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Original Research Article

Perceptions of Relactation from a Mother Who Failed Exclusive Breastfeeding in Malang, East Java – Indonesia: A Descriptive Phenomenological Study

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Abstract: ***Background:*** Most of the breastfeeding problems such as relactation experience stem from the psychological condition of the women who experience it. Those stress conditions affect the brain loci that control the perception of health. Perception's problem is a very broad and complex. Therefore, interesting to understanding about perceptions of relactation experiences in women who failed to provide exclusive breastfeeding through qualitative methods. ***Method:*** The research was conducted using descriptive phenomenology on 10 informants through semi-structural interviews. ***Result:*** Seven themes obtained namely (a) Knowledge about Breastfeeding (b) Support obtained during breastfeeding (c) Role of health workers in the breastfeeding process (d) Postnatal psychological condition (e) Mother's Breastfeeding History (g) The role of social media and relations in the breastfeeding process (h) Implementation of Early Initiation of Breastfeeding (EIB) in the delivery place. ***Discussion:*** Various components have mutual implications for the relactation have done such as due to a lack of knowledge about breastfeeding and the existence of self-perceptions about postpartum psychological conditions which tend to be moody. The view that the mother had previously breastfed and was considered to have more knowledge was a trigger for women to feel safer when following their mother. In addition, self-perception also has implications for self-confidence to breastfeed. The closest environment and the most frequent contact, namely health workers, how the nuclear family supports women physically and mentally after childbirth, the implementation of EIB in the delivery center, and access to breastfeeding information through social media have implications for the success of relactation.

Keywords: Breastfeeding, Experience, Failed, Perceptions.

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INTRODUCTION

Breastfeeding is a gift in a woman's life after giving birth. The process is also vulnerable to being influenced by postpartum psychological conditions (Pacheco *et al.*, 2021). In practice, breastfeeding is allegedly a preventive measure for one of the causes of infant mortality. The three highest causes of IMR are pneumonia (36%), congenital disease (13%), and diarrhea (10%). According to the World Health Organization (WHO), deaths from diarrhea and infections in the respiratory tract can be prevented through exclusive breastfeeding (Weise, 2012).

The problem that arises related to exclusive breastfeeding is the number of exclusive breastfeeding rates which is still relatively low globally, which is around 38% in infants aged 0-6 months. In Indonesia, the national coverage of children receiving early initiation of breastfeeding (EIB) is in the average 58.2% and the coverage of exclusive breastfeeding is in the range of 37.3% (Riskesdas, 2018). The failure of exclusive breastfeeding makes the breastfeeding process in a suboptimal condition. This contributes to about 11.6% of deaths of children under the age of 5 years (Weise, 2012).

The low level of exclusive breastfeeding can contribute to the infant mortality rate (IMR) due to factors from women themselves (Ismaya, 2016). Problems that commonly occur in breastfeeding include the mother's lack of sleep intensity, feelings of sadness and frequent crying due to mood disorders, lack of time for oneself, and feeling isolated (Young *et al.*, 2005). If not handled, then the nature of optimal breastfeeding as determined by World Health Organizations can fail to be achieved.

After the mother's failure to achieve optimal breastfeeding for her baby, the effort that can be made to continue to provide the benefits of breastfeeding for children is relactation (Ruliana & Suradi, 2004). Relactation is the process of re-feeding by restoring the milk supply that had been stopped/discontinued. Interests in relactation vary widely, including premature weaning, separation of mother and baby due to premature birth or illness, babies who cannot tolerate artificial baby milk, or natural disasters such as earthquakes and hurricanes (Lommen *et al.*, 2015). In Indonesia, the coverage of postpartum mothers who carry out the relactation process is as many as 350 people (Wardani, 2020).

Most of the breastfeeding problems experienced stem from the psychological condition of the women who experience it. Stress conditions in women who breastfeed affect the brain loci that control the perception of health (Lawal & Idemudia, 2017). The problem of perception is a very broad and complex problem. This is because perception is the translation of something that is formed from various points of view, both sight, hearing, and appreciation. Therefore, perception is difficult to measure through very rigid and exact quantitative standards. Researchers are interested in exploring in depth the perspectives of women who have failed to exclusively breastfeed through more in-depth interviews in order to get richer and more diverse-result.

The purpose of this study was to explore perceptions of both failed and successful relactation experiences in women with varied labor processes and failed to provide exclusive breastfeeding.

