

phmaarchive.org/index.php/phma/index

Download AIRPORTASI P350... AIRPORTASI S21EM... Drop 2 - Final Asa... PEP3 2021 STUDEN... AIRPORTASI P350AL... RESPON AWESOME... CASE Course catag... New Tab

Home Articles Guidelines Announcements About Us Submissions Search

## PUBLIC HEALTH AND PREVENTIVE MEDICINE ARCHIVE



ISSN 2502-2206 P-ISSN 2502-2214

### About the Journal

Public Health and Preventive Medicine Archive (PHMA) is an open access, peer reviewed journal published by Department of Public Health and Preventive Medicine, Faculty of Medicine, Udayana University. **The journal has been accredited by the Indonesian Ministry of Research, Technology and Higher Education since May 2019 (No.14/E/KPT/2019) with Second Grade (Sinta 2).** It is published twice a year in July and December. Articles published in the journal include original research, systematic review, policy paper/policy brief, case study, book review and letters.

**Issues covered in the journal are as the following:**

- Environmental and occupational health
- Field and Clinical Epidemiology
- Global health
- Health policy analysis
- Health promotion
- Health systems and health care management
- Maternal and child health

**Reviewer Board**

**Editorial Board**

**Submit An Article**

Activate Windows  
Go to PC settings to activate Windows.

**Free to Access**

PHPMA Open Access & Peer Reviewed  
Multidisciplinary Journal of Public Health and Preventive Medicine

Home Articles Guidelines Announcements About Us Submissions Search

Home / Editorial Team

## Editorial Team

### Editor in Chief



**Pute Ayu Swandewi Astuti, MPH, PhD**

(SCOPUS ID: 5719560622, ORCID ID: <http://orcid.org/0000-0002-4723-2120>)  
Faculty of Medicine, Udayana University, Bali, Indonesia

### Editorial Board

**Prof. Dr. dr. Ketut Tuti Parwati Merati, SpPD-KPTI, FIZNASIM**

(SCOPUS ID: 55595496200)

**Reviewer Board**

**Editorial Board**

Activate Windows  
Go to PC settings to activate Windows.

**Prof. Dr. dr. Ketut Tuti Parwati Merati, SpPD-KPTI, FIZNASIM**

(SCOPUS ID: 55595496200)

Tropical and Infectious Diseases Division of Internal Medicine Department, Sanglah Hospital - Faculty of Medicine, Udayana University

**Dr. I Nengah Sujaya, M.Agr.Sc., PhD**

(SCOPUS ID: 6603159877)

Department of Public Health and Preventive Medicine, Faculty of Medicine, Udayana University

**Prof. dr. Budi Utomo, MPH, PhD**

(ORCID ID: <http://orcid.org/0000-0002-8733-5973>)

Faculty of Public Health, University of Indonesia

**Mila Tejanaya, IS, MOWE, PhD**


Scopus ID: 55295863200, ORCIDID: <http://orcid.org/0000-0001-6564-5069>

Department of Occupational Health and Safety, Faculty of Public Health, University of Indonesia

**Editorial Board**

**Submit An Article**

Free to Access  
Free to Publish®



Working Counter  
Activate Windows  
Go to PC settings to activate Windows.

**Evi Sukmaningrum, M.Sc. PhD**

(SCOPUS ID: 6012646)

Faculty of Psychology and HIV/AIDS Research Center, Abim Jaya Catholic University of Indonesia, Yogyakarta

**dr.Ni Putu Sagita Dewi, PhD**

(SCOPUS ID: 83877662408, ORCID ID: <https://orcid.org/0000-0002-7759-9109>)

Bali Mandira Eye Hospital

**Emily Rees, PhD**

(ORCID ID: <http://orcid.org/000-0002-1493-1688>)

Kenti Proja Foundation

**I Nyoman Sutarsa, MPH**

(ORCID ID: <http://orcid.org/0000-0001-8261-2821>)

Rural Clinical School, Medical School, The Australian National University

**Luh Putu Lila Wulandari, MPH**

(SCOPUS ID: 54394664900)

Department of Public Health and Preventive Medicine, Faculty of Medicine, Udayana University

**Made Ayu Hita Pretini Saryodhi, BSc, MHS, PhD**

Scopus ID: 57199827050 dan Orkid ID: <https://orcid.org/0000-0002-1212-1432>

Department of Public Health and Preventive Medicine, Faculty of Medicine, Udayana University

## Current Issue

Vol. 19 No. 1 (2022)

Published: 2023-01-07

## Editorial

**Synergizing early detection and comprehensive mandatory notification to improve Tuberculosis case finding through public-private mix**

I Wayan Gede Artawan Eka Putra

[PDF](#)

## Articles

**Association between Body Mass Index and Vitamin D Serum in Asian Population: A Systematic Review**

Janice Suhartono, Yutha Ketarani, Regina

[Download PDF](#)

**Exercise behaviour and the determinant factors among medical students before and during the COVID-19 pandemic**

Adiatha Griadhi, Luh Putu Ratna Sundari, I Nyoman Sutarsa

[Download PDF](#)

**Descriptive epidemiology of COVID-19 in Palembang, Indonesia**

Najmah, Yuzhi Setiawan, Yendi, Marika Nurhaliza, Hafiza Azzahra, Yulia Yuliana, Amrina Rozasyila, Feasta, Penny Aprina, Utamiarti

[Download PDF](#)

**Availability of information and standard operating procedures affects the implementation of cigarette billboard regulation in Jember, East Java, Indonesia**

Brina Sahwa Sukma Safia, Christyana Sandra, Dewi Rokhmah, Ajeng Irumani Rochmawati, Barika Isti'ana Hidayah

[Download PDF](#)

**Self-Efficacy of nurses in COVID-19 isolation room of Sanglah Hospital, Denpasar**

A mixed-method study



Activate Windows

Go to PC settings to activate Windows.



