

ORIGINAL RESEARCH

A Qualitative Study on the Breastfeeding Experiences of Young Mothers



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Abstract

Background: Breastfeeding practice for young mothers could be problematic, especially when supports are absent. Evidence reported that young mothers have risks of experiencing mental health problems and of behavioural problems in their children. Data showed that 36 per 1,000 childbirth occurred among Indonesian female adolescents aged 15-19 during 2018. Nevertheless, the breastfeeding experience of young mothers has not been well studied, particularly in the Indonesian context. Therefore, to develop professional caring and supporting relationships, it is important to address this knowledge gap.

Purpose: This study aimed to explore the experiences of breastfeeding practices among Indonesian young mothers.

Methods: A qualitative exploratory study was employed, and one-to-one in-depth interviews were conducted on 18 young mothers between May until August 2019. Data analysis was guided by Colaizzi's thematic approach.

Results: Four key themes emerged from the qualitative data, i.e., formal support of breastfeeding, the role of family, partner and peers, culture and judgement, and future aspirations and healthcare. Indonesian young mothers sought formal information on breastfeeding from healthcare providers. However, there was a lack of translation into practices due to lack of supports from partners, cultural beliefs, and parents' interference, which consequently led to the failure of breastfeeding. Indonesian young mothers were suggesting that breastfeeding information should also be provided to their circle of supports, such as partners and close relatives.

Conclusion: Indonesian young mothers experienced complex situations through their journey of breastfeeding practices. A tailored maternity health service involving partners, parents, and communities into culture-sensitive programme intervention is needed to provide professional caring, and reliable supportive sources of breastfeeding for young mothers.

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1. Introduction

Pregnancy and the child's birth for the first time is a major development transition period with important implications for women at any age (Esmaelzadeh Saeieh et al., 2017; Sriyasa et al., 2016). Studies consistently indicated that becoming a new mother requires the development of capacities to provide care for children, including breastfeeding and complementary feeding. While for young mothers, it can be problematic, especially when there is supports absence in their relational environment (Gyesaw & Ankomah, 2013; Pradanie et al., 2020; Smith et al., 2012).

Evidence shows that breastfeeding reduces the risks of many diseases in childhood and thereafter in adulthood; it also brings benefits to mothers' health (Beyerlein & von Kries, 2011). For instance, infants exclusively breastfed to six months are less likely to have gastrointestinal infections than mixed-fed or early weaned babies and show no significant markers of malnutrition (Frank et al., 2019). The content of breast milk itself may help limit obesity as it contains factors that inhibit adipocyte formation (Beyerlein & von Kries, 2011; Uwaezuoke et al., 2017). Breastfeeding also brings advantages for mother's health outcomes, such as reduces risks of maternal bleeding after birth (Dieterich et al., 2014), breast and ovarian carcinoma (Chowdhury et al., 2015), and postpartum depression (Sukriani et al., 2020). A longitudinal study based on a pregnancy cohort of 2,900 women, followed for 14 years, found that a shorter duration of breastfeeding (defined as less than six months, if at all) might be predictive of adverse mental health outcomes through to early adolescence (Oddy et al., 2011). This has implications for young mothers, who are more at risk of both mental health problems themselves and of behavioural

problems in their children (Rokhmah & Astuti, 2020). Indonesian national data shows that 36 per 1,000 childbirth occurred amongst female adolescents aged 15-19 (Ministry of Health Republic of Indonesia, 2018).

World Health Organisation (WHO) recommends exclusive breastfeeding for the first six months of life, which means giving the infant breast milk only, except for drops/syrups containing vitamins and minerals (WHO, 2018). However, data show that there was only 29.5% of Indonesian infants exclusively breastfed in 2017 (Ministry of Health Republic of Indonesia, 2018), which was far from the national target, i.e., 80% of infants exclusively breastfed. Previous studies conducted in Indonesia reported that socio-economic, environmental, pregnancy-birthing characteristics, mothers' employment, and maternal health services were factors associated with exclusive breastfeeding practices (Alifia, 2016; Anggorowati et al., 2017). Additionally, infants from high household wealth-index, infants whose parents were employed, and infants whose mothers had obstetric complications at childbirth had significantly decreased odds of exclusive breastfeeding (Titaley et al., 2014). It also needs to be highlighted that there is no available national data provided regarding the age of women who are exclusively breastfed.

