



Qualitative study: External Factors Affecting a Mother to Maintain Exclusive Breastfeeding

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Abstract

Aim. The purpose of this article is to explore the factors that influence mothers to initiate and maintain exclusive breastfeeding.

Background. Optimal breastfeeding is the most effective and cost-effective survival strategy and has the potential to reduce child mortality by up to 13% in developing countries [2], [3]. Optimal breastfeeding consists of early initiation within one hour of birth, exclusive breastfeeding from birth to 6 months of life and breastfeeding until the age of 2 years or more [4]. **Materials and Methods.** This study uses a qualitative design. The experience of breastfeeding informants will be collected and summarized comprehensively and reported **narratively**. This research was conducted through a Focus Group Discussion (FGD) to mothers of infants aged 5-6 months in four puskesmas areas in Makassar City in January 2020. This research focuses on exploring the knowledge, practice and decision making related to exclusive breastfeeding. **Result.** Most of the mothers have received information about exclusive breastfeeding, but there are still some mothers who have never received such information. Mothers who have heard exclusive breastfeeding information still have different perceptions about the length of exclusive breastfeeding given. Certainly the mother does not understand the duration of exclusive breastfeeding. **Conclusions.** Breastfeeding is an important global public health problem. This review shows that knowledge about exclusive breastfeeding, understanding of breastfeeding practices and social support (family, husband and health workers) are factors that can influence the success of exclusive breastfeeding. Starting and maintaining breastfeeding is still a challenge for mothers today so that an understanding of exclusive breastfeeding, regulations that support breastfeeding, and social support can support breastfeeding success.

Keywords: *Exclusive Breastfeeding, Endorsement, Factors Affecting*

I. Introduction

In 2018 the World Health Organization (WHO) estimates that 5.3 million children under the age of 5 die from preventable diseases. The main causes of death in children under 5 years are complications of preterm birth, pneumonia, asphyxia, congenital anomalies, and diarrhea [1]. Optimal breastfeeding is the most effective and cost-effective survival strategy and has the potential to reduce child mortality by up to 13% in developing countries [2], [3]. Optimal breastfeeding consists of early initiation within one hour of birth, exclusive breastfeeding from birth to 6 months of life and breastfeeding until the age of 2 years or more [4]. Based on the results of the 2018 Basic Health Research in Indonesia, the proportion of early breastfeeding initiation in

children aged 0-23 months was 58.2%, out of that proportion doing early initiation ≥ 1 hour as much as 15.9%. Similarly, the proportion of breastfeeding also showed an increase from the previous year where the proportion of exclusive breastfeeding in infants aged 0-5 months was 37.3%, partial breastfeeding was 9.3% and predominant breast milk was 3.3% [5].

Exclusive breastfeeding according to WHO is the optimal method of feeding babies. Exclusive breastfeeding is done by only giving milk to the baby without any liquid or other solids even water, with the exception of oral rehydration solutions, vitamin drops, syrups, minerals or drugs [6]. Breastfeeding has many health benefits for both mother and baby. Breast milk contains all the nutrients a baby needs in the first six months of life. Breastfeeding protects babies against diarrhea and diseases in children such as pneumonia [7], [8], [9] and also has long-term health benefits for mothers and children, such as reducing the risk of overweight and obesity in childhood and adolescence [10], [11], [12].

According to WHO in the "Breastfeeding policy brief" the cause of the low level of exclusive breastfeeding globally comes from socio-cultural factors, health systems, commercial (promotion of formula milk), as well as poor knowledge about breastfeeding [4]. This research explains the importance of providing the best growth and development for children to prevent infectious diseases [1]. In Indonesia, the factors associated with the cause of low exclusive breastfeeding are the knowledge and awareness of health workers, the status of working mothers, family support, husband support and support of health workers [13] [14].

In addition, maternal education level, economic status, and implementation of IMD are also associated with the success of exclusive breastfeeding [15] [16]. The results of the review also showed the characteristics of the region associated with culture can also affect the provision of exclusive breastfeeding, in some regions in Indonesia colostrum is believed to be dirty, dangerous and cannot be given to infants because it can cause abdominal pain so it must be removed. In addition, mothers who live in rural areas are more likely to introduce prelactal food to infants immediately after giving birth [15].

Given the lack of qualitative research studies on breastfeeding practices in the study area and the importance of exclusive breastfeeding in reducing infant mortality and morbidity, this study will explore the factors that influence mothers to begin and maintain exclusive breastfeeding. It is hoped that this research will provide information that can be useful in increasing exclusive breastfeeding in the first 6 months.