METHODS

Research Design

The researcher used a descriptive phenomenological study design. Descriptive phenomenology focuses on synthesizing similarity (nomothetic) phenomena between individuals rather than an idiographic approach (objectives of interpretive phenomenology) to find the individual's unique experience of the phenomenon (Pratt *et al.*, 2020). In accordance with the research objectives that have been mentioned, the researcher aims to explore the essence of the experience through understanding perceptions, feelings and support for informants for a specific phenomenon, namely exclusive breastfeeding. Researchers are trying to find the components of the phenomenon of life experience in mothers who fail to breastfeed exclusively. This research has been approved by the Ethics Committee of the Faculty of Medicine, Universitas Brawijaya (No. 52 / EC / KEPK - S2/ 02/2021).

Research Sampling

Women who have given birth and have breastfed for less than 2 years, fail to exclusively breastfeed based on the informants' own reports, are the target population in this study. The inclusion criteria set included mothers who failed to exclusively breastfeed and mothers who were giving formula milk or donor breast milk to their children.

Using purposive sampling technique, the researchers recruited informants in the district and city of Malang through a list of data owned by one of the home care services in Malang, namely Mamina mother and baby spa. Women who were included in the research inclusion criteria were then contacted by the study via telephone number to inquire about their willingness to become research informants.

The research was conducted using a semi-structural interview method directly face to face or virtual interviews with informants until no new components were found from the results of the interviews. The interview guide used by the researcher amounted to 21 questions with the possibility of revisions being carried out repeatedly during the research process with the aim of getting richer data and reflecting what the researcher wants to explore so that it is not static (Herdiyanto & Tobing, 2016).

The purpose of descriptive phenomenology research is to synthesize the similarity of phenomena between individuals, not to seek unique experiences, so the researcher has reached data saturation after interviewing seven informants. To verify the findings and ensure that no new components were found, the researcher collected three additional interview data so that the total study sample was 10 women.

Collecting Data

Prior to the interview process, the researcher asked for verbal or written consent from the informant. After approval, the informants filled out a demographic questionnaire to determine the description of the sample as well as an obstetric history questionnaire to identify common inhibiting factors in breastfeeding. Then the researchers conducted semi-structural interviews face-to-face or virtual using an interview guide that included open-ended questions to explore specific aspects of the informants related to the experience of failing to give exclusive breastfeeding. The initial question in the list of questions is "can you tell me about the beginning of the failure to give exclusive breastfeeding, how the delivery process was and the condition of the puerperium". If necessary, the researcher asked further probing questions to verify responses and obtain detailed descriptions. The interviews were conducted over a period of 45-60 minutes, the process was carried out during February to March 2021. Through permission from the informants and explained before the interview, the researchers recorded the interview process using a tape recorder and wrote field notes during the interview process to find out the description of facial expressions informant. After completing 1

interview, the researcher wrote a verbatim transcript, checked the transcription accuracy, and did coding to find out the data that was needed and not in the analysis.

Ethical Considerations

Before conducting the interview process, the researcher explained the research process in detail starting from the risks and benefits obtained by the informant, confidentiality of identity, the right of the informant to want to answer or not to the questions asked without any consequences, the responsibility of the researcher if there was something that harmed the informant either during the interview or during the interview.

Minimal risk may be associated with this study. However, the level of risk that involves informants is not directly involved, but it is possible that there are questions that might trigger stress because it causes anxiety or sadness because they explore post-natal psychological conditions such as the baby blues. To deal with this, the researcher will immediately stop the interview process or the informant may not answer the part of the question that is felt to trigger stress. During the interviews that were conducted, none of the informants expressed significant anxiety or deep sadness.

Research data storage is an ethical aspect that also needs to be considered. Field notes and audio data that have been recorded are stored in a computer with a password that can only be accessed by the researcher. In case the data is lost, the researcher keeps a copy of the data in a personal dropbox account that can only be accessed by the researcher. To maintain the confidentiality of personal data, the researcher identified each informant by coding according to the order in which they were interviewed. Researchers will not release the personal identity of informants without permission. Researchers did not include personal identification of informants in the journal publications of this study.

DATA ANALYSIS

The qualitative data analysis in this study aims to explore the mother's perception of the failure to give exclusive breastfeeding (textural description) and interpret the meaning behind the words and behavior of research informants (structural description). TD is a description of the facts experienced by the subject of the phenomenon being studied, while SD is a description of how the subject interprets the experience he has experienced.

