ORIGINAL ARTICLE

THE RELATION OF LACK SUPPORT OF BREASTFEEDING WITH EXCLUSIVE BREASTFEEDING IN ILIR TIMUR II DISTRICT PALEMBANG

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ABSTRACT

Exclusive breastfeeding is widely known to have many benefits for the baby. Breastfeeding mothers need support of those around them to maintain breastfeeding. The coverage of exclusive breastfeeding in Ilir Timur II District was the lowest in Palembang City. The aim of this study was to examine whether there was association between the lack of support of breastfeeding with exclusive breastfeeding in Ilir Timur II District Palembang.
This study was an analytic observational research with cross sectional design. Subjects were mother of a baby with aged between 6-12 months that were registered at five Community Health Centers in Ilir Timur II District Palembang. Data obtained from interviews using questionnaires conducted from October 2016 until November 2016 period against 88 respondents. The results were analyzed by Chi-Square and logistic regression. This study showed that there were significant associations between lack of husband support (p = 0,000), family support (p = 0,000), friends support (p = 0.003), and health care provider support (p = 0.006) with exclusive breastfeeding. The lack of breastfeeding support from husband, family and friends, were factors that inhibit exclusive breastfeeding from multivariate analysis.
The lack of support from husband, family, and friends were factors that associated to exclusive breastfeeding failure. The less support from husband was the most significant determinant in this study.

Keywords : support, breastfeeding, exclusive.

INTRODUCTION

Breastfeeding is a nature process giving breastmilk to infant, which is relatively cost free. Breastmilk is needed to fulfill infants' nutrition, especially in the first six month. World Health Organization (WHO) are recommending exclusive breastfeeding up to six month, and then give solids simultaneously up to two years old (WHO, 2009). Breastfeeding is important to prevent infectious disease, undernutrition in early life (Scherbaum V, 2015) and obesity in subsquent life (Sulanto, 2012).
The scope of exclusive breastfeeding in South Sumatera Province was 54,3% (Dinkes Sumsel, 2015), while Riset Kesehatan Dasar in 2013 showed only 30,2% (Balitbang Kemenkes, 2013). This percentage was far below national target, which is 80%. Exclusive breastfeeding percentage in Palembang in 2015 was 72,91%, but still below expected rate. From all the districts in Palembang, Ilir Timur II had the lowest breastfeeding rate (60%) (Dinkes Kota Palembang, 2016).
Many factors could influence breastfeeding duration, such as maternal factor, infant factor, lactation factor and support factor.Whatever barrier faced by the mother to maintain breastfeeding, she need support from the other. Based on study by Kurniawan, husband and parent support encourage the successful of exclusive breastfeeding (Kurniawan, 2013). Study by Ida showed support from family, husband, and healthcare provider were significant determinant for exclusive breastfeeding (Ida, 2012). Study by Fauzy also showed that husband support had significant relations with exclusive breastfeeding. A mother who got support from her husband have the opportunity about 8,50 times give exclusive breastfeeding than who was lack of husbands' support.(Fauzi,2007). The aim of this study was to examine whether there were associations between the lack of breastfeeding support from people who might interact with the mother, such as husband, family, friends, and health care provider with exclusive breastfeeding in Ilir Timur II District, Palembang.

METHODOLOGY

Study Design and Sampling Procedure

This cross sectional study was conducted over the period of October to November 2016, in five Community Health Centers which are located in Ilir Timur II District Palembang (5 Ilir, 11 Ilir, Bom Baru, Sabokingking and Kenten. Mothers who have child in range 6–12 months old that registered in location of this study and were agree to participate consecutively recruited. We interviewed 88 eligible mothers who completely wrote personal data form consist of age, last educational status, job status, and maternity history.