II. Materials And Methods

This study uses a qualitative design. The experience of breastfeeding informants will be collected and summarized comprehensively and reported narratively. This research was conducted through a Focus Group Discussion (FGD) to mothers of infants aged 5-6 months in four puskesmas areas in Makassar City in January 2020. In-depth interviews were also conducted with families of nursing mothers and health workers. A total of 29 informants consisted of 21 nursing mothers, 4 families, and 4 health workers. This research focuses on exploring the knowledge, practice and decision making related to exclusive breastfeeding.

The four puskesmas included in this study are Primary health care Kassi Kassi, Jumpanang Baru, Jongaya and Bara Barayya. The field research team involved in carrying out the FGD was 2 people consisting of facilitators and minutes. The process of preparing for the discussion was assisted by the implementing midwife in each puskesmas. The informant group is mothers who have babies aged 5-6 months. This is done in order to get more complete information about the practice of exclusive breastfeeding and the challenges it faces the practice. Families of breastfeeding mothers and health workers are also involved in in-depth interviews, this is to get additional information related to factors that might influence exclusive breastfeeding. The purpose of the study was conveyed to all informants and provided the opportunity for informants to choose to participate in this study. Mothers who are willing to be informants must sign the consent form to be the informant. Group discussions take place at selected puskesmas. Each focus group discussion group consists of only 5-6 mothers so that the discussion can run effectively. Each discussion lasts about an hour.

The guide used during the discussion is a list of questions accompanied by probing. This includes questions about knowledge about exclusive breastfeeding, the benefits of breastfeeding, breastfeeding practices,

giving colostrum, implementing IMD, breastfeeding production, family support and the challenges faced by mothers in exclusive breastfeeding. All informants are identified by number and not by name. Before the discussion begins the facilitator will explain the procedures for conducting the discussion, provide informed consent and discuss the issue of data confidentiality. During the discussion, the hesitant informant will be convinced about anonymity so as to create a comfortable environment for the informant to speak. Informants were also told that the discussion would be recorded using a recorder and used by researchers later.

Thematic analysis was carried out according to five steps as explained by Braun and Clarke [17], [18]. The first step is the introduction or understanding of the data that has been collected where the data is transcribed verbally. All data that has been transcribed is read again by two researchers who performed data analysis. The second step is compiling or developing the initial code and then comparing it with each other. The code must be written as clearly as possible so that later through this code the researcher will better understand the meaning of each informant's statement. The third step is to look for themes that fit the purpose of the study. Matrix tables are used to list codes, and all related codes are listed in one theme. The last two steps taken are reviewing and refining the themes that have been prepared and writing the report.

III. Results

Three main themes will be discussed, namely knowledge about exclusive breastfeeding, breastfeeding practices and support received by mothers in exclusive breastfeeding. In this study the ages of mothers ranged from 20 to 53 years, with levels of education varying from junior high to strata1. Most of the work mothers are housewives. Knowledge of Exclusive Breastfeeding.

Most of the mothers have received information about exclusive breastfeeding, but there are still some mothers who have never received such information. Mothers who have heard exclusive breastfeeding information still have different perceptions about the length of exclusive breastfeeding given. Certainly the mother does not understand the duration of exclusive breastfeeding.

"The milk that you use is helping. Breast milk is only given at the age of 0 to 6 months "

"Yes, ever breastfeeding was given exclusively to babies after birth to 12 months"

"Breast milk is the limit for breastfeeding exclusively for babies 2 years. All I know is 0 to 2 years "

Sources of exclusive breastfeeding information are health workers, especially midwives. Information is obtained by the mother during the pregnancy check up both at the posyandu and at the puskesmas and some others get information after giving birth.

"At the time of the pregnancy check up, we were given information about exclusive breast milk.

"After giving birth immediately delivered to the midwife about exclusive breastfeeding"

Based on the results of interviews with midwives at the puskesmas, they have conveyed information about exclusive breastfeeding from the beginning of pregnancy until the third trimester. Midwives have also taught breastfeeding techniques and always provide counseling and counseling about exclusive breastfeeding.

"When I was examining ANC in the first trimester, I usually started with exclusive breastfeeding, then during the third trimester I taught how to breastfeed in the delivery room as well as being facilitated by IMD, so how was she so that her mother could breastfeed properly, I also went down to each My posyandu always does it counseling, or counseling, there is indeed counseling about exclusive ASI "

"We as health workers we only socialize the benefits. The benefits of exclusive breastfeeding and how to technically how her mother can be exclusive breastfeeding"

Basically, all mothers understand that exclusive breastfeeding is very beneficial. According to the mother, the benefits obtained if exclusive breastfeeding is to increase the baby's immune system, besides that breast milk has a lot of content that is not contained in formula milk, and the development of babies who are given breast milk more quickly. All mothers also know that babies should be given first breast milk immediately after birth, but in practice there are still a small proportion who do not directly give breast milk after birth with the reason there is no milk production and nipple is not prominent.