Tag Counter



Activate Windows

Go to PC settings to activate Windows.



Activate Windows

Go to PC settings to activate Windows.

**Availability of information and standard operating procedures affects the implementation of cigarette billboard regulation in Jember, East Java, Indonesia**

Brima Sahwa Sukma Sahyil, Christyana Sandra, Dewi Rokhmah, Ajeng Humani Rochmawati, Barika Diti'angri Hidayah

[Download PDF](#)

**Self-Efficacy of nurses in COVID-19 isolation room of Sanglah Hospital, Denpasar**

A mixed-method study

Rai Dewi Darmayanti Pande, Dinar Saumauli Lubis, Cokorda Bagus Jaya Latmana

[Download PDF](#)

**No correlation between picky eating and nutritional status of toddlers aged 24-59 months in Denpasar City, Bali Province**

Rinda Dian Pothol, Ni Ketut Sulari, Ni Wayan Arya Utami

[Download PDF](#)

**Mothers' acceptance towards Breastfeeding Support Group Program in Badung District, Bali**

Luh Putu Anggyani Raka Sika, Putu Ariani, Ni Wayan Arya Utami

[Download PDF](#)



Ni Wayan Arya Utami &lt;arya.utami@unud.ac.id&gt;

---

**Editor decisions\_PHPMA**

1 pesan

**ayu kartika** <ayoex\_11@yahoo.co.id>

22 Desember 2021 pukul 14.26

Kepada: Dr Ni Wayan Arya Utami &lt;arya.utami@unud.ac.id&gt;

Dear Dr Ni Wayan Arya Utami:

We have reached a decision regarding your submission to Public Health and Preventive Medicine Archive, "Mothers's Acceptance Towards the Breastfeeding Support Group Program in Badung Regency, Bali".

Our decision is: Revisions Required

Please make the revisions into one Word document and highlight the revised parts based on the attached reviewers' comments.

It would be helpful if you can keep the reviewers' comments on the word file when you make the revisions.

Please submit the revised manuscript within 1 week under the author version section in your PHPMA account.

Best regards,

Komang Ayu Kartika Sari  
Udayana University

---

**2 lampiran****Reviewer 1 comments.docx**

72K

**Reviewer 2 comments.doc**

220K



Published by  
Department of Public Health and Preventive  
Medicine, Faculty of Medicine,  
Udayana University

<sup>1</sup>Public Health Postgraduate Program, Faculty  
of Medicine, Udayana University

<sup>2</sup>Department of Public Health and Preventive  
Medicine, Faculty of Medicine, Udayana  
University

\*Correspondence to: [arya.utami@unud.ac.id](mailto:arya.utami@unud.ac.id)

## Mothers' acceptance towards Breastfeeding Support Group Program in Badung District, Bali

Luh Putu Anggyani Raka Siwi<sup>1</sup>, Putu Aryani<sup>2</sup>, Ni Wayan Arya Utami<sup>2</sup>

### ABSTRACT

**Background and purpose:** Coverage of exclusive breastfeeding in Badung District is lower than the Bali Provincial and national level. Breastfeeding Support Groups (BSG) have been proven effective to overcome breastfeeding barriers in several developing countries. This study aims to explore the acceptance of breastfeeding mothers toward the BSG Program in Badung District, Bali Province.

**Methods:** A qualitative study with an exploratory approach was conducted in Kekeran and Punggul Villages, two villages where BSG was first implemented in Badung District. In-depth interviews were conducted with fifteen breastfeeding mothers as the key informants and supporting informants, including two village officials, two village midwives and two cadres. Interviews were recorded, transcribed, analysed thematically, and presented in a narrative form.

**Results:** Breastfeeding mothers in Kekeran and Punggul Villages showed positive attitudes and thoughts by stating that BSG is essential. The acceptance was shown by their willingness to attend and participate fully and enthusiastically. Mother's good knowledge about BSG and the success of exclusive breastfeeding led to high motivation to participate in the program. Other supportive factors were positive experiences, mainly the direct practice of breastfeeding, and support from in-laws, husbands, midwives, and village officials, while the inhibitory factors were myths and social sanction.

**Conclusion:** BSG was well accepted by mothers with good knowledge and perception, positive experiences, high motivation, and positive social supports as supporting factors. It is recommended to develop activities according to mothers' needs adopted to local culture and customs, as well as to involve multi-stakeholders.

