

MIDWIFE SUPPORT IN IMPROVING QUALITY GIVING EXCLUSIVE BREASTFEEDING IN BONTOBANGUN VILLAGE

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Abstract--- Health services especially hospitals or child-friendly health centers in developing countries, especially Indonesia, have not fully implemented exclusive breastfeeding. So that the most possible way to approach services that are in favor of mothers and infants is the midwife in the village. Therefore this study aims to explore the forms of roles perceived and carried out by village midwives in supporting exclusive breastfeeding. The design of this study used descriptive phenomenology by using a taxonomic analysis to explore the extent of midwife support in increasing exclusive breastfeeding. Determination of the research sample using purposive sampling, where in total there were 15 women, consisting of 10 mothers and 5 midwives who participated; 5 of these people have midwifery experience of more than 5 years and their ages range from 23-30 years. Ten nursing mothers aged 16-35 years. Based on the results of in-depth interviews, midwives gave rich statements about their experiences in assisting exclusive breastfeeding to mothers for years. Two main themes were identified, 1) exclusive breastfeeding services and 2) perceptions related to exclusive breastfeeding. During the interview process to the midwife, they stated that during the process of pregnancy from mother to childbirth the assistance process related to exclusive breastfeeding did not run optimally. Midwives repeatedly reflect on the picture of the mother's failure to provide exclusive breastfeeding without assistance. Some midwives revealed that the absence of a special program would breastfeed and so many tupoksi inhibited the midwife's assistance to mothers regarding exclusive breastfeeding. Some midwives also revealed that they still recommend giving formula milk to mothers if they experience difficulties, and they are still working with the formula milk industry that provides profit and non-profit benefits. The conclusion in this research is the lack of midwife service to mother will influence mothers' perception of exclusive breastfeeding with the proliferation to mothers offering products and promotion of quality.

Keywords--- Midwife Support, Exclusive breastfeeding

I. INTRODUCTION

It is reported that around 34% of 10 million children in Asian countries under five die every year due to the problem of fulfilling exclusive breastfeeding. Meeting the basic nutritional needs of newborns with breast milk according to WHO recommendations for six months is extended to three years, providing tremendous benefits to the development and growth of infants. Breastfeeding is an extensive behavior that can only be done by the mother, therefore, the mother is the main subject that plays a role in this behavior. Every mother has the basic ability to breastfeed, where every dimension of breastfeeding has many aspects that may need to be mastered by the mother [1]–[3]. As the interaction between the baby and mother progresses, the two individuals learn to know each other. The attachment between these two subjects is dominated by the ability of the mother. The dimensions of breastfeeding include behavioral, knowledge, intrapersonal, interpersonal, biological, and social domains. Mothers will not be able to carry out the dominance of the role of breastfeeding when it comes to various pressures [4]–[8].

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Many studies report the reasons why mothers stop breastfeeding due to lack of support from the environment [9]–[11]. Internal suppression in the form of inability to master lactation techniques, weakness when responding to nipple pain, swollen breasts, mastitis, judgmental pressure from the family, and not finding a place to complain to multiple factors inhibiting breastfeeding [12]–[15]. Support from the interpersonal dimension includes family and childbirth helpers. A lot of data shows that exclusive breastfeeding is successful through interventions on supporting system elements, namely family and midwives [16]–[18].

The role of midwives in each country, place, community, ethnicity, population demographic characteristics, cannot be uniformed in the same set of theme components. The role requirements depend on the settings requirements. It would not be possible to represent the role of midwives in large cities with a target of upper middle class demographics who have all the abilities and strengths, compared to midwives in villages with deprivation demographic targets that have all the limitations [19]–[20]. Birth attendants have perceptions and strategies that they develop according to the workload they face. They will evolve according to the subject.

They also already have the value of the tasks and responsibilities that they do. Interest and motivation in carrying out the duties of each midwife depends on internalizing themselves on the existence of their profession. In the phenomenological study of midwives' perceptions in Western Australia, the essence of the "being with women" profession in the intrapartum period, shows that they understand this construct as part of professional practice. In fact they understand that this construct is the identity of midwives and determinants of good service quality[21].

