

## Psychological and Sociocultural of Breastfeeding Mothers in Exclusive Breastfeeding

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### ABSTRACT

**Introduction:** Breastfeeding mothers often face challenges, particularly psychological and sociocultural barriers. Globally, maternal mental health and sociocultural factors are major concerns in exclusive breastfeeding. This study aimed to identify the psychological and sociocultural conditions of breastfeeding mothers in providing exclusive breastfeeding.

**Methods:** A purposive sampling technique was used to select 144 breastfeeding mothers with infants aged 6–12 months. Data collection was conducted using a questionnaire in July–August 2024. Data were analyzed using univariate, bivariate, and multivariate statistical methods.

**Results:** The results showed that exclusive breastfeeding was significantly influenced by maternal psychological conditions ( $p=0.044$ ), attitudes towards breastfeeding myths and beliefs ( $p=0.028$ ), cultural practices ( $p=0.001$ ), and social practices ( $p=0.007$ ). Multivariate analysis confirmed that maternal psychological conditions, attitudes towards breastfeeding myths and beliefs, and cultural practices collectively influenced exclusive breastfeeding. Good cultural practices were identified as a key factor in successful exclusive breastfeeding.

**Conclusion:** A comprehensive approach is needed to promote positive cultural practices through family-based education. Additionally, active involvement of husbands and families is crucial in providing optimal support to ensure mothers are in a stable psychological and sociocultural condition, enabling them to successfully practice exclusive breastfeeding.



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## INTRODUCTION

Breast milk (ASI) is the most ideal and basic source of nutrition for babies (Martin, Ling, & Blackburn, 2016; World Health Organization, 2021). Breast milk has substances that are needed by babies such as protein, carbohydrates, minerals and vitamins (Boquien, 2018). Breastfeeding is the best way to provide nutrition to babies as an effort to meet their growth and development needs. The World Health Organization (WHO) has recommended exclusive breastfeeding for babies for the first 6 months and continued breastfeeding with the right complementary foods for up to 2 years (Association of Women's Health, Obstetric and Neonatal Nurses, 2021; Martin et al., 2016; Mufdlilah, Ernawati, & Ambarwati, 2022; World Health Organization, 2021).

Globally, the coverage of exclusive breastfeeding for infants in 2023 is 48% with

a target of 50% coverage by 2025. However, to achieve the global target of 70% by 2030, efforts are still needed to achieve this target (WHO, 2024a). Mothers and families often face problems or obstacles during breastfeeding. Breastfeeding issues that are currently a global focus include psychological/maternal mental health problems and sociocultural conditions (Hernández-Cordero et al., 2020).

The psychological condition of mothers requires attention from their husbands, families and their environment (Kusuma & Khofiyah, 2022; Rondon, 2020). If there is an inability of mothers to adjust to the conditions of changing roles that occur, it will give rise to various mental health problems. Worldwide about 13% of new mothers experience mental disorders, especially depression. In developing countries, the prevalence of mental disorders shows a higher rate of 19.8% in postpartum mothers (WHO, 2024b). The impact of postpartum depression includes being a risk factor for a mother's failure to establish a bond with her baby, impacting breastfeeding problems, which can further increase feelings of worthlessness, inability to be a mother, guilt and shame (Mufdlilah, Kusuma, & Suryaningsih, 2023; Patabendige, Athulathmudali, & Chandrasinghe, 2020; Pratiwi & Glover, 2019). This condition is certainly a problem for mothers to be able to give breast milk to their babies. In addition, the socio-cultural condition of the mother also affects the mother in breastfeeding. Mothers who have low education, lack of knowledge about lactation management in working mothers, low income, and the practice of early breastfeeding are obstacles to exclusive breastfeeding (Rahadian & Astuti, 2023; Ritthimon, Thongprachum, & Wungrath, 2023).

Previous studies have discussed a lot about the factors that affect success and the factors that affect failure in exclusive breastfeeding (Agrina et al., 2022; Asare, Preko, Baafi, & Dwumfour-Asare, 2018; Asemahagn, 2016; Behzadifar et al., 2019; De Roza et al., 2019; Debnath et al., 2021; Hamade, Chaaya, Saliba, Chaaban, & Osman, 2013; Rahadian & Astuti, 2023; Ritthimon et al., 2023). However, there is not enough literature that discusses how the psychological and sociocultural conditions experienced by breastfeeding mothers so that they can achieve exclusive breastfeeding or even experience failure in breastfeeding. So it is important to carry out this research to identify the psychological and sociocultural aspects of exclusive breastfeeding.

