

## EARLY MARRIAGE AND UNSUCCESSFUL EXCLUSIVE BREASTFEEDING AMONG SEMARANG DISTRICT OF INDONESIAN TEENAGE MOTHERS

Farohatus Sholichah<sup>1</sup>, S. Fatimah-Muis<sup>2</sup>, Ani Margawati<sup>3</sup> and Aqeel Khan<sup>4</sup>

This study aimed to analyse breastfeeding practice among teenage mothers. The study was conducted on 16 teenage mothers in and outside the city of Bandung Subdistrict of Semarang District, Indonesia. Current study used qualitative exploratory observational studies with in-depth interview and observation method for obtaining breastfeeding behaviour data. Anthropometric measurements of teenage mother were measured to determine nutritional status. Results showed that half of the women (50%) had only elementary school education. Regarding marital status, 13 mothers (81.25%) were not ready for marriage, while the rest were married. Unwanted pregnancy happened to 9 mothers (4 in the city and 5 outside the city). The majority of mothers (81.25%) had normal nutritional status. Majority of mothers lacked the knowledge of early breastfeeding initiation and breast milk. Mothers' attitude (cognitive, affective, and conative) toward breastfeeding were found to be negative, despite others realized its importance. Family, health professionals and peers support were less optimal. The majority of mothers (87.5%) provided non-exclusive breastfeeding and 2 mothers (12.5 %) stopped breastfeeding. Specific intervention is needed for successful exclusive breastfeeding among teenage mothers.

**Keywords:** Early Marriage, Breastfeeding, Teenage Mother, Adolescent.

### INTRODUCTION

Early marriage and teenage pregnancy lead to psychosocial complications. Since psychologically, teenagers are incapable of being a wife, partner in sex, and as a mother (Fadlyana and Larasaty, 2009). In fact, psychological preparation for mother to breastfeed during pregnancy is necessary because the decision or positive attitude of the mother must exist at the time of pregnancy or far before pregnancy (Soetjningsih, 1997). Physiologically, adolescents are able to breastfeed, although for some teenagers, the breastfeeding system is not working well rather than for adult women. When a problem arises, there is a possibility that adolescents are less able to solve it (Proverawati and Rahmawati, 2010).

In 2010, Indonesia is a country where the percentage of early marriage ranks 37<sup>th</sup> in the world, while it is the second highest in ASEAN after Kamboja (Hadinoto, 2012). Existing researches reported that early marriage factors are social, economic, cultural, rural-urban residence and unwanted pregnancy (Widyastuti, 2009). In

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<sup>1</sup> State Islamic University (UIN) Walisongo. E-mail: farfar@walisongo.ac.id

<sup>2,3</sup> Diponegoro University. E-mail: sitifatimahmuis@gmail.com, animargawati@gmail.com

<sup>4</sup> Universiti Teknologi Malaysia. E-mail: draqeelkhan@gmail.com

Semarang District, the number of Spouse of Fertile Age  $\leq 20$  years increased from 2.889 in 2013 to 3.059 in 2014 (BKKBN, 2014). In Sub-district Bandungan, in 2014 there were 167 of Couples of Fertile Age  $\leq 20$  years, with 38.3% of them are maternal and 37.7% are pregnant mothers (BAPPEDA Semarang Regency, 2014).

Maternal age affects the success of exclusive breast milk. The results of the National Immunization Survey for the period of 2004-2008 in the United States showed that only 19% of teenage mother who exclusively breastfed until the baby aged 6 months old, compared to 34% of the women aged 20-29 years old, and 49% of the women aged over than 30 years old (Scanlon *et al.*, 2009). In Central Java province, coverage of exclusive breast milk in 2012 only amounted to 35.45% (Central Java Health Office, 2013). The coverage of exclusive breast milk in Semarang District is 36.41% (Semarang District Health Office, 2013). For teenage mothers, Astuti (2012) showed that the majority of teenage mothers provided a non-exclusive breast milk, in which physical and psychological problems were experienced among mothers during breastfeeding. Pratiwi *et al.* (2014) found there is a correlation between knowledge, attitude, motivation, health condition of the teenage mothers with exclusive breast milk. Besides the age of the mothers, breastfeeding failure is also caused by the nutritional status of the mothers (Irawati *et al.*, 2003). Education and behaviour of the mothers also affects the provision of exclusive breast milk (Dodgson *et al.*, 2004). This study aimed to analyse the characteristics of teenage mothers and breastfeeding behaviour of teenage mothers in Bandungan Subdistrict of Semarang District, Indonesia.

