



Literature Review: Exclusive Breastfeeding Description in Indonesia from Social Cultural Aspects

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Abstract. The socio-cultural environment influences people's speculation, attitudes, and behavior, including breastfeeding. Socio-cultural factors related to exclusive breastfeeding, one example is found in the Ngalum ethnic community, Papua, where the community does not give colostrum to their babies. Studies using the literature review method that examine socio-cultural factors on exclusive breastfeeding are still limited. Therefore, further studies are needed using the literature review method which aims to analyze various literature to describe the description of exclusive breastfeeding in terms of socio-cultural aspects. The literature in this study was obtained from the Garuda, Proquest, Pubmed, Scopus, and Google Scholar databases and selected using the PRISMA flow diagram. Based on the analysis, it was found that 20 articles mentioned a socio-cultural relationship with exclusive breastfeeding. From the 20 articles, it was found that mothers who exclusively breastfed were mostly respondents with positive socio-cultural backgrounds, while mothers who did not exclusively breastfeed were mostly respondents with negative socio-cultures. Positive social culture related to breastfeeding, such as consuming foods that increase milk production, while negative social culture related to breastfeeding, such as giving prelacteal food before the age of 6 months. It is expected that the results of this study will provide useful information to those involved in supporting exclusive breastfeeding in the future.

Keywords: socio-cultural · exclusive breastfeeding · literature review

1 Introduction

Proper nutrition is essential for the optimal growth and development of children to enhance their quality of life. Breast milk is the first natural source of ideal nutrition for babies. According to the Government Regulation of the Republic of Indonesia number 33 of 2012, breast milk is a liquid that results from the secretion of the mother's breast glands [1]. Breast milk contains an important component known as colostrum, which is produced usually on the first to third day and serves as an immunity booster and germ killer, additionally, breast milk contains immunoglobulins, protein, and lactose,

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which is less than colostrum, but contains more fat and calories than white milk, which starts on day four and continues until the tenth day [2]. Given the importance of the content in breast milk, every mother needs to give her milk exclusively. The World Health Organization (WHO) recommends that breast milk be given to babies from the first hour after birth and then given for the next 6 months without providing other food or drinks. From 6 months, infants continue to be breastfed for up to 2 years while being given complementary foods [3]. However, the application of nutritional intake to infants up to the age of two years, especially exclusive breastfeeding, has not been implemented properly. Based on data from the World Health Organization website, the food intake received by infants and toddlers is not optimal, from 2015–2020 only 44% of infants aged up to 6 months worldwide are exclusively breastfed [4]. This percentage is still low when compared to the global target of exclusive breastfeeding in 2030, which is 70% [5]. Meanwhile, nationally in 2020, 66.06% of babies were exclusively breastfed, exceeding 40% of the target of the Ministry of Health's strategic plan for 2020 [2]. However, it has not yet reached the target percentage of exclusive breastfeeding coverage from the Ministry of Health of the Republic of Indonesia in 2020 which is 80% [6]. In addition, based on data reported by the United Nations Children's Fund (UNICEF), more than 40% of infants in Indonesia receive complementary foods too early, namely before reaching the age of 6 months [7].

According to Kristanti et al. (2019), internal and external factors have affected whether exclusive breastfeeding has been implemented properly. There are internal factors such as maternal age and health conditions, knowledge and perceptions about exclusive breastfeeding, and external factors such as health workers' support, family support, formula milk promotion, education, employment status, place of birth, and socio-cultural factors from generation to generation [8]. Socio-culture is the behavior of relationships between individuals and community groups that sourced from cultural values that accepted by communities and become their daily life patterns [9]. In terms of food choices or consumption patterns applied by a person or group, it is influenced by physiological, psychological, and socio-cultural factors [10]. According to Adriani and Wirjatmadi (2012), socio-culture related to nutrition is food value (the role of food is associated with the use of food and its nutritional content), food belief (the role of food is associated with values contained in society), food idea (the role of food is associated with inherited beliefs), food hot-cold (namely the role of food was associated with the belief that separates food between cold and hot), and food taboo (namely the role of food was associated with obstacles to consuming certain foods) [11]. The pattern of feeding for infants up to the age of six months is exclusive breastfeeding. Attitude is a factor that can encourage a person's behavior. One's attitude influenced by several factors, one of which is socio-cultural factors [12]. So, a mother's willingness to give her milk is influenced by sociocultural factors.