## **METHODS**

A cross-sectional study design was used in this study. The sample was taken using the purposive sampling technique, namely breastfeeding mothers in the Pekalongan Regency Health Center Working Area. The inclusion criteria for respondents in this study are breastfeeding mothers with children aged 6-12 months (mothers with children aged 6-12 months have passed the 0-6 month period so that it can be justified whether the mother exclusively breastfed or not), either mothers who breastfeed exclusively or non-exclusively, mothers who can communicate verbally fluently and are willing to be respondents. Researchers identified the psychological, social and cultural conditions of breastfeeding mothers using instruments that have been tested for validity and reliability. The researcher recruited respondents from data obtained from local village midwives and assisted by cadres as gatekeepers in the data collection process. The breastfeeding mothers who met the criteria were given information related to the research and asked to sign an informed consent to become a respondent. Data obtained from respondents were kept confidential with anonymity. The respondents involved in this study were 144 breastfeeding mothers.

This research has received an ethical permit with number 3852/KEP-

UNISA/VIII/2024. Data collection was carried out in August – September 2024. After obtaining data related to the psychological and sociocultural condition of the mother, the researcher then analyzed the data univariate, bivariate and multivariate. Data were analyzed using SPSS software with univariate analysis using frequency distribution for categorical data and central tendency for numeric data. Bivariate analysis using chi square. Multivariate analysis using logistic regression.

## RESULTS

This study obtained the results of 72.2% of mothers giving exclusive breast milk to their babies. Breastfeeding mothers in this study were on average 29.9 years old with the youngest age being 17 years old and the oldest being 46 years old. On average, they have 2 children with a range of 1-5 children. Most mothers are housewives (81.3%), the education level of high school graduation is 40.3%, and the history of vaginal normal delivery is 70.8%.

**Table 1. Maternal characteristics based on occupation, education, type of childbirth, breastfeeding, psychological problems, attitudes, cultural practices, social practices, and social support (n=144)**

Variables	Frequency (n)	Percentage (%)	p-value
<b>Occupation</b>			
Housewife	117	81.3	0.475
Work	27	18.8	
<b>Education</b>			
Elementary	40	27.8	0.207
Junior High School	38	26.4	
Senior High School	58	40.3	
Higher Education	8	5.6	
<b>Types of Childbirth</b>			
SC	42	29.2	0.076
Vaginal Birth	102	70.8	
<b>Breastfeeding</b>			
Non- Exclusive Breastfeeding	40	27.8	-
Exclusive Breastfeeding	104	72.2	
<b>Previous Cultural Practices</b>			
Poor Cultural Practices	76	52.8	0.001
Good Cultural Practices	68	47.2	
<b>Social Practice</b>			
Poor Social Practices	86	59.7	0.007
Good Social Practices	58	40.3	
<b>Social Support</b>			
Lack of Social Support	46	31.9	0.756
Good Social Support	98	68.1	
<b>Psychological</b>			
Experiencing Psychological Problems	60	41.7	0.044
Not experiencing psychological problems	84	58.3	
<b>Attitudes towards myths and beliefs</b>			
Negative Mother's Attitude	89	61.8	0.028
Positive Mother's Attitude	55	38.2	

The psychological condition of mothers was obtained as many as 41.7% experienced psychological problems in breastfeeding, attitudes towards myths and beliefs about breastfeeding were negative reaching 61.8%, doing negative previous cultural practices in breastfeeding as much as 52.8%, poor social practices in

breastfeeding reached 59.7%, and getting good social support 68.1%. Table 1 describes the characteristics of mothers.

**Table 2. Factors influencing exclusive breastfeeding (n=144)**

Variables	B	Wald	Sig.	OR
Previous cultural practices	1.238	8.274	0.004	3.448
Psychological	1.071	6.250	0.012	2.919
Attitudes towards myths and beliefs	-0.965	5.015	0.025	0.381

Exclusive breastfeeding by mothers to babies was influenced by the mother's psychological condition at the time of breastfeeding (p value = 0.044), maternal attitudes towards myths and beliefs in breastfeeding (p value = 0.028), previous cultural practices in breastfeeding (p value = 0.001), social practices in breastfeeding (p value = 0.007). The results of the multivariate analysis were obtained that together the exclusive breastfeeding by mothers to their babies was influenced by the mother's psychological condition in breastfeeding, the mother's attitude towards myths and beliefs about breastfeeding, and previous cultural practices in breastfeeding. The factor that most affects mothers in providing exclusive breastfeeding is previous cultural practices in breastfeeding, namely mothers who have good cultural practices or do not practice previous cultures that are contrary to health during breastfeeding have a 3.45 times chance to give exclusive breastfeeding to their babies. Table 2 is the result of multivariate analysis.

