



Research Article

FACTORS ASSOCIATED WITH MATERNAL SOCIO-CULTURAL VALUES OF EXCLUSIVE BREASTFEEDING

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ABSTRACT

Background: The successful implementation of exclusive breastfeeding is largely determined by the motivation and readiness of the mother since pregnancy. In a society with strong culture and tradition, preparation to exclusive breastfeeding practice is strongly influenced by the mother's belief in the social and cultural values of the community associated with breastfeeding. This study aimed to determine the factors associated with the social and cultural values of pregnant women about exclusive breastfeeding.

Subjects and Method: This was a cross sectional study conducted in Surakarta, Central Java, from April to August, 2015. A sample of 150 pregnant women was selected by proportional random sampling. The dependent variable was socio-cultural value of exclusive breastfeeding. The independent variables were knowledge, information access, and family support. The data were measured by questionnaire and analyzed with logistic regression.

Results: The socio-cultural values of exclusive breastfeeding was significantly associated with mother's knowledge (OR = 1.51, 95% CI = 1.09 to 2.07; p = 0.012), but not significantly associated with information access (OR = 1.12; 95% CI = 0.99 to 1.27; p = 0.068), family support (OR = 1.09; 95% CI = 0.96 to 1.25; p = 0.154), and support of health workers (OR = 0.967; 95% CI = 0.90 to 1.03; p = 0.328).

Conclusion: The socio-cultural values of exclusive breastfeeding is significantly associated with mother's knowledge, but not significantly associated with information access, family support, and support of health workers.

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INTRODUCTION

Background

Socio-cultural factors is an important role in the process of breast feeding problems in various communities. Some elements of culture are able to create a habit to not breastfeeding because they feel outdated if breastfeeding her baby. This is contrary to the principles there. Somethings to consider in the cultural influence such as the attitude toward foods, breastfeeding, taboos and superstitions that cause breast-feeding to be low¹ Therefore, mothers should receive information and beliefs to change behaviors that can make exclusive breastfeeding becomes a new norm or cultural values in society. Traditional society in Indonesia, cultural concept about infant feeding contrary to the modern health or medical concept, such as the belief that colostrum is milk that has been damaged and it is not good given to infants because their color is yellowish². Suggested that the influence of social and cultural is harm in exclusive breastfeeding, such³ as: (1) a habit of throwing colostrum (the fluid that comes out first from the mother's breast after childbirth),

(2) giving breast milk interspaced or adding another food or beverages, and (3) various superstitions like do not eat certain foods to mothers who are breast-feeding. Nevertheless there are also some positive social culture influence, namely: (1) the habit of drinking herbs, (2) drinking wejah (a type of drink / herbs from certain leaves called leaves dadap in Java), (3) the belief that a mother from outside should be wash their nipple to reduce contamination or pollution, (4) breast milk must not be carelessly discarded because it contained the human element, (5) the ability to separate mother and baby caused the spiritual relation between them to be close^{4,5}.

Previous research Mulyani, showed that social culture is one of the most important factors that can shape and influence the motivation and readiness pregnant mothers in exclusive breastfeeding⁶. Therefore, researchers conducted this study with the aim to determine the factors associated with socio-cultural values of pregnant women about exclusive breastfeeding⁷.

Subjects and Methods

Cross-sectional study conducted with the subjects of pregnant women who live in the city of Surakarta. A total of 150 respondents participated during observations in 2015. The

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instrument was a questionnaire that is enclosed developed to measure all the variables. All the indicators that measure each variable has been validated both in terms of language or sentence structure (*content validity*) and in terms of the construct (*convergent-divergent validity* with *confirmatory factor analysis*). All constructs (variables) also has a high reliability (*Cronbach's alpha* > 0.9). Social and cultural values variable (as dependent variable) expressed dichotomy by way of categorizing score of the assessment questionnaire with the point of intersection (*cuttoff*) median (median score of all respondents)⁸. Respondents were categorized in the high socio-cultural values showed that he had a more accurate understanding of the beliefs and social and cultural traditions associated with exclusive breastfeeding. The data analysis technique used is logistic regression. Demographic characteristics (age, residence, education, employment) incorporated into the model in the form of dichotomy (nominal) while the other variables (knowledge, access to information, family support, support health workers) incorporated into the model in the form of a continuous (numerical). Data processing was performed using *SPSS for Windows* version 13. Statistical testing is done with a significance level of 5%.

RESULTS

Table 1 shows the description of the demographic characteristics of respondents. Relative frequency distributions are not too heterogeneous in terms of the distance of a residence with health facilities (hospitals, health centers, clinics, etc.) and jobs. Judging from age, it is known that the majority of respondents (71.3%) were aged less than or equal to 25 years. Distribution of residency status shows that the proportion of respondents who live with their parents (in-law) is quite large (62.7%). A very homogeneous distribution is shown in the level of education, where the number of respondents with higher education (high school or college graduates) enough to dominate (81.3%).

