

# Social Support for Exclusive Breastfeeding Using Mixed Methods

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## ABSTRACT

**Background:** In relation to the exclusive breastfeeding have been declared more than 25 years ago and its benefits have been well documented in the worldwide but the breastfeeding rate globally is still far from the expected target.

**Objectives:** This study aimed to analyse the behavior of the exclusive breastfeeding based on the aspect of social support in AIMI of South Sulawesi Community.

**Materials and Methods:** The research used the Mixed Methods design with the model of Concurrent Triangulation Design. The research population comprised all the mother members of AIMI of South Sulawesi who had babies 6-24 months. The samples included the mother group who exclusively breastfeed (65 mothers) and those who did not exclusively breastfeed (25 mothers). The sampling technique is simple random sampling. The total informants comprised 35 people who came from the mothers, lactation counselors, the core managers of AIMI South Sulawesi, and the key informants.

**Result:** The research results indicated that there was a correlation between the husbands' support (84%,  $p=0.000$ ), the parents' support (81.9%,  $p=0.010$ ), the healthcare's support (85.2%,  $p=0.002$ ), the AIMIs' support (82.2%,  $p=0.006$ ) and the exclusive breastfeeding. The result of the multivariate analysis indicated that the support of the AIMI was the dominant factor in relation to the exclusive breastfeeding.

**Conclusion:** The informants had good knowledge about the exclusive breastfeed, majority of the mothers who had the parity experience of one time previously did not exclusively breastfeed their babies but had succeeded the exclusively breastfeed their babies later. The informants who received the evaluation support had stronger intention to exclusively breastfeed. Thus the majority of the informants have had a strong intention to breastfeed.

**Keywords:** social support, mixed methods, exclusive breastfeeding

## INTRODUCTION

Recommendations related to the exclusive breastfeeding have been declared more than 25 years ago and its benefits have been well documented in the worldwide but the breastfeeding rate globally is still far from the expected target. According to a study that <sup>[1]</sup> less than 40% of babies under 6 months is exclusively breastfeed. In

Indonesia, the percentage of exclusive breastfeeding is 52.3% nationally, and only one province achieving the target is Nusa Tenggara Barat (84.7%). <sup>[2]</sup> In Makassar, the coverage of exclusive breastfeeding for babies aged 0-6 months fluctuates. The percentage increased by 34.9% in 2010 to 67.8% in 2013 and slightly decreased to 61% in 2014. <sup>[3]</sup>

Although breastfeeding is considered to be natural and instinctive, the women are often not ready to facing its challenge. Some literature shows the determinants of maternal failure in exclusively breastfeeding such as culture, psychological, body image, formula milk and less support; [4] poor initial experience, inappropriate attachment, and inadequate healthcare response; [5] inadequate maternity furlough policies, lack of breastfeeding support and the promotion of formula milk that affecting mothers freely to be inconsistent in making breastfeeding decisions seriously; [6] perceived breast milk insufficiency, parental pressure and inadequate support of the husband. [7]

In principle, there is no mother who fails in breastfeeding, which fails is the support system. Today, The world is still not a supportive and enabling environment for most women who want to breastfeed. [8] This led to the initiation of a group of mothers to form a support group based on breastfeeding mothers, an organization or association established from, by, and for breastfeeding mothers as a form of community support in increasing the coverage of exclusive breastfeeding. Asosiasi Ibu Menyusui Indonesia (AIMI) was created to increase knowledge about breastfeeding and the percentage of breastfeeding mothers in Indonesia.

The efforts made by AIMI of South Sulawesi in providing support to breastfeeding mothers in Makassar are breastfeeding campaign through social networking, educational class (1 and 2), face-to-face counseling (home visit and hospital visit), socialization (workshop, seminar, AIMI goes to office/community) and talk show in the shopping center. AIMI South Sulawesi is also a partner of Health Office of Makassar in implements exclusive breastfeeding programs, initiators in the establishment of Regional Regulations on Breastfeeding No. 6 of 2010, as well as supervisory teams in the implementation of the Regional Regulations.

