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Penulis : Niken Meilani (Penulis korespondensi)

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#1692 Summary

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Niken Meilani:

We have reached a decision regarding your submission to Kesmas: National Public Health Journal, "EXCLUSIVE BREASTFEEDING AMONG ADOLESCENT MOTHERS".

Our decision is to: Revision Required

Dewi Susanna
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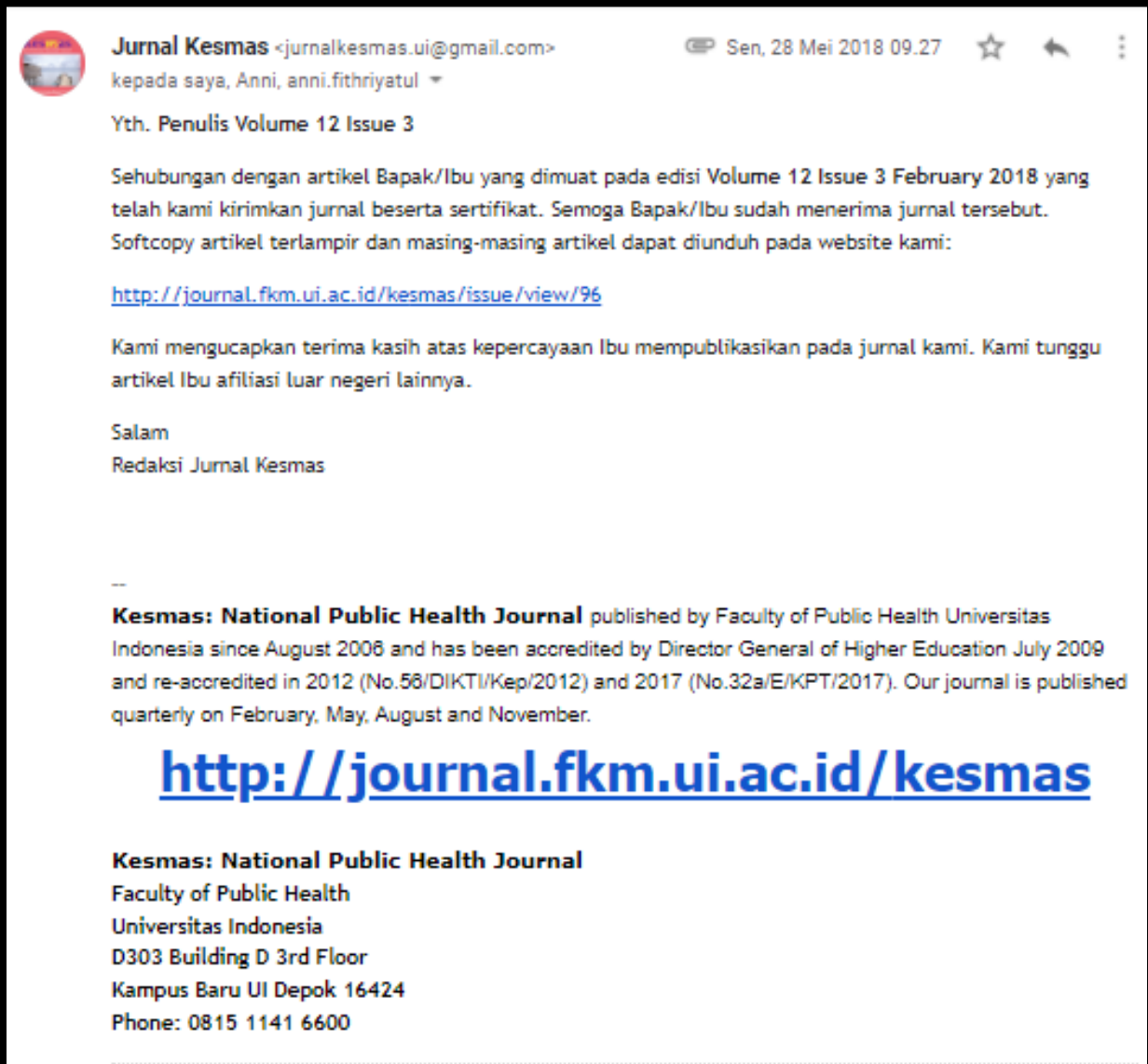
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NASKAH YANG DISUBMIT (29 AGUSTUS 2017)

EXCLUSIVE BREASTFEEDING AMONG ADOLESCENT MOTHERS

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ABSTRACT

Adolescent pregnancies in Indonesia is still very high. Sewon subdistrict had highest number of adolescent deliveries in Bantul Regency in 2015-2016. Adolescent mother are known having low number of exclusive breastfeeding. The aim of this study was to finding factors that influence exclusive breastfeeding among adolescent mother. This study was surveyed with cross sectional model. The population was adolescent mothers of 6-24 month old baby in Sewon subdistrict numbered 45 people. The study was conducted on April-May 2017. Collecting data using a questionnaire. Bivariate analysis used chi square test and fisher's exact test while multivariate used logistic regression. Among 53.3% of adolescent mothers not exclusive breastfeeding. Bivariate analysis showed that pregnancy status ($p=0,029$), perception of childbirth experience ($p=0,045$), perception of breastfeeding ($p=0,005$), husband support ($p=0,009$), family support ($p=0,000$) were correlated to exclusive breastfeeding. Multivariate analysis showed that perception of breastfeeding ($p=0,015$; $OR=9,746$) and family support ($p=0,014$; $OR=7,637$) as the most influential factor on exclusive breastfeeding among adolescent mother and had a probability 72,7% to provide exclusive breastfeeding. Adolescents mother should be understood about exclusive breastfeeding in order to have positive perception of breastfeeding and need the support to provide exclusive breastfeeding.

