water. Based on the above table it is known that out of 103 respondents, 57 (55.3%) infants aged 1-4 years were not given exclusive breastfeeding while the baby aged 1-4 years Awarded Exclusive breastfeeding by 46 (44.7%).

3.1.4 Overview of Nutritional Status in Pluit Urban Village Puskesmas 2019

Based on the results of Nutritional Status variables are divided into two categories: Nutritional Status Less when Zscore -3 SD up to <=-2 SD, and the Nutritional Status Both when Zscore -2 SD up to 2 SD. Based on the table in mind that out of 103 respondents, 77 (74.8%) show the results of the proportion of children aged 1-4 years who suffered Good Nutrition while children aged 1-4 years who are Nutrition Both were 26 (25.2%).
Table 2: the relationship between immunization status, Exclusive Breastfeeding, Nutritional Status, Knowledge Capital, Genesis Smoking Habit against ISPA disease at the health center Pluit Village of the Year 2019.

<table>
<thead>
<tr>
<th>NO</th>
<th>variables</th>
<th>Category</th>
<th>Disease incidence ISPA</th>
<th>P Value</th>
<th>PR (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>ISPA</td>
<td>not ISPA</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Immunization Status</td>
<td>Incomplete</td>
<td>52 (77.6%)</td>
<td>15 (22.4%)</td>
<td>0.000</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Complete</td>
<td>13 (36.1%)</td>
<td>23 (63.9%)</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Exclusive breastfeeding</td>
<td>not Provided</td>
<td>36 (63.2%)</td>
<td>21 (36.8%)</td>
<td>1.000</td>
</tr>
<tr>
<td></td>
<td></td>
<td>be given</td>
<td>29 (63.0%)</td>
<td>17 (37.0%)</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Nutritional status</td>
<td>Malnutrition</td>
<td>18 (69.2%)</td>
<td>8 (30.8%)</td>
<td>0.608</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Good Nutrition</td>
<td>47 (61.0%)</td>
<td>30 (39.0%)</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>knowledge Capital</td>
<td>Bad</td>
<td>51 (83.6%)</td>
<td>10 (16.4%)</td>
<td>0.000</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Well</td>
<td>14 (33.3%)</td>
<td>28 (66.7%)</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Smoking habit</td>
<td>There is</td>
<td>57 (69.5%)</td>
<td>25 (30.5%)</td>
<td>0.016</td>
</tr>
<tr>
<td></td>
<td></td>
<td>There is no</td>
<td>8 (38.1%)</td>
<td>13 (61.9%)</td>
<td></td>
</tr>
</tbody>
</table>

3.1.5 Overview of Knowledge Capital in Pluit Urban Village Puskesmas 2019

Based on the results of the research knowledge variable, determined based on the analysis results of tests of normality as the cut-off point of mean or median on each categorization variable. The normality test is done Kolmogorov- Smirnov test. From the test results for the variable distribution is not normally known knowledge which the value of $\rho$ is equal to 0,000 so that the value of $\rho < \alpha$ (0.05) then cut off point using the median value is 4. When these variables are divided into two categories, namely Mrs. recent knowledge if $\leq$ median (4), and the Knowledge Capital Good if $> \text{median}$ (4). Based on the above table it is known that of the 103 respondents, 61 (59.2%) of mothers of infants aged 1-4 years have a poor knowledge while mothers of infants aged 1-4 years have a good knowledge of as many as 42 (40.8%).

3.1.6 Smoking Habit Picture in the House in Pluit Urban Village Puskesmas 2019

Based on the results of the study variables, smoking habits are divided into two categories: There and No smoking in the house. Based on the above table it is known that out of 103 respondents, 82 (79.6%) showed the presence of one of the families who have the habit of smoking in the house while no one of the family who has the habit of smoking in the home was 21 (20.4%).

3.2 Bivariate Analysis

3.2.1 Immunization Status Genesis Relationship with ARI Disease in Infants Age 1-4 Years in Pluit Urban Village Puskesmas

Based on the above table shows that the highest proportion in infants aged 1-4 years who do not complete their immunization status more diagnosed ISPA is equal to 52 (77.6%), while the highest proportion in infants aged 1-4 years who have a more complete immunization status ISPA undiagnosed in the amount of 23 (63.9%).

