

Sources of support related to exclusive breastfeeding behavior

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Abstract

Background: Only half of all infants under six months in Indonesia receive exclusive breastfeeding. The South Sumatra Health Office (2022) reported that the exclusive breastfeeding rate in OKI Regency was 71.0%, which is still below the national target of 80%. The purpose of this study was to identify the sources of support and their relationship with maternal behavior in exclusive breastfeeding.

Method: This research uses qualitative methodology with a case study research design. This data used secondary data from Rima Anggraini in 2017, involving 12 mothers of infants aged 6-12 months as key informants, as well as 11 expert informants, including the head of the puskesmas, the nutrition program coordinator, 3 midwives, and 6 posyandu cadres. Data was obtained through in-depth interview, and analyzed using thematic analysis techniques. To validate the findings, researcher used source triangulation and data triangulation.

Results: Most mothers breastfeed 4-6 times a day, far from the optimal recommendation. Working mothers face the problem of limited lactation room facilities, while non-working mothers produce less breast milk. Other factors affecting the success of exclusive breastfeeding include a lack of knowledge about proper breastfeeding, as well as support from the family to provide early complementary foods such as zam-zam water, coffee and banana. In addition, the lack of use of visual aids in counseling reduces the effectiveness of information delivery.

Conclusion: Although mothers recognize the importance of exclusive breastfeeding, the practice is still hampered by various factors, including limited knowledge, influence of family, lack of facility faced by working mothers and the effectiveness of counselling program. This calls for improved family capacity and support from health workers to encourage better exclusive breastfeeding practices.

Keywords: Exclusive Breastfeeding; Source of Support; Maternal Behavior.

INTRODUCTION

According to Government Regulation No. 33 of 2012, infants must receive exclusive breastfeeding from birth for the first 6 months without substitution or supplementation with other food or drinks. The high infant mortality rate can be reduced through exclusive breastfeeding for newborns (1). Breast milk helps strengthen the infant's immune system and positively affects the child's growth and nutritional status.

Exclusive breastfeeding is one of the necessary steps to improve a child's nutritional status, especially during the first 1,000 days of life (2). Breast milk provides the right and sufficient nutrition to reduce the risk of infections, diarrhea, and growth and

developmental problems in infants. Breastfeeding from birth is expected to optimize their growth and development.

Only 52.2% of infants in Indonesia receive exclusive breastfeeding, meaning only half of all infants under six months receive exclusive breastfeeding. This figure represents a 12% decrease in exclusive breastfeeding since 2019 (3). South Sumatra province is among the 12 provinces with the lowest exclusive breastfeeding coverage, at 66.3%, and the Ogan Komering Ilir (OKI) Regency is one of the regions that has not yet met the national target, with 71.0% coverage (4). At Kutaraya Community Health Center, 92.7% of babies receiving exclusive

breastfeeding still fall short of the health center's target (5).

Infants are vulnerable to diseases such as infections and diarrhea, as well as growth and developmental issues. Therefore, proper nutrition from breast milk is needed in adequate amounts to meet their needs. Ideally, breastfeeding from birth should optimally support infant growth and development (6).

Cultural habits passed down from previous generations are one of the factors hindering exclusive breastfeeding, ultimately affecting mothers' attitudes and perceptions toward exclusive breastfeeding (7). A lack of knowledge about the importance of exclusive breastfeeding leads to the early introduction of complementary foods such as oats, water, yogurt, and bananas. When breast milk is not immediately available after birth, delivery personnel may suggest using formula milk (8). This aligns with other studies, which show that due to tradition, mothers give early complementary feeding in the form of honey for three days, followed by mashed bananas after three days (9).

Based on the previous explanation, this research aims to describe exclusive breastfeeding practices and their relation to support sources. It is hoped that this research will provide a better understanding of the risks of non-exclusive breastfeeding.

METHOD

This study employs a descriptive research design with a qualitative approach. Secondary data collection from "Maternal Behavior in Providing Exclusive Breastfeeding

in the Kutaraya OKI Puskesmas Work Area" (10). A total of 23 participants were purposively selected. The key informants consisted of 12 mothers with infants aged 6-12 months, both working and non-working mothers. Additional key informants included the head of the health center, one nutrition program officer, three midwives, and six posyandu volunteers from the Kutaraya Health Center community.

Data were collected using in-depth interviews. Data validation was conducted through source triangulation by examining information from various informants, in-depth interviews, and data triangulation, which included obtaining expert key informants' opinions and gathering feedback from participants. The variables explored in this study were sources of support and behaviors of mothers in providing exclusive breastfeeding.

