

Relationship between Mother's Knowledge and Attitude towards Formula Milk Advertisement with Exclusive Breastfeeding at Baitussalam Health Center, Aceh Besar

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Abstract: Exclusive breastfeeding given as soon as possible after the babies birth, without any schedule and no complementary food of breastfeeding until 6 months but the number of exclusive breastfeeding in Indonesia is still low (54,3%). The purpose of this study was to find out the correlation between knowledge mother's attitude and infant formula advertising promotion to giving exclusive breastfeeding in Baitussalam Aceh Besar primary health care. The methods of study used was analytical observational with cross sectional design and samples were taken by accidental sampling from 16 February to 17 March 2015, and the respondents are 31 mothers. Data were collected through questionnaire with interview techniques. The result of this study indicated that mothers who gave exclusive breastfeeding is 51,6% and non exclusive breastfeeding is 48,4%. The good knowledge is 48,4% and bad knowledge is 51,6%. The positive attitude is 74,2% and negative attitude is 25,8%. Infant formula advertising promotion is 42,5% and there isn't infant formula advertising promotion 54,8%. From Chi-Square, there was correlation between the mother's knowledge ($p=0,019$), mother's attitude ($p=0,015$), and infant formula advertising promotion ($p=0,020$) with exclusive breastfeeding. The conclusions were there is correlation between knowledge, mother's attitude and infant formula advertising promotion to giving exclusive breastfeeding.

1 INTRODUCTION

Early breastfeeding has a positive impact on both the mother and the baby. For babies, breastfeeding has an important role to support the growth, health, and survival of babies because breast milk is rich in nutrients and antibodies. As for the mother, breastfeeding can reduce morbidity and mortality due to breast feeding will stimulate uterine contractions, so that reducing the postpartum hemorrhage (*postpartum*) (Riskesdas, 2018). The low level of exclusive breastfeeding in Indonesia is caused by two factors, namely internal factors including the low knowledge and attitude of the mother. External factors include a lack of support from the families, communities, health workers and the government, incessant promotion of formula milk in several media, socio-cultural factors and the lack of availability of maternal and child health care facilities (Prasetyono D 2016).

Data from the 2012 Center for Disease Control (CDC) Survey, showed 14% of infants in the United States get breast milk excretively for up to 6 months. Year 2013 exclusive breastfeeding until the age of 6 months reaches 16%. Exclusive breastfeeding until the age of 6 months on 2013 remain about 18% (Center for Disease Control 2014). The Basic Health Research (Riskesdas) in 2013,

In Indonesia the percentage of exclusive breastfeeding is higher for infants 0-1 months (52,7%), ages 2-3 months (46%), ages 4-5 years old (41,9%), and ages 6 months (40,2%). Breastfeeding is less than an hour after birth (44,5%). The highest is in West Nusa Tenggara (52,9%) and the lowest in West Papua (21,7%). The breastfeeding process 1-6 hours after the baby born is (35,2%) but (13,7%) of the breastfeeding process is carried out after 48 hours (Riset Kesehatan Dasar 2018) (Center for Disease Control 2014).

The percentage of exclusive breastfeeding for infants 0-6 months in Indonesia in 2013 was (54,3%), a slight increase compared to 2012 which was (48,6%). The highest percentage of exclusive breastfeeding was in West Nusa Tenggara at (79,74%), South Sumatra at (74,49%), and East Nusa Tenggara at (74,37%). The lowest percentage of exclusive breastfeeding is in Maluku (25,21%), West Java (33,65%) and North Sulawesi (34,67%). Data on the health profile of the Province of Aceh in 2013 the coverage of exclusive breastfeeding was only (48,76%) (Kementerian Kesehatan Republik Indonesia 2014). Based on the 2013 Statistics Agency (BPS), the average percentage of children 2-4 months who were breastfeed and supplemented with food was (15%) and the average percentage of children 2-4 months who were breastfeed

without additional food was (4,86%) (Badan Pusat Statistik 2013).

Knowledge has a relationship with the level of health. The better the knowledge, the easier it is to accept the concept of healthy living, including giving exclusive breastfeeding to infants (Notoadmodjo S 2014). Attitude is a reaction or closed response from someone to a particular object. Attitudes obtained through experience will have a direct influence on behaviour (Notoadmodjo S 2014) (Hidayanti L2011). Promotion is a process that has inputs and outputs. The increasing use of formula milk as a substitute for breast milk is due to the incessant marketing of formula (Notoadmodjo S 2014) (Hidayanti L2011).

2 METHODOLOGY

Time and Place of Research

This research was held at the Baitussalam Aceh Besar Health Center in February 2015.