Keywords: *exclusive breastfeeding, adolescent mother, perception of breastfeeding, family support*

INTRODUCTION

The incidence of adolescent pregnancy is still very high. About 16 million adolescent give birth every year and an estimated three million girls aged 11-15 undergo unsafe abortion.¹ Developing countries had a higher proportion of adolescent pregnancy compared with developed countries. Ninety percent of adolescent pregnancies occur in developing countries. Indonesia was ranked fifth of the top ten countries with the greatest number of adolescent pregnancies in the world.² Based on Basic Health Research (Riskesdas) in 2013, about 0,02% pregnancies occurred in <15 years and 1,97% at the age of 15-19 years. Pregnancy at the age 15-19 years increased to 0,3% from the previous year.³

The high number of adolescent pregnancy would be impact to high rate of adolescent delivery. 1.078 adolescents labor occurred in Yogyakarta Province in 2015. It was increased from the previous year as 930 adolescents labor.⁴ That was occurred in Bantul District too as the one of districts in Yogyakarta Province. Adolescent labor in Bantul District was 364 in 2015, it was increased twice from the previous year as 181 adolescent pregnancies.⁴ Based on accumulated number of adolescent labor in Bantul district in 2015 to 2016, the highest number of deliveries was in Sewon subdistrict as 177 delivery. It consists of 73 deliveries in Puskesmas Sewon 1 and 104 deliveries teens in Puskesmas Sewon 2.⁵

Pregnancy and childbirth among adolescence would lead to health problems such late prenatal care initiation, poor prenatal health behaviors, lower breastfeeding initiation and duration rates, postpartum depression, and lower folic acid supplementation than adult women. About 34.1% of adolescent mothers give exclusive breastfeeding up to 3 months, lower than young women (46.3%) and adult women (≥ 25 years) as 53.3%.⁶ Other studies was suggested that adolescent mothers had low number of exclusive breastfeeding.^{7,8} It was because they didn't able to accept new maternal role.⁹ Some adolescent mothers's reasons didn't do exclusive breastfeeding include work after delivery, feeling less satisfied with the baby breast milk alone, and felt a little breast milk.⁷ Another study showed factors affecting exclusive breastfeeding among adolescent mothers include support family and planned pregnancy.^{10,11}

The aim of this study was to determine the factors that affect exclusive breastfeeding among adolescent mothers using theoretical framework from Green,¹² raised the predisposing factors and reinforcing factors as independent variables. Predisposing factors include level of education, occupation status, pregnancy status, mother's perception of childbirth experience and perceptions of mothers about breastfeeding. Reinforcing factors include the husband support and family support. Behavior studied is the behavior of mothers in exclusive breastfeeding.

METHOD

The study design used in this study was cross-sectional. The independent variables include level of education, occupation status, pregnancy status, mother's perception about childbirth experience, mother's perception about breastfeeding, husband support, and family support. The dependent variable was exclusive breastfeeding practice. Population affordable was the adolescent mother less than 19 years old depend on World Health Organization criteria for adolescents who have babies aged 6-24 months in the Sewon Sub-District. The inclusion criteria were mother was primiparous, mothers who are willing to become respondents, known by signing

the informed consent, bound in marriage and residing in the Sewon Sub-District. The calculation of sample size used Lemeshow for hypothesis two proportion depend on previous study with OR=1.81, P1= 0.489, P2 0.27 minimum sample size was 39 respondents. Sample size of this study was 45 respondents. The sample selection using the *proportional sampling* in each four villages in Sewon Sub-district. Based on these calculations obtained eight samples for Timbulharjo village, 11 samples for Pendowoharjo village, 15 samples for Bangunharjo village, and 11 samples for Panggunharjo village so the number of respondents used in this study were 45 respondents. This research was conducted in April to May 2017. Maternal perception of childbirth experience, maternal perception of breastfeeding, husband support, and family support are categorized based on data distribution. The result of normality data on four variables was normal. So those categorized by the mean limits. It categorized positive/support when skor \geq mean and negative / less support when the score <mean. The analysis technique used include univariate analysis, biavariat with chi-square and multivariate logistic regression.

RESULTS

Respondents of this study is 17-19 years old mother with 6-24 months baby. The univariate analysis is in table 1.

Table 1. Univariat analysis

Characteristics	Categories	N	%
Breastfeeding practice	Not exclusive	24	53.3
	Exclusive	21	46.7
Education level	Basic	40	88.9
	Secondary	27	60
	High	0	0
Occupation status	Not working	40	88.9
	Working	5	11.1
Pregnancy status	Unwanted	11	24.4
	Wanted	34	75.6
Maternal perception about childbirth experience	Negative	20	44.4
	Positive	25	55.6
Maternal perception about breastfeeding	Negative	23	51.1
	Positive	22	48.9
Husband Support	Less Support	20	44.4
	Supports	25	55.6
Family Support	LessSupport	24	53.3
	Support	21	46.7

Based on univariate analysis the percentage of not exclusive breastfeeding on respondents was 53.3%. The majority of respondents in this study have completed secondary education by 60%, about 88.9% didn't work, and planned her pregnancy by 75.6%. About 55.6% of respondents have a positive perception of childbirth experience, while 51.1% of respondents have a negative perception about breastfeeding. About 55.6% of respondents felt that they got good support from her husband and 53.3% of respondents felt lack of support from their family.

Table2. Bivariate Analysis

Variables	Breastfeeding Practice				p-value
	Not exclusive		Exclusive		
	n	%	n	%	

Education Level					
Basic	12	66.7	6	33.3	0.143
Secondary	12	44.4	15	55.6	
Employment Status					
Work	4	80	1	20	.352
Not Working	20	50	20	50	
Status Pregnancy					
Unwanted	9	81.8	2	18.2	0,029
Wanted	15	44.1	19	55.9	
Maternal Perception about Childbirth experience					
Negative	14	70	6	30	0,045
Positive	10	40	15	60	
Maternal Perceptions about Breastfeeding					
Negative	17	73.9	6	26.1	0.005
Positives	7	31.8	15	68.2	
Husband support					
LessSupport	15	75	5	25	0,009
Support	19	36	16	64	
Family Support					
Less Support	19	79.2	5	20.8	0.000
Supporting	5	23.8	16	76.2	

Based on table 2, the level of education wasn't related to exclusive breastfeeding on adolescent mothers ($p = 0.143$). Majority of adolescent mother who had basic education level not breastfeed exclusively (66.7%). Occupation status also wasn't related with exclusive breastfeeding in adolescent mother ($p= 0.352$). About 80% of working mothers didn't breastfeed exclusively.