The above table is also known that the test based on the chi-square statistic, the value of $\rho = 0.000$ with a value $\alpha = 0.05$. Based on these results, it can be seen when the value of $P < 0.05$. So, the conclusion is that there is a significant association between immunization status with ISPA. While disease incidence on the analysis of prevalence ratio (PR) immunization status variable is equal to 2.149 (1.366 to 3.381) with 95% confidence level, which means the baby has immunization status incomplete with the incidence of respiratory disease are more at risk 2.149 times compared with the complete immunization status.
3.2.2 Exclusive Breastfeeding Relationship with Genesis ISPA Disease in Infants Age 1-4 Years in Pluit Urban Village Puskesmas

Based on the above table shows that the highest proportion in infants aged 1-4 years who have good nutritional status more diagnosed ISPA is equal to 47 (61.0%). While the highest proportion in infants aged 1-4 years who have poor nutritional status more ISPA diagnosed at 18 (69.2%).

The above table is also known that the test based on the chi-square statistic, the value of $p = 0.608$ with value $\alpha = 0.05$. Based on these results, it can be seen when the value of $P > 0.05$. So, the conclusion is that there is no significant relationship between nutritional status and the incidence of respiratory disease. While the analysis of prevalence ratio (PR) Exclusive breastfeeding is the variable of 1.134 (0.830 to 1.550) with a 95% confidence level, which means the baby has a risk of malnutrition or have lower chances ie, 1.1 to experience ARI compared with babies that good nutrition.

3.2.3 Mother's Relationship with Genesis Knowledge ISPA Disease in Infants Age 1-4 Years in Pluit Urban Village Puskesmas

Based on the above table shows that the highest proportion in the Knowledge bad mother more diagnosed with the respiratory disease in infants aged 1-4 years in the amount of 51 (83.6%). While the highest proportion in the knowledge of a good mother more undiagnosed occurrence of respiratory disease in infants aged 1-4 years in the amount of 28 (66.7%).

The above table is also known that the test based on the chi-square statistic, the value of $p = 0.000$ with a value $\alpha = 0.05$. Based on these results, it can be seen when the value of $P < 0.05$. So, the conclusion is that there is a significant association between maternal knowledge with the incidence of respiratory disease. While the analysis of prevalence ratio (PR) status variables immunization amounted to 1.825 (1.038 to 3.206) with a confidence level of 95%, which means the baby's mother who has knowledge of the bad with the incidence of respiratory disease are more at risk 1,825 times compared to that one family does not make a habit of smoking in the house.

3.2.4 Smoking Habit Relationships at Home with Baby Genesis ISPA Disease at the Age of 1-4 Years in Pluit Urban Village Puskesmas

Based on the above table shows that the highest proportion in the habit of smoking in the house more diagnosed with the respiratory disease in infants aged 1-4 years in the amount of 57 (69.5%). While the highest proportion in the absence of the habit of smoking in the house more undiagnosed occurrence of respiratory disease in infants aged 1-4 years in the amount of 13 (61.9%).

The above table is also known that the test based on the chi-square statistic, the value of $p = 0.016$ with value $\alpha = 0.05$. Based on these results, it can be seen when the value of $P < 0.05$. So, the conclusion is that there is a significant association between smoking and the incidence of respiratory disease. While the analysis of prevalence ratio (PR) status variables immunization amounted to 1.825 (1.038 to 3.206) with a confidence level of 95%, which means the baby has one family make a habit of smoking in the house with the incidence of respiratory disease are more at risk 1,825 times compared with that one family does not make a habit of smoking in the house.

4 DISCUSSION OF RESEARCH

4.1 Univariate Analysis

4.1.1 Disease Incidence Picture ISPA in Pluit Urban Village Puskesmas 2019

According to the research conducted on 103 respondents who visited the Poli IMCI Pluit Village Health Center, showed the proportion of infants aged 1-4 years who had been diagnosed with acute respiratory infection disease as much as 65 infants (63.1%). The results are consistent with the results of research conducted by Rahman and Fahira, (2015) in Puskesmas Managaisaki, from 60 respondents who obtained the highest proportion of those with the disease ISPA total of 33 infants (55%).

