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# The Breastfeeding Implementation in the Primary Health Center

## A Case Study at Puskesmas Tutuyan Working Area, East Bolaang Mongondow Regency, Indonesia

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## Abstract

*Breastfeeding provides optimal nutrition for infants and is a key global public health strategy for improving children's health. However, a low understanding of breastfeeding among mothers, families, and communities poses challenges. This study explored breastfeeding practices in Puskesmas Tutuyan, East Bolaang Mongondow Regency. Using a qualitative phenomenological design, six mothers with infants aged 0-6 months and two midwives were interviewed and observed. Data were analyzed using Collaizi's 1987 seven-step method. Findings showed that while mothers aged 23-35 understood the benefits of breastfeeding, their attitudes and practices were lacking, often citing insufficient breast milk and inadequate support from health workers. Three factors influenced breastfeeding practices: predisposing (knowledge and attitudes), reinforcing (milk supply and information availability), and enabling (support from health workers and family). It is recommended that midwives increase educational efforts, provide breastfeeding support, and establish support groups, with regular monitoring and evaluation every six months to improve breastfeeding practices in Puskesmas Tutuyan.*

***Keywords:*** *Babies, Breastfeeding, Exclusive Breastfeeding, Primary Health Center*

## Introduction

One indicator of a country's welfare is the number of under-five mortality rates (IMR) that decrease yearly. To achieve this indicator, the government set a target that by 2030, the IMR should drop to 25 per 1000 KH (SDGs Goal-3). The World Health Organization (WHO) and the United Nations of Children's Fund (UNICEF) state that infant mortality can be prevented by breastfeeding for the first 6 months of life and continued with the introduction of complementary foods (*Makanan Pendamping ASI* or MP-ASI) at the age of more than 6 months with continued breastfeeding until the child is two years old [1]. Breastfeeding is a natural human process of providing the best nutrition for their offspring. Breastfeeding has many benefits for the well-being of the baby, mother, and family. Breastfeeding is one of the most effective global public health strategies to improve optimal child health and survival. However, mothers often fail to implement breastfeeding practices and even stop breastfeeding their babies early. Optimizing breastfeeding starts early within one hour after birth, is practiced exclusively until 6 months, and continues for up to two years [2].

Breastfeeding practices can reduce maternal and infant morbidity and mortality [2]. WHO and UNICEF, in World Breastfeeding Week, call on governments and all stakeholders to support and promote access to services that enable mothers to continue breastfeeding for two years. Breast milk has many important roles in supporting infant growth and development. Breast milk can also protect infants from many childhood diseases. There is a large body of research evidence showing that breastfed children

perform better on intelligence tests, and prevent the impact of diarrhea-related deaths [3][4], other infectious diseases, and childhood obesity [5][6] reduce the risk of breast cancer, diabetes, and ovarian cancer in mothers [7]. In Indonesia, just over 5% of children are breastfed by 23 months of age, only one in two are exclusively breastfed at less than six months, and about 40% of children receive complementary foods before six months of age. The food provided sometimes does not meet the needs of the child. This indicates that during the first two years of life, Indonesian children do not get the nutrition they need [4].

The low understanding of mothers, families, and communities about breastfeeding is still a problem in the implementation of breastfeeding. Many mothers still throw away colostrum because it is considered dirty. In addition, early complementary feeding is also a community habit that can hinder exclusive breastfeeding. It is easier for mothers to stop breastfeeding and replace it with formula milk. People are more interested in instant culture and are more concerned with appearance as a lifestyle. These things make it easier for mothers to stop breastfeeding. Health workers try to provide information to breastfeeding mothers because they do not know the benefits of breastfeeding for mothers and how to successfully breastfeed in the future [8].

The results of preliminary studies conducted by researchers in the Tutuyan Primary Health Center Working Area for 2019 out of a target number of 241 babies, 25 babies were breastfed and only seven babies received exclusive breastfeeding for up to six months. Furthermore, in 2020 there was a decrease where the target number of 13 babies who received breast milk and exclusive breastfeeding of only three babies [9]. Furthermore, from the results of interviews conducted by researchers on several breastfeeding mothers one of the reasons they do not provide breast milk is because the milk is lacking and does not meet the needs of the baby so it is replaced with formula milk.

Low breastfeeding coverage is influenced by breastfeeding behaviors and practices. Breastfeeding is a multidimensional health behavior so the problem of increasing breastfeeding is still affected by various factors, namely biological, psychological social, and even demographic [9]. Changing one's breastfeeding behavior requires a variety of support, starting from close family, health workers, and community leaders [10]. According to Lawrence Green's theory, human healthy behavior can be determined by various influences or stimuli such as knowledge, attitudes, experiences, beliefs, social, cultural, and physical facilities, and internal influences. This is also in line with the principle of midwifery HTA that the purpose of HTA is promotive, namely all activities in the health sector that prioritize the introduction of health aspects, and healthy living recommendations.

