

## *Breastfeeding Experience of Adolescent Mothers in Bengkulu City*

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### ABSTRACT

**Backgrounds:** The number of early marriages which has continued to increase since the COVID-19 pandemic, the unpreparedness of parenting for adolescent mothers will have an impact on the nutritional status of children, especially in breastfeeding. **Objective:** The purpose of this study was to obtain in-depth information related to breastfeeding experiences in adolescent mothers. **Methods:** This study used qualitative methods on 6 adolescents aged under 20 years who have babies aged 0-24 months, conducted in-depth interviews about breastfeeding experiences including intentions to act, thoughts and feelings, social support, breastfeeding references, enabling breastfeeding outside the home and socio-cultural context. **Results:** The findings of this study showed that adolescent mothers failed to provide exclusive breastfeeding due to supplementary feeding to infants before the age of 6 months. However, adolescent mothers continue to breastfeed their babies because of the perceived benefits of breastfeeding, social support in the form of motivation and counseling from families and health workers. Adolescent mothers experience physical experiences of soreness, abrasions, swelling and pain in the breasts. They are pleased because they believe that it can make the inner bond between mother and baby closer and more intimate. There are taboos and recommendations in society that are believed to affect breastfeeding babies such as abstinence from consuming long-term foods or recommendations to consume vegetables that are believed to facilitate breast milk. **Conclusions:** Painful breastfeeding does not stop adolescent mothers from breastfeeding. Adolescent mothers continue to breastfeed although not exclusively.

**Keywords:** Adolescent Mother, Breastfeeding, Experience.

### INTRODUCTION

The COVID-19 pandemic that has occurred since the end of 2019 has resulted in a high number of early marriages. The Ministry of Women and Children Empowerment said that the number of early marriages during the COVID-19 pandemic increased by 24,000, 60% of which were teenagers under 18 years old (Kemen PPA, 2020). The high rate of early marriage has an effect on the increase in the number of adolescents who become pregnant deliver her baby and breastfeed. Adolescent mothers and fathers have higher levels of medical, educational, behavioral, relational and psychological problems (Candidate and Science, 2018). Early marriage accompanied by unpreparedness to become parents will have a negative impact on the nutritional status of children and parenting patterns,

especially in exclusive breastfeeding (Hidayah, Chikmah and ..., 2020). Babies who do not get breast milk can result in children's immune disorders, increased morbidity, spending money to buy milk, reduced intelligence, and mortality (Fau, Nasution and Hadi, 2019).

The failure or success of adolescent breastfeeding mothers can be influenced by several things, such as economic status, mother's education, occupation, type of residence, and counseling on infant feeding through health workers. Low education in adolescent mothers results in low knowledge about breastfeeding and breastfeeding practices. Adolescent mothers are less likely to start breastfeeding and tend to stop exclusive breastfeeding prematurely (Benova *et al.*, 2020). Adolescent mothers who stop breastfeeding will switch to formula milk (Nuampa *et al.*, 2018). Teen mothers

think that breastfeeding can make it difficult to return to school or work. Lack of preparation, social support, acceptance from peers and shyness also make it difficult for them to continue breastfeeding, so they prefer to give formula milk (Smith et al., 2012). Breastfeeding mothers receive more negative views than positive views (Priscilla, Afiyanti and Juliastuti, 2021a).

Rohmah's (2016) research in Indonesia found that there were feelings of irritation in adolescent mothers because breastfeeding made it difficult to sleep at night. In addition, the feeling of pleasure is also felt by mothers in their teens, because breastfeeding can increase the bond between mother and baby. Adolescent mothers are also happy because they get support from their husbands or other family members (Rohmah et al., 2016). Nelson in his research in Canada states that adolescent mothers decide to commit to breastfeeding starting with breastfeeding as early as possible, learning to breastfeed, adjusting to breastfeeding, and finally reaching the peak to end breastfeeding (Nelson, 2019). Factors that influence adolescent mothers to continue to be committed to breastfeeding include perceptions about breastfeeding, breastfeeding experiences from others, and socio-cultural factors (Anindia, Widjanarko and Kusumawati, 2021).

The results of research in various countries show the failure of adolescent mothers to continue breastfeeding. Therefore, the researcher wanted to know how the breastfeeding experience of adolescent mothers in Kota Bengkulu was. The themes that will be studied include intention to continue to act, thoughts and feelings of adolescent mothers, social support, breastfeeding references, continuity of breastfeeding in public places and influential socio-cultural influences.

