Differences in Social and Cultural Perception between Mothers of Exclusive Breastfeeding and Non-Exclusive Breastfeeding in the Health Center of Kota Utara, Gorontalo, Indonesia

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Summary  The golden standard of feeding in infants and children begins immediately breastfeeding within 1 h after birth. Breastfeeding exclusively starts from birth until 6 mo, then the baby gets complementary foods according to the needs of their growth and continues breastfeeding up to 24 mo or more. The aim of this study was to examine the differences in social perceptions culture between breastfeeding exclusively and not exclusively in the Health Center of Kota Utara, Gorontalo City, Indonesia. A total of 112 participants were included in the study by randomized control sampling. Subjects of this study were breastfeeding mothers and mothers who had toddlers (0–3 y old) and had a history of breastfeeding. Results were that 58.9% of respondents gave exclusive breastfeeding consists of 64.30% younger mother and 78.90% respondents with tertiary education. 80.35% gave colostrum, 41.1% gave complementary foods to infants, 6 mo, 100% family support for exclusive breastfeeding, and 58.92% respondents had good perceptions. Different test results showed there are significant differences ($p < 0.000$) between the perceptions of nursing mothers who provide exclusive breastfeeding and mothers who did not provide exclusive breastfeeding. There were significant perceptual differences between mothers who give exclusive breastfeeding with non-exclusive ones.

Key Words  breastfeeding, support, social perception

Breastfeeding is a process of giving breast milk or in Indonesia known as Air Susu Ibu (ASI) to a baby or young children from the mother’s breast. Exclusive breastfeeding is defined as the infant only receives breast milk without any additional food or drink, including water (except drugs and drops of vitamins or minerals; feeding on the bottle is also permitted) (1, 2). The World Health Organization (WHO) recommends exclusive breastfeeding for the first 6 mo of life, followed by continued breastfeeding with appropriate complementary foods for up to 2 y or beyond (1).

The golden standard of feeding infants and children starts from breastfeeding within the first hour of life, therefore in Indonesia, exclusive breastfeeding is enforced to children aged 0–6 mo are only given ASI in the last 24 h and are not given prelacteal food (2). From the age of 6 mo, the babies should be introduced of complementary foods (MP-ASI) for their growth needs while continuing to breastfeed up to 2 y and beyond (2).

The 2013 Basic Health Research Report (Riskesdas) showed that there were 19 provinces that had the percentage of exclusive breastfeeding above the national rate (54.3%). The highest percentage was found in West Nusa Tenggara Province (79.7%) and the lowest was in Maluku province (25.2%), while for Gorontalo Province results showed that exclusive breastfeeding coverage was at number 21 of 34 provinces with a percentage of 54.1% (3).

The main problem in exclusive breastfeeding is social culture, among others: lack of awareness of the importance of breastfeeding, health services that have not fully supported, incessant promotion of formula milk, working mothers, and family support (4–8).

MATERIALS AND METHODS

This research is a quantitative analytical study with an observational cross-sectional study conducted in August–November 2018 in Working Area of The Health Center of Kota Utara, Kota Gorontalo. The target of this study was breastfeeding mothers and mothers who had toddlers (0–3 y old) and had a history of breastfeeding with the number of respondents encountered in the field and analyzed is 112 respondents. The mothers who gave breastfeeding from 0 to 6 mo without any additional or complementary food defined as exclusive breastfeeding, hereinafter referred to as “Yes” and the mothers who gave food/drink beside ASI to their babies during 0–6 mo old was defined to non-exclusive breastfeeding or known as “No” in this study.

The variables of the study were the mother’s perception of their insight about Exclusive Breastfeeding, the provision of colostrum (has given or not), understanding in complementary food (MP-ASI) related to sociocultural of breastfeeding including knowledge (age in providing complementary foods and whether the child must be fed before the child is 6 mo old), working conditions, body image and health of breastfeeding mothers, and family support for exclusive breastfeeding. Then it
was categorized into good and poor perceptions. Data was collected using a questionnaire containing questions related to the variables under the study.