Counseling and health promotion on exclusive breastfeeding for 6 months has been widely applied in the community but success rates of exclusive breastfeeding have not yet met the target. Increasing maternal' knowledge about exclusive breastfeeding is not enough to change behavior, mother needs skills and social support such as confidence, acceptance, recognition and appreciation to be ready for the challenges that may be encountered during the process of breastfeeding. This study aimed to analyze the social support by breastfeeding mothers in exclusive breastfeeding in Makassar at the community of Asosiasi Ibu Menyusui Indonesia (AIMI) of South Sulawesi.

## **MATERIALS AND METHODS**

### ***Location and Research Design***

This research was conducted in Makassar on the working area of the community of Asosiasi Ibu Menyusui Indonesia (AIMI) of South Sulawesi from March to June 2017. The type of research used the Mixed Methods that is a research approach that combines or correlates quantitative and qualitative methods. The type of design used convergent parallel mixed methods. Quantitative approach used cross-sectional design, and qualitative used a case study approach.

### ***Method of collecting data***

A complementary mixed methods design that consists of a structured questionnaire, in-depth interview, and focus group discussion was adopted. Qualitative data was collect by questionnaires that contain questions about social support that mothers get in exclusive breastfeeding includes occupational status; informal support (husband, parent); and formal support (health workers, AIMI South Sulawesi). Furthermore, qualitative data was collect by in-depth interviews, focus group discussions to find out specifically the social support during the breastfeeding period such as emotional, instrumental, information, and evaluation support from AIMI' community of South Sulawesi, and analyzing mothers'

intentions toward the behavior of exclusive breastfeeding based on the aspect of social support. This study involves a breast observer community that is Asosiasi Ibu Menyusui Indonesia (AIMI) of South Sulawesi. In-depth interviews were conducted to informants consisting of mother, Chairman of AIMI South Sulawesi, and lactation counselor. Focus Group Discussions were conducted to the core manager of AIMI South Sulawesi.

**Data analysis**

In this study, the analysis of quantitative data was univariate, bivariate and multivariate through cross-tabulation and multiple logistic regressions by using SPSS 20.0 program for windows. Qualitative data used content analysis. Qualitative content analysis method conducted in several steps including collecting the data, reduction the data, presentation the data and make a conclusions in the form of narration, chart and situasional picture.

**RESULT**

**Characteristics of Sample**

**Table 1.** Distribution of respondents by ages, latest education, occupation, husband support, parent support, healthcare support, AIMI support of South Sulawesi

Variables of Research	Frequency	
	n (85)	%
<b>Education level</b>		
No school	0	0
Elementary school	0	0
Junior high school/equivalent	1	1.2
Senior high school/equivalent	1	1.2
High school	83	97.6
<b>Age</b>		
< 25 yrs	1	1.2
26-30 yrs	47	55.3
31-35 yrs	32	37.6
> 35 yrs	5	5.9
<b>Occupation</b>		
Working	62	72.94
Not working	23	27.05
<b>Husband support</b>		
Support	75	88.2
Not support	10	11.8
<b>Parent support</b>		
Support	72	84.7
Not support	13	15.3
<b>Healthcare support</b>		
Support	61	71.8
Not support	24	28.2
<b>AIMI support</b>		
Support	73	76.5
Not support	12	23.5

Table 1 showed the results of univariate analysis, the distribution of respondents based on education level is dominated by respondents with college education (97.6%), the greatest occupational rate are civil servant/army/police (37.6%) and age group 26-30 years (55.3%). Based on the research variables, the greatest respondents is working mother (72.94%), husband support (88.2%), parent support (84.7%), healthcare support (71.8%) and AIMI support of South Sulawesi (76.5%).

