# Role of Social Support in Breastfeeding for Adolescent Mothers

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# Role of Social Support in Breastfeeding for Adolescent Mothers

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## Abstract

Breastfeeding plays an important role in a baby's life and is especially important for babies with a low birthweight (LBW), which is the highest cause of death in neonates. In 2012, the number of adolescent mothers with a higher risk of delivering LBW babies increased as reported by BKKBN. This study aimed to identify factors affecting adolescent mothers' breastfeeding behaviors in Sidotopo, Surabaya, Indonesia through an observational, descriptive, and qualitative approach with a cross-sectional design. Seven subjects were selected through a purposive sampling method and interviewed in-depth regarding social support and action situations they faced during breastfeeding. The results showed that social support tended to be positive but low; this led the mothers to give up on breastfeeding when they encountered obstacles that were relatively hard for them to overcome, even though the action situations would have been surmountable if the mothers had received adequate information and been highly motivated to breastfeed. In conclusion, social support from the people closest to adolescent mothers is needed to help them overcome difficult action situations related to breastfeeding.

**Keywords:** Adolescent Mother, Behavior, Breastfeeding, Mothers Younger Than Age 20, Social Support.

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## 1. INTRODUCTION

The World Health Organization (WHO) advises practicing exclusive breastfeeding—giving only breast milk and no other substances except vitamins, minerals, or medicines that are in the form of drops/syrups—during the first six months of a baby's life, and continuing breastfeeding until the baby is two years old [7, 16]. Appropriate care, including maintaining breast milk as babies' food intake, is believed to reduce the risk of infant death, including for infants with low birthweight (LBW). Consumption of breast milk by LBW babies has also been related to lower incidence of infection and necrotic enterocolitis and increased neurodevelopment [5, 14].

In a 2009 report of global burden of disease, 31% of neonatal deaths were reported due to prematurity and LBW [16]. In 2010 in Indonesia, LBW was reported in 8.8% of births, predicted by mothers' chronic lack of energy during pregnancy and experienced primarily by adolescents [2]. Furthermore, in 2012, the adolescent birth rate in Indonesia reached 48/1,000 adolescents [1], increasing the probability of LBW. The adolescent Age Specific Fertility Rate (ASFR) of 15-19-year-olds in East Java even increased from 2003 to 2007 [8]. Whereas in 2012 as reported by BKKBN (2013), Surabaya had 2.8% of couples, or 13,350 couples, which were of childbearing age with a wife younger than 20 years and were potentially contributed in raising the ASFR of the specific age group.

Although the safety risks for babies could be lowered by exclusive breastfeeding, this practice was not supported by the expected exclusive breastfeeding scope achievement in Surabaya, which was only 60.52% based on data from the Surabaya Health Office (2012). The achievement scope of exclusive breastfeeding and pregnancy data for mothers younger than 20 has not been captured well in Indonesia. Special and specific concern is necessary, as these mothers' degree of commitment in maintaining their children's growth is affected by the liability of their physical and psychological maturity. Moreover, several studies by researchers have suggested that social support plays an important role and is needed if adolescent mothers are to perform exclusive breastfeeding [4, 6, 10, 12, 15].

In constructing an intervention, recognizing the aspects which influence the behavioral change of the target is essential for discovering effective strategies to produce change. Health behavior is known to be affected by social support and action situations and can be used as a tool for recognizing adolescent mothers' behavior in practicing exclusive breastfeeding [9, 11].

## 2. METHODS

An observational and descriptive study with a cross-sectional design and qualitative approach was used due to the need to explore the studied phenomenon.

### 2.1. Subject Recruitment

This study was conducted from May-June 2014 in Sidotopo Subdistrict, Semampir District, Surabaya City, Indonesia because of that region's low exclusive breastfeeding achievement and increasing trend of early-age marriage in 2007-2009. Subjects were

selected by purposive sampling with inclusion criteria including mothers ≤ 20 years old who had a baby 6-12 months old, lived in Sidotopo, were currently breastfeeding or had previously breastfed a baby, were capable of actively communicating with people, and were willing to participate in the study by agreeing to sign the informed consent.

