Breastfeeding_Model.pdf

Submission date: 17-Apr-2023 12:01PM (UTC+0700)

Submission ID: 2066859367

File name: Breastfeeding_Model.pdf (427.62K)

Word count: 3114 Character count: 17662

Breastfeeding Model in Madurese Viewed from Culture Capital and Lifestyle According to Pierre Bourdieu

Evi Pratami¹, Ervi Husni¹, Dina Isfentiani¹

¹Lecturer, Heath Polytechnic of Surabaya

Abstract

Exclusive breastfeeding for 6 months can protect babies from short-term diseases. This study aims to analyze the influence of cultural capital and lifestyle, and prove the intervention model for breastfeeding in Madures society. Stage 1 used cross-sectional design. Population consisted of mothers in Bangkalan, Indonesia. Sample size was 170 selected by consecutive sampling. Data was analyzed by Partial Least Square. Stage 2 used quasi-experimental design, with 32 respondents. Data was analyzed by Chi Square test. There was a significant influence between culture capital (power distance=0.766, power avoidance=0.766, individualism=0.833, masculinity=0.753, and time orientation=0.726) and breastfeeding. Individualism was the highest indicator. There was the influence of lifestyle (industry=0.695, advertisement=0.686, public relations and journalism=0.672, independent=0.861 and hedotam=0.633) on breastfeeding, and independent lifestyles had the highest influence on breastfeeding. Culture capital and lifestyle intervention model had an effect on breastfeeding in Madurese community.

Keywords: breastfeeding, culture capital, lifestyle, Pierre Bourdieu

Introduction

Exclusive breastfeeding for 6 months can protect babies from short-term diseases such as gastroenteritis, respiratory infections and malnutrition; and in the long run against chronic diseases such as type 2 diabetes, hypertension and obesity⁽¹⁾. Through a community nutrition improvement program, the MoH-RI is targeting a 6-month exclusive breastfeeding coverage of 80%⁽²⁾. Exclusive breastfeeding coverage in Bangkalan for three consecutive years^{(3),(4),(5)} was 49.8%.

Setegn Tesfaye's study found that the factors of exclusive breastfeeding failure were young mothers and working mothers⁽⁶⁾. A study by Hoda Mohamed Nafee Elsayed found that the breastfeeding implementation was very much dependent on the policies of the local government and the factor of working mothers⁽⁷⁾.

Corresponding author:

Evi Pratami

E-mail: jihan.evi@gmail.com

Address: Campus of Midwifery Department-Health Polytechnic of Surabaya, Karang Menjangan Street, Surabaya, Indonesia Sandra's research found that mother's education, knowledge and experience are predisposing factors that have positive effect on the success of exclusive breastfeeding, while EIBF is a strong enabling factor for the success of exclusive breastfeeding. In terms of the driving factors, support for delivery-helper health-care workers has the most significant effect on the successful implementation of exclusive breastfeeding⁽⁸⁾.

According to Bourdieu cit. Haryatmoko(9), a person's lifestyle is the result of the interaction between humans as subjects as well as objects in the society, the result of conscious and unconscious thoughts formed throughout his life history. Bourdieu places a lifestyle in a series or a long social process involving capital, objective conditions, habitus, disposition, practice, lifestyle, sign systems, and taste structures. Habitus is a set of tendencies tat produce social practices and perceptions, containing past experiences whose influence is ready to be displayed in the present so that habitus becomes a source of action, thought and representation. Bourdieu also explained that cultural capital is a value that is exchanged, which is an accumulation of developing cultural forms. The use of cultural capital requires a process and cannot be done suddenly and flexibly such



as economic and social capital⁽¹⁰⁾. Bourdieu also said that human action is the result of constructive structuralism, namely the relationship between subjectivity and objectivity, and this theory is then known as the theory of social practice⁽¹¹⁾.



This study used cross-sectional design. Sampling was done by consecutive sampling method. In the first stage of the study the subjects were breast feeding mothers aged 20-35 years who had children aged 1-5 years

without any contraindications to breastfeeding, with a sample of 170 mothers. This study used culture capital and lifestyle as independent variables and breastfeeding as the dependent variable. The instrument used in this study was questionnaire that was strengthened by Focus Group Discussion. Data processing and analysis in stage one used Partial Least Square method. The second stage of the study used quasi-experimental design with 26 subjects of study. Data processing and analysis was done with different tests. The application of the model obtained in stage 1 was done using chi square test.

