ORIGINAL ARTICLE

Factors of Mother's Success in Exclusive Breastfeeding

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ABSTRACT

Introduction: The efforts to end hunger in connection to the second goal of the Sustainable Developments Goals (SDGs) is part of a wider nutritional intervention. One of the interventions is exclusive breastfeeding. This study aims to analyze knowledge, attitude, self-efficacy, health education, early breastfeeding initiation, rooming in with their infants, and the promotion of infant formula that can influence the success of exclusive breastfeeding. **Methods:** This study used an analytic survey with a case control approach and a questionnaire given to the mothers with infants aged 6-12 months. The case population consisted of mothers who provide exclusive breastfeeding and the control population consisted of mothers who did not provide exclusive breastfeeding. We used the logistic regression method for the final test. **Results:** The mothers who did not receive the promotion of infant formula (p=0.002) had a 3.960 times higher chance of providing exclusive breastfeeding compared to the mothers receiving the promotional activities of infant formula. Mothers with a good level of knowledge (p=0.013) had 0.275 times more chance of giving exclusive breastfeeding compared to the mothers with insufficient knowledge. There were other variables that did not affect the predictors of exclusive breastfeeding (attitudes, self-efficacy, health education, early breastfeeding initiation, and rooming-in). **Conclusion:** Breastfeeding health education programs and receiving no promotional campaign of infant formula feeding are required for breastfeeding success. Increased access to breastfeeding counselors, and the monitoring and evaluation of infant formula promotion within the health services are both very important to increase the success of exclusive breastfeeding.

Keywords: Exclusive breastfeeding, Infant formula, Knowledge, Mother

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INTRODUCTION

The Infant Mortality Rate represents the welfare of the nation, including Indonesia. The WHO reports that one of the causes of infant mortality is due to malnutrition (1). The National Medium-Term Development Plan in Indonesia for 2015 to 2019 has a target of reducing the infant mortality rate to 24/1000 live births by 2019 (2). Considering the second goal of Sustainable Development Goals (SDGs), the aim is to end hunger by 2030. This includes the target of stopping all malnutrition, including reducing the level of stunting and wasting in children under five, and addressing the nutritional needs of adolescent girls, pregnant and lactating women and the elderly as part of achieving the international target of 2025 (3). In the third goal, taking into consideration health and welfare sector, the target is to reduce infant mortality to 12 per 1000 live births (4).

One of the efforts to reduce the IMR (Infant Mortality Rate) is by improving nutrition, specifically by the giving of exclusive breastfeeding. Breastfeeding is specially designed for human infants and it is the best nutrition compared to the alternatives (5). Exclusive breastfeeding is beneficial for the children, for their nutrition and development. Exclusive breastfeeding is a protective force against several infectious diseases, and it also increases their intelligence (4). The success of exclusive breastfeeding does not come by itself. It requires skills that are taught continuously in the antenatal, intra natal, and postnatal stages. The start of successful breastfeeding is in the first hours of birth.

Although the benefits of breastfeeding have been documented worldwide, the data from UNICEF indicates that only 39% of children under 6 months were exclusively breastfed in 2012. The global nutrition target by 2025 is to increase the coverage of exclusive breastfeeding by up to 50% in the first 6 months of life (4). In Indonesia (2018), the coverage of infants under exclusive breastfeeding in Indonesia was 68.74%

(6). Even though this has exceeded the global target, Indonesia has its own exclusive breastfeeding coverage target of 80%.

This study aims to analyze knowledge, attitude, self-efficacy, health education, the early initiation of breastfeeding, rooming in with infants, and the promotion of infant formula, all of which are activity factors that can affect the success of exclusive breastfeeding. Mothers with poor knowledge are less likely to start breastfeeding within one hour of birth (early initiation of breastfeeding). If left for too long, the mother will not exclusively breastfeed (7). This problem must be responded with a positive attitude so that the health education provided can be well beneficial. This will help the mother's attitude and self-efficacy to become positive (8). Providing health education provides the mothers with motivation and helps them to be ready to provide breast milk, especially when breastfeeding infants are aged ≤ 2 months (9). The medium intensity health education (3 - 6 sessions) that starts before the baby is born is expected to continue until the mother can breastfeed properly (10). Self-efficacy is one of the factors related to mothers providing exclusive breastfeeding. This is because mothers who breastfeed have the confidence to be able to breastfeed taking it as one of their duties. However, this belief will be low if the mother has a low level of knowledge, such as if she has never received any education about breastfeeding (11).