## **MATERIALS AND METHODS**

### **Procedure and Participants**

Data were collected in the year of 2015. The participants of this study were teenage mothers aged 15-19 years old as the main informants, selected by purposive sampling based on inclusion criteria which was teenage mothers who had first baby aged  $\leq 6$  months old, was able to communicate well and would like to be the subject of the research. There were 16 teenage mothers who were selected to be the main informants, whether they live in the city district and outside the district town.

The informants of triangulation consist of health workers and those who are closest to the teenage mothers including parents, husbands or peers. Selection of informants of triangulation was done by purposive sampling, with the inclusion criteria as willing to be interviewed and having good communication. The determination of the closest people of teenage mothers as informants of triangulation was also based on the level of familiarity with the teenage mothers. Informants of triangulation selected consist of three midwives, 12 parents (mother), 2 friends and 2 aunts.

### **Measures**

Anthropometric measurements (weight, height, and age) of teenage mothers were measured to determine nutritional status. Determination of the nutritional status of adolescent mothers is based on age. If the mothers of adolescents aged 19 years and over, nutritional status is determined based on Body Mass Index (BMI). If the mothers of adolescents aged 18 years and below, nutritional status is based on BMI/Age (BMI/A).

### **Analyses**

This study used observational explorative research design of qualitative approach. Z score of BMI and BMI/A was calculated using WHO Anthro (2005) program. The category of underweight (severe thinness or mild thinness), normal, overweight, or obesity is based on the Indonesian classification of BMI and BMI/A. The validity of qualitative research was carried out by considering the credibility, transferability, dependability, and confirmability (Satori and Komariah, 2013).

## **RESULTS**

### **The Characteristics of Teenage Mothers**

The characteristics of teenage mothers as a first informant can be seen from the table 1 below.

Table 1 shows that from 16 teenage mothers, the majority of teenage mothers are aged 17-19 years old (75%), do not work (93.75%), have a normal nutritional status (81.25%), and still live together with their parents (93.75%). Half of teenage mothers (50%) only finished primary school. All mothers do not exclusively breast feed.

All teenage mothers had been married; although there were 3 teenage mothers (18.75%) who had been married because of own willingness. In fact, 9 of teenage mothers (56.25%) were married for unwanted pregnancy, which consisted of 4 teenage mothers in the city district and 5 of teenage mothers outside the city district. Unwanted pregnancy can be caused by pre-marital sex with their boyfriends.

One of the teenage mothers who experienced unwanted pregnancy had ever intended to do abortion, until the end of the research it turned out that she was still breast-feeding (partial breast milk). After the baby was born, that teenage mother and her husband actually regretted of having the intention to do abortion. The statements of that teenage mother are included in Box 1.

TABLE 1: CHARACTERISTICS OF TEENAGE MOTHERS

<i>Characteristics of Teenage Mothers (N = 16)</i>	<i>n</i>	<i>%</i>
<i>Age:</i>		
15-16 years old	4	25
17-19 years old	12	75
<i>Educational Background:</i>		
Elementary School	8	50
Middle School	6	37.5
High School	2	12.5
<i>Nutritional Status:</i>		
Normal	13	81.25
Overweight	2	12.5
Obese	1	6.25
<i>Job:</i>		
Housewives	15	93.75
Farmer	1	6.25
<i>Marital Status:</i>		
Had been married	16	100
<i>Reasons to get married:</i>		
Unwanted Pregnancy	9	56.25
Demand of the parents	2	12.5
Arranged Marriage	2	12.5
Own willingness	3	18.75
<i>Place to Live:</i>		
Live with parents	15	93.75
Live separated from parents	1	6.25
<i>Judging by her husband:</i>		
Had not been separated from her husband	15	93.75
Physically had been separated from her husband	1	6.25

## Box 1

“When I first knew that I got pregnant, I didn’t hate it but I am not ready yet.

Abortion is expensive... my husband said that just continued it. I asked my friend about the price of abortion and it is around 10 million, my friend also spent 10 million for abortion... I thought that I better suffer by myself...

