

Socio-cultural relationship to self-efficacy of breastfeeding in pregnant women in the 3rd Trimester in the Working Area of Imogiri 1 and Kretek Public Health Center, Bantul Regency

Sulistiawati Sulistiawati¹, Lia Dian Ayuningrum¹, Muafiqoh Dwiarini¹,
Prasetya Lestari¹, Chiraporn Worawong²

¹Department of Midwery, Faculty of Health Sciences, Alma Ata University Yogyakarta,
Jalan Brawijaya 99, Tamantirto Yogyakarta

²Boromarajonani College of Nursing, Udon Thani, Praboromarajchanok Institute, Thailand

*Corresponding author: liadianayuningrum@almaata.ac.id

ABSTRACT

Background: Socio-cultural factors, especially in Javanese society, greatly influence the success and failure of exclusive breastfeeding. Social culture can be in customs, traditions, taboos, etc. Breastfeeding mothers who have low breastfeeding self-efficacy when they later face problems while breastfeeding will tend to make it easier to decide to use alternative techniques for breastfeeding their babies.

Objectives: To determine the socio-cultural relationship towards breastfeeding self-efficacy in third-trimester pregnant women

Methods: The type of research is quantitative analytical descriptive. Data collection methods use surveys, observations, or interviews with a cross-sectional approach. The sampling technique used purposive sampling of as many as 126 respondents with a gestational age of >30 weeks and according to the inclusion criteria. There are 2 instruments used, namely Sociocultural and Breastfeeding Self-efficacy Scale-Short Form (BSES-SF).

Results: The majority of pregnant women had a supportive social culture (75.4 %) with self-confidence, the majority of pregnant women have high BSE scores (73 %) currently (1.6 %) and very low (0.7%). It can be concluded from this study that mothers' views regarding the advantages of breast milk for infants are supported by recent advancements, education, and sources of information about the advantages of exclusive breastfeeding.

Conclusions: The conclusions of the study showed that there was a significant relationship between socio-culture and breastfeeding self-efficacy with the majority of respondents in the healthy reproductive age category and gravida multipara and Breastfeeding Self-Efficacy Level with high self-confidence.

KEYWORD: socio-cultural; self-efficacy; breastfeeding self-efficacy; third trimester pregnant women.

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INTRODUCTION

Self-efficacy is a belief that an individual can carry out the necessary tasks and actions even though there are obstacles to achieving certain goals. Self-efficacy as a "theory of behavior change" is defined as "triadic reciprocal causes" that influence decision-making in Bandura(1). Based on the study, it was found that there is a health gap between the female floating population and the city population, due to a lack of social support and an unequal allocation of health resources (2). Based on previous research, shows that primiparous women are faced with many problems caring for babies, one of which is minimal interaction between the mother and the baby and a failed parenting process that has a very negative impact on the welfare of the baby and mother. An important indicator of parenting outcomes, maternal self-efficacy (MSE) is a mother's perceived ability to maintain performance during the parenting process. Women with high levels of MSE are indicated to be able to provide better parenting (3).

Culture has a huge influence, both negative and positive, and is closely related to the health status of children and mothers in the community. Social culture in society is a sign that society has experienced a change in the thinking process so that it continues to develop over time. For example, simple village communities can survive with certain treatment methods to their cultural traditions (4). Based on previous research, it is clear that Javanese culture influences breast-

feeding practices. Ancestral influence in the form of food and drink prohibitions or recommendations, beliefs, and behavior for breastfeeding mothers, the first colostrum that comes out is bad breast milk, people consider colostrum to be dirty, the belief in drinking herbal concoctions for breastfeeding made from a mixture of roots such as ginger, turmeric, ginger, or 'jamu gejah' (sour turmeric herbal medicine), beliefs about fussy babies indicate that the breast milk given is not enough so that complementary foods (MPASI) are needed. and others. Apart from that, the social environment also influences mothers who breastfeed their babies, such as the promotion of formula milk, the influence of neighbors in providing early MPASI, and mothers who have to work so the mother's decision to continue breastfeeding or not becomes very important (5).

Breastfeeding is a natural process whose success does not require special equipment or expensive costs but requires patience, knowledge about breastfeeding, breastfeeding time, and support from the family and socio-cultural environment (6). Based on the recommendations of the Ministry of Health of the Republic of Indonesia, there is an exclusive breastfeeding program, namely giving only breast milk from the time the baby is born until the age of 6 months, then continued until the age of 2 years with the help of complementary foods for breast milk or MPASI. The Indonesian Ministry of Health targets to increase the target of exclusive breastfeeding

to 80%. Based on previous research, many factors cause mothers not to breastfeed their children, including mothers not producing enough breast milk. Based on previous research, it is clear that there are still societal traditions that emphasize that breastfeeding mothers must abstain from certain foods. This causes breast milk to be of poor quality and not meet the baby's needs, especially in the first 6 months (4). Previous research explains that efforts to eliminate environmental constraints such as poor social support can be one of the causes of failure to achieve exclusive breastfeeding (7).