The transcribed data must be read over and over again until the researcher gains a comprehensive understanding of what happened. Data sourced from informants is included in the textural description (TD) to the structural description of the first degree context (SD1). The next task of the researcher is to interpret. The data comes from the researcher's interpretation which is included in the structural description context of degree II (SD2) where concepts have begun to form from key words spoken by all informants. The keywords come from the researcher's interpretation of the statements of different informants. SD2 is derived from the extraction of SD1. Researchers need to link concepts that generate "new meanings" / new thermals with related theoretical studies. This extraction process can continue to SD3 and so on until the data reaches saturation saturation. Finally, synthesizing the whole compartment starting from the research question, then the phenomenological pattern which aims to explore the awareness and meaning of the reality/experience that occurs in individuals until finally it becomes a complete description.

Validity and Realiability

To determine the validity of the data, qualitative research uses controls in the form of negative evidence, triangulation, credibility, dependability, transferability, and conformability (Anggito & Setiawan, 2018). One of the data validity processes is a data analysis process starting from verbatim writing and data coding, data extraction is carried out to get key words according to research questions.

To increase credibility and confirmability, the researcher consulted the transcript/verbatim results that had been written to the research supervisor to check whether there were aspects of the phenomenon that were not explored, including lived body, lived space, lived time, and lived relationship (Connelly, 2015).

RESULT

Informants in this study were 10 people with data collection through in-depth interviews. Characteristics of informants aged 22-39 years (Median = 25,7). They are married (100%), diploma level (2 people), Bachelor (5 people), and Master (1 person). The average work done is private (5 people) and housewives (5 people). The average has been married for less than 2 years (9 people) and more than 2 years (1 person).

Table-1: Informant Demographic Characteristics Data

No	Character	Age	Numbers of Informant
1	Age when interviewed	20 – 29 years	6
		30 – 39 years	4
2	Age when have married	22 - 29 years	9
		30 - 34 years	1
3.	Last Education	High school	2
		Diploma	2
		Bachelor	5
		Master	1
4	Occupation	Housewive	5
		Private	5
5	Religion	Islam	10
		Non-Islam	0
6	Duration of married	1 – 2 years	9
		≥ 3 years	1

The characteristics of the obstetric history of the informants in this study consisted of specific primiparas (100%), had experienced an abortion (1 person), had medical and obstetric diseases (6 people), gave birth vaginally (6 people), sectioa caesarea (4 people), experienced abnormalities light breasts (3 people), BBL > 1500 grams (10 babies) and < 1500 grams (1 baby), term delivery (8 people) and preterm (2 people), the age range of the informants' babies ranged from < 1 year (7 people) (Median= 7.3 months) and age 1-2 years (3 people) (Median= 15 months).

Table-2: Obstetric history Characteristic

No	Characteristic	Criteria	Number of Informant
1	Parity	Primipara	10
		Multipara	0
2	Abortion / KET / Mola	Abortion	1
		Ectopic Pregnancy	0
		Hydatidiform mole	0
3	Illness history	Medic	4
		Obstetric	2
		Nothing	4
4	Type of Delivery	Vaginal Delivery	6
		Vacuum Delivery	0
		Sectio Caesarea	4
5	Breast Abnormalities	Yes	3
		No	7
6	Babies Birth Weight	< 1500 gram	1
		> 1500 gram	10
7	Labor Time	28-36 weeks	2
		37-42 weeks	8
8	Anomalies Congenital	Yes	0
		No	10
9	Current’s Child Age	0-1 years	7
		1-2 years	3
10	Still Breastfeed	Yes	7
		No	3
11	Duration of Relactation	< 1 month	3
		1-2 month	5
		> 2 month	2

Component of Phenomena

Researchers found 7 themes (components) that explain how mothers perceive their failure to provide exclusive breastfeeding. These themes are explained with excerpts from interviews to highlight perceptions of failing to provide exclusive breastfeeding and prior to deciding to undergo *relactation* that has been passed.

Lack of Breastfeeding Knowledge

This first theme provides an overview of how much knowledge the informants have regarding the normal condition of the baby and the breastfeeding process. The first sub-theme explains the lack of knowledge regarding normal conditions for babies and knowledge of breastfeeding.