Well, at school, I always bought soft drink such as sprite... I heard that carbonated drink can vanish it... Then I asked her to drink it in the morning while jogging.

In the morning 3 sachets in a half of a glass. just only one day because my girlfriend was so lazy, she had no time to do it...

pepper, yeast, mixed and blended with sprite and drink it one time in the afternoon, I tried two times. Unripe pineapple 3 times did not succeed...then I decided to not try to abort it anymore...I would continue my pregnancy..

I started to love my baby when I decided to keep it. it was around 3 months' pregnancies...

When my baby was born, I was so happy . I regretted the time I wanted to vanish it... it was so sad. my husband had cried when thinking about those times ." (Teenage Mother 12<sup>nd</sup>)

The baby of the teenage mother is breast-fed partially because the baby had been given honey at the beginning of the birth, in order to make the baby's lip red. The baby had also been fed formula milk, when the mother believed that her breast milk had not come out yet and when she left the baby to make identity card. Furthermore, the mother did not give formula milk again to her baby. Until the research was completed, the baby was given only breast milk.

Judging by her partner, 1 of 16 teenage mothers (6.25%) physically had been separated from her husband. That teenage mother continues breastfeeding, although not exclusively. The majority of other teenage mothers (93.75%), who still have a spouse also failed to provide exclusive breast milk. Although the husbands support them to breastfeed, they support the provision of complementary feeding or the breast milk substitution (formula milk). The husband thought that breast milk only is not enough.

### **Knowledge**

Teenage mothers lacked knowledge of early breastfeeding initiation, colostrum, pre-lacteal food, exclusive breast milk, breastfeeding techniques, and complementary feeding. A total of 31.25% of teenage mothers received information by reading book of maternal and child health. Knowledge of the informant of triangulation about breast milk is also not enough. During prenatal, the majority of teenage mothers (81.25%) just got the message from health workers to give colostrum and do not give early complementary feeding. Only one of the mothers (6.25%) was given a suggestion to go through early breastfeeding initiation, while another mother (6.25%) was given suggestions for the treatment of breast and provide milk when the baby is difficult to be fed.

### **The Attitudes of Teenage Mothers**

The attitude of teenage mothers rated based on three components (cognitive, affective, and conative) as presented in Table 2.

#### ***Cognitive Component***

Basically, all teenage mothers (100%) are cognitively aware that breastfeeding is important and breast milk is the best food for a baby. The majority of teenage

TABLE 2: THE ATTITUDES OF TEENAGE MOTHERS

<i>The attitudes of the teenage mothers (N = 16)</i>	<i>n</i>	<i>%</i>
<i>Cognitive Components:</i>		
1. Breastfeeding is important:		
Agree	16	100
2. Breast-milk is the best food for the baby:		
Agree	16	100
3. Breastfeeding is mandatory:		
(a) Agree	13	81.25
(b) Mandatory if the breast-milk is out	2	12.5
(c) Mandatory if there is no nipple interference	1	6.25
4. Fear of not successfully breastfeed:		
(a) Fear of breast-milk is not out or insufficient	11	68.75
(b) Do not be afraid	5	31.25
5. Hesitate to breastfeed		
(a) Do not hesitate	15	93.75
(b) Hesitate when Colostrum is yellow	1	6.25
6. If breastfeeding change the breast:		
(a) Be afraid	1	6.25
(b) Do not be afraid	15	93.75
7. Breastfeeding complicate the loss of weight:		
(a) Be afraid	4	25
(b) Do not be afraid	12	75
<i>Affective Components:</i>		
1. Feeling of breastfeeding at the first time:		
(a) Happy	5	31.25
(b) So-so	4	25
(c) Painful	2	12.5
(d) Afraid	1	6.25
(e) Hurt	1	6.25
(f) Shy	1	6.25
(g) Ticklish	1	6.25
(h) Proud	1	6.25
2. Getting embarrassed by breastfeeding:		
(a) Yes (because it's first time, there are men, or it's crowded)	12	75
(b) No	4	25
<i>Conative Components:</i>		
1. The availability to spare the time for breastfeeding:		
(a) Yes	14	87.5
(b) No	2	12.5
2. Continue breastfeeding despite painful:		
(a) Never feel painful	2	12.5
(b) Continue breastfeeding	13	81.25
(c) Stop breastfeeding	1	6.25