**Characteristics of Informant**

In this study, the information was collected from 34 informants who were willing to participate in group discussions and in-depth interview, i.e mothers who joined in AIMI' community of South Sulawesi who exclusively breastfeed and those who did not exclusively breastfeed (20 mother), lactation counselor of AIMI South Sulawesi (7 people), the core manager of AIMI South Sulawesi (6 people), and 2 key informants and in this case the Chairman of AIMI South Sulawesi and Lactation Counselor of Health Office Makassar.

**Behavior of Exclusive Breastfeeding**

Table 2 showed the distribution of respondents based on behavior of exclusive breastfeeding namely 76.5% exclusively breastfeed and 23.5% who did not exclusively breastfeed. In-depth interviews with 20 mother informant show that most have exclusively breastfed their babies, the way of mother to keep breastfeeding to their baby is to feed her baby ideally every 2 hours, and for the working mother by providing time to squeeze breast milk consistently at the office and breast milk supply when leave babies to work. As many as 4 people informant ever given formula milk before babies aged 6 month while still in post-partum treatment at the hospital. The main reason babies are given formula is considered breast milk has not been fast in the first 3 days of birth due to parent's intervention and healthcare advice. A reason for mother who breastfeeding are perceived as normative expectations being a mother,

largely consider that breastfeeding is a responsibility that must be fulfilled in a spiritual context, as a Muslim; there is an order for the mother to breastfeed her child for up to two years.

“...because it is our duty as a mother, and as a religious command, contained in the holy Qur’an...”

(IP, 31 years, exclusively breastfeeding).

**Table 2. Distribution of behavior of exclusive breastfeeding on AIMI community**

Dependent Variable	Frequency	
	n (85)	%
Exclusive breastfeeding	65	76.5
Non-exclusive breastfeeding	20	23.5

**Bivariate Analysis**

Table 3 based on variable of working status, the result of bivariate analysis obtained p-value = 0.813, this means that working status has insignificant correlation to exclusive breastfeeding behavior.

**Table 3. Cross-tabulation of the relationship of independent variable toward exclusive breastfeeding on AIMI Community of South Sulawesi**

Independent Variable	Exclusive Breastfeeding				P-value
	Yes		No		
	n	%	n	%	
<b>Age</b>					
≤ 30 yrs	33	68.8	15	31.2	0.056
> 30 yrs	32	86.5	5	13.5	
<b>Occupation status</b>					
Yes	47	75.8	15	24.2	0.813
No	18	78.3	5	21.7	
<b>Husband support</b>					
Support	63	84.0	12	16.0	0.000
Not support	2	20.0	8	80.0	
<b>Parent support</b>					
Support	59	81.9	13	18.1	0.010
Not support	6	46.2	7	53.8	
<b>Healthcare support</b>					
Support	52	85.2	9	14.8	0.002
Not support	13	54.2	11	45.8	
<b>AIMI support</b>					
Support	60	82.2	13	17.8	0.006
Not support	5	41.7	7	58.3	

The qualitative findings show that unemployed mothers are associated with more time allocation with children while working mothers can still provide exclusive breastfeeding through pumping breastmilk. For working mothers, breastfeeding is seen as a consequence to keep stay close to her babies. Mothers believe that breastfeeding can replace the time and togetherness that a mother cannot give during work.

“... because I’m a working mother, on my mind breastfeeding is a compensation to replace my time cannot be with my child during I work....”

(NN, 32 years, working mother).

“Mama Perah” (the term for working mothers who breastfeed to children through breast pumping management) largely considers obtain good support from the working environment with the assumption that the environment where the mother works is pro-breastfed.

“.. here is very pro-breastfeed, mother can bring child to the office, and we also provided lactation room ...”

(MY, 32 years, exclusive breastfeeding).

Based on variable of husband’ support, the result of bivariate analysis obtained p-value: 0.000, this means that the husband’ support has a significant correlation to the behavior of exclusive breastfeeding. Qualitative findings indicate that the husband’ support who are generally given to mothers during breastfeeding is manifested in the form of empathy and practical assist.

“...the most meritorious to me is my husband, because he always assist to prepare the equipment to pumping (wash containers and milk pumps), so I just pumping it....”