Results

Table 1. The outer model

No	Latent variables	Indicators	Original Sample	Notes
1	Culture capital-X1	X1.1-Power distance (Source of Information)	0.766	Valid
		X1.2-Power Avoidance (Trust to Long-Term Benefit)	0.766	Valid
		X1.3-Individualism (Influence of Others)	0.833	Valid
		X1.4-Masculinity (Independence)	0.755	Valid
		X1.5-Time Orientation (Consistency)	0.726	Valid
2	X2.1-Advertisement	X2.1-Advertisement	0.686	Valid
		X2.2-Industry (Appearance)	0.695	Valid
		Valid		
		X2.4-Independence	0.861	Valid
		X2.5 Hedonism (Pleasure)	0.633	Valid
3	Exclusive-breastfeeding-Y	Exclusive Breastfeeding	1.000	Valid

Based on Table 1, all indicators were valid (factor loading >0.5)

Table 2. Average variance extracted (AVE)

	AVE
Exclusive breastfeeding	1.000
Culture Capital	0.593
Lifestyle	0.510

Based on Table 2, the AVE were >0.5, so all indicators were reliable.

Table 3. The inner model

No	Pathway	Original Sample	T-Statistics	Notes
1	(X1.1)→(X1)	0.766	21.015	Significant
2	(X1.2)→(X1)	0.766	16.223	Significant
3	(X1.3)→(X1)	0.833	29.268	Significant
4	(X1.4)→(X1)	0.753	17.312	Significant
5	(X1.5)→(X1)	0.726	16.702	Significant
6	(X2.1)→(X2)	0.686	9.992	Significant
7	(X2.2)→(X2)	0.695	12.037	Significant
8	(X2.3)→(X2)	0.672	8.587	Significant
9	(X2.4)→(X2)	0.861	29.414	Significant
10	(X2.5)→(X2)	0.633	8.386	Significant
11	(X1) → Y	0.375	6.189	Significant
12	(X2) → Y	0.252	4.270	Significant

Based on Table 3, each exogenous variable has a significant effect on the endogenous variables, so that the formed final model has new T-statistics.

Table 4. The results of Chi-square test

Exclusive breastfeeding	Groups			p-value	
Exclusive breastleeding	n	%	n	%	p-value
Yes	11	68.8	5	25	
No	4	31.2	12	75	0.032
Total	15	100	17	100	

Bas 51 on Table 4, the result of Chi Square test was 0.032 (p<0.05), there was a difference in exclusive breastfeeding between the treatment group and the control group.

Discussion

The influence of culture capital on breastfeeding in Madurese community

The results of this study found that culture capital (distance of power, avoidance of power, individualism, masculinity, and time orientation) influenced the providing of breastfeeding in Madurese community.

The Madurese consider the source of information about exclusive breastfeeding to be accessed only from health workers. Small power distance means the low level of community dependence on health workers. The results of the study found a positive influence of distance of power on exclusive breastfeeding. This research was similar to Zhou's study⁽¹²⁾ in Ireland that people need the seriousness of health workers about the existing culture to correct the wrong understanding of exclusive breastfeeding. Osman⁽¹³⁾ found that there were cultural beliefs that had the potential to prevent breastfeeding.

The Madurese consider that the main source of information about exclusive breastfeeding is health workers. They have good access to internet networks, but still consider that reliable sources of information about explicitly sive breastfeeding come from health workers. The results of this study indicate that trust in the benefits of breastfeeding in the long run affects the community to exclusively breastfeed. This study was similar to a study conducted by Deborah et al. (14) that culture and health are 15 ated to breastfeeding. Daglas & Antonius (15) reported that the breastfeeding process was often not determined by biological factors, but mainly based on standard habits.

The results of this study indicated that the Madurese had high individualism, then they did not want to gather and isolated themselves from the association, so that those who initially did not give breastfeeding were increasingly unwilling to give exclusive breastfeeding.

This study obtained the influence of masculinity on exclusive breastfeeding. Madurese community had a tendency to not be able to decide for themselves about breastfeeding. Her decision was very dependent on husband and family, so that, even though the mother was determined to give exclusive breastfeeding, if her husband or family did not support her then she would be willing not to give the breastfeeding.

