Factors Associated with Breastfeeding Practice in Indonesia

By Sindung Haryanto & Dominica Chyta Asthyka
Lampung University

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Keywords: level of education of mothers, the occupation of mothers, social support, breastfeeding behavior, indonesia.

GJHSS-C Classification: FOR Code: 160899
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Abstract The fact is that practice of giving exclusive breastfeeding has not reached favorable numbers in some developing countries because of various factors. This study aims to determine the relationship between the level of education of mothers, the occupation of mothers, and social support for mothers and breastfeeding behavior. The important hypothesis of this study, therefore, is that aspects of economy, environment, social, culture, and politics can influence mothers to breastfeed their babies. Secondary data from the Indonesian Family Life Survey (IFLS) 5 in 2014 was employed. The total sample in this study was 5,108 people. STATA software version 13.0 with a probit model was used to analyze the data. Statistical test technique using Chi-square (X²) and multiple linear regressions were conducted. Results of this study indicate that there is no relationship between the level of education of mothers, and the occupation of mothers and breastfeeding behavior. However, there is a strong relationship between social support and breastfeeding behavior. Therefore, this study suggests that there is a need to develop the capacity of traditional midwives in order to increase the prevalence of women for breastfeeding.

Keywords: level of education of mothers, the occupation of mothers, social support, breastfeeding behavior, Indonesia.

I. Introduction

WHO (World Health Organization) and the UNICEF (United Nations International Children’s Emergency Fund) have advocated mothers to provide exclusive breastfeeding in the course of the first six months of their children’s life as well as prolong the breastfeeding, combined with supplementary diet, to the age of two years old or older. Empirically, giving exclusive breastfeeding to infants possesses several positive impacts, such as strengthening the immune system of the body (Padovaniet al., 2011), decreasing diarrhea diseases (Haile and Biadgilign, 2015; Puputet al., 2011), improving the health and nutrition of children (Hajeebhoy et al., 2014), developing gross motoric development of infants (Lisa, 2012), giving adequate physical growth of babies (Marques et al., 2015). Conversely, infants who do not receive exclusive breastfeeding are at a greater risk for morbidity and mortality (Tadesseet al., 2016). Exclusive breastfeeding during the first six months of the infants’ life, combined with complementary foods and continuing the practice of breastfeeding to up-two years old can reduce at least 20% of deaths a low children under five years old (Roesli, 2008). Meanwhile, Edmond et al. (2006) predicted that 16% of neonatal deaths can be prevented if supposing the baby was breastfed from the first day of his/her life; the rate enhances to 22% given that the baby was breastfed during the first hour of birth. However, the rate of exclusive breastfeeding shown in some developing countries has not reached optimum results. A number of studies show that the practice of breastfeeding is relatively low (Chandhiok et al., 2015; Dachew and Bifftu, 2014; Dun-Dery and Laar, 2016; Haile and Biadgilign, 2015; Lakewet al., 2015; Liben et al., 2016; Mogre et al., 2016; Shifraw et al., 2015; Tiruye et al., 2018; Velusamy et al., 2017). The practice of exclusive breastfeeding is deficient even though mothers generally perceive positive attitude and sufficient awareness towards it (Mogre et al., 2016). Low number in giving exclusive breastfeeding also occurs among professional women workers (Dun-Dery and Laar, 2016). There are a number of obstacles and problems faced by mothers in breastfeeding their babies. According to Sharma and Byrne (2016), mothers in the South Asia region encounter several resembling obstacles. Those obstacles include unresolved feelings of insecurity (Palmér et al., 2015), cesarean delivery and infant’s hospitalization along with maternal employment (Khasawneh and Khasawneh, 2017), mothers’ income, antenatal and postnatal counseling and mode of delivery (Shifraw et al., 2015), as well as cultural and social barriers accompanied by low support from medical staff (Desmond and Meaney, 2016).

