

A Qualitative Study of Successful Exclusive Breastfeeding

Mahmudah¹, Rahayu Indriasari², Roselina Panghiyangan³, Husaini⁴, Meitria Syahadatina Noor³

¹Master of Public Health Science Program, Faculty of Medicine, Lambung Mangkurat University, Kalimantan Selatan; ²Department of Nutrition, Faculty of Public Health, Hasanuddin University, Makassar; ³Faculty of Medicine, Lambung Mangkurat University, Kalimantan Selatan; ⁴Public Health Study Program, Faculty of Medicine, Lambung Mangkurat University, Kalimantan Selatan, Indonesia

ABSTRACT

Exclusive breastfeeding is influenced by 3 factors; predisposing, enabling and reinforcing factors. Public Health Center of Guntung Payung has the highest coverage of exclusive breastfeeding from 8 public health center in Banjarbaru City and for 5 years has increased. This study aim to exploring the success of exclusive breastfeeding in the work area of Guntung Payung Public Health Center of Banjarbaru in 2017. This research using a qualitative design with a phenomenological approach. Participants were selected by purposive sampling and continued by snowball technique. The method used in-depth interviews on 3 participants ie mothers who give exclusive breastfeeding that has babies 6-12 months. Factors that contribute to maternal success of exclusive breastfeeding are predisposing factors of knowledge, experience, perception, beliefs, values , and attitudes. Possible factors are the availability and affordability of health facilities. The reinforcing factors are the support of husbands, families, health workers and the workplace. When mothers with predisposing factors experience obstacles in exclusive breastfeeding and have no enabling factors, reinforcing factors encourage mothers to continue the exclusive breastfeeding.

Keywords: *Exclusive breastfeeding, successful factor*

INTRODUCTION

Exclusive breastfeeding has a great contribution to the growth and endurance of the child. Children exclusively breastfed will grow and develop optimally and will not get sick easily. This is in line with some global studies and facts. The Lancet Breastfeeding Series in 2016 has proven that exclusive breastfeeding reduces death rates due to infection by 88% in infants aged under 3 months and 31.36% of 37.94% sick children for not receiving exclusive breastfeeding or about 82% of sick children for not receiving exclusive breastfeeding. Data from the Health Profile of the Republic of Indonesia for 4 consecutive years ie 2013, 2014, 2015, 2016 fluctuated, in 2013 by 54.3%, then decreased in 2014 to 52.3%, increased again to 55.7% in 2015 and a sharp decline to 29.5% by 2016. This is not in line with the government's

expectation that the coverage of exclusive breastfeeding increases every year.¹ Data from Banjarbaru City Health Office Profile in 2016 shows an exclusive breastfeeding coverage of 45.34 %. Banjarbaru has 8 public health centers which are Guntung Payung Public Health Center has the highest coverage of exclusive breastfeeding of 66.97%. Exclusive breastfeeding coverage of Guntung Payung Public Health Center for 5 consecutive years ie in 2012 until 2016 has increased. The coverage of exclusive breastfeeding in 2012 is 57%, 2013 is 58.71%, 2014 is 60.37%, 2015 is 62.1% and in 2016 is 66.97%. The coverage rate of exclusive breastfeeding of Guntung Payung Public Health Center exceeds the Ministry of Health's Strategic Plan for 2015-2019, which is 50% and exceeds the National Development Plan for 2015-2020, which is 50%.

A mother giving breast milk exclusively influenced by various factors, especially factors that affect behavior. According to Green, there are 3 factors that influence behavior that is predisposing, enabling and reinforcing factor.² The success of Puskesmas Guntung Payung is very proud considering the number of benefits that can be

Corresponding Author:

Jalan A. Yani
Km.36, Banjarbaru, 70714,
Kalimantan Selatan, Indonesia
Email: mahmudah1819@gmail.com

given by exclusive breastfeeding not only in infants but also in mothers, families, and countries. So it needs to be examined about the success of exclusive breastfeeding in the Working Area of Guntung Payung Public Health Center Banjarbaru.