Based on the results of research on the incidence of respiratory disease in the working area of Puskesmas village whistle, mostly incidence respiratory disease in infants aged 1-4 years because the number of family members who often smoke in the house, plus a family knowledge is still lacking on the causes, modes of transmission and means of
prevention ISPA, but it is also due to women who do not provide measles and DPT immunization to the baby. The clinic also does not have a special program ISPA, so the lack of effort made to minimize the incidence of ARI health centers in urban regions whistle so that the incidence of respiratory diseases decreased.

It is expected that the clinic has a special eradication program ISPA like coaching families on education about the dangers of ISPA and modes of transmission. Where the coaching is done by collecting family (parents who have had a baby) every 1 month or by the clinic directly down to the houses directly.

4.1.2 Overview of Immunization Status in Pluit Urban Village Puskesmas 2019

According to the research conducted on 103 respondents who visited the Poli IMCI Pluit Village Health Center, showed the proportion of infants aged 1-4 years who do not complete their immunization coverage were 67 infants (65.0%). The results of this study are also consistent with research conducted by Husin, (2014) Puskesmas Wirobrajan, from 30 respondents who obtained the highest proportion of incomplete immunization status were 17 (56.7%).

Based on the results of research on the status of immunization in the region of the village health centers whistle, toddler incomplete measles and DPT immunization due to a toddler who was ill at the time would be given immunization and in addition, it also worked mothers. Puskesmas Pluit urban village has activities immunize children who have not received required immunizations infants and is usually done on Monday - Wednesday. The clinic has been suggested to mothers of infants aged 1-4 years whose babies do not yet have a complete immunization must complete the immunization. Dikarenas when not completing the immunization weak immune baby so the baby susceptible to disease and immune can not protect themselves from bacteria/viruses.

4.1.3 Exclusive Breastfeeding Picture in Pluit Urban Village Puskesmas 2019

According to the research conducted on 103 respondents who visited the Poli IMCI Pluit Village Health Center, showed the proportion of infants aged 1-4 years were not given exclusive breastfeeding as many as 57 infants (55.3%). The results are consistent with the results of research conducted by Rahman and Fahira, (2015) in Puskesmas Managaisaki, from 60 respondents obtained the highest proportion of exclusive breastfeeding is not given as many as 41 infants (68.3%).

Based on the interview, the history of exclusive breastfeeding in Pluit Urban Village Puskesmas obtained information from the baby's mother or respondents are still many infants ages 1-4 years before the age of 6 months has given food or drink. In addition, it also caused not given exclusive breastfeeding because the baby's mother and child work are guarded by his grandmother.

Based on the research the clinic has been providing education about pumping the baby's mother. However, mothers prefer to give formula because the time is more efficient and easier it’s supply formula at home and can be provided by the family was at home.

Expected to health centers and cadres always monitor the mothers in labor as well as women who are pregnant, in order to educate about pumping has been done goes well and the number of exclusive breastfeeding increased.

4.1.4 Overview of Nutritional Status in Pluit Urban Village Puskesmas 2019

According to the research conducted on 103 respondents who visited the Poli IMCI Pluit Village Health Center, showed the proportion of infants aged 1-4 years who have good nutrition as much as 77 infants (74.8%). The results are consistent with the results of research conducted by Sinaga et al., (2014) The Regional Health Center Soposurung Balige Toba Samosir District of the Year 2014, from 61 respondents obtained the highest proportion in nutritional status based on BB / U is good nutrition / normal by 56 (91.8%).

Nutritional status is required by the baby because the nutrition enough, the baby's body defenses are also getting stronger. Poor nutritional status can facilitate the baby is exposed to infection. Acute Respiratory Infections can easily occur in infants who are malnourished and undernourished, malnourished infants will often experience severe ARI (Department of Health, 2004).

Based on the interview that the baby is in Pluit Urban Village Puskesmas region has the highest proportion of the infant well-nourished, respondents who were in Pluit Urban Village Puskesmas have enough so that the economy can be supportive in providing good nutrition to their babies.
4.1.5 Overview of Knowledge Capital in Pluit Urban Village Puskesmas 2019

According to the research conducted on 103 respondents who visited the Poli IMCI Pluit Village Health Center, found the proportion of mother-infant age 1-4 years who have poor knowledge of as many as 61 (59.2%). The results are consistent with the results of research conducted by Syahidi et al., (2016) The health center Tebet Barat Village, Tebet, South Jakarta from 104 respondents obtained the highest proportion of Knowledge Respondents Low/sorted by 56 (53.8%).