Those obstacles indicate that there are various factors influencing exclusive breastfeeding practices. Based on previous researches, constrained factors in general can be categorized into three aspects: internal, cultural (social environment) and institutional. Internal factors include maternal socio-demographic status such as education, age, occupation, type of housing area (Adugna et al., 2017; Asare et al., 2018; Asemahagn 2016; Beyene et al., 2017; Dachew and Bifftu, 2014; Kasahun et al., 2017; Mogre et al., 2016; Senghore et al., 2018), previous breastfeeding experience (Oliveira and Camelo, 2017), mothers’ knowledge on the importance of exclusive breastfeeding (Gao et al., 2016; Nnebe-Agumadu et al., 2016), and mothers’ self-confidence in their ability to breastfeed (Babakazo et al.,

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2015). Cultural or social environmental factors include the anxious feeling of performing breastfeeding in public sphere (Amir 2014) and social support from husbands (Emmott and Mace, 2015), peers (Nolan et al., 2015; Thomson et al., 2015), families and neighbors (Horii et al., 2017). Meanwhile, institutional factors comprise of breastfeeding consultation (Ahmadi et al., 2016; Bililignet al., 2016), antenatal and postnatal care (Shifraw et al., 2015; Birnere at al., 2016), access to information (Senghore et al., 2018) and underutilization of maternal health services (Biks et al., 2015).

Exclusive breastfeeding for infants is one of the most effective instruments and investments in improving the quality of human capital, yet this practice is anticipated to acquire serious challenges in the future. According to Atabay et al. (2014), currently around 54 countries in the world do not have legislations that guarantee breastfeeding practices. There are at least 50 countries which do not have rules regarding maternity leave or six months breastfeeding practices. Globally, it was estimated that the practice of exclusive breastfeeding in the first six months of infant’s life only increased from 38% to 41% in the period of 2000 to 2012.

Attempts to increase the rate of exclusive breastfeeding practice has been implemented in national, regional and global levels. UNICEF is a global institution taking parts in these initiatives. Based on UNICEF (2012) data, the organization emphasizes on strategies and actions that promote multi-sectorial approaches in order to improve health and nutrition as well as initiatives to support health systems for both local and national community levels such as on social change and behavior related to optimum breastfeeding practices to infants. WHO and UNICEF launched the Baby-friendly Hospital Initiative program in 2009 as an effort to improve facilities and environment that support breastfeeding.

Indonesia assigned the policy of Maternity and Newborn Hospital Services to carry out Early Breastfeeding Initiation, as an attempt to promote exclusive breastfeeding. However, only about 10% of hospitals out of 1,293 hospitals in Indonesia can be categorized as such. Another policy issued by the government is Government Regulation Number 33 of 2012, concerning support for exclusive breastfeeding at the workplace. Nevertheless, according to the Ministry of Health of the Republic of Indonesia (2013), this policy is lacking support from companies/organizations either in the form of providing a reserved area or space for infant lactation or administering recess periods for women workers to breastfeed their infants at the workplace.

In addition, further problem in promoting breastfeeding for babies in Indonesia is inadequate social support, especially coming from husbands whose wives are in breastfeeding period. The low level of support is partly due to men’s lack of involvement in the breastfeeding campaigns. According to Destriatania et al., (2013), currently, husbands have not been fully involved in various initiatives, programs and campaigns of breastfeeding at national level, and they are not prepared to support and assist their wives in breastfeeding. With inadequate knowledge about breastfeeding, husbands tend to be ignorant on the positive impacts of breastfeeding practices, opting to feed their babies formula milk.

Empirically, family support for mothers to give breastfeeding has an important role to succeed (Nuraeni, 2000; Proverawati and Rahmawati, 2010; Roesli, 2005; Wahyuni, 2001). According to Friedman (2010), family support includes the informational support, reward support, instrumental support, and emotional support. Family support especially from husbands has an impact on increasing the confidence and motivation of mothers for breastfeeding their babies. However, a study conducted by Aini et al. (2014) showed that husbands’ supports for post-partum mothers only focus on providing facilities such as costs for the process of delivery baby and other facilities, while emotional support such as in changing diapers, bathing and carrying babies, giving massage to wives and providing more time to wives and babies are still limited.