> ***We don't know if it's normal*** for a baby to cry loudly or not. At that time I didn't know that the baby had a reserve for the first 3 days after birth (Inf. 1)

> ***I didn't know before***, my child was born prematurely, how exactly do I breastfeed a premature baby, I don't know, sis (Inf. 3)

> ***I didn't know before that*** if the baby was sleeping for a long time, it had to be woken up and I nursed it regularly. So my milk production decreased due to frequent leaks (Inf. 8)

The second sub-theme is that knowledge about breastfeeding is still minimal because it is the first time to give birth to a child and various other reasons. This is described in the informant's statement as follows:

> So when my child was attached to me, unfortunately I couldn't fully breastfeed him because he had a cesarean.... Meanwhile, I really can't breastfeed directly, sis. Moreover, ***this is my first child, I don't know anything about breastfeeding*** (Inf. 2)

> .... Then ***I don't know, I don't think that*** my short nipples are the reason why my husband finally bought the nipple shield, Ms. (Inf. 4)

> This also makes me regret that it turns out that when you want to give birth the most important thing is not just clothes and others, ***but breastfeeding is also important and I say that after giving birth. Even though breastfeeding also requires knowledge*** (Inf.6)

Various family support regarding breastfeeding plans

This second theme provides an overview of the support mothers receive during the period of breastfeeding to relactation. The following are various supports that come from members of the nuclear family and non-nuclear families. There are those who support it positively and there are those who give a negative response to the actions that should be taken by the informants.

> If that support is what I most definitely feel, ***it's only from my husband, sis,*** (Inf. 5)

> Thank God, I am surrounded by very supportive people, ***especially my husband, my husband works out of town, so he comes home once a week***. After this incident, he defended himself every day when he came home so that I wouldn't be sad, and **my mother helped take care of my baby so that he could rest** (Inf. 2)

> …… while my husband every night what time does it have to go to my mother-in-law's house to take care of my mother because she is alone. So ***every time I woke up that night, I woke up alone***, when I felt the pain of breastfeeding myself. (Inf. 8)

> Yes, if my parents-in-law still order formula, but because of Covid, I rarely see them, ***so it's just my husband and I***. My mother actually didn't even know that I was in the relactation process because ***my mother thought that the right person had taken care of me, namely my senior midwife, so my parents-in-law had to follow suit*** hahaha …..***I got support from my sister, friends and even from the RT management of the posyandu to start relactation*** (Inf. 1)

> ….my mother wanted breast milk just because she didn't want to eat it, ***my mother finally said "just go to the formula for the sake of the little one too and so you don't nag"*** If my mother-in-law was in Madiun, she wasn't in Malang to visit her when she was born on H+5, what kind of food was there to supply her with breast milk, but whether she wanted to or not, maybe she understood, so ***she was asked to give formula too***. (Inf. 7)

> Finally, the people at home also felt sorry for listening to the baby crying until 12 pm, I actually didn't want to give the formula but ***because my parents told me to give him the formula*** because I feel sorry for my child, I finally gave him the formula ...... regarding ***the support at that time I felt not enough, sis, because our family is also not knowledgeable about this*** (Inf. 8)

Based on some of the statements of the informants above, it can be seen that the support from non-nuclear families also varies. Some are positive and some are negative. The support obtained included assistance from parents to help take care of the baby while the mother was working, providing foods that supply breast milk, support that the child's crying did not mean it was serious, support from siblings and friends and the Local *integrated service post*. In addition, there is also support that tends to be neutral and even negative, such as the submission of decisions from parents to the informants themselves, parents' confusion because they also feel they don't know breastfeeding knowledge, and orders to only provide support.

The role of health workers in breastfeeding process

This third theme describes the role of health workers in the breastfeeding process to the relactation that is carried out. This first sub-theme consists of various keywords which state that most health workers, especially obstetricians during ANC, do not discuss the plan to breastfeed informants after giving birth later.

> I checked ***with the gynecologist, Ms., as long as the consul didn't have any discussion or advice on breast care or about breastfeeding***, Ms. was more concerned with looking for information on her own, reading, or watching YouTube. (Inf. 2)

> I'm at the doctor, but ***oh my gosh, the doctor took a very short time, sis, it's like, "Oh, it's healthy like this" and that's all.*** ……. Regarding the ***plan to***

> ***breastfeed or not, during my pregnancy (during the checkup) I was not asked***, Ms. (Inf. 4)

> Of all the doctors I went to, ***none of them mentioned anything about breastfeeding***, so I am very ignorant about breastfeeding, Ms.… (Inf. 5)

The second sub-theme in this theme is that there are recommendations for breastfeeding but are not taught proper and correct breastfeeding techniques.

