

## The Relationship Of Formula Milk Promotion With The Failure Of Exclusive Breast Milk At Posyandu Dahlia Babelan Bekasi

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### ABSTRACT

#### Article Info

Article History:

Received : 15 August 2022

Revised : 16 August 2022

Accepted: 20 August 2022

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#### DOI

<https://doi.org/10.37362/jc.h.v6i2.827>

P- ISSN : [2722-1563](#)

E- ISSN : [2580-7137](#)



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According to WHO and UNICEF (2013) worldwide only 39% of children under six months get exclusive breastfeeding. The failure of exclusive breastfeeding is influenced by various factors, one of which is the incessant promotion and advertisement of formula milk which has an influence on mothers to be interested in buying it, especially for mothers with low knowledge and education. The aim of the study was to determine the relationship between formula milk promotion and the failure of exclusive breastfeeding. This research uses associative descriptive method using accidental sampling technique with 53 respondents. The results showed that there was a relationship between the failure of exclusive breastfeeding and the promotion of formula milk, it can be seen that the failure rate of exclusive breastfeeding was 83.0% and the promotion of formula milk was high as much as 77.4% with P value = 0.031 ( $< 0.05$ ), which means there is a the relationship between the promotion of formula milk with the failure of exclusive breastfeeding. Suggestions for increasing the promotion of exclusive breastfeeding in health care settings.

**Keywords: Formula Milk; Exclusive Breastfeeding; Breastfeeding Failure Factors**

### INTRODUCTION

The World Health Organization (WHO) in 2012 stated that around 6.6 million children died before reaching the age of five years<sup>28</sup>. The United Nation International Children Education Found (UNICEF) stated that in Southeast Asia the Infant Mortality Rate (IMR) of 1.3 million per year 98% occurred in India, Bangladesh, Indonesia, Nepal and Myanmar. For Indonesia alone, the IMR in 2013 was 32 per 1000 live births. The Development Goals (SDGs) target the infant mortality rate (IMR) in 2030 to fall to 23/1000 live births (Ilyas et al., 2020) The cause of infant mortality due to infection can be prevented by exclusive breastfeeding. Efforts to achieve the target of reducing the

IMR can be done by means of exclusive breastfeeding. Efforts to achieve the target of reducing the IMR can be done by means of exclusive breastfeeding<sup>22</sup> (IDHS, 2012). Exclusive breastfeeding can suppress IMR by reducing 30,000 infant deaths in Indonesia and 10 million deaths in the world through exclusive breastfeeding for six months from the first hour to babies (Fithananti, 2013). Infants who are exclusively breastfed have much lower morbidity and mortality compared to babies who are not exclusively breastfed. According to WHO, in the world there are 1-15 million babies die every year because they do not receive exclusive breastfeeding (North et al., 2022).

Worldwide, only 39% of children under 6 months receive exclusive breastfeeding. Meanwhile, in industrial countries, babies who are not exclusively breastfed are more likely to die than babies who are exclusively breastfed. Exclusive breastfeeding for six months was associated with a decrease in cases of diarrhea (53.0%) and ARI (27.0%), while in developing countries only 30% of mothers gave exclusive breastfeeding (Boa & Agustine, 2022).

West Java Province, in 2015 the coverage of exclusive breastfeeding in West Java reached 33.65% of the number of babies in the province of West Java as many as 2015, as many as 94,8028 babies and those who were exclusively breastfed were 31.2%. In Bekasi district in the same year the number of babies was 63,224 infants and only 16.7% of infants were exclusively breastfed (Sulfianti & Haslan, 2021).

Basic Health research data (Riskesdas, 2013) shows that breastfeeding coverage in Indonesia is only 42%. This figure is clearly below the target set by the Ministry of Health (Kemenkes RI) that the target coverage of exclusive breastfeeding per 2014 is 80% (Sukmawati, 2022).

Although some parents do not realize the importance of giving breast milk to their babies, many obstacles are still found in the community. One of them is the inability of mothers to breastfeed their children until the age of 6 months. The reason is that mothers do not fully understand how to breastfeed correctly, including techniques and how to obtain breast milk(Sari et al., 2022).

The failure of exclusive breastfeeding is influenced by various factors other than knowledge, support from health workers and work, there are several other factors that also greatly affect exclusive breastfeeding, namely maternal psychological factors, for example, mothers are afraid of losing their attractiveness as a woman because breastfeeding will make the shape of the breast will make the shape of the breast less

attractive. Mothers often feel less confident that their baby will not grow well if only given breast milk, factors from the baby itself and also environmental factors such as working mothers or imitating friends who also give formula milk to their children.

Working mothers, especially in the formal sector, often have difficulty giving exclusive breastfeeding to their babies due to limited time and limited facilities at work. As a result, many working mothers are forced to switch to formula milk and stop breastfeeding exclusively (Emsuarni, 2020).

