

Breastfeeding peer support affecting early complementary feeding in babies ages 0-4 months

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Submission date: 18 Juli 2018, Receipt date: 1 Oktober 2019, Publication date: 1 November 2019

Abstract

One step in the success of breastfeeding is to refer the mother to the Breastfeeding peer support after the mother returns from the health service. the existence of support group for breastfeeding mothers is an important factor that can support the success of mothers for breastfeeding. (Bevan and Brown, 2014). The existence of peer support for breastfeeding mothers can also increase initiation breastfeeding, the duration of exclusive breastfeeding and the satisfaction of mothers with breastfeeding (Vari et al., 2000; Lawrence, 2000). The aim of research is to determine effect of breastfeeding peer support on early complementary feeding in infant. The type of research used is case control research. This research is carried out in primary health care of Ampel 1, Boyolali District, Indonesia. The sampling method using quota sampling technique with a total sample of 30 respondents. The analysis used is the Chi Square formula. The results showed that breastfeeding peer support had an effect in reducing early complementary feeding. OR values showed 11,000 (95% CI: 1,998-60,572) this meant that breastfeeding peer support had a risk of 11 times lowering breastfeeding mothers' behavior in giving early complementary feeding. Conclusions: breastfeeding peer support affects the reduction of early complementary feeding in breastfeeding mothers.

Keywords: *breastfeeding; peer support; early complementary feeding*

INTRODUCTION

WHO recommends that babies get breast milk exclusively for 6 months, and continue until the age of a child is approximately 2 years (Mosca and Gianni, 2017). According to the 2012 Indonesian Health Demographic Survey, infants under the age of six months who were exclusively breastfed were 41%, and 59% of babies received complementary food at the age of less than 6 months. This figure has increased compared to the 2007 IDHS, namely exclusive breastfeeding for infants under six months of age by 32%. National breastfeeding coverage in Indonesia at 2016 amounted to 29.5%. Ministry of Health of the Republic of Indonesia through a community nutrition improvement program targets a 6-month exclusive breastfeeding coverage of 80%. Exclusive breastfeeding coverage in Central Java is 42.7%, Boyolali Regency is 52.63%, and in primary health care of Ampel I is 55.2% (Kemenkes RI, 2017).



Indonesia's efforts to increase breastfeeding coverage include the issuance of the Minister of Health's Decree No. 450/ Menkes/ SK/ IV/ 2004 and Government Regulation Number 33 at 2012 and the implementation of the program ten steps towards successful breastfeeding at health care institutions and the community. According to Siregar (2004) various reasons expressed by mothers in giving exclusive breastfeeding to their babies, among others are lack of milk production, baby difficulty in sucking, the condition of the mother's nipples that are not supportive, working mother, the desire to be called modern and the influence of breastmilk advertisement promotion. Although there is a lot of support for exclusively breastfeeding mothers, it can be a problem if in rural areas. So a number of mothers who had given birth gave birth to a group called the breastfeeding support group (Johnshon, at all, 2017).

Based on the results of interviews conducted at the Ampel I Health Center, 10 breastfeeding mothers showed that only 3 mothers were still breastfeeding exclusively, 7 other mothers have not exclusively breastfed because mothers have to work and mothers believe that babies born need food other than breastmilk. So that babies get additional food such as formula milk, honey, baby porridge, even bananas. The aim of research is to determine effect of breastfeeding peer support on early complementary feeding in infant.

RESEARCH METHODS

This research uses observational research method with case control design. The experiment was conducted in primary health care of Ampel 1, Boyolali district, Indonesia in August 2017 until the month of January 2018. The population in this study were all mothers giving birth in the public health care work area in the amount of 62 mothers. The sampling technique used a quota sampling technique with 30 respondents who met. In this study the inclusion criteria were : Breastfeeding mothers have no contraindications to breastfeeding. Babies are in a healthy condition. Mothers can read and write. The tool used to collect data in this study is a checklist or observation sheet of complementary food. Analysis test using Chi Square . This study has obtained permission from the Boyolali District Health Office and from the National Unity, Politics and Community Protection Agency (Kesbang Pol dan Linmas).

RESULTS AND DISCUSSION

1. Characteristics of respondents

Figure 1. Characteristics of breastfeeding mother

Characteristics	Peer support		without peer support	
	N	%	N	%
Ages				
a.> 20 years	0	0	1	6,7
b.20-35 years	14	93,3	14	93,3
c. > 35 years	1	6,7	0	0
Study				
a.Basic	10	66,7	8	53,3
b. Middle	3	20	5	33,3
c.High	2	13,3	2	13,4
Paritas				
a. Primipara	8	53,3	6	40
b. Skundipara	6	40	9	60

c. Multipara	1	6,7	0	0
Behavior breastfeeding				
Breastmilk	12	80	4	26,7
Complementary food	3	20	11	73,3

N : 30, primary data source

2. Effect of breastfeeding peer support on early Complementary food

Figure 2. Effect of breastfeeding peer support on early complementary food

Group	behavior breastfeeding				OR (95%CI)
	ASI		PASI		
	n	%	n	%	
With peer support	12	40	3	10	11 (95% CI:1,998-
Without peer support	4	13,3	11	36,7	60,572)p value 0,01
Total	16	53,3	14	46,7	

No: 30, primary data source

The results of the above research show that the most support groups and groups without supporting respondents are aged 20-35 years, that is each group is 14 respondents (93,3%). A person's knowledge of an object contains two aspects: positive aspects and negative aspects. Both of these aspects will determine a person's attitude, the more positive aspects and objects are known, the more positive attitude towards certain objects will be generated (Notoatmodjo, 2007). The most respondents' education is junior high school. Education can influence a person's behavior because the higher one's education will be the better his knowledge. The level of education of respondents will influence how to think and process information received, including about behavioral problems in breastfeeding their children (Yusnipah, 2012). Mothers who are highly educated will be more accepting of a new idea than mothers with low education, so that promotions and information about exclusive breastfeeding can easily be accepted and implemented (Hartono, 2014).