(DC, 28 years, exclusive breastfeeding).

Based on variable of parent’ support, the result of bivariate analysis obtained p-value = 0.010. This means that parent’ support has a significant correlation to the behavior of exclusive breastfeeding The role of parents in support the exclusive breastfeeding is manifested in the form of advice for mothers to only give breast milk and prohibit formula feeding, it is based on earlier experience of a feeding pattern by parents (mother, mother-in-law) in parenting.

“... my mother is a mother who exclusively breastfed, as her child, I am not recommended at all to give formula milk, just breast milk...”

(PW, 28 years, exclusive breastfeeding).

Based on variable of healthcare' support, the result of bivariate analysis obtained p-value = 0.002, this means that healthcare' support has a significant correlation the behavior of exclusive breastfeeding. Healthcare' support in breastfeeding is manifested in the form of action that assist mother to immediately breastfeeding with the assumption that the hospital is a pro-breastfeeding hospital. "...the hospital is very supportive of breastfeeding, because I gave birth to caesarean and after born was immediately placed on the breast and directly breastfed, I never confirm that I want [EBFI], my baby also directly put in the room with me..."

(RA, 30 years, exclusive breastfeeding)

Based on variabel of AIMI' support of South Sulawesi, the result of bivariate analysis obtained p-value = 0.006, it means that AIMI' support has a significant correlation to the behavior of exclusive breastfeeding.

**Multivariate Analysis**

Table 4 showed that the result of multivariate analysis of the most dominant variables related to the exclusive breastfeeding is AIMI' support with p-value = 0.000 (CI 95%: 4.617-200.820).

**Table 4. Multivariate analysis of husband support in exclusive breastfeeding on AIMI Community of South Sulawesi**

Variable	B	Wald	Sig.	OR	95% CI	
					LL	UL
Husband support	3.904	11.000	0.001	49.607	0.210	1.172
Healthcare support	2.604	8.394	0.004	13.518	2.322	78.695
AIMI support	3.416	12.598	0.000	30.449	4.617	200.820
Constant	-2.926	15.147				

The largely mothers considers that the presence of AIMI plays an important role especially in improving mothers' knowledge about exclusive breastfeeding, mothers who understand that breastfeeding is the best and technically understand proper breastfeeding can increase mother' confidence to give exclusive breastfeeding and be able to anticipate difficulties and challenges may be encountered during breastfeeding. "... I think AIMI is very important. As a health professional, i used to get breastfeeding material in maternity courses and that is not in-depth. I do not know how important breastfeeding is.. When I get into AIMI, I really know that breastfeeding is the best ..."

(MN, 28 years, exclusive breastfeeding).

**Knowledge about Exclusive Breastfeeding**

Mothers who exclusively- and non-exclusively breastfeed have similar knowledge about breastfeeding (including definition, benefit, content, or appropriate breastfeeding techniques). According to the lactation counselor that most mothers on

AIMI' community already has a good knowledge of exclusive breastfeeding. This is supported by easy access to information in the digital era so that it is possible for mothers to gain knowledge about exclusive breastfeeding in social media, but in its application between theory and practice is not easy so the mother needs further support in the form of appropriate counseling and appropriate support to improve their confidence for breastfeeding can be effective.

"...largely of mothers I visit many who already know the benefits and theories of breastfeeding, but in practice it needs to be guided. For that, we at AIMI in addition to the educational classes also lactation visit, through it we involve her family, husband and parents are also taught how to massage oxytocine..."

(RR, 32 years, Lactation Counselor).

**Parity and Breastfeeding Experience**

Largely mothers in the AIMI community of South Sulawesi have a history of more than 1 and based on their breastfeeding experience, most of mothers failing to exclusively breastfeed to before



child, but succeeding in the next child. Mothers' tendency failed to give exclusive breastfeeding because the lack of knowledge and support.

"...my first son failed to breastfeed exclusively, i fed him until aged 3 months, because the influence of parent-in-laws are still using the old understand and husband is still less support, so I promise myself, make a commitment with my husband that my babies have to be success to breastfeed exclusively..."