The tools used for data collection included a voice recorder, a camera for documentation, observation sheets, and writing materials. Interview results were transcribed, categorized based on common characteristics, and then interpreted and analyzed using thematic analysis.

RESULTS

The key informants in this study were mothers with children aged 6-12 months, with an average age of 28 years. The majority of the mothers had completed high school as their highest level of education and had only one child.

Table 1: Characteristics of Informants (Community)

Nu.	Initials	Age	Last Education	ΣChild	Status
1.	YN	30 yo	SHS	2 person	Working (Exclusive breastfeeding)
2.	EK	28 yo	S1	1 person	Working (Exclusive breastfeeding)
3.	TO	39 yo	SHS	1 person	Working (Exclusive breastfeeding)
4.	SL	22 yo	SHS	4 person	Working (Not Exclusive breastfeeding)
5.	NV	28 yo	SHS	1 person	Working (Not Exclusive breastfeeding)
6.	DS	26 yo	D3	1 person	Working (Not Exclusive breastfeeding)
7.	PW	31 yo	SHS	2 person	Not Working (Exclusive breastfeeding)
8.	CN	23 yo	ES	2 person	Not Working (Exclusive breastfeeding)
9.	SF	22 yo	SHS	1 person	Not Working (Exclusive breastfeeding)
10.	YI	39 yo	ES	7 person	Not Working (Not Exclusive breastfeeding)
11.	AN	21 yo	SHS	2 person	Not Working (Not Exclusive breastfeeding)
12.	VW	28 yo	SHS	1 person	Not Working (Not Exclusive breastfeeding)

From Table 2, it is known that the key expert informants consist of 11 individuals aged 21-54 years, most of whom have completed high school as their highest level of education. The informants include health

center leaders, midwives, nutrition program officers, and posyandu volunteers, with work experience ranging from 3 to 31 years.

Table 2: Expert Key Informant Characteristics

Nu.	Initials	Age	Last Education	Position	Length of Work
1.	WR	43 yo	SHS	Head of Kutaraya Health Center	31 yo
2.	NM	54 yo	D3	PJ PP-ASI PKM	31 yo
3.	TJ	32 yo	D3 Midwifery	Midwife	5 yo
4.	LY	24 yo	D3 Midwifery	Midwife	3,5 yo
5.	MA	52 yo	D4 Midwifery	Midwife	4 yo
6.	MS	52 yo	SHS	Kader	26 yo
7.	FM	31 yo	SHS	Kader	12 yo
8.	EL	28 yo	SHS	Kader	12 yo
9.	MA	39 yo	SHS	Kader	12 yo
10.	YU	31 yo	SHS	Kader	3 yo
11.	EH	42 yo	SHS	Kader	7 yo

Based on the research findings, two main themes emerged: maternal behavior and support sources related to breastfeeding,

each consisting of several sub-themes as follows:

Table 3: Main themes and Sub-themes

Main themes	Sub-themes
A. Mother's Behavior	1. Frequency of breastfeeding during the day 2. Barriers to Exclusive Breastfeeding Practice 3. Breastfeeding Mother's Knowledge
B. Source of Support	1. Influence of Health Workers on Breastfeeding Behavior 2. Family Support Exclusive Breastfeeding

Frequency of Breastfeeding During the Day

Breast milk, which is the primary and essential source of nutrition for newborns, not only fulfills the nutritional needs but also supports immunological development and strengthens the emotional bond between mother and child. The frequency of breastfeeding by the informants in this study varied, ranging from 4-7 times in 24 hours, with each session lasting 5-30 minutes.

"Sering dek dio cak 6 kali mungkin, 30 menitlah..." (EK)
(Around 6 times, 30 minutes...) (EK)

"Cak 4-5 kali lah..." (SL)
(Around 4-5 times...) (SL)

"7 kali, sekitar 10 menit..." (CN)
(7 times, around 10 minutes...) (CN)

Mothers breastfeed their babies when they show signs of hunger, such as crying, and at routine times like lunchtime and after work.

