Universitas Ahmad Dahlan Public Health Conference (UPHEC)
https://seminar.uad.ac.id/index.php/uphec/index
Volume December 2024

A Qualitative Study on Mothers' Experiences in Making Breastfeeding Decisions in The Indonesian Context

Rachmawati Widyaningrum [a,1,*], Annisa Parisudha [a,2], Cita Eri Ayuningtyas [b,3], Lina Handayani [a,4]

a Faculty of Public Health, Universitas Ahmad Dahlan, Street Prof. Dr. Seopomo SH, Yogyakarta, 55164, Indonesia

b Faculty of Economics and Business, Universitas Ahmad Dahlan, Jl. Kapas No.9, Semaki, Kec. Umbulharjo,Yogyakarta, 55161, Indonesia

1 rachmawati.widyaningrum@gizi.uad.ac.id*; 2 annisa.parisudha@gizi.uad.ac.id; 3 cita.eri@culinary.uad.ac.id; 4 lina.handayani@ikm.uad.ac.id

*corresponding author: rachmawati.widyaningrum@gizi.uad.ac.id

ARTICLE INFO

Article history:
Received Oct 03, 2024
Revised Oct 20, 2024
Accepted Oct 21, 2024

Keywords
Breastfeeding;
Breastfeeding Supports;
Decision-Making Barriers
Infant Feeding Decision-Making;
Infant Feeding Methods;

ABSTRACT

Background: The breastfeeding decision-making process is crucial during the perinatal period, as it has implications for child health and development. However, research focusing on this process is still limited, particularly in the Indonesian context.
Aim: This study aims to explore mothers' experiences in making breastfeeding decisions during the perinatal period, from pregnancy to six months postpartum.
Methods: A descriptive qualitative study was conducted from October 2022 to February 2023. Nine mothers participated in this study. In-depth semi-structured interviews were applied to generate the data. Thematic analysis was employed to analyse the data.
Results: Mothers applied different approaches in making breastfeeding decisions. This study identified several barriers to decision-making: a lack of awareness regarding the importance of breastfeeding, nomadic antenatal care, and low involvement from husbands. The mothers who decided to discontinue breastfeeding often experienced feelings of guilt.
Conclusion: It is essential to improve awareness of the importance of the decision-making process. Healthcare professionals should be equipped with the necessary knowledge and support for each infant feeding approach. Furthermore, encouraging spousal participation in the decision-making process is crucial.

1. Introduction

Breastfeeding's benefits to child health are scientifically proven. It not only serves as a protective factor against stunting but also supports child health and development in general (1) and reducing morbidity and mortality (2). Despite the WHO acknowledging that breastfeeding is the best source of nutrition for infants aged 0-6 months (3), the global rate of exclusive breastfeeding remains below 50% (2). On a national basis, the median of breastfeeding duration in Indonesia was only three months (4). At the provincial level in 2020, the exclusive breastfeeding rate for infants aged 0-6 months in Daerah Istimewa Yogyakarta (DIY) has exceeded the target. However, the data indicates that the number is low for infants aged 5 months and 29 days. In this province, Yogyakarta City ranks the lowest among the other four regencies (5).

Parents determine the breastfeeding status by deciding on the feeding method for their baby (6). The decision is influenced by multiple factors, such as partner support, previous breastfeeding experiences, the number of babies, and the mother's involvement in breastfeeding education classes (7). In addition, cultural factors may also affect the infant feeding decision (6). This decision-making process can occur between mothers and their significant others (e.g., husbands) (8) or between parents and healthcare professionals (9), with most of the process occurring prenatally (10,11).

However, this decision can change throughout the perinatal period. Previous studies have indicated that although all participants planned to exclusively breastfeed, some were unable to follow through on that decision (12,13). Studies conducted in Indonesia indicated that the change in the decision might be related to the baby's condition. The mothers will consider weaning the baby or giving additional food if they have concerns regarding baby's growth, health, and behaviour (14,15).

An appropriate decision-making process affects infant feeding outcomes and reduces mothers' emotional risks. The more informed mothers are about infant feeding, the less guilt and shame they experience after making their decisions (16). To promote a better decision-making process, UNICEF and the Baby-Friendly Initiative Strategy (BFIS) Ontario Infant Feeding Protocol recommend that the process comprises at least three steps: a) providing parents with evidence-based information about the potential advantages and disadvantages of different options, and discussing these with them; b) supporting parents in recognising the sensitive nature of each option; c) encouraging parents to make and implement decisions by providing guidance and support. This process is expected to involve parents and healthcare professionals (9,17).

