

Article Review

**Development of Health Education Media About Cultural Practices of The Palu Indigenous Culture Related to Breastfeeding for Postpartum Women Who Have Been Caring at Home**

**Jurana<sup>1\*</sup>, Fitria Masulili<sup>1</sup>**

<sup>1</sup> Nursing Professional Education Study Programme, Poltekkes Kemenkes Palu, Palu, Central Java, Indonesia

(Correspondence author email, jurana.tadjo@yahoo.com)

**ABSTRACT**

*The practice of providing appropriate breastfeeding for the first 6 months of life is the most important and cost-effective thing to reduce morbidity and mortality rate toward children. However, the obedience of exclusive breastfeeding in some of countries has not been satisfactory, so need the efforts to be done to increase its coverage. This study aims to develop and produces the health education media for cultural practices of the Palu indigenous culture related to breastfeeding for postpartum women who have been caring at home in Sigi Regency of Palu district in the form both of Kaili and Indonesian languages modules. This research is qualitative research with an ethnographic approach through two stages, namely: Phase I; Identification of cultural that influence the success of exclusive breastfeeding, Phase II; Development of health education media as a solution to the problem of an exclusive breastfeeding culture. The informants were taken by snowball method with a total seventeen of postpartum women, one informan key was from the community (Dukun), and one coordinator was the public health care nurse at the Biromaru Public Health Center. Data analysis in this ethnographic research is to find out the cultural themes, namely verbatim, keywords, and categories. The categories are the same and related to the sub-themes and the last step is to determine the theme itself. The research results is Phase I, Identifying both of myths and cultures that influence exclusive breastfeeding that still very well maintained, lack of womens' knowledge and womens' attitudes want to providing the exclusive breastfeeding. Phase II: development of health education media as a solution to the problem of exclusive reastfeeding culture based on the results of the phase I research. The conclusion is This study has developed a health education media related to the cultural practice of the Kaili tribe regarding exclusive breastfeeding to postpartum women who have been caring at home in Sigi Regency Palu district in the form both of Kaili and Indonesian language modules. In order to implement exclusive breastfeeding promotion media, by integrating it into the public health care program (Perkesmas), for maternal and child health programs and it need to involve community leaders by a cultural perspective.*

**Keywords:** Kaili Culture, Post Partum, Exclusive Breastfeeding

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**INTRODUCTION**

Obediences of exclusive breastfeeding in some of countries have not been satisfactory, as evidenced by some research reports regarding exclusive breastfeeding mentioned that only 19% in Nigeria <sup>1</sup>, 5.3% in Iran <sup>2</sup>, 43.1% in Malaysia <sup>3</sup>, and 13.8% in Canada <sup>4</sup>.

This is still unreachabele of Exclusive Breastfeeding (EBF) target which is 90% as setting by WHO. Research in 2008 revealed that out of 36 babies aged 1-6 months, only 2 babies were exclusively breastfed<sup>5</sup>.

Another study conducted by researchers to the Kaili ethnic group in Taipa Palu in 2014, it identified that there are still faith

or myths including throwing away the breast after traveling milk before providing the breastfeeding, wrapping a towel around the neck, bathing pregnant women before giving birth, the culture of giving pagata bananas, honey, formula milk, and supplementary food is still maintained and carried out for generations by the Kaili tribe, and also most of the pregnant women of the Kaili tribe do not know about the concept of Early Initiation of Breastfeeding (EIB), colostrum, and exclusive breastfeeding<sup>6</sup>.

Based on the cultural background, a cross-cultural approach (Transcultural nursing) is important. Researchers will develop health education media related to the cultural practice of the Kaili tribe regarding exclusive breastfeeding for postpartum women who have been caring at home in Sigi Regency, Palu district in the form both of Kaili and Indonesian language modules.

## METHOD

### Phase I: Identification of Cultural Factors.

Qualitative research with an ethnographic approached and sequential exploratory strategies to identify the cultural factors in Sigi Regency, especially Kaili culture.

The participants of all pregnant women who lived in Biromaru Public Health Center authority, Kaili tribe, husbands, mothers, and mother and father in-laws of Kaili tribe and were willing to be participants. The number of participants in the first phase of this study (qualitative) depends on the saturation of the data when the research was conducted. The data collection method is in-depth interview with semi-structured<sup>7</sup>.

Data analysis techniques as verbatim, keywords, categories, and themes<sup>7</sup>.

### Phase II Media Development.

Phase II is the stage of media development based on the results of phase I (qualitative) analysis and literature study.

