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Influential Factors in Exclusive Breastfeeding: The Role of Advertising Campaigns and Positive Close Relatives

[1]Rostinah*, [1]Dini Anggriani, [1]Mundir Muttaqin, [2]Supriadin
Corresponding Author: * rostinahsuherman@gmail.com
[1] Midwifery Academy of Harapan Bunda Bima, Nusa Tenggara Barat, Indonesia
[2] Lincoln University College, Malaysia

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ABSTRACT

This study aimed to investigate the impact of Advertising Campaigns and Positive Close Relatives on exclusive breastfeeding practices among mothers in the postpartum period. A cross-sectional study was conducted among 66 mothers with infants aged 6-11 months in the Rasanae Timur Primary Health Care area in Kota Bima, NTB. Data were collected through structured interviews. Bivariate and multivariate analyses were employed to assess the associations between independent variables (Advertising Campaign, Positive Close Relatives) and the dependent variable (exclusive breastfeeding). The study found significant associations between exclusive breastfeeding and Advertising Campaigns, as well as Positive Close Relatives. Mothers exposed to Advertising Campaigns were more likely to opt for formula feeding over exclusive breastfeeding. Conversely, positive Positive Close Relatives, including encouragement and practical assistance, correlated with higher rates of exclusive breastfeeding. However, Maternal Occupation did not demonstrate a significant impact on exclusive breastfeeding practices. These findings underscore the critical role of both external influences, such as Advertising Campaign, and internal familial support in shaping maternal infant feeding decisions.

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Introduction

The nutritional status of the community is improved by providing the best feeding pattern for infants from birth to the age of two years, which includes: providing breastfeeding to the infant immediately within one hour after birth; and providing only breastfeeding from birth to the age of six months. Providing breastfeeding and proper nursing processes are the most important steps to fulfill and improve the nutritional status of infants and toddlers and can influence their subsequent health status [1]). Breast Milk is the best natural nutrition for babies as it contains the energy and nutrients needed during the first six months of a baby's life. Mothers often encounter problems with exclusive breastfeeding, one of the main obstacles being insufficient breast milk production. This can be a contributing factor to the low coverage of exclusive breastfeeding for newborns [2].

Exclusive breastfeeding is the most suitable source of nutrition for infants, providing protection against various infections and fostering a supportive bond that aids in all aspects of infant development, including health and intelligence. It offers a well-balanced composition tailored to the baby's growth needs, ensuring optimal cognitive development [3]. Aside from benefiting infants, breastfeeding also has advantages for nursing mothers. Breastfeeding significantly increases a child's chance of survival, reduces the risk of infections such as diarrhea, otitis media, and respiratory infections, and provides a natural, practical, economical, and easily digestible source of nutrition ideally suited to a baby's needs. It also protects against gastrointestinal infections and does not contain beta-lactoglobulin, which can cause allergies in infants [4].

Breast milk is the perfect food for ensuring infant growth and development in the first six months of life. It contains colostrum rich in antibodies and proteins that boost immunity and fight pathogens, reducing the risk of infant mortality [5]. Additionally, breast milk contains digestive enzymes, ensuring compatibility with the infant's digestive system [6]. Exclusive breastfeeding for six months is crucial, and although in reality, the coverage of exclusive breastfeeding in Indonesia has reached its target, some areas still face obstacles, with some falling short of the goal. The national target for exclusive breastfeeding coverage in Indonesia in 2017 was 61.33%. In 2018, the target increased to 65.16%, surpassing the strategic plan target of 44%. In 2018, the highest exclusive breastfeeding coverage was in West Nusa Tenggara Province at 87.35%, while the lowest was in Papua at 15.32% [7].

The average exclusive breastfeeding coverage for infants aged 0-6 months in West Nusa Tenggara Province was 76.88% in 2019, slightly decreasing to 77.66% in 2020 but rising again to 86.63% in 2021. Districts/cities with coverage meeting or exceeding the target (80%) include West Lombok, Central Lombok, Sumbawa, and Dompu, while others like East Lombok,

West Sumbawa, North Lombok, Mataram City, Bima City, and Bima District are still below target [8]. Although nationally, West Nusa Tenggara has achieved the exclusive breastfeeding target, most districts/cities in the province still fall short of the goal [9]. Based on the description, the research explored a study on the analysis of determinant factors of exclusive breastfeeding. The problem statement and objective of this study are to analyze the determinant factors of exclusive breastfeeding among infants in the Rasanae Timur Primary Health Care Area, Bima City, NTB.