MATERIALS AND METHOD

This study uses qualitative design with phenomenology approach. Participants were taken by purposive sampling and continued by snowball technique. The data were collected by the researcher using the data collection tool that is the in-depth

interview guide for three months, namely November 2017 until January 2018. Participants selected in this study have characteristics that can communicate well, mothers who have a child aged 6-12 months and willing to become participants. Methods of data collection using in-depth interviews with 3 participants, each participant interviews as much as 5 times with a duration of 45-60 minutes. Tools used as interview guides, stationery, notebooks and tape recorders. The collected data is given a coding to give the numbers 1, 2, and 3 on the first participant have code P1, P2 for the second participants, and P3 in participants 3. In the analysis process, researchers identify a thematic analysis.

RESULTS AND DISCUSSION

Table 1: Characteristics of Participants In-depth Interviews

Code of participants	Age	Number of children	Education	Tribe	Informant's work	Family type
P1	27	1	High school	Banjar	Housewife	Extended
P2	34	3	High school	Jawa	Employee	Main
P3	32	2	High school	Jawa	Housewife	Main

Table 1 shows the participants with a safe age as much as 100% of participants with primiparity 33% and multipara 67%, participants with low education 100%, Banjar tribe 33% and Javanese 67%, participants work 33% and did not work (housewife) 67% and the participant with the main family 67% and large (extended) families 33%.

The success of exclusive breastfeeding: Based on the results of in-depth interviews on the participants in accordance with the Green theory that there are three factors that influence the predisposing factors that include knowledge, experience, perception, beliefs, values, and attitudes, enabling factors that include availability of health services, affordability of healthcare facilities and reinforcing factors that include information, emotional, instrumental and reward support by husbands, families, workplaces and health workers. It can be seen from the following statement:

"... The reason I give milk to my child because breast milk is the best food for babies, by giving breast milk the child can be smart and good immunity. If given a supplementary food (early breastfeeding) I am afraid of affecting his intestines, when small, it is okay but does not

know how to be big, I read that the intestines are not strong ... " ³

"... Because breast milk is good for babies, body endurance, and development ..." ⁴

The knowledge gained from a variety of sources of information participants HCWs, maternal and child health books, electronic media include mobile phones, radio and google. It can be seen from the following statement:

"... I often read google ... read in a pregnant book guide (pink book) ..." ³

"... when pregnancy checking I was told by the midwife ..." ⁵

"... I heard lectures on the radio ... magazines about breast milk" ⁴

Participants who have experience from previous children or other children who provide benefits and comparisons between breastfeeding with breast milk and formula milk are among the factors that influence mothers to continue breastfeeding exclusively. It can be seen from the following statement:

"... I keep breastfeeding because I see from the experience of the previous child, the child who was given breast milk which was rarely sick ..." ⁵

In working participants, support from the workplace is a factor that affects participants still give exclusive breastfeeding, can be seen from the following statement:

*"... a very helpful thing I can give exclusive breastfeeding because I get permission from the inn (the place of work) to bring children and breastfeed there ..."*⁵

The values that participants have that participants give breast milk are a woman's obligations, this belief is a factor that influences participants to give exclusive breastfeeding, this can be seen from the following description:

*"... I give breast milk which is our duty as a mother, a child is a trust from God that must be preserved and given the best ..."*⁴

Participants stated that breastfeeding is an obligation obtained from listening to religious lectures on the radio, it can be seen from the following statement:

*"... I heard a lecture on the radio ..."*⁴

Participants have different responses to inhibitors, constraints and how to overcome these obstacles in exclusive breastfeeding. The participant's statement is described as follows:

Breast milk does not come out

*"... In the beginning, after giving birth to breast milk I did not come out ..."*³

Participants' efforts to overcome the obstacles experienced, can be seen from the statement as follows:

*"... After giving birth to milk I did not come out then my brother-in-law bought me ASIFIT, he said that it will make me can breastfeeding, the next day I can ..."*³

Participants can overcome obstacles because there is support from families who provide information about breastfeeding capsules and buy these capsules to get the breast milk.