Instrument Development and Data Collection Procedure

We used questionnaire from study by Ida (2012) as instrument for collecting data. Exclusive breastfeeding definitions used in this study -as recommended by the World Health Organization- means infant receives only breast milk from his or her mother or a wet nurse, or expressed breast milk, and no other liquids or solids, not even water, with the exception of oral rehydration solution, drops or syrups consisting of vitamins, minerals supplements or medicines (WHO, 2009). Family term means mother, mother in law, aunt or close related person –except husband- who helped breastfeeding mother daily. Health care provider means doctors, nurses, midwives, other health educators that had interact with mother from pregnancy, delivery, up to mother gave solids or other liquids beside (or without) breastmilk.

Ethical Considerations

Signed informed consent was obtained from all participants who were given explanation about this study. The participants could withdraw from this study without penalty. We respect the privacy of mothers and the confidentiality of the data given. The project received ethical approval from the University of Sriwijaya Medical Faculty Ethics Committee and we got permission from the chief of Health Departement of Palembang City for data collecting.

Data Processing and Analysis

Data were entered and analyzed using the Statistical Package for Social Sciences (SPSS, version 22.0). Univariate analysis was perfomed to obtain an overview frequency distribution of maternal characteristics and exclusive breastfeeding history. We used Chi Square bivariate analysis. Multivariate logistic regression analysis was employed to determine which source of lack breastfeeding support were independently associated with exclusive breastfeeding.

RESULTS

The socio-demographic of participants is described in Table 1. Most subjects were in reproductive age range, graduate from senior high school or above and unemployment. Only 16 mothers from high educational status and 19 housewives were breastfeed exclusively.

Table 1 Socio-demographic characteristics of the respondents (n=88)

Characteristics	Frequency	Percentage
Age (SD) in years		
20-35	72	81.8
<20 or > 35	16	18.2
Educational Status		
High	66	75
Low	22	35
Job status		
Not working	72	81.8
Working	16	18.3

Maternity history and infant feeding method for the last child in the first six months are showed in Table 2. Most of subjects came for antenatal care four times or more during pregnancy, multiparity and experienced normal childbirth process. Most of mothers didn't give exclusive breastfeeding to their last child. Only 22 mothers from sufficient antenatal care groups, 20 mothers from multiparity group, and 18 mothers from normal delivery group were breasfeed exclusively.

Table 2 Maternity and infant feeding history (n=88)

Characteristics	Frequency	Percentage
Antenatal care		
adequate	76	86.4
inadequate	12	13.6
Parity		
1	22	25
>1	66	75
Labour history		
Normal	65	73.9
Sectio Caesaria	23	26.1
Breastfeeding history		
Exclusive	25	28.4
Not exclusive	63	71.6

Distribution subjects based on breastfeeding support situation for the mother was persented in Table 3. Among all support source, the lack of breastfeeding support percentage was high in husband support.

Table 3 Breastfeeding support situation (n=88)

Source of support	Frequency	Percentage
Husband		
Lack of	51	58
Sufficient	37	42
Family		
Lack of	43	48.9
Sufficient	45	51.1
Friends		
Lack of	25	28.4
Sufficient	63	71.6
Health care provider		
Lack of	30	34.1
Sufficient	58	65.9

Bivariate analysis was conducted to determine association between breastfeeding support and exclusive breastfeeding (Table 4).There were significant relations between all source of support with exclusive breastfeeding.

Table 4 Bivariate analysis between source of support with excluive breastfeeding (n=88)

Source of support	Exclusive Breastfeeding		P
	No n(%)	**Yes** n(%)	
Husband			
Lack of	47 (92.2)	4 (7.8)	0.000
Sufficient	16 (43.2)	21 (56.8)	
Family			
Lack of	39 (90.7)	4 (9.3)	0.000
Sufficient	24 (53.3)	21 (46.7)	
Friends			
Lack of	24 (96)	1 (4)	0.003
Sufficient	39 (61.9)	24 (38.1)	

Health care provider			
Lack of	27 (90)	3 (10)	0.006
Sufficient	36 (62.1)	22 (37.9)	

We conducted logistic regresion using Backward: LR method. The result showed that the lack of husband support was the strong determinant for exclusive breastfeeding failure (Table 5).

