

Description of The Supporting and Inhibiting Factors for The Success of Exclusive Breastfeeding

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Abstract

Breastfeeding is a natural process. However, in today's environment, doing the natural thing is not always easy, because there are many factors that influence the success of this natural process. To achieve success in breastfeeding, the mother's factors, the baby's factors, and the environment must be supportive. If one of them is not fulfilled, the breastfeeding process will not be optimal. Therefore, health workers must highlight not only mothers, but also families, husbands, mothers-in-laws, even community leaders or religious leaders to jointly support and support the success of breastfeeding. Efforts to increase mothers' knowledge about exclusive breastfeeding begin during antenatal care and not after delivery, because if it is done after delivery it will be too late.

Keywords : Breast Milk; Eksklusif Breastfeeding; Social Support

1. Introduction

Breastfeeding is a natural process. Millions of mothers successfully breastfeed without ever reading a book about breast feeding. Even an illiterate mother is able and able to breastfeed her child well. However, in our current cultural environment doing the natural thing is not always easy (Roesli, 2000) Babies suckle directly on the mother's breast when breastfeeding is a physiological thing that must be sought (Walsh, 2007).

There are several things that cause exclusive breastfeeding or breastfeeding not to run smoothly. Inhibitors of breastfeeding vary, some of these inhibitors are divided into two, namely biological factors and behavioral factors. Biological factors are divided into two, mother and fetus. Biological factors in the mother include parity, method of delivery, delivery experience, Body Mass Index (BMI), smoking, problems with the breasts and nipples (anatomical and hormonal), and finally, a history of disease or surgery. Biological factors in infants as follows, gestational age, body weight, and the ability to suck. The second factor is behavioral factors, behavioral factors in mothers include, motivation to breastfeed, social support, length of care, use of supplements, experience of breastfeeding and stress which includes anxiety and depression. Behavioral factors in infants are sucking patterns and difficulty in breastfeeding (immature sucking, incoordination of suck-swallow-breathe) (Al Farisi et al., 2021).

Exclusive breastfeeding for six months has been scientifically proven to meet the nutritional needs of infants. Breast milk has indeed been prepared for the growth and development of human babies. Even

though the number of parents who are aware of the importance of breastfeeding for their babies is increasing, various obstacles are still found in the community. These constraints cause the failure of mothers to breastfeed their children until the age of 6 months. Of the various reasons stated, the core of the problem is that mothers do not fully understand how to breastfeed properly, including techniques and how to express breast milk, especially when they have to work. Another problem is that mothers lack confidence that the milk they produce can meet the nutritional needs of their babies, so that not a few mothers provide additional food for their babies before the age of 6 months. Of course, this is very inaccurate (Roesli, 2008).

2. Result

Mother's milk is the term for the white liquid produced by the female breast glands through the lactation process. The formula in breast milk cannot be imitated perfectly, breast milk contains high nutrition and the presence of immune substances in it makes breast milk irreplaceable as the best food for babies. All the nutrients needed by babies are in breast milk, therefore breast milk helps the baby's growth process and make babies are healthier and smarter (Linda, 2019).

Although breast milk and cow's milk both contain protein, there are differences between breast milk and cow's milk. The protein in breast milk belongs to the whey protein group (a protein that is very fine, soft, and easy to digest) so breast milk protein is very suitable for babies because almost all of the protein elements can be absorbed by the baby's digestive system. Meanwhile, the protein composition in cow's milk is a coarse casein group, lumpy, and very difficult for the baby's intestine to digest (Purwanti, 2003). Formula milk does not have antibodies like breast milk is the best choice for babies because it contains antibodies and more than 100 types of nutrients, such as AA, DHA, taurine and sphingomyelin which are not found in cow's milk. Therefore, nothing can replace breast milk because breast milk is specially designed and formulated for babies (Yuliarti, 2010).

Described in a book entitled "Essential Midwifery Practice: Postnatal Care" ASI is a unique and complex collection of nutrients needed for optimal growth and development of infants. These nutrients affect the baby metabolically, immunologically, and nervously. Babies who get breast milk as complete nutrition will be less likely to get sick in both the short and long term (Byrom et al., 2012). Breast milk is divided into 3 stages, namely: Colostrum (1-4 days), transitional milk (5-10 days), and mature milk (Wahyutri et al., 2020).

The WHO program for nutrition and feeding in infants is as follows: Newborns apply early breastfeeding initiation (IMD), Infants <6 months old receive exclusive breastfeeding, provide complementary foods after 6 months of age and continue breastfeeding until they are 2 years old. Breastfeeding until the age of 2 years can reduce child mortality due to diarrhea and acute respiratory infections (Wahyutri et al., 2020). Exclusive breastfeeding is breastfeeding 0-6 months without additional food and drinks. Exclusive breastfeeding is very important for the growth and development of infants and to prevent morbidity and mortality in infants (Rudiawan, 2019).