mothers has also been aware that breastfeeding is an obligation (81.25%), never hesitate to breastfeed (93.75%), never be afraid that breastfeeding will change the breast (93.75%), and never be afraid that breastfeeding will complicate the diet (75%). However, in the behaviour, no teenage mothers who exclusively breastfed because they also found a negative cognitive. The majority of teenage mothers (68.75%) were fear of not successfully breastfeeding because breast milk does not come out or milk is not sufficient. Those things become the grounds for granting the substitution of breast milk or early complementary feeding. Among 15 teenage mothers (93.75%) who had never been afraid that breastfeeding will change the breast, 2 of them admitted that even her husband was worried. One of the teenage mothers was advised by her husband to wear a corset for breast. A teenage mother who stopped breastfeeding (6.25%) with the reason that breast milk only came out 1 month due to the flat nipples, cognitively stated that breastfeeding is mandatory if the breast milk comes out. Another teenage mother who stopped breastfeeding (6.25%) due to the nipple interference, cognitively also stated that breastfeeding is mandatory when there is no nipple interference.

### *Affective Components*

#### Box 2

“The most annoying moment is that when my baby was sleepy when getting breastfed because he would play my nipple...actually he wanted to drink but he just played with it so the milk was spilling everywhere...sometimes at night he doesn't want to sleep so I got annoyed...I tried to keep breastfeeding him while I called him “mischievous”, but after he got sleep I would feel guilty a little...” (Teenage Mother 16<sup>nd</sup>).

Majority of teenage mothers (75%) gets embarrassed every time they breastfeed, however 68.75% of them continue breastfeeding while covering their breast or go into the room to breastfeed. There are 6.25%, making it the reason for granting early breast milk substitution when they travel. One of 16 teenage mothers (6.25%) was annoyed with the attitude of the baby, who played the nipple when he is breastfed. Those teenage mothers continued breastfeeding while calling the baby “mischievous”. The statement of those teenage mothers is included in Box 2.

### *Conative Components*

#### Box 3

“well, it bothers me sometimes so after my baby was born until the age of 3 months old, he slept with his grandmother...” (Teenage Mother 2<sup>nd</sup>)

“well, at night after he sleeps, I will go out with my husband to find some foods to eat...but before when he was still months old, he liked to sleep late until 3 pm and I couldn't stay that late so I asked my mother to watch over him...” (Teenage Mother 16<sup>nd</sup>)

“*penting, ya kan lebih alami tho mbak dari ibunya, lebih aman...*” (IR15)

Regarding the willingness to breastfeed despite the pain, there is one teenage mother (6.25%) who stopped breastfeeding. On the other side, 12.5% of teenage mothers who felt burdened, one of them (6.25%) even confessed that from the beginning of birth of the baby until he is about 3 months old, the baby slept with her grandmother. Others, 6.25% of teenage mothers admitted that they had taken a turn with their mothers to watch the baby at night. Their statements are included in Box 3.

### **Support of Family, Health Workers and Peers**

All teenage mothers (100%) received a family support for breastfeeding. But, not for exclusive breastmilk because the family also suggested pre-lacteal feeding, complementary feeding or early breast milk substitution.

A total of 11 out of 16 teenage mothers (68.75%) had received implementation of early breastfeeding initiation by the labour force, but there are 2 out of 10 managements of early breastfeeding initiation that had not been implemented properly. Infants had been given the opportunity to search for the nipple, but not to find the nipple. The process of searching for a mother's nipple lasted only 10-30 minutes. The other implementation of early breastfeeding initiation had not performed well, either because the lack of support of the father in order to help mother recognize the signs or the baby's behaviour before getting breastfed. In addition, 6 out of 16 teenage mothers (37.5%) stated that the baby had ever been given drinks such as sugar water, mineral water, milk or formula by health workers.

A total of 2 out of 16 teenage mothers (12.5%) received peer support which gave advice on how to give exclusive breast milk. One of the peers had successfully given exclusive breastfeeding. However, two of the teenage mothers did not succeed in providing exclusive breast milk. Teenage mother who did not succeed while her peers succeed, claimed that her baby had been accustomed to eating when he was 5 months old.

### **Promotion of Infant Formula**

Half of teenage mothers (50%) received the infant formula from health workers after childbearing. The other teenage mothers got a promotion from the surrounding (43.75%) and from advertisement (6.25%). The majority of mothers (81.25%) tempted to provide breast milk substitution (infant formula) early. Meanwhile, according to the explanation of health workers as informants of triangulation, company of infant formula offered them the related sales of infant formula. The form of the offering can be either goods or money.