Indonesia is an archipelagic country where each region has a different social culture. The Ngalum people in Papua are one of the socio-cultural factors in Indonesia that do not support exclusive breastfeeding. In the Ngalum tribal community, newborns should not be given colostrum, because the community believe that colostrum is a dirty milk which can cause the baby to become sick when consumed. Even the babies crying from hunger, they are only allowed to drink sugarcane water, commonly called kit by the

Ngalum tribal community, and special taro food or commonly called om using a special spoon made from cassowary bones [13]. Not only that, the social culture circulating in Indonesia related to exclusive breastfeeding is very varied, such as giving prelacteal food with honey, sugar water, sweet tea, bananas, etc., or preferring to give formula milk [14]. The feeding pattern of each individual influenced by socio-cultural factors [15]. Where the social culture that circulates by providing food and/or drinks other than breast milk before the age of 6 months can achieve exclusive breastfeeding decrease.

Based on the description, the social culture circulating in the community is related to the practice of exclusive breastfeeding. In Indonesia, there is a diversity and richness of culture so there are various socio-cultural perceptions about the practice of breastfeeding. There have been many studies on socio-cultural studies with exclusive breastfeeding, but studies using the literature review method that examine the socio-cultural aspects of exclusive breastfeeding are still limited from previous studies located in almost all of Indonesia. Therefore, there is a need for further studies to describe exclusive breastfeeding in Indonesia in terms of socio-cultural aspects. The purpose of this study was to analyze the literature from various sources to summarize the evidence that describes the description of exclusive breastfeeding in Indonesia from socio-cultural aspects.

2 Method

2.1 Search Strategy

The method used in this study was a literature review where the data collection process uses electronic-based data sources from international and national journals conducted from March to May 2022. The databases used in the article search include Proquest, Pubmed, and Scopus as providers of international journals and the Garuda (Garba Reference Digital) databases as a provider of national journals, and Google Scholar as an additional database to expand the search.

Article searches conducted based on the advanced search with the use of AND/OR notation to make it more effective. Searching for international journals using English keywords includes “exclusive breastfeeding”, “social cultural”, “socio cultural”, “culture”, “tradition”, “habit” and “belief”, while searches for national journals use Indonesian keywords including “ASI Eksklusif”, “air susu ibu eksklusif”, “menyusui eksklusif”, “sosial budaya”, “budaya”, “tradisi”, “kebiasaan”, and “kepercayaan”.

2.2 Article Selection

We selected articles according to the following criteria: (1) sourced from international journals indexed by Scopus and Crossref; and national journals indexed by SINTA and Garuda, (2) articles using Indonesian and English, and (3) articles published between 2012–2022, (4) the variables studied were socio-cultural as the independent variable and exclusive breastfeeding as the dependent variable, (5) the study was conducted in Indonesia, (6) the study design used cross-sectional, (7) the articles were fully accessible.

The article selection process identified using a PRISMA flow diagram which includes four stages, namely identification, screening, eligibility, and include. The following is the PRISMA flow diagram used in this study (Fig. 1).

