

Social Support and the Implementation of the Early Initiation of Breastfeeding (IMD) among the Madurese in Indonesia

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Abstract---This study is focused on the early initiation of breastfeeding referring to infants receiving breastfeeding within the first hour after birth. The early initiation of breastfeeding can reduce infant mortality and *it* is crucial for newborn survival. However, the implementation of the Early Initiation of Breastfeeding (IMD) initiative seems to fail in some areas. The purpose of this study was to determine the relationship between social support and the implementation of IMD among the Madurese of Indonesia. This study employed a cross-sectional design. The sample consisted of 76 postpartum mothers at the Sreseh Health Center, Sampang Regency. A questionnaire was used as the instrument for the data collection. Spearman rank correlation was used to determine the relationship at a significance level of $p < .05$. The results of the statistical test ($r=0,703$ $n= 76$ $p=.00$) showed that social support was related to IMD implementation. Most of the respondents did not implement IMD and the level of social support was low. The lowest support offered was information support and the highest level of social support was obtained from the religious or community leaders. This analysis leads to the conclusion that the increased IMD implementation needs social support from the people around the mothers such as the health workers. These people can provide counseling and information about the importance of the Early Initiation of Breastfeeding (IMD).

Keywords---Breastfeeding, Early Initiation of Breastfeeding, Social Support

I. INTRODUCTION

World organizations such as the WHO and UNICEF recommend that infants should start feeding early in the first hour after life. This should be followed by exclusive breastfeeding for six months for optimal growth, development and health. The Indonesian government supports the WHO and UNICEF's policy that recommends that the early initiation of breastfeeding should be an effort undertaken to decrease infant mortality and morbidity as well as being a *life-saving* action. The declaration of the SDG or *Sustainability Development Goals* was intended to decrease the Infant Mortality Rate (IMR). This targets the IMR which is 25 deaths per 1,000 live births[1]. Infant mortality can be prevented or reduced through the early initiation of breastfeeding and exclusive breastfeeding following that[2].

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Global data of *United Nations Children's Fund* (UNICEF) in 2016 showed that the rate of IMD in the world from 2010 to 2016 was 45% of the birth rate[3]. The IMD level in Indonesia is the lowest among the other countries assessed, especially those in Southeast Asia. In Indonesia, there were only about 34.5% of infants who were breastfed within one hour after birth. East Java showed a lower figure of about 33.3%[4]. Based on the research data from Sreseh Health Center, it was found that 20% (2 of 10 mothers) of mothers with infants aged 6-12 months partook in IMD after childbirth.

The IMD process requires mental readiness on behalf of the mother. Support and assistance from people around the mother is a form of support for IMD implementation. The reward of the mother's role can succeed if the mother becomes close to the baby and gets support from the people around her. It is a way of expressing satisfaction and the appreciation of the role of the mother after childbirth[5].

Social support can be interpreted as the comfort, attention or aid received by an individual from others, whereas from others it can refer to the support from either an individual or group[6]. Social support refers to the interpersonal exchange in which one provides assistance or relief to others[7]. Social support is the information or feedback given by other people showing that a person is loved and cared for, respected and engaged in communication networks and mutual obligations.

Social support is a helpful action for engaging in emotion, giving information, helping the study instruments and providing a positive judgment related to the individual problem[8]. Moshki states that social support makes people feel like a member of a group where they can share love and support. The mothers who receive satisfactory social support have a reduced risk of pain in labor, depression and anxiety. This affects the mother's intention to breastfeed[9]. The researchers were interested in the relationship between social support and the implementation of the early initiation of breastfeeding (IMD) in Sreseh Health Center, Sampang Regency.

II. METHODS

The current study employed a *cross-sectional* design. *The total sampling* technique was used to identify the subjects of the study which comprised of the 76 postpartum mothers in the day 0 and day 2 (*early postpartum*) period from June 12th to July 8th 2017. This research was conducted from May to July 2017.

The independent variable was social support while the dependent variable was the implementation of Early Initiation of Breastfeeding (IMD). The data of this study was obtained using a questionnaire and the results were analyzed using *Spearman Rank Correlation* at $\alpha \leq 0,05$.

III. RESULTS

Table 1. The frequency distribution result for the social support type received by the respondents

Social Support Type	Social Support Level					
	Low		Average		High	
	N	%	n	%	N	%
Information Support	63	83%	10	13%	3	4%
Instrumental/fact Support	43	57%	17	22%	16	21%
Emotional Support	21	28%	29	38%	26	34%
Reward Support	1	1%	14	18%	61	80%

Table 1 shows that reward support was the most common type of support obtained by the subject while information support was the least common support. Social support is categorized into three levels, namely high, average, and low. The table indicates that the most dominating social support level obtained was in the low category.