Pregnancy status has been related to exclusive breastfeeding in adolescent mothers ($p=0.029$). Majority of mother who unwanted their pregnancies not exclusive breastfeeding at 81.8%.

Exclusive breastfeeding among adolescent mothers was related by the mother's perception of childbirth experience ($p = 0.045$). Mothers who had a negative perception of childbirth experience most of them provided not exclusive breastfeeding (70%).

Maternal perception of breastfeeding was related to maternal behavior to provide exclusive breastfeeding ($p=0.005$). Mothers who have a negative perception of breastfeeding evidently not giving exclusive breastfeeding (73.9%).

Husband support as one of the factors that affect exclusive breastfeeding evidently among adolescent mothers ($p = 0.009$). The majority of mothers who feel received less support from their husband not giving exclusive breastfeeding (75%).

Similarly, the support provided by their family, mothers who feel received less support from their family most of them not giving exclusive breastfeeding (79.2%). Family support associated with exclusive breastfeeding in mothers teens with a value of $p = 0.000$.

Table 3. Multivariate Analysis

Variable	B	Wald	Df	Sig.	Exp (B)	(95% CI)
Maternal Perception about Breastfeeding	2.277	5.949	1	0.015	9.746	(1.564 to 60.727)
Family Support	2.033	5.995	1	0.014	7.637	(1.500 to 38.877)
Constant	-3.324	9.641	1	0.002	0.036	

Based on table 3 of multivariate analysis showed that respondents who have a good perception of breastfeeding likely to provide exclusive breastfeeding to their

babies about 9.75 times than mothers who had negative perception about breastfeeding. Adolescent mothers who feel received good support from their family in breastfeeding were more likely to breastfeed exclusively about 7.64 times than those who felt less family support in provide breastfeeding. Adolescent mother who had a positive perception about breastfeeding and received good support from their family has a probability as 72.2% to provide exclusive breastfeeding.

DISCUSSION

The results of this study indicated that number of not exclusive breastfeeding among adolescent mother in Sewon Sub-district was 53.3% and just 46.7% exclusive breastfeeding. The percentage was higher than the national percentage of exclusive breastfeeding as 38%, but the percentage was still below the percentage of exclusive breastfeeding in Yogyakarta province that is equal to 71.62% and amounted to 74.73% in Bantul district.^{3,4} Low number of exclusive breastfeeding among adolescent mothers was because they still in the process of formation of body image and sexual identity, and didn't ready to accept a new role as a mother.^{9,13}

The results of the bivariate analysis in this research showed that the level of education and employment status was not associated with exclusive breastfeeding in adolescent mothers. There are several possibilities for them even if all respondents had primary education up to secondary level, but a majority of 51.1% said strongly agree that they feel comfortable and happy while caring her baby. In addition, in this study sowed that working mother majority did not exclusive breastfeeding because they they can not stay at home to care for the baby, including exclusive breastfeeding.¹⁴

Related factors to exclusive breastfeeding on adolescent mothers including pregnancy status, mother's perception of childbirth experience, mother's perception of the breastfeeding, husband support, and family support. These results are consistent with several studies that showed several reasons and factors affecting adolescent mothers to provide exclusive breastfeeding such because they felt less satisfied with the baby breast milk alone, feeling a little breast milk, family support factor and planning pregnancy.^{7,10,11}

Pregnancy status has been associated with exclusive breastfeeding in adolescent mothers. Mothers who want their pregnancies had a greater proportion to breastfeed exclusively. This is because womens are more prepared to care for the baby, including the commitment to breastfeeding after birth.¹⁵

According to Robbin,¹⁶ person's perception is the process of organizing and interpreting the sensations felt with the aim to give meaning to the environment. Perception is one of the *predisposing factors* that influence a person's behavior.¹² Mother's perception about childbirth experience associated with exclusive breastfeeding.¹⁷ According to Mercer mother's perception of childbirth experience is one of the variables that affect maternal role attainment.¹⁸ Childbirth experience is unforgettable for women. A good experience will strengthen confidence mother while bad experience will affect mother feelings for escape and refuse to breastfeed the baby.¹⁹

This study also obtain information about the image of a mother's perception teens about birth experience. The majority of mothers have a negative perception of the birth experience and respondents claimed to feel tired during labor, did not have a pleasant experience when labor, scared when think about the pain of labor , and stating that childbirth is a painful process.

The perception of breastfeeding such as not sure that mother can not provide exclusive breastfeeding for 6 months, milk production was slightly and feel embarrassed when she have to breastfeed. Mother presumption of milk production slightly and feeling embarrassed when they have to feed the baby a reason that is often expressed by adolescent mothers and a barrier to exclusive breastfeeding.^{7,20,21} The perception of mothers on breastfeeding affects the mother's decision to give exclusive breastfeeding in infants, because about 80% to 90% of milk production is determined by the mother's emotional state associated with maternal oxytocin reflex in the form of thoughts, feelings, and sensations. If it increases, will facilitate the excretion of breast milk.²²

According to Mercer, social support is one of the variables that influence the achievement of the mother's role. The social support is the support given by the people closest to the mother as her husband and family inculde informative support, assessment, physical, and emotional. Social support of both husband and family shown to be associated with exclusive breastfeeding. Basically breastfeeding not only between mother and baby, but the father also has an important role. Husband support wasn't only starts when a mother nursing a baby but starting from pregnancy, childbirth, breastfeeding until the process is complete.

This study showed that the husband's support associated with exclusive breastfeeding. This result was consistent with research of Ramadani and Hadi.²³ This study illustrated the husband's support in exclusive breastfeeding from the mother's perspective. The majority of respondents stated that they felt getting good support from their husbands for example her husband didn't accompany when labor, never to find information about the benefits of breastfeeding for mothers and babies and didn't get a right way explanation from her husband about breastfeeding didn't give praise when the mother was feeding her baby and let the mother take care the baby alone when the baby awakened at night. This needs to be a concern because of the support given her husband will affect the success of exclusive breastfeeding. The support given by the husband tends to affect a mother's decision to breastfeed and mothers will affect the emotional condition that affects milk production.²²

The family has an important role, especially for adolescent mothers. The main function of the family as proposed by Friedman,²⁴ is the affective function is an essential place for psychosocial care of each other, give love, mutual acceptance, and support. Therefore, family support is very important, especially for adolescent mothers. Adolescent mother who feel they have a good support of the family in the process of achieving the role of the mother, it will feel more receptive and able to adapt better. As disclosed Friedman,²⁴ that the positive impact of family support is to increase one's ability to adapt to the events in his life.

