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Myths and Failure of Exclusive Breastfeeding: Study in Buaran Community Health Center Pekalongan Regency Central Java

Abstract

Background: Failure of exclusive breastfeeding is still high in Pekalongan regency, Central Java Indonesia. The one of reason due to the existing myth about breast milk and breastfeeding activity in society culture.

Objective: This study aimed to determine the relationship between myth about breastfeeding and failure of exclusive breastfeeding.

Method: This cross-sectional study design conducted among 151 mothers with infant 6-12 month age which selected by cluster sampling, in Buaran Community Health Center in Pekalongan Regency Central Java Indonesia, from January to May 2017. An instrument used was a questionnaire developed by the researcher.

Result: The results showed 70.1% participants failed exclusive breastfeeding, 56.9% of them believed negative myths about exclusive breastfeeding by $p = 0.001$ (95% CI: 1,757-8,057). The characteristic of participants was in reproductive age (81,5%), multiparous (71,5%), unemployed (70,9%), and from extended family (66,9%). Most of the participants had a vaginal delivery (86,8%). There was asignificant relationship between myths about breastfeeding and failure of exclusive breastfeeding. Breastfeeding education should deliver in community-based, in terms of growing breastfeeding culture, in Indonesian society.

Keywords: culture; exclusive breastfeeding; myth

INTRODUCTION

Breastfeeding is the most ideal and valuable food for growing infant since it suffices nutritional requirements by adequately and inappropriate manner. Exclusive breastfeeding for the first six months of baby's life followed by adequate and safe complementary foods, with continued breastfeeding up to two years is needed for optimized baby health (World Health Organisation, 2013). The set target of exclusive breastfeeding by Nutrition and Maternal and Child Health Program in Indonesia, is 50% with the initiation of early breastfeeding in newborns by 50% (Indonesian Ministry of Health, 2015).

The target set based on many benefits of breastfeeding, for both mother and baby. Stuebe (2009) explained the benefits of breastfeeding such as having immunity for infection protection that babies will get immunoglobulin that will protect babies from infection, babies are better protected from otitis media, respiratory, diarrhea and other gastrointestinal diseases, avoiding juvenile diabetic disease, lymphoma, obesity, hypertension and some other diseases. While the mother will avoid post-birth bleeding due to weak uterine contractions, breast cancer risk, and obesity.

In fact, the benefits of breastmilk and doing breastfeeding very much for babies and mothers have not been able to increase coverage of breastfeeding in infants, especially exclusive breastfeeding target. Nationally, the coverage of exclusive breastfeeding in Indonesia until 6 months of 2016 was 29.5% and Central Java Province was 42.7% (Indonesian Ministry of Health, 2017). The Pekalongan Regency as one of the districts in Central Java has exclusive breastfeeding coverage of 30.3% by 2015. The latest data in February 2016 was that the lowest exclusive breastfeeding coverage is at community health centers in Buaran Pekalongan Regency with a percentage ranged from 14.22% (Departement of Health Pekalongan Regency, 2016). This is the lowest coverage in Pekalongan Regency.

One of the reasons for the exclusion of exclusive breastfeeding targeting is due to incorrect myths about breast milk and doing breastfeeding that still exists in society (Eram, 2017). Some myths that develop in society, among others, are colostrum should not be given to newborns because it can cause babies stomach ache, newborns need additional food to be big fast because breast milk alone is not enough.

Myths are either mythical or religious (Susantina & Purnomo, 2013). They explain the definitions of myths and religions are associated with the presence of the belief in the existence of supernatural forces above human strength. The myth can also be interpreted as the assumption of a thing that developed in the society without the true nature of the truth but believed to be something obeyed. Blumenberg (2003 as cited in Morales 2013) explain about myths too, myths are stories that have a high degree of constancy in their narrative core and also some margins of variation. In addition, in the reality of the world and the human, myths also express the complexity inherent.

Improper myths about breast milk and breastfeeding also occur in Pekalongan

district. Preliminary studies conducted on some breastfeeding mothers showed that still the myths that breastfeeding mothers believe. The myths are that the baby is born to need to eat so must be fed (foods such as bananas and rice are crushed), breastfeeding mothers cannot eat when it's night so that the body is not overweight, babies who cry continues to mean less milk so it needs to be fed infant formula quiet. The myth is growing in the community and is believed to be true by breastfeeding mothers, especially if nursing mothers live a house with parents, then the myth is getting thicker and should be run by nursing mothers. This phenomenon is an attraction for researchers to examine the topic of myth and exclusive lecture.