Seven women were selected as subjects by visiting the cadres—which were volunteers in community as one of the main motor of health development—and searching for mothers meeting the inclusion criteria based on the data in the registry book. Several subjects were also found by visiting residents door-to-door. Moreover, the informants consisted of parents, husbands, cadres, and other people closest to the subjects.

### 2.2. Data Collection

The compiled research data included primary data obtained through in-depth interviews using an interview guide with the subjects who met the inclusion criteria, questionnaires to collect subjects' profiles, observation sheets, and field notes made by visiting the subjects at home. Observations were also conducted during the interviews to sharpen the analysis. Data validation was done by triangulation using in-depth interview data with the informants.

### 2.3. Data Analysis

Data analysis involved content analysis techniques to determine the study subjects who met the specified criteria and in-depth interviews with the subjects about the breastfeeding behavior of adolescent mothers. Interview records were transcribed and transferred into comprehensive reading. Keywords based on subjects' answers were analyzed and categorized into social support and action situation as two factors affecting behavior.

## 3. RESULTS

### 3.1. Social Support

Based on the in-depth interviews, social support from those closest to the mothers could be identified by the following aspects:

### 3.1.1. Attitudes of the closest ones

All study subjects admitted that those closest to them, generally either a husband or mother/in-law, generally supported them to breastfeed their babies in the first place. Furthermore, several subjects revealed the indication of formula feeding after they faced what parents considered hard obstacles. Parents and others closest to the mothers felt that the mothers had tried many ways to overcome the problems they faced but failed, regardless of the adequacy of the techniques they were using.

### 3.1.2. Role of the closest ones

Based on information from the study subjects, those who played important role as supporters of breastfeeding were the subjects' mothers and husbands. The dominant role of the husband was experienced by subjects with a nuclear family, while the dominant role of the mother occurred in extended families.

Mothers of subjects 01MR, 02RD, 03NR, 04NH, and 06KR taught them how to breastfeed. Subject 01MR's mother also taught her about breast care and told her to get *mandi wuwung*, reflecting a customary Javanese belief for helping to boost milk production. In addition to support from her mother, subject 02RD gained support from her aunt and grandmother who frequently reminded her to maintain her diet because they believed it could affect the quality of her breast milk. Two other subjects with nuclear families gained the strongest support from their husbands who encouraged and reminded them to breastfeed.

### 3.1.3. Efforts made by the closest ones

The in-depth interview results led to identifying efforts such as providing nutritious foods, including fruits and vegetables, and giving herbal medicine to raise subjects' breast milk production. Moreover, the closest ones conveyed nursing mothers' milk and food beliefs about peanuts, tamarind juice, and egg crabs and bought special tools for mothers with special circumstances such as artificial nipples in the inverted nipple case.

### 3.2. Action Situation

The action situation experienced by the subjects could be identified based on the following aspect:

#### 3.2.1. Obstacles faced by the adolescent mothers

Some subjects experienced a condition that prevented them from breastfeeding their babies. However, two subjects who did not experience any definite problems identified with a formula-feeding mindset.

Subjects 06KR and 01MR experienced low breast milk production from the day they gave birth and therefore gave up breastfeeding. Subject 01MR had to go back to work two weeks postpartum and considered this an additional reason for stopping breastfeeding. Subject 07SL was willing to breastfeed until her baby reached 2 years old, but she encountered inverted nipples. She was forced to stop breastfeeding temporarily and adopt formula feeding when the baby experienced sprue using the artificial nipples. When she tried to re-lactate, her breast milk production had decreased; this caused stress to the baby and led to refusal. Subject 09MD claimed that her baby experienced allergic symptoms from the breast milk after she consumed a certain fish; this caused her to stop breastfeeding temporarily and adopt formula feeding. Her attempt to re-lactate resulted in the baby's refusal.