Women centered care is a service that mothers should get. However, many extrinsic factors in the capitalist health care system make it difficult for providers to take sides with women [22]–[23]. Exclusive breastfeeding is one of the many service units that faces obstacles in hospitals and special clinics for mothers and children. Baby friendly hospital initiatives in developing countries have not maximally performed their role in supporting ASI.

Indonesia for example, although the government has taken the initiative to give awards to health facilities that refuse to cooperate with the baby food industry. However, there are still a number of hospitals, clinics and even puskesmas that collaborate with the formula milk industry and violate international codes by giving free formula milk samples to mothers, organizing, attending seminars and various events sponsored by formula milk for doctors and health workers. others provide free sponsored medical supplies.. While we know the success of mothers in breastfeeding is inseparable from the role of midwives in the village in approaching services that favor women. Therefore this study aims to explore the forms of roles expressed and carried out by village midwives in supporting the quality of exclusive breastfeeding.

II. METHODE

The design of this study uses descriptive phenomenology to explore the extent of midwife support in increasing the exclusion of breastfeeding. Phenomenology was developed by Husserl, whose origins in the discipline of philosophy [24]. This phenomenological method is intended to examine the extent of information provided by participants to the interviewer during the interview process which can provide clues or questions to clarify and explain the description given. Participants provide a picture related to their perceptions and experiences of being a midwife. Building construction through the descriptive characteristics of an event is the essence of descriptive phenomenology. The opening question is "have you ever given women clear information about the importance of exclusive breastfeeding?" The midwife initially offers answer sentences and then explains that information related to exclusive breastfeeding has never been given to the mother. Interviewers can offer a variety of strategies to enrich

the description that appears, at which time midwives and mothers are able to describe their experiences of exclusive breastfeeding. It is the wealth of description that midwives are able to explain their experience when providing information related to exclusive breastfeeding, describing exclusive breastfeeding services and perceptions of the value of breast milk.

While the data analysis in this study uses taxonomic analysis in the phenomenological approach. In qualitative research this taxonomy is a continuation of domain analysis. Data collection is carried out continuously through observation, in-depth interviews and documentation so that the data collected becomes a lot. If the data collected is considered to be lacking, then researchers here can re-submit data with more specific data criteria. The steps taken in this taxonomic analysis are seven stages namely; (1) Choosing a taxonomic domain; (2) Analyzing similarities based on systematic relationships that are considered equal; (3) Analyzing terms considered as additional languages; (4) Identifying the larger domain that is considered comprehensive and important to support the domain being analyzed; (5) Arranging tentative taxonomic construction; (6) compile observational steps focused on analysis; and (7) making a complete taxonomic design [25].

III. RESULTS

Participant

Village Midwife in Bontobangun Village, Rilau Ale District, Bulukumba Regency, South Sulawesi Province, Indonesia. Has been serving as a midwife in the same village for at least one year. Like the practice recommended in phenomenological research, participants were sampled purposively to ensure the recruitment of midwives with life experience from the phenomena examined 24,25. In addition, an effective strategy for connecting researchers with further participants who have life experience of work phenomena in various settings is through the use of the purposive sampling method²⁶. Before starting the interview, prospective participants were confirmed in person and given a written statement, written approval was obtained directly by the principal investigator. A comprehensive demographic profile is presented in table 2 below. In total, 15 women, 10 mothers and 5 midwives participated; 5 of these people have midwifery experience of more than 5 years and their ages range from 23-30 years. Ten nursing mothers aged 16-35 years. the above can be seen in the following table one:

Table 1
Characteristics of the informants selected for in-depth interviews

Demographic Variables	Participan numbers
Gender	
Female	15
Age Midwife	
23 to 25	3
26 to 30	2
Age Mother	
16 to 20	7
21 to 25	4
25 to 30	3

31 to 35	1
Years of experience as a midwife	
>5 years	5
Level of midwifery education	
Based diploma	4
Undergraduate midwifery degree	1

Through the results of in-depth interviews, midwives made rich statements about their experiences accompanying exclusive breastfeeding to mothers for years. Two main themes were identified, (1) exclusive breastfeeding services, and (2) perceptions related to exclusive breastfeeding. During the interview process to the midwife, they stated that during the process of pregnancy from the mother to the delivery process, the assistance related to exclusive breastfeeding did not run optimally.

