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The Impact of Social Psychological and Socio-Cultural Resilience on Exclusive Breastfeeding Behavior: An Analytical Cross-Sectional Study

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ABSTRACT Mother's milk (ASI) is the best food for babies that cannot be replaced by anything. Breastfeeding has been proven to be beneficial for both the baby and the mother. However, the coverage rate for achieving exclusive breastfeeding is still far below the target. This research aims to determine the influence of social psychological and socio-cultural resilience on exclusive breastfeeding behavior. This research is an analytical study with a cross sectional design. The sample in this study was 108 postpartum mothers taken using a simple random sampling technique. The independent variables in this research are social psychological and socio-cultural resilience, while the dependent variable is the behavior of postpartum mothers in providing exclusive breastfeeding. Data collection in this study used a questionnaire and was analyzed bivariately using the Chi Square and Fisher Exact Tests, while multivariate analysis used the Logistic Regression Test. The results of analysis using the Chi Square and/or Fisher Exact tests showed a p value > 0.05 for all indicators of social psychological resilience, which means that there are no indicators in this dimension that have an influence on exclusive breastfeeding. Meanwhile, for the socio-cultural resilience variable, the result was a p value of 0.014 or p value <0.05 on the social care indicator, which means that social care has a significant influence on exclusive breastfeeding. So it can be concluded that social psychological resilience has no effect on exclusive breastfeeding, while socio-cultural resilience influences exclusive breastfeeding on indicators of social concern. In the community, implementing and providing health promotion about the importance of breast milk fosters an environment that truly values the health and happiness of mothers and children. It will strengthen the global commitment to the comprehensive well-being of mothers and children and develop meaningful relationships.

INDEX TERMS social psychological resilience; socio-cultural resilience; exclusive breastfeeding

I. INTRODUCTION

Mother's milk (ASI) is the best food for babies. Breast milk can be given from 2 years of age.[1] Breast milk has benefits that cannot be replaced by any food or drink, because it contains the most appropriate, complete nutrition, and is always easy to adapt so that it always meets the baby's needs. [2,3] Giving breast milk has been proven to reduce the risk of several types of infections including; diarrhea, respiratory tract infections, ear infections, pneumonia, urinary tract infections and other diseases.[4]

Breast milk helps babies stay healthy because it contains strong antibodies to fight infections. This benefit is not only for the baby, but also helps the mother recover after the birth process.[5,6] Breastfeeding during the first few days also plays a role in strengthening uterine contractions and

reducing the risk of bleeding because breast milk contains the hormone oxytocin, which helps uterine contractions.[6]

Based on the commitment contained in Republic of Indonesia Law no. 25 of 2000 concerning the national development program (Propenas), the coverage of achieving exclusive breastfeeding for babies must reach 80%. The Surabaya City Health Service report stated that the number of babies who were given exclusive breast milk in 2015 was 64.99% of the 18,992 babies examined. When compared with the previous year, the number of babies receiving exclusive breastfeeding in 2015 increased by 0.66%. However, this figure is still far from the target set.

Currently, family resilience is one of the components that influences the development of the health sector.[7] The family's ability to withstand or protect itself from various problems or threats to life, both from within the family and

from outside the family, is known as family resilience. Because the family is the smallest part of the social structure, family resilience is usually referred to as social resilience.[7]

Family resilience and family well-being are interrelated. Families that have better levels of well-being may have higher levels of resilience. According to PPPA Ministerial Regulation Number 6 of 2013 concerning the Implementation of Family Development, the concept of family resilience and welfare consists of: (1) Foundations of Legality and Family Integrity; (2) Physical Endurance; (3) Economic Resilience; (4) Social Psychological Resilience; and (5) Socio-Cultural Resilience.[8]. Social psychological and cultural resilience in exclusive breastfeeding has a very significant role in increasing the success of breastfeeding and baby health.[8]

II. METHODS

This research is an analytical research using a *cross sectional design*. The sample used was 108 postpartum mothers taken using a simple random sampling technique. The independent variables in this research are social psychological and socio-cultural resilience, while the dependent variable in this research is the behavior of postpartum mothers in providing exclusive breastfeeding.