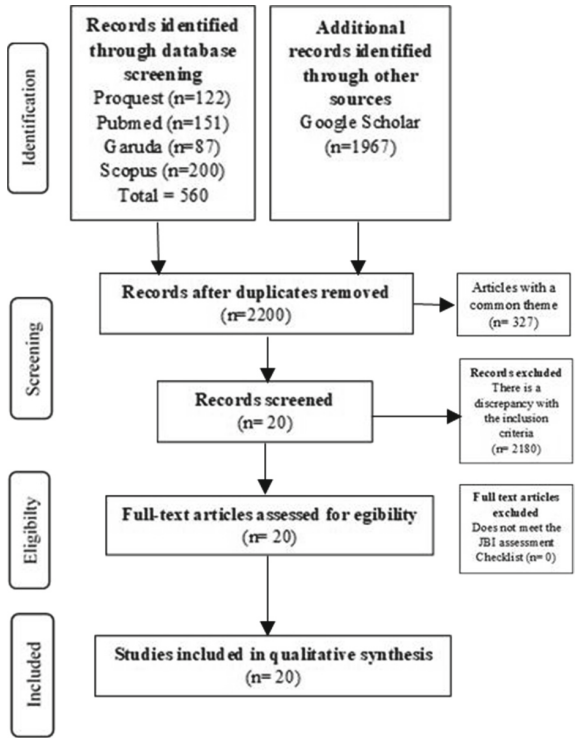


Fig. 1. The PRISMA Flow Diagram Literature Review of Exclusive Breastfeeding Description in Indonesia from Social Cultural Aspects

We identified 2,527 articles from March to April 2022 after conducting a search. From these articles, 327 duplications were found, leaving 2200 articles that passed the next stage. Furthermore, at the screening stage, screening was conducted based on inclusion and exclusion criteria and excluded 2180 articles because they did not meet the predetermined inclusion criteria, leaving 20 articles. Then, 20 articles that passed were conducted a feasibility test using the Joanna Briggs Institute (JBI) Critical Appraisal Tools referring to a cross-sectional analytical study. All articles that were tested for feasibility (20 articles) all passed the test so, the articles will be analyzed systematically. This study did not conducted a ethical testing because research using the literature review method only had to meet three research ethics, namely, do not commit fraud while carrying out research, do not manipulate research data and do not take action to take sentences without including reference sources [16].

2.3 Data Extraction

Data was extracted in the Rayyan application to filter duplicate articles and conformity with inclusion and exclusion criteria. Then the articles that passed were compiled using Microsoft Excel including the identity of the article (title, year of publication, journal name, index status, author and language), research methods (location, research

variables, study design, data collection techniques, sampling techniques, number of respondents and data analysis techniques), and research results (the findings of socio-cultural relationships with exclusive breastfeeding, the percentage of respondents who gave exclusive breast milk and did not gave breast milk exclusively, and socio-cultural related to breastfeeding circulating in the community). This strategy simplifies comparisons between articles and saves data for each extracted article. Then the articles were analyzed descriptively to describe the research findings based on the included studies.

3 Results

After conducted a feasibility test by three reviewers using the JBI checklist, 20 articles were obtained that passed for analysis. The articles in this study were published in different years, 2 articles were published in 2016, 6 articles were published in 2018, 5 articles were published in 2019, 4 articles were published in 2020, and 3 articles were published in 2021. All of the research sites were conducted in Indonesia using a cross-sectional study design. The reason for choosing articles with a cross-sectional study design is because the selected articles have a similar study design, making it easier to compare and analyze between articles. In addition, the measurement of all independent and dependent variables in a cross-sectional approach was carried out once at the same time so, this approach can determine the relationship between the two variables discussed in this study. 16 articles were published in national journals indexed by Sinta and Garuda, and 4 articles were published in international journals indexed by Scopus and Crossref.

Respondents in this study were mothers who had babies aged from 6 months to 24 months. From the article, 11 articles examine socio-culture with exclusive breastfeeding, 2 articles examine beliefs and traditions with exclusive breastfeeding, 5 articles examine culture with exclusive breastfeeding and 2 articles examine beliefs in exclusive breastfeeding. Based on the number of samples, the smallest sample was 30 respondents who were selected through the accidental sampling technique while the largest sample was 155 respondents through cluster sampling design. We collected data from articles reviewed through questionnaires, interviews, or Focus Group Discussions (FGD), while we also performed statistical tests on the entire article reviewed using a variety of statistical tests related to the research objectives, including the chi-square test, logistic regression test, Kolmogorov-Smirnov correlation test, product moment correlation test, and thematic content analysis. The summary results are presented in Table 1.

