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The Relationship Between Food Taboos and Breast Milk Flow in Mothers Breastfeeding Infants Aged ≤ 6 Months in the Working Area of Sukorambi Health Center

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KEYWORDS
Breastfeeding Mothers, Breast Milk Production, Food Taboo

ABSTRACT
Breast milk production is strongly influenced by the nutrition consumed by breastfeeding mothers, which is often limited by cultural food taboos. Restrictions on high-protein foods, such as fish and eggs, are believed to reduce breast milk quality and quantity. This practice is common in many areas, including Sukorambi District, where exclusive breastfeeding coverage is 75%. About 60% of breastfeeding mothers in the Sukorambi Public Health Center area still follow food taboos. This study employed an observational analytic design with a cross-sectional approach. A total of 40 breastfeeding mothers were sampled using total sampling techniques. Data were collected through structured questionnaires focusing on dietary habits and breastfeeding experiences. The data were analyzed using the Chi-Square test to determine the relationship between food taboos and breast milk production. Most respondents (57.5%) practiced food taboos, while 60% reported smooth breast milk production. The Chi-Square test showed a significant relationship between food taboos and breast milk production ($p = 0.025$). Food taboos negatively affect breast milk production in breastfeeding mothers with infants aged six months or younger in Sukorambi. Mothers are advised not to restrict foods without scientific evidence, as this may hinder breast milk production.

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INTRODUCTION

Food taboos are prohibitions against consuming certain types of food due to perceived threats or punishments for those who violate them (Noprianti, 2023). During the postpartum period, breastfeeding mothers require optimal nutrition to support the baby's survival and ensure the mother's well-being. However, food taboos remain prevalent as traditions and cultural practices among many ethnic groups in Indonesia. These restrictions can hinder recovery and wound healing and are discouraged because they can adversely affect breast milk (ASI) production. Breast milk production is closely related to maternal nutrition; the better the mother's nutritional intake, the better the breast milk produced. Several myths about food taboos practiced by postpartum or breastfeeding mothers are believed to harm both mother and baby. However, many of these beliefs have no correlation to actual health outcomes and are often proven incorrect (Fety, 2023).

According to the Indonesian Ministry of Health (2015), as cited in Astutiningrum (2024), one cause of maternal mortality in Indonesia is the practice of food taboos during the postpartum period. A total of 4,406,437 mothers, or 86% of the 5,123,764 postpartum mothers, still practice food restrictions, avoiding protein-rich foods such as fish, eggs, and meat. This data shows that many provinces in

Indonesia continue observing these food taboos, including East Java Province. A previous study by Pratiwi (2020) in East Java revealed that 81.5% of 21,043 postpartum mothers adhered to food restrictions. The primary reasons for practicing these food taboos include limited knowledge (26.5%), cultural or family advice (37.6%), economic status (25.4%), and parity (10.5%). Commonly restricted foods include meat, eggs, and chicken (53.5%), mustard greens and spinach (12.4%), "hot" foods (6.3%), and seafood (27.8%). A preliminary study conducted by the researcher on December 10, 2024, at Sukorambi Community Health Center found that 60% of 10 breastfeeding mothers with infants ≤6 months old practiced food restrictions, indicating a relatively high prevalence.

Globally, World Health Organization (WHO) data in 2022 showed that only 44% of infants under six months were exclusively breastfed. In Asian countries, especially Indonesia, the coverage of exclusive breastfeeding in 2022 was recorded at only 67.96%, down from 69.7% in 2021, highlighting the need for stronger support to increase this rate. Several provinces in Indonesia still require improvement in exclusive breastfeeding coverage, including East Java. According to the Central Bureau of Statistics (BPS), the percentage of babies in East Java receiving exclusive breastfeeding for the first six months of life is only 72.68%. Supporting data from the Nutrition Division of Jember District Health Office in 2023 revealed that exclusive breastfeeding coverage was 67.0%, below the target of 80%. The low exclusive breastfeeding coverage is closely associated with stunting rates. In 2022, the stunting prevalence in Jember District was still high at 34.9%, making it the district with the highest stunting incidence in East Java. Based on data from Sukorambi Community Health Center, exclusive breastfeeding coverage in 2023 was 93%, but dropped to only 75% in 2024.

