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Relationship Between The Promotion of Formula Milk, Breastmilk Production and Psychological Factor of Mother With Exclusive Breastfeeding in The Work Area of The Bireuen Peusangan Health Center.

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ABSTRACT

Giving breastmilk exclusively is very important for the health and development of infants. In Indonesia the scope of exclusive breastfeeding until the age of 6 months is still relatively low. This situation will have an impact on the quality of the nation's next generation and also the national economy.

To obtain the relationship between the promotion of formula milk, Breastmilk production and psychological factor of mother with exclusive breastfeeding in the work area of the Bireuen Peusangan health center.

This research is analytic descriptive with cross sectional approach. This research was conducted in the Peusangan Bireuen Community Health Center from 19 February-4 March 2018. The number of samples was 67 mothers who had babies aged 7-11 months. Data processing was carried out with SPSS and Chi-Square statistical test analysis with p -value $< 0,05$.

The results showed that 43 people (64,2%) gave exclusive breastfeeding, there was relationship between exclusive breastfeeding and the promotion of formula milk ($p=0,032$), Breastmilk production ($p=0,047$), but not related to psychology ($p=0,830$). Breastmilk production and promotion of formula milk are related to exclusive breastfeeding.

Keywords : *Exclusive breastfeeding, formula milk, breast milk production, Mother Psychological.*

INTRODUCTION

Breastmilk (ASI) is the best natural nutrition for babies because it contains the energy and substance needs needed for the first six months of a baby's life. A mother often experiences problems in exclusive breastfeeding, one of the main obstacles is the production of breast milk that is not smooth. This will be a factor in the low coverage of exclusive breastfeeding for newborns ⁽¹⁾.

World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) recommend that mothers breastfeed their babies in the first hour after delivery and continue until the first 6 months of their baby's life. The introduction of complementary

foods with adequate nutrition is safe to be given when the baby reaches 6 months of age by continuing to breastfeed until the age of 2 years or more ⁽¹⁶⁾.

UNICEF estimates that giving exclusive breastfeeding until the age of 6 (six) months can prevent the death of 1.3 million children under the age of five. A study in Ghana published in the journal Pediatrics shows 16% of infant deaths can be prevented by giving breast milk to babies from the first day of birth. This figure rises to 22% if breastfeeding is started within the first hour after the birth of the baby ⁽²⁾.

The goal of health development in Indonesia in 2010-2014, then in 2015 the Indonesian Ministry of Health set the goal of health development in

Indonesia, one of which is to reduce infant mortality from 32 to 24 per 1,000 live births. In connection with the Sustainable Development Goals (SDGs) or the 2030 Sustainable Development Goals, breastfeeding is one of the first steps for a human being to get a healthy and prosperous life. Unfortunately, not everyone knows this. In several developed and developing countries including Indonesia, many career mothers do not exclusively breastfeed. In Indonesia, almost 9 out of 10 mothers have breastfed, but the IDAI study found only 49 who provide exclusive breastfeeding can have an impact on the quality of life for the next generation of the nation and also on the national economy⁽³⁾.

In Indonesia, exclusive breastfeeding coverage in 2014 was 52.3%. Whereas in 2015 the coverage of exclusive breastfeeding increased to 55.7% and in 2016 the achievement of exclusive breastfeeding in Indonesia again decreased by 46%⁽⁴⁾.

Based on data obtained from the Aceh Provincial Health Office in 2014, the coverage of exclusive breastfeeding was 55.4%, while in 2015 the coverage of exclusive breastfeeding increased to 58.3% and in 2016 the coverage of exclusive breastfeeding in Aceh again decreased by 41%. This is due to several factors, including the culture of giving food, providing additional formula milk because the milk does not come out, stopping exclusive breastfeeding because the baby or mother is sick, the mother has to work, and the mother wants to try formula milk⁽⁴⁾.

Based on the profile of the Bireuen Health Office in 2017, in 2014 in Bireuen the number of babies who received exclusive breastfeeding was 57.9%, while in 2015 the number of babies who received exclusive breastfeeding was 55.6% and in 2016 the number of babies who received

exclusive breastfeeding decreased drastically only 35.4%⁽⁵⁾.

Based on data obtained from Puskesmas Peusangan, Bireuen Regency, in 2014 the number of babies who received exclusive breastfeeding was 57.6%, while in 2015 the number of babies who received exclusive breastfeeding decreased by 17.3%. The number of infants aged 0-6 months from 38 villages in October 2017 who received exclusive breastfeeding was 113 people (57,51%) and those who did not receive exclusive breastfeeding were 153 people (42,48%), the number of babies 0-6 months. Whereas in November 2017 those who received exclusive breastfeeding increased to 147 people (63.63%) and 84 people who did not get exclusive breastfeeding (36,36%), which was caused by factors of working mothers, mothers who have given formula milk so that exclusive breastfeeding is not fulfilled to their babies and it is also caused by the habit of mothers giving bananas to their babies so they experience diarrhea, constipation, vomiting, and allergies⁽⁶⁾.