Therefore, several previous studies have explored the infant feeding decision-making process, highlighting the importance of this process (12,17–20). These studies illustrate how decisions are made and the related factors. However, as the decision-making process may also be influenced by interactions with health professionals and cultural and social factors, research on the infant feeding decision-making process in the Indonesian context remains limited. To better understand mothers' experiences in making infant feeding decisions in Indonesia, this study explores their experiences during the perinatal period.

2. Method

The research was a descriptive qualitative study conducted in Yogyakarta City, Indonesia. This type of study is commonly used to explore and describe participants' experiences in the context of the phenomena under investigation (21). We employed semi-structured, in-depth interviews to generate data. The data generation period lasted four months (October 2022 to February 2023). The study included nine mothers of children aged 0 to 12 months who lived in Yogyakarta during the research period.

Purposive sampling was used to recruit participants based on recommendations from local healthcare staff, who acted as key informants. Before the interview session, the researcher explained the research procedures to each potential participant and sought their willingness to enroll. If the mothers agreed, they were asked to sign an informed consent form and provide a possible date for the interview. The interview methods—either online or offline—were adjusted based on participants' preferences.

To minimize bias, the researcher ensured there was no prior relationship with the participants except in a research context, and the researcher met the participants for the first time during the research period. Additionally, during the codes and themes development, co-authors participated in the data analysis process by providing feedback on the themes generated by the first author.

The data were saved in audio format. After transcription, the transcripts were uploaded to NVivo, which was used for data management. The data were analysed using inductive thematic analysis, a process for identifying patterns or themes within qualitative data. Braun and Clarke (2006) outline a six-step method for thematic analysis: (1) becoming familiar with the data; (2) generating initial codes; (3) searching for themes; (4) reviewing themes; (5) defining and naming themes; and (6) writing up the results (Carter et al., 2014). All transcripts were anonymised to protect participants' confidentiality. This study was approved by the Research Ethics Board of Universitas Ahmad Dahlan (No. 012209145) on 11 October 2022.

3. Result

Theme 1: Mothers' perception of the decision-making process and their breastfeeding status

In this study, all participants conveyed their intention to breastfeed prenatally. However, some participants described the breastfeeding decision as a default decision, which could be taken without a particular discussion (Table 1, Finding 1.1a & 1.1b). However, a mother with this perception mostly cannot overcome the breastfeeding challenge. They might swap the decision to add formula milk for their baby. The particular challenge that mainly affects the decision is the feeling of milk insufficiency (Table 1, Finding 1.2a & 1.2b).

On the other hand, some mothers believe that breastfeeding should be discussed and prepared. Mothers who engage in discussions and preparations regarding the breastfeeding process are more likely to be able to adhere to their initial decision to breastfeed (Table 1, Finding 1.3a & 1.3b). Some mothers indicate that breastfeeding discussions with their husbands are valuable support and guidance.

Table 1. Supporting quotes of mothers' perception of the decision-making process and their breastfeeding status

Findings	Supportive quote	Participants
1.1a	"No, just go for it……yes..I had never thought of that…"	Participant 1, first child
1.1b	"Oh, no, because all of his older siblings were exclusively breastfed. During those six months, none of them were given bottle milk, only this one (child) was."	Participants 8, third child
1.2a	"But actually, my child got both breast milk and formula. It's just that my breast milk wasn't enough. When she reached 2 months old, she seemed to be fussy all the time, like she's not getting enough or something."	Participant 1, first child
1.2b	"No, previously, for a week, hmm…her skin had turned yellow (jaundice). So, she needed to undergo phototherapy. My breast milk supply was low, so I needed to add (formula milk)."	Participant 8, third child
1.3a	"Yes, we did talk about breastfeeding. So, what I mean is that when I was pregnant with my second child, I was actually a bit pessimistic. With my first child, my breast milk took a long time to come out, about 5 days after birth. As far as I remember, it was more than 3 days. So, based on that experience, I was pessimistic about my second child. I mean, I was thinking about whether I should just ask the nurse later. I was thinking, what if it happens again with the second one? But then my husband said, 'No, don't worry, just trust me,' so we decided to stick with breastfeeding because it's still the best. And, if it happens again that the milk doesn't come out or anything like that, we'll go to the doctor first before deciding on formula. So, even though I was pessimistic, my husband was the opposite, so I just went along with it."	Participant 7, second child
1.3b	"Yes, we often share and talk, and my husband is very supportive. He believes that exclusive breastfeeding for six months is the most important thing. My husband supports me in finding solutions, like when my nipples hurt even though I'm using nipple shields, they still feel sore and chafed. So, if I get information on how to prevent the pain, like using VCO oil, my husband prepares those things. He's very supportive in finding ways to prepare and handle things like that."	Participant 5, first child