To increase the practice of breastfeeding in Indonesia, therefore, is an essential issue. Data from the Indonesian Demographic Health Survey in 2012 showed that the rate of exclusive breastfeeding practice in Indonesia was at 42%. The number of giving exclusive breastfeeding is still far from the WHO’s target. There are many factors that cause low breastfeeding practice rate in Indonesia such as education, knowledge, attitudes and norms related to exclusive breastfeeding (Jatmikaat al., 2014; Sulistyowati and Siswantara 2014; Widiyantoat al., 2012); support from husbands (Annisa and Swastiningi, 2015; Destriataniaaat al., 2013; Wattimena et al., 2015), the parity (Khoiriyah and Prihatini, 2011), support from mothers-in-law (Purnamasari and Rahmatika, 2016), counseling process on lactation (Vidayanti and Wahyuningsih, 2017), experience on the practice of breastfeeding (Hastutiat al., 2015) and support from medical staff (Jatmika et al., 2014).

The decision of mothers to give breast milk to their babies is determined by several aspects such as economic, environment, social, culture, and politics. The government in this case has the obligation to improve facilities, policies, rules and programs to support breastfeeding practices. Studies related to this issue are still relevant, especially those that play a large share in determining factors associated with the practice of breastfeeding. Therefore, this study aims to determine the relationship between the level of education, occupation, and social support for breastfeeding practices.
a) Indonesian Family Life Survey: Overview

The Indonesia Family Life Survey is a longitudinal health and socio-economic survey. The first survey of IFLS (IFLS1) was carried out in 1993 with a sample size of 7,224 households. The second survey of IFLS (IFLS2) was conducted in 1998 with the same respondents, with the additional aim to know the impact of the economic and political crisis in Indonesia. Subsequently, the third survey of IFLS (IFLS3) was conducted in 2000. Furthermore, the IFLS4 was carried out at the end of 2007 until the beginning of 2008 and the IFLS5 was conducted at the end of 2014 until the beginning of 2015. Total samples of those surveys were 16,204 households and 50,148 people were interviewed (Straussat al., 2016). Thirteen out of twenty-seven provinces wastaken as samples, representing 83% of population. The provincial samples covered all provinces in Java (DKI Jakarta, West Java, Central Java, Di Yogyakarta, and East Java), the four largest provinces in Sumatra (North Sumatra, West Sumatra, South Sumatra, and Lampung) and four other provinces that are described as major island groups: Bali, West Nusa Tenggara, South Kalimantan, and South Sulawesi.

II. Material and Method

This research used a secondary data obtained from the Indonesian Family Life Survey in 2014 (IFLS5). The unit of analysis was household level in Indonesia, consisting mothers who have children under five years old in the year of this study of 2014. IFLS5 was collected through questionnaire. STATA software version 13.0 with probit model was employed in the process of data analysis. Variables encompass in this study are: 1) the level of education, namely, the highest level of the mothers’ formal education; 2) occupation of mothers which are jobs the wivespartake in order to receive salaries/wages; 3) social support for mothers from families in several ways such as informational, empathy, instrumental, and emotional supports; and 4) breastfeeding behavior, seen as the behavior of mothers in breastfeeding their babies. Total sample in this study was 5,108 respondents. The hypotheses tested in this study are as follows:

$H_0$: There is no relationship between the level of education of mothers and breastfeeding behavior.

$H_0$: There is no relationship between the occupation of mothers and breastfeeding behavior.

$H_0$: There is no relationship between social support and breastfeeding behavior.

Secondary data was gathered from Indonesian Family Life Survey (IFLS5) in 2014 which focused on household (HH) data. Data was selected in their relation to the research variables, then combined into a set of data, called the dataset. Dataset was analyzed using do file or worksheet in the STATA program. Results that were obtained include number of respondents at around 5,108 people out of 15,000 households in the enumerated areas of the IFLS. Number of samples chosen was based on a couple of indicators, they are mothers who had children under five years old during interviews, and had breastfed their children until the interview year of 2014.