(EV, 35 years, exclusive breastfeeding).

In general, constraints faced by mothers during breastfeeding include inappropriate support from family and health personnel when the mother faces breastfeeding difficulty, especially during post-partum at the hospital. There is still a lot of perception that the baby is crying and fussing is an indication that the baby is thirsty and breast milk is not enough so the mother is often recommended to provide formula milk.

"...in the first 3 days, my babies fed formula because the pressure from the family and no support. Baby crying assumed that she was hungry, but in fact not like that. I ever kept it until the third day, at midnight the family called the nurse to feed formula milk..."

(FM, 32 years, non-exclusive breastfeeding).

"...when I visit a patient who wants to breastfeed for, the first 3 days after delivery is the most difficult time for these mothers to decide what kind of feeding will be given, whether the mother will give exclusive breastfeeding or formula milk. This is generally due to syndrome of postpartum, lack of knowledge about lactation management and lack of support because not understood..."

(IM, 32 years, AIMI' lactation counselor).

### **Mother Intentions in Exclusive Breastfeeding**

Largely mothers in AIMI community have strong intentions or desires for breastfeeding, based on their constructs (attitude, subjective norms, and behavioral control) show a good attainment to these

three dimensions. They describe breastfeeding as something fun, very useful and a responsibility as a mother that should be met.

"...I feels its benefit is strong bonding with the child. There is a feeling needed by a baby, it is so much fun. I became addicted to breastfeeding ..."

(DS, 30 years, exclusive breastfeeding)

Some mothers have revealed that the intention is to encourage mothers to breastfeed because they are in the environment of breastfeed mothers who support each other, get spirit and husband' support in order not to give up, and parent' advice and friends to exclusively breastfeeding.

"...why I think to exclusively breastfeeding, because I newly know the environment like AIMI so that really supports and feeling a friend in arms..."

(US, 35 years, exclusive breastfeeding)

For mothers who exclusively breastfed tends to have high confidence to breastfeed, and otherwise mothers who doubt their ability to breastfeed give up exclusive breastfeeding decisions to the situation and to the nearest people such as family, and professional health advice. Mothers who do not exclusively breastfeeding tend to be based on subjective norms that are less supportive and control behaviors that are not in the mothers' control. In this study, a case study shows some mothers who have attended the education class of AIMI South Sulawesi and provided knowledge and understanding for breastfeeding but in practice fail to provide exclusive breastfeeding in the first 3 days after the mother gives birth because formula milk fed by family and health workers without medical indication and arguing the baby is fussy and the Perception of breast milk insufficiency.

"...because i'm not sure that my milk is enough, the feeling my baby is not satisfied, the family and the health worker are less support, so my baby given formula milk at the hospital..."

(IS, 30 years, non-exclusive breastfeeding)

## DISCUSSION

The study indicated there is no correlation between status as worker ( $p=0.813$ ) on the behavior of exclusive breastfeeding of AIMI Community South Sulawesi in Makassar. The study shows there is a correlation between social support of husband' ( $p = 0.000$ ); parents ( $p = 0.010$ ) health personnel ( $p = 0.002$ ); AIMI Community South Sulawesi ( $p = 0.006$ ) to the behavior of exclusive breastfeeding at AIMI South Sulawesi Community in Makassar.

The tendency of mothers in exclusive breastfeeding due to the availability of more time to care for children at home, while working mothers will face more constraints in exclusively breastfeeding due to time-related allocation and quality of togetherness with their baby. Basically, the working mothers can still exclusively breastfeed through breastmilk pumping management during the environment where the working mother is a pro-breastfeeding environment. According to study, negative argument of supervisor at workplace about breastfeeding is associated with an eight-fold increase in the likelihood that working mothers to stop exclusive breastfeeding.<sup>[9]</sup>