This research was conducted in Sigi Regency from October 6 till November 17, 2017. The data collection process used in-depth interviews by meeting directly with participants, using field notes, and observation sheets. The data collection tools are semi-structured in-depth interview guidelines, notes book, pencils, pens, stips, tip ex, and a tape

recorder. The Data Validity in Phase I (Qualitative) is credibility, dependability, confirmability, and transferability<sup>7</sup>.

## RESULTS

### Phase I: Identification of Cultural Factors Affecting the Success of Exclusive Breastfeeding

#### Characteristics of Participants

The participants phase I of research were seventeen pregnant women who have Kaili tribe. Participants who took part in this research were aged between 20 and 38 years old. The various of education level of the participants from not completing elementary school to a bachelor's degree. All participants are Moslem, the participants' occupations are housewives. The participants were the second pregnancy about fourteen people, the first pregnancy have one and the fourth pregnancy have two participants. All participants live in Pombewe.

#### Results of Theme Analysis in Ethnography

Based on the results of the thematic analysis of content, identified that have six themes. The themes are divided into three major parts such as have two themes are identified regarding the myth of pregnant women about exclusive breastfeeding, have three themes regarding the culture of pregnant women that affects for exclusive breastfeeding, and have one theme regarding knowledge and attitudes of pregnant women in the third trimester about exclusive breastfeeding. The details are:

#### 1. Myths of pregnant women that can affect to exclusive breastfeeding (2 Themes).

##### 1) Pregnancy-Related to Beliefs and Practices

This theme consists of three categories. that is:

##### a. Pregnancy-Related to Beliefs

Seventeen participants expressed a belief that they believe in both prohibitions and myths that apply in the Pombewe community, thirteen of Seventeen participants stated:

*"... while going out wearing the scarf, caring a small knife..." (P1, P3, P8, P10, P14, P15, P16, P17).*

*"... while going out caring the garlic, puts on a pin and sticks it on her shirt" (P: 2,4,5,6,7,).*

*"the husbands are not allowed to wrap a towel around their neck..." (IK).*

*"the husband is not allowed to slaughter the chicken ....." (IK).*

The results of participant observations that carried out by researchers concluded that have no participants who caring onion /garlic sticked with pins, but when participants were interviewed, they confirmed that pregnant women should caring onions/garlic sticked with pins and put on clothes, maybe the researcher did not see it due to the participant hides/inserts a safety pin inside of the their shirt. Based on observations, the researcher did not see/meet the husbands of the participants who wrapped a towel around their neck or slaught the chicken.

#### **b. Food taboos/prohibit during pregnancy**

The number of participants (seventeen people) revealed the prohibition of certain types of food during pregnancy so that the participants believed that violating of prohibition on these foods would cause bad things happended toward pregnant women and their unborn baby. One of participant stated that she did not believe in dietary restrictions during pregnancy. Four of seventeen participants stated that:

*"should not eat squid, the baby won't have bones like squid..." (P: 1, 2, 3).*

*"don't take spicy food, it like gas that could hurt your stomach..." (P6).*

The results of participant observations conducted by researchers concluded that almost all participants said they did not eat squid. There were only two participants who stated that they still eat squid but limited both frequency and amount, and the other participant said that they did not like squid since the first, so until now (pregnant) they did not consume squid even.

#### **c. Pregnancy Checkup Habits**

Almost all participants stated that if they missed their period (menstruation), they went to traditional birth attendan (dukun) for massaging. According to participants and their families that during pregnant, the uterus (womb) is drops so it needs to be raised up to its original position by being massaged of a traditional birth assisstant (dukun). The average gestational age of participants when they to be

massaged was in one, two, up to seven months. The clarification made by the researcher to the senior traditional birth attendan confirmed it. The participants' expressions are as follows:

*"Pregnancy check up by a traditional birth assistant (dukun)...." (P: 1, 2, 3, 4, 5, 7, 9, 8, 9, 10, 11, 15, 17).*

Based on participant observations when the researcher visited the traditional birth attendant (IK), the researcher did not find that pregnant women being massaged by the traditional birth attendant. According to traditional birth attendants, almost all pregnant women in Pombewe had been massaged by her (dukun). And participants also confirmed the words of the senior traditional birth attendant.