Theme 2: Decision-making challenges

Sub-theme 1: Lack of awareness of the importance of the decision-making process

This study's results indicate that some mothers were unaware of the importance of discussing an infant feeding method. At the family level, some of the mothers said they had no concerns about discussing infant feeding during the prenatal period with their spouses (Table 2, finding 2.1.1). Additionally, at the healthcare level, the discussion with the healthcare practitioner was mainly about the baby's growth and development, with less discussion regarding infant feeding (Table 2, finding 2.1.2). Limited information from healthcare professionals about other infant feeding methods was also reported (Table 2, finding 2.1.3).

Table 2. Supportive quotes of lack of awareness of the importance of the decision-making process

Findings	Supportive quote	Participants
2.1.1	"No… (laughs) Just go with the flow… When it comes to feeding, we'll just go with the flow… (laughs)"	Participant 3, first child
2.1.2	"Uh, I think the main thing is that the child is healthy, explaining how much the child weighs, something like that..."	Participant 7, second child
2.1.3	'At that time, there was no explanation from the obstetrician... There wasn't any detailed explanation... no. It was only the midwife who…hmmm gave some explanations, but it was mostly about proper breastfeeding tips and nipple latching. There wasn't much detail about the dangers of formula milk or bottle feeding. When we left, we were given a spoon and a cup... that's all. There wasn't a detailed explanation about formula milk or the importance of breast milk."	Participant 9, first child

Sub-theme 2: Switching healthcare providers for antenatal care.

Another finding suggests that most participants tend to switch healthcare providers for antenatal care (Table 3, findings 2.2.1 & 2.2.2). They might visit multiple healthcare providers for antenatal care and childbirth. Considering that the medical records in the Indonesian healthcare system are not synchronized, this condition might lead to suboptimal education, discussions, and follow-up decisions about infant feeding.

Table 3. Supportive quotes of switching healthcare providers for antenatal care

Findings	Supportive quote (English)	Participants
2.2.1	"So, for check-ups I switched around a bit. When I first found out I was late, I went to Hospital X, and then I think I had one or two check-ups there, I can't remember exactly. Then, I switched to Hospital Y. During the third trimester, the check-ups got more regular. So, I went to midwife Z, just a regular midwife. But when I was about to give birth, I went back to Hospital Y."	Participant 7, second child
2.2.2	"Uh, before that, it was at Clinic S in the GK area... Then, when I was around 6 or 7 months pregnant, we went to Hospital T. We were planning to give birth there, so we went there to get our medical records done first."	Participant 1, first child

Sub-theme 3: Fathers' involvement in making the decision

The analysis results indicate that some husbands responded passively while their wives were initiating discussions about infant feeding methods for their babies (Table 4, findings 2.3.1). The husbands tended to follow their wives' thoughts rather than actively engage in the discussions (Table 4, findings 2.3.2). According to the mothers' perceptions, the husbands demonstrated their support by following their wives' decisions and providing the requested care.

Table 4. Supportive quotes of fathers' involvement in making the decision

Findings	Supportive quote	Participants
2.3.1	"Oh, my husband just shows support. Whether it's breastfeeding or giving formula, whichever is best."	Participant 4, second child
2.3.2	Yes, it's okay. The most important thing is that my baby is full and not fussy."	Participant 1, first child
2.3.3	(Laughs) ''Um, my husband understands my condition. He said it's okay, I would take care of it too.....like how to keep it from chafing."	Participant 6, first child

Theme 3: Mothers' feelings about the decision.

Some of the mothers expressed their feelings about the decision, particularly the mother who swiftly decided to switch to mixed or formula feeding. The guilty feeling may be triggered by others' responses to the mother's decision (Table 5, findings 3.1). Some conveyed that they wanted to breastfeed, but they had no other choice at that time (Table 5, findings 3.2).