Based on data from the Yogyakarta Special Region (DIY) Provincial Health Service in 2021, Yogyakarta City is one of five regencies /cities owned by DIY that has not reached the breast milk coverage target (4.69 %) followed by Gunung Kidul District 6.21 % and Kulonprogo 79.44%. Then, the Bantul Regency is 80.76% and the highest district that has exceeded the target is Sleman 86.18% (8). Based on the research location that will be taken, namely Bantul Regency, the exclusive breastfeeding coverage for babies aged 0-6 months in Bantul Regency in 2021 is 80.76% lower than in 2020 which was 82.3%, which means that in one year there is a decline so it needs to be researched. Furthermore Data from the Bantul District Health Service shows the highest reported achievement of exclusive breastfeeding by 2nd Pandak Public Health Center, while the lowest exclusive breastfeeding achievement was at 2nd Sewon Public Health Center

(65.7%), Kretek Public Health Center (70.8%), followed by Imogiri 1 Health Center. at the third lowest level, namely 71.3%. This is also related to efforts to reduce stunting in Bantul Regency by 8.36% and is also related to the infant mortality rate of 64 cases, the second highest and the toddler mortality rate of 69 cases, the second highest of the 5 districts in Yogyakarta(9).

Mothers who have strengthening factors, one of which is family and socio-cultural support, will influence relationships and attitudes and high self-efficacy will solve breastfeeding problems and increase readiness in plans for exclusive breastfeeding (10) . Based on the research, the results showed that giving exclusive breastfeeding to respondents who had socio-cultural support (34%) was higher in cases compared to the control group (21%). It was explained in other research that shows that there is a socio-cultural relationship with exclusive breastfeeding. Different cultural ideas exist around nursing; some of these beliefs are supportive of breastfeeding, while others are negative. Some common misconceptions include the idea that colostrum, which is found in breast milk, is harmful to infants. After adjusting for parity and family support, moms with a family tradition are 21 times more likely to not exclusively breastfeed than mothers without a tradition (11). Previous studies shows that breastfeeding mothers have good self-efficacy which influences breastfeeding success. This description can be used as a

basis for determining health program policies for breastfeeding mothers, especially primiparous mothers so that the mother's self-efficacy remains high so that the mother can be confident in breastfeeding exclusively (12).

Based on previous research, it was explained that as many as 49.27% of mothers with high self-efficacy took longer to provide breast milk, while 34.50% of mothers with low self-efficacy stopped giving breast milk more quickly, and it was concluded that there was a relationship between the level of efficacy and the duration of giving breast milk (13). The rate of breastfeeding failure based on other research states that BSE factors include, among others, a lack of knowledge at 50%, no breastfeeding experience at 56.2%, and stress at 40.6%. Mothers with low self-efficacy may have no intention, delay initiation, or wean early due to a lack of self-confidence or ineffective skills (14).

According to early study data, exclusive breastfeeding rates in 2021 were only 70.8% at Kretek Public Health Center and 71.3% in the Imogiri 1 Public Health Center area. This indicates that the Public Health Center is far from Bantul Regency's goal of exclusive breastfeeding coverage. The results of the study indicate that more research is necessary to determine the causes of the subpar performance. The author is interested in understanding the features, self-efficacy, social culture, image of breastfeeding, and level of breastfeeding self-efficacy in third trimester pregnant women.

MATERIALS AND METHODS

The type of research used is quantitative analysis using statistical data analysis with numbers. This research is an umbrella research study of postpartum determinants which carried out a correlation analysis related to social culture and Breastfeeding Self-Efficacy in pregnant women in the third trimester. This study used a socio-cultural instrument questionnaire with a validity test value of $r = 0.361$ and a Breastfeeding Self-Efficacy Scale-Short Form (BSES-SF) questionnaire with a value of $r = 0.919$ and each cronbach's alpha value was 0.878 and 0.919. This study has met the ethical feasibility test with the number KE / AA / V / 101176 / EC / 2023.

The data collection method uses secondary data which was previously carried out using surveys, observations, and interviews using a cross-sectional approach. This research took secondary data that had been carried out for one month in the work area of the Imogiri 1 and the Kretek Public Health Center, Bantul Regency, Yogyakarta. The time used for collecting primary data starts from May-June 2023 and researchers took secondary data in July 2023. The samples used in this research were 3rd-trimester pregnant women with Gestational Age >30 weeks who were in the work area of the Imogiri 1 and the Kretek Public Health Center, Bantul Regency, Yogyakarta with the total number of respondents is 126. The sampling method is by taking secondary data from research into the determinants of

childbirth which was previously carried out with observations and interviews based on questionnaires for 3rd Trimester Pregnant Women who were undergoing ANC (Antenatal Care).