"Newborn is not directly given breast milk, you have time because of lack of water, you have nipples"

"I did not give direct breast milk because it was treated immediately after just 3 days but my milk came out so the first day until the third day was given formula milk"

Exclusive Breastfeeding Practices

All mothers know that exclusive breastfeeding is very beneficial for babies and they also agree that formula milk can never replace breast milk, but in practice most mothers have not given exclusive breastfeeding to their babies. Various reasons were conveyed by the mother, namely the baby continued to cry and breast milk did not come out, the perception of the mother that the production of breast milk was not enough to meet the needs of the baby, the mother had to work out of the house and the baby suffered icterus due to lack of fluids so it was necessary to be given extra formula milk[2].

"Yesterday, up to the age of 3 months, because I had a yellow body so my sister-in-law said maybe she was lacking breast milk ... indeed if there were a lot of breast milk, but this child was breastfeeding so I said, I said I gave the formula milk because of her bad yellow color, maybe it was less thankful to less Is this ASI or what ..."

"Yeah, he was born to drink formula milk, because you nete it until 3 days you nete"

"Iye because you came out of my milk so formula milk is given"

"From the start, the milk is actually just a little because maybe the child is also a factor, he said, he is stronger drinking his milk and the mothers cry how it feels, hh ee suctioned, but you have really really painful left and right noodles. How long ago yesterday was I still been intermittent with milk milk? "

"Because it always comes out to be a child who is entrusted with my parents-in-law and grandma"

Lack of milk production is also a complaint for some mothers. According to the mother the cause of breast milk is not optimal not only food or nutritional factors but also mind factors. According to mothers stress is very influential on their milk production.

"Yes, eat a lot, you may think too much relax"

"I am also the mother-in-law to Mauki, eating in a temper tantrum so that I might quickly disappear my breast milk,"

"Ee stress is that if stress is done, just take the example of a child who is still breastfed.

"Yes, it really has a big influence when it comes to stress, work is also really influential"

Nevertheless, most mothers still maintain exclusive breastfeeding. This is because the direct benefits felt by the mother during breastfeeding for example saves family expenses, is efficient and the baby is not easily sick.

"If exclusive breastfeeding doesn't wake up, noodles make milk ... hhh it's no longer buying milk"

"First, parents' advice, don't waste money and have lots of water. secondly, Allah also teaches us in what surah that sweeps up to the age of two years and I think that is indeed the nature of the woman to breastfeed "

"Because if it's more important it's breast milk ... saves more money ... hh because it's also better for the body's immunity than formula milk"

In the practice of breastfeeding, mothers who give exclusive breastfeeding mostly breastfeed in both breasts, however there are also more dominant in the right or left breast because of the perception that breast milk is more in one breast. The duration of breastfeeding is 30-40 minutes or until the baby is satisfied and takes off on its own.

"Ee intermittent intermittent if the first suckle must be right first then left again "

"If that's the case, this newborn one should have lots of breast milk, because she gives you a small pity until 2 hours I usually give milk again, maybe there are 9 times it might be up because she is just being breastfed and continued."

"More right, more milk right"

Family Support and Health Workers in Breastfeeding

Having good support from husband, family and health workers is very important for mothers. The support that mothers receive is a strong motivating factor and is very helpful for them in providing breast milk and can help to overcome the obstacles they face in breastfeeding. Some mothers said they still did not get optimal support from the family.

"If my family indeed forbids the use of formula milk, it is recommended that what is good for your child is breast milk in the sense that it is more beneficial and healthy"

"His experience was on the first day when my parents came home immediately, all my work which made no ASI also decreased immediately even though when there were ASI parents until the floods, but when my parents came home I worked alone all of the ASI immediately decreased"

"Yes, the work at home problem is too heavy, which affects ASI because we don't feel at home, there are no parents, so there is no one to help, so all of us who do homework wash, sweep, mop, cry for a little longer, go out there again, yes, there is no problem. endorsement"

Based on interviews with families of nursing mothers, most said that they were very supportive of mothers in breastfeeding. Various ways they do to support mothers, for example, encourage mothers to always consume nutritious food for optimal milk production or by reminding mothers to always breastfeed their babies.