Exclusive breastfeeding services

Services related to exclusive breastfeeding are recognized as not yet running effectively and optimally from midwives to mothers. The following is a statement with the informant:

"... when experiencing breast swollen breasts, the midwife does not come to assist only by phone ..." (RA, 19 years).

"... during pregnancy we were never taught how to breastfeed properly ..." (TBP, 17 years).

"... after the birth process I often have difficulty breastfeeding my child but when midwives make home visits after delivery they don't teach how to position comfortably breastfeeding..."
 (ER, 24 Years)

The statement of the informant above is justified by the midwife informant who revealed the following:

"... we recognize that nursing services for mothers are not like intensive care for pregnant women. Some things that become our obstacles and barriers are not effective because of the large workload that must be resolved ..." (bd.RA, 27 Years)

The lack of information related to exclusive breastfeeding to mothers causes most mothers who experience difficulties in breastfeeding and choose to give formula milk to their babies. The following is the informant's quote:

"... I personally have never listened to what the benefits of exclusive breastfeeding are and how to keep a baby breastfeeding for up to six months .." (WR, 22 Years).

"... I was told to breastfeed my child exclusively when I was 7 months pregnant ..."
 (ROS, 30 Years)

"... after giving birth I have experienced difficulties, my baby did not want to breastfeed and I delivered the midwife and was told to give formula milk ..." (RA, 17 Years)

Several midwives' statements revealed that the provision of information related to exclusive breastfeeding was considered minimal and not yet effective. The following excerpts from interviews with informants:

"... we realize that giving information about exclusive breastfeeding has not been effective yet given to mothers ..." (bd. EV, 23 Years)

"... I once advised the mother to give formula milk because her baby would not suckle to her mother ..."
(bd. AN, 25 Years)

"... the minimum level of assistance and information received by the mother is recognized as one of the causes of the failure of exclusive breastfeeding to infants here ..."
(bd. HS, 25 Years)

The lack of midwife support is also influenced by the absence of a special puskesmas program to develop education for nursing mothers and budgeting for home visits. The following are excerpts from interviews with informants:

"... at this time the health center has not yet developed a program related to exclusive breastfeeding, so far this activity has joined hands with the pregnant mothers and posyandu classes ..." (bd. SR 30 Years).

"... the budgeting related to the health assistance program in the village comes from the Puskesmas and village funds, but the cost of home visits has never been budgeted ..."
(bd. SR.30 Tahun).

This was also emphasized by the mother who revealed that:

"... we rarely visit a midwife if we have difficulty breastfeeding ..." (NA, 26 years old)

Even so many ways are done even without assistance and special programs and home visits by midwives to mothers, which are not infrequently done during posyandu activities and classes of pregnant women. The following are the results of the interview with the informant:

"... indeed there is no assistance for breastfeeding but we often provide counseling for mothers to breastfeed their children in posyandu activities and sometimes in pregnant mothers classes ..." (bd.RH, 27 years old)

(Appendix 1. taxonomic chart of exclusive breastfeeding services)

Perception of Exclusive Breastfeeding.

Efforts to explain the importance of exclusive breastfeeding to mothers are considered important even though most midwives have not yet implemented this. Midwives realize that breast milk is the best nutrition for babies. But not all mothers think that breast milk can benefit their condition apart from formula milk. Some of the results of interviews with informants can be cited as follows:

"... I give formula milk to children because they have to work and I don't know what pumping milk should be like ..." (RS, 30 Years)

"... many admonished my child to be thin so I gave formula milk, my neighbor's child was also fat because it was given formula milk ..."
(JS, 30 Years)

"... I often do a lot of business outside the home so it is efficient and effective in giving formula milk ..."
(WR, 22 Years)

The statement made by the mother is justified by the statement of the midwife:

"... most of the mothers in this village do work either as civil servants or sellers in this market, which sometimes makes formula milk the ultimate solution for babies." (bd.RH, 27 years)

"... social competition in the community regarding formula milk is still entrenched in the village, the view of most mothers is that the more expensive formula milk is, the better it is for baby growth ..."
(bd. EV, 22 Years)

Apart from social conditions and lifestyle, the lack of exclusive breastfeeding is also influenced by the lack of confidence of the mother and breastfeeding her baby. The following is an interview excerpt from the informant:

"... I feel breast milk is not enough for the baby, because after breastfeeding the baby is still fussy to ask for more milk ..." (RA, 17 Years)

"... with formula milk, I feel my child's nutrition is adequate when compared to me only giving breast milk ..." (JS, 30 Years).