This study also saw a picture of respondents feel the lack of support from the family, they feel that the family never find information about the benefits of exclusive breastfeeding for both mother and baby, do not give praise to women after breastfeeding, to let the mother take care of her own baby when she woke up the night and to let the mother prepares the baby's needs alone. Experience in adolescent mothers to breastfeed wasn't much different from adult mothers. The thing that distinguishes adolescent mother and adult mothers in breastfeeding was maternal teens need more social support, especially families.²⁰

There are three things that affect breastfeeding among adolescent mothers such mother's perception of the benefits of breast milk, maternal perception of problems in

breastfeeding and support from influential people.²⁰ Being a mother as a teenager certainly not easy. This often creates a conflict between adolescent developmental tasks and parental duties. Therefore, young people need the support of those closest especially families in order to help in achieving the maternal role. One of them was to give exclusive breastfeeding.²⁵

CONCLUSION

Factors related to exclusive breastfeeding in mothers adolescence statistically were pregnancy status, mother's perception of childbirth experience, mother's perception of the breastfeeding, husband support, and family support. Family support was the most dominant factor influencing the exclusive breastfeeding in adolescent mothers.

SUGGESTION

To help the success of exclusive breastfeeding program especially in adolescent mothers, the government should be care the factors derived from his own mother and his closest people. Adolescent mother need the support to provide exclusive breastfeeding. Mother should be understood about exclusive breastfeeding in order to have positive perception about breastfeeding. Besides the family should be included in the promotion of exclusive breastfeeding in order to motivate and support exclusive breastfeeding.

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NASKAH YANG DISUBMIT (29 AGUSTUS 2017)

REVIEW NASKAH (25 OKTOBER 2017)

FAMILY SUPPORT AS FACTOR INFLUENCING EXCLUSIVE BREASTFEEDING AMONG ADOLESCENT MOTHERS IN BANTUL, INDONESIA.

ABSTRACT

The number of adolescent pregnancies in Indonesia is still very high. Sewon subdistrict had the highest number of adolescent deliveries in Bantul Regency in 2015-2016. Adolescent mothers are known to hardly practice exclusive breastfeeding, despite its known benefits to the baby. The aim of this study was to find factors that influence exclusive breastfeeding among adolescent mothers in Sewon sub-district, Bantul District. A cross sectional study design was used. Using a sample size of 45, adolescent mothers of 6-24 month old baby in Sewon subdistrict numbered were targeted. Data was collected using a structured questionnaire. Data analysis involved Bivariate analysis using chi square test and fisher's exact test while multivariate analysis used logistic regression. Results showed that 53.3% of adolescent mothers do not practice exclusive breastfeeding. Bivariate analysis showed that pregnancy status ($p=0.029$), perception of childbirth experience ($p=0.045$), perception of breastfeeding ($p=0.005$), husband support ($p=0.009$) and family support ($p=.,000$) were correlated to exclusive breastfeeding. Multivariate analysis showed that perception of breastfeeding ($p=0.015$; $OR=9.746$) and family support ($p=0,014$; $OR=7.637$) as the most influential factors on exclusive breastfeeding among adolescent mothers with a probability of 72,7%. There is low practice of exclusive breast feeding, therefore, adolescents mothers should be educated more on exclusive breastfeeding in order to have positive perceptions on breastfeeding and be provided with sufficient support from stakeholders including family to provide exclusive breastfeeding

Keywords: *breastfeeding, adolescent, perception, family, support*

INTRODUCTION

The incidence of adolescent pregnancy is still very high. About 16 million adolescent give birth every year and an estimated three million girls aged 11-15 undergo unsafe abortion.¹ Developing countries had a higher proportion of adolescent pregnancy compared with developed countries. Ninety percent of adolescent pregnancies occur in developing countries. Indonesia was ranked fifth of the top ten countries with the greatest number of adolescent pregnancies in the world.² Based on Basic Health Research (Riskesdas) in 2013, about 0,02% pregnancies occurred in <15 years and 1,97% at the age of 15-19 years. Pregnancy at the age 15-19 years increased to 0,3% from the previous year.³

The high number of adolescent pregnancy would translates to high rate of adolescent births. **Thousand and seventy eight** (1,078) adolescent births occurred in Yogyakarta Province in 2015, an increase from 930 in the preceding year.⁴ Of the 2015 births above, 33.7% (364) were recorded in Bantul District, one of districts in Yogyakarta Province. Compared to the preceding year, there was more than 100% increment in number of adolescent mothers who gave birth in Bantul district.⁴ **When analyzed further**, Sewon sub-district in Bantul district had the highest (177) number of adolescent births for cumulatively from 2015 to 2016.⁵

Breastfeeding is a natural process that seems to have been adversely affected by the “modernization” of society. Though it is now widely accepted that breast milk is the best for the baby, it is also a well-known fact that exclusive breastfeeding rates in early infancy are still ~~too~~ low. Human milk, or breastmilk, is uniquely engineered for human infants, and is the biologically ‘natural’ way to feed infant. Pregnancy and childbirth among adolescents often leads to health problems such late prenatal care initiation, poor prenatal health behaviors, lower breastfeeding initiation and duration rates, postpartum depression, and lower folic acid supplementation than adult women (**Reference**). About 34.1% of adolescent mothers give exclusive breastfeeding up to 3 months, lower than young women (46.3%) and adult women (≥ 25 years) as 53.3%.⁶ Studies suggest that adolescent mothers hardly practice exclusive breastfeeding despite its immense known benefits.^{7,8} **This is because, among other reasons**, due to the fact that they are not ready to accept the new maternal roles.⁹ **Other studies have cited** such as return to work after delivery, feeling that breast milk alone could not satisfy the baby and in some cases inadequate breast milk production by the mother.⁷ Some studies have shown that certain factors affect exclusive breastfeeding among adolescent mothers such as family support and planning of pregnancy.^{10,11}

The aim of this study was to determine the factors that affect exclusive breastfeeding among adolescent mothers using theoretical framework from Green,¹² which discusses predisposing factors and reinforcing factors as independent variables. Predisposing factors include level of education, occupation status, pregnancy status, mother's perception of childbirth experience and perceptions of mothers about breastfeeding. Reinforcing factors include the husband support and family support. Behavior studied is the behavior of mothers as regards exclusive breastfeeding.