"Yo jam kerja aku memerahnyo di kantor, lalu ditarokkan di collorbag yang tahan 2 jam, nanti sepulang dari kerja aku langsung letakkan ASI di lemari pendingin" (YN)
(I pump milk during work hours in the office, then store it in a cooler bag that lasts for 2 hours, and after work, I put the breast milk in the refrigerator) (YN)

"Galak tuh habis makan nasi minum susu, mendak siang atau sore cak itulah" (SL)
(Usually, after eating rice, the baby drinks milk, either in the afternoon or evening) (SL)

"Men dio lapar atau men dio nangis di kasih susu" (VW)
(When they're hungry or when they cry, I give them milk) (VW)

Posyandu volunteers stated in interviews that breastfeeding mothers have

basic knowledge about exclusive breastfeeding practices.

"...ibu disini sudah tau dek ckmmo ngasih ASI ke anaknyo..." (FM)
(Mothers here already know how to give breast milk to their babies) (FM)

Barriers to Breastfeeding

The mother's employment status also affects the practice of exclusive breastfeeding. Working mothers stated that they do not bring their children to work due to the lack of a supportive work environment, such as the absence of special breastfeeding facilities at work. Bringing their children is also seen as potentially disruptive to their work.

"...katek tempat merah ASI." (DS)
(There's no place to pump breast milk) (DS)

On the other hand, non-working mothers face challenges with limited breast milk production, leading them to provide supplementary foods to prevent hunger or malnutrition in their children.

"Katek air susu, ado dikit tapi posisi sudah melahirkan itu saket jadi kurang dipegang. Men setelah itu dikasih susu formula sampe sekarang" (VW)
(No breast milk, there's a little but after giving birth it hurt, so I couldn't hold the baby much. After that, I gave formula milk until now) (VW)

According to local midwives, low milk production is a barrier for non-working mothers, causing them to provide supplementary foods such as formula milk.

"...ASI nyo dak keluar. Jadi apo boleh buat pakek susu formula, kalo dak cak itu dak biso mak ini..." (TJ)
(...the breast milk doesn't come out. So it's necessary to use formula milk; otherwise, they can't feed the baby...) (TJ)

The head of the health center echoed this sentiment, stating that the lack of a dedicated breastfeeding area at work and bringing a child to work can disrupt activities.

"Disekolah tidak ada, karena ruangnya terbatas untuk ruang kepala sekolah, ruang guru, ruang belajar. Jadi sejauh ini belum ada

ruang khusus untuk menyusui. Terus juga ibuk-ibu bawak bayi, karena disekolah dak boleh bawak bayi kesekolah apolagi lagi belajar. Jadi kepala sekolah telah memberikan kebijakan untuk menyusui bayinya dirumah pas waktu istirahat. Ibu bekerja juga tidak boleh membawa anaknya ke sekolah, kan bisa mengganggu aktivitas disekolah" (TT)
(There is no room in the school because the spaces are limited for the principal, teachers, and classrooms. So, so far, there's no special room for breastfeeding. Also, mothers can't bring babies to school; it can disrupt school activities. The principal has provided a policy for mothers to breastfeed their babies at home during breaks. Working mothers also can't bring their children to school as it would interfere with school activities.) (TT)

Mother's Knowledge About Complementary feeding

The study found that mothers' knowledge regarding the provision of complementary foods for breast milk (MP-ASI) is relatively low. This is reflected in the statements from key informants who still provide food and drink to babies under six months.

Mothers believe that giving Zamzam water is a way to introduce the child to the world, while mashed bananas are given in hopes of making the child gain weight, and honey is provided due to its pleasant taste; however, these practices do not align with recommended nutritional guidelines. A high level of knowledge about exclusive breastfeeding would prevent mothers from introducing MP-ASI at an early age (9).

"Nah dak tau dek aku, tapi pernah dengar galak bayi yang baru lahir tuh dikasih air zamzam biar ngenjokkan tau bahwa dio tuh lahir didunio." (DS)
(I don't know, but I've heard that newborns are given Zamzam water to show that they were born into the world) (DS)

"Ado dek, dijenjokkan promina biar dio diam. Pisang jugo galak dek dikasihkan mereka, cak pisang kepok dikerok trus dikasihkan keanaknyo. Men aku nih idak dek" (PW)
(There's this, given Promina to make them quiet. They also give bananas; they take the ripe ones and give them to the child. But I don't do that) (PW)

“...yang pertama lahir nian itu, dikasih madu soalnya itu raso-raso di dunia yang lemak.” (SL)

(...the first thing after birth is honey because it's a nice taste from the world) (SL)

Regarding feeding infants under six months, the head of the health center also noted that mothers often secretly provide supplementary food and drinks to newborns when breast milk does not come in within the first three days.