### **Maternal Health Conditions**

A total of 14 out of 16 teenage mothers (87.5%) experienced sore nipples and swollen breasts, with 3 of them (18.75%) got flat nipples and 2 mothers (12.5%)



had blood and pus burst out from the breast. One teenage mother (6.25%) stopped breastfeeding because of sore nipples, swollen breast and flat nipples. That teenage mother had been trying to give breast milk by using nipple connection, then pump out the breast milk, but only up to 1 month because the breast milk did not come out again. One other teenage mother (6.25%) stopped breastfeeding because of sore nipples and swollen breast with blood and pus. This teenage mother got advised by her mother for attaching purple cassava leaf on her breast. When blood and pus burst out from the breast, that teenage mother got scared and stopped breastfeeding. The statement of those two teenage mothers are included in the Box 4.

Box 4

“the nipples didn’t come out...both of them. I had just use the connector and I pump it... but it didn’t come out...” (Teenage Mother 15<sup>nd</sup>)

“.. Swollen and getting busted, so my mother asked me to find cassava leaves to heal the wound but the blood and pus still came out... and I got flat nipple. So I didn’t continue breastfeeding, because it was so painful. ..” (Teenage Mother 2<sup>nd</sup>)

One teenage mother (6.25%) only experienced swollen breasts every time she washes her hair. The teenage mother continued breastfeeding and she reduced the frequency of washing her hair to once per week.

### **The Breastfeeding Behaviours of Teenage Mothers**

The provision of colostrum, pre-lacteal food, breast milk substitution or early complementary feeding, as well as the pattern of breastfeeding by teenage mother is presented in Table 3.

Table 3 shows that only 3 infants (18.75%) who did not receive colostrum as the baby was sleeping (6.25%) and teenage mothers assumed that colostrum is smelly, not tasty, and not pure breast milk (12.5%). Besides the infants had been given colostrum (81.25%), the majority of infants (62.5%) were also given pre-lacteal foods such as sugar water, mineral water, honey, milk or infant formula. The infants were fed pre-lacteal food at the beginning of his birth by the health workers (43.75%) or family (18.75%). Not only pre-lacteal food, the majority of infants (93.75%) were also given early complementary feeding. In fact, 43.75% of it is given at the age of less than one month.

The majority of teenage mothers (87.5%) still breastfeed, but partially breastfeed (81.25%) and predominantly breastfeed (6.25%). The predominantly breastfed infants had been given pre-lacteal food such as sugar water by the health worker, which then being done by her grandmother when the baby is already at home.

TABLE 3: THE PROVISION OF COLOSTRUM, PRE-LACTEAL FOOD, COMPLEMENTARY FOOD OR EARLY BREAST-MILK SUBSTITUTION, AND BREAST MILK BY THE TEENAGE MOTHERS

Teenage Mother (TM)	Provision				Patterns of Providing Breast Milk			
	Pre-lacteal	Age	Breast-milk Substitution (Formula Milk)	Complementary Food (Weaning Food)		Age for providing early Formula Milk or Weaning Food	Provision of the Breast Milk	
TM 1 <sup>st</sup>	V	-	Milk "A"	-	2 weeks	V	Partial Breast Milk	
TM 2 <sup>nd</sup>	V	Milk "A"	0 day	Milk "A"	Porridge "X"	5 months	-	Pre-lacteal + Formula Milk + Weaning Food
TM 3 <sup>rd</sup>	V	Milk "A"	0 day	Milk "A", but do not continue	-	0-3 days	V	Partial Breast Milk
TM 4 <sup>th</sup>	V	-	-	-	Porridge "Y", Banana	5 months	V	Partial Breast Milk
TM 5 <sup>th</sup>	V	-	-	Milk "A", but do not continue	Porridge "X"	5 months	V	Partial Breast Milk
TM 6 <sup>th</sup>	V	Milk "A"	0 day	Used to drink Milk "A", but now milk "A" is only used to make biscuit "R"	Biscuit "R"	15 days	V	Partial Breast Milk
TM 7 <sup>th</sup>	-	Mineral water and milk "A"	0 day	Milk "A", when traveling	Porridge "Z"	3 months	V	Partial Breast Milk
TM 8 <sup>th</sup>	-	Sugar Water	0 day	Milk "A"	Porridge "X"	7 days	V	Partial Breast Milk
TM 9 <sup>th</sup>	V	-	-	Milk "A", used to get a mineral water from the quack when the baby is noisy	biscuit "R"	15 days	V	Partial Breast Milk