Studies related to breastfeeding practices conducted in other countries focused on diverse aspects and participants, such as exploring young mothers experience of breastfeeding practice in the US (Smith et al., 2012), misconception and socio-cultural barriers of exclusive breastfeeding among Ghanaian women (Nsiah-Asamoah et al., 2020), and involvement of the leaders of religion in breastfeeding initiation in Nigeria (Oladejo et al., 2019). Growing numbers of studies are also emerging in Indonesia concerning the exclusive breastfeeding practice, for instance, the prevalence of exclusive breastfeeding in Indonesia (Yohmi et al., 2016), barriers factors associated with breastfeeding practices (Alifia, 2016), annual cost-effectiveness of breastfeeding practices (Siregar et al., 2018), and supports of breastfeeding practices within Indonesian context (Titaley et al., 2014). However, there are no studies conducted in Indonesia that focus on exploring young mother experiences of breastfeeding and infant feeding practice. Given that there is a high number of adolescent pregnancies in Indonesia, it is important to have evidence from the Indonesian context related to breastfeeding practice among young mothers to provide specific supports based on their real context life. Accordingly, this study aimed to explore the experiences of breastfeeding practices among Indonesian young mothers.

2. Methods

2.1 Research design

Exploratory qualitative research was applied as this research focus on understanding Indonesian young mothers' experiences of breastfeeding.

2.2 Setting and participants

This study involved participants from three local public health centres in Yogyakarta, Indonesia and was conducted from May to August 2019. A purposive sampling technique was used in this qualitative research, and qualitative samples were drawn to reflect the purpose and aim of the research (Percy et al., 2015). Therefore, the sample size was planned due to the practicality of this research in order to gain an in-depth understanding of young mothers being studied (Creswell & Poth, 2017). The research participants were 18 young mothers. Young mothers with the first children aged above 6 months up to 2 years old were included. Whilst, young mothers with learning disabilities were excluded as it was considered unjust to approach them as they were less likely to understand what was required from them and why. They may be less likely to provide informed consent to be involved in this research.

A midwife was selected as a gatekeeper to introduce this study to the potential participants by using flyers that included a brief overview of this study. When participants were interested to contribute to this study, potential participants were requested to provide their telephone number, and they were suggested that the researcher would contact them. After the list of potential participants with their telephone numbers from the midwife was gathered, author 1 or 2 or 3 contacted them via telephone, and made an appointment with participants for interview sessions.

2.3 Data collection

A one-to-one non-structured in-depth interview was used to collect sensitive data and facilitated young mothers to freely express their views privately. Seven participants were interviewed twice (Participant 2, 7, 9, 10, 11, 14, 18) to gain more clarity, while others were interviewed once. Data saturation was reached after 25 interviews with 18 participants. Interviews were conducted by using a topic guideline and audio recorded in Bahasa Indonesia. Probing questions were also applied to gain more rich and in-depth data. Table 1 shows the interview question guidelines.

Table 1. Interview question guidelines

Interview Questions
- When did you first think about breastfeeding? - What aspects influenced your breastfeeding experience? - What is/was your breastfeeding practice like? - What was your breastfeeding experience like in the hospital? - What was your breastfeeding experience like when you went home from the hospital? - What were your expectations for the breastfeeding experience, and how do/did your experience match those expectations? - What is/ was your experience like when you were out in the community? - What support would you have wished for that you did not have or did you have all the support you wanted?

All interviews were undertaken in a private room of the primary health care during daily working hours, for approximately 60 minutes per interview. Field notes were written soon after each interview to capture context, such as participant behaviours during interviews and/ or the researcher's thoughts and feelings in relation to the interview process.