The categories were obtained from scoring results of the questionnaire, it was called good when the score ≥80 and the group included in the poor category when the questionnaire score was less than 80.

Data were analyzed using chi-square and Kolmogorov-Smirnov correlation test with SPSS 16 application to see there were differences in perceptions of mothers who gave exclusive breastfeeding and those who did not.

RESULTS

The distribution of breastfeeding mother, from 112 respondents, there are 66 mothers (58.9%) who provided exclusive breastfeeding and the mothers who did not provide exclusive breastfeeding amounted to 46 people (41.1%). The characteristics seen in this study were the age of the mother, which was divided into 2 categories: age 17–32 y and 33–48 y. There are 64.3% mothers aged 17–32 y give exclusive breastfeeding and 35.7% do not. Whereas from mothers aged 33–48 y, 57.1% of them did not give exclusive breastfeeding (Table 1).

The education levels in this study was also divided into two categories, namely graduated basic education (elementary, junior high, high school) and graduated from college (DIII, DIV/S1, S2). The results showed the mothers who provided basic education, 52.9% of them did not give exclusive breastfeeding and 47.1% of mothers gave exclusive breastfeeding. Whereas mothers who graduated from college, 78.7% of them were mothers who gave exclusive breastfeeding (Table 1).

Mother’s work activities are also divided into 2 categories: working mothers and housewives. The results showed that from the working mothers there 81.8% who provide exclusive breastfeeding and from housewives mothers exhibit the same distribution among mothers who gave exclusive breastfeeding (49.4%) and those who did not (50.6%) (Table 1).

There are 92.4% exclusive breastfeeding mothers, who gave colostrum to their babies when they start breastfeeding. From mothers who are not exclusively breastfed, there are 63% who gave colostrum and 37% of mothers who did not give colostrum to their babies after birth (Table 2). Mothers who do not provide exclusive breastfeeding 65.2% of them provide prelacteal

![Fig. 1. Main Reason Mother Not Provide Exclusive Breastfeeding.](image-url)
foods such as honey, bananas, other food/drinks shortly after birth and 76.1% of mothers give formula milk before a 6-mo-old child (Fig. 1).

All mothers who provide exclusive breastfeeding or not, get full support for breastfeeding their children both from their husbands, mothers, in-laws, siblings or other families. There is only 1 mother who claims she has no support from her in-laws to exclusively breastfeed her child.

The results of the analysis of socio-cultural perceptions of breastfeeding mothers include awareness of the importance of breastfeeding (giving, impact, benefits), the importance of giving colostrum, knowledge regarding MP-ASI, the effect of the condition of working mothers with exclusive breastfeeding, body condition and maternal and infant health, and also family support for exclusive breastfeeding which all of that is further categorized as good and poor perception. Results obtained 81.8% of mothers who gave exclusive breastfeeding had good perception category and 73.9% mothers who did not give exclusive breastfeeding had poor perceptions regarding breastfeeding and exclusive breastfeeding (Table 3). The socio-cultural differences of mothers are distinguished based on the scoring of the questionnaire. It is said to be good if the score ≥80 and poor if <80.

Different test results (Table 3) showed there are significant differences (p=0.000) between the perceptions of nursing mothers who provide exclusive breastfeeding and mothers who do not provide exclusive breastfeeding.

| Perception | Exclusive Breastfeeding Status | n=66 | n=46 | n=66 | p value |
|------------|--------------------------------|------|------|------|---------|
| Good       | Yes                            | 54   | 81.8 | 12   | 26.1    | 0.000b |
| Poor       | No                             | 12   | 18.2 | 34   | 73.9    |

b Kolmogorov-Smirnov.

Table 3. Differences in Social and Cultural Perception between Exclusive with Non-Exclusive Breastfeeding.

DISCUSSION

Socio-cultural influenced mothers in feeding their infant, these factors also play a role in establishing the perception of giving exclusive breastfeeding or not to their babies. Cultural beliefs and habits hereditary, the impact of the social environment, knowledge level, working conditions determine the attitudes and behaviour of mothers in giving exclusive breastfeeding.