**Keywords:** mothers, breastfeeding support group, exclusive breastfeeding, Bali

## INTRODUCTION

Exclusive breastfeeding (EBF) is essential to reduce infant mortality and to prevent stunting.<sup>1-4</sup> The World Health Organization (WHO) targeted 50% of exclusive breastfeeding coverage in all countries by year 2025.<sup>5</sup> Coverage of EBF in Badung District is 70.7%, slightly lower than the coverage in Bali Province (73.8%) and nationally in Indonesia (74.5%).<sup>6-8</sup>

Barriers to EBF including families believe that EBF was not sufficient for babies and pre-lacteal foods such as water, solid food herbs, and tea were necessary to make babies more satisfied, healthier, and have higher nutrition. Mothers also faced barriers to EBF due to returning work outside the home and health related problems. Working mothers then may combine breastfeeding with formula milk or other complementary foods.<sup>9,10</sup>

To improve the practice of EBF, the government has issued a government regulation, PP No. 33 of 2010 on exclusive breastfeeding, and WHO established ten steps to successful breastfeeding program which one of it was the establishment of community-based BSG.<sup>11</sup> BSG is formed for mothers who want to initiate breastfeeding at birth and continue it exclusively for six months, consisting of 6-12 pregnant women and new mothers who hold regular meetings. The groups exchange experiences, discuss challenges, and provide mutual support related to maternal and child health, especially pregnancy, breastfeeding, and nutritional fulfillment.

Several studies have proved that BSG promotes prolonged breastfeeding and exclusive breastfeeding by increasing early breastfeeding initiation, maternal satisfaction and confidence, and delay breastfeeding weaning.<sup>9,10</sup> BSG has been implemented in Indonesia from 2010 as a part of community-based health efforts of *Desa Siaga*. BSG in Badung District, Bali was a new program, implemented in Kekeran and Punggul Villages as a part of Healthy Badung Movement in the First 1000 Days of Life in 2019. Recently BSG has been implemented in 24 villages in Badung.<sup>12</sup> However, BSG has not been implemented optimally in some areas, due to low mother's participation and acceptance. Therefore, we found it necessary to explore the acceptance of this program among mothers.

We used Theory of Reasoned Action to explore the acceptance of breastfeeding mothers towards the BSG in Badung District, Bali and its influencing factors which are divided into individual factors and subjective norms. Individual factors including positive perception of breastfeeding supportive group, knowledge and experiences about BSG and EBF. Subjective norms consist of culture, customs and religion, as well as beliefs/myths, motivation, and social supports.

## METHODS

We conducted a qualitative study with an exploratory approach in two selected villages which already developed BSG in Badung District, namely Kekeran Village in Mengwi Sub-District, and Punggul Village in Abiansemal Sub-District. The BSG in Kekeran Village was strengthened by the Kekeran Village Perbekel Decree Number 20 of 2019. Cadres and midwives from the satellite public health centers (*puskesmas pembantu/pustu*) facilitated the BSG in both villages.

In-depth interviews were conducted with purposively selected informants, including 15 key informants who were breastfeeding mothers and 6 supporting informants consisting of two village officials, two village midwives and two cadres. Interviews were recorded, transcribed, thematically analysed and presented in a narrative form. Prior to the interview, the researchers explained the aims of the study to the informants and

sought for their consent. The interview time varied between 20-60 minutes for each informant which was conducted either at home, village office, or *pustu* under the COVID-19 health protocol. The interviews were finished after all the questions had been responded and deemed sufficient.

The information sought was the mother's acceptance toward BSG and its influencing factors. Data were validated through triangulation from different informants (mothers, midwives, cadres, and village officials). Interviews were recorded with a voice recorder application in smartphone and transcribed verbatim. Data were analyzed manually with a thematic analysis approach, a process of identifying themes qualitatively. It started with transcription, followed by skimming to find out an overview of breastfeeding support groups, grouping expressions with quotes into coding or themes, and the process of synthesizing or comparing themes with one another to test the similarities or differences (divergence) of data. We found 51 codes which were grouped into 7 themes and 14 sub-themes. The seven themes were acceptance, perception, knowledge, experience, motivation, culture, and social support (Table 1).

This research has been approved by the Research Ethics Commission of the Faculty of Medicine, Udayana University/Sanglah General Hospital, Denpasar with an ethical clearance number: 1982/UN14.2.2VII.14/LT/2020 dated October 2, 2020.

**Table 1. Themes and Sub-themes**

No.	Themes	Sub-themes	Quotes
1	Acceptances	Mother was present in all breastfeeding support groups activities; mother felt happy to attend breastfeeding support groups; breastfeeding support groups was important	<i>"for me, yes, it is very important, ... So I hope that this BSG will continue, continue to be implemented..." (RKA001)</i>
2.	Mother's perception of BSG	Perceived Vulnerability Perceived Benefits Perceived Barriers	<i>"...especially as a mother who has a child for the first time, my knowledge is low...by this BSG, I know more about how actually to take care of a baby properly or how to give exclusive breastfeeding" (RKA001)</i>
3.	Mother's knowledge of BSG	Knowing the purpose and function of breastfeeding support groups	<i>"Home counselling, so before and right after the childbirth is put into the WhatsApp group, always reminded of breastfeeding support groups schedule via WA" (RKA002)</i>
4.	Mother's experience with BSG	Positive experience	<i>"There is a different sensation if I come directly rather than through WA. Usually, the material for each meeting is different, besides that other mothers ask what the problem is now, I can also learn from the experiences of other breastfeeding mothers and additional information from the cadres" (RKA002)</i>
5	Traditional activities and Hinduism in Bali and beliefs	Traditional and religious activities Mother's beliefs	<i>"It is time for them to "ngayah-ayah" at Banjar. Sometimes they do not give it because they pay a fine, called as "mayah salah" if they do not come out and pay a certain amount" (RKB002)</i>
6	Motivation	Mother's enthusiasm in	<i>"The intention came from me to give</i>



7	Social Support	participating in breastfeeding support groups	<i>exclusive breastfeeding, and because of that, I am willing to attend breastfeeding support groups activities" (RKA007)</i>
		Instrumental support	<i>"from family or husband, my husband</i>
		Emotional support	<i>always attends meetings, always</i>
		Informational support	<i>accompanies me because we always bring babies, always come here" (RKA003)</i>

## RESULT AND DISCUSSION

### Characteristics of Informants

Breastfeeding mothers were in the productive age between 21 to 35 years old, seven were primipara. The lowest education level was junior high school, and mostly work outside the home (Table 2). For other informants, the age's range was from 24 to 54 years with education level from junior high school to 3-year diploma (Table 3).