Brown⁽¹⁶⁾ reported that health professionals must provide support and information directly to fathers, mothers and babies and know the importance of promoting and providing breasfeeding. Kronborg⁽¹⁷⁾ found that interactive courses enhand clients' knowledge on breastfeeding practices. After intervention period, health visitors in the intervention group have increased their self-efficacy in helping mothers with common breastfeeding problems. Handayani⁽¹⁸⁾ found positive influence between respondents' knowledge and exclusive breastfeeding behavior. High knowledge of exclusive breastfeeding affects a person in determining the decision to exclusively breastfeed.

Lifestyle influences breastfeeding in Madurese society

The results of lifestyle study (lifestyle industry, lifestyle advertisement, public relations and lifestyle journalism, independent lifestyle and hedonism lifestyle) influence breastfeeding in Madurese society. People did not give exclusive breastfeeding because

they were worried that their body shape would not be attractive anymore. Concerns about changes in breast shape, limitations of activity and dress are the reason for community not to give breast milk. Rinker⁽¹⁹⁾ found that breastfeeding does not appear to have an adverse fect on breast appearance. Schalla et al.⁽²⁰⁾ found that breastfeeding rates in the UK are low. Efforts to promote breastfeeding usually include known health benefits for mothers and children, many of which are not immediate.

Lifestyle advertising shapes image culture and taste culture. Advertising rushes offer a sometimes stunning visual style. Advertising presents lifestyle by subtly instilling the importance of self-image to appear in public. Advertising also, slowly but surely, affects the choice of taste we make. This study found that Madurese people really like advertisement. It's just that advertisement about exclusive breastfeeding is so lacking that they are not interested in exclusive breastfeeding. Kaplan⁽²¹⁾ reported that there is a positive relationship between advertisement and exclusive breastfeeding. Enforcement of exclusive breastfeeding must be balanced with low or no promotion of formula milk. Promotion was done anywhere and by anyone. Piwoz⁽²²⁾ for d that a tighter regulatory framework must be made, coupled with independent and quantitative monitoring and compliance enforcement is needed to counter the global impact of formula milk marketing.

This study found that idolized behavior greatly influenced the community to decide on exclusive breastfeeding. In reality, figures who are idolized by the community do not speak at all about exclusive breastfeeding, and figures who have been advertising models of breastfeeding are not public idols. The influence of the idol becomes strong, when the character performs positive behavior and is inspired by fans. Thus, the results of this study found that no idol figure ever said about the implementation of exclusive breastfeeding.

Independence is being able to live without being totally dependent on something else. For this reason, it is necessary to be able to recognize the strengths and weaknesses of oneself, as well as strategies with an independent lifestyle, the consumerism culture no longer imprisons humans.

People who had good independence, that is not dependent on other people, both husband and family,



they wanted to give breastfeeding. This independence then determines the community when there are problems surrounding exclusive breastfeeding. People did not give up easily to stop it. Cable⁽²³⁾ found the breastfeeding contributes to women's psychology. Our findings suggest that breastfeeding can be important for women's psychological well-being during the work period.

Smith⁽²⁴⁾ found that many feminists argue that breastfeeding is an obstacle that can prevent women from realizing non-maternal opportunities. This article presents an alternative. The Madurese do not have good independence especially regarding breastfeeding. Their decision to give breastfeeding was influenced by husband and family.

The hedonistic lifestyle is a pattern of life whose activities are to seek the pleasures of life, such as spending more time outside the house, playing more, enjoying the city crowd, happy buying expensive things, and always wanting to be the center of attention. The results of this study found that people who still place individual pleasures such as traveling, doing hobbies such as traveling, dressing like not mothers who are sucking, so this community does not give breastfeeding. Likewise, the pattern of life prefers to shop for personal necessities rather than children's needs, being the basis for Madurese society to have a high hedonistic lifestyle. Henson⁽²⁵⁾ in 2008 found that hedonism is very influential on the health behavior of a person, especially women.

Culture capital and lifestyle intervention model influences breastfeeding in Madurese society

The results of the research model of culture capital and lifestyle interventions have an effect on breastfeeding in the Madurese community. Culture capital as measured by indicators of power distance (source of information), avoidance of power (trust in long-term benefits), individualism (influence of others), masculinity (independence) and time orientation (consistency) in the study stage 1 had an influence on exclusive breastfeeding. The instage 2 we conducted a short experiment to apply the influence of these variables on the behavior of exclusive breastfeeding at the transition stage. Whereas, the lifestyle, as measured by lifestyle advertising indicators (advertising influences), lifestyle industry (appearance), public relations and

journalism (idolized lifestyles), independent lifestyle (independence) and hedonistic lifestyle (pleasure) was found to also have influence on exclusive breastfeeding.