Table 2. The frequency distribution result for the social support sources received by the respondents

Social Support Sources			Social Support Frequency							
			Never		Rarely		Usually		Always	
			N	%	N	%	n	%	N	%
Husband			41	54%	21	27%	13	17%	1	1%
Family			8	10%	19	25%	35	46%	14	18%
Health Worker			14	18%	37	49%	18	24%	7	9%
Friend or Neighbor			44	58%	26	34%	5	7%	1	1%
Companion	Group-Mother	or	65	86%	8	10%	3	4%	0	0%
Breastfeeding										
Religious or Community Leader			5	7%	8	10%	38	50%	25	33%

As depicted in Table 2, the results show that religious or community leaders are more influential than the Mothers Companion Group (KP-mother or KP-ASI), which was a lesser source of support.

Table 3. The frequency distribution result for the implementation of the early initiation of breastfeeding (IMD)

IMD Implementation	n(76)	%
IMD	25	33%
Not IMD	51	67%

Table 3 shows that 51 people (67%) did not implement IMD.

Table 4. The frequency distribution result for the early initiation of breastfeeding (IMD) failure causes at Sreseh Health Center, Sampang Regency

Reason not to do IMD	n	%
Mother is tired and feels pain	5	9,8%
Do not want to or refuse	24	47%
Afraid of getting cold for the baby	3	5,9%
Feeling uncomfortable and afraid of dropping the baby	19	37,3%

Table 4 shows that the family rejected or refused to implement IMD.

Table 5. Statistical Analysis Results of the Relationship between Social Support and the Implementation of Early Initiation of Breastfeeding (IMD) in Madura, Indonesia

Social Support Level	IMD Implementation				f	%
	Not IMD		IMD			
	f	%	f	%		
Low	39	51,3%	3	4%	41	53%
Average	12	15,7%	8	10,5%	21	31%
High	0	0%	14	18,5%	14	16%
Total	51	67%	26	33%	76	100%

The research data on the relationship between social support level and IMD implementation was analyzed using the statistical test *Spearman Rank Correlation* which obtained a significance value of $p = 0,00$.

IV. DISCUSSION

The results show that the highest level of support given was reward support. The lowest type of support obtained was information support. A form of reward support can include the motivation of the family and praise of the mother's effort to breastfeed after giving birth. Meanwhile, the respondents lacked information on the importance and benefits from the early initiation of breastfeeding. Some of the respondents did not know about the term 'early initiation of breastfeeding', although the current information is very easy to reach through the use of existing technology. Inaccessible information and inadequate information support makes the natives less exposed to health information, especially the information that is on the importance of breastfeeding initiation.

Reward-based support, which helps to relieve the anxiety and fear of the mothers, is able to increase their confidence in IMD [15]. Reward-based support is able to provide affirmative feedback regarding the mothers' effort to breastfeed. This can make the mothers feel confident [10]. The information support provided through the breastfeeding education during the antenatal and post-natal period is very useful for helping in the implementation of early initiation breastfeeding [11]. The support information consists of the IMD benefits used to aid in the sustainability of breastfeeding, breastfeeding techniques, and how to solve the problems that will negatively affect breastfeeding [12]. Information support can help the mothers to assist themselves by providing useful information to allow them to deal with the problems or situations at hand [13].

The support level result was low. This lack of support will impact negatively on the breastfeeding initiation [11]. Februhartanty, Bardosono, and Mariyasari, in their study, concluded that the main problem in breastfeeding was the circumstances and emotions involved [14]. Moshki stated that social support can include sharing affection and helping one another. Social support will reduce the level of maternal depression or anxiety which in turn will affect the mother's intention to breastfeed [9].

Based on the data, the mothers got more support from the religious or community leaders. The social support from the religious or community leaders included collecting their citizen in order for them to participate in the village activities including the health education conducted by the cadres. During pregnancy and childbirth, the religious or community leaders always ask the citizens to gather to get counseling from the health workers. They contribute by holding routine recitals of the Holy Quran for the family members.

The research conducted by Rambod and Joey in Iran shows that cultural and religious beliefs play an important role in the family as a provider of social support [15]. Eberhard-Gran states that the system of support for maternal and breastfeeding mothers involves cultural and traditional factors according to each specific country [16].