## METHODS

This study uses a qualitative design with a phenomenological approach to obtain information on the breastfeeding experience of adolescent mothers in the form of intentions to act, thoughts and feelings, social support, breastfeeding references, enabling to breastfeeding outside the home and in-

depth socio-cultural influences.

The sample in this study is women under 20 years who have babies 0-24 months, obtained as many as six adolescent mothers. As well as supporting informants who live with adolescent parents, there are four supporting informants consisting of three parents of adolescent mothers and one husband. In addition, interviews were conducted with health workers and posyandu cadres. Instrument in this study used was an interview guide.

Data collection was carried out from April to June 2022 directly with participants in Kota Bengkulu. Data were obtained through in-depth interviews with interview guidelines as many as 17 questions regarding breastfeeding experiences for adolescent mothers according to the themes, namely intentions to act, thoughts and feelings, social support, continuity of breastfeeding outside the home, references to breastfeeding and socio-cultural or habits, and society that affects breastfeeding adolescent mothers. Data collection was carried out continuously until it was complete and the data were saturated.

The analysis was done by summarizing, selecting the main points, focusing on the important things according to the theme and pattern and discarding the unnecessary. After being reduced, the results of the interviews were presented in descriptive form. The last stage of the analysis was drawing research conclusions by comparing research questions and research results.

To make writing easier, the researcher made codes for the main participants so that they were easy to understand. Adolescent mothers were coded in order of 1-6 and age. The encodings are (IR1.17), (IR2.16), (IR3.18), (IR4.19), (IR5.19) and (IR6.18). The way to read the code is like the example (IR1.17), which is the mother of one teenager who is 17 years old. This research has met the ethical standards of health research with No. KEPK.M/044/02/2022 issued by the Bengkulu Ministry of Health Poltekkes institution dated February 26, 2022.

## RESULTS AND DISCUSSION

Based on Table 1, it can be seen that there were six participants in this study.

When this research was conducted, four adolescent mothers were still breastfeeding their babies, one teenage mother stopped breastfeeding at 18 months of age, and one other teenage

mother stopped breastfeeding at 4 months of age. Only one (16.7%) adolescent mother exclusively breastfed and five (83.3%) other adolescent mothers were not exclusive.

**Table 1. Demographic Characteristics of Participants.**

Characteristics	Frequency	Percent
<b>Personal</b>		
<b>Age of Participants</b>		
14-17 Years (middle teens)	2	33.3
18-19 Years (late teens)	4	66.7
<b>Level of education</b>		
SD		
Junior High School	4	66.7
Senior High School	2	33.3
<b>Work</b>		
Housewife		
Work outside the home	6	100
	0	
<b>Type of Stay</b>		
Nuclear family	1	16.7
Extended family	5	83.3

**Breastfeeding Experience in Adolescent Mothers**

From the analysis carried out, six main themes emerged in this study, namely the theme of intentions, thoughts and feelings, social support, breastfeeding references, enabling situations and socio-culture. The results of in-depth interviews can be seen through the following descriptive presentation.

**Intention to Act**

The initial journey of an adolescent mother to continue breastfeeding her baby is certainly based on intention or determination so that she is able to make decisions. Adolescent mothers decide to continue breastfeeding because they realize the good benefits obtained when starting breastfeeding (Anindia, Widjanarko and Kusumawati, 2021). Adolescent mothers have understood the benefits of breastfeeding for the health of their babies as the main

motivation to continue

breastfeeding (Rokhmah and Astuti, 2020).

The benefits are felt not only for the baby but for adolescent mothers and the family economy. They say that breastfeeding can make babies grow faster, healthier and have a stronger immune system. As expressed by the following adolescent mother:

*"He grows faster, his weight at birth is only 2.9 kg after 1 month of age to 5.2 kg. bigger." (IR2.16).*

Another statement from adolescent mothers who assessed that breastfeeding can make the baby's immune system healthy. Adolescent mothers compare the benefits of breastfeeding and formula milk.

*"So children's immune systems are stronger, different from formula milk." (IR4.19)*

This is in line with the statements of supporting participants who saw the development of babies who were given breast milk as helping the growth and health of babies. This supporting participant is the grandmother of the baby. Here's her statement:

*"The baby is healthy, the development is good, it increases the child's immune system for the baby's immune system." (IP3).*

One of the benefits of breastfeeding for babies according to Brahm and Valdes (2017) is to increase the baby's immunity because breast milk contains IgA which is the main immune system factor to prevent a disease, improve the health and survival of the baby. Adolescent mothers strongly believe that breastfeeding can boost the baby's immune system. Adolescent mothers explained the benefits of breastfeeding for babies and, among other things, breast milk can improve baby's health with a stronger immune system (Nuampa *et al.*, 2018).