## DISCUSSION

Mothers in this study were on average at a non-risk age. The age range of 20-35 years is a safe age for childbirth and entering the postpartum period. In line with previous research that the average breastfeeding mother is at the age of 20-30 years (Harismayanti, Febriyona, & Tuna, 2019). Some of the respondents are exclusively breastfeeding mothers to their babies. The factors that influence mothers in exclusive breastfeeding based on previous research include lack of knowledge, low education, maternal work, easy access to formula, maternal psychology, and lack of family support (Subratha, Putra, & Duarsa, 2016).

This study obtained the results of 72.2% of mothers giving exclusive breast milk to their babies. Breastfeeding mothers in this study were on average 29.9 years old with the youngest age being 17 years old and the oldest being 46 years old. On average, they have 2 children with a range of 1-5 children. Most mothers are housewives (81.3%), the education level of high school graduation is 40.3%, and the history of vaginal normal delivery is 70.8%. The psychological condition of mothers was obtained as many as 41.7% experienced psychological problems in breastfeeding, attitudes towards myths and beliefs about breastfeeding were negative reaching 61.8%, doing negative previous cultural practices in breastfeeding as much as 52.8%, poor social practices in breastfeeding reached 59.7%, and getting good social support 68.1%. Table 1 describes the characteristics of mothers.

The process of breastfeeding a baby exclusively has internal and external challenges that must be controlled by the mother. Internal factors include a psychological condition and attitude towards myths and beliefs. External factors are cultural practices in breastfeeding which are influenced by perceptions of social support, information, and understanding of existing information. Previous research has shown that breastfeeding practices are influenced by several factors including socioeconomic, cultural, physiological, and psychosocial (Shiraishi, Matsuzaki,

Kurihara, Iwamoto, & Shimada, 2020).

The factors of the mother's psychological condition are related to the anxiety and stress experienced by the mother. Internal mechanisms related to psychological conditions influence mood and milk production that inhibit exclusive breastfeeding. The unpleasant experience experienced by the mother becomes a stressor that damages the hormonal response in the body. An increase in catecholamine and epinephrine contributes to a decrease in prolactin and oxytocin during times of anxiety and stress (Jalal, Dolatian, Mahmoodi, & Aliyari, 2017). Breast milk production is decreasing and increasing the chances of mothers not giving exclusive breast milk to their babies.

This study shows that as many as 63.5% of 84 mothers who do not experience psychological problems give exclusive breastfeeding to their babies and only 35.5% of mothers who give exclusive breastfeeding experience psychological problems. This is supported by previous research which stated that psychological factors contribute to exclusive breastfeeding (Lim, Budiapsari, & Suryantha, 2023; Mufdlilah et al., 2023). In line with previous research which explained that the average mother who does not give exclusive breastfeeding to her baby is a mother who has a bad psychological condition such as anxiety and even postpartum depression (Agustina, Hamisah, & Mutia, 2020; Kusuma & Sukmasary, 2023; Nagel et al., 2022; Patabendige et al., 2020).

Psychological conditions in postpartum mothers could be identified using the EPDS (Edinburgh Postnatal Depression Scale) screening tool. Previous studies have shown that integrating screening for common mental disorders into primary care and maternal and child health services has various benefits. This approach allows for the creation of more holistic health services, increases access to mental health care for individuals who need it, opens up opportunities to reduce the stigma associated with mental health problems, and helps reduce health care costs (Waqas et al., 2022). The Indonesian government has actually increased its efforts by adding an assessment of maternal mental health conditions to the Maternal and Child Health Handbook. The use of this screening needs to be optimized so that if there is a mental health problem in breastfeeding mothers, it could be detected early and might be treated as soon as possible.