#### **2) Women's wrong perception about food become a problem of nutritional needs that will have an impact on health problems for both women and babies.**

This theme consists of two categories with details of this thematic as follows:

##### **a) The wrong perception about Breastfeeding time**

Fiveteen of seventeen participants have perception that after coming back from somewhere should not provide breastfeeding directly because according to elder people its hot and dirty/dusty, so it need to clean the mammae first, throw away a little bit only then give it to baby. By this the baby will not get sick. The participants expression such as:

*" After coming back, clean mammae first before breastfeeding providing....." (P: 2, 3, 8, 11, 14).*

*" go out for awhile, don't providing breastfeeding directly, but throwing a little bit....." (P:1, 4, 6, 9, 10).*

*" if going out, and the baby leave at home, mammae should clean with warm water first then pressure little bit and throw it....." (P: 5, 7, 12, 13, 17)*

Based on observation, the researcher did not find the women who throwing away the breast milk after coming home, but the researcher found the women who providing breastfeeding in the house of the 6<sup>th</sup> participant, it's the younger sister of the 6<sup>th</sup> participant who just 2 months before deliver. She provide direct breastfeeding without throw away a little bit

because she did not go out, like the expression of participant 1, 4, 6, 9, and 10.

#### **b) The prohibition for Breastfeeding women**

Based on *indepth* interview of participants, the researcher concluded that almost all participants said that have some prohibited food during breastfeeding and it the same answer of women's relatives and some participants. The researcher concluded that among of seventeen participants only one did not perform the prohibited food during breastfeeding time. Some of participants have expression regarding the prohibited food during breastfeeding time;

*" don't eat spicy food..." (P: 1, 2, 3, 5, 6).*

*" don't eat egg after deliver....." (P:7, 9, 10, 13, 15).*

*"in breastfeeding time only porridge , acid vegetables and clear vegetables are allowed....." (P:8,11,14,).*

*"in breastfeeding time don't eat hard food (pulut putih/ hitam)....." (P: 4,15, 16,17).*

## **2. Women's Culture in Providing the Exclusive Breastfeeding**

### **1) Habits for Seeking Help During Pregnancy, Inpartum & Post-Partum Care**

This theme is supported by three categories, such as the tradition of antenatal care, the tradition of intranatal and the tradition of caring for newborns. The details are as follows:

#### **a) The Tradition of Pregnancy Checking**

The expressions six of the seventeen participants about the tradition of as the tradition of antenatal care were as follows:

*"..... with dukun to adjust the womb" (P4).*

*"during pregnant had checked in three times by health worker." (P:1 & 2).*

*"...had been massaged by dukun to correct the position of the baby because it hurts and after massaging it is not hurt anymore"(P5).*

*"... had bleeding 3 times when pregnant of 5 months, after that I went to see an obstetrician" (P6).*

*".....when problem comes (ta'sala), just went to aunty in Loru for massaging ....." (P7).*

*"sometimes doing massage for pregnant women, none of pregnant women don't be massaged...."(IK).*

Based on the participant's observations, the researchers concluded that almost all pregnant women went to a traditional birth attendant for a pregnancy check-up with varying gestational ages.

#### **b. Inpartu Aid Traditions**

Some of the participants' expressions related to the category of inpartu aid traditions for pregnant women. The details of the participants' expressions are as follows:

*"My planning is to give birth at the Pustu or getting penalty if I give birth at home. my first born at home because not allow to give birth at the in-laws' house, that's what the custom said ...."(P1).*

*"my planning is to give birth in a hospital, because it's more safe....." (P:2, 4, 5, 6).*

*"my planning is to give birth in a Pustu with the health staff, but please also call a shaman....."(P3).*

*"... If the women want to give birth, usually I attend to the hospital and allow me to enter the labor room ....." (IK).*

*"...meposoa first within 1 month, then use hot facial powder to reduce swelling on the face" (P7).*

#### **c. Traditions of Newborn Baby Care**

There are still inappropriate habits regarding the care of babies after birth in the Pombewe community. As stated by several participants, related to the tradition of newborn care as follows:

*".....After giving birth, then within 3 days baby care managed by dukun." (P: 1, 2,5).*

*"My planning gave birth at the pustu with the midwife but also called the dukun. Coming home from the health center, I also called the shaman to take care of us with my son. Usually it takes 3 to 7 days for the traditional healer to*

*stay at home...” (P: 3,4,7,9,10,13, 16,17).*

*“...After giving birth, I was brought to my mother's house, there was a dukun called to give my baby a bath for 3 days....” (P: 5,8,14).*

*“...mostly have called to give a bath for woman and her baby...”(IK).*

*“...After 3 days was born, the baby have to down on the ground to step the machete in front of the door. It was beaten a little bit by young coconut leafs...” (P: 5,11,12,15,17).*

*“The custom was not given to my parent-in-law first, and break the coconut at the door, rice sprinkled for 3 days, the old coconut was hung and it fell off on its own, no matter its kept behind the house, the coconut is peeled only the skin is just given a net rope like it's closed and hanged.....” (P6).*

