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The correlation of breastfeeding support and preparation towards mother's satisfaction on infant's breastfeeding status

Rachmawati Widyaningrum[1], Cita Eri Ayuningtyas[2], Annisa Parisudha[1], Lina Handayani[1]
[1]Faculty of Public Health, Universitas Ahmad Dahlan, Yogyakarta, Indonesia
[2]Faculty of Economics and Business, Universitas Ahmad Dahlan, Yogyakarta, Indonesia

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ABSTRACT

Besides the benefits of breastfeeding, the number of children exclusively breastfed was still low. The mother's breastfeeding decision might be influenced by breastfeeding support and preparation. The decision also might influence the mother's satisfaction and the child's well-being. Thus, to minimize the adverse effect of the decision, it is essential to identify the factors associated with mother satisfaction on their breastfeeding status. This study aimed to understand the correlation between breastfeeding support and preparation on mother's satisfaction with the infant's breastfeeding status. This study was a cross-sectional, observational study held in Yogyakarta, Indonesia. The inclusion criteria were the mother of a baby aged 6 to 24 months who lived in Yogyakarta City and was willing to join the research. A total of 150 respondents, mostly aged 19-40 years, joined the study. Spouse support is most influential on breastfeeding (BF) status. Mother's satisfaction with infant feeding choices was influenced by BF status, husband's support, and healthcare support. Husband support is essential for the mother to achieve exclusive breastfeeding and meet maternal satisfaction. Appropriate healthcare personnel support positively impacts maternal satisfaction by providing information and encouraging mothers to make informed infant feeding decision-making.

Corresponding Author:

Rachmawati Widyaningrum
Faculty of Public Health, Universitas Ahmad Dahlan
Prof. Dr. Soepomo, SH Street, Warungboto, Umbulharjo, Yogyakarta, Indonesia
Email: Rachmawati.widyaningrum@gizi.uad.ac.id

1. INTRODUCTION

Breastfeeding improves a child's chances of survival in the short term and also for long-term achievements, including better results on intelligence tests, higher academic accomplishment, and higher income [1]. However, the global number of exclusive breastfeeding is only 44% [2]. In Indonesia, UNICEF stated that only one in two babies aged six months and below were breastfed exclusively, with the median breastfeeding duration being three months [3]. On a provincial basis, although the total rate of exclusive breastfeeding (EB) for infants below six months in the Special Region of Yogyakarta, Indonesia passed the expected target, many babies still do not pass the full term of six months EB. It is shown on its rate in infants aged five months 29 days group, with Yogyakarta city as the lowest among other districts in the Special Region of Yogyakarta, Indonesia [4].

Several previous studies have investigated the factor associated the exclusive breastfeeding, including the baby's age, vaginal or cesarean birth, mother's occupation, and breastfeeding initiation [5], [6]. Father also has a significant role in supporting breastfeeding, even more in post-cesarian mothers. The father could improve the mother's motivation in breastfeeding as well as help the mother to overcome the

challenges [7]. Mother's decision of breastfeeding was also greatly influenced by her husband's opinion. Father's emotional and physical support significantly affect breastfeeding initiation and duration [8].

However, infant feeding practices are also affected by emotion, underlining the importance of parents on a feeding choice they have made. Mothers who morally defend their infant feeding choice might be at risk of inappropriate infant feeding caused by maternal coping strategies [9]. On the other hand, a mother who gives their child formula has a greater guilty feeling than breastfeeding mothers [10], and might further influence a mother's emotional well-being [11], [12]. A previous study also stated that mother satisfaction improvement should be a part of breastfeeding promotion [13].

There are several previous research on breastfeeding preparation and breastfeeding status outcome [14], [15] and factors related to maternal satisfaction on breastfeeding [13]. However, the comprehensive research on the correlation between breastfeeding support and preparation towards breastfeeding status and further affecting mother satisfaction is still limited, especially in Indonesia. For this reason, we want to explore the correlation between breastfeeding support and preparation towards a mother's satisfaction with an infant's breastfeeding status to improve the quality of breastfeeding promotion that more considerate maternal satisfaction and emotional well-being.

2. METHOD

The research was a cross-sectional observational study located in Yogyakarta City, Indonesia. The study was using a hybrid survey for four months (October 2022-February 2023). The printed questionnaires were use for participants whom we met a person and Google form was used for online participants. The local health care in Yogyakarta spread the Google form link through the WhatsApp group. The participants were mothers of children aged 6 to 24 months who lived in Yogyakarta during the research period. The descriptive test was use for analyzing the demographic characteristic data, the Chi-square test was use for analyzing ordinal scale data, and the Spearman correlation test were use for analyzing the numerical bivariate. This study was approved by the Research Ethical Board of Universitas Ahmad Dahlan No. 012209145 by 11 October 2022.

3. RESULTS AND DISCUSSION

3.1. Respondent's characteristics

The participants are 150 mothers, mostly aged 19-40 years (98%). Most of the participants live in Tegalrejo and have occupations as a housewife. One in fifth of babies in this study were aged 5-6 months and were the first children as presented in Table 1.