Meanwhile, based on article reviews, mothers who gave their milk non-exclusively were respondents with negative socio-cultural values found in 16 articles (80%), which 10 articles (62.5%) stated that those who did not breastfeed exclusively were respondents who had a bad breastfeeding socio-cultural backgrounds, including having beliefs, culture and traditions that are not good in breastfeeding, while 6 articles (37.5%) stated that those who do not breastfeed exclusively are respondents who do not have socio-cultural, including lack of belief, culture and tradition of exclusive breastfeeding. The negative socio-cultural is a socio-cultural that does not support exclusive breastfeeding. The results of article reviews, the majority of articles explain the negative socio-cultural in exclusive breastfeeding are presented in Table 2.

Table 1. Result of article analysis

Code	Author	Year	Data Collection	Sampling	Respondent	Data Analysis	Research Result
A1	Moh. Guntur Nangi	2019	Questionnaire	Proportional random sampling	46 mothers who have babies aged 7–12 months	Chi-square test	The results showed that there is a relationship between socio-cultural and exclusive breastfeeding. Most of the exclusive breastfeeding was given by respondents who had sufficient socio-culture in breastfeeding were 20 respondents (76.9%), while the non-exclusive breastfeeding was mostly by respondents who had less socio-culture in breastfeeding were 14 respondents (70%) [25]
A2	Triana Dewi	2021	Interview with Questionnaire	Total sampling	55 breastfeeding mothers who have babies more than 6–24 months	Chi-square test	The results showed that there is a relationship between belief and tradition with exclusive breastfeeding. Most of the respondents who gave exclusive breast milk had a good believing in breastfeeding were 14 respondents (60.9%), and had a good tradition of breastfeeding were 14 respondents (66.7%), while the majority of non-exclusive breastfeeding by respondents who have poor trust in breastfeeding were 29 respondents (90.6%), and have a bad tradition in breastfeeding were 31 respondents (91.2%) [26]

(continued)

Table 1. (continued)

Code	Author	Year	Data Collection	Sampling	Respondent	Data Analysis	Research Result
A3	Fifin Triana Enita Setyaning sih, Farapti	2018	Questionnaire	Simple random sampling	57 breastfeeding mothers who have babies aged 6–12 months	Chi-square test	The results showed that there is a relationship between belief and tradition with exclusive breastfeeding. Most of the respondents who gave exclusive breast milk did not have confidence in breastfeeding were 2 respondents (27.27%), and did not have a tradition of breastfeeding were 4 respondents (25%), while the majority of respondents gave non-exclusive breast milk who have confidence in breastfeeding were 44 respondents (95.65%), and have a tradition in breastfeeding were 40 respondents (97.56%) [27]
A4	Stefani Florida Arin, Engelina Nabuasa, Amelya B. Sir	2021	Interview with Questionnaire	Simple random sampling	75 breastfeeding mothers	Chi-square test	The results showed that there is a relationship between culture with exclusive breastfeeding. Most of the exclusive breastfeeding was given by respondents who did not have a belief in culture of breastfeeding were 27 respondents (36%), while the non-exclusive breastfeeding was mostly by respondents who have a belief in culture of breastfeeding were 35 respondents (46.7%) [28]

(continued)

Table 1. (continued)

Code	Author	Year	Data Collection	Sampling	Respondent	Data Analysis	Research Result
A5	Anis Zaiti Mubarokah, Lailatul Muniroh	2020	Interview with Questionnaire	Stratified random sampling	87 mothers who have babies aged 6–12 months	Chi-square test and logistic regression test	The results showed that there is a relationship between socio-cultural with exclusive breastfeeding. Most of the exclusive breastfeeding was given by respondents who did not have socio-culture in breastfeeding were 18 respondents (62.1%), while the non-exclusive breastfeeding was mostly by respondents who have socio-culture in breastfeeding were 56 respondents (96.6%) [29]
A6	Kinanatul Qomariyah	2020	Questionnaire	Simple random sampling	103 parent who have babies	Chi-square test and logistic regression test	The results showed that there is a relationship between socio-cultural and exclusive breastfeeding [30]
A7	Warsiti, Luluk Rosida, Desi Fatma Sari	2020	Questionnaire	Purposive sampling	66 breastfeeding mothers who have babies aged 7–24 months	Chi-square test	The results showed that there is a relationship between culture and exclusive breastfeeding. Most of the exclusive breastfeeding was given by respondents who have supportive culture in breastfeeding were 31 respondents (67.3%), while the non-exclusive breastfeeding was mostly by respondents who have a supportive culture in breastfeeding too, were 15 respondent (32.6%) [31]