2.4 Data analysis

Thematic analysis was conducted by using Collaizi's methods (Colaizzi, 1978) and N-Vivo 10 software was used for data management (Hoover & Koerber, 2011). The application of Collaizi's methods analysis steps included: (1) Familiarisation: transcripts were read and re-read to become familiarised with data by author 1,2 and 3; (2) Identifying significant statements: identification of all statements that were directly related to young mothers' experiences of breastfeeding practice; (3) Formulating meaning: identification of the meaning of statements relevant to the study; (4) Clusters of themes: common themes were clustered across data; (5) Developing an exhaustive description: narratively built full and inclusive description of young mothers' experiences; (6) Producing a fundamental structure: exhaustive descriptions were reduced to dense statements to capture central points; (7) Final validation: during analysis, verification was sought through co-researcher validation and feedback from participants for this study findings.

2.5 The rigour of the study

To maintain the rigour of the study, the authors conducted several strategies to improve credibility, transferability, dependability, and confirmability (Flick et al., 2007). Table 2 describes strategies implemented to maintain the rigour of the study.

2.6 Ethical considerations

Ethical approval was gained from the Ethical Board of Universitas Respati Yogyakarta, Indonesia (Reference Number: 143.3/FIKES/PL/V/2019). Permission from the Local Indonesian Ministry of Health and directors of primary health centres were secured before data collection. All potential participants were given participant information sheets, including the purpose of research, the role of the researcher, data confidentiality, right to withdraw, and length of interviews. A sign for consent needed to be obtained first before the interviews were conducted. Since all young mothers were married at the time of the interviews, consent was obtained from the individual.

Table 2. Strategies to improve the rigour of the study

Criterion	Application
Credibility	- Discussion meeting with co-author and assistants of the study. - Used a digital audio voice recorder to produce high quality audio records. - Verbatim transcription processes were carried out. - Transcripts were also checked against their recordings to ensure that the information obtained from participants were accurately converted. - Transcripts were translated from Bahasa Indonesia to English, and back translations were conducted by using a professional fellow who fluent in Bahasa Indonesia and English, as well as has experiences in transcriptions and translations of qualitative interviews. - Process of analysis also been recorded to enable the researcher to do an iterative process of data analysis.
Transferability	- Audit trail by documenting detailed account of study process including the study setting, methods and justification, and processes of interviews, data analysis and reporting findings.
Dependability	- Verbatim transcription processes were carried out. - Transparent description of the study steps taken from the start of a research project to the development and reporting of findings. - Used N-Vivo 10 to store and manage the data. The data were coded and analysis decisions recorded within this software. Labels and descriptions of the codes, initial grouping of codes and eventual theme building were recorded. This essentially provided a central point through which the research analysis process can be tracked.
Confirmability	- Audit trail by documenting detailed account of the research process including the research setting, methods and justification, and processes of interviews, data analysis, and reporting findings. - Keeping a reflective journal through the process of study. - Translations and back translations. - Member check was applied when data analysis completed to obtained participants' feedback on this study findings.

3. Results

3.1 Characteristics of participants

Eighteen young mothers from two public health centres consented to share their experiences of breastfeeding and infant feeding practice. All were married and had a first child above 6 months up to 2 years old. The characteristics of young mothers are described in Table 3.

Table 3. Characteristics of participants

Participant	Age (years old)	Profile	Age of first child (months old)
Participant 1	18	She completed high school and married due to premarital pregnancy, and at the time of interview, she was not employed. She lives with her husband and child together in her parents' house.	9
Participant 2	18	She left school at year XII due to premarital pregnancy, married, and at the time of interview she is working as a janitor in a primary school. At the time of interview, she, her husband and her child live together in her parents' house.	12
Participant 3	17	She left school at year XI due to premarital pregnancy, married, and at the time of interview she was not employed. At the time of interview, she, her husband and her child live together in her parent in law's house.	9