Data collection in this research used a questionnaire. Before filling out the questionnaire, the researcher explained the aims and benefits of the research. After that, if the respondent is willing, the respondent will sign an informed consent. And then measure the variables by filling out a research questionnaire via google forms. After the data was collected, the researcher edited the existing data. Data were analyzed bivariately using the Chi Square and Fisher Exact Tests, while multivariate analysis used the Logistic Regression Test.

III. RESULT

A. RESPONDENT CHARACTERISTICS

TABLE 1
Frequency Distribution of Respondent Characteristics

No	Characteristics	Category	Frequency	
			f	%
1	Age	<20	3	2.8
		20-35	93	86.1
		>35	12	11.1
		Total	108	100
2	Education	elementary school	14	13
		Junior High School	15	13.9
		Senior High School	59	54.6
		PT	20	18.5
		Total	108	100
3	Work	Yes	96	88.9
		No	12	11.1
		Total	108	100
4	Income	< 5 Million	37	34.3

5 – 10 Million	71	65.7
>10 Million	0	0
Total	108	100

Based on TABLE 1 regarding the characteristics of respondents, the majority of respondents are 20-35 years old, namely 86%, most of the respondents' education is high school, namely 54 %, part big respondents (82 %) is Work, And part big respondents (84%) earn less than 5 million.

B. SOCIAL PSYCHOLOGICAL RESILIENCE

TABLE 1
Frequency Distribution of Social Psychological Resilience

No	Indicator	Category	Frequency	
			f	%
1	Anti-violence against women	Yes	108	100
		No	0	0
		Total	108	100
2	Anti-violence against child	Yes	98	90.7
		No	10	9.3
		Total	108	100
3	Compliance with laws	Obedient	108	100
		Not obey	0	0
		Total	108	100

Based on TABLE 2, it is known that all samples (100%) have families that are anti-violence against women, likewise there are 98 samples (90.7%) who state that they are anti-violence against children. The entire sample of 108 people (100%) stated that they complied with applicable laws.

C. SOCIO-CULTURAL RESILIENCE

TABLE 3
Frequency Distribution of Socio-Cultural Resilience

No	Indicator	Category	Frequency	
			f	%
1	Social concern	Care	60	56.5
		Not care	48	43.5
		Total	108	100
2	Social closeness	Tightly	100	92.6
		Not tight	8	7.4
		Total	108	100
3	Obedience religious	Obedient	90	83.3
		Disobedient	18	16.7
		Total	108	100

Based on TABLE 3, it is known that 60 people out of 108 samples (56.5%) have social concern for the elderly, and almost all of them (92.6%) have close relationships with the surrounding social environment, and most of the families of the 90 people in the sample (83, 3%) have involvement in religious activities in the social environment.

D. CHI SQUARE AND FISHER EXACT TEST RESULT

Based on TABLE 4 is obtained results analysis with using Chi Square and /or Fisher Exact tests, all indicator obtained p value > 0.05 which means that No There is indicator in

dimensions resilience social psychology that provides influence to exclusive breastfeeding. Meanwhile on dimensions socio-cultural resilience obtained that indicator concern social own p value as big as 0.014 or < 0.05 which means that concern social give significant influence to breastfeeding Exclusive.

TABLE 4

Results of Bivariate Analysis of Social Psychological Resilience and Sociocultural Resilience towards Exclusive Breastfeeding

Variable	Exclusive breastfeeding				Total		P value
	Exclusive		Not		n	%	
	n	%	n	%			
Social Psychological Dimensions of Resilience							
Anti-violence against women							
1. Agree	72	66.7	36	33.3	108	100	-
2. Disagree	0	0	0	0	0	0	
Anti-violence against children							
1. Agree	68	69.4	30	30.6	98	100	0.81
2. Disagree	4	40	6	60	10	100	
Compliance with laws							
1. Be obedient	72	66.7	36	33.3	108	100	-
2. Disobedient	0	0	0	0	0	0	
Dimensions of Socio-Cultural Resilience							
Social concern							
1. Caring	38	79.2	10	20.8	48	100	0.014
2. Don't care	34	56.7	26	43.3	60	100	
Social closeness							
1. Closely	69	69	31	31	100	100	0.114
2. Not tight	3	37.5	5	62.5	8	100	
Religious observance							
1. Be obedient	62	68.9	28	31.1	90	100	0.273
2. Disobedience	10	55.6	8	44.4	18	100	