## Material and Methods

This research design uses descriptive qualitative research. Qualitative research is defined as an in-depth investigation of phenomena through the collection of rich narrative material using a flexible research design [11], exploring and providing deeper insights into real-world problems. [12]. This qualitative research method was chosen as an approach that researchers used to explore information related to the experiences of mothers breastfeeding infants 0-6 months in the Tutuyan Primary Health Center Working Area. This research uses a phenomenological approach. This methodology is used to be able to describe and interpret the meaning of an individual's experience [13]. By using this approach,

the researcher can explore the phenomenon of breastfeeding implementation in the Puskesmas (a Primary Health Center) Tutuyan Working Area of East Bolaang Mongondow Regency, Indonesia.



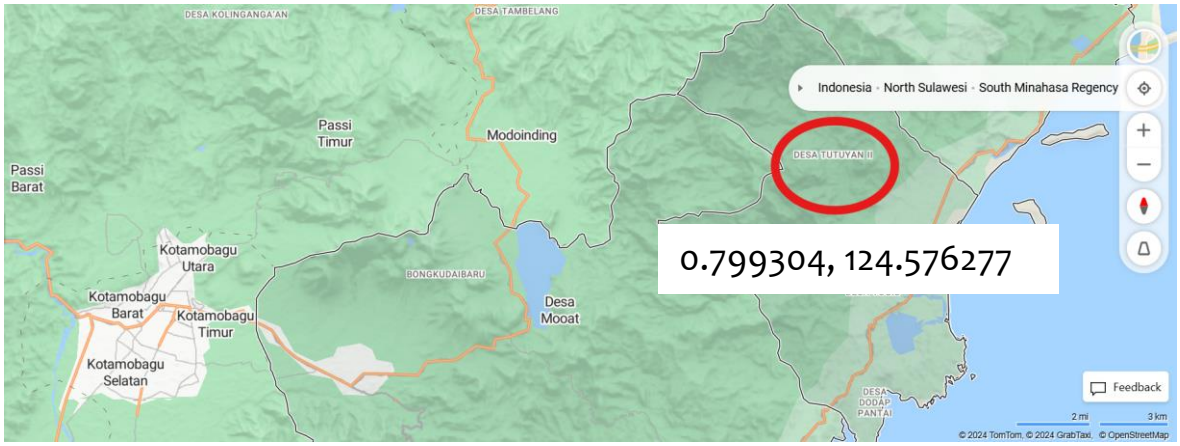



**Fig. 1.** The location of Puskesmas (a Primary Health Center) Tutuyan Working Area

## Results and Discussions

The results of the study of six mother participants who had babies 0-6 months showed that all were young mothers. The participants' ages ranged from 23-34 years old. The participants in this study were mothers who had babies 0-6 months old, who were young mothers. Most of the participants had a high school education and one participant had a bachelor's degree. The occupations of the participants varied, namely three honorary people, and three others as housewives. The family type of the participants was two nuclear families and four participants had an extended family type. The results of the theme analysis consist of seven stages: familiarization, identification of statements, formulating meaning, cluster theme, description, creating a basic structure of statements, and final validation. The following Fig. 2 shows the diagram of the division of themes and sub-themes from the results of the analysis.