**Table 2. Characteristics of Mothers**

Informant code	Age (years)	Occupation	Village	Education	Number of children
RKA001	28	Private worker	Kekeran	Vocational high school	1
RKA002	30	Teacher	Kekeran	Bachelor	1
RKA003	32	Private worker	Kekeran	Bachelor	2
RKA004	40	Housewife	Kekeran	Senior high school	2
RKA005	29	Nurse	Kekeran	Bachelor	1
RKA006	29	Primary school staff	Kekeran	Bachelor	2
RKA007	31	Housewife	Kekeran	Senior high school	2
RKA008	28	Housewife	Kekeran	Senior high school	2
RKP001	32	Private worker	Punggul	Bachelor	1
RKP002	34	Housewife	Punggul	Junior high school	2
RKP003	24	Private worker	Punggul	Vocational high school	2
RKP004	23	Housewife	Punggul	Vocational high school	1
RKP005	30	Private worker	Punggul	Vocational high school	1
RKP006	21	Entrepreneur	Punggul	Senior high school	1
RKP007	35	Housewife	Punggul	Junior high school	2

**Table 3. Characteristics of Midwives, Cadres and Village Apparatus**

Informant	Age (years)	Occupation	Village	Education
RKK001	28	Cadre	Kekeran	Junior high school
RKB001	48	The midwife from the satellite public health center	Kekeran	3-year Diploma
RKD001	54	Village apparatus	Kekeran	Senior High School
RKK002	24	Cadre	Punggul	Bachelor
RKB002	39	Village apparatus	Punggul	3-year Diploma
RKD002	37	Midwife from satellite public health center	Punggul	3-year Diploma

The results of the qualitative analysis consist of 7 themes and 14 sub-themes. The seven themes were acceptance, perception, knowledge, experience, motivation, culture, and social support (Table 3).



## Acceptance of Breastfeeding Supportive Group

Based on the Reasoned-Action Theory, influencing factors for acceptance are divided into individual factors and subjective norms. Individual factors including positive perception of breastfeeding supportive group, knowledge and experiences about BSG and EBF. Subjective norms were culture, customs and religion as well as beliefs/myths, motivation, and social support.<sup>13</sup>

Breastfeeding mothers in Kekeran and Punggul Village showed positive attitude and thought toward BSG by stating it was essential. The acceptance was shown by their willingness to fully and enthusiastically participated on the program, and some stated an uncomfortable feeling if they were absent at any activities. As explained in a previous study, the form of acceptance is a positive attitude and willingness to attend the activity thoroughly and enthusiastically.<sup>14</sup> This is supported by the midwife's statement that mother's response and presence were good since they felt the importance of BSG. They were enthusiastic, especially on the children's health information.

*"For me, it is essential, very crucial; I do not know anything... So I hope that this breastfeeding supportive group will continue, and being implemented..." (RKA001, mothers, 28 yo)*

## Perception of Breastfeeding Supportive Group

There were three sub-themes identified from the interview regarding perception which are perceived vulnerability, perceived benefits, and perceived barrier. There was a feeling that they will not able to breastfeed exclusively if they do not participate in BSG activities. Additionally, primipara who were having lack of knowledge and experience of breastfeeding showed increased intention to seek BSG. Susceptibility to the health problems will encourage a person to take a preventive action.<sup>15</sup>

*"...especially as a mother who has a child for the first time, my knowledge is lacking, with Breastfeeding Supportive Group I know more about how actually to take good care of babies or how to give exclusive breastfeeding" (RKA001, mother, 28 yo)*

The perceived benefits of BSG participation were including obtaining information, getting solutions to breastfeeding problems, and socializing with peers during BSG activities.<sup>16,17</sup> Most of mothers were primipara, thus stress could come when mothers unable to manage their problems. Physical and mental stress can interfere the breast milk ejection reflex and reduce the release of oxytocin during breastfeeding. If this occurs repeatedly, it will reduce breast milk production.<sup>18,19</sup> BSG provides opportunity for mothers a place to socialize with peers to release stress or other problems, whilst it also may provide information and solutions for their problems. This is in line with research in the United Kingdom that found most mothers agree that peer support helps overcome breastfeeding problems and increase likelihood of successful exclusive breastfeeding.<sup>20</sup>

*"Want to know something that being a problem, so come to the Breastfeeding Supportive Group meeting. If we were stuck, we could not find a solution to our problem. ... as a working mother, of course, the difficulty in breastfeeding is managing stress itself. Stress is very influential, I am tired too. It affects the volume of my breastmilk" (RKA003, mother, 32 yo)*

Perceived vulnerability and benefits encourage a person's intention to behave, but on the contrary, perceived barriers inhibit the emergence of these intentions or actions. The perceived barriers found in this study were divided into internal barriers, including feeling ashamed, discomfort, not confident among new communities, and fear of taking or leaving the baby out of the house for a long time. Meanwhile, external barriers included the disallowance from husbands and in-laws, working mothers, and taking care of children.<sup>16</sup>