*“the baby given down on the ground (nopasaki), read the pray and put the baby into a swing (owa owa) then break the coconut, I don't know why, I didn't ask my parents about nopasaki , as I knew the baby wouldn't be fussy, wouldn't be naughty, so that the baby will cheers... ..”(P7).*

## **2) Habits and Reasons for Feeding Newborn baby**

This theme consists of two categories, such as the breast milk has not come out and the habit of giving drinking to newborns, supported by the following categories:

### **a. Breast Milk Hasn't Come Out**

Some of the participants' expressions about the category of breast milk not released yet are:

*“The first child was given formula milk trough bottle for 1 hour, it was only a little milk was taken because the breast milk had not come out....”(P5).*

*“...my first child, after two days then the breast milk was available” (P6).*

*“ ..... after two to three days then breastmilk was out ”(P: 1,2,3,5,7).*

Observations of participants conducted by researchers, concluded that seventh participant with aterm pregnancy who were waiting for the birth of th baby said that her breast milk had not come out yet, but they had

prepared honey and eggs for women to consume it before giving birth.

### **b. Drinking Habits for Newborn baby**

Some of the participants' statements about the habit of giving drinking to newborns baby. The participant's statement is as follows:

*“..mostly newborn is given 2 drops of honey at once.. (P1)*

*“...A newborn baby is given by ship of honey to be smeared on lips, that's all for the first time. The first child is given bottled milk....” (P5).*

*“...it's just that baby was not satisfied, so bottled milk given...(P7).*

*“Honey is put in the mouth of the baby after birth, it mixed with turmeric, kept on the sheet and squeezed to clean the mucus and amniotic fluid. And being tilted the baby to evacuate the mucus and amniotic fluid that given once a day within 3 days” (IK).*

Observations of participants conducted by researchers concluded that the seventh participant had prepared a bottle of honey for delivery and it to be given after birth for the first sip of drinking.

## **3) Baby Feeding**

This theme is supported by five categories such as age, reason, method of baby's feeding, types of food other than banana, and a number of pagata banana has given. The wrong theme of giving food to the baby would have an impact for the health at the future baby with the following by categories:

### **a. Infant Feeding Age**

Several participants had revealed categories regarding the age of feeding infants, namely:

*“.....first giving birth, for 1 week we had fed the baby with banana (pagata) due to the baby continuously crying even breast milk had given.....”(P1).*

*“....3 days after discharge from the hospital, the baby had given the bananast....”(P2).*

*“....The first baby was given bottle milk for less than 1 hour, and supplementary food (SUN) was given 1 week after birth....”(P5).*

**b. The Reasons Of Feeding the Babies**  
Statements from some of participants are:

".....the baby *continuously crying* even breastmilk had given, so they feed him...."(P1).

"...The planning is when the baby birth and *uncomfortable*, will feed with only bananas ..."(P3).

"..... so that the baby will full, no fussy but breastmilk given too..." (P).

"..... The baby is not satisfied so bottled milk given too...."(P7).

Participant observations conducted by researchers mentioned that it did not find that the women of the participants made kepo' bananas as food for their babies because only pregnant women were interviewed.

**c. How to Feed a Baby**

Some of the participants' statements are as follows:

".....Honey, drop it on the tongue, 2 drops just once. The baby had fed with bananas by scratched the ripe banana and put it in a glass, poured with hot water and shake it, then tested by dripping a little bit (participant points to the back of his hand) if it is not hot anymore, give it to baby. After that the baby will not cry anymore, then just go to sleep....." (P1).

".....When baby just born, honey is given by smeared it on the lips....." (P1).

Based on researchers observations toward participant, found that the women of one participant made kepo' banana as a baby's food at the age of two days by peeling the kepo' bananas, and scratch it till up to black spots, putting it into half glass of hot water, then covered and leave it for five minutes, stirred with a spoon, discarded the water, and given to the baby.

**d. Types of Feeding Other Than Banana**

Statements from some participants regarding the types of food other than bananas that given to baby before six months of age as follows:

".....the baby fed SUN 1 week after birth....." (P5).

".....The first child was given bottle milk....." (P3).

".....A 6 month old baby feeds mixed porridge with side dishes and vegetables (filtered)..." (P4).

Participant observations that conducted by researchers concluded that the fifth participant told about the food had given to their babies with SUN but not banana kepo' like mostly women who gave banana kepo' to their babies.

