

Original Article

# The Social Support of Lampung Ethnic Community Influences the Duration of Breastfeeding in Indonesia

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**Abstract** - The support system that mothers need is very important in the mother's adaptation process during the postpartum period because this period is a critical period for mothers to feel happy and stressed to adjust after giving birth. The research aims to analyze the factors that influence the length of breastfeeding time in Lampung Province. The research design is a cohort. The study population was all breastfeeding mothers, Lampung ethnic, aged over 17 years and living in rural areas. The data collection technique is Consecutive Sampling. The research sample size was 126 respondents. Data analysis uses multivariate, namely logistic regression. The research results show that there is an influence of social support on the length of breastfeeding time. The most influential variable is social support, OR value 16.460, CI 95% (2.015-134.454), and family support, OR value 3.458, CI 95% (0.935-12.786). Social support for breastfeeding plays a role in determining how long a mother can breastfeed her baby; information media will change the mother's behavior in making exclusive breastfeeding a success. The need for collaboration with various parties, including community leaders who still adhere to local culture, is very important to follow up on an ongoing basis.

**Keywords** - Social support, Duration of breastfeeding, Lampung ethnic.

## 1. Introduction

By 2025, WHO's Global Nutrition Targets aim to halt the rise in childhood overweight worldwide and increase the percentage of babies Exclusively Breastfed (EBF) to at least 50% in the first six months of life. (1). This is in line with the 2030 Sustainable Development Goals, ensuring Living a healthy lifestyle and improving Optimal welfare for individuals of all ages, with a target by 2030, the objective is to reduce deaths of newborns and toddlers and decrease the maternal death ratio to below 70 per 100,000 births, where each region targets to reducing the goal is to reduce the neonatal mortality rate to a minimum of 12 per 1000 births and the under-five mortality rate to a maximum of 25 per 1000 births (2). So, preparing healthy mothers from pregnancy to breastfeeding is very important because it will have a big positive impact on the health of the mother and baby.

Mothers really need this kind of support. By knowing what support can be given to help breastfeeding mothers, we can help them overcome all problems and continue to provide breast milk for as long as they want, wherever they live (3). The exclusive breastfeeding coverage expected by

the Indonesian government in 2024 is 80%; the strategy outlined in Presidential Regulation of the Republic of Indonesia No. 72 of 2021 aims to accelerate the decrease of stunting in line with the objective of achieving a golden Indonesia by 2045(4).

In 2015, it was reported that exclusive breastfeeding coverage in Lampung Province was 54.4% (5). Based on exclusive breastfeeding data between 2015 and 2017 for Lampung Province, there are differences in achievement; 2015 is 25.6%, and 2017 is 44.79%. Achieving these expectations requires hard work from all parties, not only health workers but needs support from various groups.

Social support for breastfeeding mothers is very important because it can help them feel supported, confident, and comfortable in the breastfeeding process. This includes support obtained from partners, family, friends, colleagues, and the breastfeeding community, including nurses and midwives. This can further highlight the need to offer different kinds of care depending on the sociocultural norms and unique backgrounds of nursing moms, particularly when that assistance is given one-on-one.



Lampung ethnic groups, like many ethnic groups in Indonesia, have unique traditions and practices related to breastfeeding. In some Lampung communities, there are special rituals performed to celebrate the birth of a baby and strengthen the bond between mother and baby. This ritual often involves prayers and traditional ceremonies carried out by elders or traditional figures (6). Knowledge about breastfeeding practices is often passed down from generation to generation within a family or community. Young mothers usually get guidance and advice from mothers, grandmothers, or other family members who have experience with breastfeeding. In this case, the role of midwives and nurses in health education is very important to help the government realize health for all and patients benefit from it. They must be able to give good attention, be sensitive and able to understand the basic needs of patients (7), become facilitators, and provide education to increase the knowledge and abilities of clients in practice in everyday life. The support provided to breastfeeding mothers must be holistic and comprehensive, including emotional, practical, and educational aspects. Breastfeeding not only provides nutrition for babies but, more than that, including bonding, is able to provide comfort and security for babies in their growth and development (8). Mothers need sufficient time to be able to provide maximum breast milk.