The incessant promotion and advertisement of formula milk also influences mothers to be interested in buying it, especially for mothers with low levels of knowledge and education. Mother's knowledge about the benefits of exclusive breastfeeding for babies is very important in determining the success of exclusive breastfeeding (Atabik, 2014).

Formula milk advertisements that highlight various advantages and are made using infants and young children as models have a great influence on changing people's views of formula milk in these advertisements towards formula milk. In the various advertisements for formula milk, a small child who regularly consumes brand X formula looks smarter, more cheerful, healthy, does not get sick easily, his intelligence level is above the average level of other children. All of these advantages are clearly described and easily digested by our society<sup>16</sup>. Most of the respondents who are interested in the promotion of non-exclusive breastfeeding formula and show that there is a significant relationship between formula milk advertising and the failure of exclusive breastfeeding.

In the Dahlia Posyandu, Babelan, Bekasi, there are still many mothers who have babies who are seen carrying milk bottles containing formula milk that is given to their babies. The incessant promotion and advertisement of formula milk also has an influence on mothers to be interested in buying it, especially for mothers with low levels of knowledge and education.

## METHODS

This research is an associative descriptive study to see the relationship, namely the type of cause variable (independent) and effect variable (dependent) measured at the same time . This research was conducted at the Dahlia Posyandu, Babelan, Bekasi in January, 2018.

The population in this study were all mothers who had babies aged 6-12 months who visited I Posyandu Dahlia, Babelan, Bekasi in December, 2017. The number of

samples in this study was 53 people who were determined by non-random sampling, namely sampling whose population units were not have an equal chance of being selected in the sample. The technique was carried out by means of accidental sampling (HR, 2018). The sample is all mothers who have babies aged 6-12 months who visited Posyandu Dahlia, Babelan Bekasi and were selected as samples during the study period. Based on data at the end of December 2017 there were 112 mothers who brought babies aged 6-12 months, with sample criteria: A. All mothers who have babies aged 6-12 months who came to the Dahlia Babelan Posyandu, Bekasi, in January, 2018. B. Having a baby 6-12 months who is willing to be a respondent and is willing to fill out the questionnaire properly. C. Can read and write.

The data used in this study is primary data, namely data obtained directly through the distribution of questionnaires. Before filling out the questionnaire, respondents were given an explanation of the objectives and asked for their willingness to answer the questions on the questionnaire provided (Hermawan, 2019). The research instrument was a questionnaire consisting of 27 closed questions. The validity test was carried out by testing the validity level of the instrument using the product moment correlation with the rough number ( $r_{xy}$ ) proposed by Pearson, because the data consisted of X and Y variables. The results of the failure test for exclusive breastfeeding have an average of r count (0.713) > r table (0.482) and the results of the reliability test for formula milk promotion have an average of r count (0.783) > r table (0.532). The results of the validation test from 27 questions regarding the failure and promotion of formula milk obtained 27 valid questions, and the questionnaire has been declared valid (Nursalam, n.d.).

Data analysis was carried out by means of data that had been processed and then presented in table form and analyzed univariately. The test used was Chi square using a 95% confidence degree with  $\alpha = 0.05$ . To see the results of the significance of statistical calculations used 0.05 if the p value 0.05 means that there is a significant relationship between the dependent variable and the independent variable and if the p value 0.05 means that there is no relationship between the dependent variable and the independent variable. The limitation of this research is that this study does not discuss in depth the policies in the implementation of the promotion of formula milk and the like, so this study only discusses the promotion of formula milk with the failure of exclusive breastfeeding (Sabri & Hastono, 2018).

## RESULTS AND DISCUSSION

From the results of this study, it is known that of the 53 respondents, the most respondents aged 20-35 years were 37 respondents (69.8%) and the smallest were respondents aged < 20 years as many as 2 respondents (3.8%). Of the 53 respondents, the most respondents with high school education were 31 respondents (58.5%) and the smallest were respondents with junior high school education as many as 6 respondents (11.3%). Of the 53 respondents, the most respondents were IRT respondents as many as 44 respondents (83.0%) and the smallest respondents who worked as civil servants were 1 respondent (1.9%).

**Table 1. Frequency Distribution of Exclusive Breastfeeding Failure at the Dahlia Babelan**

Characteristics	Frequency	Percentage
Not Breastfeeding	44	83,00
Breastfeeding	9	17,00
<b>Total</b>	<b>54</b>	<b>100</b>

Of the most respondents, 44 respondents with exclusive breastfeeding failed (83%) and the smallest respondents with exclusive breastfeeding were 9 respondents (17%).

**Table 2. Distribution of the Frequency of Formula Milk Promotion**

Characteristics	Frequency	Percentage
High	41	77.4
Low	12	22.6
<b>Total</b>	<b>53</b>	<b>100.0</b>

Of the most respondents, respondents with high formula milk (77.4%) and respondents with low formula milk (22.4%).