The benefits of breastfeeding do not only affect the development of the baby, as for the benefits that can be felt by the mother in breastfeeding. Adolescent mothers admitted that breastfeeding is more instant than formula milk so that adolescent mothers are more comfortable to breastfeed. Adolescent mothers easily give breast milk directly to their babies without having to buy and prepare the milk first. Closeness between mother and baby can also be formed due to breastfeeding; adolescent mothers felt closer with the baby.

*"It's more comfortable, it's more practical if formula milk must be prepared first, if breast milk is direct, besides that, it can also be more familiar with babies." (IR2.16).*

Saryaman (2020) said that breastfeeding is also beneficial for mothers. The benefit is that the breastfeeding process can have a good psychological effect on the mother. Mothers who breastfeed will feel proud and feel needed, a feeling that is needed by all humans (Saryaman, 2020). In addition, breastfeeding is also considered

more practical because there is no need to prepare hot water, bottles and pacifiers (Smith, 2015).

In addition to the benefits for the baby and adolescent mothers, breastfeeding can help the family's economy. Adolescent mothers don't have to spend money to buy formula milk.

*"Yes, because I breastfeed my baby so there is no need to buy other milk. It helps the economy to be more efficient." (IR1.17).*

By breastfeeding, adolescent mothers do not need to spend money to buy formula milk, so that money can be used for other purposes and save the economy (Smith, 2015).

### Thoughts and Feelings

In this theme we explored how they think about their experiences while breastfeeding and how they feel. Adolescent mothers described painful experiences, free to do activities and how they felt as a result of breastfeeding, supplementary feeding and the reasons they finally chose to stop breastfeeding.

When researchers asked about the freedom they felt when they became mothers and had to breastfeed and the physical experiences they felt, there were various answers that emerged from this question. Some stated that they had no disturbance in their freedom of activity, but they experienced painful physical experiences such as breast pain, swelling, blisters and being thinner. This was as expressed by the following 19-year-old teenage mother.

*"Not bothered, it's nice to be able to spend time with the baby, but the weight is dropping. Breasts feel sore, swollen, sore and blistered." (IR4.19).*

Unlike the others, one of the participants felt that they were not free to take care of the household and felt physical changes that caused discomfort. An 18-year-old teenage mother explained that she had to stop the activity because the baby wanted to suckle.

*"Yes, it's like when I was going to clean up but the baby wants to breastfeed and cries, so work is delayed. For example, while washing clothes, a child is sleeping when he suddenly wakes up wanting to breastfeed, so he cancels the washing. Yes, the*



*weight continued to decrease when I was breastfeeding yesterday, the nipples were blistered with pus like that, a fever due to frequent swelling but only until the age of 3 months. Complaining a little yesterday about being so skinny compared to this it's still better."* (IR6.18).

Most of the adolescent mothers in this study did not experience impaired freedom of activity as in previous studies. Adolescent mothers feel the lack of freedom in their activities because they spend all the time with their babies. Adolescent mothers feel alienated because they have to breastfeed at a young age (Nuampa *et al.*, 2018).

Painful physical experiences felt by most adolescent mothers include pain, blisters, swelling and tenderness, cracked breasts and weight loss. However, they continue to breastfeed because it is their responsibility (Hidayah, Chikmah and ..., 2020).

In addition to the physical experiences experienced by adolescent mothers, the researchers also asked how they felt about breastfeeding their babies. Adolescent mothers in this study said that they enjoy breastfeeding their babies because they can provide the best. This is as expressed by the following 19-year-old teenage mother.

*"Happy to be able to give the best for children."* (IR5.19).

Mothers who breastfeed show more positive feelings and increase secure attachment between mother and baby (Rohmah *et al.*, 2016). Researchers also asked how mothers give complementary foods to babies before the baby is six months old. Adolescent mothers in this study on average had given other than breast milk to infants before the age of six months. A 17-year-old teenage mother who said she changed formula milk when she was out of the house.

*"Yes, I did, I don't know at what age, if I go, I will definitely be given formula milk."* (IR1.17)

An 18-year-old mother also admitted to giving her baby additional food at the age of four months in the form of mashed fruit. This is because the grandmother of the baby was worried that the baby will still feel hungry with only

breast milk.

*"Ever given fruit, but if it's fruit is it okay? Around the age of four months, bananas have been blended. His grandmother gave it, just to be full. Only three times but given a distance."* (IR6.18).