This is in accordance with global policies, which strongly support efforts to promote breastfeeding. However, the breastfeeding process is often considered an obstacle that causes it to be hampered or even impossible (9). The support system needed by the mother is very important in the adaptation process, which begins in the postpartum period because this period is a critical period for the mother to feel happy and stressed to adjust after giving birth. Adaptation includes adjustments to interactions with infants. One of the problems that occurs during the puerperium is the failure of the mother to give exclusive breastfeeding. Success in exclusive breastfeeding requires collaboration between nurses, families, and communities to help mothers adapt to their babies.

The results of previous research showed that in the Lampung ethnic community, there is a belief that the first male child must live with parents so that when the male child marries, the parents are involved in caring for the baby. Uplifting assistance is very necessary for mothers to be able to breastfeed successfully (10). When breastfeeding support is offered to women, breastfeeding duration and exclusiveness both rise. Support is expected to be more efficient in countries with high initial rates if it is delivered by competent personnel as a standard part of prenatal or postnatal care, including regularly scheduled visits so that women can anticipate when it will be available and tailored to their own circumstances and requirements. Face-to-face support strategies have a higher likelihood of success among women who exclusively practice breastfeeding. The

recommended approach to promote this result involved aiding new mothers in exclusively breastfeeding. This assistance would include support from friends and specialists, as well as support for other family members, including the father, because exclusive breastfeeding sustainability is also related to clinical and psychosocial support. The purpose of this study was to Identify the variables that impact the rise in exclusive breastfeeding rates in Lampung Province.

## **2. Materials and Methods**

A cohort study was the approach used in this investigation. The reason why this method was chosen is because it works well to investigate and examine various aspects of breastfeeding duration. Every woman in the study was breastfeeding their newborn child. In Pringsewu District, nine Puskesmas service areas, Puskesmas Pagelaran, Rejo Sari, Wates, Gading Rejo, Pringsewu, Sukoharjo, Banyumas, Ambarawa, and Pardasuka they have gathered 126 respondents for the research sample. Consecutive sampling was the sampling strategy used, and inclusion criteria consisted of mothers who were residents of rural areas, had babies older than six months, had an interest in participating in research, and were older than 17 years. Primary and secondary data are the different categories of data sources. To obtain research information, the research methods used were interviews, observation and focus group discussions. Interviews were conducted using a research instrument, namely a questionnaire. Interviews were conducted during the breastfeeding process for six months, this was to understand changes in breastfeeding patterns, challenges faced, or health impacts over time. The questionnaire, which comprises four sections, respondent characteristics, breastfeeding knowledge, and a total of eight questions, was taken from the literature and includes both open-ended and closed questions together with familiarity with the “Ten Steps to Successful Breastfeeding”, experience during pregnancy with number question 7 and experience during breastfeeding with number questions 12—univariate data analysis using chi-square and multivariate logistic regression.

## **3. Results and Discussion**

Socio-demographic data are requested in Part A of the questionnaire. The socio-demographic characteristics of respondents are shown in Table 1. The number of respondents the sample size for this study consisted of 120 respondents. The mean age is 28.38 years. The educational attainment of the participants is quite similar, with 36.5% having completed elementary school, 32.5% having completed junior high school, and 31% having completed high school. The majority work as housewives, namely 60.3% and 39.7 as employees. Some of the respondents lived with their husbands, 50.8%, and the rest lived with their parents and in-laws namely 49.2%. In this study, there were more multiparous mothers, namely 63.5%, and the remaining

36.5% were nulliparous. As many as 80.95% of respondents routinely carry out pregnancy checks, and 19.05% do not routinely have pregnancy checks. Respondents who breastfed until six months were 88.1%, and less were 11.9%.

**Table 1. Characteristic of Socio-Demographic Data (n=126)**

No	Variable	n	Percentage (%)
1	Age group, mean $\pm$ SD: 28,38 $\pm$ 5,789 year.	7	5,6%
	- 17-20	39	31,0
	- 21-25	41	32,5
	- 26-30	20	15,5
	- 31-35	17	13,5
	- 36-40	2	1,6
	- 41-42		
2	Education level		
	- Secondary education	39	31,0
	- Junior high school	41	32,5
	- Elementary school	46	36,5
	Profession		
3	- Employs	50	39,7
	- Homemaker	76	60,3
4	Live with parent		
	- with husband	64	50,8
	- parent	62	49,2
5	Parity		
	- nulliparous	46	36,5
	- multiparous	80	63,5
6	Routine ANC visits		
	- yes	102	80,95
	- no	24	19,05
8	Duration of breastfeeding	111	88,1
	- 6 months	15	11,9
	- < 6 months		

Factors that influence the duration of breastfeeding can be seen in Table 2. Variables that influence the duration of breastfeeding are social support, family support and living with parents, with a P value <0.05.