*"... I am afraid of coming because I do not have confidence in myself. I imagine there are many mothers*

*who gather, so it will be embarrassing for many to see, particularly me, I am shy" (RKP005, mother, 30 yo)*

A study conducted at Muhammadiyah Lamongan Hospital found that self-confidence encourages mothers to learn new things, including breastfeeding practices.<sup>21</sup> In another study conducted at the Megaluh Public Health Center, Jombang District, it was found that most of the mothers who received assistance in taking care of babies from their families were able to provide exclusive breastfeeding.<sup>22</sup> From our result on perceived barriers, it is shown that adjusting the BSG program to the mother's work schedule is an important consideration.<sup>21</sup>

### Knowledge about Breastfeeding Support Group and Exclusive Breastfeeding

A program will be followed if it is well known by the community.<sup>23</sup> BSG in Kekeran Village was integrated with the existing class of pregnant women and information was also obtained from midwives who conducted counselling or routine home visits to pregnant women. It is in line with a study in Mekargalih and Cipacing villages which showed that counselling affected knowledge of breastfeeding mothers.<sup>24</sup>

In addition to knowledge about BSG, EBF influenced the mother's decision to participate in BSG activities. Research in Denmark, Netherlands, and Germany found that mothers with a good level of knowledge had high rates of EBF.<sup>25</sup> Mothers understood that EBF was beneficial for increasing endurance, preventing stunting, and being economical. Exclusive breastfeeding is an essential factor affecting infants' immunity and gut health.<sup>26</sup> Good immunity and a healthy gut prevent stunting.<sup>4</sup> The economic benefits align with a study in Quebec City and Trois-Rivieres, which found that EBF is more practical and economical.<sup>27</sup> However, there were also some complaints that mothers cannot do other jobs when giving EBF to babies. This reason was also found in a study in Quebec City and Trois-Rivieres where mothers will stop EBF if the mother has to work, go to school, or do other activities.<sup>27</sup>

*"Because I see that the child is different using infant formula milk and breast milk, there are many differences. If using infant formula milk, the child becomes fat, but the immune system is a bit low, the baby gets sick quickly. If using breast milk, his immune system is strong" (RKA004, mother 40 yo)*

It was also found that some mothers sought breastfeeding information from various sources such as maternal and child health book, internet, lectures, workplaces, and other experienced peoples. Maternal and child health book is very helpful in obtaining information about maternal and child health, especially exclusive breastfeeding.<sup>17</sup> Internet as a form of information source for mothers can also provide information about exclusive breastfeeding.<sup>28</sup>

*"Before attending breastfeeding supportive groups, I was also browsing on the internet that exclusive breastfeeding was critical; it also added knowledge from other mothers" (RKA002, mother 30 yo)*

### Mother's Experiences

Mothers obtained positive experiences during BSG activities, including directly breastfeeding practices or using prop dolls, and shared experiences with others directly. These two experiences were more enriching if the mother attended the activities in person compared to discussing it via WhatsApp only.

*"There is a different sensation when I come directly...Usually, the material for each meeting is different, besides that other mothers ask what the problem is now, I can also learn from the experiences of other breastfeeding mothers and additional information from cadres" (RKA002, mother, 30 yo)*

Prop dolls as breast substitutes support better understanding in practice on proper breastfeed attachments. A study found that participants had difficulty describing how to practice breastfeeding properly if they did not use prop dolls.<sup>29</sup> In addition, a study conducted in the northwest UK found that 88–99% of mothers agreed that

peer support makes them feel more confident in their mother's breastfeeding abilities.<sup>30</sup>

However, there is a contradictive view that formula milk is much easier than breastfeeding. A study explained that formula milk advertisements related to EBF failure, and mothers choose formula milk because they considered it normal, fear that breastfeeding will change the body shape, and consider formula feeding easier than breastfeeding.<sup>16, 30</sup>

### Beliefs/Myths, Traditional and Religious Activities in Bali

Two sub-themes found namely the customary/religious activities and myths/beliefs. Most breastfeeding mothers in Kekeran Village had no barriers related to traditional and religious obligations in Bali. The opposite situation occurred in Punggul Village, where most breastfeeding mothers unable to attend the program due to conflicts with traditional and religious obligations. The role of women in a religious or traditional ceremony ultimately requires the mother's presence and even has to leave her toddler,<sup>31</sup> otherwise they will be subject to customary sanctions in the form of fines or other sanctions, more to social sanctions.

*"It is time for them to do social work at Banjar...they must pay a fine, called as "mayah salah" if they do not come out and pay a certain amount" (RKB002, midwife)*

We also found a belief that mothers prohibited leaving the house before the baby aged 3 months old and on certain days (such as *Kajeng Kliwon*, which is considered as a sacred day in Hindu's belief). In line with another study, there was a relationship between belief and pregnancy, childbirth, and postpartum care practices, such as inappropriate behavior of wrapping the baby while being carried with *jarik* cloth (*batik* cloth that complements *kebaya* clothing). The mother believed the baby would be warmer and calmer. In fact, it will disturb the baby's health, activities and bone growth.<sup>32</sup>

*"in my opinion there is a barrier when I want to attend BSG. Three months after labor I only went to the doctor...I could not go anywhere, also at the time of "Kajeng Kliwon". Because of a belief that a breastfeeding mother at the time of "Kajeng Kliwon" was not allowed to go out to keep baby not being cranky....At first, I wanted to stop breastfeeding then I was advised, oh well, just join this activity....now the child is 8 months old and still giving breast milk... The plan is to continue providing breastfeeding until one year old." (RKP001, mother, 32 yo)*

### Self-motivation

Motivation is divided into two, intrinsic and extrinsic motivation.<sup>32</sup> This study found a strong intention for implementing and successful exclusive breastfeeding. Some mothers intended to motivate other breastfeeding mothers.