Method

This study employs a quantitative approach with a cross-sectional design, where data observation or collection occurs simultaneously. Subjects are observed only once, and measurements of variables including maternal knowledge, age, education, sociocultural factors, Maternal Occupation, Advertising Campaigns, and Positive Close Relatives, as well as exclusive breastfeeding practices, are conducted concurrently. The research scope encompasses the location and timing of the study, conducted in the Rasanae Timur Primary Health Care Area, Bima City, on March 14, 2023. The study focuses on mothers with infants aged >6-11 months in this area. In this study, the population consists of all mothers with infants aged >6-11 months in the Rasanae Timur Primary Health Care Area, totaling 396 individuals for the months of January and July 2023. The sample, representing a portion of the population, is determined using the Lemeshow formula and consists of 66 infants. The sampling technique employed is simple random sampling, where respondents are randomly selected through drawing to meet inclusion and exclusion criteria. Variables include both independent and dependent variables. Independent variables encompass occupation, Advertising Campaigns, and Positive Close Relatives, while the dependent variable is exclusive breastfeeding. Data analysis involves bivariate analysis to examine the relationship between two variables using the Chi-Square test, determining significance levels ($p < 0.05$). Multivariate analysis is then conducted to assess the influence of multiple independent variables on the dependent variable, exclusive breastfeeding, using logistic regression analysis, with a significance threshold set at $p < 0.25$ to identify variables strongly associated with the dependent variable.

Results

A. Participant Characteristics

The sample appears to have an equal distribution of male and female children, with most children falling within the 7 to 10 months age range and being either first or second-born in their families. See Fig. 1 for the details.

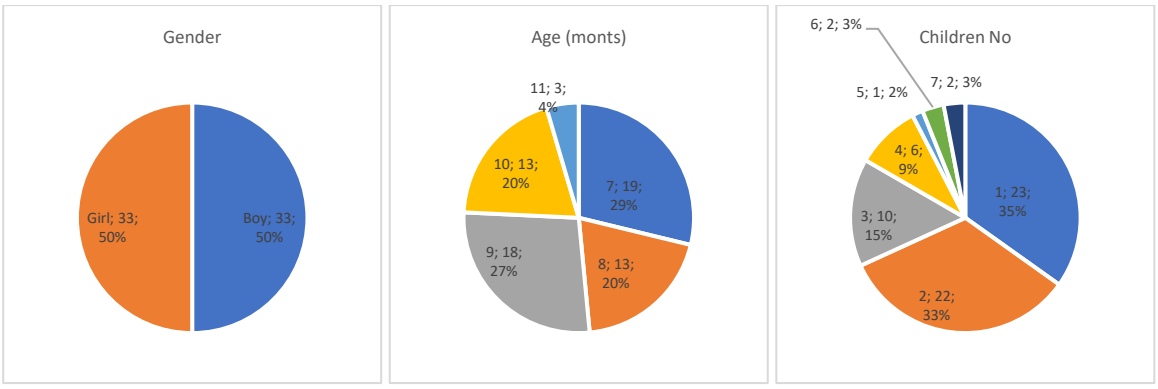


Fig. 1. Participant Characteristics

The frequency of male children is 33, accounting for 50% of the sample. The frequency of female children is also 33, accounting for 50% of the sample. The sample is evenly distributed in terms of gender. Most of the children in the sample are between 7 to 10 months old. The highest frequency is for children aged 7 months (19), representing 28.8% of the sample. The lowest frequency is for children aged 11 months (3), representing 4.6% of the sample. The distribution of children across different age groups is relatively balanced, with no significant skew. Most children in the sample are either the first or second child. The highest frequency is for children who are the firstborn (23), representing 34.9% of the sample. The second highest frequency is for children who are second-born (22), representing 33.4% of the sample. The distribution becomes less frequent as the birth order increases beyond the second child, indicating a trend towards smaller family sizes.

B. Univariate

Based on the data presented in Table 1, shows the distribution of exclusive breastfeeding practices among 66 mothers with infants aged >6-11 months.