The purpose of this study was to determine the relationship between the promotion of formula milk, Breastmilk production and psychological factor of mother with exclusive breastfeeding in the work area of the Bireuen Peusangan health center.

METHODS

This research is analytic descriptive, explanatory research related to the relationships of research variables and testing the previously formulated hypotheses with a cross-sectional approach, namely a research approach that takes samples at the same time. Population in this study, namely all mothers who had babies aged 7-11 months in the working area of Peusangan Health Center in December 2017 totaling 203 people. The number of samples is 67

respondents. The sampling method used was simple random sampling. The instrument used was a questionnaire. Statistical test analysis used the chi square method and presented in tabular and

No	Breast milk production	Exclusive Breastfeeding				Total		p-value
		Not		Exclusive		f	%	
		f	%	f	%			
1	Not smooth	15	22.4	16	23.9	31	46.3	0.047
2	Current	9	13.4	27	40.3	36	53.7	
Total		24	35.8	43	64.2	67	100.0	

Table 1. Relationship between breast milk production and exclusive breastfeeding

Source: Primary data (processed in 2018)

Based on the table above, it shows that the percentage who do not provide exclusive breastfeeding is greater for respondents who produce breast milk smoothly (22.4% compared to respondents who produce breastmilk smoothly (13.4%). On the other hand, the percentage who provide exclusive breastfeeding is greater for respondents with milk production lancer (40.3%) compared to respondents whose milk production was not smooth (23.9%). The results of statistical tests showed that there was a significant relationship between breastfeeding production and exclusive breastfeeding with p value = 0.047 (P<0.05).

Table 2. The Relationship between Formula Milk Promotion and Exclusive Breastfeeding

No	Promotion of Formula Milk	Exclusive Breastfeeding				Total		p-value
		Not		Exclusive		F	%	
		f	%	f	%			
1	Never	20	29.9	24	35.8	44	65.7	0.023
2	Ever	4	6.0	19	28.4	23	34.3	
Total		24	35.8	43	64.2	67	100.0	

Source: Primary data (processed in 2018)

narrative form.

RESULT

Based on research that has been conducted on 67 respondents in 36 villages in the working area of the Peusangan Community Health Center, Bireuen Regency regarding exclusive breastfeeding for breastfeeding mothers, the presentation results are presented in table form as follows:

Based on the table above, it shows that the percentage who did not provide exclusive breastfeeding was greater for respondents who had never received formula milk promotion (29.9%) than respondents who had received promotion of formula milk (6.0%). On the other hand, the percentage who gave exclusive breastfeeding was lower for respondents who had received formula milk promotion (28.4%) compared to respondents who never received formula milk (35.8%). The results of statistical tests showed that there was a significant relationship between promotion of formula milk and exclusive breastfeeding with p value = 0.032 (P < 0.05).

Table 3. Psychological Relationship with Exclusive Breastfeeding

No	Psychological	Exclusive Breastfeeding				Total		p-value
		Not		Exclusive		f	%	
		f	%	F	%			
1	Anxious	15	22.4	28	41.8	43	64.2	0.830
2	Don't worry	9	13.4	15	22.4	24	35.8	
Total		24	35.8	43	64.2	67	100.0	

Based on the table above, it shows that the percentage who do not provide exclusive breastfeeding is greater for respondents who are psychologically anxious (22.4%) compared to respondents who are not

psychologically anxious (13.4%). On the other hand, the percentage of exclusive breastfeeding was lower for respondents who were not psychologically anxious (35.8%) compared to respondents who were psychologically anxious (22.4%). The results of statistical tests showed that there was no significant relationship between psychological and exclusive breastfeeding with p value = 0.830 ($P < 0.05$).

DISCUSSION

The Relationship between Breast Milk Production and Exclusive Breastfeeding

Exclusive breastfeeding is closely related to the success of giving maximum breast milk to babies. With sufficient milk production, the baby's needs will be met. A sign that breastmilk production is sufficient is that before breastfeeding, the mother's breast feels tense, the milk can come out of the nipple by itself after feeding, so the baby will fall asleep or relax for 1-2 hours.

One of the main parameters used to assess whether a baby is sufficiently breastfeeding is by observing the baby's growth, namely through weight gain. Therefore, every month the mother should measure the physical growth of the baby, including weighing and measuring height. Mothers can ask health workers about the baby's growth and understand the growth curve in the Card Towards Healthy (KMS)⁽⁷⁾.

