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Original Article

How Do Pregnant Women in Surakarta Understand, Feel About, and Perceive Breastfeeding? A Qualitative Study Using Snowball Sampling

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ABSTRACT

Breastfeeding is critical for the health of both mothers and infants, with global recommendations supporting exclusive breastfeeding for the first six months. This study aimed to examine the knowledge, attitudes, perceptions, and challenges faced by pregnant women in Surakarta: Five women between 28 and 36 weeks of gestation were recruited using snowball sampling, and data were collected through in-depth interviews. Thematic analysis, conducted using NVivo 12. Revealed that while participants generally demonstrated a high level of preparedness for breastfeeding, challenges such as public discomfort, inconsistent readiness, and emotional uncertainties persisted. The support of their husbands was felt to be crucial by the participants in this study. However, as the study involved only five pregnant women, the findings should be interpreted with caution, and may not be generalizable to a wider population. Nonetheless, this study suggests thast emphasis should be placed on addressing the individual needs of mothers and providing appropriate support interventions to help overcome emotional and logistical barriers, which could enhance effective breastfeeding practices in similar contexts.

INTRODUCTION

Breastfeeding is a crucial aspect of infants and maternal health. Exclusive breastfeeding for the first six months of an infant's life is strongly recommended by global health organizations such as the WHO and UNICEF. However, breastfeeding practices are often influenced by various factors, including knowledge, attitudes, and social support for pregnant women. This study aimed to explore the knowledge, attitudes, perceptions, and challenges pregnant women in Surakarta face regarding breastfeeding.

Breastfeeding is a crucial aspect of infant and maternal health, with exclusive breastfeeding for the first six months of an infant's life strongly recommended by global health organizations such as the World Health Organization (WHO) and UNICEF.[1] However, breastfeeding practices are often influenced by a variety of factors, including knowledge, attitudes, and social support for pregnant women, which can significantly impact the likelihood of adherence to these recommended practices.[2] This study aimed to investigate the knowledge, attitudes, perceptions, and challenges pregnant

women in Surakarta face regarding breastfeeding, as these factors are essential for improving breastfeeding initiation and continuation rates among new mothers.[3] The significance of understanding these dimensions is underscored by prior research, indicating that cultural beliefs, economic hardships, and inadequate support networks can greatly hinder the successful practice of exclusive breastfeeding in various regions, emphasizing the need for targeted interventions to enhance maternal self-efficacy and foster an enabling environment for breastfeeding.[2,4]

Studies have explored the factors that influence breastfeeding practices in various contexts. Research has shown that interventions aimed at improving awareness and support can significantly boost exclusive breastfeeding rates, especially in communities where traditional practices pose challenges to modern guidelines, highlighting the necessity for comprehensive programs that engage multiple stakeholders, including healthcare providers and community leaders.[4,5] In Indonesia, studies have identified low rates of early breastfeeding initiation with varying degrees of adherence to exclusive breastfeeding recommendations, underscoring the need for further investigation into the barriers and facilitating factors within specific regions, such as Surakarta.[2,4] These insights reveal a complex interplay of social, economic, and cultural factors that influence breastfeeding behaviors, suggesting that a multifaceted approach is essential for fostering improved breastfeeding practices among pregnant women.[3,4]

Understanding breastfeeding knowledge, attitudes, and perceptions among pregnant women is critical to improving maternal and infant health outcomes. In particular, Surakarta presents a unique context where cultural customs, such as early introduction of solid foods (qurma) and reliance on traditional herbal remedies ("Tahnik bayi"), may pose challenges to exclusive breastfeeding. Additionally, limited access to breastfeeding support services in local health facilities and the significant influence of extended family members, especially grandmothers, in infant care decisions further complicate adherence to breastfeeding guidelines. This study is necessary because it will provide valuable insights into the barriers pregnant women face in this region and help inform the development of targeted interventions that promote breastfeeding. The findings will contribute to efforts to enhance stakeholders' ability to implement programs that are tailored to the specific cultural and social conditions of pregnant women in Surakarta.

METHODS

Study Design

This study employed a qualitative design, with in-depth interviews, to explore the subjective experiences of pregnant women regarding breastfeeding.