*"I want to motivate breastfeeding mothers to be successful in breastfeeding, but because there is no motivation in them, it becomes difficult for us. Self-motivation is the most important" (RKA003, mother, 32 yo)*

This situation is slightly different from the study conducted in the Purwosari Public Health Center Surakarta, which found a lack of initiative in seeking correct information about exclusive breastfeeding instead of believed on parents or in-laws experiences, which sometimes differed slightly from the practice of exclusive breastfeeding.<sup>23</sup>

## Social Support

There were three sub-themes of support namely: instrumental, emotional, and information supports from families, midwives, cadres, and village officials. Instrumental support from husband and parents/in-laws were such as escorting wife to BSG activities and childcare assistance.<sup>33</sup> Instrumental supports by the village included rewards, financial support, provision of supporting facilities such as a lactation corner at the village office and setting a schedule of activities. A study found that the instrumental support provided by community leaders was in the form of providing facilities and improving health facilities that already existed in the village to facilitate the activities of the Active Alert Village (*Desa Siaga*).<sup>34</sup> The midwife and cadre added that the mother's intention could grow because of supporting facilities such as a lactation corner at the activity site. This instrumental support has the most dominant impact on the mother's participation in the program.<sup>22</sup>

*"If it is from family or husband, my husband always attends meetings, always escorting me because we always bring babies, always come here" (RKA003, mother, 32 yo)*

*"... our activities are planned in the village's income and expenses budget ("APBDES") because these activities have a budget for toddlers and pregnant women, when it will be carried out, how much the budget for the activity. There is already a budget...A fixed schedule was made, but since there were other activities in Banjar, class activities could be postponed for one or two days. That was the solution used to keep the activity going." (RKD001, Village officer)*

Emotional supports from families, midwives, cadres, and fellow mothers were in the form of attention to the mothers. In line with a study in Klaten District, which found that social support from families was in the form of listening and attending to mothers' complaints during breastfeeding.<sup>35</sup> A study also found a supporting effect from health workers on exclusive breastfeeding through direct contact and good communication.<sup>36</sup>

*"Reminder, invitation to come again, often through WA, or sometime when we met at the market are often asked (the reasons) why never come....." (RKP001, mother, 32 yo)*

A study in The United Kingdom (UK) explains that peer support provides a value that encourages mothers to do the same activities.<sup>20</sup> Multi-center research in various countries found that mothers will be motivated and feel more appreciated if supported by their peers, so they will be enthusiastic and focus on improving their knowledge and mutual respect to other mothers.<sup>37</sup>

*"Yes, often because every month we visit a nursing mother's house twice a month to monitor breastfeeding mothers so that they continue to consume their breast milk" (RKK001, cadre, 28 yo)*

Informational supports were mostly coming from health workers. Health workers influenced the ability of mothers for caring newborns. They provided and shared information to increase mothers' knowledge, understanding and independence.<sup>32</sup> Following the circumstances found in the research in the Magersari Village, Sidoarjo, influencing factors of exclusive breastfeeding are normative beliefs so that they affect the intention to do exclusive breastfeeding.<sup>38</sup>

This study showed that mother's acceptance toward BSG program was good and its influencing factors included knowledge and perceptions of mothers about BSG, experience following BSG, culture, motivation, and social support. Breastfeeding mothers received the BSG program well, as can be seen from their positive attitude toward the program. Support from various parties is needed to increase the participation of breastfeeding mothers. In addition, instrumental support from the village in the form of rewards, financial support, the provision of supporting facilities such as a lactation corner at the Village Office, as well as setting an activity schedule that can be used as recommendations to village officials and BSG management in program improvement and evaluation of *Desa Siaga* activities. Instrumental support from the village is one aspect of community leaders' support which can be in various forms such as recognition/awards, construction of health

facilities, assistance to community needs, and informative support that can be used as an evaluation of *Desa Siaga* activities. This study had limitations that we only conducted the study at two villages in Badung District, hence, it may not represent the wider Badung or Bali area. Our exploration may also be limited to more descriptive picture without measuring the depth of the association between factors which should be explored in the future.

## CONCLUSION

This study found that Breastfeeding Support Group program was well accepted and mothers actively present at every activity. Factors influenced acceptance included good knowledge, perception and experience of Breastfeeding Support Group, culture, motivation, and social support. This result can be used by the BSG management to increase participation of mothers and effectiveness of BSG by providing implementation guide, to reach the mothers starting at pregnancy during antenatal care and to develop activities according to breastfeeding mothers' needs that are adaptive to local culture and customs. The management is also expected to negotiate the issue of customary sanctions that affect the presence of breastfeeding mothers in BSG activities to the village head and traditional local leader so that breastfeeding mothers receive special treatment in the form of relief or elimination of customary sanctions if at the same time they must participate in BSG activities. For policyholders to involve all relevant sectors, in addition, further research on a larger scale is needed to better understand the acceptance and problems of mothers participating in the BSG program.