A recommendation from WHO is that giving exclusive breastfeeding starts from the first 6 (six) months of birth and continues with the introduction of complementary foods (complementary feeding) by continuing to provide breastfeeding until the age of 2 (two) years. During the first 500 days, from conception to about 6 (six) months, the child is completely dependent on the mother's nutritional

intake, both during pregnancy and during the 6 (six) months of exclusive breastfeeding. The transition time from 500 to exclusive breastfeeding is 6 (six) months and consuming various complementary foods, while the breastfeeding process continues. Provision of adequate complementary foods is very important to support optimal physical growth and brain development of children.

The impact that occurs if the mother does not breastfeed her baby, namely the interruption of the inner connection between the mother and the child, pain in the breast that swells when expressed or when a breast pump or machine is used, the imbalance between milk production/day⁽¹⁷⁾.

According to Diah's research⁽¹⁸⁾, shows that there is a smooth relationship between breast milk production and exclusive breastfeeding. According to Suriviana⁽²⁰⁾, preparation for breastfeeding mothers starting from six weeks before delivery, begins massaging her breasts to stimulate the flow of blood to the breasts. Breastfeeding the baby as early as possible can also increase the smooth production of breast milk.

The Relationship between Formula Milk Promotion and Exclusive Breastfeeding⁽⁸⁾

One of the smoothness of exclusive breastfeeding is the desire of the mother to breastfeed herself. This is in line with previous research that the decision making regarding the nutritional intake given to the baby rests with the mother herself, the mother's influence is very large in making the decision to provide exclusive breastfeeding⁽¹⁰⁾.

This research has something to do with the promotion of formula milk. However, the reality is that in this study there are still places of delivery that serve as facilities for formula milk producers,

and there are even health workers who work together to sell formula milk.

All mothers have been exposed to advertisements for formula milk, both through electronic and print media, but not all mothers have seen the illustration about breast milk. This condition can cause the mother to think formula milk is the same as breast milk or even better than breast milk⁽¹¹⁾.

In babies who are given exclusive breastfeeding, the height gain will be balanced according to age, while the baby's body weight who gets breast milk is generally lighter than those who get extra food. This is because Asi contains leptin which is a hormone that regulates appetite and energy metabolism. Overweight babies who get extra food actually indicate overweight or obesity, this condition is not good for health⁽¹²⁾.

According to Afifah⁽¹³⁾, One of the inhibiting factors for exclusive breastfeeding is exposure to formula milk promotion. Feeding formula is often carried out at BPS, RB and hospitals with the main reason because the milk has not yet come out and the baby is still having difficulty breastfeeding so that the baby will cry if left alone. Usually the midwife will immediately give advice on providing formula milk. This will also have a negative effect on the mother's belief that formula feeding is the most effective way to stop the baby's crying.

Babies who are given exclusive breastfeeding will achieve good nutritional status, but some babies who are given formula milk experience malnutrition. This is because making milk with water that exceeds the provisions not only reduces calorie levels, but also protein so that the baby's needs for the two main nutrients are not met⁽¹²⁾.

The study also found that children who did not get breast milk had a 7-8 points lower IQ compared to children who received breast milk exclusively and had a 25 times higher chance of dying in babies

who were given formula milk⁽¹⁹⁾.

Manary and Solomon (2004) in Khasanah⁽¹²⁾, stated that the frequency or duration of breastfeeding that is not sufficient is a factor in the occurrence of macronutrient and micronutrient deficiencies at an early age. The state of malnutrition that is mostly found in babies is seen when mothers in urban areas choose to use formula milk as a substitute for breastfeeding.

Psychological Relationship with Exclusive Breastfeeding

In this study there is no psychological relationship with exclusive breastfeeding. Psychological factors such as worry and instability are most effective at reducing or eliminating milk secretions. A mother who wants to breastfeed believes that she can. Stress and anxiety and uncertainty greatly affect the production of hormones that play a role in the breastfeeding process or the mother may be disappointed at any impression that the quantity and quality of her milk is decreasing. As well as the qualitative results which state that almost all participants feel that breast milk alone is not enough for their babies. This causes them to give MP-ASI and PASI prematurely.

The perception of mothers that breastfeeding will damage their appearance so that mothers are afraid of losing their attractiveness as a woman. A small proportion of mothers experience mental stress when breastfeeding their babies so that they can urge the mother to reduce the frequency and duration of breastfeeding her baby even not breastfeeding. In fact, breastfeeding will help foster a psychological bond between mother and baby, bring a sense of security and calm, stimulate breast production, and facilitate breastfeeding. If this condition is maintained until the baby's condition is 2 9dua) knows then he will rarely cry or

fuss, his growth and development will be fast (14).