**Table 3. Relationship between Formula Milk Promotion and Failure to Exclusive Breastfeeding**

Formula Milk Promotion	Failure Breastfeeding				Total		P.Value
	Not Breastfeeding		Breastfeeding				
	n	%	N	%	N	%	
High	37	90.2	4	9,8	41	100,0	0.031
Low	7	58.3	5	41,7	12	100,0	
Total	44	83.0	9	17,0	53	100,0	

Shows that of the 44 respondents with the highest number of promotions for exclusive breastfeeding, 37 respondents (902%). The results showed that the statistical test with Chi-Square obtained a P value of 0.031 (P value <0.05), which means that there

is a significant relationship between the promotion of formula milk and the failure of exclusive breastfeeding.

## DISCUSSION

Most respondents are aged 20-35 years, where at the age of 20-35 years is a good productive age for pregnancy and childbirth. In the education category, most of the respondents have a high school education level, namely secondary education who have not fully understood and know about the benefits of exclusive breastfeeding. While in the category of work the most are housewives which every day only takes care of work at home, namely cooking, taking care of children, washing and so on. And as a housewife who spends a lot of time with her baby, she should be able to give breast milk Exclusive to the baby, but with many reasons that arise society so that the failure of exclusive breastfeeding occurred (Andhira, 2021).

The failure of exclusive breastfeeding was indicated by the result that the majority of respondents with exclusive breastfeeding were 44 respondents (83%) and the smallest respondents with exclusive breastfeeding were 9 respondents (17%).

This is different from what Hapsari said, which said that babies are only given breast milk without additional fluids such as formula, oranges, honey, tea water, water and without the addition of solid foods such as bananas, papaya, porridge, biscuits, rice and team.

The results of this study are in accordance with the results of research conducted by (Awaliyah et al., 2019) which said that most of the respondents who were interested in the promotion of formula milk were not exclusive breastfeeding.

In our opinion, at the Posyandu Dahlia Babelan Bekasi, the majority of respondents with failure to provide exclusive breastfeeding to their babies, this is because most of the respondents have secondary education and are housewives, besides that mothers do not understand the importance of exclusive breastfeeding for their babies and mothers do not understand of the benefits and exclusive breastfeeding for both mother and baby. Failure in exclusive breastfeeding is influenced by knowledge, mother's behavior and the influence of formula milk promotion.

From the results of the relationship between Formula Milk Promotion and Exclusive Breastfeeding Failure, it shows that of the 41 respondents with high formula content promotion, 37 respondents (902%) (Anitasari, 2020). The results showed that the statistical test with Chi-Square obtained a P value of 0.031 (P value <0.05), which means

that there is a significant relationship between the promotion of formula milk and the failure of exclusive breastfeeding (KHADIJANIMO, 2021).

The results of this study are in accordance with the opinion of (Mertasari et al., n.d.) which says that formula feeding as prelactal is often carried out at BPS, RB, and Hospitals with the main reason being that breast milk does not come out, and babies still have difficulty breastfeeding so that babies will cry if left alone. Usually the midwife will immediately give advice to give formula milk first. Even the production of formula milk is done by midwives or nurses themselves, and they provide bottle sterilization services (Kotowski et al., 2022). This will have a negative effect on the mother's belief that formula feeding is the most effective medicine to stop the baby's crying (Vilar-Compte et al., 2022). Lack of confidence in the ability to produce breast milk to satisfy the baby encourages mothers to give additional milk via a bottle (Ching et al., 2021).

This is in line with the research of Nur Aini Rahmawati (2011) who said that most of the respondents who were interested in the promotion of formula milk were not exclusively breastfed and showed a significant relationship between formula milk advertising and the failure of exclusive breastfeeding and showed a significant relationship between formula milk advertising and failure Exclusive breastfeeding with p value 0.007.

The researcher assumes that most of the respondents fail in exclusive breastfeeding because they are affected by the promotion of formula milk which is getting more intense day by day. In addition to the incessant promotion of formula milk, the failure of exclusive breastfeeding can also be influenced by the behavior and knowledge of mothers about the benefits of exclusive breastfeeding. The results of the study also found that respondents with low formula milk promotions who failed to provide exclusive breastfeeding were (58.3%), this was due to mothers who were actively engaged in commercial activities, such as working in offices, factories, running personal businesses as additional income, and being involved in social activities that take up a lot of time outside the home, choose to use formula milk.

### CONCLUSIONS

From the results of research and discussion, it can be concluded that: The distribution of the frequency of failure of exclusive breastfeeding, most of the respondents failed in exclusive breastfeeding because of the high promotion of formula milk.

The low education and knowledge of breastfeeding mothers and various other factors cause breastfeeding mothers to find it easier to use formula milk in the first six months of breastfeeding. The facilities provided by the Puskesmas to sell formula milk are a bridge to make it easier for breastfeeding mothers to get formula milk by offering attractive offers. Increasing promotion of exclusive breastfeeding with all its benefits and advantages by the Puskesmas is the best effort to increase breastfeeding mothers in exclusive breastfeeding.

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