Contd. table 3

Teenage Mother (TM)	Provision						Patterns of Providing Breast Milk	
	Pre-lacteal	Age	Breast-milk Substitution (Formula Milk)	Complementary Food (Weaning Food)	Age for providing early Formula Milk or Weaning Food	Provision of the Breast Milk		
TM 10 <sup>th</sup>	-	Milk "A"	0 day	Milk "A"	Porridge "Y"	1 months	V	Partial Breast Milk
TM 11 <sup>th</sup>	V	Javanese sugar water	0-3 day	-	-	-	V	Predominant Breast Milk
TM 12 <sup>th</sup>	V	Honey	0 day	Used to drink Milk "A", but do not continue	-	2 months	V	Partial Breast Milk
TM 13 <sup>th</sup>	V	Sugar water, honey, milk "B"	0 day	Milk "B"	Porridge "X"	7 days	V	Partial Breast Milk
TM 14 <sup>th</sup>	V	-	-	-	Biscuit "M", Porridge	5,5 months	V	Partial Breast Milk
TM 15 <sup>th</sup>	V	Mineral water	0 day	Used to drink Milk "A" the change to Milk "C", Porridge "X", Cooked Rice	Milk "C"	3 months	-	Pre-lacteal + Formula Milk + Weaning Food
TM 16 <sup>th</sup>	V	-	-	Used to drink Milk "A", but do not continue, used to give a sugar water	Used to eat Porridge "X", but do not continue	7 days	V	Partial Breast Milk

## DISCUSSION

There are no teenage mothers who gave exclusive breast milk. The majority of teenage mothers partially breastfeed (81.25%) and predominantly breastfeed (6.25%). In fact, 2 out of 16 women (12.5%) had stopped breastfeeding because of the nipple interference. This result is in line with the results of research done by Astuti (2012) which indicated that sore nipples is physical problem of teenage mother with breastfeeding.

As defined by WHO, the patterns of breastfeeding are classified into three categories, namely exclusive breastfeeding, predominant breastfeeding and partial breastfeeding. Exclusive breastfeeding means that mothers will not give the baby other food or drink, including water, other than breastfeeding (except medicines and vitamin or mineral drops, breast milk is also allowed). Predominant breastfeeding is feeding the baby but ever give a little water or water-based drinks such as tea, as a pre-lacteal food before the breast milk was available. Partial breastfeeding is feeding the baby and giving artificial food other than breast milk, either infant formula, porridge, or other foods before the baby was six months old. It is either supplied continuously or given as pre-lacteal food (Indonesian Ministry of Health, 2015).

Based on the characteristics, half of teenage mothers (50%) only finished primary school. Lack of education is one of the causal predictors of early marriage (Ranidajita *et al.*, 2001). Widiyanto *et al.* (2012) also showed that there was a significant relationship between maternal education with an exclusive breastfeeding behaviour. The majority of teenage mothers have a normal nutritional status (81.25%). The mother's body fat is needed to produce breast milk. Underweight maternal had lower fat deposits than normal maternal nutritional status (Irawati *et al.*, 2003). In fact, 12.5% of teenage mothers who have are overweight nutritional status stop breastfeeding and replace it with exclusive breast milk substitution and complementary feeding. There is a relationship between the marital status of the mother and discontinuation of early breastfeeding (Murage *et al.*, 2011). But, this research showed that all teenage mothers had been married, although the majority of teenage mothers (81.25%) were not ready to get married. There are 9 teenage mothers (56.25%) married due to unwanted pregnancy caused by promiscuity (pre-marital sex) with their boyfriend. Widyastuti (2009) found gender, sexual attitudes of friends and sexual exposure are associated with premarital sexual attitudes of teenagers. The majority of teenage mothers still live with their parents (93.75%). This result is in line with the statement that one of the impacts of early marriage is the dependence on the parents and immaturity in solving the problems (Imsiyah, 2009). In fact, the results of this study indicated that parents (mother) support teenage mothers to breastfeed, but on the other hand they also suggested the provision of pre-lacteal food, complementary food, or early breast-milk substitution. Not only their parents, their husbands also suggested it.