After that, the researchers were interested in exploring what became the basis for adolescent mothers to stop breastfeeding because in this study; two participants were found who had stopped breastfeeding. One of the participants stopped breastfeeding when the baby was 1.5 years old because the baby had been given additional food so the adolescent mother decided to stop breastfeeding.

*"A year and a half because he had eaten rice, he stopped."* (IR1.17).

Supplementary feeding is not appropriate for the baby's age resulting in a decrease in the frequency of breastfeeding. The impact of supplementary feeding is to give the baby a feeling of fullness and shorten the period of breastfeeding the baby, which consequently reduces milk production so that breastfeeding becomes ineffective (Astuti, Kurniawati and Kurniawati, 2021).

In addition, there was an 18-year-old adolescent mother who stopped breastfeeding at the age of four months because the breast milk has dried up so the mother does not continue breastfeeding. After investigation, it turned out that the baby of this adolescent mother was born prematurely.

*"No longer breastfeeding because it's dry, I've tried various ways and it still won't come out."* (IR3.18)

Discontinuation of breastfeeding can be caused by insufficient milk production, sticky placenta, and lack of blood so that mothers usually switch to giving formula milk to babies (Kadatua and Rosyida, 2021).

### **Social Support**

Social support is very important and influences the decision of adolescent mothers to continue breastfeeding. Adolescent mothers get support from their families as well as health workers and posyandu cadres. Support from the family can be in the form of advice to continue breastfeeding. This was confirmed directly by the family living in the same house as the teenage mother.

*"Give support, continue to support to be given milk so as not to be malnourished." (IP1).*

Other support participants said that they provided support to adolescent mothers during breastfeeding. Supporting participants said that breast milk is better than other breast milk.

*"Please continue to support her, she is starting to get pregnant. Mother has supported her to be given breast milk, it's better to breastfeed rather than bottle milk." (IP2).*

Meanwhile, other supporting participants who were the husbands of adolescent mothers in this study claimed to provide the best support for their children and wives.

*"Definitely give the best support for children and wives, especially midwives who recommend breastfeeding, they definitely support it." (IP4).*

In addition to family support, health workers have a big influence in supporting adolescent mothers to continue breastfeeding. The statement of adolescent mothers who said that they received support from health workers and cadres was in accordance with the statements of cadres and midwives who said that they supported breastfeeding adolescent mothers by providing motivation and counseling.

*"Yes, support, this form of support motivates them to continue breastfeeding and provides direction so that they eat nutritious food so that their baby is healthy." (Cadre)*

*"Given counseling on the benefits of breastfeeding, health education on the benefits of breastfeeding for babies and mothers" (Midwife).*

Support has a big role in the success of breastfeeding by mothers. One of the supports that play a role in breastfeeding is the support of a partner or husband (Rohmah *et al.*, 2016). Family support is needed by adolescent mothers since pregnancy; the family member who is most expected to provide support is the biological mother (Fauzi and Shifa, 2022). While peer support also has an impact on the effect of breastfeeding as being in an

environment that is supported by other young mothers can affect the mother's experience of breastfeeding (Grant, 2021).

It was found that mother's decision to breastfeed or not was mostly influenced by closest people such as parents, sisters and even peers as a supporter of adolescent mothers in decision-making.

The results showed that most of the closest family members of adolescent mothers gave positive support (Priscilla, Afiyanti and Juliastuti, 2021b). In facing breastfeeding difficulties, adolescent mothers stated that they received breastfeeding assistance and support, including from health workers. Thus, health workers can make a benchmark for the implementation before and post-partum guidance and interventions to deal with breastfeeding difficulties or to improve breastfeeding problems (Muelbert and Giugliani, 2018).

#### **Teenage Mother's Reference for Breastfeeding**

The success of the closest people to breastfeed becomes the influence of adolescent mothers to do so. Adolescent mothers see the success or impact of not breastfeeding among those around them, such as mothers, sisters and friends. Mothers of study participants provided important lessons to continue breastfeeding. They say that breastfeeding is mandatory until the baby is two years old.

*"Yes, my mother teach to breastfeed their children for up to two years so that they are healthy, it really has to be up to two years." (IR6.18)*

Not only parents are examples to continue breastfeeding, other participants say that many friends are role models and sisters who successfully breastfeed their babies up to two years. Like an 18-year-old teenage mother who said her friends suggested breastfeeding.

*"Yes there is, many friends suggest that." (IR3.18).*

The mother of a 19-year-old teenager said that the success of breastfeeding her older sister made her determined to breastfeed for two years.