## ACKNOWLEDGMENT

The author would like to thank the Village Head of Kekeran and Punggul, who gave their permission and assistance for the data collection, and all informants for their valuable contributions and willingness to participate in the study.

## AUTHOR CONTRIBUTION

ARS designed and conducted the study, analyzed the data, wrote the first draft of the manuscript, and edited the manuscript. NWAU and PA were involved in the study design and the research concept, provided feedback, and edited the manuscript.

## CONFLICT OF INTEREST

The author declares no conflict of interest.

## FUNDING

The researchers personally fund this research.

## REFERENCES

1. WHO. The World Health Organization's infant feeding recommendation [Internet]. who.int. 2020 [cited 2020



- Dec 19]. Available from: [https://apps.who.int/nutrition/topics/infantfeeding\\_recommendation/en/index.html](https://apps.who.int/nutrition/topics/infantfeeding_recommendation/en/index.html)
2. Victora CG, Bahl R, Barros AJ, França GV, Horton S, Krasevec J, et al. Breastfeeding in the 21st century: Epidemiology, mechanisms, and lifelong effect. *Lancet*. 2016; 387(10017): 475–490.
3. Rollins NC, Bhandari N, Hajeebhoy N, Horton S, Lutter CK, Martines JC, et al. Why invest, and what it will take to improve breastfeeding practices?. *Lancet*. 2016; 387(10017): 491–504.
4. Kahssay M, Woldu E, Gebre A, Reddy S. Determinants of stunting among children aged 6 to 59 months in pastoral community, Afar region, North East Ethiopia: Unmatched case control study. *BMC Nutrition*. 2020; 6(1): 1–8.
5. Ministry of Health of Republic Indonesia. 10 langkah keberhasilan menyusui [10 steps to successful breastfeeding]. Jakarta. 2011.
6. Ministry of Health of Republic Indonesia. Profil kesehatan Indonesia 2018 [Indonesian health profile 2018]. Jakarta. 2018.
7. Ministry of Health of Republic Indonesia. Hasil utama Riset Kesehatan Dasar 2018. [Main results of Basic Health Research 2018]. Jakarta. 2018.
8. Health Office of Bali Province. Profil kesehatan Propinsi Bali 2018 [Bali Province health profile]. Denpasar. 2018.
9. Van Dellen SA, Wisse B, Mobach MP, Dijkstra A. The effect of a breastfeeding support programme on breastfeeding duration and exclusivity: a quasi-experiment. *BMC Public Health*. 2019; 19(1): 1–12.
10. Nankunda J, Tylleskär T, Ndeezi G, Semiyaga N, Tumwine JK. Establishing individual peer counselling for exclusive breastfeeding in Uganda: implications for scaling-up. *Maternal & Child Nutrition*. 2010; 6(1): 53–66.
11. Ministry of Health of Republic Indonesia. Peraturan Pemerintah Republik Indonesia Nomor 33 Tahun 2012 Tentang Pemberian Air Susu Ibu Eksklusif [Government Regulation of the Republic of Indonesia Number 33 year 2012 regarding Exclusive Breastfeeding]. Jakarta. 2012.
12. Health Office of Badung District. Sosialisasi Garbasari di Desa Dalung [Information dissemination of Garbasari in Dalung Village] [Internet]. 2019. Available from: <https://diskes.badungkab.go.id/berita/14842-sosialisasi-garbasari-di-desa-dalung>
13. Ajzen I, Fishbein M. The influence of attitudes on behavior. In *The handbook of attitudes*, eds Albarracín D, Johnson BT, Zanna MP. New Jersey: Erlbaum. 2005; 173–221.
14. Hoddinott P, Chalmers M, Pill R. One-to-one or group-based peer support for breastfeeding? Women's perceptions of a breastfeeding peer coaching intervention. *Birth*. 2006; 33(2): 139–146.
15. Narsih U, Hikmawati N. Pengaruh persepsi kerentanan dan persepsi manfaat terhadap perilaku remaja putri dalam pencegahan anemia [The effect of vulnerability perception and benefit perception on adolescent girls' behavior in anemia prevention]. *Indonesian Journal for Health Sciences*. 2020; 4(1): 25–30.
16. Rosenstock IM. The health belief model and preventive health behavior. *Health Education Monographs*. 1974; 2(4): 354–386.
17. Nugrahani RR, Budihastuti UR, Pamungkasari EP. Health belief model on the factors associated with the use of HPV vaccine for the prevention of cervical cancer among women in Kediri, East Java. *Journal of Epidemiology and Public Health*. 2017; 2(1): 70–81.
18. Wulandari PY. Efektivitas senam hamil sebagai pelayanan prenatal dalam menurunkan kecemasan menghadapi persalinan pertama [The effectiveness of pregnancy exercise as a prenatal service in reducing anxiety in facing first delivery]. *Insan*. 2006; 8(2): 136–145.
19. Schetter CD, Tanner L. Anxiety, depression and stress in pregnancy: Implications for mothers, children, research, and practice. *Current Opinion in Psychiatry*. 2012; 25(2): 141–148.
20. Thomson G, Crossland N. Using the behaviour change wheel to explore infant feeding peer support provision; Insights from a North West UK evaluation. *International Breastfeeding Journal*. 2019; 14(1): 1–17.
21. Kurniawan B. Determinan keberhasilan pemberian air susu ibu eksklusif [Determinants of the success of exclusive breastfeeding]. *Jurnal Kedokteran Brawijaya*. 2013; 27(4): 236–240.
22. Oktalina O, Muniroh L, Adiningsih S. Hubungan dukungan suami dan dukungan keluarga dengan pemberian ASI eksklusif pada ibu [Relationship between husband's support and family support with exclusive breastfeeding for mothers]. *Media Gizi Indonesia*. 2015; 10(1): 64–70.
23. Ichsan B, Eko J, Wijayanto W. Faktor-faktor yang menyebabkan ibu-ibu mengikuti program kelompok pendukung ibu di Wilayah Puskesmas Purwosari Surakarta gagal dalam tindakan ASI eksklusif [Factors that cause mothers in the Purwosari Surakarta Health Center to fail in exclusive breastfeeding]. *Gaster*. 2015; 12(1):