**e. Amount of Pagata Bananas Have Given**

Statements by some participants regarding the number of pagata bananas that given to baby before six months, of age mentioned:

"..... the baby is getting bigger, the bananas that should be given also increasing....."(P11).

"..... The amount of pagata bananas have given ½ /day (when baby with 3 days old) ..."(P12).

Based on participant observations by researchers, it was concluded that when the baby getting old, the amount of pagata bananas have given also increasing. It begins with ½ /day when the baby's have 3 days after birth

**3. Knowledge, Attitudes, and Practices of Women in Exclusive Breastfeeding**

Knowledge, attitudes, and practices of women in exclusive breastfeeding were analyzed based on thematically that resulting into one theme with three categories. Those theme are learning problems about exclusive breastfeeding and the category is ignorance of Early Breastmilk Initiation (EBI), colostrum, and exclusive breastfeeding. Those categories that support the theme of learning regarding exclusive breastfeeding are:

**a. Unknowledgeable about of Early Breastmilk Initiation (EBI)**

Based on the in-depth interviews results that conducted by researchers, it was found that six of seventeen participants expressed that unknowledgeable about EBI.

Participants' statements regarding unknowledge about EBI's are:

" ..... we also don't know about EBI..."(P:1&2).

" ..... we don't know about EBI ..."(P:3,14,5,16 ).

Based on participant observations by the researcher concluded that almost all participants said they did not know about EBI. Only the seventh participants know about EBI by explaining the EBI and the process perfectly itself.

#### **b. Unknowledgeable about Colostrum**

Based on the in-depth interviews results that conducted by researchers toward participants was found that some participants expressed unknowledgeable about colostrum, is:

"...we don't know about colostrum. ...." (P1,2,3,4 and 15).

"..... we just heard about colostrum ...."(P6, 17).

Based on participant observations by researchers, it was concluded that almost all participants said they did not know about colostrum. Only the seventh participants know about colostrum by explaining the meaning, color, and how to give colostrum properly.

#### **c. Unknowledgeable about Exclusive Breastfeeding**

Based on the in-depth interviews results that conducted by researchers, it was found that almost all participants expressed unknowledgeable about exclusive breastfeeding, is:

"...we don't know about exclusive breastfeeding..."

(P:1,2,3,4,5,6,8,9,10,11,12,13,14, 15, 16,17 ).

Based on participant observations by researchers, Only the sixth and the seventeenth participants gave the correct answer.

### **Phase II: Development of Health Education Media as a Solution to the Problem of Exclusive Breastfeeding Culture**

The identified themes were integrated with Leinenger's transcultural theory. The design of transcultural/culture-based health education media for pregnant women about exclusive breastfeeding was then consulted with experts.

## **DISCUSSION**

### **1. Myths of Pregnant Women That Affecting the Providing of Exclusive Breastfeeding**

The people of Pombewe are still very strong in maintaining beliefs that cannot be scientifically proven, including myths during pregnancy, childbirth, postpartum, and breastfeeding. Myths, for example, carrying an onion stabbed with a safety pin or carrying a sharp object/small knife, pregnant women wrapping a towel around their neck or the father of the baby will cause the baby in the womb to experience the umbilical cord around the neck, is not true. The umbilical cord coil occurs allegedly because the umbilical cord is long, the baby is actively making movements, and the baby's body weight is still lacking, the uterine space is still wide for the baby to move.

The myth about eating squid (suntung) is believed to cause that babies will not have bones or the bones become soft. This assumption is not true because it has not been scientifically proven and there is no relationship between the shape and nature of the squid and the baby to be born. The correct evidence is that squid contains high protein and is very good for the formation, and growth of a baby's organs, so it is very good also to be consumed, especially for pregnant women, postpartum, and during breastfeeding. This myth about food also applies in Keruak, East Lombok, mentioned that pregnant women are prohibited to consume the squid and octopus that the same reason as in Pombewe <sup>3</sup>.

The myth about throwing out a little milk after the women travel and then breastfeeding her baby, it is believed that the breast milk has been contaminated with dust, the baby will feel that milk is hot due to sun exposure, so that it will cause the baby to get sick if he drinks the milk. According to the Transcultural theory, this myth needs to be modified by keeping a little milk out every time when breastfeed the baby, but applying it circularly from the inside to outside from the nipple to the areola of the mammae as a

disinfectant but not to be thrown away as they have done so far. The breast milk will not be polluted by dust because it is contained in a closed space (breast) which is unlikely to be contaminated by outside air. Breast milk also contains antibodies that can protect the babies from germs. Immune substances contained in breast milk by providing stimulation to the baby's immune system to produce its antibodies or known as active and passive immune substances, namely the baby's body obtains immune substances from the mother through the breast milk that consumed by the baby<sup>4</sup>.