<table>
<thead>
<tr>
<th>Variables</th>
<th>Book Code</th>
<th>Book</th>
<th>Variable Code</th>
<th>Data</th>
<th>Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breastfeeding</td>
<td>CH</td>
<td>4</td>
<td>CH24a</td>
<td>b4_ch1</td>
<td>Dummy:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1. High</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2. Low</td>
</tr>
<tr>
<td>Social Support</td>
<td>CH</td>
<td>4</td>
<td>CH20h</td>
<td>b4_ch1</td>
<td>Dummy:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1. High</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2. Low</td>
</tr>
<tr>
<td>Education Level</td>
<td>DL</td>
<td>3A</td>
<td>DL04</td>
<td>b3a_d11</td>
<td>1. No-Formal education</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>DL06</td>
<td></td>
<td>2. Elementary</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>DL07</td>
<td></td>
<td>3. Secondary</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4. University</td>
</tr>
<tr>
<td>Occupation</td>
<td>TK</td>
<td>3A</td>
<td>TK24a</td>
<td>B3a_tk2</td>
<td>1. Formal</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2. Informal</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3. Unemployment</td>
</tr>
</tbody>
</table>

Chi-square was used to determine the relationship between variables of educational level, and employment and social support for breastfeeding. Theoretically, chi-square was used to analyze whether there is a relationship between characteristics of respondents to breastfeeding behavior. In order to find out the relationship between all independent variables (level of education, work and social support) with breastfeeding, this research employed multiple linear regression analysis techniques. Below is the estimation of multiple linear regressions:
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Y =a+β1X1+ β2X2+….. βnXn

Note:
Y = regression equation
X(1,2,3..) = independent variable
α = constanta (intercept)
β (1,2,3…) = regression coefficient value (slope)

The use of constant values is statistically done if units of X variable (independent variable) and Y variable (dependent variable) are not the same. Whereas, if the X variable and the Y variable, both simple and multiple linear, have the same unit, the constant value is ignored assuming the change in Y variable will be proportional to the value of the change in X variable. Two regression models were used; they are probit and logit. The probit model or normal distribution is one regression model that can be used to determine the effect of independent variables on binary dependent variables (0 and 1); while the logit model or logistic distribution is a non-linear regression model that produces an equation where the dependent variable is categorical.

III. Results

a) The Relationship between the Level of Education of Mothers and Breastfeeding Behavior

The variable of educational level of mothers represents the highest level of education of mothers practicing breastfeeding. This variable was measured using three questions: a) are you attending school (DL04), b) what is the highest level of your education or what current educational level are you attending (DL06), c) what highest educational level has you completed (DL07). The variable of breastfeeding behavior was the behavior of children formed from habits or experience. This variable was measured with one question which is whether mothers have experience in breastfeeding of their babies.

Table 2: The Relationship between Educational Level and Breastfeeding Behavior.

<table>
<thead>
<tr>
<th>Level of Education</th>
<th>Breastfeeding Experience</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>No - formal education</td>
<td>7</td>
<td>5</td>
</tr>
<tr>
<td>Primary School (1-6)</td>
<td>114</td>
<td>117.8</td>
</tr>
<tr>
<td>Secondary School (7-12)</td>
<td>313</td>
<td>323</td>
</tr>
<tr>
<td>University (&gt;12)</td>
<td>90</td>
<td>78.2</td>
</tr>
<tr>
<td>Total</td>
<td>524</td>
<td>524</td>
</tr>
</tbody>
</table>

Pearson Chi2 = 3.3403    Pr=0.342

Table 2 shows that there is no significant relationship between the level of education of mothers and breastfeeding behavior. Thus, the hypothesis or Ho1 is accepted.

b) The Relationship between the Occupation of Mothers and Breastfeeding Behavior

The variable of the occupation of mothers in this study was defined as jobs which mothers involve in order to receive wages at the workplace. This variable was measured using the question of, “what is your job or occupation” (TK24a). This variable is categorized into: formal job, informal job and unemployed.