The WHO recommends the early initiation of breastfeeding. However, the early initiation of breastfeeding is not practiced by all health services (12). The Indonesian Government stipulates that delivery in one of the First Level Facilities (Community Health Centers/Clinics/Midwives) is a normal delivery (13). The early initiation of breastfeeding should be done as part of the normal delivery care. The regulation of the Minister of Health of the Republic of Indonesia regarding the requirements for an independent midwife practice stated that it is not allowed for there to be a separate infant room where they are apart from their mother (14). Rooming in can foster closeness between the mother and their infant, and it can support the mothers in giving exclusive breastfeeding (15).

The promotion of infant formula by providing free samples as a substitute for breastmilk will have an influence on the success of breastfeeding (16). Infants can feel confused about nipples and this promotion is against Government Regulation numbered 33 of 2012 concerning Exclusive Breastfeeding. This regulation emphasizes that the health workers and facilities that provide infant formula must comply with several provisions including the prohibition of carrying out promotional activities in which there are displays of infant formula products, milk bottles and other infant products that are directly related to breastfeeding activities (17).

MATERIALS AND METHODS

Study Design, Population, Samples, and Sampling

This study used an observational analytical and case control approach to analyze the factors that can influence the success of mothers when exclusive breastfeeding. The research population in this case was divided into two sub-populations, namely the case population and the control population. Mothers with infant aged 6-12 months with exclusive breastfeeding were included in the case population, while the mothers who provided non-exclusive breastfeeding were included in the control population. The sample therefore consisted of both case and control samples. The sample size was determined using the Lameshow formula and a sample size of 48 mothers with infants aged 6 - 12 months with exclusive breastfeeding and a control sample size of 72 mothers with infants aged 6 - 12 months who were non-exclusive breastfeeding. The total sample size was 120 respondents.

The sampling technique in this study was simple random sampling. Each mother who provided either exclusive breastfeeding or non-exclusive breastfeeding had an equal chance of being selected as part of the study sample according to the inclusion and exclusion criteria.

The inclusion criteria in this study was mothers with infants aged 6 - 12 months, mothers who were married and with husbands, mothers with a history of childbirth with normal birth weight (2500 - 4000 grams), mothers with normal history of pregnancy at an 37 - 40 weeks, the mother's nutritional status was good (BMI = ≥18.5 - <24.9 or more), mothers without breastfeeding contraindications (mothers using drugs and alcohol, mothers with Human Immunodeficiency Virus (HIV), mothers with untreated active tuberculosis and using certain drugs that can interfere with breastfeeding, and mothers with psychotic disorders).

The study consisted of both dependent and independent variables. The dependent variable was the success of the mother when giving exclusive breastfeeding and the independent variables were knowledge, attitude, self-efficacy, health education, the early initiation of breastfeeding, rooming in (mother and infant cared for in one room), and the promotion of infant formula.

Instruments

The instrument used in this study was a questionnaire that was tested for both validity and reliability. For the knowledge variable, the instrument consisted of 8 question items on an ordinal scale (good, sufficient, and insufficient knowledge). The attitude variable consisted of 6 questions using an ordinal scale rating (positive or negative attitude). The variable self-efficacy consisted of 14 questions using the Breastfeeding Self Efficacy Scale-

Short Form (BSES-SF) measurement tool based on Dennis (2003) and an ordinal scale (high or low self-efficacy) (18). The health education variables provided by the health workers consisted of 10 questions for pregnant women and 9 questions for the postpartum period (mother and infant were cared for in one room). Both used an ordinal scale (good, adequate, and insufficient health education). The variable of early breastfeeding initiation consisted of 4 questions on an ordinal scale (whether or not to initiate early breastfeeding). The in-rooming variable also consisted of 3 questions using an ordinal scale (whether or not to join in care). The promotion variable for infant formula consisted of 14 questions on an ordinal scale (whether there was the promotion of infant formula or not).

Procedure

The sources of data in this study include both primary and secondary data. The primary data was obtained through direct interviews with the respondents, specifically for mothers with infants aged more than 6 - 12 months. The secondary data was obtained from the public health office.