E. LOGISTIC REGRESSION TEST RESULT

TABLE 5

Logistic Regression Test Results on the influence of family resilience on exclusive breastfeeding behavior

Step	Variable	B	S.E	Wald	df	Sig.	Exp (B)
1	Violence_	,997	1,003	,987	1	,320	2,
	n_children						709
	Social_	,695	1,301	8,073	1	,004	,025
	concern						
	social_	4,754	4,723	1,013	1	,314	116.02
	closeness						0
	Religious_	-,931	1,134	,674	1	,412	,394
	obedience						
	Constant	3,033	950.06	,000	1	1,000	20,757

Based on TABLE 5, there is no significant influence on the social psychological dimension of resilience on exclusive breastfeeding behavior. In the dimension of socio-cultural resilience, the results of statistical analysis using a logistic

regression test showed that social concern influences exclusive breastfeeding with a significance level of 0.004 (p value < 0.05). The direction of the influence is positive, which means that the higher the social awareness, the better the provision of exclusive breastfeeding.

IV. DISCUSSION

Resilience social – psychology assessed from 3 indicator that is attitude anti violence towards women, anti violence to child, And respect to law. On In this study, none of these three indicators had a significant influence on exclusive breastfeeding. A family has good social psychological resilience if the family is able to overcome various non-physical problems such as positive emotional control, positive self-concept, husband's concern for his wife and satisfaction with family harmony. All respondents to this study have an anti-violence attitude towards women. This could be because most mothers have a high school and college educational background. With their high level of education, mothers are able to say no or reject actions that are not good towards them himself.[9,10]

Socio-cultural resilience is assessed from 3 indicators, namely social concern, social cohesion (participation in social activities in the environment) and religious observance (participation in activity religious).[11] From to 3 indicator the, concern social own significant influence on exclusive breastfeeding behavior. Sociocultural resilience is one dimension that describes the level of family resilience seen from the perspective of family relationships with the surrounding social environment.[12-14] The family is an inseparable part of the community environment and social.[11,15]. In the community, implementing and providing health promotion about the importance of breast milk fosters an environment that truly values the health and happiness of mothers and children. This is not only related to providing nutrition but also complex benefits. Increasing awareness of breastfeeding will strengthen the global commitment to the comprehensive well-being of mothers and children and develop meaningful relationships.[16]

This states that the success of exclusive breastfeeding is greatly influenced by the support of the surrounding community.[17] This support can be obtained from friends, neighbors, cadres, or community groups (ASI support groups).[10,18] In forming family resilience, there are eight family functions that must be carried out in order to achieve a prosperous family, including religious function, socio-cultural function, love function, protection function, reproductive function, socialization and education function, environmental maintenance function.[19,20] With the aim of improving the dynamic conditions of families so that they have tenacity and toughness, physical-material and mental-spiritual abilities so that they can develop themselves and their families to be physically and mentally prosperous.[21-23]

Research in India states that the role of the women's community in KIA is quite influential in reducing the maternal mortality rate.[21,24] Roles that can be played by the community Woman between other in do identification

And detection early related problems during pregnancy and delivery.[21,25,26]

As we all know, exclusive breastfeeding has many benefits for both mother and baby. For babies, physically, the superior nutrition in breast milk can build a strong immune system and optimal brain development.[28,29] Meanwhile, from a psychological perspective, the breastfeeding process also influences the cognitive and emotional development of babies.[30] Physical closeness [31], direct eye contact [32], skin-to-skin touch [33] can trigger the release of hormones such as oxytocin and prolactin. Oxytocin, often called the “love hormone,” increases social bonds, trust, and emotional attachment. Oxytocin is released during positive social interactions, such as hugs, touches, and intimate moments. This plays a role in creating feelings of attachment, trust, and emotional closeness. In maternal care, oxytocin fosters a strong emotional bond between mother and baby[33,34]. Prolactin supports breast milk production and is associated with the mother's feelings of nurturing and care. This is very important in shaping the baby's brain development and emotional balance [29].

V. CONCLUSION

This research conduct to determine the influence of social psychological and socio-cultural resilience on exclusive breastfeeding behavior. Result of this research show that social psychological resilience does not have an influence on exclusive breastfeeding behavior but in socio-cultural resilience have an influence on exclusive breastfeeding behavior on indicators of social concern. In the future, further research needs to be carried out on several different cultural indicators.

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