The duration of breastfeeding was analysed using multivariate analysis with the binomial logistic regression test to identify the elements that impact it. Table 3 shows multivariable analysis, and three variables qualify as candidates for the multivariate test with a P value <0.025, namely living with parents, social support, and family support. The results of the analysis show that social support is the variable that makes the greatest contribution to the length of breastfeeding time, with an OR value of 16.460; 95% CI (2.015- 134,454). The multivariate analysis was

adjusted for the variables of parity, knowledge, and experience.

**Table 2. Bivariate analysis of factors that influence the length of breastfeeding duration (n=126)**

Variable	Category	Breastfeeding Success			P Value
		Total n (%)	Yes n (%)	No n (%)	
Live	With husband	64 (50,8)	51 (40,5)	13 (10,3)	0,019
	Parents	62 (49,2)	59 (49,2)	3 (2,4)	
Parity	Multipara	80 (63,5)	69 (54,8)	11 (8,7)	0,850
	Nullipara	46 (36,5)	41 (32,5)	5 (4,0)	
Knowledge	God	84 (66,7)	77 (61,1)	7 (5,6)	0,072
	Less	42 (33,3)	33 (26,2)	9 (7,1)	
Experiences	Yes	57 (45,2)	53 (42,1)	4 (3,2)	0,141
	No	69 (54,8)	57 (45,2)	12 (9,5)	
Social Support	Yes	72 (57,1)	71 (56,3)	1 (0,8)	0,000
	No	54 (42,9)	39 (31,0)	15 (11,9)	
Family Support	Yes	75 (59,5)	71 (56,3)	4 (3,2)	0,006
	No	51 (50,5)	39 (31,0)	12 (9,5)	

**Table 3. Multivariate analysis of factors influencing breastfeeding duration**

Variable	$\beta$	Sign	Exp (B)	95% CI for Exp (B)	
Social Support	2,801	0,009	16,460	2,015	134,454
Family Support	1,241	0,063	3,458	0,935	12,786
Live with parent	-1,271	0,079	0,280	0,068	1,159
Constant	-4,181	0,000	0,015		

Note: CI: Confidence Interval

The research results show that living with parents/in-laws, social support, and family support are factors that significantly influence the length of breastfeeding time. The proportion of respondents who were able to breastfeed until the baby was six months old was 88.1%. This research found that social support is very important. Due to its ability to provide important emotional support to breastfeeding mothers, social support has a major impact on breastfeeding success. This may come from the mother's social

environment, who can show gratitude, understanding and supportive words. All of this can increase the mother's self-confidence and encouragement to continue breastfeeding (11). In addition, social support can be a useful source of information regarding how to breastfeed a baby successfully, the benefits for mother and child, as well as common problems that may arise. For mothers who may feel anxious or lacking skills in breastfeeding, this information is very helpful. Additionally, social support may come in the form of helpful assistance with baby care or other household tasks.

Likewise, living with parents or in-laws, living with parents is important because it really influences mothers in solving various problems. However, couples will be very limited in making decisions, especially regarding the care of their baby (12). This is because the culture of grandparents is still closely related to the myth of breastfeeding, even though mothers have adequate education but are unable to reject the traditions and habits passed down from generation to generation (13). Lampung society, which is patrilineal, meaning that it draws on the father's lineage, places great importance on a male child in the family as the successor of the lineage (14). So after marriage, you have to stay with your parents.

The findings of this study show that respondents who live with their husbands tend to breastfeed until the baby is six months old or provide exclusive breastfeeding compared to respondents who live with their parents or in-laws (15). The involvement of the family in caregiving, especially parents or in laws in caring for the baby, really depends on their role in the cultural and ethnic context concerned; the closeness of the relationship and the desire for involvement is very high. The primary source of support in several studies is found to be the involvement of parents and in-laws (16) so that at every opportunity, their involvement is very necessary, Particularly for employed mothers who are unable to be with their infants, entrusting the care of their kids to their own parents or in-laws is a suitable option. In such cases, the parents would naturally continue to engage in activities that they have previously done with the child (17). However, there are still many factors that influence social support, including a better understanding of mothers about exclusive breastfeeding(18), the experience of breastfeeding both directly and indirectly (19), which is no less important, and family support, in this case, the husband and parents. The educational program delivered during the third trimester of pregnancy has demonstrated its efficacy in order to ensure that mothers are well-prepared from the beginning. Providing social assistance to moms before giving birth is the optimal moment to impart knowledge, enabling them to adequately prepare themselves to offer optimal nutrition for their infants (20).