METHODS

We used cross-sectional study design. The independent variables include level of education, occupation status, pregnancy status, mother's perception about childbirth experience, mother's perception about breastfeeding, husband support, and family

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support. The dependent variable was exclusive breastfeeding practice. Target population was the adolescent mother less than 19 years old according to the World Health Organization criteria for adolescents who have babies aged 6-24 months in the Sewon Sub-District, Bantul District, Yogyakarta Province, Indonesia. The inclusion criteria were: primiparous mothers, mothers consenting by signing *the informed consent*, bound in marriage and residing in the Sewon Sub-District. The calculation of sample size used Lemeshow for hypothesis two proportion depend on previous study with OR=1.81, P1=0.489, P2 0.27, thus giving a minimum sample size of 39 respondents. The sample size for this study was 45 respondents. Sewon sub-district has four villages. Therefore to obtain the 45 adolescent mothers, we applied proportional sampling technique thus obtaining 8, 11, 15 and 11 respondents from Timbulharjo, Pendowoharjo, Bangunharjo and Panggunharjo villages respectively. This research was conducted in April to May 2017 with Ethical approval from... Maternal perception of childbirth experience, maternal perception of breastfeeding, husband support, and family support are categorized based on data distribution. The result of normality data on four variables was normal. So those categorized by the mean limits. We categorized them as being positive/support when score \geq mean and negative / less support when the score $<$ mean. The analysis technique used include univariate analysis, bivariate with chi-square and multivariate logistic regression.

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RESULTS

Respondents of this study are 17-19 years old mother with 6-24 months baby. The univariate analysis is in table 1.

Table 1. Characteristics, practice, perception and support of respondents about exclusive breastfeeding

Characteristics	Categories	n	%
Breastfeeding practice	Not exclusive	24	53.3
	Exclusive	21	46.7
Education level	Basic	40	88.9
	Secondary	27	60
	High	0	0
Occupation status	Not working	40	88.9
	Working	5	11.1
Pregnancy status	Unwanted	11	24.4
	Wanted	34	75.6
Maternal perception about childbirth experience	Negative	20	44.4
	Positive	25	55.6
Maternal perception about breastfeeding	Negative	23	51.1
	Positive	22	48.9
Husband Support	Less Support	20	44.4
	Supports	25	55.6
Family Support	LessSupport	24	53.3
	Support	21	46.7

Based on univariate analysis the percentage of those mothers not practicing exclusive breastfeeding was 53.3%. The majority (60%) of respondents in this study have completed secondary education, about 88.9% didn't work, and 75.6% had planned their pregnancies. About 55.6% of respondents have a positive perception of childbirth experience, while 51.1% of respondents have a negative perception about breastfeeding. About 55.6% of respondents felt that they got good support from her husband and 53.3% of respondents felt lack of support from their family.

Table 2. Correlation of educational level, employment status, status pregnancy, perception and support to Exclusive breastfeeding practice

Variables	Breastfeeding Practice				<i>p-value</i>
	Not exclusive		Exclusive		
	N =	%	N =	%	
	24		21		
Education Level					
Basic	12	66.7	6	33.3	0.143
Secondary	12	44.4	15	55.6	
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Work	4	80	1	20	.352
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Based on table 2, the level of education didn't influence the practice of exclusive breastfeeding among adolescent mothers ($p = 0.143$). Majority of adolescent mothers who had basic education level were not breastfeeding exclusively (66.7%). Occupation status also wasn't statistically related with exclusive breastfeeding in adolescent mother ($p = 0.352$). About 80% of working mothers didn't breastfeed exclusively.

Pregnancy status has been related to exclusive breastfeeding in adolescent mothers ($p = 0.029$). Majority (81.8%) of mothers with unwanted pregnancies did not practice exclusive breastfeeding.

Exclusive breastfeeding among adolescent mothers was related by the mother's perception of childbirth experience ($p = 0.045$). 7 in 10 mothers who had a negative perception of childbirth experience did not practice exclusive breastfeeding.

Maternal perception of breastfeeding was related to maternal behavior to provide exclusive breastfeeding ($p = 0.005$). Mothers who have a negative perception of breastfeeding were evidently not practicing exclusive breastfeeding (73.9%).

From this study, husband support is one of the factors that affect exclusive breastfeeding among adolescent mothers ($p = 0.009$). The majority of mothers who feel received less support from their husbands do not practice exclusive breastfeeding (75%). Similarly, majority of the mothers who felt received less support from their families did not practice exclusive breastfeeding (79.2%). Family support was strongly associated with exclusive breastfeeding in adolescent mothers ($p = 0.000$)

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Table 3. Factors Affecting Exclusive Breastfeeding Practice

Variable	B	Wald	Df	Sig.	Exp (B)	(95% CI)
Maternal Perception about Breastfeeding	2.277	5.949	1	0.015	9.746	(1.564 to 60.727)
Family Support	2.033	5.995	1	0.014	7.637	(1.500 to 38.877)
Constant	-3.324	9.641	1	0.002	0.036	

Based on table 3 above of multivariate analysis, it shows that respondents who have a good perception of breastfeeding are 9.75 times more likely to provide exclusive breastfeeding to their babies than mothers who had negative perception about breastfeeding. Further, adolescent mothers who felt received good support from their family as regards breastfeeding, were 7.64 times more likely to breastfeed exclusively than those who felt they received less family support in provide breastfeeding. With regard to personal perceptions on breastfeeding, adolescent mother who has a positive perception about breastfeeding and receives good family support has a 72.2% probability to provide exclusive breastfeeding.