(continued)

Table 1. (continued)

Code	Author	Year	Data Collection	Sampling	Respondent	Data Analysis	Research Result
A8	Ratnawati Indar, Burhanudin Bahar	2016	Interview with Questionnaire	Proportional random sampling	144 mothers who have babies more than 6 months old	Chi-square test and multiple logistic regression test	The results showed that there is a relationship between socio-cultural and exclusive breastfeeding. Most of the exclusive breastfeeding was given by respondents who have good socio-culture in breastfeeding were 56 respondents (70.9%), while the non-exclusive breastfeeding was mostly by respondents who have less socio-culture in breastfeeding were 32 respondents (76.2%) [32]
A9	Mariana Sombodatu, A.L. Rante- tampang, Bernard SandjajaAn war Mallongi	2018	Questionnaire	Saturation sampling technique	121 breast- feeding mothers who have babies aged 7–12 months	Chi-square test and logistic regression test	The results showed that there is a relationship between socio-cultural and exclusive breastfeeding. Most of the exclusive breastfeeding was given by respondents who have good socio- culture in breastfeeding were 56 respondents (70.9%), while the non- exclusive breastfeeding was mostly by respondents who have less socio-culture in breastfeeding were 32 respondents (76.2%) [33]

(continued)

Table 1. (continued)

Code	Author	Year	Data Collection	Sampling	Respondent	Data Analysis	Research Result
A10	Irene Marion Saptadouw, Yermia Msen, A. L. Rantetampang dan Anwar Mallongi	2016	Questionnaire	Saturation sampling technique	60 mothers who have babies more than 6 months old	Chi-square test and logistic regression test	The results showed that there is a relationship between socio-cultural and exclusive breastfeeding. Most of the exclusive breastfeeding was given by respondents who have good socio-culture in breastfeeding were 19 respondents (73.1%), while the non-exclusive breastfeeding was mostly by respondents who have less socio-culture in breastfeeding were 22 respondents (64.7%) [34]
A11	Siti Maulida, Ira Kartika	2018	Questionnaire	Accidental sampling	30 mothers who have babies aged 7–12 months	Chi-square test	The results showed that there is a relationship between belief and exclusive breastfeeding. Most of the exclusive breastfeeding was given by respondents who did not have a belief in breastfeeding were 5 respondents (41.7%), while the non-exclusive breastfeeding was mostly by respondents who have a belief in breastfeeding were 14 respondents (77.8%) [35]

(continued)

Table 1. (continued)

Code	Author	Year	Data Collection	Sampling	Respondent	Data Analysis	Research Result
A12	Vima Utya Cahyani, Esti Yunitasari, dan Retno Indarwati	2019	Questionnaire	Slovin	115 breastfeeding mothers who have babies aged 6–24 months	Chi-square test and logistic regression test	The results showed that there is a relationship between culture and exclusive breastfeeding. Most of the exclusive breastfeeding was given by respondents who have supportive culture in breastfeeding were 35 respondents (30.4%), while the non-exclusive breastfeeding was mostly by respondents who have a culture that did not support breastfeeding were 40 respondents (34.8%) [36]
A13	Tri Novitasari, Bambang Budi Raharjo, Yuni Wijayanti	2019	Interview with Questionnaire	Cluster random sampling	92 breastfeeding mothers who have babies aged 7–24 months	Chi-square test and logistic regression test	The results showed that there is a relationship between culture and exclusive breastfeeding [37]

(continued)

Table 1. (continued)

