

## FAMILY SUPPORT AND PROMOTION OF FORMULA IN CONNECTION WITH GIVING THE EXCLUSIVE BREAST MILK WHO BREASTFEEDING A INFANT AGE 0-6 MONTHS IN PUCANGSEWU HEALTH CENTER OF SURABAYA

Irine Christiany, Adin Muafiro, Kionarni Ongko Waluyo, Dwi Ananto W.  
Nursing Department Health Polytechnic Surabaya  
Fax. (031) 5017345, 5030379

### Abstract

**Background** Giving breast milk in Indonesia needs to be improved and preserved. That is because breast milk is the best food for the baby, especially at the beginning of a life because composition of breast milk is the most accordance with the physiological condition of the baby's early life (Sulistyoningsih, 2011). Exclusive breastfeeding is recommended for a period of at least 6 months. Coverage exclusive breastfeeding by Riskesdas 2010 of 27.2 percent. According to Earth (2012), lack of exclusive breastfeeding there are many factors that influence.

**Method** This research aims to determine the factors associated with exclusive breastfeeding in mothers who breastfeed infants aged 0-6 months in Pucangsewu health center of Surabaya. This type of research is analytic research. The population in this study are all mothers who breastfeed infants aged 0-6 months in the Pucangsewu clinic of Surabaya. Sampling was done by simple random sampling with a sample of 35 people. Data analysis was performed using the fisher exact test. Research shows most moms have a lifespan of 20-30 years as many as 19 people (54.3%), a secondary education were 26 people (74.3%), the majority of mothers do not work as many as 22 people (62.9%). most mothers have good family support nearby many as 28 people (80%), mostly mother get formula milk promotion low of 31 people (88.5%). Statistical analysis showed. There is a relationship between a nearby family support exclusive breastfeeding in infants ( $p = 0.033 < \alpha = 0.05$ ), there is a relationship between the promotion of infant formula with exclusive breastfeeding in infants ( $p = 0.032 < \alpha = 0.05$ ).

**Results** In order for health center staff together with volunteer mothers improve a maternal & child health activities like counseling and organize programs such as breast milk observer.

**Keywords:** exclusive breastfeeding, factors (knowledge, perception, family support, promotion of infant formula).

### INTRODUCTON

Giving breast milk in Indonesia needs to be improved and preserved. In the "Preservation of Breastfeeding" were mainly needs to be improved is breastfeeding exclusively (Soeparmanto, Institution, 2005). That is because breast milk is the best food for infants, especially early in life because composition of breast milk is the most accordance with the physiological condition of the baby's early life (Sulistyoningsih, 2011). Exclusive breastfeeding is recommended for a period of at least 6 months, and after six months of a baby is introduced to solid food. While milk can be given to infants aged 2 years or even more than two years (Suryoprajogo, 2009). Babies who are exclusively breastfed will obtain all the advantages of breastfeeding and nutritional needs are met to the maximum so that he will be healthier, more resistant to infection, not prone to

allergies, and more rarely sick (Sulistyoningsih, 2011).

The low exclusive breastfeeding shown in figures coverage of exclusive breastfeeding infants 0-5 months by 27.2 percent and 15.3 percent in the group of infants aged 5 months by Riskesdas 2010, is still too low, since the target coverage of exclusive breastfeeding in infants less than 6 months was 80 percent (Widodo, 2011). Based on the Health Profile of East Java province in 2011, the number of babies who were exclusively breastfed in the city of Surabaya at 54.29%. While based on data from Surabaya City Health Department discovered that the number of babies who were breastfed exclusively at Pucangsewu health center in 2012 amounted to 41.55%.

According to Earth (2012), lack of exclusive breastfeeding there are many factors, both internal and external. Internal factors are factors that come from the mother, among

which the mother's level of knowledge and perception. The external factors may include the support of his nearest and promotion of infant formula. Factors mother's knowledge that a lack of awareness or knowledge of mothers on feeding of the child, it is a factor that makes some young mothers do not breastfeed their children (Prasetyono, 2009). The second factor is the perception. Many women think that breast milk is insufficient, so decided to add or replace with formula (Sulistyoningsih, 2011). A further factor is the support of the people closest to such a husband, mother, and sister (Swarts, Kruger, and Dolman, 2010). Increased sale of canned milk instead of breast milk, are also factors that influence on exclusive breastfeeding (Siregar, 2004).

## **METHODS AND MATERIALS RESEARCH**

This study was an observational or non-experimental design was cross-sectional with quantitative approach with descriptive data processing and analytics. The population in this study all mothers breastfeeding babies aged 0-6 months in the Pucangsewu health center of Surabaya.

The sampling technique used is simple random sampling. Simple random sampling technique is that each member or unit of the population has an equal chance to be selected as a sample.

## **DESIGN AND RESEARCH SUBJECTS**

Based on the purpose of research, study design according to time was cross sectional research because it made one observation (point time approach) to determine the relationship between the variables of

exclusive breastfeeding with variable factor of mother's knowledge, the perception of the mother, the support of kin, the factor of promotion of infant formula in mothers suckle.

## **LOCATION AND TIME RESEARCH**

Research conducted at Pucangsewu Surabaya. This clinic is a health center that coverage is still low exclusive breastfeeding. Still eighth in the city of Surabaya in 2012. The research was conducted in September 2013 - February 2014.