Table 3. Continued

Participant	Age (years old)	Profile	Age of first child (months old)
Participant 4	19	She completed school and married due to premarital pregnancy. At the time of interview, she was working as a cashier in a convenience mart. She lives with her husband and her child in a small rent house.	12
Participant 5	19	She completed school and at the time of the interview, she was working as a cashier in a western restaurant. She decided to marry on her own to a mature man. She lives with her husband and her child in a small rent house.	11
Participant 6	18	She completed school and at the time of the interview, she was looking for a job. She married as her parents asked her to marry; therefore, she married her mature boyfriend. She and her husband, as well as her child live in her parents' house.	7
Participant 7	17	She left school due to premarital pregnancy when she was in year X and then married. At the time of interview, she was not employed. She lives with her husband and her child in a small rent house.	6
Participant 8	17	She completed her secondary school and decided to marry her boyfriend due to parents' request. She was not employed at the time of interview. She and her husband as well as her child live in her parents' house.	8
Participant 9	19	She left school due to premarital pregnancy when she was in year X and then married. At the time of interview, she was not employed. She lives in a small rent house with her husband and child.	14
Participant 10	19	She completed school and worked as an employee in a textile manufacturer. She got married to her boyfriend due to premarital pregnancy and she is on the process of divorce.	16
Participant 11	19	She completed her school and worked as an employee in a textile manufacturer. She married due to parents' request. She married with close family and at the time of interview, she lives with her parents' in law with her child, whilst her husband works in a different province.	7
Participant 12	17	She left school due to premarital pregnancy when she was in year X and then married. She was not employed at the time of interview. She lives with her parents as well as with her child. She was in the process of divorce.	13
Participant 13	17	She completed secondary school and worked as a housemaid, but then due to premarital pregnancy, she resigned from the job and married with her boyfriend. She lives with her parents as well as her husband and child in her parents' house.	10
Participant 14	17	She completed secondary school and worked as a housemaid. She resigned from the job since her parents arranged married for her with her close family. She married a mature man and at the time of interview she and her child live in her husband house.	15

Table 3. Continued

Participant	Age (years old)	Profile	Age of first child (months old)
Participant 15	16	She completed her secondary school and didn't continue to high school due to premarital pregnancy. She married her mature boyfriend and at the time of interview her small family lives in a small rent house.	7
Participant 16	17	She completed her secondary school and decided to marry her boyfriend due to parents' request. She was not employed at the time of interview. She and her husband as well as her child live in a small rent house.	8
Participant 17	18	She completed her school and worked as a shop keeper. She decided to married her boyfriend as she felt ready to get married. She and her husband as well as her child live in a small rent house.	8
Participant 18	18	She left school due to premarital pregnancy when she was in year X and then married. She was not employed at the time of interview. She lives with her parents as well as with her child. She was in the process of divorce.	12

3.2 Themes emerged

Four key themes emerged from the data analysis: formal support of breastfeeding; social support and barriers for exclusive breastfeeding; culture and judgement; and future aspirations for healthcare.

3.2.1 Formal support of breastfeeding

Formal support of breastfeeding theme describes the experiences of young mothers who sought supports from healthcare services in regards to breastfeeding. Some participants stated that information related to breastfeeding was sought from midwives, as described by Participant 18:

"... She (midwife) was really helpful (pause); she taught me about how to breastfeed (pause); she said that my baby's tummy was only small so I had to breastfeed once within two hours and soon and soon (pause). I remember that the midwife taught me starting from when I still got pregnant, and again she taught me just hours after my baby born..." (Participant 18, 18 years old, mother of 12 months old child)

Additionally, antenatal care visit provided by midwives was most popular as a way to access formal information of breastfeeding. Meanwhile, community health workers became the most frequent information sources to access infant feeding practices among young mothers in this study. This experience was articulated by Participant 10:

"Bu Kader (community health worker) in my village was great (pause); she visited me and asked me if I need help (pause); she also told me how to cook healthy foods for my child (pause). She also told me how many times a day my child needs to be fed..." (Participant 10, 19 years old, mother of 16 months old child)

Other healthcare providers such as obstetricians and community nurses provided formal information for young mothers as well. However, they were accessed by the minority of participants within this study, as what was explained by Participant 1:

"...The doctor explained something about the benefit of breastfeeding (pause); she (doctor) said that breastmilk is the best food for my child, and she also taught me how to keep the breastmilk last longer in the fridge..." (Participant 1, 18 years old, mother of 9 months old child)

However, many young mothers experienced challenges to practice breastfeeding, although they have sought formal information. They found differences in regards to the way the information explained by midwives, doctors, and nurses with the real practice. Participant 3 describes her experiences.