Table 1. Univariate Analysis

Exclusive Breast Milk	**Freq.**	%
• Not giving	36	54.55%
• Giving	30	45.45%
Maternal Occupation		
• Unemployees	33	50.00%
• Employees	33	50.00%
Advertising Campaign		
• Not Exposed	23	34.85%
• Exposed	43	65.15%
Positive Close Relative		
• Not support	53	80.30%
• Support	13	19.70%
Total	**66**	100.00%

The frequency of mothers who did not provide exclusive breastfeeding is 36, accounting for 54.5% of the sample. The frequency of mothers who provided exclusive

breastfeeding is 30, accounting for 45.5% of the sample. The distribution shows that all 66 mothers with infants aged 6-11 months have an equal distribution in terms of Maternal Occupation. Specifically, 33 mothers (50%) are not working, while the other 33 mothers (50%) are employed. Among the 66 mothers with infants aged 6-11 months, the majority, comprising 43 respondents (65.2%), were exposed to the Advertising Campaign. Conversely, 23 mothers (34.8%) were not exposed to the Advertising Campaign. Of the 66 mothers with infants aged 6-11 months, a significant majority, comprising 53 respondents (80.3%), reported receiving insufficient Positive Close Relatives. Only 13 mothers (19.7%) reported receiving adequate Positive Close Relatives.

C. Bivariate

Among mothers who did not provide exclusive breastfeeding, 25.8% were not working, while 28.8% were working. Among mothers who provided exclusive breastfeeding, 24.2% were not working, while 21.2% were working. See Table 2.

Table 2. Bivariate Analysis

	Exclusive Breast Milk				p-value	OR	Cl 95%
	Not giving		Giving				
	N	%	N	%			
Maternal Occupation							
Unemployees	17	25.8	16	24.2			
Employees	19	28.8	14	21.2	0.621	0.783	0.297-2.067
Total	36	54.5	30	45.5			
Advertising Campaign							
Not Exposed	18	27.3	5	7.5			
Exposed	18	27.3	25	37.9	0.000	5.000	1.565-15.972
Total	36	54.5	30	45.5			
Positive Close Relative							
Not support	33	50	20	30.3			
Support	3	4.5	10	15.2	0.011	5.500	1.350-22.408
Total	36	54.5	30	45.5			

The chi-square test yielded a p-value of 0.621, which is greater than the significance level of 0.05, indicating that Maternal Occupation does not significantly influence exclusive breastfeeding practices in the Rasanae Timur Primary Health Care Area, Bima City, NTB. The Odds Ratio (OR) is calculated as 0.783 with a 95% confidence interval of 0.297-2.067. This suggests that working mothers have a 0.783 times chance of providing exclusive breastfeeding to infants aged >6-11 months.

Among mothers who did not provide exclusive breastfeeding, both those exposed and those not exposed to Advertising Campaigns accounted for 27.3% of the sample each. Among mothers who provided exclusive breastfeeding, 7.5% were not exposed to Advertising Campaigns, while 37.9% were exposed. The chi-square test yielded a p-value of 0.000, which is less than the significance level of 0.05, indicating that the Advertising Campaign significantly

influences exclusive breastfeeding practices in the Rasanae Timur Primary Health Care Area, Bima City, NTB. The Odds Ratio (OR) is calculated as 5.000 with a 95% confidence interval of 1.565-15.972. This suggests that not being exposed to Advertising Campaigns poses a 5.000 times greater risk of providing exclusive breastfeeding to infants aged >6-11 months.

Among mothers who did not provide exclusive breastfeeding, the majority, comprising 50% of the sample, reported receiving insufficient Positive Close Relatives, while only 4.5% reported receiving adequate support. Among mothers who provided exclusive breastfeeding, 30.3% reported receiving insufficient Positive Close Relatives, while 15.2% reported receiving adequate support. The chi-square test yielded a p-value of 0.011, which is less than the significance level of 0.05, indicating that Positive Close Relatives significantly influence exclusive breastfeeding practices in the Rasanae Timur Primary Health Care Area, Bima City, NTB. The Odds Ratio (OR) is calculated as 5.500 with a 95% confidence interval of 1.350-22.408. This suggests that inadequate Positive Close Relatives pose a 5.500 times greater risk of providing exclusive breastfeeding to infants aged >6-11 months.

D. Multivariate

The results of the multivariate analysis indicate the relationship between the independent variables and the dependent variable, which is exclusive breastfeeding. The variable Maternal Occupation has a p-value of 0.621 with an Odds Ratio (OR) of 0.783 and a 95% confidence interval ranging from 0.297 to 2.067. See Table 3.