Breast milk production is influenced by several factors, including food intake, breastfeeding frequency, breast care, and rest patterns (Visti Delvina, 2022). Nutritional intake plays a major role in milk production, but some postpartum mothers continue to observe food restrictions due to factors such as education, customs, family influence, knowledge, and access to healthcare services. According to research by Sri Wahyuni (2022), foods that are often prohibited include shrimp, seafood, mackerel, shrimp paste, and taro, as they are believed to cause "dena" (a condition related to breast milk problems).

Low breast milk production or delayed milk flow may result in insufficient breastfeeding. This can lead to complications such as breast engorgement, mastitis, or breast inflammation, which may cause infection. For infants, inadequate breast milk flow can cause frequent crying, jaundice, weight loss, dissatisfaction, difficulty sleeping, and dehydration (Hariastuti, 2023).

Solutions proposed by Fety (2023) include providing regular health education about the importance of proper nutrition for postpartum mothers, delivered by healthcare professionals, to prevent misconceptions about dietary practices after childbirth. In addition to counseling, researchers emphasize the importance of positive support from husbands and families in restoring the health of postpartum mothers.

Based on the background above, the research problem can be formulated as follows: "Is there a relationship between food taboos and breast milk production among postpartum mothers with infants ≤6 months in the Sukorambi Community Health Center area?" The general objective is to determine *"The Relationship Between Food Taboos and Breast Milk Production in Postpartum Mothers with Infants ≤6 Months in the Sukorambi Community Health Center area."* The specific objectives are to identify food taboos among postpartum mothers with infants ≤6 months in the Sukorambi Community Health Center area, to identify breast milk production levels in postpartum mothers with infants ≤6 months in the Sukorambi Community Health Center area, and to analyze the relationship between food

taboos and breast milk production among postpartum mothers with infants ≤6 months in the Sukorambi Community Health Center area.

METHOD

This research employed an analytical observational design to examine the relationship between two or more variables by observing subjects without intervention. Analytical observational research is a type of study that explores how and why a health phenomenon occurs by analyzing correlations between phenomena or between risk factors and their effects (Notoatmodjo, 2012). This design allowed the exploration of causal relationships based on naturally occurring conditions, making it suitable for studies involving behavioral, cultural, and health-related variables.

The study used a cross-sectional approach with primary data collection. A cross-sectional design investigates correlations between risk factors and their effects through data collection and observation at a specific point in time or a "point time approach" (Murti Bhisma, 2003). This design aimed to explain the research variables by hypothesis testing. Both independent and dependent variables were measured simultaneously using a questionnaire that had been previously validated and tested for reliability on respondents with similar characteristics to the target population.

The population consisted of 40 breastfeeding mothers living within the service area of Puskesmas Sukorambi. The population was selected based on specific criteria to ensure relevance and accuracy in addressing the research objectives.

The sample was a subset of the population and included all 40 breastfeeding mothers from the population through total sampling. Total sampling involves including the entire population as the sample (Sugiyono, 2012 in Rasman & Gani, 2020).

Inclusion and exclusion criteria were applied to determine the sample. Inclusion criteria included (1) healthy mothers and babies, (2) babies not fed with formula milk, and (3) mothers without breastfeeding-related breast problems. Exclusion criteria included (1) mothers unavailable during data collection and (2) mothers who refused participation (Monoarfa, 2023).

The independent variable was Food Taboo, believed to influence breastfeeding outcomes. The dependent variable was Breast Milk Production or the smoothness of breastfeeding among postpartum mothers (Hayati, 2023).

RESULT AND DISCUSSION

The data processing results in this study went through several stages, including editing, coding, scoring, tabulating, and data entry, to describe the characteristics of respondents, the frequency distribution of food taboos, and breast milk production. Furthermore, an analysis was conducted to determine the relationship between food taboos and the smoothness of breast milk flow among breastfeeding mothers with infants ≤ 6 months in the working area of Sukorambi Community Health Center. This analysis aims to provide a comprehensive overview of existing food taboos and their potential impact on breastfeeding outcomes.