Setting and Participants

The study was conducted in Surakarta with pregnant women selected through snowball sampling, starting with a key informant, a midwife, at the Ngoresan Primary Health Center. After receiving information from the midwife, she recommended that additional pregnant women meet the inclusion criteria for the study. The inclusion criteria were pregnant women with gestational ages between 28 and 36 weeks, willingness to participate, and living in the Surakarta area. Pregnant women with complications or health conditions that could affect the study outcomes were excluded. Five pregnant women were included in the study according to the established inclusion criteria.

Sampling Technique

Snowball sampling was employed, beginning with a midwife at the Primary Health Center as the key informant. After the first interview, the midwife provided recommendations for additional pregnant women who were interviewed. This process continued until five participants were recruited.

Interview Procedure

Interviews were conducted by the lead researcher, a female lecturer with a Master's degree in Public Health. The researcher underwent training in qualitative research methods, particularly in the use of NVivo 12 software for data analysis. Each interview lasted between 30 and 60 minutes, and was conducted at the participants' homes for convenience. The interviews began with general questions to build rapport and make participants feel comfortable before moving on to specific topics related to breastfeeding knowledge, attitudes, and challenges.

Research Instrument

An interview guide was developed, covering seven main topics, including knowledge, attitudes, perceptions, and breastfeeding preparation. This guide was created based on a literature review and consultation with healthcare professionals. Questions included, "What do you know about breastfeeding?", "What are your perceptions regarding exclusive breastfeeding?", and "What challenges do you think you might face when breastfeeding?". These questions helped guide the discussion and allowed participants to share their experiences and concerns in detail.

Data Collection

All interviews were audio-recorded with participants' consent. In addition to audio recordings, field notes were taken by the researcher to capture nonverbal expressions and the general atmosphere during the interviews. Interview data were transcribed verbatim for further analysis.

Data Analysis

Data were analyzed using a thematic approach with the aid of NVivo 12 software. Thematic coding was done inductively, identifying key themes and sub-themes that emerged from the data. Major themes, such as breastfeeding knowledge, attitudes toward breastfeeding, and social support, were central to the analysis. To ensure the validity of the data, we employed member checking by sharing the preliminary findings with the participants to confirm the accuracy of the interpretations. In addition, researcher triangulation was conducted, where multiple researchers discussed and reviewed the themes to reach a consensus and reduce bias in the analysis.

Ethical Considerations

This study was approved by the Research Ethics Committee of the Dr. Moewardi General Hospital (No. 1.477/VI/HREC/2024). Each participant was fully informed of the study objectives and interview procedures before providing written consent.

RESULTS

Breastfeeding Knowledge

Qualitative analysis conducted with five respondents revealed that knowledge regarding breastfeeding was generally well established among the participants. All respondents (n=5) reported having received information related to breastfeeding primarily from healthcare providers. Notably, all five respondents felt that the information provided by the healthcare professionals was sufficient to meet their breastfeeding needs.

The sources of breastfeeding information utilized by the respondents varied. While healthcare professionals were the predominant source of information, other sources, such as online platforms (n=2) and friends (n=4), also played a significant role. This highlights that, while healthcare professionals are the primary source of information, supplementary information is also sought through social networks and digital platforms.

In terms of the perceived benefits of breastfeeding, all the respondents acknowledged the

significant role of breast milk in their infants. However, there were variations in the identified benefits. Only one respondent emphasized the role of breastfeeding in fostering emotional bonding between mothers and children. Four respondents highlighted the benefit of breastfeeding in strengthening the infant's immune system, while three recognized breast milk as the primary source of nutrition, supporting infant growth. Only one respondent mentioned the cognitive benefits of breastfeeding and its role in supporting the overall growth and development.

Regarding the importance of exclusive breastfeeding, all respondents acknowledged its significance in infant health. Among the five respondents, two considered exclusive breastfeeding important, while the remaining three rated it as very important for infant development and health outcomes.

When exploring basic breastfeeding techniques, it was evident that respondents' knowledge varied. One respondent admitted having no knowledge of basic breastfeeding techniques, while three respondents were familiar with the importance of proper latch during breastfeeding. Four respondents demonstrated an understanding of the correct positioning required to ensure successful breastfeeding.

Attitudes and Perceptions Toward Breastfeeding

All the respondents (n=5) expressed confidence in their ability to breastfeed. They unanimously indicated that they felt capable and certain of their ability to successfully breastfeed their infants.