## **RESEARCH VARIABLE**

Exclusive breastfeeding, nearby family support, promotion of infant formula factors in breastfeeding mothers of infants aged 0-6 months

## **TYPES AND DATA COLLECTION METHOD**

The research instrument using a questionnaire about relationship of family support and promotion of infant formula with exclusive breastfeeding in breastfeeding mothers and factors associated with exclusive breastfeeding; knowledge, perception, family support, and promotion of infant formula that has been provided by the researchers in accordance with the purpose of research.

Data collection tool used in this study a questionnaire. The process of drafting the questionnaire draws on researches that has been done before, adapted and developed by the researchers to look at the conceptual framework and review of the literature that has been made.

## **DATA ANALYSIS**

Data processing results of research conducted using bivariate analysis that chi-square test for to determine their relationships. Terms chi square, which is the number of cells have the expected frequency  $<5$  should not be more than 20% and there should not be a single cell that has the  $E < 1$ . If the conditions are not met, the data processing is done by Fisher's exact test

## RESULTS AND DISCUSSION

### *What Family Support Relationships with Exclusive Breastfeeding Mom in Infants*

Relationships Family Support What's mother obtained such as;

Family Support	Giving exclusive breast milk				Total	
	Exclusive		No Exclusive			
	n	%	n	%	n	%
Good	6	17,1	22	62,9	28	80
Less	1	2,9	6	17,1	7	20
Total	7	20	28	80	35	100

Based on the table that the six mothers (17.1%) have a good family support and exclusive breastfeeding, 22 mothers (62.9%) had a family support is good but not exclusive breastfeeding. A total of one mother (2.9%) have less family support but exclusively breastfed and 6 mothers (17.1%) have less family support and no exclusive breastfeeding.

Statistical analysis showed that the closest family support exclusive breastfeeding mothers with no correlation ( $\rho = 1.000 > \alpha = 0.1$ ), this is because most mothers have good family support, but exclusive breastfeeding in the Pucangsewu health center is still low.

It is also supported by research from the University of Udayana article stating Exclusivity of breastfeeding is not influenced by the role of the family. Many factors affect exclusive breastfeeding. As mentioned previously, namely a lack of self-awareness of respondents, another factor is the influence of the environment and culture can also affect the mother. In accordance with the study Earth (2012) which states that one of the factors that influence exclusive breastfeeding is the culture. The role of health workers is also important, perhaps the role of health workers are lacking in efforts to raise coverage exclusive breastfeeding in public.

### *Relations Promotion Formula with Exclusive Breastfeeding In Infants*

Relations Promotion Formula with Exclusive Breastfeeding obtained such as;

Promotion Formula	Giving exclusive breast milk				Total	
	Exclusive		No Exclusive			
	n	%	n	%	n	%
High	1	2,9	3	8,6	4	11,5
Low	6	17,1	25	71,4	31	88,5
Total	7	20	28	80	35	100

Based on the above table that one mother (2.9%) received higher promotion of infant formula but exclusive breastfeeding, three mothers (8.6%) received higher promotion of infant formula and exclusive breastfeeding. A total of six mothers (17.1%) received lower promotion of infant

formula and exclusive breastfeeding and 25 mothers (71.4%) got the promotion of infant formula is low but not exclusive breastfeeding.

Statistical analysis showed that the promotion of infant formula with exclusive breastfeeding there was no correlation ( $\rho = 1.000 > \alpha = 0.1$ ) this is due to lower sale of milk formula but coverage exclusive breastfeeding in the Pucangsewu health center too low, when it should be mother the mother because it is not exposed to the promotion of formula milk or formula milk promotion lower the mother is unable to breastfeed without giving formula. This is probably because the mother did not know that breast milk is better than formula or mother's fear of breast milk alone is still less than it might be due to breast care is lacking in the mother during pregnancy, thereby expending milk is not a maximum, other factors that formula is considered more practical.

This is confirmed by research Fikri (2013) which shows the p value of 0.257 at 0.05 alpha which means  $H_a$  rejected, which means there is no significant relationship between the promotion of infant formula with the family in the decision making of exclusive breastfeeding.

## CONCLUSIONS AND SUGGESTIONS

In this chapter will describe conclusions and suggestions based on the results of discussions that have been described in previous chapters. The conclusion that can be drawn from the results of this study are as follows.

Most mothers have a positive perception, the mother has a good family support nearby and most of the mothers have lower promotion of infant formula. But the results of the study we can conclude that from the knowledge, perception, family support and promotion of infant formula with exclusive breastfeeding in the results of statistical

analysis revealed no relationship between knowledge, perception, support and promotion of infant formula to mothers with exclusive breastfeeding in infants. The role of health workers is also important, perhaps the role of health workers are lacking in efforts to raise coverage exclusive breastfeeding in public.

1) It is expected that health center staff with volunteer mothers together improve maternal & child health like counseling to mothers about the importance of exclusive breastfeeding in the baby until the baby is 6 months old, as well as what things to consider in order to give exclusive breastfeeding well

2) It is expected that the baby's mother can apply the knowledge gained about the benefits of exclusive breastfeeding in everyday life accompanied by the volunteer mother.

3) Expected health center makes programs such as breast milk observer to be formed each Maternal & Child Health Centre that exclusive breastfeeding problems can be properly addressed and could raise the coverage number of exclusive breastfeeding and expected mothers of infants aged 0-6 months had the awareness to give breast milk to infants aged 6 months without additional liquids or other foods.

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