General data in this study includes respondent characteristics such as age, religion, occupation, ethnicity, education level, dietary patterns, daily menus, husband's support, rest patterns, contraceptive use, and parity. Based on age, almost all respondents (90%) were between 20–35 years old, while only 10% were above 35 years. In terms of religion, all respondents (100%) were Muslim, indicating a homogeneous belief system in the Sukorambi Community Health Center area.

In terms of occupation, the majority of respondents (90%) were housewives and not formally employed. Only a few respondents (10%) worked as domestic helpers, traders, employees, or

entrepreneurs (one person each). From the ethnic perspective, most respondents were of Madurese origin (55%), while 45% were of Javanese origin. This reflects a significant influence of local traditions and cultural practices, particularly regarding food taboos.

Regarding education, nearly half of the respondents (37.5%) had completed senior high school, while 32.5% had only completed elementary school. Most respondents had a dietary pattern of three meals a day (82.5%), while 17.5% ate only twice a day. The most common daily menu consisted of rice, vegetables, and tofu (40%), while 25% reported consuming rice, fish, vegetables, and tofu. These findings highlight limited dietary diversity among respondents, which may affect nutritional intake.

Family support was also assessed, with all respondents' husbands (100%) providing support for breastfeeding. However, in terms of rest patterns, only 40% of respondents had adequate rest (≥ 8 hours per day), while 60% reported insufficient rest (< 8 hours). For contraceptive use, most respondents (70%) opted for the three-month injectable contraceptive, while 20% used implants. In addition, most respondents (75%) had more than one child (multiparous), while 25% were primiparous (first-time mothers).

Specific data in this study highlights the distribution of food taboos, the smoothness of breast milk flow, and the relationship between the two variables. Of the 40 respondents, 42.5% still practiced food taboos, while 57.5% did not restrict their diets. This indicates that nearly half of the breastfeeding mothers still follow cultural restrictions that may affect nutritional intake.

Regarding breast milk flow, 60% of respondents reported smooth breast milk production, while 40% experienced difficulties with milk flow. These results suggest that a significant proportion of breastfeeding mothers face challenges in milk production, which may be linked to dietary restrictions and insufficient nutrition.

The cross-tabulation analysis revealed a statistically significant relationship between food taboos and breast milk flow, with a p-value of $0.025 < \alpha$ (0.05). Among respondents who did not follow food taboos, 16 mothers (94%) reported smooth breast milk flow, compared to only 8 mothers (34%) among those who practiced food taboos. Conversely, only 1 respondent (6%) without food taboos experienced poor milk flow, while 15 respondents (65%) who followed food taboos reported poor milk flow. These findings indicate that food taboos have a negative impact on the smoothness of breast milk production.

Discussion

Identification of Food Taboo in Breastfeeding Mothers with Babies Aged ≤ 6 Months in the Working Area of the Sukorambi Health Center, Jember Regency 2025.

Based on the results of the research that has been conducted on all respondents totaling 40 breastfeeding mothers as shown in table 4.1, it can be seen that most of the breastfeeding mothers have an abstinence attitude as many as 23 meyusui mothers (57.5%) and a small proportion of breastfeeding mothers have an abstinence attitude as many as 17 breastfeeding mothers (42.5%).

Food taboo is an attitude that limits a certain food for cultural reasons that are believed to be hereditary. The food that humans eat is used for survival, but some people think that one or more foods will have a harmful impact that causes a person to refrain from eating certain foods. Basically, taboo food is a system designed to avoid foods that may cause physical or spiritual harm to the human being (Douglas, 1966). Factors that affect the attitude of food abstinence include social factors, cultural factors, educational factors, and belief (religious) factors. Taboos can be maintained because of the social impulses that affect our attitudes, namely from parents, families, and community leaders. Family is the social factor that has the most influence on a person's life, because things that have become a tradition (culture) in the family will continue to be maintained with the assumption of producing

something good. According to research conducted by (Sukma et al., 2024), there is a significant relationship between the role of parents and the choice of food menus for breastfeeding mothers, which means that the stronger the influence of parents, the higher the tendency of breastfeeding mothers to comply with food taboos. In addition, educational and religious factors can influence a person's attitude towards the values that underlie our lives. Referring to the issue of education, the belief in taboos should almost no longer exist because the higher a person's education, the more a person tends to accept information based on scientific foundations. The level of education and knowledge has a great influence on food abstinence behavior. Mothers with good nutritional knowledge will definitely think logically, theoretically, and analytically in adoption/absorbing information that is circulating, while mothers with low knowledge are more likely to accept and comply with information without first finding out the scientific basis.