Husbands' support has a significant relationship to the behavior of exclusive breastfeeding. it has an influence on breastfeeding intentions and behavior, the women' feelings to breastfeed correlate with their perception that their husband are present and engaged during breastfeeding and sensitive to her needs.<sup>[10]</sup> Without support of their partners, mothers tend to choose formula feeding by changing the negative attitudes and breastfeeding perception in male partners it can be one method to increase exclusive breastfeeding in the United States.<sup>[11]</sup> Husband can play an active role in exclusive breastfeeding success by providing practical support and assistance. Except breastfeeding, all household tasks can be done by the husband. The role of husband as a standby husband should not be only when his wife is

pregnant and giving birth but is also on standby to guarantee her baby right to get exclusive breastfeeding.

Parent' support has a significant relationship to the behavior of exclusive breastfeeding. In the household life in Indonesia, the involvement of decision-making in the household often involves not only between husband and wife but involving family' opinions on each mother and mother-in-law. Mother and mother-in-law have an influence in decision-making in the family especially in parenting and from birth to adulthood. Both who have been deemed to be experienced in childcare including breastfeeding will be a reference in breastfeeding to babies. A research conducted that their qualitative study showed that the main constraint of mother in exclusive breastfeeding is the pressure from the mother-in-law where the experience and knowledge of baby feeding from grandmothers can influence the mothers decision to start and breastfeeding or otherwise.<sup>[7]</sup>

Healthcare' support has a significant relationship to the behavior of exclusive breastfeeding. A research conducted shows that there is a significant correlation between the healthcares' support and the behavior of exclusive breastfeeding.<sup>[12]</sup> The healthcare plays an important role in supporting mothers to exclusively breastfeeding because during pregnancy the mother will regularly interact with health workers, especially when giving birth and the first time to meet is a health worker. The healthcare is the first information line for mothers because the knowledge and skills of health workers become added-value for reference.

The most dominant variable related to exclusive breastfeeding is the support of AIMI South Sulawesi. According to another study that the mother support group program are regarded as an instrument to enhance social support, knowledge, attitudes, and self-efficacy of breastfeeding thus broadening the potential base of support for mothers.<sup>[13]</sup> Support from the

most dominant community is the provision of information and emotional support in support mothers to exclusively breastfeeding. Information that mothers receive is easy to understand, complete, up to date and still based on scientific studies. On the other hand, the success of breastfeeding is also influenced by psychological support by fellow breastfeeding mothers, in general, the problems faced by a breastfeeding mother is not a medical problem so that it can be handled by another experienced breastfeeding mother. Emotional support for mothers' intentions in exclusive breastfeeding is related to rebuilding mothers' self-confidence so that feels that she is not self-struggling, especially when the mother has difficulty in breastfeeding.

Parity is concerned with the mother's experience in breastfeeding, the more often the mother gives birth the opportunity to have more breastfeeding experience.<sup>[14]</sup> The majority of mothers reveal that the motivation that drives mothers' intention to exclusively breastfeed is positive feeling that breastfeeding is best for the baby and sees it as a spiritual responsibility. This positive attitude is formed because the mother has a good knowledge and understanding of breastfeeding based on previous experience and easy access to information. Most mothers who are not exclusively breastfed are based on subjective norms that are less supportive and control behaviors that are not in the mothers' own control. Inadequate assessment support from the relatives and professional health worker is supported by the unstable postpartum condition so decision-making for feeding is not entirely on the mothers' control.

## CONCLUSIONS AND RECOMMENDATIONS

The study can be concluded that the variables of social support are husband' support ( $p=0.000$ ), parent' support ( $p = 0.010$ ), the healthcare' support ( $p = 0.002$ ), AIMI' support ( $p = 0.006$ ). AIMI' support is

the most dominant source of social support related to the behavior of exclusive breastfeeding. For breastfeeding caring community can increase the implementation of exclusive breastfeeding promotion program since pregnancy to childbirth through education and counseling class which is not only for mother but also involve family especially husband and parents. Mothers should receive appropriate social support from all support systems so that exclusive breastfeeding can work effectively.

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