However, social benefits are also felt by the promotion of formula milk. The following interview excerpts follows:

"... formula milk producers usually give bonuses to several midwives, usually there are those who get a vacation, pocket money or sponsors to attend seminars ..." (bd. RH 27 years)

"... it is inevitable that formula milk producers help a lot of activities in the village especially when it comes to the activities of mothers and children ..." (bd. EV, 22 Years)

(Appendix 2. taxonomic chart of exclusive breastfeeding perception)

IV. DISCUSSION

It is well known that breast milk is the best form of nutrition for babies. However, many women do not breastfeed or give up immediately after giving birth. This study explores events through in-depth interviews with midwives and mothers related to services and perceptions of exclusive breastfeeding. Some reported feeling they did not get support in the postnatal period and many stopped breastfeeding earlier than they expected. The lack of services related to exclusive breastfeeding from midwives to mothers is one factor in the failure of exclusive breastfeeding in the village. Lack of education, assistance, attention and lack of midwife information to the mother are the main causes for the selection of formula milk given to babies.

Unicef in her book on breastfeeding revealed that the failure of mothers to give exclusive breastfeeding to their babies is due to the lack of understanding of mothers in breastfeeding techniques, so that health workers have the main in providing instruction, and mentoring to mothers to prepare themselves in facing breastfeeding processes for their babies. Lack of midwife services to mothers in providing education and information causes often become an obstacle in breastfeeding processes such as being less proficient and capable of mastering good breastfeeding techniques so that mothers are less confident in breastfeeding due to swollen breasts, breast milk is considered insufficient, breast blisters and many other plays how the mother feels when breastfeeding [26].

A study conducted in Southwest Sweden revealed that breastfeeding support provided by midwives to mothers would increase self-confidence and satisfaction in breastfeeding. Nursing mothers especially mothers who are breastfeeding for the first time require great self-confidence in their ability to breastfeed so that midwives' assistance is needed for them. Most of them who are breastfeeding want to be heard, given a lot of time, understanding and follow-up of what they feel by health professionals, especially midwives. So the midwife describes herself as a motivator and provides instruction in every mother's needs.

The perception of village mothers who feel breastfeeding is not enough, comparing their babies with other babies and busyness outside the home is the reason mothers give formula milk to babies early. The shift in view of exclusive breastfeeding in the city has become a habit for mothers in rural areas. The development of supermarkets in rural areas as well as urban areas makes the mother's practical rationale so as not to be limited by the bustle outside the home and professionalism of work. This is in line with a literature study conducted by Maria Dalgs, et.al (2012) which revealed that literaur studies conducted from 1988 to 2008 revealed that despite the sensitivity, intentions and even recommendations of the world for exclusively breastfeeding babies, only 39 % of babies around the world have been exclusively breastfed for 6 months. The process of breastfeeding is not only influenced by biological conditions, but on habits and behavior that exist in every mother. This condition again requires support and assistance from midwives to mothers [27]. Researchers in Somalia revealed that to deal with issues related to exclusive breastfeeding, the skills of health providers, especially midwives, were very influential. The context of the adequacy of breast milk, breastfeeding difficulties and environmental and cultural barriers to exclusive breastfeeding will lead to early supplementation of universal formula feeding, so that the educational approach and visits of health workers will be the key to the success of breastfeeding mothers and reducing newborn babies towards obesity pathway [28].

The hope of the success of exclusive breastfeeding with the support of village midwives related to exclusive breastfeeding is able to succeed the WHO and UNICEF program by rejecting the involvement of formula milk producers in activities related to mother and child turned out to be unrealized. Shifting the mindset of village midwives is almost the same as the midwives in the city is the benefit gained. From interviews with village midwives revealed that they feel the benefits by continuing to work with formula milk producers both profit and non-profit. Although the government took the initiative to give awards to health facilities that refused to cooperate with the baby food industry. However, there are still a number of hospitals, clinics and even puskesmas that are still collaborating with the formula milk industry and violating international codes by giving free samples of formula milk to mothers, holding, following seminars and various other events sponsored by formula milk for doctors and other health workers as well as providing free sponsored medical supplies.