Exclusive breastfeeding itself has the meaning of giving mother's milk as early as possible after the birth process, given without a schedule and not given other food, even if it's just plain water, this is done until the baby is 6 months old. Only after 6 months, babies begin to be introduced to other foods but are still given breast milk until they are 2 years old (Purwanti, 2003). Exclusive breastfeeding is not giving the baby food or drink other than breast milk or expressed milk, including water. Except for drugs and vitamin or mineral drops (Wahyutri et al., 2020). Factors that influence the success of breastfeeding: the process of growth of breast milk-making tissue, the start of milk production after the baby is born (milk formation reflex), continuity or continuity of milk production, and milk ejection reflex (let down reflex) (Pamuji, 2020).

Developed technologies have advantages, but generally have unintended consequences. For example, in the use of CTG, the effect of CTG can reduce the quality of breastfeeding (Walsh, 2007). In

a book entitled "Essential Midwifery Practice: Intrapartum Care" it is explained that babies who experience gastric suction often experience bradycardia, high blood pressure, and delayed breastfeeding (D. R. Walsh & Downe, 2010).

Mother's positive attitude related to exclusive breastfeeding. Mothers who breastfeed their babies have a more positive attitude towards breastfeeding than mothers who do not. This attitude is an action taken by the mother in her business and behavior in providing exclusive breastfeeding to her baby at the age of 6 months to 11 months (Karo, 2021).

The rate of exclusive breastfeeding in Indonesia is very low, and conversely the giving of formula milk is increasing. Formula feeding is influenced by maternal factors, infant factors, and environmental factors. Maternal factors include lack of maternal education, unsupportive maternal health, and working mothers. The baby factor is the baby's condition and health. And the environmental factor is the promotion of formula milk which is increasingly spreading (Ipsan & Dewanto, 2021). Formula milk advertisements in the mass media greatly affect the success of exclusive breastfeeding, especially for mothers with low education (Fikawati & Syafiq, 2009).

Mothers who have babies and with a high educational background will find it easier to obtain and remember the information provided about early initiation of breastfeeding and patterns of exclusive breastfeeding (Wahyutri et al., 2020). In mothers who do not give exclusive breastfeeding, the inhibiting factors are trust, health services and family support. While the driving factors are knowledge and attitudes (Rudiawan, 2019).

Denis Walsh in his book "Evidence-based Care for Normal Labor and Birth: A Guide for Midwives" states that the benefits of direct breastfeeding with skin or skin to skin contact when the baby is looking for the nipple can reduce the baby being fussy or like to cry and will affect the duration of breastfeeding (Walsh, 2007). The benefit of breastfeeding for the mother is that it increases the release of oxytocin due to the response to the movements and actions of the neonate, namely by touching and licking the nipples while breastfeeding. Oxytocin will contract the uterus, and uterine contractions are very crucial for postpartum mothers. Skin to skin during breastfeeding also increases the mother's concern for her baby and is a natural precursor to early breastfeeding. The success of early breastfeeding will affect the next breastfeeding process (D. R. Walsh & Downe, 2010).

Breast milk has advantages for babies such as: it is specially designed for babies (species specificity), the unique composition of breast milk is ideal nutrition for human brain growth (nutritional benefits), it contains leukocyte specific antibodies and anti-microbials. Breast milk can protect babies from diarrhea and respiratory disorders, also protect against allergies (allergy prophylaxis), and breastfeeding can support the development of personality and emotional intelligence. Breast milk contains passive natural immunity. Antibodies are obtained from mother to fetus through the placenta or through breast milk to the baby, especially breast milk during the colostrum period (Wahyutri et al., 2020). Some of the benefits of colostrum in breast milk which are very useful for babies are as follows: Contains immune substances, especially immunoglobulin A (IgA) which functions to protect babies from various infectious diseases, such as diarrhea. Although the amount of colostrum produced is small, it is sufficient and in accordance with the nutritional needs of the baby. Contains high protein and vitamin A, and contains low carbohydrates and fat so that it is suitable for the needs of babies in the first days of life after birth. Helps expel meconium or greenish early baby poop (Yuliarti, 2010).

One of the mother's ways or efforts to increase breast milk is to imagine the baby with affection, hear the baby's voice, see or look at the baby, and the mother is confident when breastfeeding (Wahyutri et al., 2020).

Although various counseling and information about exclusive breastfeeding have been widely promoted, many have not yet implemented this. Not because of a lack of knowledge or information, but this is related to traditional or cultural beliefs, as well as the role of decision makers in the family. In a study conducted on mothers and infants aged 0-6 months, it was found that factors that influence

breastfeeding include knowledge, maternal health conditions, perceptions, family support, support from health workers, promotion of formula milk, culture, policies and places of delivery. If this is not paid attention to, it will reduce the quality of breastfeeding (Ningsih, 2018).