As the youngest mother, subject 02RD showed low commitment to breastfeeding her baby. This was identified by her inability to maintain her food intake, which caused those closest to her to demand that she stop breastfeeding. The baby suffered from frequent diarrhea, which was believed to be caused by the subject's indiscriminate diet.

## 4. DISCUSSION

### 4.1. Social Support

The closest ones' lack of knowledge about breastfeeding was identified as inadequate support, even though their attempts at support tended to be positive and varied. When confronted by relatively hard obstacles, they would easily switch support to formula feeding. This was caused by their lack of knowledge about properly overcoming breastfeeding difficulties.

The necessary support to change health behavior—particularly in adolescent mothers, in this case—included emotional support, support for confidence, and instrumental, informational, appraisal, and network support from key supporters such as mothers, spouses, and midwives or health workers [6, 9]. As described in the result, the necessary support further indicated correlation with family type.

Subjects in an extended family commonly showed the attitude of relying on their parents and being likely to look to them for suggestions. Subjects living with their extended families would also likely have their role in the family, including their role in child care, taken over. When parents were the only source of information, there was a tendency for mothers to obtain undeveloped information. Generally, information from parents was still strongly related to customs and culture unless the parents were actively seeking information, as were the parents of subjects 01MR and 02RD, who were cadres of integrated health care, making their information more modern and extensive.

Different situations occurred in nuclear families in which subjects gained support from their husbands. This established the possibility of disclosing information if both subject and her husband tried to search for information from broader resources, as experienced by subject 07SL whose husband found information on how to solve the inverted nipples problem by asking his friend. Thus, those experiences were strongly described that the choice to breastfeed was also influenced by the involvement of closest ones to provide any type of support.

## 4.2. Action Situation

Some of the common action situations which prevented breastfeeding, including low breast milk production, could be solved. Low production of breast milk after delivery is normal since the baby needs only a small amount; babies can even survive for 48 hours without intake [13].

Mothers should not give formula hastily and should focus on calming themselves instead, since breast milk production is influenced by emotional aspects which can affect the release of a mother's oxytocin hormone as the regulator of breast milk production. Mothers can also practice frequent skin-to-skin contact with their babies to stimulate breast milk production because it releases the oxytocin hormone.

Mothers commonly perceived an insufficiency of breast milk, even though milk was not insufficient. However, several cases of actual low breast milk production probably related to breastfeeding techniques and patterns. A correct technique, improved pattern, and increase in the baby's intake will increase production as the baby suckles effectively [16]. Furthermore, regarding the inverted nipples case, it is known that successful breastfeeding involves not only the nipples but the whole areola and relates to the correct sticking technique, which should cover most of the areola [13, 16]. Mothers can still breastfeed infants if the mouth correctly sticks with the breast.

Additionally, the condition of working mothers can be addressed, as there are many methods available to facilitate mothers in storing their milk to give to their babies after work. Situational and conditional limitations can be overcome if subjects have sufficient knowledge. However, due to contrary conditions, the awareness, motivation, and effort to fight for breastfeeding were perceived as low.

## 5. CONCLUSIONS

Social supports for adolescent mothers mostly come from their parents or family and their husbands; these supports tend to be positive but relatively low due to inadequate information about exclusive breastfeeding from those closest to the mothers. Although the action situations faced were practically surmountable, the subjects' lack of knowledge led to low motivation. Using improved health promotion to enhance the knowledge of exclusive breastfeeding in parents, family members, and those closest to adolescent mothers is expected to foster the motivation to breastfeed. Strengthening the implementation of regulatory restrictions on promoting formula feeding with the aim of shifting the prevalent formula-feeding mindset should also be considered.

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PAGE 1

PAGE 2

PAGE 3

PAGE 4

PAGE 5

PAGE 6

PAGE 7

PAGE 8

PAGE 9