The primary data collection was carried out by door-to-door visits (the data were obtained from the nutrition counselors and cadres at the integrated service posts). The questionnaires were given to respondents (knowledge instruments, attitudes, and BSES-SF). The interviews in this study were conducted in a guided manner based on the guidelines prepared in the form of a questionnaire (respondent identity instruments, breastfeeding, counseling by the health personnel about exclusive breastfeeding, maternal birth history, and the health service facilities). This questionnaire was tested for both validity and reliability.

Data Analysis

The purpose of the statistical analysis was to analyze the factors that mostly influence the success of mothers in exclusive breastfeeding. The analysis of this study was carried out by the researchers themselves using SPSS version 16.0.

Chi square analysis was used to determine the relationship of each predictor with the success of exclusive breastfeeding. The predictors that have a relationship with the success of exclusive breastfeeding will be tested using multiple logistic regression with a significance level of 0.05 and the backward stepwise (likelihood ratio) method. The next step was observing the quality of the equation and evaluating its sensitivity based on the calibration (Hosmer and Lameshow Test) and discrimination parameters (Area Under Curve / AUC).

Ethical Clearance

Ethical clearance was provided by the Faculty of Public Health Universitas Airlangga (No : 372-KEPK obtained in 2016) on commencement of the study. Informed consent was obtained from all participants before interview.

RESULTS

The sample consisted of a total of 120 mothers with infants aged 6 - 12 months. There were 48 mothers who provide exclusive breastfeeding and 72 mothers with non-exclusive breastfeed. The demographic data regarding the maternal characteristics have been provided in Table I for the infants aged 6 - 12 months, totaling to 5 aspects. The aspects are age, education, employment and the use of insurance by the mothers, and the number of children born alive (parity).

The majority of the mothers were aged 30 - 34 years (38) with the distribution being non-exclusive breastfeeding provided by 28 mothers (38.89%) and 10 mothers (20.83%) providing exclusive breastfeeding. Junior High School was the most common education for the mothers (50) with the largest distribution being 22 mother providing exclusive breastfeeding (45.83%) and 28 mothers not providing exclusive breastfeeding (38.89%). The majority of the mothers were not employed, where 34 (70.83%) exclusively breastfed and 46 (63.89%) mothers did not exclusively breastfeed. Most of the mothers had social health insurance, where 36 (75%) mothers provided exclusive breastfeeding and 38 (52.78%) did not provide exclusive breastfeeding. The majority of the children born were live totaling 60 mothers, including 26 (54.17%) mothers who were exclusively breastfeeding and 34 (47.22%) mothers were non-exclusive towards breastfeeding (Table I).

In Table II, we can see that the majority of mothers were working and that 41.7% of infants were being given infant formula. According to them, it is better for the infant to be given infant formula when the mother is working. The majority of delivery centers have a display case for infant formula (63.3%), and none of the mothers (0%) were given baby equipment of a specific infant formula (Table III).

The results of the analysis in Table IV shows that out of the 7 variables, 1 significant independent variable was obtained, namely the promotion of infant formula. Based on the results of the statistical tests, there were independent variables that are included in the Logistic Regression analysis (nominal). The candidates comprised the variables of knowledge, attitude, the early initiation of breastfeeding, and the promotion of infant formula with a variable value of $p<0.25$.

The logistic regression analysis was carried out simultaneously for all candidate variables (Table 5) using the backward method. This showed that the variables that influenced the success of exclusive breastfeeding were promotion of infant formula $p=0.002$ ($p<0.05$) and knowledge $p=0.013$ ($p<0.05$). The infant formula

Table I. Demographic Data Characteristics of the Mothers with Infants aged 6 - 12 Months