*"Yes, there is, my sister was previously required to breastfeed for two years, so I had to*

*breastfeed for two years, no less." (IR4.19).*

Kadatua and Rosyida (2021) identified that adolescent mothers' decisions to breastfeed were strongly influenced by several female family members who were close to them and had previous positive breastfeeding experiences. These female family members were also identified as the main source of support for new mothers in breastfeeding.

In addition, there was a bad experience coming from a friend who wasn't breastfeeding which caused the baby to have to keep going to the hospital every week and constantly changing formula. Adolescent mothers decide to continue breastfeeding so that this doesn't happen to their babies (Nelson, 2019).

#### **Sustainability of Breastfeeding Outside the Home**

On average, adolescent mothers do not work or go to school, when they are in a crowd they admit that they continue to breastfeed their babies. Like a 16-year-old teenage mother who says she continues to breastfeed by finding a quiet seat and feeding her baby until it's full before leaving so the baby doesn't fuss.

*"Just feed it, keep breastfeeding, find a quiet seat. Before leaving the house, breastfeed until you are full so you are not fussy." (IR2.16)*

Meanwhile, another 17-year-old teenage mother chose to bring formula milk in a bottle when she was out of the house.

*"Keep breastfeeding. For example, if you go, you will change to formula milk." (IR1.17).*

Breastfeeding in public is often associated with morals. Although people who breastfeed is not a negative behavior, adolescent mothers often feel like they are being humiliated. However, not all adolescent mothers feel this way because they believe that breastfeeding is a normal thing that mothers do for their children (Nuampa *et al.*, 2018). The main barriers and facilitators to breastfeeding appear to be the availability of suitable seating coupled with high privacy or lack of civic attention (Rokhmah and Astuti,

2020). Social support can increase positive perceptions about breastfeeding and reduce breastfeeding difficulties. In addition, it can be a cause of returning to study or work and encourage breastfeeding in public places (Nuampa *et al.*, 2018).

#### **Socio-cultural**

Adolescent mothers in this study explained how the socio-cultural society is believed to have an effect on breastfeeding mothers. Public trust in the taboos and recommendations of pregnant women in consuming food such as hot, spicy and oily food is not allowed for fear of affecting the nursing baby. One 16-year-old teenage mother said that during breastfeeding she abstained from consuming spicy and iced foods, but the teenage mother said that it had no effect on the baby.

*"Abstained breastfeeding time? Yes, you can't eat chili, eat ice. But thank God the baby has no effect even though the mother eats ice, eating chili has no effect. Stay healthy even if the mother eats anything." (IR2.16).*

Meanwhile, the 18-year-old teenage mother said that she also received restrictions in the form of not being allowed to consume hot, spicy and oily food.

*"Yes, you can't eat a lot of chili, you're afraid that your child will have diarrhea later, you can't eat too much oily food. Anyway, don't eat too much chili." (IR6.18)*

As well as prohibitions, adolescent mothers also admit that there are recommendations to consume foods that are believed to be able to stimulate breast milk. This was revealed by a 19-year-old teenage mother in this study.

*"In the past, they were told to drink red pudding so that the milk was profuse, eat katuk often and eat vegetables so that the milk was profuse." (IR5.19).*

The belief in food consumption by the community may have a relationship with the production of breast milk by the mother. Katuk leaves are known to contain protein, fat, calcium, phosphorus, iron, vitamins A, B and C. Consumption of katuk leaves which are rich in nutrients can help to improve intake of mothers (Ladores and Corcoran, 2019).

The beliefs and traditions that exist in the community can directly or indirectly support breastfeeding, especially exclusive breastfeeding. There are various cultural beliefs that exist in society regarding breastfeeding, some are supportive but also some are not (Wahyuningtyas, 2022).

Cultural factors have an influence on breastfeeding by adolescent mothers. This regulates the restrictions on the consumption of food for adolescent mothers such as snacks and certain foods. However, there are recommendations for consuming certain traditional foods to help facilitate breastfeeding mothers (Astuti, Kurniawati and Kurniawati, 2021).

## CONCLUSION

From the findings in this study it can be concluded that the breastfeeding experience of adolescent mothers can be categorized into two, namely pleasant experiences and painful experiences. Pleasant experiences are in the form of perceived benefits and goodness of breastfeeding, feelings of pleasure because breastfeeding bring the mother closer to the baby and the support that is obtained. Meanwhile, the painful experiences experienced by adolescent mothers are in the form of physical pain and taboos that exist in society.

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