Table 5 The result of multivariate analysis

Variabel	B	S.E	OR	P
Husband	2.439	0.661	11.458	0.000
Family	1.356	0.697	3.881	0.052
Friends	2.244	1.141	9.435	0.049
Costanta	-11,121	2,772	0,000	0.000

DISCUSSION

Exclusive breastfeeding rate in this study was far below previous year. Most of respondents might have next breastfeeding experience due to current reproductive age, therefore it is important to find out the determinant factors of exclusive breastfeeding failure. The previous study showed that mothers who passed post-graduate university degrees were 3.76 times more likely to breastfeed exclusively than those without a university degree (Jessri, 2013). But not as expected, exclusive breastfeeding rate in high educational level remain low in this study. The study from Ananta (2016) showed association between maternal unemployment with longer duration of breastfeeding. Housewife is expected to have more spare time than working mother, but if she do domestic work unassisted while caring the baby, breastfeeding process may be disruptive.
Adequate antenatal care did not seem to have much effect for the sustainability of breastfeeding. We did not asked about what kind of breastfeeding education had discussed in antenatal care session. Considering study by Kurniawan (2013) which denoted lactation clinic visitation support exlusive breastfeeding practice, the content of consultation may discusses more in the next study.
Breastfeeding experience with previous child may affect breastfeeding intention to next child (Jessri, 2013). Contrary to this study, only few mothers from multiparity group were breasfeed exclusively. Study by Kurniawan (2013) showed that there was no correlation between parity and exclusive breastfeeding.

In this study, all of the source of breastfeeding support were associated significantly with exclusive breastfeeding. Breastfeeding support from husband, family, friends and health care provider is an external factors. The mother could eject breastmilk if she feels comfort and relax, and this is how oxytocin hormone worked (Lawrence,2012). Influence from outside could make mother more motivated or stressfull. Simple assistance from husband and family such as babysitting or preparing baby needs would be very helpful. (Roesli, 2004: Kurniawan, 2013). Sometimes, decision in household not only decided by husband and wife, but also involve both sides family, especially mother. Parenting experiences from mother or mother in law is used as reference (Sarwono 2007). There were mothers who stopped breastfeeding because of advice from mother or mother in law (Ida, 2012; Friska, 2016). Study by Arintasari (2016) showed that mother who got support from her family 7 times likely to breasfeed exclusively.

Friends, especially those who have breastfed, be the people to contact when mother face the obstacle in breastfeeding. In line with this study, Ida (2012) showed that 87,7% mother who lack of friends support did not exclusive breastfeeding. One of ten steps towards successfully breastfeeding is forming breastfeeding support group, including breastfeeding mothers -usually in one area of residence- and trained person who could provide early solution for breastfeeding problems. Previous study said that peer support can improve duration of breastfeeding (Vari, 2000; Shakya, 2017).

In this study, Almost all of respondents who got lack of support from health care provider, failure to breastfeed exclusively. This is in line with the results of the study by Arintasari (2015) which showed that mothers who got support from the health care provider was 3 times higher exclusive breastfeeding compared with mothers who did not get support. There were mothers who early weaned on recommendation by health care provider (Friska, 2016). Health care provider play a role for providing information on benefits of breastfeeding, how to breastfeeding correctly, expressing and storing breast milk, and also helping the breastfeeding mother whether experience barriers. Government in Indonesia has firmly set the of health worker tasks in order to support exclusive breastfeeding (Kemenkes RI, 213). Health care provider must give information about breastfeeding while the mother meet them personally for antenatal or postnatal care, or by community counseling among pregnant and breastfeeding mothers.

Mother need to become stable phsycologicaly to make breastfeeding duration longer. The lack of support from husband, family and friends in further analysis are the significant determinant for exclusive breastfeeding failure. The husband support was the most significant factor. As the closest person to mother and baby, husband could give the strongest motivation among all source of support.

CONCLUSION

The lack of breastfeeding support from husband, family, and friends were factors that inhibit exclusive breastfeeding. The support from husband was the most significant determinant in this study. Breastfeeding counseling should involve people around the breastfeeding mother, especially husband, to discuss about what kind of help could be provided to maintain breastfeeding practice.

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