DISCUSSION

The results of this study indicated that over half (53.3%) of adolescent mothers interviewed did not practice exclusive breastfeeding in Sewon Sub-district and only 46.7% did. Although Sewon sub-district seems to be doing well in terms of exclusive breast feeding (46.7%) when compared to national estimates (38%), the proportion is way below the Yogyakarta province estimates which stands at 71.62% and still lower than those of the larger Bantul district.^{3,4} These low numbers of exclusive breastfeeding in Sewon sub-district could be attributed to the fact that the adolescent mothers are still in the process of formation of body image and sexual identity and they may not be ready to accept a new role as a mother.^{9,13}

The results of the bivariate analysis in this research showed that the level of education and employment status were not associated with exclusive breastfeeding among adolescent mothers. Working mothers often face the challenge of not being able to stay at home longer after their maternity leave to take care of the baby including exclusive breastfeeding.¹⁴ There are several possibilities for them even if all respondents had primary education up to secondary level, but a majority of 51.1% said strongly agree that they feel comfortable and happy while caring her baby.

This study has demonstrated a number of factors related factors to exclusive breastfeeding among adolescent mothers which include pregnancy status (wanted or unwanted) mother's perception of childbirth experience, the mother's perception on breastfeeding, husband support, and family support. These results are consistent with several studies that showed several reasons and factors affecting adolescent mothers in providing exclusive breastfeeding to their babies such as feelings that breast milk alone cannot satisfy the baby, feelings that there have inadequate breast milk supply, family support issues and whether or not the pregnancy was planned.^{7,10,11}

Pregnancy status has been associated with exclusive breastfeeding in adolescent mothers. Mothers with wanted pregnancies had a higher likelihood of breastfeeding exclusively. This is because women who have planned for the pregnancy are often more prepared to care for the baby, including the commitment to breastfeed after birth.¹⁵

According to Robbin,¹⁶ person's perception is the process of organizing and interpreting the sensations felt with the aim to give meaning to the environment. Perception is one of the *predisposing factors* that influence a person's behavior.¹²

Mother's perception about childbirth experience is associated with exclusive breastfeeding.¹⁷ According to Mercer, the mother's perception of childbirth experience is one of the variables that affect maternal role attainment after birth.¹⁸ Childbirth experience is unforgettable for most women. A good experience will often strengthen confidence in the mother while a bad one will affect the mother's feelings for escape and possibly refuse to breastfeed the baby.¹⁹ Qualitatively, this study has also unearthed further insights into the image of an adolescent mother's perception about childbirth experience. The majority of the mothers have a negative perception of the birth experience and respondents claimed to often feel tired during labor, some said they did not have a pleasant experience when in labor while others still felt scared when they recalled the pain of labor and generally concluding that childbirth is a painful process.

Some of the perceptions on breastfeeding expressed by adolescent mothers in this study include feelings that an adolescent mother is unable to provide exclusive breastfeeding for 6 months; that there is inadequate milk production, and feeling embarrassed when one has to breastfeed a baby. This is consistent with findings found elsewhere and are actually considered barriers to exclusive breastfeeding.^{7,20,21} They are barriers because these perceptions affect the mother's decision to provide exclusive breastfeeding to her baby considering also the fact that about 80% to 90% of milk production is actually determined by the mother's emotional state which is associated with maternal oxytocin reflex in the form of thoughts, feelings, and sensations whereby if it increases, it facilitates the excretion of breast milk.²²

According to Mercer, social support is one of the variables that influence the achievement of the mother's role (Reference). The social support is the support given by the people closest to the mother for instance her husband and family include informative support, assessment, physical, and emotional. In this study, social support of both husband and family has been shown to be associated with exclusive breastfeeding. This implies that fundamentally, breast feeding is not a reserved exercise for only mother and baby, but also an important process which the father and family have a role to play in.

The association demonstrated by our study between exclusive breast feeding and husband support is consistent with a study by Ramadani and Hadi.²³ This study showed that the husband's support associated with exclusive breastfeeding. The support adolescent mothers get from their husbands vary and the mothers attach some importance to various actions by those who are close to them and interpret them as necessary. For instance, majority of the respondents reported having received getting good support from their husbands for example her husband didn't accompany when labor, never to find information about the benefits of breastfeeding for mothers and babies and didn't get a right way explanation from her husband about breastfeeding didn't give praise when the mother was feeding her baby and let the mother take care the baby alone when the baby awakened at night. This is major concern in our opinion, because often the support given by the husband tends to influence the success of exclusive breastfeeding since in many cases it affects her decision to breastfeed and her emotional condition which often inadvertently affects milk production.²²

Besides the husbands support, the family has an important role, especially for adolescent mothers. The main function of the family as proposed by Friedman,²⁴ is to play the role of providing the affective function, psychosocial care of each other, show love, ensure mutual acceptance as well as support. An adolescent mother who feels they have good family support in their new role of being a mother, tend to feel more

receptive and able to adapt better. As disclosed Friedman,²⁴ that the positive impact of family support is to increase one's ability to adapt to the events in his life. Of particular interest our study found out that the respondents found the following deficits as far as family support is concerned: lack of effort by the family members to find the mother information on the benefits of exclusive breastfeeding for both mother and baby, lack of praise for the mother after she has breastfed the baby and inadequate support at night when the baby wakes up and she has to care for the baby all alone. . There is some evidence that comparatively, experiences by adolescent mothers in breastfeeding wasn't much different from adult mothers. Rather what distinguishes adolescent mother from adult mothers in breastfeeding practices is the fact that adolescent mothers need more social support, especially from families.²⁰

There are three things that affect breastfeeding among adolescent mothers such mother's perception of the benefits of breast milk, maternal perception of problems of breastfeeding and support from influential people.²⁰ Being a mother as a teenager is certainly not easy. This often creates a conflict between adolescent developmental tasks and parental duties. Therefore, young people need the support of those closest especially families in order to help in achieving the maternal role one of which is practicing exclusive breastfeeding whci has immense benefits to the baby as well as the mother.²⁵

CONCLUSION

Among adolescent mothers of babes aged 6-24 months old in Sewon sub-district in Yokarta province, we have found that exclusive breast feeding low compared to the entire district. This has been found to be associated with a number of factors. These factors include: pregnancy status (i.e. whether wanted on unwanted), mother's perception of childbirth experience, the mother's perceptions on breastfeeding itself, husband's support and last but not least family support. Of these factors, family support was the most significant determinant that influences exclusive breastfeeding among adolescent mothers.