Code	Author	Year	Data Collection	Sampling	Respondent	Data Analysis	Research Result
A14	Isytiaroh	2018	Questionnaire	Cluster sampling design	151 mothers who have babies aged 6–12 months	Chi-square test	The results showed that there is a relationship between belief and exclusive breastfeeding. Most of the exclusive breastfeeding was given by respondents who have a belief in breastfeeding were 24 respondents (15.9%), while the non- exclusive breastfeeding was mostly by respondents who have a belief in breastfeeding too, 86 respondents (56.9%) [38]
A15	Nur Ayu Ruhmayanti, Yade Kurnia Yasin	2020	Questionnaire	Randomized control sampling	112 breastfeeding mothers who have toddler and have experience with breastfeeding	Chi-square test and Kolmogorov-Smirnov correlation test	The results showed that there is a relationship between socio-cultural and exclusive breastfeeding. Most of the exclusive breastfeeding was given by respondents who have good socio-culture in breastfeeding were 54 respondents (81.8%), while the non-exclusive breastfeeding was mostly by respondents who have less socio-culture in breastfeeding were 34 respondents (73.9%) [39]

(continued)

Table 1. (continued)

Code	Author	Year	Data Collection	Sampling	Respondent	Data Analysis	Research Result
A16	Hj. Hermi Johan, Stephanie Sorta Llyod	2016	Questionnaire and FGD	Systematic random sampling	80 mothers who have babies	Product moment correlation test	The results showed that there is a relationship between socio-cultural and exclusive breastfeeding. Most of the exclusive breastfeeding was given by respondents who have supportive socio-cultural in breastfeeding were 13 respondents (16.3%), while the non-exclusive breastfeeding was mostly by respondents who did not have a supportive sociocultural in breastfeeding were 38 respondents (47.5%) [40]
A17	Herlina Simanjuntak	2018	Questionnaire	Total sampling	57 mothers who have babies aged 7–12 months	Chi-square test	The results showed that there is a relationship between socio-cultural and exclusive breastfeeding. Most of the exclusive breastfeeding was given by respondents who did not have a supportive socio-cultural in breastfeeding were 13 respondents (50%), while the non-exclusive breastfeeding was mostly by respondents who have a supportive socio-cultural in breastfeeding were 28 respondents (49.1%) [41]

(continued)

Table 1. (continued)

Code	Author	Year	Data Collection	Sampling	Respondent	Data Analysis	Research Result
A18	Eufrasia Primata Padeng, Putriatri Krimasusini Senudin, Dionesia Octaviani Laput	2021	Questionnaire	Total sampling	55 breastfeeding mothers who have babies less than 6 months old	Chi-square test	The results showed that there is a relationship between socio-cultural and exclusive breastfeeding. Most of the exclusive breastfeeding was given by respondents who have a bad socio-cultural in breastfeeding were 15 respondents (27.3%), while the non-exclusive breastfeeding was mostly by respondents who have a bad socio-cultural in breastfeeding too, were 36 respondents (65.5%) [42]
A19	Hellen Febriyanti	2018	Questionnaire	Lemeshow	66 mothers who have babies aged 7–24 months	Chi-square test	The results showed that there is a relationship between socio-cultural and exclusive breastfeeding. Most of the exclusive breastfeeding was given by respondents who have a negative socio-cultural in breastfeeding were 18 respondents (31.6%), while the non-exclusive breastfeeding was mostly by respondents who have a negative socio-cultural in breastfeeding too, were 39 respondents (68.4%) [43]

(continued)

Table 1. (continued)

Code	Author	Year	Data Collection	Sampling	Respondent	Data Analysis	Research Result
A20	Tri Budiati, Setyowati	2019	Questionnaire and FGD	Not explained	149 post caesarean section mothers who have babies aged 6–24 months	Chi-square test and thematic content analysis	The results showed that there is a relationship between culture and exclusive breastfeeding. Most of the exclusive breastfeeding was given by respondents who did not have a culture in breastfeeding were 43 respondents (63.2%), while the non-exclusive breastfeeding was mostly by respondents who have a culture in breastfeeding were 56 respondents (70%) [44]