> If the problem is being taught, ***the midwife will teach Ms. just to say something like that, not to confirm that she can do it***. Meanwhile, I really can't breastfeed directly, sis. (Inf. 2)

> I asked the midwife if I could give her formula milk because my child was crying all the time. ***The midwife said only "she said she wants to give breast milk, ma'am" but didn't tell me how to get my breasts to release milk again***. (Inf. 1)

> ……. and in the morning, the nurse taught me how to breastfeed but it wasn't too detailed, bro, at that time ***I asked "how do you do it?" the answer was only "yes, just try to breastfeed and breastfeed while sleeping and on a side"***. Yes, Ms. was taught that, at that time ***I also asked "What is the breastfeeding position if you are sitting, then if this is true or not / but yes, the explanation is not detailed, then when it comes to breast massage treatments like that from the hospital, they are not taught and not trained that's it ma'am***. (Inf. 8)

The third sub-theme in this theme is doubts about the credibility of health workers. Statements of informants regarding this matter are as follows:

> While ***the midwife is still young, I don't know whether*** she has had children or not. (Inf. 1)

> My husband and I just kept quiet but thought why did the nurses deliver the baby, but ***why didn't my baby be delivered? Then my husband asked and the nurse just replied "forget" that's more or less*** (Inf. 5)

Postpartum deteriorating mood and failure to exclusively breastfeed

This fourth theme describes how the psychological condition of postnatal informants is also affected by the failure to exclusively breastfeed.

The first sub-theme in this theme is the deteriorating mood of the informants after giving birth.

> Yes, we must be ***sad and disappointed because we want the best*** after all and breast milk is already the best than all existing formula milk, right? (Inf. 1)

> I think yes, sis, ***it's like crying a lot, sis, only from her own account, I don't really think about it for the sake of the child***. But thank God it wasn't that bad. (Inf. 4)

> Yes, ma'am, so my feelings at that time ***were sad, sis, my mind was also racing, how come I can't give breast milk***, then the doctor said that my breast milk was of poor quality. ……. (Inf. 8)

The next sub-theme is feeling a negative mood because of the condition of breast milk that does not come out.

> Wow, that (unable to give breast milk) ***feels like a dilemma***, even though we often talk to people if the baby doesn't drink for 3 days, it's okay, blah, blah, that's right, when you are directly dealing with your own child, the position is really ***that the milk doesn't come out it's stressful, yes, in the end, everyone raises their hands***…. (Inf. 9)

> ***Emotions are really emotional, especially when there is ridicule***, "hm, the baby doesn't want to be eaten because there are no nipples, even though they can be twisted around" Well, people are different, I've also tried but still can't. …… ….. plus the little one has been exposed to the pacifier plus I also work from 8 am to 5 pm so it can't be that the milk is not too much so I finally helped with the formula. (Inf. 7)

> But because the support is also lacking, I think it's okay, ***I guess I can't give exclusive breastfeeding and maybe it's the best thing with added formula*** …… (Inf. 8)

The last sub-theme in this theme is feeling very tired and confused and don't know what to do so that you think too much because you fail to give exclusive breastfeeding.

> At that time I was ***stressed because I felt that I couldn't be the best for my child, I felt like a failure because I couldn't give exclusive breastfeeding and couldn't make my child fat***, I couldn't make my child have a good weight, that's where I was stressed. I was overthinking it (Inf. 8)

> I wanted to ***give up because it was so tiring and drained my energy and feelings***, but I tried to stay strong (Inf. 10)

> …. So, to admit it, it ***makes you confused and makes you cry and angry too***. What I did was not right. (Inf. 3)

Mother's Breastfeeding History is implicated breastfeeding decision

This sixth theme provides an overview of how the breastfeeding history of the biological mother / mother-in-law can affect the breastfeeding process of the informants.

This first sub-theme describes the history of breastfeeding mothers from previous informants, some of whom did not exclusively breastfeed.