In addition to psychological factors, exclusive breastfeeding is also influenced by attitudes towards myths and beliefs, as well as cultural practices. This research is supported by previous research that states that exclusive breastfeeding is influenced by sociocultural factors (Eufrazia Prinata, Putriatri Krimasusini, & Dionesia, 2021). Another factor is belief and tradition in breastfeeding babies (Setyaningsih & Farapti, 2019). Cultural factors embraced and practiced by mothers are related to traditions and habits in the practice of breastfeeding babies. This belief is also influenced by spirituality and religious teachings that mothers are encouraged to breastfeed for up to 2 years (Maharlouei, Pourhaghighi, Zohoori, & Lankarani, 2018).

In general, socio-cultural factors are not only related to myths, beliefs, and traditions, but also related to social aspects such as family support sourced from husbands, mothers, and mothers-in-law, and social support from health workers (Nidaa & Krianto, 2022). Socio-cultural practices tend to focus on negative practices related to previous cultures such as providing complementary foods before the age of six months. Perception of the condition of babies crying caused by hunger and thirst so that they are given additional food and drinks (Nidaa & Krianto, 2022). Even the tradition of feeding babies at the beginning of the birth day also occurs as a form of family gratitude (Nsiah-Asamoah, Doku, & Agblorti, 2020).

Socio-cultural factors are still an obstacle to exclusive breastfeeding. As is the case in this study, it is stated that previous cultural practices and attitudes towards myths and beliefs are factors related to exclusive breastfeeding. Beliefs based on the lack of understanding of exclusive breastfeeding dominate in society, such as the perception of colostrum which is poor quality breast milk. Incorrect understanding continues to develop and become a belief that is implemented in daily life (Eufrasia Prinata et al., 2021; Nidaa & Krianto, 2022).

This study obtained that mothers who practiced good cultural practices that did not conflict with the practice of exclusive breastfeeding had 3.45 times the chance to give exclusive breastfeeding to their babies. According to previous research which stated that the socio-cultural support of mothers has a tendency to exclusively breastfeed their babies (Oktaviyana et al., 2022). Forms of previous cultural practices that are not in accordance with the practice of exclusive breastfeeding include the culture of feeding babies early due to fussy babies. The assumption that babies are not full only with exclusive breast milk (Nurhaqqi & Damayanti, 2024). Cultural practices that are also related to attitudes towards myths and beliefs that are still developing include mothers abstaining from eating nutritious foods while breastfeeding and often delaying breastfeeding babies (Noprianti, Wati, Nurhayati, & Abdullah, 2023; Wahyuni, Madeni, & Hasritawati, 2022).

The researchers realized that this study has limitations because the data taken must be in accordance with the existing data because respondents must remember when the mother gave breast milk for 0-6 months. This can cause recall bias. However, we need to know that the experience of giving birth and breastfeeding is an experience that is not easily forgotten by a mother. Even a mother can explain in detail the process of giving birth to breastfeeding in sequence (Mufdlilah et al., 2023). So that the data obtained can be a source for use in further research.

## **CONCLUSIONS**

Exclusive breastfeeding has been proven to provide benefits for babies and mothers. The results of this study show that the psychological condition of the mother, the mother's attitude towards myths and beliefs about breastfeeding, and previous cultural practices in breastfeeding together can affect exclusive breastfeeding. A good mother's psychological condition by avoiding anxiety disorders, stress and even postpartum depression will make it more likely for mothers to provide exclusive breastfeeding. Mother's attitude towards myths and beliefs as well as cultural practices that are not in accordance with the recommendations for breastfeeding need to be minimized so that mothers can breastfeed exclusively. A more comprehensive approach is needed to optimize good cultural practices in breastfeeding, including campaigns to not abstain from healthy foods while breastfeeding, not throwing away colostrum and not giving food to babies aged 0-6 months. In addition, further education and promotion are needed by involving husbands, parents and in-laws by family based-education to better understand the importance of breastfeeding for babies and to be able to understand the psychological condition of breastfeeding mothers so that they can provide good support to mothers. The involvement of the main components in the family is something that is very much needed by breastfeeding mothers to be able to provide exclusive breastfeeding for their babies. Further research can involve the role of husbands and families in breastfeeding practices so that more complex data can be obtained and psychological and socio-cultural conditions in breastfeeding mothers' families can be identified. The health service as the policy holder can also increase



the coverage of exclusive breastfeeding by focusing on programs to improve the mental health of breastfeeding mothers and good cultural practices during breastfeeding as well as ensuring optimal support for breastfeeding mothers through cadres and breastfeeding support groups.

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