RESULTS AND DISCUSSION

RESULTS

The results of this quantitative research are presented by displaying univariate analysis in table form and explanations. The respondents of this research were pregnant women in the third trimester at Imogiri 1 Public Health Center and Kretek Public Health Center, Bantul Regency with a total of 126 pregnant women.

Table 1 shows that the majority of respondents aged 26th-35 th years (82.5%) are in the healthy reproductive group with gravida being multipara (61.1%) meaning that the mother has given birth, the majority of the respondent's education is senior high school level (55.6%) and is a Housewife (57.1%).

Table 2 shows that the majority of respondents have confidence in breastfeeding (100%), the majority do not have breastfeeding taboos (60.3%), respondents do not have a tradition of giving food and drink other than breast milk <6 months (78.5%) and do not have confidence in giving food and drink other than breast milk <6 months (80.1%) and respondents do not carry out this tradition (86.5%). The majority of respondent families also do not believe in traditions and do not preserve these traditions (77.7%).

Based on **Table 2**, social culture is categorized into supportive and non-supportive social culture. **Table 3** shows that the majority of respondents have a supportive social culture (75.4%).

Table 1. Frequency distribution of characteristics of pregnant women in third trimester at Imogiri 1 and Kretek Public Health Center, Bantul Regency in 2023

Characteristics	f	%
Age		
17 - 25 Years	15	11.9
26 - 35 Years	104	82.5
> 35 Years	7	5,6
Parity		
Primipara	49	38.9
Multiparous	77	61.1
Education		
Elementary school	7	5,6
Junior High School	15	11.9
Senior High School	70	55.6
Undergraduate	7	5,6
Bachelor	27	21.4
Work		
IRT	72	57.1
Employee	41	32.5
Laborer	3	2,4
Trader / Entrepreneur	6	4.8
Civil servants	4	3,2
Total	126	100

Table 4 shows that the majority of respondents have high *breastfeeding self-efficacy* (82.5%) this percentage is different (17.5%) from moderate, low, and very low *breastfeeding self-efficacy*. This self-confidence is calculated from the BSES-SF score which is classified based on four categories with the lowest score being 14 and the highest being 70.

Table 2. Distribution of respondents based on socio-culture in work areas Imogiri 1 and Kretek Public Health Center in 2023

Characteristics	f	%
Breastfeeding Trust		
There isn't any	0	0
There is Trust	126	100
Breastfeeding Abstinence		
There isn't any	76	60.3
There are restrictions	50	39.7
Tradition of feeding/drinking <6 months		
There isn't any	99	78.5
There is Tradition	26	24.1
Confidence in giving food/drink other than breast milk		
There isn't any	101	80.1
There is Trust	25	19.9
Carrying out eating/drinking traditions <6 months		
There isn't any	105	86.5
There's a tradition	21	13.4
The family believes in tradition		
There isn't any	98	77.7
There is Trust	28	22.2
The environment preserves traditions		
No	98	77.7
Yes	28	22.2
Total	126	100

Source: Primary Data 2023

Table 3. Distribution of respondents based on socio-cultural categories in the working areas of Imogiri 1 and Kretek Public Health Center in 2023

Characteristics	f	%
Social and Cultural Support	95	75.4
Social Culture Doesn't Support	35	24.6
Total	126	100

Source: Primary Data 2023

Table 4. Distribution of respondents based on breastfeeding self-efficacy in Imogiri 1 and Kretek Public Health Center in 2023

Characteristics	f	%
Height	104	82.5
Medium	11	8.7
Low	8	6.3
Very Low	3	2.3
Total	126	100

A person's belief in being able to do something and have an impact on their life is called *self-efficacy*. A person's *self-efficacy* can be influenced by 4 things, namely the experiences they have gone through, the experiences of other people, verbal persuasion, and physiological and emotional states. Mothers with high self-confidence to successfully breastfeed their babies (*breastfeeding self-efficacy*), will influence the duration of breastfeeding and the success of exclusive breastfeeding (15). *Breastfeeding self-efficacy* is the belief that arises in mothers to be able to breastfeed their babies. This behavior is then seen through several characteristics such as whether the mother will choose to breastfeed or give formula milk, how much effort the mother makes to breastfeed her baby, and how the mother responds to the various problems and difficulties she experiences while breast-

feeding her baby(16).