RECOMMENDATION

From the findings, firstly, we do recommend that government and other interested stakeholders promote family planning to reduce unwanted pregnancies which tends to negatively impact exclusive breastfeeding. Secondly, we recommend that more awareness programs especially at the antenatal clinic level be increased among adolescent mothers to not only offer them psychological support but also address some of the perceptions which tend to negate the practice and benefits of exclusive breastfeeding. Further, we do recommend that health workers handling adolescent mothers should involve family members and husbands in the promotion of exclusive breastfeeding in order to motivate and support the mothers' efforts. Lastly, further research needs to be carried out to test the most feasible and culturally sensitive interventions that promote continued practice of breastfeeding among working mothers once they return to work.

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REVISI NASKAH (9 NOVEMBER 2017)

FAMILY SUPPORT AS FACTOR INFLUENCING EXCLUSIVE BREASTFEEDING AMONG ADOLESCENT MOTHERS IN BANTUL, INDONESIA.

ABSTRACT

The number of adolescent pregnancies in Indonesia is still very high. Sewon subdistrict had the highest number of adolescent deliveries in Bantul Regency in 2015-2016. Adolescent mothers are known to hardly practice exclusive breastfeeding, despite its known benefits to the baby. The aim of this study was to find factors that influence exclusive breastfeeding among adolescent mothers in Sewon sub-district, Bantul District. A cross sectional study design was used. Using a sample size of 45, adolescent mothers of 6-24 month old baby in Sewon subdistrict numbered were targeted. Data was collected using a structured questionnaire. Data analysis involved Bivariate analysis using chi square test and fisher's exact test while multivariate analysis used logistic regression. Results showed that 53.3% of adolescent mothers do not practice exclusive breastfeeding. Bivariate analysis showed that pregnancy status ($p=0.029$), perception of childbirth experience ($p=0.045$), perception of breastfeeding ($p=0.005$), husband support ($p=0.009$) and family support ($p=.,000$) were correlated to exclusive breastfeeding. Multivariate analysis showed that perception of breastfeeding ($p=0.015$; $OR=9.746$) and family support ($p=0,014$; $OR=7.637$) as the most influential factors on exclusive breastfeeding among adolescent mothers with a probability of 72,7%. There is low practice of exclusive breast feeding, therefore, adolescents mothers should be educated more on exclusive breastfeeding in order to have positive perceptions on breastfeeding and be provided with sufficient support from stakeholders including family to provide exclusive breastfeeding

Keywords: *breastfeeding, adolescent, perception, family, support*

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Pregnancy status has been related to exclusive breastfeeding in adolescent mothers ($p = 0.029$). Majority (81.8%) of mothers with unwanted pregnancies did not practice exclusive breastfeeding.

Exclusive breastfeeding among adolescent mothers was related by the mother's perception of childbirth experience ($p = 0.045$). 7 in 10 mothers who had a negative perception of childbirth experience did not practice exclusive breastfeeding.

Maternal perception of breastfeeding was related to maternal behavior to provide exclusive breastfeeding ($p = 0.005$). Mothers who have a negative perception of breastfeeding were evidently not practicing exclusive breastfeeding (73.9%).

From this study, husband support is one of the factors that affect exclusive breastfeeding among adolescent mothers ($p = 0.009$). The majority of mothers who feel received less support from their husbands do not practice exclusive breastfeeding (75%). Similarly, majority of the mothers who felt received less support from their families did not practice exclusive breastfeeding (79.2%). Family support was strongly associated with exclusive breastfeeding in adolescent mothers ($p = 0.000$)

Commented [u10]: breastfed revised

Table 3. Factors Affecting Exclusive Breastfeeding Practice

Variable	B	Wald	Df	Sig.	Exp (B)	(95% CI)
Maternal Perception about Breastfeeding	2.277	5.949	1	0.015	9.746	(1.564 to 60.727)
Family Support	2.033	5.995	1	0.014	7.637	(1.500 to 38.877)
Constant	-3.324	9.641	1	0.002	0.036	

Based on table 3 above of multivariate analysis, it shows that respondents who have a good perception of breastfeeding are 9.75 times more likely to provide exclusive breastfeeding to their babies than mothers who had negative perception about breastfeeding. Further, adolescent mothers who felt received good support from their family as regards breastfeeding, were 7.64 times more likely to breastfeed exclusively than those who felt they received less family support in provide breastfeeding. With regard to personal perceptions on breastfeeding, adolescent mother who has a positive perception about breastfeeding and receives good family support has a 72.2% probability to provide exclusive breastfeeding.

DISCUSSION

The results of this study indicated that over half (53.3%) of adolescent mothers interviewed did not practice exclusive breastfeeding in Sewon Sub-district and only 46.7% did. Although Sewon sub-district seems to be doing well in terms of exclusive breast feeding (46.7%) when compared to national estimates (38%), the proportion is way below the Yogyakarta province estimates which stands at 71.62% and still lower than those of the larger Bantul district.^{3,4} These low numbers of exclusive breastfeeding in Sewon sub-district could be attributed to the fact that the adolescent mothers are still in the process of formation of body image and sexual identity and they may not be ready to accept a new role as a mother.^{9,13}

The results of the bivariate analysis in this research showed that the level of education and employment status were not associated with exclusive breastfeeding among adolescent mothers. Working mothers often face the challenge of not being able to stay at home longer after their maternity leave to take care of the baby including exclusive breastfeeding.¹⁴ There are several possibilities for them even if all respondents had primary education up to secondary level, but a majority of 51.1% said strongly agree that they feel comfortable and happy while caring her baby.