> ......***because her husband's older brother is formula-fed, not breastfed***....the problem is like this, so we follow formula milk and the mother is a senior midwife, so ***we think it's okay, maybe that's the case*** (Inf. 1)

> Even though breastfeeding also requires knowledge, and ***my mother also used to exclusively breastfeed me for two years, so you really want to be exclusive***…. (Inf. 6)

> In the past, ***when my husband was little, he also said that my husband was not breastfed***…. (Inf. 7)

The second sub-theme in this theme provides an overview of the condition of the previous mother/mother-in-law's breastfeeding history as a reference for making decisions regarding the breastfeeding process of informants as an obedience to parents.

> So maybe in the end, ***he thought, "yes, if the milk is not enough, add formula", so there is no other solution***, sis, ***plus I also lack knowledge***. Finally, I just obeyed. …. (Inf. 8)

> .... this problem happens when we use formula milk and ***the mother is a senior midwife, so we think it's okay, maybe that's the case*** (Inf. 1)

> ***I used to have pure formula, sis, so I thought about giving it too***, but I'm okay too, sis (Inf. 2)

Social media provides access to information about breastfeeding

This seventh theme provides an overview of how social media influences and the presence of friends/work relations in facilitating access to information about breastfeeding.

This first sub-theme provides an overview of what social media are deemed to provide more affordable access to information.

> I finally searched and consulted my friends and found the *Indonesian Breastfeeding Mothers Association* (AIMI). ***I contact AIMI via instagram*** …… (Inf. 1)

> ***After joining AIMI's fb group***, read about flat nipples first, Ms. and then read about exclusive breastfeeding there. I'm still looking for information on Instagram, sis.... Yes, I also don't have that much knowledge right, ***in the end I also asked for donations from fellow PMI communities at AIMI***, it's just a slow response, sis (Inf. 6)

> until ***I found out on social media, I found out at my seminar, I joined a webinar*** like that so I got a lot of knowledge…… Then if I was looking for info myself, at that time it seemed like ***I was in a WA group where my friends used to be during the webinar***, Ms. It's just that at that time there wasn't too much info, I was looking for myself (Inf. 8)

The second sub-theme describes applications related to the breastfeeding process and assistance from work relations for the informants themselves.

> Finally, since then we started searching how to get breast milk..... ***I installed the PRIMAKU application*** until one day it reached the point where the same application was sentenced that Rexsa was malnourished. (Inf. 1)

> If I'm looking for info, I'm ***looking for info from a friend of mine, who happens to be 3 or 4 years old now***, sis. ……(Inf. 8)

The implementation of Early Initiation of Breastfeeding (EIB) in the delivery place

This eighth theme provides an overview of the implementation of Early Breastfeeding Initiation in the informant's delivery center.

The first sub-theme provides an overview of whether the EIB was carried out or not at the informant's delivery center according to the informant's subjective information.

> ***No, not at all***. This means that there is no early initiation of breastfeeding at all. (Inf. 1)

> ***I didn't have an EIB*** when I was born yesterday….. (Inf. 3)

> ***EIB was not carried out*** because the baby's younger brother had to be immediately handled by the officers and entered the NICU….. (Inf. 10)

> EIB, sis, that's it. EIB, ***I don't exist at all, Ms. AT ALL***…. (Inf. 5)

> ***Yes, it took*** a long time to put it on, maybe because the nurse at that time had to prepare someone for surgery after I was born, so it took a long time to put it on… after that just pasted on my chest .... (Inf. 7)

> ***For EIB, Miss, the baby is attached to the chest***… (Inf. 8)

The second sub-theme provides an overview of the duration of the EIB performed at the delivery site.

> Yes, ma'am, but I think it's said EIB is at least 1 hour, right? Now for me, ***the baby hasn't arrived for 1 hour (about 15-20 minutes) and it's been taken***, I haven't been able to find the nipple myself, so I just don't help but he doesn't know that, hehe (Inf. 4)

> …. affixed to my chest ***for 5 minutes I think it didn't take up to 10 minutes*** to be taken by the nurse. (Inf. 7)

> …. then ***it doesn't take too long, about 10-15 minutes***, put it directly on the infant warmer, the hospital is quite supportive for EIB. (Inf. 9)

DISCUSSION

The demographic characteristics of the informants showed that the average informant was under 35 years of age, most of whom had higher education with a minimum standard of high school, and half of the informants were housewives and half worked outside the home. This characteristic is of the same type as the results of research on relactation which stated that the average characteristics of the informants studied were housewives (46%) and high school graduates (32%) (Montoya *et al*., 2020). In the context of this study, age under 30 years may be related to the success rate of relatation itself. At a younger age, the success rate tends to be higher, while at an older age, 3,7, and 10 informants experience failure in their relactation process. This is supported by previous research which stated that most of the relactations were successfully carried out in women aged 26-35 years compared to those aged < 25 years and > 35 years (Mehta *et al*., 2018).