The prohibited food after deliver with the reason that the uterus is still injured and it will affect for recovery of the uterus is incorrect because the food that consumed will be in the digestive tract system, not direct related to the uterus (reproductive system) which is still injured due to deliver. Recovery of the uterus is need of adequate nutritional intake from various types of food sources, so that a balanced menu can be met for postpartum women. The intake nutritional consume is not only for the recovery of postpartum women's health but also for supporting the production of breast milk<sup>8</sup>.

Based on the participants' statements about the myths during pregnancy, inpartu, postpartum, and breastfeeding, it is not scientifically proven but is still strongly maintained by the Pombewe community. If the myths do not interfere for both women's and babies health, it will be ignored, but if myths affect the health of both women and babies, then the transcultural theory is needed to eliminate, modify, and maintain if it benefits for health of both women and babies.

## **2. Culture of Pregnant Women That Affecting the Exclusive Breastfeeding Providing**

Some cultures related to pregnancy, inpartu, postpartum, and breastfeeding are still strongly maintained. Participants' expressions related to culture include when fertilization occurs and the woman is not getting menstruation, the first person they will visit the called dukun ask for confirmation whether she is pregnant or not. If she is pregnant, then the massage is carried out to correct the position of the descending uterus marked by signed such as frequent urination (BAK). According to the researcher's analysis, frequent urination in early pregnancy is caused by the bladder (vesika urinaria) being pressured by the uterus due to

presence of pregnancy, so this condition is normal for young pregnant women.

Other cultures, if compulsory to deliver at home, still call dukun and health workers. If the women deliver at home and is helped by dukun, but health worker came late, so she only give injections or care shortly for the women who gives birth, then automatically initiation of early breastfeeding is not carried out so it will be failure for exclusive breastfeeding providing. The local government has issued the regulations to give birth at the Public Health Center or in the Hospital. If you give birth at home, they will get pinalty, but there are still women will give birth at home due to compulsory reason. If the women and family have decided to give birth at the Public Health Center, but the habit of giving honey to newborn baby is maintained because the community considers it is obligatory to do even the breast milk is present or sufficient. The culture of giving honey to newborn baby is affected to baby's health. According to transcultural theory, this habit needs to be eliminated and replaced it with EBI/IMD and colostrum providing.

This study strengthens to previous research that conducted in A Hospital Palu which revealed that there were no women who providing the exclusive breastfeeding to their babies within three days of post partum or while hospitalized because breast milk had not come out yet, only a little bit the breastmilk came out, the tradition of giving honey before

The culture related to feeding babies, such as "pagata" bananas which started given when babies are 3 days and 1 week after birth, that become one of the causes not achieving the target of exclusive breastfeeding providing. This is also very concerning because the baby's digestive system still not ready to accept the solid foods such as bananas, so it is possible to cause indigestion and even death. Thus the providing of solid foods such as bananas can be a major contribution to neonatal mortality rate. The culture related to giving pagata bananas (kepo') to newborn baby is concerning and very sad. Research conducted by researchers in 2014 in Taipa was provided some information that during the research had three babies died, two of them were given pagata bananas which each have one and three days old, respectively. Researchers did not know well the cause of the baby's death but giving pagata bananas to newborn babies and three days after birth make more worsen for them if unhealthy condition



already. Based on transcultural theory, this culture need to be eliminated because it is detrimental to baby's health<sup>9</sup>.

Breast milk is the ideal food/drink to support optimal health, growth, and development of babies. Women need encouraged to provide the exclusive breastfeeding to their babies for the first six months of life and it continue with supplementary feeding, then breastfeeding to be continue till two years of life. The babies who taking the exclusive breastfeeding for the first six months has been shown that have a low risk to get various of infectious diseases and other diseases for the future life. The babies who breastfeed immediately after birth (early) are more likely to succeed in exclusive breastfeeding until the first six months of life<sup>10</sup>.

Breast milk is beneficial for humans to reduce infant morbidity and mortality, all women should receive education and support that can be used to make decisions about breast milk pumping and maintaining a milk supply during hospitalization. Nurses should assist and support the women's efforts to produce the milk volume for their infants, especially in premature infants and risky infants<sup>6</sup>.

Research conducted in Pakistan provides some information that exclusive breastfeeding was only 54% and 35% of women gave prelactal feed<sup>11</sup>. The research in Nias found exclusive breastfeeding until the age of six months was only 12%, and 74% of them gave additional fluids other than breast milk in the first seven days of life, and 14% of babies received complimentary fluids from seven days onwards until the age of six months. In addition, 79% of babies were given supplementary foods (solid, semi-solid, or soft foods) before of six months old<sup>12</sup>.