Table 2. Negative Social Culture Related to Breastfeeding

Negative Socio-Cultural Related to Breastfeeding	Found in Articles
Give prelacteal food before 6 months (tajan water, banana, spinach, rice porridge, instant porridge or formula milk)	A3, A5, A6, A7, A10, A12, A13, A14, A15, A16, A17, A19, A20
Giving prelacteal food so that the baby is full and not fussy	A5, A6, A10, A12, A13, A14, A16, A17, A20
Babies should not be given colostrum because they believe that it is harmful and not beneficial for babies	A2, A9, A10, A11, A14
Do not believe that breast milk is sufficient for the baby's nutrition	A11, A20
Giving the baby coconut milk to receive a name and not get sick	A4
Give honey, sweet water, dates with water, dates that have been chewed by parents or coconut water so that the baby is healthy and strong	A2, A12, A20
Giving honey to babies to introduce taste, Give baby coconut young because the texture is easy to digest	A5
Give coconut water to the baby because it believed can improves digestion and eliminates toxins in the stomach	A9, A10
Giving roasted bananas or boiled bananas so that the baby will soon grow teeth and grow big, Giving the baby chewed rice/papak tolang so that the baby is good, obedient, good and healthy	A16
Giving coffee to the baby so that the baby's heart is strong	A18
Giving special tea to baby before breastfeeding	A2, A11
Babies should not be given colostrum because they believe that it is harmful and not beneficial for babies	A2, A9, A10, A11, A14

4 Discussion

Based on article reviews, it was found that 20 articles (100%) stated that there was a relationship between socio-cultural (including cultural variables, beliefs, and traditions) with exclusive breastfeeding with a p-value of less than 0.05. According to Rahmawati

(2021), socio-cultural includes cultural values, beliefs, customs, and traditions that exist in society [17]. A person's behavior is formed by habits that are exposed continuously which are influenced by cultural values and beliefs that exist and are embraced by the local community [18]. Behaviors created by habits or beliefs related to exclusive breastfeeding encourage a mother's willingness to give milk exclusively to her baby.

Based on the articles reviewed, 14 articles (70%) found that those who exclusively breastfeed their babies are respondents with a positive social culture related to breastfeeding, where 8 articles (57.1%) stated that exclusively breastfeeding were respondents who have a good social culture, including having good culture, beliefs and traditions in breastfeeding, while 6 articles (42.9%) stated that those who breastfeed exclusively are respondents who do not have social culture in breastfeeding, including lack of belief, culture and tradition of breastfeeding. Specifically, the positive socio-culture in question is one that encourages exclusive breastfeeding, as mentioned in A1. In Konawe Regency, Southeast Sulawesi, families have the habit of exclusively breastfeeding their babies. Specifically, in Bombana Regency, Southeast Sulawesi, socio-cultural support for breastfeeding is the consumption of foods that increase breast milk production, such as vegetables and nuts. The socio-culture that supports exclusive breastfeeding has made the achievement of exclusive breastfeeding in Southeast Sulawesi good. Based on the data presented in the 2021 Indonesian Health Profile, the percentage of coverage for infants who are exclusively breastfed in Southeast Sulawesi is 54% and has reached the health program target in 2021 of 40% [19]. In addition, the good coverage of exclusive breastfeeding in Southeast Sulawesi is supported by the Community Nutrition Development Program where the achievement rate for exclusive breastfeeding indicators in 2019 has reached the target of 67% [20].

According to the research of Samman et al. (2020), the socio-cultural support related to exclusive breastfeeding in Central Halmahera Regency is that it is recommended to consume nuts and green leafy vegetables such as katuk leaves so that milk production is smooth and plentiful [21]. According to Ganie (2003) in Rahmanisa and Aulianova (2016), katuk leaves contain alkaloids and sterols that are useful for increasing breast milk production [22]. Green beans can increase breast milk production because they contain polyphenols and flavonoids that can increase levels of prolactin, a hormone that produces breast milk [23]. Mothers with good social culture tend to give their milk exclusively. Respondents with positive (supportive) social culture tend to exclusively breastfeed their babies. This statement is supported by one study which found that mothers with socio-cultural support in breastfeeding have six times the opportunity to exclusively breastfeed, analogous to those with unsupportive socio-cultures [24].