Characteristics	Exclusive breastfeeding n (%)	Non exclusive breastfeeding n (%)
Age (years)		
15-19	2 (4.17)	4 (5.56)
20-24	12 (25)	20 (27.78)
25-29	14 (29.17)	10 (13.86)
30-34	10 (20.83)	28 (38.89)
35-39	8 (16.67)	6 (8.33)
40-44	0 (0)	2 (2.78)
45-49	2 (4.17)	2 (2.78)
Education		
Elementary School	8 (16.67)	10 (13.89)
Junior High School	22 (45.83)	28 (38.89)
Senior High School	16 (33.33)	28 (38.89)
Higher Education	2 (4.17)	6 (8.33)
Occupation		
Employed	14 (29.17)	26 (36.11)
Not employed	34 (70.83)	46 (63.89)
Health Insurance		
Social health insurance	36 (75)	38 (52.78)
Independent / Not using health insurance	10 (20.83)	32 (44.44)
Health insurance for the recipient of government contribution assistance	2 (4.17)	2 (2.78)
Parity		
1	12 (25)	26 (36.11)
2	26 (54.17)	34 (47.22)
3	4 (8.33)	8 (11.11)
≥4	6 (12.50)	4 (5.56)

Table II: Distribution of the Respondents' Answers about the Wrong Statements Regarding Breastfeeding Knowledge (n=120)

Mother's knowledge about exclusive breastfeeding	Wrong answer (%)
Exclusive breastfeeding is breastfeeding a infant without providing additional food and drinks until six months olds.	1.67
One of the benefits of breast milk is improved the infant's digestion (easy to digest).	5.00
Breast milk is the right food for infants. It contains antibodies (immunity) that make the children become smart, bringing mother and child closer.	1.67
Regular breastfeeding also means as contraception	35
Infant's suction affects milk production.	11.70
Mother's feelings of anxiety and stress affect milk production.	1.67
Breastfeeding for infants must be scheduled	23.30
For working mothers, infants should be given formula milk	41.70

promotion variable with a p=0.002 (p<0.05) is a factor that affects the success of exclusive breastfeeding with an odds ratio of 3.960. This means that the possibility of mothers who do not get infant formula are likely to provide exclusive breastfeeding is as much as 3.960 times more than mothers who are given promotion information regarding infant formula. The knowledge variable, with p = 0.013 (p<0.05), indicates that mothers who have a good level of knowledge, affects the success of exclusive breastfeeding with an odds ratio of 0.275. This means that the possibility of mothers with a good level of knowledge providing exclusive breastfeeding is 0.275 times more compared to mothers with both

Table III. Distribution of the Efforts Made by the Health Workers and Infant Formula Support Facilities for Mothers who Give Birth in Their Place (n=120)

	Exclusive Breastfeeding n (%)	Non Exclusive Breastfeeding n (%)	Total n (%)
Health facility			
There is a infant formula display case	24 (50)	52 (72.22)	76 (63.33)
There are milk bottles and teats	26 (54.17)	42 (58.33)	68 (56.67)
There is a infant formula company logo on the wall	22 (45.83)	36 (50)	58 (48.33)
Provision of maternity and infant care kits with the logo or formula company name attached	0 (0)	0 (0)	0 (0)
Providing brochures, leaflets, and posters about infant formula	0 (0)	1 (2.78)	1 (1.67)
Health worker			
Give an example of infant formula	0 (0)	44 (61.11)	44 (36.67)
Provides information about infant formula	0 (0)	3 (8.33)	3 (5)

Table IV: Relationship Knowledge, Attitude, Self Efficacy, Early Breastfeeding Initiation, Rooming In, the Promotion of Infant Formula and Health Education with Successful Exclusive Breastfeeding

Variable		Exclusive Breastfeeding n (%)	Non Exclusive Breastfeeding n (%)	OR (95% CI)	*p* value
Knowledge	Good	42 (87.50)	46 (63.89)	-	0.082
	Sufficient + Less	6 (12.5)	26 (36.11)		
Attitude	Positive	48 (100)	68 (94.44)	-	0.149
	Negative	0 (0)	4 (5.56)		
Self efficacy	High	48 (100)	70 (97.22)	-	0.516
	Low	0 (0)	2 (2.78)		
Early Breastfeeding Initiation	Yes	42 (87.5)	70 (97.22)	-	0.058
	No	6 (12.50)	2 (2.78)		
Rooming in	Yes	46 (95.83)	72 (100)	-	0.158
	No	2 (4.17)	0 (0)		
Infant Formula Promotion	No	22 (45.83)	12 (16.67)	0.236	0.001
	Yes	26 (54.17)	60 (83.33)		
Health Education	Good	10 (20.83)	20 (27.78)	-	0.389
	Sufficient+Less	38 (79.17)	52 (72.22)		

Table V: Results of Logistic Regression Test Analysis

Variable	Category	B	p	OR	95% CI	
					Lower	Upper
Knowledge	Good Sufficient+Less	-1.292	0.013	0.275	0.099	0.760
Infant Formula Promotion	No Yes	1.376	0.002	3.960	1.665	9.419

sufficient and less knowledge levels. The quality of the equation based on the calibration parameters (Hosmer and Lameshow Test) was 0.182. This is based on the discretionary parameters (Area Under Curve / AUC) of 71.8% (medium quality equation).