- 81-88.
24. Astuti S, Judistiani TD, Susanti AI. Evaluasi pembentukan dan pelatihan kelompok pendukung ASI di Desa Mekargalih dan Cipacing Kecamatan Jatinangor Kabupaten Sumedang [Evaluation of the establishment and training of exclusive breastfeeding support groups (KP-ASI) in Mekargalih Village Jatinangor Sumedang]. *Jurnal Kebijakan Kesehatan Indonesia: JKKI*. 2016; 5(2): 81-85.
  25. Sarki M, Parlesak A, Robertson A. Comparison of national cross-sectional breastfeeding surveys by maternal education in Europe (2006–2016). *Public Health Nutrition*. 2019; 22(5): 848-861.
  26. Parigi SM, Eldh M, Larssen P, Gabrielsson S, Villablanca EJ. Breast milk and solid food shaping intestinal immunity. *Frontiers in Immunology*. 2015; 6: 415.
  27. Lamontagne C, Hamelin AM, St-Pierre M. The breastfeeding experience of women with major difficulties who use the services of a breastfeeding clinic: A descriptive study. *International Breastfeeding Journal*. 2008; 3(1): 1–13.
  28. Kurniasari L. Buku KIA dan pemanfaatan untuk peningkatan kesehatan ibu dan anak [MCH handbook and utilization for improving maternal and child health]. *Kesmas Wigama*. 2017; 1(4): 136-144.
  29. Andriani R, Ainy A, Destriatania S. Analisis pelaksanaan program ASI eksklusif di Wilayah Kerja Puskesmas Lumpatan Kabupaten Musi Banyuasin [Analysis of the implementation of the exclusive breastfeeding program in the Working Area of Lumpatan Public Health Center, Musi Banyuasin District]. *Jurnal Ilmu Kesehatan Masyarakat*. 2016; 7(1).
  30. Trickey H. Peer support for breastfeeding continuation : an overview of research. *NCT's J Prep parents birth early parenthood*. 2013;(21):15–20.
  31. Yusrina A, Devy SR. Influencing Factors of the Intentions Mothers Breastfeeding Exclusively in Kelurahan Magersari , Sidoarjo. *J Promkes*. 2016;4(1):11–21.
  32. Suryawati C. Faktor Sosial Budaya dalam Praktik Perawatan Kehamilan, Persalinan, dan Pasca Persalinan (Studi di Kecamatan Bangsri Kabupaten Jepara) [Socio-Cultural Factors in Pregnancy, Childbirth, and Postpartum Care Practices (Study in Bangsri District, Jepara Regency)]. *J Promosi Kesehat Indones*. 2007;2(1):21-31–31.
  33. Friedman M. Buku Ajar Keperawatan Keluarga : Riset, Teori, dan Praktek [Textbook of Family Nursing: Research, Theory, and Practice]. Edisi ke-5. Jakarta: EGC; 2010.
  34. Akbar MA, Gani HA, Istiaji E. Dukungan Tokoh Masyarakat dalam Keberlangsungan Desa Siaga di Desa Kenongo Kecamatan Gucialit Kabupaten Lumajang [Community Leaders ' Support in the Sustainability of Alert Village in Kenongo Village , Sub District of Gucialit , Lumajang Regency]. *Pustaka Kesehat*. 2015;3(3):1–9.
  35. Sopiyan L. Hubungan antara Dukungan Sosial (Suami) dengan Motivasi Memberikan ASI Eksklusif pada Ibu-ibu di Kabupaten Klaten [The Relationship between Social Support (Husband) and Motivation to Give Exclusive Breastfeeding to Mothers in Klaten District]. 2014; Available from: [eprint.undip.ac.id/1034/1/ARTIKEL\\_ASI.pdf](http://eprint.undip.ac.id/1034/1/ARTIKEL_ASI.pdf).
  36. Tri Yuliyanti, Anafrin Yugistyowati NSK. Dukungan Petugas Kesehatan dan Kemampuan Ibu Merawat Bayi Baru Lahir [Support of Health Workers and Mother's Ability to Care for Newborns]. *Indonesian Journal of Hospital Administration*. 2020;3(1):17-26.
  37. Trickey, Heather., Gill Thomson, Mala Mann SM. A realist review of one-to-one breastfeeding peer support experiments conducted in developed country settings. *Matern Child Nutr*. 2017;e12559.
  38. Rahmawati MD. Faktor-faktor yang Mempengaruhi Pemberian ASI Eksklusif pada Ibu Menyusui [Factors Affecting Exclusive Breastfeeding for Breastfeeding Mothers]. thesis. 2010;1(1):11.