Research conducted by Batubara et al. (2016), has found that the social culture of breastfeeding is considered negative in the community, where the study found that socio-cultural issues related to exclusive breastfeeding in the city of Padangsidempuan also dispose of colostrum because they believe that it is dangerous for babies and provide bananas, starch water or rice porridge so that the baby feels full and does not always cry [45]. Supported by Manullang (2020), in Langkat Regency socio-cultural issues related to circulating breast milk such as prohibiting eating gambas, bitter melon and leaves because they think it can reduce breast milk [46]. Abstinence from consuming a certain type of food, including the social culture of nutrition food taboo, prohibiting

giving colostrum because it can make the baby sick, including the socio-cultural nutrition of food ideas that connects food with a health view, while giving prelacteal food because they believe that there is advice, including socio-cultural nutrition, food belief. Among the circulating socio-cultures, there is a high degree of trust among the community because they affect a person's actions due to the emergence of phalistic attitudes, namely strong beliefs and ethnocentric attitudes, where the traditions a person holds are regarded as the most appropriate for them [47]. According to Kurniawan et al. (2021), socio-cultural factors in the community have their own characteristics and characteristics related to eating patterns because they are in accordance with regional conditions, religion and local culture. From these factors, a hereditary habit is created that is rather difficult for someone to change [48].

The socio-cultural is not in accordance with research related to health. Providing exclusive breastfeeding without restriction can fulfill the baby's nutritional needs without the need to give prelacteal food prematurely. According to Novianti and Rizkianti (2013), the baby's digestive system is not yet perfect to digest food or drinks other than breast milk such as starch water, honey, bananas, coffee, porridge and the other [49]. Due to the lack of sucking stimulation, prelacteal feeding may affect milk production, lead to babies breastfeed less often, and increase diarrhea risk. The perception of the community regarding not giving colostrum is also not appropriate. This is because colostrum contains high protein and immunoglobulins that can protect babies from infection. The slightest amount of colostrum can meet the baby's fluid requirements since newborns already have enough fluid in their bodies when they are born [50].

The community believes about breastfeeding is both supported and unsupported by socio-cultural influences based on what they see and experience. However, based on the results of the analysis in the articles, there were 6 out of 20 articles (30%) stating the opposite, namely those who exclusively breastfeed are respondents who have negative socio-cultural aspects of breastfeeding. This is because exclusive breastfeeding is not caused by socio-cultural factors alone. If the socio-cultural environment related to breastfeeding is not good but the understanding regarding breastfeeding is good, then the person continues to exclusively breastfeed her baby [25]. Cultural values, beliefs or beliefs as well as one's understanding of exclusive breastfeeding contribute to shaping a mother's actions to give her milk [51].

5 Conclusion

According to the analysis, socio-cultural variables (including cultural variables, beliefs, and traditions) are associated with exclusive breastfeeding across all twenty articles analyzed. There is a social culture that supports and inhibits exclusive breastfeeding. In this study, it was found that those who gave milk exclusively were mostly respondents with positive social culture, while those who did not give milk exclusively were mostly respondents with negative social culture. As for the socio-cultural diversity, positive socio-cultural related to exclusive breastfeeding such as consuming foods that can increase milk production, and negative socio-cultural related to exclusive breastfeeding is giving prelacteal food before six months. This study are expected to be used as a reference for relevant agencies in planning health programs to increase exclusive

breastfeeding, and be used as a source of information, especially for women of child-bearing age, regarding socio-culture circulating in the community related to exclusive breastfeeding to be able to sort out which socio-culture in Indonesia supports exclusive breastfeeding and which ones do not support exclusive breastfeeding. From this, it is hoped that when breastfeeding the mother can give her milk exclusively without giving other food or drinks other than breast milk prematurely. Future researchers are expected to be able to include variables that determine exclusive breastfeeding but are not examined in this study and to be able to develop a systematic literature review related to socio-cultural and exclusive breastfeeding.

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