Table 1. Demographic characteristics of the participants

Variables	Frequency (%)	Variables	Frequency (%)
Mother's age		Mother's occupation	
<19 years	1 (0.7 %)	Housewife	100 (66.7%)
19-40 years	147 (98.0%)	Entrepreneur/Farmer Fisher/craftsman	10 (6.7%)
>40 years	2 (1.3 %)	Private employees with shift	8 (5.3%)
Residential area		Civil servants/private employees	31(20.7%)
Mantrijeron	32 (21.3%)	Freelancer	1 (0.7%)
Umbulharjo	19 (12.7%)	Baby's age	
Wirobrajan	21 (14.0%)	0-1 mo	23 (15.3%)
Mergangsan	4 (2.7%)	1-2 mo	15 (10.0%)
Tegalrejo	41 (27.3%)	2-3 mo	29 (19.3%)
Gondokusuman	22 (14.7%)	4-5 mo	17 (11.3%)
Kraton	2 (1.3%)	5-6 mo	34 (22.7%)
Jetis	3 (2.0%)	Number of child's birth order	
Kotagede	2 (1.3%)	First child	70 (46.7%)
Danurejan	3 (2.0%)	Second child	53 (35.3%)
Gondomanan	1 (0.7%)	Third child or more	27 (20.0%)

3.2. The factors related to breastfeeding status

The results of Chi-square analysis are shown in Table 2. The significant factor for breastfeeding (BF) status was husband's support. Furthermore, BF status, husband's support, and healthcare supports have a significant effect on Mother's satisfaction of their infant feeding choices. Table 3 shows the analysis results if all the support factors for the mothers were combined. The results depict that support for the mother correlates with the mother's breastfeeding status and satisfaction. However, the correlation is weak.

Table 2. Analysis results of the relationship between all independent variables with breastfeeding status

Variables	Frequency (%)	BF status		Sig.	Mother's satisfaction		Sig
		Exclusive BF	Non-exclusive BF		Satisfy	Regret	
Husband's support							
Fully support	137 (91.3%)	120	17		117	20	0.011*
Half or no-support	13 (8.7%)	2	11	0.000*	7	6	
Healthcare support							
Apropriate	130 (86.7%)	106	22	0.20	110	18	0.027*
Inappropriate	20 (23.3%)	16	6		14	8	
Breastfeeding classes attendance							
Never	78 (52.0%)	64	14	0.837	57	15	
Once or more	72 (48.0%)	58	14		11	67	0.277
Breastfeeding difficulties							
None	61 (40.6%)	53	20	0.1	49	12	
One or more	89 (59.4%)	69	8		75	14	0.531
Breastfeeding status							
Exclusive breastfeeding	122 (81.3%)				109	13	0.000*
Non-exclusive breastfeeding	28 (18.6%)				15	13	

Table 3. Analysis results of the correlation between combined variables with baby's infant feeding types and mother satisfaction level

			Infant feeding status score	Mother's satisfaction
Spearman rho	Breastfeeding factors score	Correlation coefficient	0.177	0.190
		Sig. (2-tailed)	0.03*	0.02*
		N	150	150

3.2.1. Discussion

The study found that husband support plays a significant role in breastfeeding status and infant feeding satisfaction as shown Table 2. Mothers with full support for breastfeeding are likelier to breastfeed their children exclusively as presented in Table 2. This result is in line with systematic and meta-analysis results stating that intervention targeting fathers for promoting breastfeeding has two times significantly higher likelihood of exclusive breastfeeding. Fathers who learn about the scientific benefits of breastfeeding have the possibility that they would support their spouse to breastfeed. Fathers would have increased their support while indirectly extending the exclusive breastfeeding length [16], [17]. The mother who perceived that their partner was present and responsive positively correlated with their breastfeeding satisfaction [16]. The father should be encouraged to be involved in the baby's rituals, such as bathing or scheduling one-on-one time after feeding or before bedtime. It is used to stimulate the formation of stronger and earlier father-infant relationships [18]. Because fathers/partners play a significant role in encouraging and supporting breastfeeding, health practitioners should provide appropriate information and assistance. The health professional might ask women's partners to involve during the prenatal and postnatal periods [19].

Mothers' infant feeding choices also correlate with their satisfaction level. A previous systematic review found that guilt or shame was associated with and experiences differently depending on the infant-feeding method used. According to quantitative results, guilt is experienced more frequently, particularly when breastfeeding intentions are not reached [10]. Another study stated that the mothers who decided to give formula feeding for their infant felt pressured to breastfeed, judged, and shame for not breastfeeding [20], they also received a lack of formula-feeding advice from health professionals [21]. Furthermore, although maternal difficulties in the breastfeeding process are not significant in this study, and exclusive breastfeeding has a significant correlation, the satisfaction level may vary. A previous study stated that mothers who did not experience low milk supply or cracked nipples had higher maternal satisfaction towards breastfeeding [13].