METHODS

The study design used cross sectional study of 151 mothers with infant 6-12 month age. In Buaran community Health Center as the coverage of exclusive breast the lowest coverage of exclusive breastfeeding in Pekalongan Regency in 2016 (14.22%). A cluster sampling design was used to select populations.

The studi was conducted in Buaran Community Health Center in Pekalongan Regency Central Java Indonesia from January to May 2017. The inclusion criteria included mother who has infant aged 6-12 months, no complications that affect breastfeeding, and living with their husbands or relatives. The exclusion criteria were mother that delivered baby with congenital defects and infant having illness which interferes with successful breastfeeding. Frequency distributions, and cross-tabulations were used to describe the variable of the study. The study used confidence interval 95%.

The instrument used in this study was a questionnaire prepared by the researcher. This questionnaire were consists of demographical data (age, parity, educational level, employment status, type of family, and mode of delivery), failure of exclusive breastfeeding and myths about breastfeeding.

The consten of questionnaire failure of exclusive breastfeeding is one question. The question is whether the baby has received other than breastmilk, such as liquids or solids with the exception of drops or syrups consisting of vitamins, mineral supplements, or medicines during the first months delivery. The Guttman scale used to categorize data. If participans answered "yes" (noted to 1), then failure of exclusive breastfeeding, but if answered "no", then not failure of exclusive breastfeeding (noted to 0).

The other content questionnaire are myths about breastfeeding. The Guttman scale used to categorize data. The choises for answering questionnaire devided into believed (noted to 1) and not believed (noted to 0). If participant answer at least one believe from questionnaire, it means that they believe the myth. The questions involved whether the mother has believe and do that believe, namely 1). Breastfeeding mothers should not eat fish, meat, chicken eggs; 2). Breast-colored milk (colostrum) is stale breast milk so it should not be given to the baby; 3). Breastfeeding mothers should not eat when it was late; 4). Breastfeeding can change the shape and size of the breasts and can causing disturbance body image; 5). Babies who given formula-fed will sleep long and calm than those fed breast milk; 6). A baby who asks for breastfeeding continues means less breast milk so formula milk is required; 7). The quality of formula milk is the same as breast milk so formula-fed is not problem for the babies; 8). Newborns should be fed like bananas or liquid food to be calm. Researchers also conducted interviews to explore other myths about breastfeeding.

Data collection including basic demographic (mother age, parity, educational level, employment status, type of family, and mode of delivery), and myths about breastfeeding are independent variable. Dependent variabel

is failure of exclusive breastfeeding. Data was entered in MS Excel and analyzed using Statistical Package for Social Sciences (SPSS) software version 11.5. Chi square test was used to find out the association of myths and failure exclusive breastfeeding.

RESULTS

Table 1 shows the characteristics of the participants. There are 151 mothers participated in this study. Almost participants were in reproductive age (n=121; 81.5%), multiparous (n=108; 71.5%), and unemployed (n=107; 70.9%). The majority type of family were low educational level (n=96; 63.6%) and type of family was extended family (n=101; 66.9%). The majority mode of delivery was vaginal (n=131; 86.8%).

Table1. Sociodemographic Characteristic Participants

Characteristics	Summary (n=151)	Percentage
Mother Age category (in year)		
> 20	121	81.5
20 – 35	28	18.5
< 35		
Parity		
nulliparous	43	28.5
multyparaous	108	71.5
Educational Level		
Low	96	63.6
Midle-Higher	55	36.4
Employment status		
Employed	44	29.1
Unemployed	107	70.9
Type of Family		
Nuclear	50	33.1
Extended	101	66.9
Mode of Delivery		
Cesarean	20	13.2
Section	131	86.8
Vaginal		

Table 2. Distribution of Participants Based on the Breastfeeding Myths and Failure Exclusive Breastfeeding

Variable	Exclusive Breastfeeding				Total		95% CI	P value
	Failed		Succed		n	%		
	n	%	n	%				
Breastfeeding Myths								
Not Believe	20	13.2	21	14	41	27.2	1.757-8.057	.001
Believe	86	56.9	24	15.9	110	72.8		
	106	70.1	46	29.9	151	100		

The table 2. showed a total of 106 (70.1%) failed exclusive breastfeeding. A total of 56.9% of participants believed the negative myths about exclusive breastfeeding with $p = .001$ (95% CI: 1.757-8.057).

DISCUSSION

Analysis bivariate showed most respondents who believed in negative myths and failed to exclusive breastfeeding were 86 (56.9%) and who gave exclusive breastfeeding were 24 (15.9%). P value was 0.001 (95% CI 1.757-8.057). This result indicates a relationship between negative myths about breastfeeding and exclusive breastfeeding failure.