In the table of obstetric history characteristics, it was found that all informants were primiparas (first time giving birth), more than half had a history of medical and/obstetric diseases, and some mothers delivered by cesarean section. This is also supported by a similar study that the average informant obtained by the researcher was a mother who gave birth for the first time (57%), had a high obstetric risk (74%), and underwent a cesarean section (59%) (Montoya *et al*., 2020). In addition, the duration of the relactation carried out by the informants was mostly completed within 1-2 months. This is in accordance with the WHO relactation guidelines which state that when breast milk comes back out around the 2nd to 7th day, partial relactation is achieved starting from the 4th to 28th day range and full relactation can be achieved until the 60th day (2 month) (Organization & others, 2014).

Knowledge of Breastfeeding

Most of the informants stated that they did not know how to breastfeed, whether the condition was normal or not in infants, then what were the differences between the condition of premature and normal babies in the breastfeeding process. This may contribute to the failure of the exclusive breastfeeding process at the start of breastfeeding. A study that supports this possibility states that the lack of knowledge of mothers about breastfeeding is one of the main factors in the failure of the mother's breastfeeding process either at the beginning or when she starts relactating (Mehta *et al*., 2018). Other research states that one of the biggest problems in the breastfeeding process is the lack of knowledge and experience about breastfeeding as well as the lack of support and education. This accounts for 17.8% of common breastfeeding problems (Karaçam & Sağlık, 2018).

Various family support regarding breastfeeding plans

In this condition, the support that mothers get during breastfeeding is very diverse. However, it was found that mothers who failed to breastfeed did not get support from their families. This is supported by a study which states that the most important factor for the success of relactation is support from the family. According to Cho *et al*., (2010), positive support, especially from husband and mother, is a significant factor that supports the success of the relactation process. The success of relactation can reach 100% in mothers who receive full and continuous support from the family and health workers (Montoya *et al*., 2020).

The role of health workers in breastfeeding process

The sub-themes that make up this come from the lack of attention from health workers to breastfeeding plans since pregnancy and the provision of lessons about breastfeeding techniques that are not good. A study stated that the ability and support of professional health workers is one of the factors in the failure of a mother to give breast milk because it tends to be more recommended to give breast milk substitutes for several reasons, namely the condition of breast milk that is felt to be insufficient (hypogalactia) and the medication or treatment that the mother is receiving (Mehta *et al*., 2018). According to Montoya *et al*., (2020) during the period when the mother stopped breastfeeding, a good support factor from health workers contributed to the success of relactation by 91%. Therefore, the role of health workers is very important in supporting the success of a woman's breastfeeding process.

Postpartum deteriorating mood and failure to exclusively breastfeed

It is known that the postpartum condition is a condition that is very susceptible to neuropsychiatric disorders due to physiological hormonal fluctuations that occur (Pacheco *et al*., 2021). In this study, the sub-themes were raised from several categories which stated that mothers felt very tired, disappointed, stressed and claimed to have been depressed because they could not give exclusive breastfeeding or because breast milk did not come out. This is allegedly a trigger for difficulties in the breastfeeding process. Psychic conditions that worsen after giving birth, for example postpartum depression, turn out to be a determining factor in a mother's decision to stop breastfeeding so that she gives formula milk earlier than the age it should be (Stuebe *et al*., 2019). Naturally, postpartum women also tend to be able to overcome the problems they are experiencing. Research that supports this statement is that it is known that there are four stages of experience that are commonly experienced by women who experience difficulties in breastfeeding, including the emotional impact when they know they can't breastfeed, self-motivation to overcome personal difficulties, support for recovery, and the transition process from stress and

anxiety to depression. peace and contentment (Raies *et al.*, 2017).