This research is like Nahid, M Studies have found a strong correlation between social support and nursing self-

efficacy. Therefore, those who have more social support have higher rates of breastfeeding self-efficacy. Thus, it is imperative to have assistance from members of women's social networks who actively participate and provide encouragement during the process of nursing (21); breastfeeding support and postnatal support become more pronounced in the month of pregnancy fourth postpartum. This means that evidence from breastfeeding programs in third-trimester pregnant women is an effective approach to increase the length of time breastfeeding mothers, especially for primigravida mothers, because in Indonesia, breastfeeding is still not optimal(22).

The support provided by midwives, nurses, doctors, and other health workers will affect the duration of the mother's exclusiveness in breastfeeding(23). Likewise, the research that has been done by Sandhi, A, 2020 it was discovered that moms who engaged in skin-to-skin contact or had a strong belief in their ability to breastfeed were more likely to have greater quantities of breast milk. This is apparent from the findings of studies conducted throughout the nursing process when experts have discovered that direct interaction between the infant and mother fosters a feeling of solace and connection. Mothers are more relaxed in breastfeeding so that milk production becomes smoother. Since February 2020, Indonesia has been grappling with the Covid-19 outbreak. During this time, the research process was hindered as researchers and social workers were unable to directly interact and inquire about the well-being of mothers and babies. This precaution was taken to minimize the risk of COVID-19 transmission. As a solution, researchers resorted to monitoring the research process using WhatsApp and video calls (24). This study is not different from previous research initiatives to encourage the practice of exclusive breastfeeding via the WeChat platform in China, which has proven to be an effective method to promote exclusive breastfeeding at an early age, and this has become a local policy in the promotion of exclusive breastfeeding.

The social support that has been provided can indirectly reduce the negative impact on mothers and babies because until now, the target of breastfeeding coverage in Lampung Province has not been achieved; many factors cause this problem, including many mothers who do not understand the importance of long breastfeeding and exclusive breastfeeding which is good for growth(25). Moreover, baby development, health workers are also unable to provide in-depth information about how to prepare mothers well during pregnancy. Including the grandmother's involvement in caring for the baby also has a significant influence on the length of breastfeeding time. Social support in various forms is very important to increase the mother's chances of success in breastfeeding and create a supportive environment for the mother and baby. Breastfeeding communities or breastfeeding support groups are an invaluable source of support. Here, mothers can share experiences, learn from

each other, and feel supported by individuals going through similar experiences. Support from the workplace for working mothers is also very important because policies that support breastfeeding mothers at work will help mothers work comfortably while still providing exclusive breast milk to their babies. For example, the availability of comfortable breastfeeding rooms, flexible schedules, or support programs for breastfeeding mothers really needs to be realized. Various problems include mothers who feel that their breast milk production is low, feeling tired, promoting formula milk and mothers still not understanding the importance of giving breast milk without additional food at the age of 1-6 months. The next hope is that social support will always be in synergy with family support, so new strategies need to be sought to increase coverage of exclusive breastfeeding.

#### 4. Conclusion

Education provided during the breastfeeding process during pregnancy and breastfeeding is important to mothers and families, and the results of this research have proven to be effective; there is no need to wait until the mother gives birth. Social support involving various external parties such

as community leaders, extended family and friends is also needed. Coupled with positive information that can be obtained through social media, it will also increase the knowledge of parents and families. Mothers' knowledge about exclusive breastfeeding is increasing after being given health education, and this has greatly influenced the length of time mothers breastfeed, which up to now was mostly done until the baby was 3 months old. However, now it reaches six months of age. This increase in coverage will help Lampung Province in reducing stunting cases which are still high, so innovation is needed in the program. One thing that can be used as innovation to reduce stunting cases is the existence of a policy on forming breastfeeding cadres and this needs to be established in Lampung Province.

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#### Supplemental Material

Supplemental material for this article is available online.

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