Table 3: The Relationship between Occupation of Mothers and Breastfeeding Behavior

<table>
<thead>
<tr>
<th>Occupation</th>
<th>Breastfeeding Experience</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Formal</td>
<td>132</td>
<td>118.1</td>
</tr>
<tr>
<td>Informal</td>
<td>166</td>
<td>168.3</td>
</tr>
<tr>
<td>Unemployed</td>
<td>226</td>
<td>237.6</td>
</tr>
<tr>
<td>Total</td>
<td>524</td>
<td>524</td>
</tr>
</tbody>
</table>

Pearson Chi2 = 2.4959    Pr=0.287

Table 3 shows that there is no significant relationship between the occupation of mothers and breastfeeding behavior. Thus, the hypothesis or Ho2 is accepted.

c) The Relationship between Social Support and Breastfeeding Behavior

The social support variable in this study was defined as all forms of material and non-material assistance received by mothers from other people to breastfeed their babies during the first period of birth (40 days). This variable was measured using one question, “within the first days (40 days) after delivering baby, did you (mother) receive treatment from someone who helped you in the process of delivering your baby?” (CH20h). This variable was categorized into: low and high options.
Table 4: Relationship between Social Support and Breastfeeding Behavior.

<table>
<thead>
<tr>
<th>Social Support</th>
<th>Breastfeeding Experience</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Low</td>
<td>456</td>
<td>308.6</td>
</tr>
<tr>
<td>High</td>
<td>68</td>
<td>215.4</td>
</tr>
<tr>
<td>Total</td>
<td>524</td>
<td>524</td>
</tr>
</tbody>
</table>

Pearson Chi² = 190.9116 Pr = 0.000

Table 4 shows that there is a significant relationship between social support and breastfeeding behavior. Thus, the hypothesis/Ho3 is rejected. Overall, the three variables of X (Social Support, Level of Education of Mothers and the Occupation of Mothers) are related to variable Y (Breastfeeding). As explained in the following results, Prob > chi² = 0.0000 shows that the relationship between social support, level of education of mothers, and the occupation of mothers and breastfeeding behavior is significant.

Pseudo R² = 0.0676 means that the three independent variables used in this model explain that 6.76% of mothers decided to breastfeed and 93.24% was influenced by other factors. The results of multiple linear regression show that the intercept is at 0.9669102 and the regression weight values for each independent variable are: 0.8256466, -0.0291597 and 0.0656583.

\[ Y = \alpha + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 \]
\[ Y = 0.9669102 + 0.8256466 X_1 + 0.0291597 X_2 + 0.0656583 X_3 \]

IV. Discussion

The results of this study indicate that there is no relationship between the level of education of mothers and breastfeeding behavior. In the group of mothers with no formal education, the percentage of mothers who have never breastfed their babies is at 14.3%. Meanwhile, the percentage of mothers who had never breastfed was at 11.8% among the group of mothers who attend university, and 9.9% in the group of mothers who finished primary and secondary schools. This result is different from previous studies where there is a significant relationship between the level of education of mothers and breastfeeding behavior (see Arora et al., 2017; Asemahagn, 2016; Jatmikaet al., 2014; Lakew et al., 2015; Liben et al., 2016; Nguyen et al., 2018; Tiruye et al., 2018; Widiyanto et al., 2012; Wilopo, 2009). On the other hand, the results of this study are in line with the results of previous studies which showed no relationship between the level of education of mothers and breastfeeding behavior (Hastutiet al., 2015; Kasahun et al., 2017). A study by Kasahun et al. (2017) found that the higher of the level of mothers’ education, the lower of the practice of breastfeeding. Specifically, knowledge about the importance of breast milk does not affect breastfeeding practices (Dachew and Bifftu, 2014).

Therefore, the variable of education is not correct variable of predictor for breastfeeding practices.