High levels of self-efficacy during pregnancy can have long-term effects on the psychological health of both the mother and the unborn child. They can also affect the mother's ability to care for her unborn child, interfere with breastfeeding, and cause stress and depression in new mothers (17). This finding is in line with previous research that mothers with self-efficacy those who are high are more determined to breastfeed and they respond appropriately to breastfeeding problems. The results of this study indicate that there is a direct correlation between maternal BFSE and the rate of exclusive breastfeeding. According to previous research, mothers with higher self-efficacy scores breastfed their babies exclusively compared to mothers who had lower self-efficacy scores (18).

Table 5. Bivariate analysis of socio-cultural cross tabulations on breastfeeding self-efficacy

Socio-cultural	Efficacy Score									
	Tall		Currently		Low		Very low		Total	Sig.
	F	%	F	%	F	%	F	%	F	
Support	92	73	2	1.6	0	0	1	0.7	95	0
No Support	12	9.5	9	7.1	8	6.3	2	1.5	31	
Total	104	82.5	11	8.7	8	6.3	3	2.3	126	

Source: Primary Data 2023 Chi-square analysis test

Based on **Table 5** about Socio-Cultural Cross Tabulation on *Breastfeeding Self-Efficacy*, the results showed that the majority of pregnant women had a supportive social culture (75.4 %) with self-confidence, the majority of pregnant women have high BSE

scores (73 %) currently (1.6 %) and very low (0.7%).

DISCUSSION

It can be concluded from this study that mothers' views regarding the advantages of

breast milk for infants are supported by recent advancements, education, and sources of information about the advantages of exclusive breastfeeding and dispelling old myths. Additionally, respondents in the research area do not adhere to traditions, cultures, or taboos that discourage breastfeeding. impact a mother's breast-feeding confidence According to this study, mothers' views about the advantages of breast milk for infants are reinforced by recent advancements, education, and information sources about the advantages of exclusive breastfeeding and dispelling old myths (19).

From several statements, respondents said that *"Traditions did exist from the ancestors but are no longer preserved, but that doesn't mean there are no taboos or traditions anymore, but rather distinguish between traditions that make sense or are for the good and traditions that are just myths."* This is in line with previous research that there is a socio-cultural relationship with exclusive breastfeeding. There are various cultural beliefs related to breastfeeding, but there are some beliefs that support it and some that do not support it (19). In this study, the results found were not This is in line with previous research which states that if the tradition of "pre lacteal" eating is a family and community practice that has been passed down from generation to generation at an early age, they believe that eating from an early age makes babies less fussy, less hungry and babies grow faster (19). Based on this research, there is a relationship between

social culture and breastfeeding self-efficacy from the majority of respondents who have good social culture will plan to provide exclusive breastfeeding. This is indicated by high confidence in pregnant women (76.9%) and the majority of mothers who have poor social culture have low self-confidence (5.5%) means that good social culture greatly influences mothers' confidence in breastfeeding and vice versa.

This is in line with previous research on respondents who have socio-cultural support (34%) in cases which is higher than the control group (21%), which means that there is a socio-cultural relationship with exclusive breastfeeding. Relating to breastfeeding self-efficacy. In this study, the majority of mothers with high BSE means that there will be efforts to increase the success of providing exclusive breastfeeding, they are not easily swayed to give their babies drinks or food other than breast milk. When faced with breastfeeding problems, they will tend to continue trying to find solutions to be able to provide exclusive breastfeeding to their babies (20). This is in line with Bandura's theory that breastfeeding self-efficacy is a dynamic cognitive process that discusses a person's ability to carry out breastfeeding behavior and can also predict how many mothers consistently breastfeed. In previous research assessing breastfeeding self-efficacy is very important, which supports breastfeeding success, which is also influenced by several problems (21). Perception assesses that she is capable of

carrying out her responsibilities The answer is influenced by your self-efficacy. Mothers who have higher self-efficacy will avoid stress due to depression even though many social and cultural environments in their environment are not in line.

Meanwhile, mothers with low self-efficacy are at risk of experiencing stress due to not being able to properly digest the worries or problems they face (26). This research is also in line with previous research which states that breastfeeding mothers with high self-efficacy influence breastfeeding success. It is explained that the level of self-efficacy can influence how they perform their tasks. High self-efficacy can motivate people to *feel interested* and capable solve problems and being confident in their abilities. In breastfeeding mothers' *self-efficacy*, namely how mothers try to provide optimal breast milk to reduce the risk of breastfeeding failure (22).

CONCLUSION AND RECOMMENDATION

The conclusion of the study showed that there was a significant relationship between socio-culture and breastfeeding self-efficacy with the majority of respondents in the healthy reproductive age category and gravida multipara and Breastfeeding Self-Efficacy Level with high self-confidence. This study recommends that support for exclusive breastfeeding can be increased by providing information and education about exclusive breastfeeding from pregnancy to breastfeeding.

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