“...cuman kalo nak 3 hari pertama biasanya yang belum keluar masih kasih tambah makanan tambahan, masih diem-diem ngenjok ASI bayinyo itu susu makanan tambahan, karena takutnya dehidrasi.” (WK)

(...if it's the first three days, usually when it hasn't come in, they quietly give supplementary food because they're afraid of dehydration) (WK)

Influence of Health Workers

Health workers have provided education about exclusive breastfeeding; however, the delivery has been assessed as less effective. This is because the education is primarily delivered verbally without the aid of other media, such as pamphlets or educational videos. The lack of visual aids has made the provided counseling less effective.

“Besar oh dek, dikasih tau ASI nih kan bagus dari pada susu formula itu” (CN)

(Yes, they tell us that breast milk is better than formula milk) (CN)

“Katek dek cuman materi be” (YN)

(There's nothing; it's just material) (YN)

“Idak ah dek, soalnya pas posyandu tuh cuman dikasih tau bee, dak makek yang cak adek omongan itu” (PW)

(No, during the posyandu, we're just told about it; it's not like what you talked about) (PW)

“Idak katek, cuman omongan be” (VW)

(There's nothing, just talking) (VW)

“...galak ngasih penyuluhan tentang ASI. Galak ngasih tau ASI itu bagus, banyaklah pokoknyo” (EK)

(...they provide counseling about breast milk, emphasizing that breast milk is good, among other things) (EK)

The head of the health center and the nutrition program officer also mentioned that there is no specific program to support the success of exclusive breastfeeding targets in the Kutaraya health center area, only forms of counseling and posyandu.

“Program belum ada, tapi sering penyuluhan atau posyandu. penyuluhan di kumpulkan ke posyandu tentang ASI eksklusif...” (NM)

(There isn't a program yet, but we often have counseling or posyandu. Counseling is gathered in posyandu about exclusive breastfeeding...) (NM)

“Kebijakan ASI eksklusif berbasis keluarga cak dukungan keluarga bukan?, oh men cak itu belum ado” (WK)

(Is the exclusive breastfeeding policy family-based, like family support? If so, that hasn't been established yet) (WK)

Family Support Exclusive Breastfeeding

The provision of MP-ASI by mothers to infants under six months is driven by the mother's willingness and influenced by family members, such as parents. Informants expressed that when breast milk is limited, formula milk is often given as an alternative.

“...aku kan ini dikit keluarnya yo dikasihkan susu formula pakek dot” (NV)

(...I only have a little, so I give formula using a bottle) (NV)

“...diri dewek dek smo keluargolah” (DS)

(...it's just me and my family) (DS)

“Aku dewek sih, teros jugo mak aku dulu ngasihke susu formula jugo waktu masih mudo” (NV)

(I do it myself; my mother also used to give formula when she was younger) (NV)

This statement aligns with what local midwives say, noting that mothers with young children receive support from their families, such as parents.

“Ibuk mereka tula dek, keluargonyo tula galak tu” (TJ)

(Their parents or family support them) (TJ)

DISCUSSION

Maternal behavior in implementing exclusive breastfeeding practices can determine the success of nutritional provision

for infants during their early life stages. Exclusive breastfeeding, recommended for the first six months of life, not only provides optimal nutrition but also contains antibodies essential for strengthening the infant's immune system. The frequency of breastfeeding per day is an important indicator of breastfeeding practices that directly impact the health and development of the infant (10).

A study in the working area of Malei Health Center in Poso District showed a relationship between exclusive breastfeeding behaviors and factors such as breastfeeding duration, which is also correlated with infant nutritional status (11). Shorter breastfeeding durations tend to be associated with slower growth rates in infants (7).

Mothers who breastfeed typically provide exclusive breastfeeding around six times a day. The optimal indicator for breastfeeding frequency is 8 to 12 times a day (12). Adequate nutrition for children, including appropriate breastfeeding frequency and portion sizes, will support their physical and intellectual growth and development (13). Delays or errors in transitioning from breastfeeding to complementary foods (MP-ASI) can contribute to nutritional problems and affect the weaning process, ultimately impacting the overall nutritional status of infants.

In the context of optimal daily breastfeeding frequency, it is important to consider various barriers that may hinder mothers from effectively practicing exclusive breastfeeding. Maternal employment status plays a significant role in exclusive breastfeeding practices (14). Working mothers express that they do not bring their children to the workplace due to an unsupportive environment, particularly due to a lack of breastfeeding facilities. Additionally, they believe that bringing children to work may disrupt their job activities.