The research on socio-cultural beliefs that influence of breastfeeding practices among of primiparous postnatal women in urban slums, Delhi had identified that about 56.6% of primiparous women were giving sugar water before breastfeeding, about 42.5% breastfeeding providing only for five minutes because they think a longer duration causes pain of nipples. Their main cultural practice is avoiding colostrum, and food after delivery<sup>13</sup>.

Another tradition that can endanger the continuity of exclusive breastfeeding, namely food for postpartum mothers is porridge with clear vegetables and tamarind fish because it is considered that giving hard/solid food to

postpartum women could causes the uterine injuries become worse so that it can cause death to women. According to the analysis of researchers, porridge contains a lot of water with few carbohydrates as a source of energy. Postpartum women need adequate nutritional intake to replace the energy that has been expended during labor process, also adequate nutritional intake can help breastmilk production so that babies can get it as soon as possible. The porridge with clear vegetables and fish in tamarind sauce is Pombewe community believed could stimulate and increase the production of sufficient breast milk.

If the baby sucks milk through the breast as early as possible, it will also be beneficial for the women such as facilitate the involutio process. One of the benefits of breastfeeding for a women's health is that the baby's sucking during breastfeeding will stimulate the releasing of the hormone oxytocin that could help uterine involution and prevent postpartum hemorrhage. Another benefit for women is that the incidence of mammary carcinoma in breastfeeding women is lower than in non-breastfeeding<sup>14</sup>.

An article regarding cultural factors in human breastfeeding in London mentioned that the promotion of exclusive breastfeeding providing for baby is increasingly being demonstrated by medical and health researchers, but the majority of women around the world do not comply with the recommendations for infant feeding published by WHO. WHO suggests that it is necessary to consider the implications of breastfeeding culture in both nutritional and non-nutritive contexts. Exclusive breastfeeding providing to humans cannot be considered "natural", "traditional" or even the norm, but breastfeeding is considered physiological and cultural behavior has a considerable influence. Breastfeeding also contributes to the development of social relationships, including the psychological relationship between the baby and mother. Physicians and nutritionists have generally failed to appreciate that breastfeeding is only considered nutrition, and must improve the understanding of breastfeeding behavior if it is to achieve the goal of improving health for both mother and baby<sup>15</sup>.

The Association of Women's Health, Obstetrics and Neonatal Nurses (AWHONN) supports, protects and promotes that

breastfeeding as an ideal and normative method of babies feeding, including the providing of breast milk for premature newborns and other vulnerable babies. Women should be encouraged and supported to breastfeed exclusively for the first six months of a baby's life and continue to breastfeed through the first year onwards. AWHONN partners with other maternal and neonatal health organizations to improve cultural, institutional, and socioeconomic systems, so that more women and newborns can experience the physiological and psychosocial benefits of breastfeeding<sup>6</sup>.

The researcher's analysis is related to Kaili's cultural research, that all regions have habits of abstinence from food, speech, behavior during pregnancy, childbirth, postpartum, and giving nutrition to newborns, and this applies not only to wives but also to husbands. According to Swasono (1997), all regions (Krui, Kerinci, Simpar and Kosambi, Sangihe Thalaud Islands, Subang, Bajo Tribe in Lasolo, Kendari, Minangkabau, Bali) have a culture of prohibition during pregnancy, childbirth, postpartum care, feeding in babies<sup>16</sup>. Prohibitions or taboos do not only apply to the wife but some behaviors such as cutting animals, sticking wooden fences, hitting/torturing animals, shaving hair, cutting/burning trees when the wife is pregnant, should not be done by the husband. All these cultures aim for the safety of the women during pregnancy, childbirth, postpartum, and the baby born safely<sup>16</sup>.

### **3. Knowledge and attitudes of pregnant women about exclusive breastfeeding providing**

This research identified that participants' knowledge was very low by do not know about Early Breastfeeding Initiation (EBI), colosturm, and exclusive breastfeeding. The knowledge about breastfeeding was obtained from mothers, sisters, and aunts who had previously known and felt naturally about breastfeeding babies. The researcher's analysis shows that the women's lack of knowledge is in synergy with the myths and culture prevailing in the Pombewe community. Based on the results of this study, there was only one baby who was exclusively breastfed, and there was one baby who was not given pagata bananas at the age of six months because of the mother's education and beliefs, but the two mothers gave formula milk because the milk was late and

insufficient, despite the mother's job as a housewife who has a greater opportunity to give breast milk.