In this study, healthcare support is significantly associated with maternal satisfaction with their decision but not their exclusive breastfeeding status as shown in Table 2. It might be because, in the infant feeding decision, mothers might have a private lactation consultant besides a healthcare practitioner as additional support and encouragement from their partner. Some mothers feel that health professionals did not equip them with sufficient information and support to solve the breastfeeding problem, leaving them stressed about being unable to breastfeed [10]. In addition, previous study results found that although a health practitioner supported 89% of the participants, the emotional support and reassurance to whom feel a negative emotion were lacking. Furthermore, the negative feeling (i.e. anger) during breastfeeding was related to a higher formula feeding rate at the baby age of three months [22]. The guilty feeling also could be generated by health professionals. The mothers felt terrible because they did not follow health professional recommendations and the view of health professionals that formula feeding is an inferior option. In this

regard, health professionals must provide balanced information for all infant feeding methods and open a conversation to enhance the perception of care and minimize the negative feeling that might appear [23].

A lot of evidence supporting the positive effect of antenatal and prenatal breastfeeding education on breastfeeding initiation and exclusivity [24], [25]. However, this study found that no significant relationship between mother's involvement in breastfeeding education program and exclusive breastfeeding and mother satisfaction. It might be because the education program mentioned in this research is not specific on standardize education program like an intervention in research, but consist of a short-term education in the community with non-standardized curriculum. As stated in another research result that to improve the exclusive breastfeeding rate, an regular ongoing individualized antenatal education and postnatal support is needed [26]. In addition, a systematic review result of six studies included a higher proportion of exclusive breastfeeding found in the intervention group that received a packed of breastfeeding support, vary from breastfeeding counseling, telephone support, and application of 10 steps of successful breastfeeding [27].

The last result of the study explained that although a single factor might not significantly affect the exclusive breastfeeding status and mother satisfaction, the total score of the support received by mother showed a significant correlation to both infant feeding status level and mother satisfaction as presented in Table 3. This finding is similar with the previous research results messages that breastfeeding is influenced by a complex and multifactorial factor. In this regard, it is essential to engage support in the individual, household, health facilities, and community level to support breastfeeding [28]. Another study also highlighted the importance of professional and social support from partner and family to improve mother's well being, self-esteem, and self-care [29], [30]. Another previous research result, after an adjusted analysis, a multi-component intervention that includes prenatal breastfeeding education, professional, and peer support, the six-month exclusivity rate was twice in the experimental group as in the control group [31]. In case that breastfeeding is not the best option (i.e., medical condition or drug usage) health care workers may provide further assistance in engaging in complicated discussions that promote breastfeeding while also presenting safe, educated alternatives feeding methods [32].

3.2.2. Study limitation

The limitation of the study was in the healthcare support questions; we did not mention the breastfeeding initiation in detail. Also, in the breastfeeding classes attendance we did not asking about the duration and types (formal/non formal).

4. CONCLUSION

Breastfeeding support is essential for the mother to achieve exclusive breastfeeding and meet maternal satisfaction, specifically from their spouse. Appropriate healthcare personnel support positively impacts maternal satisfaction by providing information and encouraging mothers to make infant feeding decision-making based on full consideration of the benefits and risks that might appear of each infant feeding type. In addition, although breastfeeding preparation itself didn't have significant relationship to breastfeeding status and maternal satisfaction, it would bring a positive impact if it is combined with appropriate breastfeeding supports.

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BIOGRAPHIES OF AUTHORS

Rachmawati Widyaningrum is a Lecturer at the Faculty of Public Health, Ahmad Dahlan University, Yogyakarta, Indonesia. Previously, Rachmawati received a master's degree from Gadjah Mada University, Yogyakarta. For several years, she has been involved in maternal and infant nutrition, focusing on breastfeeding and complementary feeding. She can be contacted at email: rachmawati.widyaningrum@gizi.uad.ac.id.

Cita Eri Ayuningtyas is a Lecturer at the Faculty of Economic and Bussiness, Ahmad Dahlan University, Yogyakarta, Indonesia. Previously, Cita Eri Ayuningtyas received a master's degree from Gadjah Mada University Yogyakarta concern at Nutrition, especially focus on Nutrition Behavior. She can be contacted at email: cita.eri@culinary.uad.ac.id.

Annisa Parisudha is a Lecturer at Faculty of Public Health, Ahmad Dahlan University, Yogyakarta, Indonesia. The scope of her interest about human nutrition and reproductive health, explore the relationship between nutrition, hormonal balance and reproductive function. Annisa Parisudha earned a master degree in biomedical science from University of Indonesia, Jakarta. She can be contacted at email: annisa.parisudha@gizi.uad.ac.id.

Lina Handayani is an associate professor at the Faculty of Public Health, Universitas Ahmad Dahlan, Yogyakarta, Indonesia. She has more than 20 years of teaching experience in the university. Her field of specialization, research areas, publication and presentation cover a wide range of health education and promotion related aspects. Among these are breastfeeding promotion and education; health behavior; technology and behavior; and parenting. She can be contacted at email: lina.handayani@ikm.uad.ac.id.