V. CONCLUSION

The findings in this study offer the importance of midwife support in improving services and providing positive perceptions of quality breastfeeding exclusively. Where, if reviewed conceptually,

midwives should provide support to mothers in the form of assistance, teaching, and motivation, and do not encourage formula feeding to support the success of exclusive breastfeeding in the village. The lack of midwife services to mothers will affect the perception of mothers of exclusive breastfeeding with the rise of formula milk producers offering products and promotion of quality.

ETHICAL CLEARANCE

This research was approved by the ethical committee of the Faculty of Public Health, Hasanuddin University (Number: 24219052099).

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ATTACHMENT

Chart 1

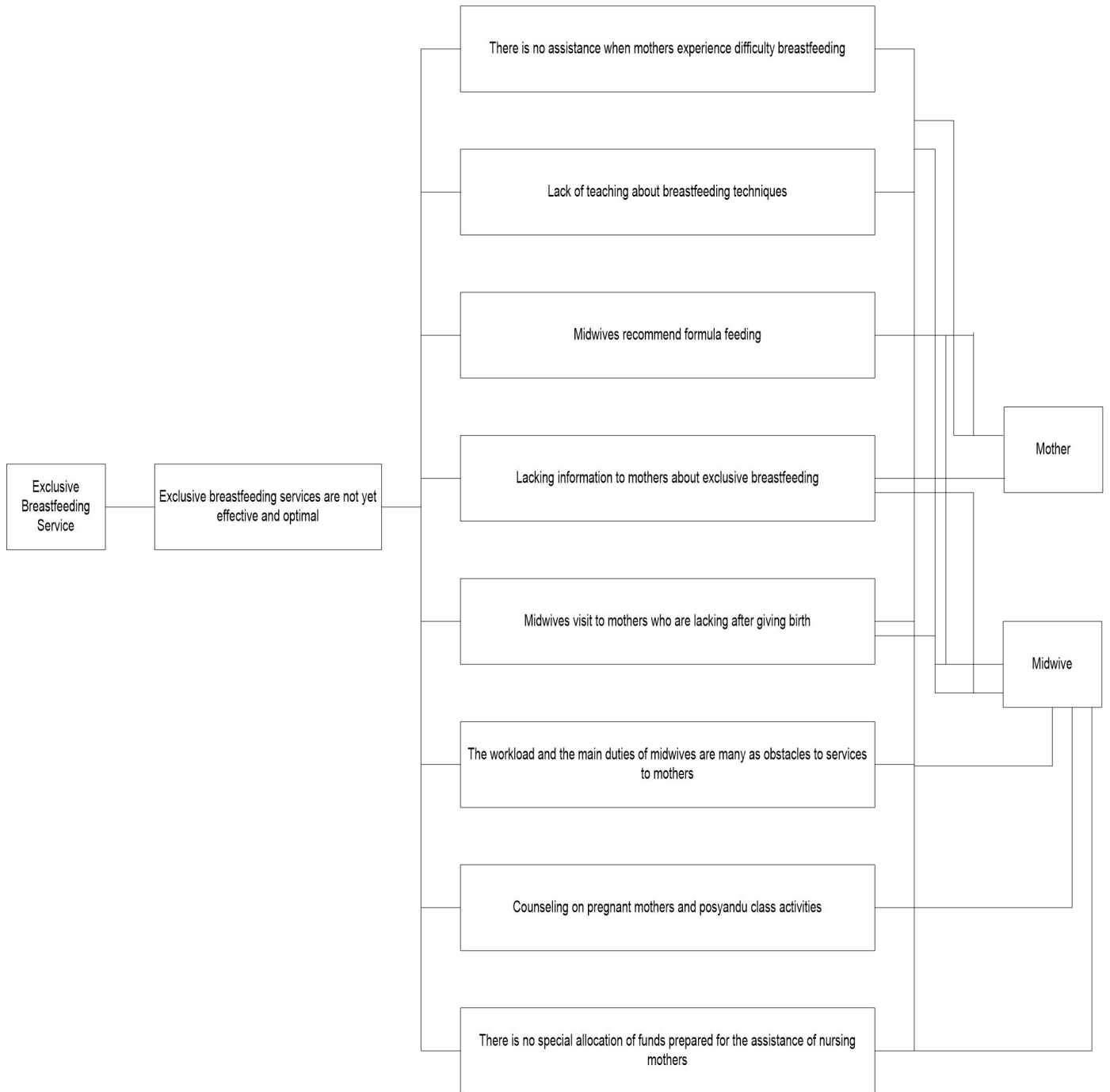


Chart 1. Taxonomy of exclusive breastfeeding services

Chart 2

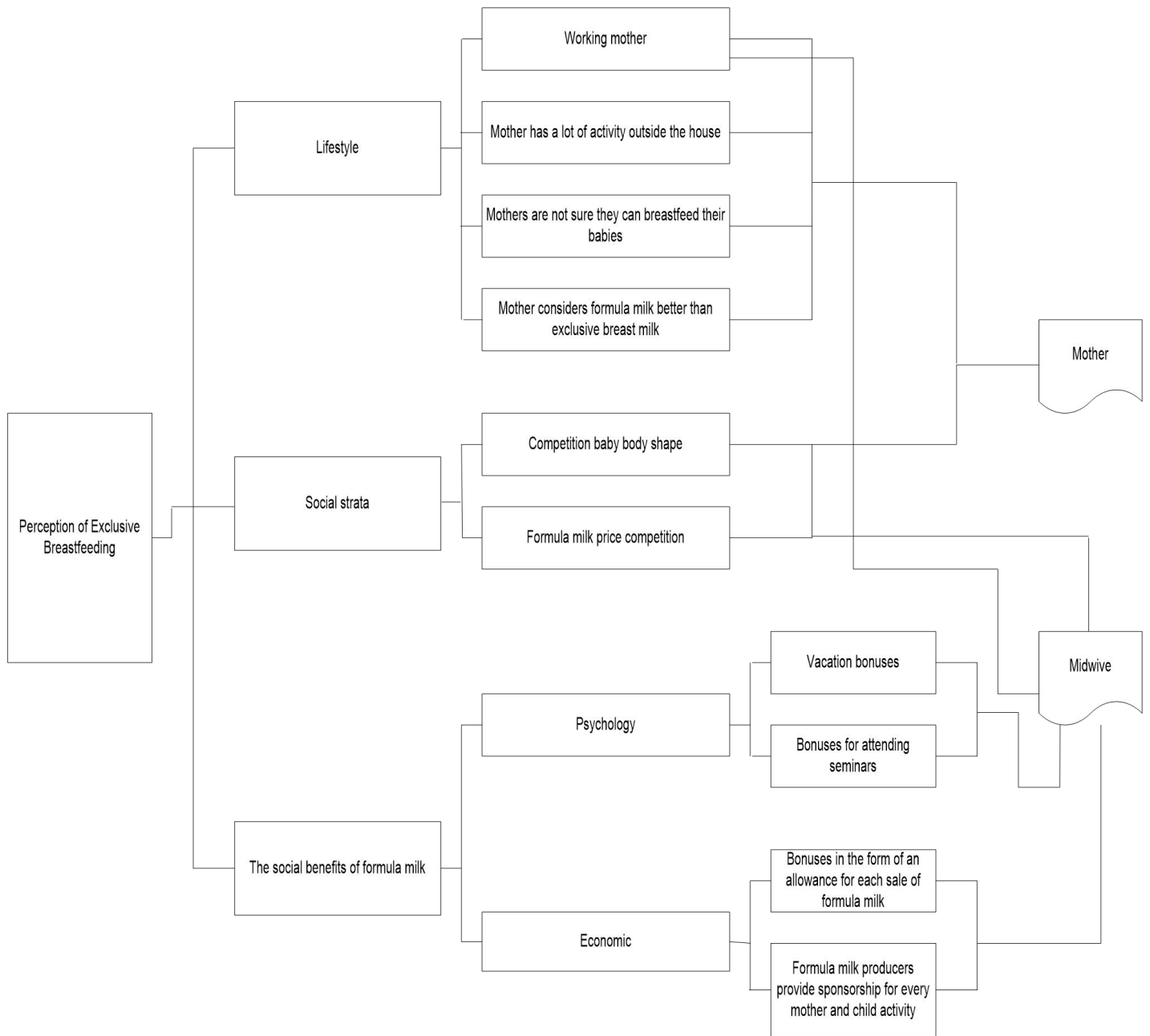


Chart 2. Taxonomy perception of exclusive breastfeeding