“... It was very challenging when there were no midwives around; I felt like shaking and overwhelming to start breastfeeding (pause), particularly when my child cried (pause); my brain was like stopped working (pause). I then forgot every single piece of information I have sought.” (Participant 3, 17 years old, mother of 9 months old child)

3.2.2 Social supports and barriers to practice breastfeeding

The theme explains participants' experiences in regards to the supports sought and barriers to practice breastfeeding, which came from the families, partners, and peers, in the process of practicing breastfeeding and infant feeding. Young mothers were turning to their close relatives when they found challenges in their breastfeeding and infant feeding practices. Participant 8 articulated her experiences as follow:

“... my mother helped me and showed me how to (breastfeeding and infant feeding), and she was the first person I ask until today when I found problems with breastfeeding and infant feeding....” (Participant 8, 17 years old, mother of 8 months old child)

Interestingly, the majority of participants explained that their partner was not necessarily become a source of supports within the process of breastfeeding and infant feeding, as stated by Participant 11.

“My husband was also panic if my child cried (pause); he then stayed away and always asked me to seek help from my mother or my mother in law (pause). I understand that it is my role to taking care our child (pause) and his role is to earn money.” (Participant 11, 19 years old, mother of 7 months old child)

Additionally, several young mothers admitted that family was the first source to be turned when they found difficulties. However, young mothers sometimes regretted as their family had a lack practice of exclusive breastfeeding. This experience was demonstrated by Participant 5:

“My sisters did not breastfeed their children exclusively and neither my mother (pause); so sometimes I felt like that I had no support to keep going and trying this (exclusive breastfeeding); then at the end I gave up.” (Participant 5, 19 years old, mother of 11 months old child)

There was also evidence that need to be highlighted that all participants did not exclusively breastfeed their child due to factors related to employment constraint, lack of supports from family, and misunderstanding of the information related to exclusive breastfeeding. Participant 6 and 17 described their experiences.

“...I know it was not a wise decision, but really I was like in a battle alone (pause). Nobody support me to keep trying and keep going (pause), even my husband (pause). My peers were also giving formula milk to their child (pause), then I feel like just wanted to make my life easier so then I started to give my child formula milk in her 3 days old... I thought that I could partially breastfeed her, but then, after that, there is no milk at all from mine (breasts)” (Participant 6, 18 years old, mother of 7 months old child)

“...I was trying to breastfeed exclusively so I prepared the fridge to store my breastmilk to make it stay longer (pause). It was smooth at the beginning since I was really confident with 3 shelves full of breastmilk (pause); but then, when I started to work (pause) the production was less and less (pause). It might be because I have no time to pump the milk...” (Participant 17, 18 years old, mother of 8 months old child)

3.2.3 Culture and judgement

Culture values and judgement theme explains the experiences of young mothers related to local Indonesian culture which is associated with breastfeeding and infant feeding practices as well as social judgements they faced within the community. The majority of young mothers stated that their breastfeeding and infant feeding practices were influenced by their parents or their parents in law, which were instructed by community leaders. Such situations appeared to be one of factors that created internal tension amongst young mothers in regards to breastfeeding practices. Many young mothers had to practice breastfeeding contravening with what they wished due to cultural discourse and practice. This experience was described by Participant 13.

“...my mother in law gave her (baby) honey hours after she was born (pause); it is a local culture actually to do so (pause). Mbah Carik (community leader) said that honey needs to be given to newborn in order to prevent any diseases (pause). I was not thinking so but I was not brave enough to tell my mother in law...” (Participant 13, 17 years old, mother of 10 months old child)

Additionally, the majority of young mothers experienced a lack of autonomy in breastfeeding and infant feeding against their parents or parents in law, as what was articulated by Participant 12.