Most mothers with tertiary education (graduated from college) tend to give exclusive breastfeeding to their children, whereas mothers who do not provide exclusive breastfeeding mainly have graduated from basic education (78.7%). This is related to knowledge, the theory states that someone who is highly educated will respond to the information rationally and will tend to think about the extent of the benefits they will get (9). Previous research which looked at the relationship between knowledge and education of mothers and attitudes of exclusive breastfeeding showed that there was a relationship between education and attitudes with a value of p=0.00, thus with knowledge and attitudes of exclusive breastfeeding p=0.00 (7, 10), although there were several other studies that showed no relationship between education and knowledge with exclusive breastfeeding (6, 11, 12).

Based on the results of mothers who provide exclusive breastfeeding, 40.9% of them are working mothers, while most mothers who do not provide exclusive breastfeeding (87%) are housewives. An earlier study showed that there is no significant relationship between daily working activity and exclusive breastfeeding (6). There are various opinions about this issue and from the research related to daily work, working mothers can still give exclusive breastfeeding by storing their breast milk and feeding the baby using bottle. While housewives mothers are depending on their desires and awareness of Exclusive breastfeeding which affects the practice of exclusive breastfeeding.

The results showed that the most of mothers who did not provide exclusive breastfeeding gave preetectal food such as honey, bananas, milk or other food/drinks at the moment the baby was born, or the other reasons that infants had been given formula milk for various reasons before 6 mo. The socio-cultural research of exclusive breastfeeding in Palangkaraya explains that breastfeeding mothers who give preecteal food to their babies are due to getting advice from parents and people around them, besides the lack of information regarding the initiation of early breastfeeding (IMD) and exclusive breastfeeding is also a reason where mothers who have just given birth tend to panic with the milk that has not come out and the crying baby (5). Thus with the provision of colostrum, most mothers do not give colostrum because it was dirty and hot for babies and do not understand the benefits of giving colostrum (8, 13).

Regarding family support for both husband, parents, in-laws, siblings or other families, it was shown that all breastfeeding mothers in this study received support and were quite influential on the attitude of exclusive breastfeeding, especially breastfeeding. In line with several studies which also mentioned that support is a social factor that has a large influence in motivating mothers to breastfeed their children especially in giving exclusive breastfeeding (6, 8).

The results of the perception that has been categorized are most of the mothers who give exclusive breastfeeding have good perceptions while mothers who do not give exclusive breastfeeding tend to have poor perceptions. After different tests were obtained, there were significant differences (p=0.00) perceptions between mothers who gave exclusive breastfeeding and those who did not. A good perception includes the mother’s insight on the importance of breastfeeding to a 6-mo-old infant for growth and baby’s development, also to
fulfil the infant’s nutritional needs. Giving colostrum at the beginning of breastfeeding is the best way to start feeding infant. Colostrum is the best liquid and has high nutrient content. The good perceptions were also stated when mothers aware of the age for adding complementary food for children aged 6 mo and above with breast milk continuing for up to 2 y.

Socio-cultural perception is insight or information that mother belief can affect their breastfeeding practice. The poor perception is when breastfeeding mothers still believe in giving prelacteal food within the first hour of life, the child must be fed before the age of 6 mo, formula milk is a substitute for breast milk. Breastfeeding is an obligation for mother, but most mothers do not understand the importance of breastfeeding should be given to children in the first 6 mo of life.

The behaviour, attitudes, and practices of breastfeeding will always relate to the socio-cultural nursing mothers. Everyone will always be exposed to the habits of the social environment and the cultural influence of the community both directly and indirectly (4). The influence of these factors shapes attitudes and behaviours based on trust and habits and understanding that will encourage a mother to be willing to give exclusive breastfeeding to her child (4).

The conclusion of this study is that there is a significant difference between the socio-cultural perceptions of mothers who provide exclusive ASI and mothers who do not give exclusive breastfeeding.

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No conflicts of interest to be declared.

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