This study was similar to the study conducted by Zhou⁽¹²⁾ in 2010 in Ireland that people needed the serious attention of health workers about the existing culture to rectify the wrong understanding of exclusive breastfeeding. Another study conducted by Osman⁽¹³⁾ in 2009 in Lebanon found that there pre-recultural beliefs that had the potential to prevent breastfeeding among women. Understanding and handling local beliefs and habits can help doctors to provide counseling that is appropriate to the local culture.

Fishbein and Ajzen (1975) define intention as a subjective probability that a person has to perform certain behaviors. Intention will remain a tendency to behave until at the right time there is an effort made to turn that intention into a behavior⁽²⁶⁾. According to Ajzen, intention is the antecedent of a behavior that appears. Intention can accurately predict various behavioral trends. Based on the theory of planned behavior, intention is a function of three main determinants, first is the personal factor of the individual, the second is the social influence, and the third is related to the control that the individual has⁽²⁶⁾.

Conclusions

Culture capital and lifestyle influence breastfeeding in Madurese community. From the measurement indicators, the influence of individualism, independence and hedonism are indicators that have the highest number.

Additional Information

Source of Funding: authors

Conflict of Interest: No

Ethical Clearance: This study had received a Ethics Certificate from the Ethics Commission, Health Polytechnic of Surabaya, Number: 071/S/KEPK/VII 2017.

References

Kanal V, da Cruse JLNB, Karkree R, Lee HH.
 Factors Associated with Exclusive Breastfeeding
 in Timor-Leste: Findings from Demographic
 and Health Survey 2009–2010. US National

- Library of Medicine National Institutes of Health. 2014;6(4):1691-1700.
- MoH-RI. Basic Health Research. Jakarta: MoH-RI; 2013.
- Health Office of Bangkalan. Health Profile of Bangkalan City in 2013. Bangkalan: Health Office of Bangkalan; 2013.
- Health Office of Bangkalan. Health Profile of Bangkalan City in 2014. Bangkalan: Health Office of Bangkalan; 2014.
- Health Office of Bangkalan. Health Profile of Bangkalan City. Bangkalan: Health Office of Bangkalan; 2013.
- Setegn T, Belachew T, Gerbaba M, Deribe K, Deribew A, Biadgilign S. Factors associated with exclusive breastfeeding practices among mothers in Goba district, south east Ethiopia: a crosssectional study. Inter.Breast.J. 2012;7(17).
- Elsayed HMN, Al-Dossary LA. Exclusive Breastfeeding, Prevalence and Maternal Concerns: Saudi and Egyptian Mothers. Jour. of.Ed.&.Prac. 2016;7(3).
- 8. Fikawati S, Syafiq A. Causes of Success and Failure to Practice Exclusive breastfeeding. J.Kes.Mas.Nas. 2009;4(3).
- Haryatmoko. Theoretical Platform of the Social Movement According to Pierre Bourdieu in Basis Magazine. 2013.
- Alfathri A. Resistance of Lifestyle: Theory and Reality. Yogyakarta: Jalasutra; 2006.
- Gumelar MS. The Rise of Marginalization of Various Ethnics in Indonesia in Their Relationship with Bhinneka Tunggal Ika. Jur.Stu. Kul. 2016;1(2):75-83.
- Zhou Q, Younger KM, Kearney JM. An exploration of the knowledge and attitudes towards breastfeeding among a sample of Chinese mothers in Ireland. BMC.Pub.Heal. 2010;10(722).
- Osman H, El-Zein L, Wick L. Cultureal beliefs that may discourage breastfeeding among Lebanese women: a qualitative analysis. Int. Breastfeed.J. 2009;4(12).
- 14. Deborah MS. The Influence of Culture and