Research Samples

Samples is a non-probability sampling, namely the mothers who brought babies to the Baitussalam Aceh Besar Health Center in 2015 were 31 people who were in accordance with the inclusion criteria.

Research Procedure

- Preparation The researcher asked permission from the head of the health center to carry out the research and prepare the necessary tools.
- Research flow Providing questionnaires to the mothers who bring babies to obtain research data, data in 2013 at Baitussalam Health Center, the percentage of exclusive breastfeeding was only (45.31%).

Measurement of mother knowledge, mother's attitude, and the promotion of infant formula advertising. Collect questionnaires by the interviewing and analyzing data using the Chi-Square test.

3. RESULTS AND DISCUSSION

Table 1. Frequency Distribution of Breastfeeding, Mother's Knowledge and Attitudes and Promotion of Formula Milk Advertisements

Variable	Frequency (n)	Percentage (%)
Breastfeeding		
- Exclusive	16	51,6
- Not Exclusive	15	48,4
Knowledge		
- Good	15	48,4
- Bad	16	51,6
Attitude		
- Positive	23	74,2
- Negative	8	25,8
Promotion		
- There is	14	45,2

- There is not	17	54,8
Total	31	100

Based on table 1, it was found that infants who were given exclusive breastfeeding had 16 infants (51.6%) and were not given exclusive breastfeeding 15 infants (48.4%). Mother's knowledge about breastfeeding is still lacking in 16 people (51,6 %), mothers that have a positive attitude to giving exclusive breastfeeding to 23 infants (74,2%). There was an advertisement promotion for formula milk for 14 people (45,2%).

Table 2. Relationship between knowledge of mothers and exclusive breastfeeding

Knowledge	Breastfeeding					
					Total	
	Exclusive		Not Exclusive		Pvalue	
	n	%	n	%	n	%
Good	11	73,3	4	26,7	15	100
					0.019	
Bad	5	31,3	11	68,8	16	100

Table 3. Relationship between Attitudes of Mothers and Exclusive Breastfeeding.

Monther's Attitude	Breastfeeding					
					Total	
	Exclusive		No Exclusive		Pvalue	
	n	%	n	%	n	%
Positive	15	62.2	8	34.8	23	100
					0.015	
Negative	1	12.5	7	87.5	8	100

Table 4. Relationship between Promotion of Formula Milk Ads and Exclusive Breastfeeding

Promotion of Formula Milk	Breastfeeding					
					Total	
	Exclusive		No Exclusive		Pvalue	
	n	%	n	%	n	%
There is	4	28.6	10	71.4	14	100
					0.020	
There is not	12	70.6	5	29.4	17	100

4. CONCLUSION

The results showed exclusive breastfeeding was (51,6%), not (48,4%). This study is in line with the study of Ramadani (2009) at the Air Tawar Health Center in West Sumatra that breastfeeding is still lower than the national target (80%), (55.4%) were exclusive breastfeeding. Sarbini's research results (2008) in Surakarta Exclusive Breastfeeding coverage was (40%). This is caused by the milk that has not come out so that the food or drink is given before the milk comes out and the colostrum is removed because it is considered dirty. High levels of community education contribute indirectly to breastfeeding coverage rates. Because someone with a higher level of education usually has better knowledge (Ramadani2010) (Sarbini D 2008).

The study showed that exclusive breastfeeding with good maternal knowledge was (73,3%) while in respondents with less knowledge only (31,3%). Based on the results of statistical tests obtained p value $0,019 < 0,05$ means that there is a relationship between knowledge and exclusive breastfeeding.

The results of this study are in line with the research of Mariane (2013) in Manado City Health Center which shows a relationship between the knowledge of mothers with Exclusive Breastfeeding (Mariena 2013). Juliastuti Research (2015) in Beijing Village, Trowulan District, Mojokerto Regency that there is a relationship between maternal knowledge and breastfeeding Exclusive

Knowledge of a mother can affect the mother in giving exclusive breastfeeding. The better the mother's knowledge about the benefits of breast milk, then a mother will give exclusive breastfeeding to her child. Conversely, the lower the mother's knowledge about the benefits of exclusive breastfeeding, the less chance the mother gives exclusive breastfeeding (Mariena 2013) (Rulina 2016). Maternal knowledge is increasingly high due to the increasing progress in developing science and technology (Widiyanto S 2012). The mother is not only informed by health workers in Health Center directly, but with the presence of media such as television, radio and magazines it can be a source of information about the importance of breastfeeding for children (Yuliarti N 2010).

Knowledge also has a relationship with the level of health. The better the knowledge, the easier it is to accept the concept of healthy living independently, creative and continuous. A person's educational background is related to the level of the knowledge, if the level of maternal nutrition is good, the nutritional status of the mother and her child is also good (Kementerian Kesehatan Republik Indonesia 2014) (Devina E 2012).