The ongoing pandemic conditions are also felt to have contributed to the decline in the mental condition experienced by mothers. This is supported by recent research on the effect of the Covid-19 pandemic on mothers' breastfeeding decisions. One result states that the existence of this pandemic has an effect on increasing stress, causing decreased milk production, chaotic family management, and increased psychological burden (Pacheco *et al.*, 2021). This is also supported by the results of interviews, most of the informants stated that the Covid-19 condition really had an impact on increasing concerns for babies who were still vulnerable as well. This is supported by the same research which states that the Covid-19 condition has a negative impact on mothers in the breastfeeding process because they have to be at home and cannot visit health facilities and the time to meet with colleagues is also limited (Pacheco *et al.*, 2021).

Mother's Breastfeeding History is implicated breastfeeding decision

This theme is formed from several categories regarding the existence of a mother's breastfeeding history factor from the informant which becomes the informant's consideration in determining feeding decisions for their own babies. A study states that the role of family members greatly contributes to both breastfeeding decision making and the breastfeeding process in general. One of the results stated that the presence of grandmothers (mothers of women who are breastfeeding) was stated as a key figure in the breastfeeding process because they were considered to have better knowledge and experience than their daughters. It is alleged that this can cause the complexity of women themselves to make decisions about the breastfeeding process. The results can even put women under pressure (Chang *et al.*, 2021).

Social media provides access to information about breastfeeding

Almost all informants stated that they were greatly helped by the existence of social media in accessing information, especially when seeking help from a lactation counselor. The use of social media is also in line with previous research which stated that a postpartum mother needs the internet to reach information about the breastfeeding process, especially through Facebook and Skype (Alianmoghaddam *et al.*, 2019). In addition, access to information about breastfeeding can also be obtained through the Instagram platform. Instagram is alleged to be the social media with the fastest rate of information distribution. This is shown through research in browsing hashtags related to breastfeeding, comments on breastfeeding related accounts that tend to have positive implications and contain very little antagonistic information. The ongoing discussions also tend to be positive and global in nature so it is very easy to form certain communities in large enough numbers (Marcon *et al.*, 2019). In the context of this study, for example, there were several informants who stated that they were members of the AIMI (Indonesian Breastfeeding Mothers Association) community because they saw their accounts on Facebook and Instagram. In the second sub-theme, several informants stated that they received information from colleagues/work relations and downloaded supporting applications related to childbirth and breastfeeding on their mobile phones. This is supported by previous research which yielded results that in today's era, smartphones, which are mostly owned by the public, can provide convenience in promoting the science of breastfeeding through its advantages (Alianmoghaddam *et al.*, 2019).

The implementation of Early Initiation of Breastfeeding (EIB) in the delivery place

Implementation of this EIB is one of the factors that contribute to the success of breastfeeding. From the results of the interviews, it was found that some informants said that there was an Early Initiation of Breastfeeding (EIB) that was not carried out or carried out but not for 1 hour / at least until the baby's mouth reached the mother's nipple. According to Joseph & Earland (2019), the breastfeeding process is categorized as optimal if one of them is early initiation of breastfeeding for a maximum of 1 hour. Research also states that the place where a mother gives birth is an important factor in determining whether a mother can exclusively breastfeed or not (Maharlouei *et al.*, 2018).

Strength and limitation

This research is a research on relactation in Indonesia that examines relactation as a phenomenon with qualitative not quantitative methods. Before this research, relactation in Indonesia only examined with quantitative via questionnaire.

However, this study only examines the similarity of experience (nomothetics) of relactation because it is in accordance with the purpose of descriptive phenomenology. It would be better to study relactation also with a different approach, such as analytical phenomenology in order to obtain unique/new results from the experience of each informant.

CONCLUSION

The breastfeeding history of the mother/mother-in-law has implications for determining the breastfeeding decision of the woman. The view that previously mothers have breastfed and is considered to have more knowledge because they have experience triggers women to feel safer when following their mother/mother-in-law. The condition of failure to exclusively breastfeed is due to a lack of knowledge about breastfeeding and the existence of self-

perceptions about postpartum psychological conditions which tend to be moody. In addition, this self-perception also has implications for self-confidence to breastfeed. The perception that is formed begins with the translation process through what is seen and heard. Therefore, the closest environment and those who are in most contact with breastfeeding mothers also play a very important role in its success, including how to explore the role of health workers since ANC, how the role of the nuclear family in supporting women physically and mentally after giving birth, how to implement EIB in Indonesia. place of delivery, and access to breastfeeding information through social media has definite implications especially for relactation and commonly for breastfeeding sessions.

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