“...I was like had no autonomy to take care of my own baby (pause), especially when against my mother in law (pause). I was placed as a person who did not know nothing about breastfeeding and infant feeding (pause). I was heartbroken (pause) when I found my 7 days old baby had been fed with a mashed banana by mother in law (pause).” (Participant 12, 17 years old, mother of 13 months old child)

Some young mothers also experienced negative judgement which consequently had an effect on their breastfeeding and infant feeding practices. Some young mothers found the attitudes of the wider world, sometimes including health care professionals, to be threatening and sometimes, in the case of a new mother, directly unhelpful. They were aware that there were criticisms of young mothers such as immaturity and lack of preparation. This experience was explained by Participant 14.

“He (the baby) was crying so much at the time when I visited the public health centre and everyone was looking at me down (pause). I gave a bottle of milk to calm him down (pause), then suddenly a nurse came to me and briefly said that my baby should not have it in front of public (pause). I was really upset I felt like I could not look after my baby well (Participant 14, 17 years old, mother of 15 months old child)

3.2.4 Future aspirations for healthcare

This theme describes young mothers' aspirations related to breastfeeding and infant feeding practices for health and social care. It was evident that young mothers sometimes found healthcare and social care interventions had not meet their real needs. Participant 2 articulated her experience:

“... The midwife was telling me to give my baby only breastmilk (pause); she also gave me many brochures with many pieces of information related to breastfeeding (pause); but actually what I really need was that she told to my mother in law (pause). It is because I was like powerless against my mother in law (pause); she is the one who gave my baby mashed rice few days after my baby born...” (Participant 4, 19 years old, mother of 12 months old child)

Many of the young mothers also hoped that any information related to breastfeeding and infant feeding practice should also be given to partners and other close relatives, such as mothers and mothers in law, as what was described by Participant 2:

“... I believe if I could get a strong support, I could exclusively breastfeed my baby (pause). The problem was my partner was like do not do anything (pause) about baby’s matter. I meant (pause), then he kept asking my mother in law (pause), then he asked me to do whatever my mother in law said (pause). He said that I need to believe an experienced person (pause) well, in this case, was my mother in law...” (Participant 2, 18 years old, mother of 12 months old child)

Some young mothers also hoped that healthcare professionals should coach new mothers to succeed in exclusive breastfeeding. Participant 9 articulated her experience.

“... it was challenging to implement theory which midwives said in public health centres to practice in my real life (pause). I think it would be great if midwives could visit new mothers like me at home and couch me once or two times in a week at the beginning (pause), then when I have got settled, it could be once in a month (pause). I don’t know if it is possible.” (Participant 9, 19 years old, mother of 14 months old child)

Other young mothers explained that healthcare facilities should provide more supports for breastfeeding. Several young mothers found that healthcare facilities had limited supports for breastfeeding. Participant 16 demonstrated her experiences.

“... I didn’t understand the way the nurses and other healthcare providers in that hospital behave (pause). Compared to the hospital where my sister gave birth (pause), it was much different (pause). My sister was supported to breastfeed just right after she gave birth (pause); she could even have skin to skin after her baby born (pause). Meanwhile, in my case, there was nothing like this (pause); a nurse showed my baby then told me that the baby was girl. She was right (pause); then my baby was brought to a different room...” (Participant 16, 17 years old, mother of 8 months old child)

A similar experience was also described by Participant 8, as follow:

“.... I think the hospital where I gave birth was not breastfeeding friendly (pause) the doctor did not say anything about breastfeeding and the midwives only provided breastfeeding information by saying (pause), yes only by saying (pause). She didn’t teach me how to breastfeed in practice (pause). I did not really understand actually (pause); it was different from the hospital where my friend gave birth...” (Participant 8, 17 years old, mother of 8 months old child)

4. Discussion

This study was to explore Indonesian young mothers’ experiences of breastfeeding and infant feeding practices. It delineates that young mothers within this study experienced challenges to practice breastfeeding due to limited support sources, parent interferences, culture, and social judgement.

4.1 Formal support of breastfeeding

In this study, some participants found health care professionals were useful as formal information sources related breastfeeding practices. Additionally, an antenatal care visit is an important time for young mothers to access information related to breastfeeding. This evidence is echoed by other studies that mothers with frequent antenatal care attendance have a high level of knowledge related to breastfeeding practices (Biks et al., 2015; Tewabe et al., 2017). However, the findings of this study show that the young mothers found challenges in practice it or even some the young mothers did not practice it. This situation has been shown elsewhere that awareness of optimal breastfeeding messages does not necessarily translate into practice (Joseph & Earland, 2019). Others reported that even though women receive and understand the information at the time of antenatal care visit, healthcare professionals should provide continued supports for mothers, especially those who experiences first mother in order to minimise barriers of sustainable breastfeeding practice (Danso, 2014; Sukriani et al., 2020).