According to the researchers assumptions, mothers' knowledge about exclusive breastfeeding is still lacking. Mothers do not know the benefits of breastfeeding and the risk of providing other foods other than breast milk in infants under the age of 6 months. Then there needs to be counseling conducted by health workers to mothers about the benefits of exclusive breastfeeding. Mothers with knowledge lacking 2.5 times the risk of not giving

exclusive breastfeeding than mothers with good knowledge (Mariena 2013) (Widiyanto S 2012).

The results showed exclusive breastfeeding with a positive mother attitude of (65,2%) while the negative maternal attitude was (12,5%) according to Fisher's Exact Results.

Test obtained p value 0.015 means that there is a relationship between the attitude of the mother with exclusive breastfeeding. Thus showing the more positive attitude of the mother, the higher the percentage of exclusive breastfeeding. The results of this study are in line with the research of Mariane (2013) in Manado City Shoulder Health Center which shows the relationship between maternal attitudes and exclusive breastfeeding.¹⁰ Widiyanto (2012) and Yuliarti (2010) research shows the relationship between maternal attitudes and exclusive breastfeeding.

This is because the influence of the environment will affect someone to make the best decision.

Some respondents stated that the attitude of providing additional food before the baby is 6 months old due to the advice of the immediate family who took care of the baby and some birth attendants also gave formula milk as soon as the baby was born on the grounds that breast milk had not produced much.

Another factor that encourages mothers to give breast milk is the attitude of society towards health, tradition and public trust in health. The value system adopted by the community, culture, education level, socio-economic level, availability of facilities and health facilities (Ramadani2010) (Juliastuti 2015).

According to the researchers' assumptions, the attitude of mothers who provide other foods other than breast milk in infants under 6 months is due to the influence of the closest family. One of the most common examples at the time of the study "Crying babies are considering hungry and breast milk is insufficient so that the mother gives water or bananas". The support of the closest husband, family and relatives greatly affects the attitude of the mother in giving exclusive breastfeeding. Negative attitude mothers have 2,5 times the risk of not giving exclusive breastfeeding to mothers who have a positive attitude.

The results showed that exclusive breastfeeding by respondents with the promotion of formula milk advertisement was (28,6%), respondents with no promotion of (70,6%) formula milk advertising.

The Chi-Square test results obtained p value $0,02 < 0,05$ means that there is a relationship between the promotion of formula milk advertising with exclusive breastfeeding. This result is in line with Devina's (2012) study at Seulimeum Health Center, where there was a relationship between the advertising of formula milk and exclusive breastfeeding. Researcher Sakti (2009) in Tangkil Village, Sragen Subdistrict, there was a relationship between promotion of formula milk and exclusive breastfeeding (Devina E 2012) (Sakti 2009).

Many mothers give formula milk compared to exclusive breastfeeding because mothers feel impatient and provide food before 6 months old infants and

increased promotion of formula milk. Promotion of formula milk is very intense while promotion of Exclusive Breastfeeding is very minimal. This causes mothers to ignore the benefits of breast milk for the development of their baby's life (Ramayah T. 2004) (WHO 2013). Increasingly the promotion of formula milk and complementary breastfeeding causes mothers to switch to providing complementary breastfeeding food for infants less than 6 months old on the grounds that breast milk is not enough to fulfill infant nutrition (Sakti 2009) (WHO 2013).

Incessant promotion of formula milk among health workers is also one of the factors that shape the attitude of mothers in breastfeeding. In Malaysia, the baby food market is said to be growing relatively fast. In 2000 the overall growth rate of marketing for first and advanced year formula milk was (2,5%) and (5,6%) (Ramayah T. 2004).

The WHO International Code of Marketing for Breast Milk Substitutes Code recommends that there should be no ads substitutes for mother's milk to the general public, there should be no samples free or household appliances for mothers, there must be no promotion of products to health facilities and there should be no prizes for health workers (WHO 2013).

According to the researcher's assumptions the reason mothers do not give breast milk to their children is including busy work and fear of changes in body shape if the breastfeed so that the mother does not give exclusive breastfeeding to her child. Plus the incessant advertising of formula milk and the crush of the family economy make mothers to fulfill their daily needs. Mothers who received milk ads promotion had a 2,4 times risk of not giving exclusive breastfeeding than mothers who did not get advertising promotion (Hidayanti L2011) (Riset Kesehatan Dasar 2018).

5. SUGGESTION

There is a meaningful relationship between mothers knowledge, mother's attitude and promotion of advertising formula milk with exclusive breastfeeding at the Baitussalam Aceh Besar Health Center

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