DISCUSSION

The results of logistic regression analysis carried out simultaneously on the 7 variables showed that the variables that influenced the success of exclusive breastfeeding most were the absence of infant formula promotion and knowledge of the mothers. The variables that do not affect the success of exclusive breastfeeding were attitude, self-efficacy, early breastfeeding initiation, rooming in, and health education.

There is no promotion of infant formula in the health care facilities, such as the provision of maternity and infant care kits with a logo of the infant formula company, as well as the provision of brochures, leaflets, and posters about infant formula. There is no promotion of infant formula by health workers that can hinder exclusive breastfeeding by mothers. If the promotion of infant formula is done on breastfeeding mothers, it can reduce the level of breastfeeding by the mothers (19). This can be seen in the data showing that most of the mothers receiving the promotion of infant formula did not provide exclusive breastfeeding.

The infant's nutritional needs will be met by breast milk through the let-down reflex (20). The let-down reflex can occur when a nursing mother relaxes, thinks about her infant, gently massages her breast, pumps more often, gets support (oxytocin massage), and thinks positively. However, mothers worrying about insufficient amount of breast milk will affect the infant's weight and will also affect their positive thoughts. These mothers may prefer to use infant formula because of the recommendations of the health care providers (21), even though the mothers are aware that the promotion is not true. Promotional activities affect the behavior to recognize and understand a product, urging someone to give a try and buy the product as a result (22). The more often they are exposed to the promotion of infant formula, the more that the failure rate for exclusive breastfeeding increases. Mothers may give infant formula to their infants if there are medical indications for both the infant and mother. So it is seen that if the promotion of infant formula is not given then exclusive breastfeeding will be more successful.

Knowledge affects exclusive breastfeeding. A good level of knowledge results in a successful breastfeeding practice (23). While interviewing the sample of mothers, it was found that the majority of mothers provide exclusive breastfeeding. After an in-depth interview, the mothers stated that while engaging in the care of their infant (rooming-in), the infant was given infant

formula because their breast milk was not sufficient. Infant formula is given at the request of the mother or at the initiative of the health worker. This is because there are some mothers (1.67%) who give a false statement that they are exclusively breastfeeding, but they might provide additional food and other drinks until the infant is 6 months old. This shows that the mother's knowledge about exclusive breastfeeding is still low. Knowledge is an important aspect needed by the mothers to provide exclusive breastfeeding so that they can provide exclusive breastfeeding correctly. Good knowledge can increase the development and maintenance of positive behavior including exclusive breastfeeding (24). Efforts are needed to increase the level of knowledge about correct breastfeeding practices. The mother's knowledge of infant feeding shows the importance of providing breastfeeding programs to increase the level of exclusive breastfeeding, and to obtain more positive health outcomes (25). Breastfeeding is a natural and instinctive act but mothers still need information and knowledge about breastfeeding (26), especially education from the health workers.

The mother's knowledge about breastfeeding and infant formula can help them to make a decision about the method to be used after they have learned about the advantages and disadvantages of each. Further observation is needed, including whether breastfeeding mothers need counseling to determine their choice, especially their reasons for not breastfeeding or the process to overcome problems while breastfeeding. This breastfeeding counseling program is effective in several countries (27). This counseling can be done more intensively. The mothers can express their problems without any hesitation.

CONCLUSION

The factors that inhibit the success of exclusive breastfeeding most are the promotion of infant formula food and insufficient knowledge of the mothers. Good knowledge of the mothers about exclusive breastfeeding with the support of the health workers and no promotion of infant formula other than medical indications. Even if the mother feels that there is not enough milk, she should still be supported to continue breastfeeding exclusively because there is no better food for the infant besides breast milk.

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