"Usually I tell them to eat peanuts, to eat peanuts ... to get lots of breast milk"

"I used to tell you a lot when you sleep your child don't sleep for long ... give me a suckling, like that. It's normal for the kids to go to sleep sometimes ... they look like they say their parents don't need to go to bed because it's good to sleep ... it's normal ... so that's why we will wake up first and then breastfeed again "

As with health workers, efforts to motivate mothers to give breast milk continue to be encouraged, however health workers also think that family support is an important factor in the success of exclusive breastfeeding.

"We provide a lot of counseling and motivation to the first mother, because usually from the mother it can, then the second to the family. We also facilitate IMD. Then the second one is counseling to the companion with the family, because usually the problem is why it is usually not exclusive to people around, such as husbands, grandmothers, especially if they see a crying baby, there is no content yet.

"Yes, in fact the role of the family ... is in-law, mamakah does it play an important role even though it means that we also have to remind officers. So, if I go down the posyandu, I always give counseling about breast milk "

IV. Discussion

The element of knowledge has an important influence on the success of breastfeeding. Facing breastfeeding is a challenging task for mothers. Mothers who have good knowledge will know how to deal with problems and solve them and have a greater chance to breastfeed their babies successfully [19]. The results of Heidari's research (2017) also show that adequate knowledge and good breastfeeding skills have a strong effect on breastfeeding success [20]. Several studies conducted regarding exclusive breastfeeding in recent years have shown progressive knowledge of mothers in exclusive breastfeeding [21] [22] [23]. A 2016 study by Mogre et.al reported that 74% of mothers were involved in the study have general knowledge in exclusive breastfeeding [22], as well as research conducted by Dun-Dery & Laar in 2016 reported that almost all mothers (98%) who took part in the study had adequate knowledge about exclusive breastfeeding [21]. Information about exclusive breastfeeding according to mothers was obtained through health care providers during prenatal and postnatal periods [22].

This study also shows that all mothers know that exclusive breastfeeding is very beneficial for babies, but in practice most mothers have not given exclusive breastfeeding for various reasons, namely the baby continues to cry, does not come out and the mother's perception that the production of breast milk is not enough to meet the needs of the baby so give formula milk. Inadequate perception of breast milk production is also a factor influencing the failure of exclusive breastfeeding in Malaysia [24]. The Buss study (2019) also showed that seven out of eleven mothers in previous children stopped breastfeeding because they felt they had insufficient milk [25]. This concern appears in mothers who have just started breastfeeding. Evidence shows that it is not possible for mothers to run out of breast milk if they breastfeed properly [26].

In the research of Huang et.al (2017), it was reported that 3 main reasons why mothers gave formula milk were inadequate milk supply (65.9%), concerns that breast milk was inadequate (12.3%), and pressure from family members (7.7%) [27]. Inadequate milk intake or perception of inadequate milk production are the most common reasons for formula feeding [28], [29]. Some of the reasons cited for the causes of suboptimal milk production are inadequate breast development during pregnancy and previous breast surgery [30] and poor milk extraction. Poor breastfeeding routines in the early postpartum period are the most common cause of inadequate milk intake [31].

Family support and health workers are also critical for the success of exclusive breastfeeding. Based on the results of this study indicate that mothers who do not get optimal support tend to have inadequate milk production. In a qualitative study conducted by Choo & Ryan (2016) it was reported that support from family, partners, and the wider community greatly helped mothers to continue breastfeeding [32]. Similar findings were reported in previous studies by Jessri et.al. [33] and Hjalmhult & Lomborg [34] where social support allows mothers to continue breastfeeding despite initial challenges. In a qualitative synthesis paper by McInnes and Chambers [35] it was concluded that mothers can consider social support (from a mother, friend or partner) to be more important than the support of health professionals. Qualitative research by Joseph & Earland (2019) shows that support provided by family members is a strong motivating factor for mothers to practice exclusive breastfeeding, the study also shows that mothers can exclusively breastfeed their babies for 4 months with the consent of their husbands to practice what is recommended during an antenatal clinic visit. This shows the importance of involving the husband in a strategy to promote exclusive breastfeeding [36].

V. Conclusion

Breastfeeding is an important global public health problem. This review shows that knowledge about exclusive breastfeeding, understanding of breastfeeding practices and social support (family, husband and health workers) are factors that can influence the success of exclusive breastfeeding. Starting and maintaining

breastfeeding is still a challenge for mothers today so that an understanding of exclusive breastfeeding, regulations that support breastfeeding, and social support can support breastfeeding success.

VI. Conflicts of Interest

The authors declare that there is no conflict of interests regarding the publication of this paper.

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