The concept of Proceed-Proceed theory is needed in this situation by not only encouraging but also enabling mothers to change behavior from not knowing to knowing and willing to change behavior from giving food or drinks other than breast milk to newborns to exclusive breastfeeding.

Another study conducted in Dhaka, Bangladesh identified about 88% of lack of knowledge about breastfeeding. Most of the respondents have very lack of knowledge about the benefits of exclusive breastfeeding (89%) and breastfeeding (100%). In contrast, the majority had good knowledge about the duration of exclusive breastfeeding 74% and breastfeeding 66%<sup>17</sup>.

There are so many choices of decisions about babies feeding that are being considered by women, couples, and families, so it is necessary to conduct health education to obtain accurate information. Formal breastfeeding education is breastfeeding information provided as part of standard antenatal care and includes individual or group education led by a peer counselor or health professional, home visits, lactation consultations, distribution of written/printed materials, demonstrations, videos, and inclusion of expectant fathers. in learning activities. The antenatal period provides an opportunity for pregnant women, their partners, and their families to obtain information about the benefits of breastfeeding<sup>18</sup>.

The research related to knowledge, attitudes, and barriers to exclusive breastfeeding providing toward women in Riyadh, Saudi, identified about 64.7% as having good knowledge about the benefits of breastfeeding for babies and maternal health, it found a significant correlation between attitudes towards babies feeding and maternal age ( $r = 0.33$ ), there is also have highly significant correlation between knowledge and women's attitudes. Several barriers to prevent Saudi's women from breastfeeding to their children despite having good knowledge of the importance of breastfeeding. Health care professionals must actively work with families to solve the barriers to breastfeeding<sup>19</sup>.

The research related to knowledge, attitudes, and practices of breastfeeding of primiparous women in India identified that

knowledge of primiparous women regarding inadequate breastfeeding and it reflected in the practice of breastfeeding, their attitudes were very favorable towards breastfeeding. Primary care providers need to implement strategies to educate primary women about breastfeeding to improve good breastfeeding practices to reduce the infant mortality and morbidity<sup>20</sup>.

The research related to knowledge, attitudes, and practices of exclusive breastfeeding in Saudi Arabia mentioned that the overall knowledge of breastfeeding women were good which is 55.3% and very good 30.7% and unsatisfactory 14%. women's positive attitude towards breastfeeding is 62.2%, negative attitude is 37.8%. The practice of breastfeeding toward women in the first six months about 24.7% and only about 7.3% have exclusive breastfeeding<sup>21</sup>.

The attitude of the participants in this study, to identify; almost all participants wanted to breastfeed, but the duration of breastfeeding have varied, it was also influenced by the culture of giving honey, which is obligatory even though have sufficient breast milk. If this culture is not eliminated then attitude change as a behavioral domain will not occur.

The unknowledgeable of the Minangkabau community about exclusive breastfeeding is implemented at the feeding ceremony by licking a pick of rice (halal haram), giving salt and chilies on the baby's tongue (spicy, salty life), followed by giving drops of honey on the baby's lips in the hope that it doesn't match the saying "ants die because of sweets"<sup>3</sup>.

Based on this research, it is necessary and very important for health education related to exclusive breastfeeding which is strongly influenced by myths, culture, and knowledge (learning needs) for pregnant women and their families. Involving the family, especially those living with pregnant women, is very important because the first information provider in the family. Suppose family knowledge about exclusive breastfeeding is more dominant in myths and cultures that have been passed down from generation to generation. In that case, it will automatically be very difficult to achieve the exclusive breastfeeding target that proclaimed by WHO, which 90% of life births must receive exclusive breastfeeding.

## CONCLUSION

This research resulted in health education media about exclusive breastfeeding in the form of a module with two languages, namely Indonesian and Kaili as the regional language of the indigenous Palu (Kaili) tribe. This module is based on the results of research using an ethnographic approach, such as: Identified that there are still beliefs or myths that are strongly maintained by pregnant women from the Kaili tribe, including throwing away breast milk before breastfeeding after traveling, wrapping a towel around the neck, and others.

The culture of giving pagata bananas, honey, formula milk, and additional food were still maintained and carried out for generations by the Kaili tribe. Most of the pregnant women of the Kaili tribe do not know about the concept of Early Initiation of Breastfeeding (EBI), colostrum, and exclusive breastfeeding. The attitude of pregnant women is that almost all want to breastfeed after giving birth depending on whether or not the milk comes out quickly after deliver.

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