Based on the results of research on the factors that influence the behavior of exclusive breastfeeding in mothers, it shows the perception of mothers that breastfeeding will damage their appearance. Almost all participants feel that breast milk alone is not enough for their babies, so they provide additional food for their babies⁽¹⁵⁾.

CONCLUSION

There is a relationship between breastfeeding production, promotion of formula milk with exclusive breastfeeding and no psychological relationship between mothers and exclusive breastfeeding in the working area of the Peusangan Bireuen Community Health Center.

REFERENCE

1. Wulandari SR, Handayani S. Asuhan kebidanan ibu masa nifas. Yogyakarta Gosyen Publ. 2011;
2. Rahmawati. Perawatan Nifas. Yogyakarta: Yogyakarta: Fitramaya; 2010.
3. WHO. Global Strategy For Infant and Young Child Feeding. In 01 November 2017; 2016. Available from: <http://www.who/nutrition/publication/infantfeeding>
4. Kementerian Kesehatan Republik Indonesia. Data Dan Informasi Profil Kesehatan Indonesia 2016. Jakarta: Kemenkes RI; 2017.
5. Dinkes Bireuen. Profil Kesehatan Kabupaten Bireuen. Bireuen: Dinkes Kabupaten Bireuen; 2017.
6. Puskesmas Peusangan. Laporan Gizi Puskesmas Peusangan. Matang Glumpang Dua: Puskesmas Peusangan; 2017.
7. Marmi. ASI Saja Mama... Karena Aku Bukan Anak Sapi. Yogyakarta: Pustaka Pelajar; 2012.
8. Purnomo IS. Bahan Bacaan Manajemen Laktasi Cetakan Ke-4. Jakarta: Perkumpulan Perinatologi Indonesia; 2009.
9. Pusat Data dan Informasi Kementerian Kesehatan RI. Hipertensi [Internet]. Infodatin. Jaka; 2014. Available from: https://www.google.co.id/url?sa=t&rc=t=j&q=&esrc=s&source=web&cd=1&cad=rja&uact=8&ved=0ahUKEwjIzfDJsYPKAhVSA44KHUmSDasQFggZMAA&url=http://www.depkes.go.id/download.php?file=download/pusdatin/infodatin/infodatin-hipertensi.pdf&usg=AFQjCNHWLiHiCeL1Ksg4Tr_yx
10. Kementerian Kesehatan Republik Indonesia. Profil Kesehatan Indonesia 2013. In Jakarta: Kementerian Kesehatan Republik Indonesia; 2013.
11. Alamsyah D. Hubungan Antara Kondisi Kesehatan Ibu, Pelaksanaan Imd, Dan Iklan Susu Formula Dengan Pemberian Asi Eksklusif. IKESMA. 2017;13(1).
12. Khasanah N. ASI atau Susu Formula ya. Yogyakarta FlashBooks. 2011;
13. Afifah DN. Faktor Yang Berperan Dalam Kegagalan Praktik Pemberian Asi Eksklusif (Studi Kualitatif di Kecamatan Tembalang, Kota Semarang Tahun 2007) Factors Contributing To The Failure Of Exclusive Breastfeeding (Qualitative Study at Kecamatan Tembalang, Semarang 2007). program Pascasarjana Universitas Diponegoro; 2007.
14. Soetjiningsih. ASI Petunjuk Tenaga Kesehatan. Jakarta: EGC; 2012.
15. Josefa KG, Margawati A. Faktor-Faktor Yang Mempengaruhi Perilaku Pemberian Asi Eksklusif Pada Ibu (Studi Kasus Di Wilayah Kerja Puskesmas Manyaran, Kecamatan Semarang Barat). Faculty of Medicine; 2011.
16. Ramadani M. Dukungan keluarga

sebagai faktor dominan keberhasilan menyusui eksklusif.

17. Media Kesehat Masy Indones. 2017;13(1):34–41.
18. Mangabarani S, Hadi AJ, Said I, Bunga S. Hubungan Status Gizi, Pola Makan, Pantangan Makanan dengan Kelancaran Produksi ASI pada Ibu Menyusui di Kota Makassar. *J Dunia Gizi*. 2018;1(1):1–9.
19. Diah AL. Faktor yang mempengaruhi keberhasilan dalam pemberian ASI eksklusif di BPS PIPIN Heriyanti Kota Yogyakarta.
20. Nuzulia F. Hubungan antara dukungan keluarga dengan pemberian ASI eksklusif pada bayi di Desa Bebengan Kecamatan Boja Kabupaten Kendal. *J Keperawatan Matern*. 2013;1(1).
21. Susanti N. Peran ibu menyusui yang bekerja dalam pemberian ASI eksklusif bagi bayinya. *Egalita*. 2012;