Table 3. Multivariate Analysis

Variables	P	OR	Cl 95%
Maternal Occupation	0.621	0.783	0.297-2.067
Advertising Campaign	0.000	5.000	1.565-15.972
Positive Close Relative	0.011	5.500	1.350-22.408

This suggests that Maternal Occupation does not have a significant influence on exclusive breastfeeding. The variable Advertising Campaign has a p-value of 0.000 with an Odds Ratio (OR) of 5.000 and a 95% confidence interval ranging from 1.565 to 15.972. This indicates that the Advertising Campaign significantly influences exclusive breastfeeding. The variable Positive Close Relatives has a p-value of 0.011 with an Odds Ratio (OR) of 5.500 and a 95% confidence interval ranging from 1.350 to 22.408. This suggests that Positive Close Relatives significantly influence exclusive breastfeeding. Therefore, from the multivariate analysis results, it can be concluded that Advertising Campaigns and Positive Close Relatives significantly affect exclusive breastfeeding, while Maternal Occupation does not have a significant influence.

Discussion

Exclusive breastfeeding entails providing only breast milk to infants for the first six months without any additional fluids or complementary foods. After six months, complementary foods can be introduced while continuing to breastfeed until the child is two years old or older. Challenges in breastfeeding may arise due to misinformation about its benefits, proper breastfeeding techniques, and managing difficulties in lactation [10]. Research findings from 66 mothers with infants aged 6-11 months indicate that a significant portion, 54.5%, did not practice exclusive breastfeeding, while 45.5% did. Various factors contribute to the low rate of exclusive breastfeeding, including inadequate knowledge and information during pregnancy [11], maternal education levels [12], cultural beliefs [13], advertising campaigns influencing mothers to opt for formula milk over breastfeeding [14], and the level of positive close relatives, particularly husbands [15]. Positive emotional support from family members, especially husbands, plays a crucial role in enhancing breastfeeding practices. Conversely, low family support diminishes a mother's motivation to practice exclusive breastfeeding.

A. Maternal Occupation

Exclusive breastfeeding is not related to Maternal Occupation because of the statistical analysis, specifically the multivariate analysis. This indicates that there is no significant association between Maternal Occupation and exclusive breastfeeding practices. The Odds Ratio (OR) further supports this finding. In simpler terms, the type of work or employment status of the mother does not influence her decision to exclusively breastfeed her infant. Other factors such as Advertising Campaign and Positive Close Relatives were found to have significant associations with exclusive breastfeeding, whereas Maternal Occupation did not demonstrate a significant impact. The lack of association between exclusive breastfeeding and Maternal Occupation can be rationalized through several factors. Many mothers, regardless of their occupation, can find time to breastfeed their infants exclusively [16]. Breastfeeding can be accommodated during breaks at work or adjusted to fit the mother's schedule, especially with the availability of facilities for expressing and storing breast milk in the workplace [17]. The decision to breastfeed exclusively is often influenced by cultural beliefs, personal preferences, and maternal education rather than employment status. Mothers from various occupational backgrounds may prioritize the health benefits of breastfeeding and choose to exclusively breastfeed their infants, irrespective of their job responsibilities [18]. Support from family members, particularly partners or close relatives, plays a significant role in promoting exclusive breastfeeding. Mothers who receive adequate support and encouragement from their social network are more likely to continue breastfeeding exclusively, regardless of their occupation. Mothers may have access to resources such as lactation consultants, breastfeeding

support groups, and educational materials regardless of their employment status [19]. These resources can provide guidance and assistance to mothers in overcoming breastfeeding challenges and maintaining exclusive breastfeeding practices. While occupation may indirectly influence breastfeeding practices through factors such as access to healthcare and maternity leave policies, the absence of a direct association suggests that socioeconomic status alone does not determine exclusive breastfeeding behavior. Other factors such as maternal knowledge, cultural beliefs, and social support networks may have a more significant impact on breastfeeding practices.

B. Advertising campaigns

Advertising Campaign encompasses a broad array of marketing tactics deployed by formula milk companies to increase the consumption of their products. These strategies often encompass multifaceted approaches, ranging from traditional advertising campaigns in various media platforms to more subtle forms of promotion, such as product placement in healthcare settings and sponsorship of events targeting parents and caregivers [20]. Advertising campaigns often utilize persuasive messaging, appealing imagery, and endorsements from celebrities or healthcare professionals to portray formula feeding as a desirable and convenient option for infant nutrition. Furthermore, formula milk companies frequently collaborate with healthcare professionals, including pediatricians and lactation consultants, who may inadvertently or intentionally endorse formula milk products, thus lending credibility to formula-feeding practices [21]. The cumulative effect of these promotional efforts is the creation of a pervasive narrative that formula feeding is a legitimate and even preferable alternative to breastfeeding. This narrative can influence mothers' perceptions of infant feeding practices, leading them to believe that formula milk is an adequate substitute for breast milk. In some cases, Advertising Campaigns may exacerbate feelings of guilt or inadequacy among mothers who are unable or choose not to breastfeed exclusively, further perpetuating the normalization of formula feeding within society [22]. Moreover, Advertising Campaigns can contribute to the erosion of breastfeeding norms and practices by portraying formula feeding as the default or socially acceptable choice. This normalization of formula feeding within society may diminish support for breastfeeding mothers, as societal expectations and attitudes become increasingly aligned with formula-feeding practices.