The results of this study showed that myths are believed to affect a person's behavior. Morales (2013) said myths is a direct link with culture practices, and an important part in cultural competences and represent a significant development in daily life. In breastfeeding mothers, myths thrive from generation to generation so that breastfeeding mothers will be frightened if they do not do. Especially if the mother live together in a house with her parents, parents will influence based on past breastfeeding experience, although the knowledge of the myth cannot be proven. Breastfeeding decisions also were based on the influences of exposure to formula milk commercials.

A qualitative study in Indonesia by Marzuki et al (2014) to elucidate the factors that influence mothers' choices for infant feeding. The result study finding reasons mother to introduce additional milk formula. The most frequent reasons for mothers to introduce additional milk formula or food were the perception of an

inadequate milk supply, infant dissatisfaction or fussiness after feeding. They believed that breast milk alone was insufficient for their infants and the babies crying and fussiness were considered to be signs of hunger so food was introduced to calm them.

This result is similar to Eram's (2017) study. Eram's a review article study showed an incorrect myth about breastfeeding to be one of the factors causing exclusive breastfeeding failure. These myths include colostrum should not be given to the baby, the mother should not breastfeed if infected, the baby needs water beside breast milk, the pregnant mother should stop breastfeeding, the nipple should be cleaned every time before the baby suckles, no safe drugs are given to Breastfeeding mothers, the amount of breast milk production depends on the size of the breast, the baby needs sweet water before the first feed.

The result study Kamath et al (2016) also showed that the advantages of breast milk were in poor perceptions among 188 Indian mother, with respect to nutritive value, immune effect, and disease protection (n=188). Among of them had discontinuation of breastfeeding in previous child if their baby had sickness, such as diarrhea and vomiting. The quality of mother perception on breastmilk around 37.3% (71 mothers) opined that it is nutritious, an equal number were non committal, and one-fourth of the mothers disagreed with its nutritious aspect. Interestingly, majority of the mother felt that breastmilk is healthy for baby (181; 96.3%), breast milk can protects babies from diseases 32 (17%). Almost a half (n=93, 49.4%) of the mothers agreed that breast milk would encourage bonding attachment mothers and their babies.

Socio-cultural factors affect the breastfeeding too (Wanjohi, et al 2017). Socially and culturally, breastfeeding mothers learn and observe breastfeeding practices by older parents, grandmothers or older women in their communities. This kind of learning model is carried out from generation to generation and is firmly rooted in people who are less exposed to the development of science, especially in traditional societies. This practice will be detrimental if there is a misperception about breastfeeding.

The Madhavi and Manikyamba studies (2016) also identified the reasons for exclusive breastfeeding failure including misperceptions about exclusive breastfeeding with a percentage of 35.52% of 2000 respondents. The same study, Yaqub and Gul (2013) discovered the reasons of failure of exclusive breastfeeding were insufficient milk production in 289 (93.2%), working mother in 13 (4.2%) mothers, illness of baby in 2 (.65%), illness of mother in 6 (1.9%) cases. The study showed mothers perception about insufficient milk production dominant factor cause failure of exclusive breastfeeding.

Study in Nyanmar by Thet et al (2016) showed partisipants had high levels of knowledge about exclusive breastfeeding, but low adherence. One of the primary barriers to exclusive breastfeeding was that mothers, husbands, and grandmothers believed that exclusive breastfeeding was not sufficient for babies and solid foods and water were necessary. Water and mashed up rice were commonly introduced before 6 months of age. False perception or negative myths can breastfeeding failed programs.

Qualitative result study Heidari, et al (2016) were identified three main categories barriers to breastfeeding promotion. There were "incompetency of breastfeeding services", "mother's inadequate breastfeeding self-efficacy" and "family's neglect to breast milk." The cause of three main categories barriers from the participants are inadequate performance of baby friendly hospital, failure of prenatal centers in teaching skills to mothers and families, and inadequate support for nursing women after delivery had caused breastfeeding damage. Heidari, et al (2016) giving advice to overcome

the barriers to breastfeeding promotion, examples supportive and educational programs should be provided for all individuals involved in breastfeeding including mothers, families and health workers.

The limitation of this study is the way to built a questionnaire by researcher was form empirical fact. Therefore the result of this study may not be generalized to another community with different culture.

CONCLUSION

The conclusion of the study is there is a negative mythic relationship about breastfeeding with exclusive breastfeeding failure. Negative mythic in this study is beliefs about breast milk and breastfeeding that cannot be verified by science. This study recommends the importance of education on exclusive breastfeeding in terms of the growing culture in Indonesian society

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