Table 1 Demographic characteristics Description of Respondents

Characteristics	f	%
Age>		
25 years	43	28.7
≤ 25 years	107	71.3
Distance Shelter with Health Facilities		
≤ 2 km	83	55.3
km>2 km	67	44.7
Status Live		
Only with husband	56	37.3
with Parents (in-laws)	94	62.7
Education		
Higher(SMA / PT)	122	81.3
Low (SD / SMP)	28	18.7
Jobs		
working	65	43.3
Not working	85	56.7

Fifth demographic characteristics are included in the logistic regression model as dichotomous factor coupled with four numeric variables such as knowledge of pregnant women about exclusive breastfeeding, access to information, family support, and support for health workers. The fourth factor is the numerical variables⁶. Proved to be forming maternal motivation for exclusive breastfeeding in addition to social and

cultural values itself. The results of the analysis with logistic regression model can be seen in Table 2.

Table 2 Analysis of Factors Associated with Maternal Socio-Cultural Values of Exclusive Breastfeeding

Factors	Social and Cultural		Logistic Model	
	High (n = 78)	Low (n = 72)	Exp (B)	p
Age>				
25 years	25 (32.1%)	18 (25.0%)	1.434	0.377
≤ 25 years	53 (67.9%)	54 (75.0%)		
Distance Shelter with Health facilities				
≤ 2 km	45 (57.7%)	38 (52.8%)	1,192	0,629
km>2 km	33 (42.3%)	34 (47.2%)		
Status Live				
Only with husband	28 (35.9%)	28 (38.9%)	0.833	0.640
Dgn Parents (in-laws)	50 (64.1%)	44 (61.1%)		
Education				
Higher(SMA / PT)	66 (84.6%)	56 (77.8%)	1.181	0.720
Low (SD / SMP)	12 (15.4%)	16 (22.2%)		
Jobs				
Working	36 (46.2%)	29 (40.3%)	1.095	0.816
Do Not working	42 (53, 8%)	43 (59.7%)		
Knowledge	9.12 ± 1.12	of 8.36 ± to 1.38	1.506	0.012 *
Access to Information	30.60 ± 3.16	29.33 ± 2.63	1.124	0.068 [#]
Family Support	24.01 ± 2.88	22.88 ± 2.81	1.099	0.154
Health Personnel Support	24.95 ± 5.36	25.74 ± 5.50	0.967	0.328

Note: * p < 0, 05; # P < 0.1

Based on Table 2 that none of the demographic characteristics were significantly associated with social and cultural values. Both external factors forming the motivation that family support and support of health workers is not significantly associated with social and cultural values. Knowledge of pregnant women about exclusive breastfeeding was the only factor significantly associated with socio-cultural (p = 0.012). Pregnant women who are considered to have high socio-cultural values showed significantly higher levels of knowledge. Access to information, which states how much effort the mother in search of information about exclusive breastfeeding showed a marginal relationship with the socio-cultural (p = 0.068). This indicates that pregnant women were categorized as having high social and cultural values is possible to have access to information that is relatively better.

DISCUSSION

The concept proposed in this study is based on a model that the researchers developed and the results obtained in previous studies⁴. Structurally social and cultural values affect the readiness of pregnant mothers in exclusive breastfeeding. Variables that states how proper understanding of the mother of the beliefs and traditions of the society, especially exclusive breastfeeding and breastfeeding in general, empirically proven to be the most important factors that shape and influence the motivation of pregnant mothers to breast feed exclusively⁹

The analysis in the form of a logistic model showed that of nine factors (5 demographic characteristics and 4 motivation factor determining of the determining), only significant knowledge relating to the social and cultural values. Pregnant women with a more accurate understanding of the beliefs and

traditions of the community on breast milk tend to have a higher knowledge about exclusive breastfeeding. In our previous study, through the analysis procedure path(*pathanalysis*) we concluded that the culture is the social factors that affect knowledge. It was based on the fact that the socio-cultural values generally an understanding or assumption which first acquired knowledge in a person than the term refers to the understanding of a scientific nature. Even so over time where someone has been able to acquire the scientific knowledge (both formal and informal), the knowledge already gained influence and reshape social and cultural understanding.

This study also proposed indication of a connection with the socio-cultural values of access to information. Pregnant women with a more accurate understanding of the beliefs and traditions of the community about the exclusively breastfeed tend to have a better effort in seeking information about exclusive breastfeeding. Purely marginal relationship can occur either because efforts to actively seek information does not always lead to the right results and understanding. Similarly, mothers who are less active also not necessarily going to have a poor understanding. Now days pregnant women is not really required to actively seek out information because the government particularly through the health worker is have socialization and counseling efforts associated with exclusive breastfeeding.

CONCLUSIONS

This study concludes that social and cultural values were higher in exclusive breastfeeding shown to be associated with the knowledge of pregnant women is higher. In addition, although not yet proven significant but a high social and cultural values also indicated associated with a higher access to information.

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