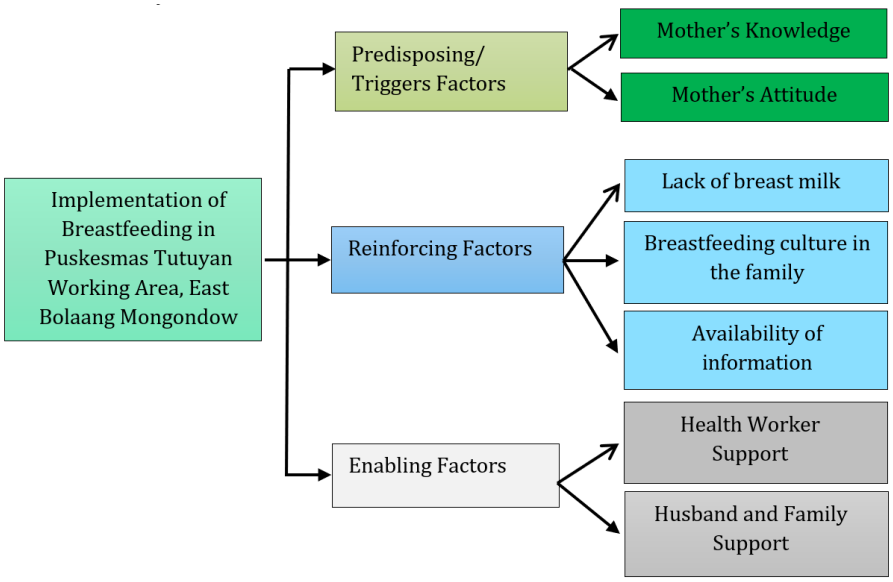



**Fig. 2.** The division of themes and sub-themes

**A. Predisposing/ Trigger Factors (Maternal Knowledge and Attitude)**

Breastfeeding in the Tutuyan Primary Health Center Region is still very far from the national target, especially exclusive breastfeeding. In this study, it is known that most mothers have not implemented the correct way of breastfeeding. From the results of interviews with informants, it is known that several factors influence the implementation of breastfeeding. Based on predisposing factors, knowledge is one of the factors that can determine a mother's breastfeeding behavior. In this study, mothers' knowledge about breastfeeding varied. Most mothers understand the meaning of breastfeeding is to give breast milk to the baby, and the benefits of breastfeeding to the baby for 6 months. However, in practice, most breastfed but still supplemented with formula milk, and there were even informants who only gave formula milk to their babies. Mothers who know the benefits of breastfeeding do not make them breastfeed only. Maternal knowledge must be supported by awareness and positive attitudes.

The results of this study, in addition to finding the mother's knowledge as a predisposing factor in the implementation of breastfeeding, researchers also found the mother's attitude towards breastfeeding was lacking. Attitude is a person's closed reaction to a stimulus or an object which involves opinions and emotions. Of all the participants, some said that every mother has the right to decide whether to breastfeed or not because it is her right. However, some participants said they would tell the benefits of breastfeeding to friends, relatives, or family who did not breastfeed their babies. It can be seen that there is still a lack of awareness about the importance of breastfeeding.

**B. Reinforcing factors (lack of breast milk, breastfeeding culture in the family, availability of information)**

This theme is supported by the category of obstacles or barriers in breastfeeding, which is the lack of breast milk. One of the classic reasons why they do not breastfeed their babies is the lack of breast milk. Informants said that the lack of breastmilk makes the baby not full so the baby cries of hunger. Some informants said that since birth, their babies did not want to suckle because they had been given formula milk first while waiting for the milk to come out of the breast. And finally, the baby prefers formula milk over breast milk. For this reason, mothers switch to formula milk, which ultimately fails in breastfeeding implementation. Therefore, the role of health workers, especially midwives, is needed in educating and assisting mothers since pregnancy and during the breastfeeding period for the success of breastfeeding. The syndrome of insufficient breast milk was felt by three primiparous mothers and one multiparous mother. Multiparous mothers have more milk production than primiparous mothers. Because multiparous mothers already have experience breastfeeding children before. So, primiparous mothers have a less effective breastfeeding process than multiparous mothers. In this study, participants who were primiparous and multiparous said that they lacked breast milk and their knowledge related to lactation was also lacking so participants who felt that their breast milk was lacking immediately added formula milk to overcome the lack of breast milk and did not try to find out how to make breast milk smooth for their baby's needs. Formula milk is given when the baby is six months old.

In the Minister of Health Regulation No. 39 of 2013 on the Feeding of Formula Milk and Other Baby Products, it has been explained that formula milk is given to infants only for medical reasons. Some

informants do not know the benefits of breastfeeding well, so they easily give formula milk to overcome the lack of breast milk. It could also be due to the lack of counseling and assistance from health workers to mothers during pregnancy and breastfeeding. The addition of formula milk has an impact on the baby's lack of demand for breast milk, resulting in emptying of the mammary alveoli which results in a decrease in milk production [14].

In the results of this study, some participants lived in a family environment that had a culture of breastfeeding babies up to six months of age and some even up to one year. However, most participants were not affected by this custom. It was suggested that most breastfeeding mothers were encouraged by instinct as a woman who had just given birth, a sense of responsibility or obligation to encourage affection for children, and economic conditions. A small number of participants said they were encouraged by their parents and midwives. This indicates that self, parents, and even midwives have a significant influence on the implementation of breastfeeding. The availability of information on breastfeeding is lacking. Information about breastfeeding is necessary to increase the knowledge of mothers and families about the meaning, benefits, and techniques of breastfeeding. Most of the participants said that they did not receive information about breastfeeding, breastfeeding techniques, or its benefits because when they attended the Posyandu (integrated health post), health workers only weighed them without telling them how to breastfeed properly or counseling or assisting them.