Furthermore, the strategies, attitudes and behaviours of healthcare professionals were also influencing the breastfeeding practice of first time mother (Johnson et al., 2016). It is in line with findings of this study that threatening behaviours such as judgement and stereotype as well as lack of engagement to support young mothers discouraged young mothers to practice breastfeeding in this study. Although there is a national protocol provided by the Indonesian government to provide breastfeeding friendly in Indonesian healthcare facilities, there are many healthcare facilities which have not adopted the protocol as hospital policy. Commitment of policy makers to promote breastfeeding friendly within healthcare facilities is necessary to support breastfeeding practice (Hughes, 2015).

4.2 Social supports and barriers to practice breastfeeding

Parents' interferences were also experienced by young mothers in this study in practicing breastfeeding and infant feeding practice. Previous literature reported that parent's and children's relationships in some cultures and communities become interlocked relationships throughout the life course and in many aspects of life (Reczek et al., 2011). Findings from the study also suggest that all participants were not exclusively breastfeeding and the findings also indicate that parents' interferences influence their breastfeeding practices. Even though some young mothers explained that they obtained adequate information from healthcare providers, they were powerless to practice them, which were hindered by their common family practices. The finding is similar with previous research findings as factors that significantly contribute to breastfeeding practices are family, social community and cultures (Titaley et al., 2014).

In addition, less autonomy as parents was also depicted from the experiences of young mothers, for instance, in decision related to breastfeeding practices. It is most probably because they were living with their parents. In the parents' home, they were still situated as children but they also desire to and are expected to find a parenting identity. Therefore, it was more likely that conflicting identities appeared. For example, young mothers need to behave based on their parent's or parent's in law's family rules which resulted in personal tensions, issues, and conflict in their own decisions. The finding is consistent with other literature that tensions usually appeared in between conflicting identities of being parents and children when people are living with their extended families (Reczek et al., 2011). However, for some young mothers, close relatives such as partners, mothers, mothers-in-law, and sisters were firstly being first sources to seek helps when young mothers find issues related to breastfeeding and infant feeding practice. Previous literature reported that grandmothers and fathers have a key role in the decision of breastfeeding and infant feeding practice in many countries (Bich et al., 2019; Draman et al., 2017).

There is also interesting evidence that husbands were not the first source that had been accessed by the majority of young mothers when they found difficulties in regards to breastfeeding. It is seemingly that there are role divisions influenced by gender role differences within the Indonesian community. It is a fact that in Yogyakarta Province, Indonesia, where this study was conducted, patriarchal culture is still considered strong and it influences many life discourse and practices within communities. For instance, women are responsible for domestic tasks and caring for any matters related to the children, whilst men are responsible for earning money (Platt, 2017). Therefore, as breastfeeding is considered as an aspect related to child care, Indonesian women need to manage it (Astuti et al., 2019). The finding denotes that husbands lay on their mothers when young mothers require support to practice breastfeeding. In fact, studies reported that verbal encouragement and involvement in breastfeeding activities from partners perceived by mothers was positively associated with capability and confidence as well as self-esteem of mothers to practice breastfeeding (Mannion et al., 2013).

4.3 Culture and judgement

The culture was also found to play an important role in the failure of exclusive breastfeeding practice amongst young mothers within this study. Young mothers experienced powerless against the cultural discourse and practice applied by their parents and parents-in-law in which led to the failure of exclusive breastfeeding practices such as giving certain foods or liquid to infants. This has been echoed by others that cultural beliefs and practice within local context have significantly influenced breastfeeding practices, such as in India and Kenya, people believe that colostrum needs to be avoided (Subbiah & Jeganathan, 2012; Wanjohi et al., 2017). Studies of feeding

practices in different countries have also shown a large variety of beliefs and traditions related to breastfeeding that discourage women to practice breastfeeding. Therefore, there is a need to provide an innovative intervention to promote intervention which contextually suitable within communities (Hunegnaw et al., 2017), for example involving community leaders and leaders of religion to promote breastfeeding (Kamoun & Spatz, 2018; Wanjohi et al., 2017). There were success stories in implementing breastfeeding promotion involving community leaders and leaders of religion in Indonesia, however, the programme interventions were only provided in few provinces as the funds from international Non-Government Organisations (NGOs).