Then the question arises "What can midwives do to increase awareness and coverage of exclusive breastfeeding in Indonesia?". This, of course, must be based on the knowledge of qualified midwives and in accordance with evidence and not turning a blind eye to the needs of mothers and their babies.

Study in a 2014 with a sample of mothers who had babies aged 0-6 months and provided additional food to the babies. The results of this study indicate that knowledge, health, attitudes, and beliefs greatly influence breastfeeding. It is hoped that health workers will be more active in providing support and counseling to the public regarding explanations and information on the importance of exclusive breastfeeding for infants aged 0-6 months. Supplementary feeding should be given to infants aged 6 months and over. This counseling is not only for mothers, but must also be carried out for family members including husbands, mothers/in-laws and anyone who makes decisions in the family (Lailani, 2014).

The above research is supported by other studies which suggest the 3 biggest factors that influence the success of exclusive breastfeeding. These 3 factors are, the condition of the breast, the culture and habits of the area where you live, as well as family support. This research supports previous research, that midwives must be able to empower not only mothers, but also families, because the family plays a very important role. It is not uncommon for mothers/in-laws to give suggestions to give zam-zam water, honey, or dates to babies after birth. Therefore family empowerment is very crucial. Apart from that, the midwife's family must be able to carry out exclusive breastfeeding efforts through a cultural approach, because it is not uncommon for culture and beliefs to be trusted more than the mother's own knowledge. This approach can be through community leaders and religious leaders who are trusted in the environment (Safitri & Minsarnawati, 2012).

In a study it was found that formula milk advertising in the mass media affected the success of exclusive breastfeeding, especially for mothers with low education. Therefore, strict rules regarding formula milk advertising in the mass media are needed, and mother's knowledge needs to be increased. Increasing mother's knowledge about exclusive breastfeeding is carried out during antenatal care, not after delivery (Fikawati & Syafiq, 2009).

In a study conducted in Riau, it was found that there were 2 problems causing the low coverage of exclusive breastfeeding, namely breast milk that did not come out and the condition of the baby. Based on these problems, it is hoped that mothers can maintain their health and attend counseling during pregnancy about exclusive breastfeeding so that they know better how to deal with breast milk that does not come out (Elison et al., 2020).

3. Discussion

Based on the description that has been described above, in fact the process of breastfeeding is a natural process, hundreds of years ago mothers could breastfeed their babies even though they had never read books, were given counseling and information about breastfeeding (Roesli, 2000). And babies are physiologically able to suckle directly on the mother's breast (D. Walsh, 2007). However, in our current cultural environment doing the natural thing is not always easy.

Breast milk is the best natural food for babies, because breast milk is a food full of nutrients that babies need (Widiyanto, 2012). Exclusive breastfeeding is known as one that has the strongest influence on child survival, growth and development (Astuti, 2013).

Information about the importance of exclusive breastfeeding is currently very easy to find and find. Mother's knowledge about exclusive breastfeeding has also increased a lot. However, in our current cultural environment doing the natural thing is not always easy (Roesli, 2000).

This was proven in a study conducted in Cibeber, there were 3 problems that greatly influenced the success of exclusive breastfeeding. The first problem was the condition of the breasts during breastfeeding,

most of the informants had breast swelling and blisters, and several informants said that the problem they experienced was that milk only came out of one of the breasts (not both). The second problem is local culture and customs in prelacteal feeding. Most of the informants admitted that they gave zam-zam water, honey or mashed dates. The underlying reason for this is because of advice from mother or mother-in-law. Community leaders also admit that there are still traditions and habits of giving food or drink to newborns. The third problem is family support, family support is very important for the success of breastfeeding. The biggest support for all informants in this study is the husband (Safitri & Minsarnawati, 2012).

4. Conclusion

Based on these problems, midwives must empower not only mothers, but also families, husbands, mothers/in-laws, even community leaders or religious leaders to equally support and support the fulfillment of nutrition with exclusive breastfeeding without any additional food until the age of 6 months. It is recommended to increase mother's knowledge about exclusive breastfeeding, especially during antenatal care and not after delivery, because if it is done after delivery it will be too late. It is necessary to enforce strict rules regarding formula milk advertisements both in the mass media and covert campaigns through birth attendant health workers (Fikawati & Syafiq, 2009).