However, despite this confidence, all the respondents (n=5) reported discomfort with breastfeeding in public spaces. This discomfort suggests that societal and environmental factors may influence breastfeeding behavior, particularly in public or outside private settings.

In terms of emotional responses to breastfeeding, feelings varied among participants. While one respondent expressed feelings of anticipation ("hopeful") regarding breastfeeding, two respondents experienced anxiety or unease ("anxious"). In contrast, three respondents described positive emotions, stating that they felt happy while breastfeeding.

When asked about any specific preferences or beliefs related to breastfeeding, all five respondents reported having no particular preferences or strong beliefs beyond their existing knowledge and practices of breastfeeding. This indicates a level of openness to breastfeeding without rigid adherence to specific practices or guidelines.

Breastfeeding Preparation

All five respondents (n=5) indicated that they were preparing for breastfeeding. However, none of them had completed the necessary preparations for equipment and tools, indicating that while the intention to prepare was present, actual completion had not yet been achieved.

Regarding personal preparation for breastfeeding, all the respondents engaged in some form of self-preparation. Three respondents mentioned that they were actively involved in breast care such as cleaning their breasts. Four respondents indicated that they had attended breastfeeding classes, which helped them feel prepared. However, only one respondent mentioned paying attention to their diet as a part of their preparation. Additionally, two respondents focused on mental preparation (psychological readiness), and one respondent shared experiences with others as a form of preparation.

Regarding special plans for breastfeeding, the responses varied. One respondent planned to practice direct breastfeeding (DBF), while another respondent planned to undergo therapy as part of their preparation. However, three respondents did not have any specific plans.

Time management has emerged as an important preparation aspect. All the respondents were involved in planning how they would manage their time after the baby arrived. Three respondents planned to share responsibilities with their husbands, while one respondent mentioned preparing a stock of breast milk as part of their time management strategy. Three respondents also

indicated that setting priorities was a critical component of their time management plans.

Previous Experiences

Among the five respondents, three had prior breastfeeding experience. This experience provides valuable insights into the challenges they face and how they shape their future breastfeeding plans.

Two respondents mentioned that they had breastfed their children for two years, while another respondent reported using a combination of breastfeeding and formula feeding. One respondent exclusively used the formula based on their previous experience.

Regarding what they would do differently in their next breastfeeding experience, two respondents indicated their plans for change. One respondent mentioned a desire to improve their breastfeeding position, while another expressed that they did not plan to make any changes based on their previous experiences.

Respondents also shared the challenges they encountered during their earlier breastfeeding journeys. These included a low milk supply (n=1), engorged breasts (n=1), and sore nipples (n=1). These challenges were significant and played a role in shaping respondents' approaches to future breastfeeding.

Social and Family Support

The results indicate that social and familial support play a significant role in the breastfeeding experiences of informants. All five informants reported receiving verbal support from their husbands and family members, which was instrumental to their breastfeeding journey.

Regarding assistance from others, however, only one respondent indicated receiving help from their family, while three mentioned their husbands as the primary source of support. In addition, one respondent received help from both their husbands and families.

Community involvement has emerged as an important aspect of support. All five informants emphasized the role of the community, particularly through sharing experiences with other mothers. One respondent specifically noted the encouragement and motivation ("semangat") they received from their community.

Healthcare professionals also played a crucial role in supporting informants. All five informants reported that healthcare workers facilitated breastfeeding classes, which provided essential information and guidance. Additionally, one respondent mentioned that healthcare workers facilitated consultations, allowing them to receive personalized support.

Hopes and Challenges

The study's findings revealed that the informants held clear hopes and faced various challenges related to breastfeeding. All five informants shared their aspirations, with four hoping for a smooth breastfeeding process ("ASI lancar"). Two informants expressed hope for good growth and development of their infants, while one respondent emphasized the desire for their child to remain healthy throughout the breastfeeding period.

In terms of specific concerns, four informants reported particular worries, the most common being the concern that their breastfeeding might not go smoothly ("ASI tidak lancar"), which was mentioned by three informants. One respondent did not report any concern.