Table 5. Supportive quotes of mother's feeling about the decision

Findings	Supportive quote	Participants
3.1	''I don't want my baby to be fussy, so I just give her formula milk. But you know, people may perceive such decision negatively. Personally, I think both breast milk and formula are fine. They both help the baby grow. And I don't think using formula is harmful for the baby.''	Participant 1, first child
3.2	'Yes, I wish I could breastfeed... but the milk hadn't come out yet... It's so sad, he kept crying...'	Participant 3, first child

4. Discussion

Mothers' perception of the decision-making process and their breastfeeding status

The findings of this study indicate that all participants expressed an intention to breastfeed. However, differing perspectives emerged among the mothers regarding the decision-making process. Some mothers believed that breastfeeding was a natural act that did not require discussion or preparation (22,23). This finding aligns with a previous study which argued that most mothers who planned to breastfeed expected it to be easy, assuming that nature would take its course (24). Conversely, some mothers believed that breastfeeding decisions should be discussed. This group demonstrated proactive efforts to prepare for breastfeeding and predominantly succeeded in exclusively breastfeeding. This finding is further supported by a previous study which revealed that breastfeeding support groups primarily attracted mothers with a strong intention to breastfeed, making them more likely to overcome breastfeeding challenges (25).

Decision-making challenges

The first identified challenge in this study was the lack of awareness regarding the importance of the infant feeding process. If parents and healthcare professionals do not consider infant feeding an essential topic to discuss during pregnancy, making decisions that align with recommendations can be challenging. This finding is consistent with another research indicating that it is difficult to find accurate and objective information about breastfeeding from health professionals to support a mother's informed choices in healthcare (23). Additionally, mothers may face difficulties in communicating their breastfeeding concerns and choices with their significant others (26). From the perspective of family members (e.g., husbands), discussing breastfeeding can be personally embarrassing (27) and it is not considered a husband's responsibility (28).

Another obstacle reported in this study is the passive role of fathers in decision-making. Some participants perceived that a father's support primarily involved following the mother's decisions, whether to breastfeed or formula feed. Additionally, mothers noted that their husbands provided practical support, such as assisting with baby care and household chores (29). Other research findings indicate that a father's attitude and support are essential for predicting breastfeeding outcomes. However, some fathers hesitated to engage in discussions, which may stem from a lack of breastfeeding knowledge (30) and the perception that the mother's viewpoint is more important than their own, leading to reluctance in expressing disagreement (22).

The second barrier to making infant feeding decisions is the tendency for mothers to switch between healthcare providers based on their preferences. This study showed that some mothers visited multiple healthcare facilities throughout their pregnancy. This nomadic approach can disrupt the continuity of antenatal care (31), highlighting the importance of transferable medical records, such as infant feeding plans, to improve maternity care continuity (32).

Mothers' feelings about the decision.

The participants' perceived view that breastfeeding is 'best' might lead to pressure if the mothers cannot breastfeed (33). Mothers might also experience social and societal pressures related to the

concept of "good mothering" attached to breastfeeding (16). Therefore, a mother who applies mixed or formula feeding has a higher risk of guilty feelings or shame (34), as well as experiencing stigma (35).

The negative perception of formula feeders might be an unintended consequence of promoting breastfeeding (35,36). However, the feeling of guilt and postnatal anxiety could be reduced by providing health professional support during the perinatal period (37). A better communication within the family and improving spouse involvement in shared decision-making process will also provide a mental health support for the mothers (36). Therefore, ongoing support is needed through mothers' feeding journeys at every decision-making level. It includes promoting autonomous decisions (38), mitigating the psychological effects of the decisions (34), and protecting and supporting the decisions, regardless of the infant feeding choices (39).

Research strength and limitations

The strength of this study lies in its focus on the decision-making process rather than solely on breastfeeding practices. This perspective can be beneficial for improving infant feeding support, as it emphasizes not only the outcome of infant feeding but also the quality of the decision-making process. The Indonesian context of this study also contributes to the existing knowledge on infant feeding decision-making in the Asian region.

However, the generalizability of the study results may be limited due to potential differences in maternity care between Indonesia and other countries. Another limitation of this study is the exclusion of adolescent mothers as participants. The experiences of adolescent mothers in making breastfeeding decisions may differ, highlighting the need for future research explicitly addressing this topic.

5. Conclusion

Provide There was a variation in mothers' approaches to deciding infant feeding methods and their awareness of the importance of this process. Lack of awareness, nomadic antenatal care, and lack of husband involvement were identified as barriers in the decision-making process. Mothers who decide to mix or give up breastfeeding might experience a sense of guilt as a result of their decision, highlighting the importance of healthcare professionals providing adequate support and information for each infant feeding method during the decision-making process. Therefore, healthcare professionals should be equipped with the necessary knowledge and support for each infant feeding approach.

Acknowledgment

State First and foremost, we thank the participants of this study for sharing their experiences related to breastfeeding decision-making. We also extend our gratitude to the Institute of Research and Community Service Universitas Ahmad Dahlan (LPPM UAD) for the funding and support (Research Grant No. PD-114/SP3/LPPM-UAD/VII/2022).

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