The professional of occupation either formal or informal of mothers who are breastfeeding their babies tend to be a barrier or obstacle in the breastfeeding practices. The problem is because the practice is not supported by the administration of any policy providing mothers with sufficient time of exemption for mothers to breastfeed their babies. In addition, there are no sufficient facilities of lactation rooms in public sphere either in government and private institutions. In this study, the highest percentage of mothers who have never breastfed is privilege to the group of mothers who work in formal sectors (11.5%), followed by mothers who work in informal sector (10%) and mothers who do not work (9.5%). Even so, this difference is not statistically significant, it can thus be said that there is no relationship between the occupation and breastfeeding behavior. Therefore, the results of this study are different from previous studies (e.g. Asemahagn, 2016; Juliastuti, 2011; Khasawneh and Khasawneh, 2017; Lakew et al., 2015), showing that there is a relationship between working mothers and breastfeeding behavior.

Social support obtained by mothers in shaping breastfeeding behavior can be received from various parties, such as a support of baby care. Social support can also come from midwives who have long been known, especially in rural areas, as traditional birth assistant who assists in the delivery process, as well as assisting mothers in raising their offsprings until the they are at the age of two years old. However, routine assistance is done around seven to ten days after giving birth. The study conducted by Sopiyan (2014) shows that support for breastfeeding mothers are included supports from their husbands (93%), supports from parents (79%), supports from parent in-laws (79%), supports from friends (72%) and supports from the community leaders such as midwives, doctors, village officials and clerics (72%).

Based on the results of the product moment analysis, the correlation coefficient value (r) is at 0.522; p = 0.000 (p <0.01), meaning that there is a very significant or positive relationship between social support and motivation to provide exclusive breastfeeding. Most social supports come from midwives and traditional birth assistants who encourage mothers for breastfeeding their babies. If mothers do not
receive supports from anyone else, their breastfeeding behavior will be at low level resulting to the uncared behavior for the importance of breastfeeding, especially the practice of prolong breastfeeding pass the first six months of birth. The case is vice versa, the larger number of mothers receiving umteen social support from various parties; the larger number of mothers provide breast milk to their babies.

Number of studies show that social support from various parties has an important role for breastfeeding practices (Aytont and Hansen, 2016; Bootsry and Taneepanichskul, 2017; Coomson and Areye,t 2018; Ekubay et al., 2018; Emmot and Mace, 2015; Ericsonet al., 2017; Genetuet al., 2017; Horii et al., 2017; Leurer and Misskey, 2015; Liben and Yesuf, 2016; Nolan et al., 2015; Purnamasari and Rahmatika, 2016; Thomseton et al., 2015; Zheng et al., 2018). A study conducted by Wilopo (2009) found that mothers who received postnatal care by doctors or specialists had a shorter time to breastfeed their babies rather than mothers who were treated by midwives. Meanwhile, mothers who are treated by traditional midwives have a higher probability of breastfeeding. From sociological perspectives, this study argues that social distance and intensive communication have a role in shaping perceptions, attitudes, and behaviors among actors. In rural areas of Indonesia, the role of traditional midwives in helping delivery babies is still dominant. A traditional midwife usually helps mothers in the delivery process of giving birth, especially those giving birth for the first time (primiparas), and continue to assist them for 40 days after delivery until mothers can independently take care for their babies. These facts indicate that in this study, the variable of social support is the most important variable that influences breastfeeding behaviour.

V. Conclusion

This study provides a large number of samples in order to determine the relationship among variables which are often predicted to be predictors of breastfeeding behavior. Three important predictors in this study are the level of education of mothers, the occupation of mothers and social support. Mothers’ level of education and their occupation possesses no relationship with breastfeeding behavior. Meanwhile, the variable of social support has a strong relationship to breastfeeding behavior. Social support in this study mainly comes from traditional birth assistants who still play an important role in helping the process of delivery babies and post-birth in rural areas. Therefore, an intensive communication between mothers and traditional birth assistants who helped delivering their babies can increase mothers’ confidence to breastfeed their children. Thus, the development of the capacity of traditional health assistants needs to be done consistently to increase the prevalence of mothers for breastfeeding.

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