4.4 Future aspirations for healthcare

A strong finding from the in-depth interview was that healthcare workers were perceived by young mothers in some points did not meet their real needs. This experience was probably because in Indonesia, there are specific maternal healthcare services for young mothers. In fact, young mothers have a higher risk to have a negative experience during their maternal period than their older counterparts, including difficulties and failures in breastfeeding practices (Astuti et al., 2020; Hodgkinson et al., 2014). It is evident that some young mothers within this study experienced a lack of support to practice breastfeeding that discourages them to breastfeeding practices and subsequently led them to give formula milk. It is probably because healthcare professionals were not being involved in any training to support breastfeeding practices (Pérez-Escamilla et al., 2016). Other possibilities are that there is a distribution of formula milk pack to young mothers at hospitals. It is fact that a formula milk is often found in a mother package which is distributed as hospital package. This practice is also reported elsewhere that commercial hospital discharge packs are one of several factors that influence breastfeeding duration and exclusivity (Astuti & Morgan, 2018; Baker et al., 2016). Barriers from husband and family members were also identified as aspects contributing to the failure of breastfeeding practices among young mothers in this study. Given that experiences, young mothers in this study provide aspirations that healthcare providers should have professional training to support breastfeeding practices that involves young mothers' partners, parents, and parents-in-law to provide support for breastfeeding mothers. Day-to-day coaching for breastfeeding practices was also found to be useful to address young mothers' needs particularly during the first days of the postnatal period. Additionally, educating men in regards to breastfeeding practice could be considered as an alternative way to promote breastfeeding practice, as successfully implemented in many countries (Brown & Davies, 2014; Hansen et al., 2018).

5. Implication and limitation

As this study aimed to explore breastfeeding practices among Indonesian young mothers, thus, learning from this findings creates implication that policy makers and health care providers, such as midwives or nurses, should enable young mothers to practice breastfeeding appropriately. Selecting an exploratory qualitative study as the study design to achieve the aim was also appropriate because it helped the researchers gain in-depth information from young mothers, and generate data directly from young mothers' voices, not from other third parties such as parents, partners, or healthcare providers. The credibility, transferability, dependability, and confirmability were maintained during the study to improve the rigour of this study. However, it should be acknowledged that, despite the strengths of the approach adopted, there are some limitations to be considered. Since this study is a reflection of young mothers' perspectives in only a single case study and at a particular place and time, the evidence of this research may not reflect the larger perspectives. Additionally, it can be noted that transcriptions were not checked by participants, but, transcripts were checked against their recordings by more than two authors (author 1, 2, and 3) to ensure that the information obtained from participants was accurately converted. Therefore, future studies could be conducted using more research fields, which may consequently provide a wider spectrum of experiences. Having participants' validation during the process of transcriptions could also be implemented in future qualitative studies related to breastfeeding experiences of young mothers to enhance the rigor of the study.

6. Conclusion

This study added knowledge from a specific Indonesian context that Indonesian young mothers have already sought information about breastfeeding at the time of antenatal care visit,

however, there is a lack of translation into practice. A specific intervention such as a home visit could be arranged to sustain breastfeeding practice when young mothers leave maternity services. The role of parents played an important aspect in a breastfeeding practice, therefore a programme intervention involving or targeting parents and parents-in-law could be feasible to implemented. Additionally, culture-sensitive and community-driven policies and integrated interventions throughout the prenatal to a postnatal period that address social and cultural barriers could be tailored. Strengthening policy implantation of breastfeeding-friendly hospital is another important aspect need to be considered.

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Conflict of interest

None

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