C. Positive Positive Close Relatives

Close relatives, including partners, parents, and other family members, wield considerable influence in shaping mothers' breastfeeding experiences during the critical postpartum period. Their attitudes, beliefs, and behaviors regarding infant feeding practices

can significantly impact maternal decisions regarding breastfeeding initiation and continuation [23]. Positive Close Relatives play a pivotal role in empowering mothers to breastfeed exclusively. This support encompasses various forms, such as verbal encouragement, practical assistance with household chores and childcare, and validation of breastfeeding as the optimal method of infant nutrition. When close relatives express confidence in the mother's ability to breastfeed and provide unwavering support, it fosters a nurturing environment conducive to successful breastfeeding outcomes. Additionally, close relatives who have firsthand experience with breastfeeding or who have undergone breastfeeding education may offer valuable guidance and insights to new mothers, further enhancing their breastfeeding journey [24]. Conversely, the absence of support or negative attitudes towards breastfeeding can pose significant challenges for breastfeeding mothers. Close relatives who harbor misconceptions about breastfeeding or who hold cultural beliefs that prioritize formula feeding may inadvertently undermine the mother's confidence in her breastfeeding abilities. Criticism, skepticism, or lack of understanding from close relatives can erode maternal motivation and self-efficacy, leading mothers to doubt their capacity to breastfeed exclusively [25]. In such instances, mothers may feel compelled to supplement breastfeeding with formula milk or prematurely wean their infants from breastfeeding altogether, potentially compromising infant health and maternal well-being. The impact of close relatives on breastfeeding practices underscores the importance of engaging family members in breastfeeding education and support initiatives. By fostering a supportive and nurturing environment within the family unit, close relatives can become invaluable allies in promoting and sustaining exclusive breastfeeding. Encouraging open communication, providing accurate information about breastfeeding, and addressing misconceptions or concerns can help cultivate a supportive network that empowers mothers to embrace and succeed in their breastfeeding journey. Ultimately, the collective efforts of close relatives and the broader community are essential in creating an enabling environment that prioritizes and protects breastfeeding as the optimal feeding method for infants.

Conclusion

This study highlights the influential role of Maternal Occupation, Advertising Campaigns, and Positive Close Relatives in exclusive breastfeeding practices among mothers in the postpartum period. The findings reveal that Advertising Campaign contributes to a perception among mothers that formula feeding is a viable alternative to breastfeeding, potentially leading to lower rates of exclusive breastfeeding. Conversely, positive Positive Close Relatives, including encouragement and practical assistance, positively impact mothers' confidence and increase the likelihood of exclusive breastfeeding. Notably, Maternal Occupation did not show a significant association with exclusive breastfeeding practices in this

study. These results emphasize the importance of targeted interventions to counteract the influence of Advertising Campaigns and enhance support networks for breastfeeding mothers, ultimately promoting optimal infant feeding practices.

Conflict of Interest

The authors declare that there is no conflict of interest.

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Authors



Rostinah is a lecturer in the Midwifery Study Program at Harapan Bunda Midwifery Academy in Bima, Nusa Tenggara Barat, Indonesia. In addition to her teaching responsibilities, she actively participates in various international and national conferences. She has numerous publications to her name and has developed innovative approaches to address stunting. (email: rostinahsuherman@gmail.com).



Dini Anggriani is a dedicated student at the Midwifery Academy of Harapan Bunda Bima, located in Nusa Tenggara Barat, Indonesia. She is actively pursuing her studies in midwifery, aiming to contribute to the healthcare sector with her knowledge and skills. (email: dinianngriani05@gmail.com).



Mundir Muttaqin is a lecturer at the Midwifery Academy of Harapan Bunda Bima, located in Nusa Tenggara Barat, Indonesia. In addition to his role as an educator, he is also the owner of the Harapan Bunda Midwifery Academy. (email: kemahasiswaanakbidahb@gmail.com).



Supriadin is a doctoral student at Lincoln University College in Malaysia and serves as a lecturer at Stikes Yahya Bima, Indonesia. He earned his Master's degree in Nursing from Universitas Muhammadiyah Jakarta in 2018. (email: supriadinmyusuf@gmail.com).