Based on the answers of research, the knowledge variable questionnaire contained 7 questions including 7 of these questions there are three questions that the proportion hurts the most, namely on the question number 6, question number 5, and question number 2.

Maternal knowledge lower on respiratory disease if the mother is not able to analyze the incidence of acute respiratory infection in young children, and do not know the symptoms, first aid measures and treatment in infants suffering from respiratory infections, as well as the lack of keeping the environment clean shelter and nutrition their toddlers resulting in a high incidence of acute respiratory infection in infants aged 14 years.

4.1.6 Smoking Habit Picture in the House in Pluit Urban Village Puskesmas 2019

According to the research conducted on 103 respondents who visited the Poli IMCI Pluit Village Health Center, showed the proportion of the one of the families who have the habit of smoking in the house as much as 82 (79.6) The results of this study in line with the results of research conducted by Mpangulu et al., (2016) In Puskesmas Minanga Manado from 91 respondents obtained the highest proportionHaving family members who smoke at home were 72 (79.1%).

Based on the results of the questionnaire or not the family who smoke in the house, obtained the results of their smoking in the house is higher than the no smoking inside the home. It is due to a lack of awareness about the health of cigarette smoke in the house that has the effect very badly on children who live in the house.

4.2 Bivariate Analysis

4.2.1 Immunization Status Genesis Relationship with ARI Disease in Infants Age 1-4 Years in Pluit Urban Village Puskesmas 2019

Statistical test results showed a significant relationship between immunization status with a disease incidence of ARI. PR (Prevalence Ratio) immunization status on the incidence of ISPA disease by 2.14, which means babies who have incomplete immunization status 2,14 more at risk of disease incidence of ARI compared with infants who had complete immunization status. This is in line with research conducted by Desiyana et al., (2017) stating that there is a significant relationship between the completeness of immunization with ARI in infants in Puskesmas Sawit Seberang Langkat.

Facts on the ground found many babies who do not perform incomplete immunization. This is because the clinic is only advised to remain in full immunization, but there is no attempt to provide guidance related to the time of immunization, especially in the mothers whose babies have not to immunize.

4.2.2 Exclusive Breastfeeding Relationship with Genesis ISPA Disease in Infants Age 1-4 Years in Pluit Urban Village Puskesmas 2019

Statistical test results showed no significant correlation between the incidence of exclusive breastfeeding with ISPA disease. PR (Prevalence Ratio) Exclusive breastfeeding on the incidence of ISPA disease at 1.02, which means babies who are not breastfed Exclusive 1.02 more at risk of disease incidence of ARI compared with infants fed breast milk exclusively. This is not in line with research conducted by Agustin et al., (2016) in infants in the working area of Puskesmas DTP UPTD Maja Majalengkan District 2016 which states that there is a relationship between exclusive breastfeeding and experiencing ARI (non-pneumonia cough).

In conclusion the variable incidence of exclusive breastfeeding with respiratory disease otherwise unrelated, but after seeing the results of the above stratification in this case there may be other factors that smoking makes contact.
4.2.3 Nutritional Status Genesis Relationship with ARI Disease in Infants Age 1-4 Years in Pluit Urban Village Puskesmas 2019

Statistical test results showed no significant relationship between nutritional status and disease incidence of ARI. PR (Prevalence Ratio) of nutritional status on the incidence of ISPA disease at 1.134, which means babies who enter into the category of malnutrition 1.13 more at risk of disease incidence of ARI compared with infants in the category of good nutrition. This is in line with research conducted by Rudianto, (2013) stating there was no significant association between nutritional status and the incidence of ARI in infants in the village of Castle in 2013.

The conclusion on the nutritional status variables with the incidence of respiratory diseases otherwise unrelated, but after seeing the results of the above stratification, in this case, there may be other factors that cause the smoking habits of babies to have respiratory disease.

4.2.4 Mother's Relationship with Genesis Knowledge ISPA Disease in Infants Age 1-4 Years in Pluit Urban Village Puskesmas 2019

Statistical test results showed a significant relationship between mother's knowledge by ISPA disease incidence. PR (Prevalence Ratio) of mother's knowledge on ISPA disease incidence of 2.508 which means knowledge 2.5 bad mother more at risk of disease incidence of ARI compared with the knowledge of a good mother. This is in line with research conducted by Sulistyonoingsih and Redi (2011), stating that there is a significant relationship between mother's knowledge with ARI in infants in the working area of the district health centers jamanis DTP Tasikmalaya 2010.