Based on the results of interviews with supporting participants, health workers did provide information, and education during Posyandu, but only limited to providing information through oral counseling related to pregnancy, childbirth, and breastfeeding. Subsequently, no breastfeeding counseling or assistance to breastfeeding mothers was conducted. In addition to the limited number of midwives, they have never attended breastfeeding counselor training. Posyandu activities tend to provide immunization and weighing without any health promotion or information dissemination about breastfeeding, especially exclusive breastfeeding. This can have an impact on the implementation of breastfeeding in infants. In addition, public knowledge in the health sector is highly dependent on health workers in promoting breastfeeding programs in their work areas, as well as the availability of communication media at home such as electronic media [15].

**C. Enabling factors (health worker support, husband and family support)**

The results of interviews with participants found enabling or supporting factors in the implementation of breastfeeding, namely the support of health workers, and husband and family support. Some participants stated that they received education about breastfeeding from health workers during integrated health service (*Pos Pelayanan Terpadu* or Posyandu) and after delivery at the hospital. However, some participants said they did not receive information about breastfeeding from health workers when attending Posyandu. The results of the study found that the support of health workers in terms of providing information or counseling to mothers and families is still very lacking and not optimal. This is following the results of interviews with participants/supporting informants who said that they provide education about, and teach breastfeeding techniques if the patient gives birth at the Puskesmas (*Pusat Kesehatan Masyarakat* or Primary Health Center), even after delivery the baby is

immediately initiated early breastfeeding. This shows that the place of delivery is also one of the supporting factors in the implementation of breastfeeding.



The results of this study are also supported by the results of qualitative research with in-depth interviews [16]. In the results of the study, it was found that the lack of exclusive breastfeeding coverage was caused by the lack of support from health workers such as counseling about breastfeeding. The success of breastfeeding is not only determined by the place of delivery or hospital, but also depends on labor attendants such as specialists, doctors, midwives, and nurses. Birth attendants provide counseling, motivate mothers to breastfeed for at least 6 months, and maintain breastfeeding practices. Husband and family support should also be a reinforcing factor in breastfeeding. In this study, most participants said they received support from their husbands and families regarding breastfeeding. Support provided such as motivating mothers to breastfeed, some said husbands assisted in doing housework when mothers were still busy breastfeeding, and some participants said they received support from parents such as providing food, vegetables, and fruits that can increase breast milk. The support of husbands who practice lightening the wife's burden, and appreciating and encouraging the mother makes the mother strong and successful in breastfeeding [17]. One of the factors that can influence a person's behavior is enabling factors, namely support from family and health workers. However, the implementation of breastfeeding is still supplemented with formula milk. Breastfeeding is a complex process and not easy to undergo. It requires the mother's struggle and intention and also the need for recognition from her social environment that her efforts to continue breastfeeding for 6 months were successful [17].

This may also be due to the lack of consistent health support. There is no breastfeeding counseling facility for midwives, and education about breastfeeding is only done if the patient gives birth at the Primary Health Center. Posyandu activities in each village have uneven programs. There is one Posyandu in collaboration with the village government where women provide breast milk for breastfeeding mothers. The results of this study also found that health workers at Puskesmas have never attended training related to breastfeeding or breastfeeding counselor training. The implementation of breastfeeding in the Tutuyan Primary Health Center Working Area has not been well implemented. Increasing the competence of health workers related to the exclusive breastfeeding program to become breastfeeding counselors is very important to provide more effective education and assistance to pregnant women and breastfeeding mothers. In addition, health workers should assist mothers who have just given birth so that their difficulties at the beginning of breastfeeding can be avoided. Education can use attractive media (blurbs and videos) to make breastfeeding information easy to understand. In addition, considering the amount of information exchanged among breastfeeding mothers during group discussions, a breastfeeding support group should be formed.

## Conclusion

This study explored the determinants of successful breastfeeding implementation in the Tutuyan Primary Health Center Working Area of East Bolaang Mongondow Regency, identifying three main influencing factors: predisposing factors (knowledge and attitudes), reinforcing factors (lack of

breast milk, family breastfeeding culture, and information availability), and enabling factors (support from health workers and family). Mothers' knowledge about breastfeeding varied; most understood its benefits but did not implement it well, often supplementing with formula. Attitudes towards breastfeeding were mixed; some mothers actively encouraged others, while others were indifferent, and many did not practice exclusive breastfeeding despite recognizing its importance. Health worker support, especially from midwives, included breastfeeding education and techniques but was poorly organized, leading to a lack of information, counseling, and assistance for many mothers. Although husbands and families provided support, most mothers still supplemented with formula, preventing exclusive breastfeeding.

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