The informants also discussed how they planned to address the challenges encountered during breastfeeding. Strategies for overcoming these challenges varied among informants, with each highlighting a different solution. These included the use of a cup feeder, identifying the root causes of breastfeeding difficulties, maintaining confidence, managing time effectively, adopting a healthy lifestyle, setting priorities, protecting oneself (physically and emotionally), undergoing therapy, and refraining from pushing oneself too hard.

When asked about the biggest challenges they faced, all five participants identified significant

obstacles. These challenges included adapting to the breastfeeding process (n=2), dealing with a delayed onset of milk production ("ASI belum keluar") (n=2), physical conditions that made breastfeeding difficult (n=2), refusing to breastfeed (n=1), and the challenge of maintaining a consistent schedule (n=1).

Decision-Making

The analysis of decision-making and social challenges revealed how informants navigate their breastfeeding journey with support and strategies for overcoming external pressures.

In terms of decision making, all five informants reported that they involved other people in their decisions about breastfeeding. Four informants mentioned that their husbands played a significant role in the decision-making process, while one sought advice from someone with prior experience in breastfeeding.

When addressing social challenges, the informants employed different strategies. Four informants stated that they carefully considered external opinions before making their decisions ("dipertimbangkan"). One respondent focused on self-protection ("proteksi diri"), while four informants reported that they chose to ignore social pressure altogether ("tidak menghiraukan").

Interestingly, despite the potential for social pressure, all five informants reported that they did not experience any significant social pressure regarding their breastfeeding choices ("tidak ada").

DISCUSSION

This study reveals that pregnant women in Surakarta possess a good understanding of the benefits of breastfeeding, particularly in terms of boosting immunity and promoting infant growth, with most information obtained from healthcare professionals. These findings align with previous research, which has identified healthcare providers as the primary source of information on breastfeeding for expectant mothers.[6] However, some women also accessed information from online platforms and social networks, highlighting the important role of the internet and social groups in expanding breastfeeding knowledge.[7]

Although respondents expressed confidence in their ability to breastfeed, many reported discomfort with breastfeeding in public spaces. This is consistent with another research that identified public breastfeeding as a major challenge for mothers globally, shaped by social and cultural norms.[8,9] The discomfort not only affects personal breastfeeding experiences but may also influence mothers' decisions to continue breastfeeding for longer periods.[10–12] Additional support to help mothers overcome the anxiety associated with public breastfeeding is crucial to ensuring sustained breastfeeding.[13]

In terms of breastfeeding preparation, most respondents engaged in some form of physical and mental preparation. However, some had not yet completed the practical preparations, such as gathering the necessary equipment. This finding is consistent with previous research, which also showed that while many mothers intend to breastfeed, practical preparations like obtaining breastfeeding supplies are often delayed or overlooked.[14,15] Additionally, previous breastfeeding experiences influenced how the mothers planned for future breastfeeding, a pattern also observed by previous research where mothers with negative prior experiences tended to be more cautious in their planning for subsequent breastfeeding.[16,17]

Social and family support, particularly from husbands, played a critical role in the breastfeeding journeys of the respondents. This finding is in line with Pakilaran (2022), who emphasized the importance of husband support in breastfeeding success.[18] While verbal support from husbands and family was significant, practical assistance was often limited. Early study show that that verbal support alone is not always sufficient, and mothers often require more hands-on assistance.[19] Additionally, the role of the community in providing emotional support through shared experiences with other mothers was beneficial.[20]

Mothers expressed strong hopes for a smooth breastfeeding process, although concerns about potential challenges, such as inadequate milk supply, were significant. This is consistent with findings from previous study which highlighted that while mothers have high expectations for breastfeeding, they often feel anxious about potential obstacles.[21] Mental and physical preparation, combined with efficient time management, played a key role in overcoming these challenges.[22] Proper preparation enhances mothers' confidence in handling breastfeeding difficulties.

CONCLUSION

This study shows that pregnant women in Surakarta have good knowledge about the benefits of breastfeeding, but they still lack enough practical and emotional support. While family members, especially husbands, offer verbal support, mothers need more practical help, like access to breastfeeding tools and proper guidance on techniques. Many mothers also feel uncomfortable breastfeeding in public, showing a need for better support to reduce anxiety and social stigma. The study highlights the importance of both practical and emotional support for successful breastfeeding, areas that are often ignored. Improving these supports could help mothers have a better breastfeeding experience and improve health for both mothers and babies.

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