References

- Al Farisi, S., Samah, D. A., Paramita, F., Harmawan, B. N., Ningrom, L. D., Firdausi, R., Kurniawan, A., Audina, Y. T., Syahputra, M. I., & Pahlevi, R. (2021). Analisis Pengaruh Multifaktor terhadap Pemberian ASI Eksklusif di Indonesia: Vol. 15.5 x 23 cm. Literasi Nusantara Abadi.
- Astuti, I. (2013). Determinan pemberian ASI eksklusif pada ibu menyusui. In Jurnal Health Quality (Vol. 4, Issue 1).
- Byrom, S., Edwards, G., & Bick, D. (2012). Essential Midwifery Practice: Postnatal Care. Blackwell Publisher.
- Elison, N. K., Dhilon, D. A., Hastuty, M., & Wahyuni, W. S. (2020). Penyebab Rendahnya Cakupan ASI Eksklusif Di Kabupaten Kampar Provinsi Riau: Penelitian Kualitatif. Jurnal Doppler, 4(1), 43–48.
- Fikawati, S., & Syafiq, A. (2009). Penyebab Keberhasilan dan Kegagalan Praktik Pemberian ASI Eksklusif. Kesmas: Jurnal Kesehatan Masyarakat Nasional (National Public Health Journal), 4(3), 120–131. <https://doi.org/10.21109/KESMAS.V4I3.184>
- Ipsan, N. C., & Dewanto, N. E. F. (2021). Faktor-Faktor Yang Mempengaruhi Pemberian Susu Formula Pada Bayi Usia 6 Bulan Di Posyandu Bougenville Jakarta Barat Tahun 2020. Ebers Papyrus Jurnal Kedokteran Dan Kesehatan, 27(1), 62–74.
- Karo, M. B. (2021). Perilaku Ibu Menyusui Dalam Pemberian ASI Eksklusif. Penerbit NEM.
- Lailani, A. (2014). Analisis Faktor-Faktor Yang Mempengaruhi Ibu Dalam Pemberian Makanan Tambahan Pada Bayi Usia 0-6 Bulan Di Kecamatan Pagar Merbau Kabupaten Deli Serdang.
- Linda, E. (2019). ASI EKSKLUSIF: Vol. 14.8 x 21 cm (T. Wiryanto, Ed.; Cetakan 1). Yayasan Jamiul Fawaid.
- Ningsih, D. A. (2018). Faktor - Faktor Yang Memengaruhi Pemberian ASI Eksklusif Tahun 2018. Jurnal Penelitian Kesehatan "SUARA FORIKES" (Journal of Health Research "Forikes Voice"), 9(2), 101–113. <https://doi.org/10.33846/9204>
- Pamuji, S. E. B. (2020). Hypnolactation Meningkatkan Keberhasilan Laktasi dan Pemberian ASI Eksklusif: Vol. 15.5 x 23 (Cetakan Pertama). Pustaka Rumah Cinta.
- Purwanti, H. S. (2003). Konsep Penerapan ASI Eksklusif - Buku Saku Untuk Bidan (M. Ester, Ed.). Penerbit Buku Kedokteran EGC.
- Roesli, utama. (2008). Inisiasi Menyusui Dini Plus ASI Eksklusif: Vol. 23 cm (Y. Harlinawati, Ed.; Cetakan II). Pustaka Bunda.
- Roesli, U. (2000). Mengenal ASI Eksklusif. Trubus Agriwidya.

- Rudiawan, muh. (2019). Faktor pendorong dan penghambat perilaku ibu rumah tangga dalam pemberian ASI eksklusif pada bayi 0 – 6 bulan (studi kasus di puskesmas batua kota makassar).
- Safitri, Y., & Minsarnawati. (2012). Perilaku yang Menghambat Pemberian ASI Eksklusif pada Ibu di Wilayah Kerja Puskesmas Cibeber. *Jurnal Kesehatan Reproduksi*, 3(3), 161–169.
- Wahyutri, E., Saadah, N., Kalsum, U., & Purwanto, E. (2020). Menurunkan Resiko Prevalensi Diare Dan Meningkatkan Nilai Ekonomi Melalui ASI Eksklusif (B. Yulianto, Ed.). Scopindo Media Pustaka.
- Walsh, D. (2007). *Evidence-based Care for Normal Labour and Birth: A Guide for Midwives*. Routledge.
- Walsh, D. R., & Downe, S. R. (2010). *Essential Midwifery Practice: Intrapartum Care*. WILEY-BLACKWELL.
- Widiyanto, S. (2012). Hubungan Pendidikan Dan Pengetahuan Ibu Tentang ASI Eksklusif Dengan Sikap Terhadap Pemberian Asi Eksklusif.
- Yuliarti, N. (2010). *Keajaiban ASI - Makanan Terbaik Untuk Kesehatan, Kecerdasan dan Kelincahan Si Kecil: Vol. 13 x 19 cm* (R. Fiva, Ed.; Ed. I). Andi Offset.