- Health on the Breastfeeding Relationship. Journal of Obstetric, Gynecologic & Neonatal Nursing. 2009;38:2:218
- Daglas M, Antoniou E. Cultureal views and practices related to breastfeeding. Health Science Journal. 2012;6(2).
- Brown JE, et al. Nutrition Trought the Life Cycle. International Student Edition, 3rd, Thomson Wardsworth; 2004.
- Kronborg H, Vaeth M, Olsen J, Harder I. Health Visitors and Breastfeeding Support: Influence of Knowledge and Self-efficacy. Eur J Public Health. 2008;18(3):283-288.
- Handayani L, Kosnin AM, Jiar YK. Breastfeeding Education in Term of Knowledge and Attitude through Mother Support Group. Journal of Education and Learning. 2012;6(1):65-72.
- Rinker B, Veneracion M and Walsh CP. The Effect of Breastfeeding on Breast Aesthetics. Aesthet Surg J. 2008;8(5):534-537.
- Schalla SC, Witcomb GL, Haycraft E. Body Shape and Weight Loss as Motivators for Breastfeeding Initiation and Continuation. Int J Environ Res Public Health. 2017;14(7):754
- Kaplan DL, Graff KM. Marketing Breastfeeding-Reversing Corporate Influence on Infant Feeding Practices. J Urban Health. 2017;85(4):486-504
- Piwoz EG, Huffman SL. The Impact of Marketing of Breast-Milk Substitutes on WHO-Recommended Breastfeeding Practices. SAGE Journal. 2015.
- Cable N, Bartley M, McMunn A, Kelly Y. Gender differences in the effect of breastfeeding on adult psychological well-being. European Journal of Public Health. 2011;22(1).
- Smith PH. Breastfeeding and Gender Inequality. Journal of Woman, Politics & Policy. 2013;34(4).
- Henson JM, Careey MP, Carey KB, Maisto SA. Associations Among Health Behaviors and Time Perspective in Young Adults. J Behav Med. 2006;29(2):127-137.
- Ajzen I. Attitudes, Personality, and Behavior. McGraw-Hill, Professional Publising, Berkshire, GBR; 2005.

Breastfeeding_Model.pdf

Publication

	ASTRECTING_IVIOU	'		
1 SIMIL	9% 16 ARITY INDEX INTER	0% NET SOURCES	12% PUBLICATIONS	6% STUDENT PAPERS
PRIMA	RY SOURCES			
1	Sersc.org Internet Source			1 %
2	www.mdpi.co Internet Source	m		1 %
3	ojs.unimal.ac. Internet Source	id		1 %
4	"Model of Ma Based Care Tr	ternal Behransculturel) and Pre lonian Jou	esi, Suparji Su navior in Pregr al Care Theor ecede-Based", irnal of Medica	nancy- y Open
5	worldwidescie	ence.org		1 %
6	medium class	consump rid-19 of Je ce Series:		era I %

7	Submitted to Higher Education Commission Pakistan Student Paper	1 %
8	iccd.asia Internet Source	1 %
9	jurusankebidanan.poltekkesdepkes-sby.ac.id	1 %
10	serialsjournals.com Internet Source	1%
11	medicopublication.com Internet Source	1 %
12	www.ncbi.nlm.nih.gov Internet Source	1 %
13	Chompoonut Topothai, Viroj Tangcharoensathien. "Achieving global targets on breastfeeding in Thailand: gap analysis and solutions", International Breastfeeding Journal, 2021 Publication	1 %
14	Submitted to Forum Perpustakaan Perguruan Tinggi Indonesia Jawa Timur Student Paper	1 %
15	www.opinapoli.it Internet Source	1 %
16	academic.oup.com Internet Source	

		%
17	www.science.gov Internet Source	1 %
18	Submitted to City University of Hong Kong Student Paper	1 %
19	caspianjp.ir Internet Source	<1%
20	etd.repository.ugm.ac.id Internet Source	<1%
21	purehost.bath.ac.uk Internet Source	<1%
22	Abasiattai, Aniekan, Etiobong Etukumana, Eno Nyong, and Ukeme Eyo. "Knowledge and practice of exclusive breastfeeding among antenatal attendees in Uyo, Southern Nigeria", Gaziantep Medical Journal, 2014. Publication	<1%
23	Tatiana O Vieira, Graciete O Vieira, Nelson F de Oliveira, Carlos M C Mendes, Elsa Regina J Giugliani, Luciana R Silva. "Duration of exclusive breastfeeding in a Brazilian population: new determinants in a cohort study", BMC Pregnancy and Childbirth, 2014	<1%



<1%

www.springermedizin.de Internet Source

<19

Exclude quotes On
Exclude bibliography On

Exclude matches

Off