The short nipple

*"... after giving birth my nipple out but short, it happened for 1 month ..."*³

Constraints experienced by the participants as a short nipple can be seen from the following statement:

*"... my child becomes difficult to suckle, first she searched while crying after got the nipple, she silence ..."*³

Participants' efforts to overcome the obstacles experienced, can be seen from the statement as follows:

*"... I just continue to feed for 1 month, ever to read on google that said just bothered, if the family see my short nipple, they just nudge too. I never asked health workers because I do not think it should be asked to health workers. I go to the midwife if my child is sick or yesterday because my child can not defecate, if about breastfeeding I never ask, I also do not know who to ask about breastfeeding, what I do I listen to family advice and read google if the advice to continue the feeding ..."*³

No facilities available for breastfeeding

*"...There is no special place for breastfeeding..."*⁵

Participants stated that they have no constraints, although there is no facility for breastfeeding because participants are allowed to bring children to work and are permitted to breastfeed anytime and anywhere when at work, can be seen from the statement as follows:

*"... there are no obstacles to breastfeeding because I can take the child to work if not be able to bring my child is difficult for exclusive breastfeeding ..."*⁵

*"... free, there is a table chair, I nursed while sitting in a chair or sit down below like this ..."*⁵

Predisposing Factors: The results of this study found that participants who exclusively breastfed had a safe life of 100%, participants with primipara of 33% and multiparas of 67%, low education of 100%, participants work 33% and not work 67%. Kriselly shows the number of children actually do not affect breastfeeding, because all the mothers who have one child or more all provide exclusive breastfeeding.⁶

From the research results, it can be seen that participants who give exclusive breastfeeding have more knowledge especially about breast milk, the level of knowledge of participants about breastfeeding can be seen from know and understand then applied and evaluate about exclusive breastfeeding. Knowledge of exclusive breastfeeding known from a variety of sources such as printed media (magazines and pregnant books), electronics (google and social media) and from health workers when pregnant or during labor. From 3 participants there are 2 participants who get information from Google (internet).

Participants have experience from previous child or child of others about exclusive breastfeeding. Participants also have various perceptions about exclusive breastfeeding. A good perception of exclusive breastfeeding makes mothers always have the view that breast milk is very important for the growth of the baby and breast milk is the best food for the baby so that the mother feels very necessary and good attitude and willing to give it.⁷

Breastfeeding is a woman's obligation, according to the participant as a mother, the child is a trust from God that must be kept and given the best. This is the reason why mothers give exclusive breastfeeding despite getting various obstacles. Participants have positive values that support the mother for exclusive breastfeeding. Participants have the attitude that the child should be given breast milk. A positive mother's attitude tends to practice exclusive breastfeeding practices, whereas negative attitudes tend not to practice exclusive breastfeeding.⁸

Supporting factors: Based on the results of in-depth interviews according to participants of availability of health facilities such as posyandu, public health center or any healthcare facilities. Whereas according to participant's workplace does not provide a special place for breastfeeding but a mother can breastfeed everywhere. The better the facility is, the higher the exclusive breastfeeding of the baby and the less the mother's facility the lower the exclusive breastfeeding of the baby.⁹ Most participants feel less information about exclusive breastfeeding and want to ask but there is a feeling of fear so that participants prefer to seek information from printed and electronic media.

Reinforcing Factor: Husband and family support for the success of breastfeeding. The results showed that mothers who exclusively breastfed receive early support from husbands and families in terms of breastfeeding. In this case, the form of support provided is the support of information, emotional and instrumental. Participants who have the main family, the husband is the next of kin in their families. Mothers whose husbands support for exclusive breastfeeding tend to give exclusive breastfeeding twice as much as mothers whose husbands are less supportive of exclusive breastfeeding.¹⁰ The husband's support to motivate mothers to breastfeed, to provide psychologically and prepare a balanced nutrition to the mother.¹¹ Mother that provide exclusive

breastfeeding, provided informational support by the family rather than mothers who are not provided with family support. The support of families who firmly think that breastfeeding is the best will make it easier for mothers to exclusively breastfeed their babies.¹²

From the results of research support health workers to exclusive breastfeeding in the mother in the form of information support and instrumental support. But most participants were informed about exclusive breastfeeding from print and electronic media, some participants said there was no information on exclusive breastfeeding, but almost all participants said they received both informal and instrumental support at childbirth and after the onset of childbirth about one week after childbirth, after that the participants said there was no further support to them during breastfeeding, the officer only advised the mother to breastfeed, no one asked if the mother had difficulty in breastfeeding and discussed issues related to breastfeeding. The role of health workers is very important in protecting, improving, and supporting breastfeeding efforts should be seen in terms of broad engagement in social aspects.¹³ Workplace related to exclusive breastfeeding by mothers.¹⁴ From the results of research, participants who work always take her child to the workplace, even though the workplace does not prepare a special room for breastfeeding but participants can breastfeed anywhere and anytime.