The research conducted by Digra and Shirin in the State of Jammu, Kashmir, reveals that the advice of the priests or religious leaders was the reason for the delay in the initiation of breastfeeding. This is because their faith requires them to perform rituals partaken in by the mother and baby right after birth [17]. Some of the previous research suggests that religious leaders play an important role as part of a social support network which could improve the sense of belonging, the shared trust with other members, and the group norms about the health behavior patterns [18].

The Madurese have strong cultural and religious beliefs. The community believes that religious or community leaders adhere to the teachings of religion and they are able to bring him/herself to interact with various kinds of Madurese individuals who are mostly Muslim and a strong sense of belief. Thus, both religious and community leaders are believed to bring in change for the good of the whole community.

Based on the results, most of the respondents did not do IMD. This is caused by the family not wanting to or outright refusing to implement IMD. Among the Madurese, after a baby is born, there is a religious activity conducted in which the family want their baby to get proselytized after birth. On the other hand, the family wants to bathe the baby because they assume that it will strengthen them. Therefore the family was impatient waiting for the IMD process to complete.

In addition, research conducted in Nepal showed that the implementation of the IMD in mothers who still had a strong sense of culture did not get support for breastfeeding. Low maternal knowledge could hinder the process of the initiation of breastfeeding[19]. Odent conducted a research study in South Nepal and found that most of the Madheshi ethnic group had a cultural attitude which was able to inhibit the initiation of breastfeeding within the first hour after birth[20]. Research conducted by Haider showed that in Bangladesh, the mothers and newborns took part in a ritual bath. This ritual has to be done before starting breast-feeding. The ritual is capable of affecting the implementation of the initiation of breastfeeding in Bangladesh[21]. Similarly, research by Hidayati in the form of a qualitative ethnographic study conducted with a focus on a Javanese tribe mentioned that the "wuwung" bath was performed by the mothers before breast-feeding. This activity could inhibit the implementation of breastfeeding initiation[22]. Rahman found that social support culture played a fundamental role in breastfeeding. Culture will make the mother and family obey and conduct the ritual beliefs and local customs[23]. The research conducted by Yunitasari, Pradanie, and Susilawati revealed that cultural aspects have a strong influence on behavior. Culture cannot be separated from behavior because the norms and customs are always binding[24]. Cultural diversity greatly influences community knowledge, attitude and behavior including the beliefs and behaviors related to maternal health related to pregnancy and delivery care[25]. Sharma stated that culture is capable of forming a person's behavior and influencing the public's confidence in the traditional culture. A lack of access to information is capable of affecting the behavior of a person in terms of social decision making and the practice of breastfeeding initiation[26].

The cause of the respondent's family refusing IMD is because some families smear honey on the newborn's mouth. They assume that the baby will not cry and so there is a smoother feeding process. The research conducted by Majra and Silan states that one of the factors inhibiting the initiation of breastfeeding was the socio-cultural factor, namely the *pre-lactal* feeding of the baby after birth. Feeding *pre-lactal* secretly conducted by the family is the biggest problem faced by the health workers although it has been banned[27]. Research conducted by Majra and Silan reveals that India has a cultural feature where giving *pre-lactal* food like "*ChoochiDuhaii*" to the baby after birth is done because it is considered to be a ritual that must be performed by the family. It aims to clean the breast and wash it before putting the baby on the breast to breastfeed[27]. Research in Pakistan also showed similar in that the mothers discard the colostrum by giving *pre-lactal* food provided through the fingers of the parents. This is because they think that they can clean the stomach and strengthen the newborn[26].

The implementation of IMD is expected to occur due to the skin to skin touch immediately after birth to introduce the baby to suckling by themselves after the first hour. This is very important because in the first hour, the baby finds the breast which is the beginning of a *life-sustaining breastfeeding relationship* between the mother and baby. The most

powerful sucking reflex is in the first hour after birth. This then declines so if the mother does not provide IMD then they will lose out on an opportunity for early attachment.

V. CONCLUSION

The unsuccessful implementation of IMD in Madura is caused by the lack of social support and the strong cultural values embraced by the local community. IMD is an important process and there are many benefits for both the mother and baby, so it is very unfortunate if the IMD process is inhibited or not performed optimally. Researchers recommend that to increase the implementation of the early Initiation of Breastfeeding, health counseling and promotion by the health workers should be done while still paying attention to the local culture. Social support in this research shows that the highest level of support was derived from the community leaders and public figures recognized by the local community. Health workers can empower the religious or community leaders when it comes to providing counseling and information about the importance of the implementation of the Early Initiation of Breastfeeding (IMD) to increase its implementation.

CONFLICT OF INTEREST

No conflict of interest was disclosed.

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