This study has demonstrated a number of factors related factors to exclusive breastfeeding among adolescent mothers which include pregnancy status (wanted or unwanted) mother's perception of childbirth experience, the mother's perception on breastfeeding, husband support, and family support. These results are consistent with several studies that showed several reasons and factors affecting adolescent mothers in providing exclusive breastfeeding to their babies such as feelings that breast milk alone cannot satisfy the baby, feelings that there have inadequate breast milk supply, family support issues and whether or not the pregnancy was planned.^{7,10,11}

Pregnancy status has been associated with exclusive breastfeeding in adolescent mothers. Mothers with wanted pregnancies had a higher likelihood of breastfeeding exclusively. This is because women who have planned for the pregnancy are often more prepared to care for the baby, including the commitment to breastfeed after birth.¹⁵

According to Robbin,¹⁶ person's perception is the process of organizing and interpreting the sensations felt with the aim to give meaning to the environment. Perception is one of the *predisposing factors* that influence a person's behavior.¹² Mother's perception about childbirth experience is associated with exclusive breastfeeding.¹⁷ According to Mercer, the mother's perception of childbirth experience is one of the variables that affect maternal role attainment after birth.¹⁸ Childbirth experience is unforgettable for most women. A good experience will often strengthen confidence in the mother while a bad one will affect the mother's feelings for escape and possibly refuse to breastfeed the baby.¹⁹ Qualitatively, this study has also unearthed further insights into the image of an adolescent mother's perception about childbirth experience. The majority of the mothers have a negative perception of the birth experience and respondents claimed to often feel tired during labor, some said they did not have a pleasant experience when in labor while others still felt scared when they recalled the pain of labor and generally concluding that childbirth is a painful process.

Some of the perceptions on breastfeeding expressed by adolescent mothers in this study include feelings that an adolescent mother is unable to provide exclusive breastfeeding for 6 months; that there is inadequate milk production, and feeling embarrassed when one has to breastfeed a baby. This is consistent with findings found elsewhere and are actually considered barriers to exclusive breastfeeding.^{7,20,21} They are barriers because these perceptions affect the mother's decision to provide exclusive breastfeeding to her baby considering also the fact that about 80% to 90% of milk production is actually determined by the mother's emotional state which is associated with maternal oxytocin reflex in the form of thoughts, feelings, and sensations whereby if it increases, it facilitates the excretion of breast milk.²²

According to Mercer, social support is one of the variables that influence the achievement of the mother's role (Reference). The social support is the support given by the people closest to the mother for instance her husband and family include informative support, assessment, physical, and emotional. In this study, social support of both husband and family has been shown to be associated with exclusive breastfeeding. This implies that fundamentally, breast feeding is not a reserved exercise for only mother and baby, but also an important process which the father and family have a role to play in.

The association demonstrated by our study between exclusive breast feeding and husband support is consistent with a study by Ramadani and Hadi.²³ This study showed that the husband's support associated with exclusive breastfeeding. The support adolescent mothers get from their husbands vary and the mothers attach some importance to various actions by those who are close to them and interpret them as necessary. For instance, majority of the respondents reported having received getting good support from their husbands for example her husband didn't accompany when labor, never to find information about the benefits of breastfeeding for mothers and babies and didn't get a right way explanation from her husband about breastfeeding didn't give praise when the mother was feeding her baby and let the mother take care the baby alone when the baby awakened at night. This is major concern in our opinion, because often the support given by the husband tends to influence the success of exclusive breastfeeding since in many cases it affects her decision to breastfeed and her emotional condition which often inadvertently affects milk production.²²

Besides the husbands support, the family has an important role, especially for adolescent mothers. The main function of the family as proposed by Friedman,²⁴ is to

play the role of providing the affective function, psychosocial care of each other, show love, ensure mutual acceptance as well as support. An adolescent mother who feels they have good family support in their new role of being a mother, tend to feel more receptive and able to adapt better. As disclosed Friedman,²⁴ that the positive impact of family support is to increase one's ability to adapt to the events in his life. Of particular interest our study found out that the respondents found the following deficits as far as family support is concerned: lack of effort by the family members to find the mother information on the benefits of exclusive breastfeeding for both mother and baby, lack of praise for the mother after she has breastfed the baby and inadequate support at night when the baby wakes up and she has to care for the baby all alone. There is some evidence that comparatively, experiences by adolescent mothers in breastfeeding wasn't much different from adult mothers. Rather what distinguishes adolescent mother from adult mothers in breastfeeding practices is the fact that adolescent mothers need more social support, especially from families.²⁰

There are three things that affect breastfeeding among adolescent mothers such as mother's perception of the benefits of breast milk, maternal perception of problems of breastfeeding and support from influential people.²⁰ Being a mother as a teenager is certainly not easy. This often creates a conflict between adolescent developmental tasks and parental duties. Therefore, young people need the support of those closest especially families in order to help in achieving the maternal role one of which is practicing exclusive breastfeeding which has immense benefits to the baby as well as the mother.²⁵

CONCLUSION

Among adolescent mothers of babies aged 6-24 months old in Sewon sub-district in Yokarta province, we have found that exclusive breast feeding low compared to the entire district. This has been found to be associated with a number of factors. These factors include: pregnancy status (i.e. whether wanted or unwanted), mother's perception of childbirth experience, the mother's perceptions on breastfeeding itself, husband's support and last but not least family support. Of these factors, family support was the most significant determinant that influences exclusive breastfeeding among adolescent mothers.

RECOMMENDATION

From the findings, firstly, we do recommend that government and other interested stakeholders promote family planning to reduce unwanted pregnancies which tends to negatively impact exclusive breastfeeding. Secondly, we recommend that more awareness programs especially at the antenatal clinic level be increased among adolescent mothers to not only offer them psychological support but also address some of the perceptions which tend to negate the practice and benefits of exclusive breastfeeding. Further, we do recommend that health workers handling adolescent mothers should involve family members and husbands in the promotion of exclusive breastfeeding in order to motivate and support the mothers' efforts. Lastly, further research needs to be carried out to test the most feasible and culturally sensitive interventions that promote continued practice of breastfeeding among working mothers once they return to work.

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