The most parity of breastfeeding mothers in the support group is primipara as many as 8 respondents (53.3%) and in the group without support is skundipara as many as 9 respondents (60%). Mother's experience in breastfeeding a child that would previously affect mother's knowledge. The process of breastfeeding between primiparous and multiparous mothers will be different Primipara mothers do not have experience in breastfeeding because they have only been experienced for the first time. Whereas in multiparous mothers have had experience from the process of breastfeeding their previous children. The experience will help a belief to do certain behaviors (Hartono, 2014). Mother stated that the cause of early complementary food in their babies was due to the mother's habit of giving complementary food hereditary from her parents during the baby ceremony (aqiqah). Not only that, she said that she was also interested in the milk advertisement that is currently being intensively carried out by milk producers (Ginting, Sekawarna dan Sukandar, 2013).

Breastfeeding mothers with peer support give more breast milk as many as 12 respondents (40%) while the group without supporters who give ASI is only 4 respondents (13.3%). This is in accordance with the objectives in the formation of breastfeeding peer support, among others: as a means to share information and

experiences about breastfeeding and the practice of giving complementary feeding to infants and children. Besides that, it is also to monitor the growth of toddlers, motivate mothers (pregnant and lactating) to do breastfeeding initiation and giving exclusive breastfeeding to the baby as a means to provide mutual support and improve maternal motivation in breastfeeding and the practice of giving complementary food, as well as increasing public awareness to motivate pregnant and lactating mothers to give breast milk to their babies, giving complementary food to baby and children on time (Direktorat Jendral Bina Gizi dan kesehatan KIA, 2012).

Based on figure 2 above, data analysis using chi square shows that p value 0.01 (<0.05) shows that breastfeeding peer support is effective in reducing the behavior of early complementary food in mothers. The OR value shows 11,000 (95% CI: 1,998-60,572) this means that breastfeeding peer support has a risk of 11 times reducing the behavior of breastfeeding mothers in giving complementary food. Supported by research Johnson et al (2017) stated that with the establishment of breastfeeding support groups can increase knowledge in breastfeeding and support the support of health workers and the community, there by increasing the confidence of mothers in breastfeeding. Mother has confidence in the ability to breastfeed her baby. In a study showed that the presence of breastfeeding peer support can increase the length of time a mother is breastfeeding her baby. An breastfeeding facilitator must be able to provide support to mothers after giving birth so that exclusive breastfeeding can be given (Alena et al, 2017).

In study 11 mothers without being accompanied by peer support gave early complementary food to their baby. This is because the mother does not get enough support from the family and the community. Full community support will help mothers achieve breastfeeding success. Communities can participate by encouraging and providing as many opportunities as possible for breastfeeding fathers and mothers to be with their babies and create close affection. Support from health services and health workers is very important in achieving breastfeeding success. Health care facilities and health workers need to have gender sensitivity including in encouraging mothers and encouraging male active participation in achieving the success of breastfeeding mothers. Health workers are people who are highly respected what they say and do at work will affect other communities around them. Therefore breastfeeding will be more successful if health workers have a high gender sensitivity and are supported by an increase in active husband participation (Merry Corp, 2014).

Previous research by Roro (2015) stated that one of the failures of Exclusive Breastfeeding in the breastfeeding peer support program was the lack of support from families, and cultural factors such as breastfeeding mothers do not dare to ask questions regarding breastfeeding activities to health workers. The role of peer support influences the practice of feeding infants by families. In a study conducted in African-American participants of peer support felt more comfortable if doing consultation and sharing in peer support activities (Trickey, 2017).

Role of participants in Breastfeeding peer support are sharing their experiences or knowledge about breastfeeding. In the peer support motivator is a midwife or other health worker who has attended training. The role of motivators in breastfeeding peer support is: guiding or facilitating discussions during peer support meetings so that the participants are open and tell and share their experiences so as to create an atmosphere

of mutual support for breastfeeding peer support participants, conduct home visits to peer group participants to provide support in exclusive breastfeeding, record the results of home visits on the home visit form (Merry Corp, 2014).

CONCLUSION

Breastfeeding peer support affects the decrease of early complementary food in breastfeeding mothers with a p-value of 0.01 (<0.05) and an OR of 11,000 (95% CI: 1.998-60,572) this means that breastfeeding peer support has a risk of 11 times reducing the behavior of breastfeeding mothers in give complementary foods.

According to the results of the research, the role of breastfeeding peer group needs to be maximized in the rural areas with the maximum and more active for the motivators and facilitators. Whereas in urban areas developed through social media such as whatsapp group. With whatsapp group can share with each other, mutual discussion motivate each other among members related to the problem of breastmilk and breastfeeding.

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