From the in-depth interview to the participants, participants had various inhibitions such as breast milk not coming out, short of the nipple, swollen breasts, unavailability of facilities for breastfeeding and no experience despite various obstacles but participants can continue breastfeeding.

CONCLUSION

When mothers with predisposing factors experience obstacles in exclusive breastfeeding and have no enabling factors, the reinforcing factors encourage mothers to continue breastfeeding exclusively.

Ethical Clearance: This study approved and received ethical clearance from the Committee of Public Health Research Ethics of Medical Faculty, Lambung Mangkurat University, Indonesia. In this study, we followed the guidelines from the Committee of Public Health Research Ethics of Medical Faculty, Lambung Mangkurat University, Indonesia for ethical

clearance and informed consent. The informed consent included the research title, purpose, participants' right, confidentiality, and signature.

Source of Funding: This study was done by self-funding from the authors.

Conflict of Interest: The authors declare that they have no conflict interests.

REFERENCES

1. Ministry of Health. *Basic of Health Research*. Indonesian Health Research and Development Agency. Jakarta. Indonesia. 2016.
2. Notoatmodjo S. *Metodologi Penelitian Kesehatan*. Rineka Cipta. Jakarta. 2010.
3. Anonim. A Qualitative Study of Successful Exclusive Breastfeeding in Banjarbaru. *Indepth Interview*. Participant I. 2018.
4. Anonim. A Qualitative Study of Successful Exclusive Breastfeeding in Banjarbaru. *Indepth Interview*. Participant III. 2018.
5. Anonim. A Qualitative Study of Successful Exclusive Breastfeeding in Banjarbaru. *Indepth Interview*. Participant II. 2018.
6. Kriselly Y. Qualitative Study Against Low Exclusive Breast Milk Coverage in Work Area of Puskesmas Kereng Pangi Katingan Hilir District Katingan Regency, Central Kalimantan. *Essay*. University of Indonesia. 2012.
7. Afrinis N, John T. Perceptive Relationships and Exclusive Breastfeeding Practices with Infant Nutritional Status 0-6 Months in Kampar Riau District. *Jurnal Kebidanan STIKes Tuanku Tambusai Riau*. 2015. 71-80.
8. Koharingsih YD, Ngadiyono. Relationship between Attitudes and Husband Support with Exclusive Breast-Feeding Practices for Non-Working Mothers with Infants 7-12 Months in the Working Area of Ngemplak Simongan Sub-District, Semarang Barat District. *Jurnal Kebidanan*. 2013. 2 (4); 43-50.
9. Nurdiana I. Relation of Maternal Knowledge Level and Availability of Exclusive Breastfeeding Support Facilities by Breastfeeding in the Working Area of Bonorowo District Health Center Kebumen District. *Essay*. Faculty of Health Sciences. Muhammadiyah Surakarta University. Surakarta. 2015.
10. Ramadani, Hadi. Support Husband in Exclusive Breastmilk at Work Area Puskesmas Air Tawar Padang City, West Sumatra. *Jurnal Kesehatan Masyarakat Nasional*. 2010. 4 (6); 269-274.
11. Anggorowati, Nuzila F. Relationship between Family Support and Exclusive Breastfeeding to Infants in Bebengan Village, Boja District, Kendal District. *Jurnal Keperawatan Maternitas*. 2011. 1 (1); 1-8.
12. Kartika VM, Fitria PA, Isfaizah. Relationship of Family Support with Successful Exclusive Breastfeeding at Working Mother in Work Area of Bringin District Health Center of Semarang Regency. *Jurnal Komunikasi Kesehatan*. 2017. 8 (1); 13-18.
13. Arifiati N. Analysis of Factors Affecting Exclusive Breastfeeding In Infants In Sub-District Warnasari Citangkil Cilegon. *Essay*. STIKES Faletahan Serang. Banten. 2017.
14. Hanulan S, Artha B, Karbito. Factors Associated with Exclusive Breastfeeding By Breastfeeding Moms Who Work as Health Workers. *Jurnal Ilmu Kesehatan*. 2017. 2 (2); 159-174.