Other studies have similarly stated that the absence of support from the workplace, such as lactation rooms, poses barriers for working mothers (15). Meanwhile, low milk production becomes a barrier for

non-working mothers in their efforts to breastfeed optimally (16).

Working mothers are more likely to not provide exclusive breastfeeding for their infants due to barriers such as the lack of lactation spaces and limited time. When milk production decreases, mothers may worry about their ability to meet the nutritional needs of their infants, leading to decisions to supplement with formula milk (17). Furthermore, to enhance exclusive breastfeeding among working women, adjustments to working hours, provision of facilities at the workplace, and longer maternity leave should be implemented, so that the benefits of exclusive breastfeeding for infant health and development can be maximized (18).

Knowledge is a crucial factor in exclusive breastfeeding practices. Mothers with good knowledge about exclusive breastfeeding are more likely to breastfeed exclusively (19). Exclusive breastfeeding is recommended by WHO for the first six months of life (9).

A study conducted at BPM Romauli Silalahi stated that there is a relationship between maternal knowledge levels and the provision of complementary foods (MP-ASI) for infants under six months; mothers with good knowledge understand the right timing for introducing MP-ASI (20).

Mothers who understand the benefits of exclusive breastfeeding are often more motivated and confident in the breastfeeding process. This can accelerate postpartum recovery and improve their long-term health (21). Knowledge and experience are inseparable from the influence of social, cultural, religious, economic, and political values (22). Various factors, such as surrounding habits, information received from family support, and health workers, can influence mothers' knowledge and practices regarding exclusive breastfeeding (23).

The importance of maternal knowledge regarding exclusive breastfeeding in supporting ideal breastfeeding practices can be optimized with support from health workers who can help enhance mothers' awareness and skills in providing exclusive

breastfeeding (24). Appropriate intervention programs can increase mothers' motivation to provide exclusive breastfeeding to their infants. Health workers play a crucial role in raising awareness and exclusive breastfeeding practices by providing education, counseling, and emotional support to mothers from pregnancy through breastfeeding (25).

Similar research has also found that health worker outreach is a key variable contributing to the low achievement of exclusive breastfeeding in Pesawaran District in 2021 (26). One successful example of an exclusive breastfeeding intervention is the "Supporting First-Time Mothers" program, which offers breastfeeding support through a website, allowing mothers to access information about breastfeeding and participate in discussions via provided forums (27).

Support from health workers and family in enhancing exclusive breastfeeding practices has a significant influence. Family members, especially partners and close relatives, serve as sources of motivation and practical assistance that can strengthen mothers' commitment to providing exclusive breastfeeding. The importance of family involvement in the breastfeeding process is crucial in creating an environment that supports the success of exclusive breastfeeding (28). Support sources from the family play a vital role in improving exclusive breastfeeding practices in the working area of Kutaraya Health Center. Other studies state that family support affects mothers in providing early complementary foods (MP-ASI) to infants (29).

Informational, emotional, and instrumental support from husbands encourages mothers to provide exclusive breastfeeding (30). This type of support not only alleviates mothers' challenges but also provides the necessary information and motivation (31). Family involvement in understanding the importance of exclusive breastfeeding and actively participating in creating a supportive environment for exclusive breastfeeding practices can strengthen mothers' commitment and improve

the success of exclusive breastfeeding during the first six months of an infant's life (32). Therefore, there is a need to enhance family support and provide education on exclusive breastfeeding during antenatal activities and postpartum lactation support (33).

CONCLUSIONS

This study found that some mothers were not optimally providing exclusive breastfeeding. Most mothers breastfeed their children about six times a day, with some providing only 4-5 times a day. Only a few informants reported breastfeeding up to seven times in 24 hours. The recommended breastfeeding frequency is 8-12 times per day. Working mothers face barriers to exclusive breastfeeding due to the limited availability of lactation facilities at work and concerns about bringing their children, which could disrupt work. Meanwhile, non-working mothers encounter challenges such as low milk production. A lack of knowledge about proper breastfeeding practices, as well as habits of early complementary feeding such as giving Zamzam water, coffee, and mashed bananas, also affect breastfeeding behavior. Family support in providing early complementary foods (MP-ASI) to infants as well as limited health promotion media used by health workers also influence the success of exclusive breastfeeding. Health workers can use more appealing media, such as educational videos, to reinforce educational programmes to improve exclusive breastfeeding practices.

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