4.2.5 Smoking Habit Relationships at Home with Baby Genesis ISPA Disease at the Age of 1-4 Years in Pluit Urban Village Puskesmas 2019

Statistical test results showed no significant relationship between smoking and disease incidence of ARI. PR (Prevalence Ratio) smoking on the incidence of acute respiratory infection disease of 1.825 that the habit of smoking in the home 1.82 more at risk of ISPA disease incidence compared to no smoking in the house. This is in line with research conducted by Junita, (2015) stating that there is a significant relationship between smoking in the house with ARI in infants in villages Pahandut Palangkaraya city.

Based on the research that has been done that there is a relationship between smoking in the house with ARI. The high percentage of their smoking habits due to lack of awareness of parents of infants who were smoking.

5 CONCLUSIONS

From the data processing of research that has been done can be concluded that:

1. Overview distribution respiratory disease incidence in infants aged 1-4 years in Pluit Urban Village Puskesmas 2019 ISPA is already diagnosed as many as 65 infants (63.1%) and was not diagnosed ISPA was 38 infants (36.9%).
2. Overview of distribution in infants aged 1-4 years who have incomplete immunization coverage were 67 infants (65%) and infants aged 1-4 years who have complete immunization coverage were 38 (36.9%).
3. Overview of distribution in infants aged 1-4 years was not given exclusive breastfeeding as much as 57 infants (55.3%) and infants aged 1-4 years were given exclusive breastfeeding by 46 (44.7%).
4. Overview of distribution in infants aged 1-4 years which includes good nutrition into as many as 77 infants (74.8%) and infants aged 1-4 years were included in undernourishment by 26 (25.2%).
5. Overview of distribution in infants aged 1-4 years knowledge of the bad mother as many as 61 infants (59.2%) and infants aged 1-4 years knowledge of either her mother as much as 42 (40.8%).
6. Overview of the distribution of the one family who smokes inside the house as much as 82 (79.6%) and the absence of one family who smoked inside the home were 21 (25.2%).
7. There was a significant association between immunization status with the incidence of respiratory disease in infants aged 1-4 years in the working area of the village health centers whistle obtained value of P-value of 0.000 and the PR value of 2.149.
8. There is no significant relationship between exclusive breastfeeding with the incidence of respiratory disease in infants aged 1-4 years in
the working area of the village health centers whistle obtained value of P-value of 1.000 and the PR value of 1.002.

9. There is no significant relationship between nutritional status and the incidence of respiratory disease in infants aged 1-4 years in the working area of the village health centers whistle obtained value of P-value of 0.608 and the PR value of 1.134.

10. There is a significant relationship between mother’s knowledge with the incidence of respiratory disease in infants aged 1-4 years in the working area of the village health centers whistle obtained value of P-value of 0.016 and the PR value of 1.825.

11. There was a significant association between smoking and the incidence of respiratory disease in infants aged 1-4 years in the working area of the village health centers whistle obtained value of P-value of 0.000 and the PR value of 2.508.

6 SUGGESTION

1. The clinic should always hold and increase counseling or campaign on the exclusive breastfeeding, the benefits of breastfeeding, breastfeeding right way (like pumping) to both the mothers delivered as well as women who are pregnant and make a program about the class pregnant/lactating.

2. The clinic should add time to immunize infants who have not been immunized previously. As did the first week and the last week of each month to conduct immunization. So, if the baby has not immunized the first week they could do that immunization in the last week.

3. For the clinic and cadres always monitor the mothers in labor as well as women who are pregnant, in order to educate about pumping has been done goes well and the number of exclusive breastfeeding increased.

4. For the urban health centers whistle should do counseling and approach to the head of the family to not smoke in the house and near the infant/child.

5. For families who have a family member did not accustom smokers to smoke inside the house by way of reprimand for not smoking in the house and raise awareness about the danger of smoking in the home.

REFERENCES

Agustin, Ratih Tri, Leni laelia, and AI (2018). Exclusive breastfeeding relationship with Genesis ISPA (Non-Pneumonia Cough) in Toddlers at Work Area Health Center DTP UPTD Maja Year 2016 STIKES Majalengka Majalengka YPIB.


Kota Depok: Rajawali Pers.