According to research by Nelson (2005), there is a different experience between teenage and adult mothers in breastfeeding. Teenage mothers are more in need of social support both from professionals, families, spouse and peers. In this research, a few peers who gave advice on how to give exclusive breast milk. In fact, exclusive breastfeeding can be promoted through peer counselling and peer support (Chapman, 2004; Meglio, 2010). About the support of health workers in this research, during prenatal, teenage mothers did not get the message from health workers about exclusive breastfeeding completely. In order to increase the likelihood of exclusive breastfeeding practice, health care providers should implement or increase the information about breastfeeding (Jara-Palacios *et al.*, 2015). Teenage mothers lacked knowledge of early breastfeeding initiation, colostrum, pre-lacteal food, exclusive breast milk, breastfeeding techniques, and complementary feeding. Information about breastfeeding enables teenage mothers to make an informed decision about how they will feed their infants, and to provide assistance with breastfeeding (Olaiya *et al.*, 2016). On the other hand, managements of early breastfeeding initiation by the labour force had not been implemented properly. The process of searching for a mother's nipple lasted only 10-30 minutes. According to the theory, the first 38 minutes is a stage of rest or quiescent state of alert, and occasionally the infant would open his eyes to see his mother. Between 38-40 minutes, the infant would make some noises, such as the mouth movement as if he wanted to drink, and then he would kiss, lick the hand and then spill out his saliva, begin to move toward the breast, and find, lick, suck the nipples, open mouth, and get breastfed well (Roesli, 2012). In addition, this research showed that the practice of giving drinks such as sugar water, mineral water, milk or formula by health workers still occurred. Not only this, half of teenage mothers received the infant formula from health workers after childbearing. Nuraini *et al.* (2013) found that mothers who received the samples of infant formula and with no suggestion of health workers would risk 3.67 and 4.2 times more likely to not breastfeed exclusively.

There is a correlation between attitude of the teenage mother with exclusive breast milk (Pratiwi *et al.*, 2014). In this research, the attitude of teenage mothers was rated based on cognitive, affective, and conative components. Negative cognitive of the majority teenage mothers (68.75%) were fearful of not successfully breastfeeding because breast milk does not come out or milk is not sufficient. Those things become the grounds for granting the substitution of breast milk or early complementary feeding. Besides that, cognitive statement that breastfeeding is mandatory if the breast milk comes out and breastfeeding is mandatory when there is no nipple interference were negative cognitive of 2 teenage mothers who stopped breastfeeding (12.5%). Getting embarrassed by breastfeeding was affective component reason for providing early breast milk substitution when they travel

(6.25%). On the other side, there is 1 teenage mother (6.25%) called the baby “mischievous” because she was annoyed when the baby played the nipple. Compared to adult mothers, the teenage mothers have limited knowledge about child development. The limited knowledge makes the teenage mothers do not give the correct response to the baby (Bobak *et al.*, 2004). Conative component, there is 12.5% of teenage mothers felt burdened. The lack of sense of responsibility towards the children is the impact of early marriage (Imsiyah, 2009). Teenage mothers often feel uncomfortable in her new role as a mother (Proverawati and Rahmawati, 2010). The conflict between the desire of teenage mothers and the needs of the baby as well as a low tolerance towards the frustration shape the psychological stress during childbearing (Bobak *et al.*, 2004). The other conative component is the willingness to breastfeed despite the pain gained as a result of breastfeeding. There is one teenage mother (6.25%) who stopped breastfeeding when she got sore nipples and swollen breast with blood and pus. Wambach and Cohen (2009) found that breastfeeding problem such as pain, contributed to early weaning. Continued breastfeeding depends on a complex interplay of multiple factors, including having the skills to manage breastfeeding problems (Smith *et al.*, 2012). Besides, the motivation of the teenage mother also correlated with exclusive breast milk (Pratiwi *et al.*, 2014).

## CONCLUSION

From the above findings, it can be concluded that the majority of teenage mothers who married early are not ready to get married. There is no teenage mother who managed to give exclusive breastfeeding. These results can also be used for developing understanding regarding consequences of teenage marriage and the importance of breastfeeding.

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