In the opinion of the researcher, the results of this study show that most breastfeeding mothers lack knowledge about postpartum nutritional intake because the predisposing factor is the mother's education factor in the category of low education level, namely (elementary and high school). This proves that a person's behavior will be influenced by their level of education. Mothers who have a higher level of education will always seek information and understand the information obtained, then implement it in daily life. Mothers with a high level of knowledge will usually follow the times regarding the latest sciences that can be accounted for with the results of their research. Higher education can also form attitudes and critical thinking skills that encourage a person not to immediately adopt information, but to look for evidence and supporting arguments first. This attitude is important in data- and fact-based decision-making. Individuals who have a good education tend to verify through literature, journals, or reliable sources before trusting or disseminating information. Higher education instills the ability to think critically that encourages a person not to take for granted traditions or cultures that are only based on myths or hereditary beliefs without scientific evidence. They tend to look for rational explanations and verify before accepting or adopting the culture. Higher education serves as an agent of scientific cultural transformation, which teaches the importance of proving and critically evaluating all forms of knowledge, including culture. Thus, those who are highly educated are better able to separate between positive cultural values and traditions that are irrelevant or even detrimental if not based on science.

Identifikasi Kelancaran ASI pada Ibu Menyusui Bayi Usia ≤ 6 Bulan di Wilayah Kerja Sukorambi Health Center, Jember Regency in 2025.

Based on the results of the research that has been carried out in table 4.2, it can be seen that most of the breastfeeding mothers experience smooth breastfeeding, which is as much as 24 (60.0%) and a small number who experience irregular breastfeeding, which is as many as 16 (40.0%). Smooth breast milk is characterized by the production of colostrum from pregnancy and postpartum. Breast milk production can be said to be good if it radiates rapidly (seeps) before breastfeeding. A sign that the baby is getting enough breast milk is that his weight has increased by more than 10% in the first week. According to Budiati (2011) in (Ainis et al., 2024) it is said to be smooth if breast milk production is at least 4 out of 6 indicators observed in babies. If the value is less than 4 then it is said to be not smooth.

In the opinion of the researcher, the results of this study show that in the rest pattern of breastfeeding mothers, most of them experience a lack of rest pattern (< 7 hours) (60.00%). Rest patterns greatly affect milk production because it is related to the physical and mental health of a breastfeeding mother. Mothers with a sufficient rest pattern (at least 7-8 hours) tend to be able to have smooth breastfeeding, this is because at rest, mothers can calm the soul and mind so that the hormones oxytocin

and prolactin can work optimally. The more adequate the mother's rest pattern, the higher the quality of the milk produced. On the other hand, mothers with poor rest patterns tend to have unhealthy breast milk. The lack of rest time experienced by mothers can cause feelings of fatigue, stress, and lack of confidence which negatively impact the mother and the baby's survival. When the mother is not rested, the mother's body is not optimal in restoring breast tissue and other body systems so that the hormone prolactin can decrease and the quantity of breast milk decreases. What's more, the hormone prolactin is generally produced and active at night, the higher production of the hormone prolactin at night is essential to stimulate and maintain breast milk production. Therefore, mothers who lack rest, especially at night, will be greatly disturbed in the production of breast milk smoothly compared to mothers who have enough sleep. In addition, lack of rest can interfere with the let-down reflex (the release of breast milk) and consequently the breastfeeding process becomes unsmooth. Lack of sleep experienced by breastfeeding mothers can also cause messy moods, irritability, and concentration disorders, which can reduce maternal motivation and confidence in breastfeeding, thus indirectly affecting breast milk production.

The Relationship between Food Taboo and Smooth Breastfeeding in Breastfeeding Mothers of ≤-6 Month Infants in the Work Area of the Sukorambi Health Center in 2025.

Based on the results of the study, it was shown that the results of the analysis test using the chi-square formula were obtained p-value = 0.025 < α(0.05) which means that there is a relationship between food taboo and smooth breastfeeding in breastfeeding mothers with ≤-year-old babies aged 6 months in the working area of the Sukorambi Health Center in 2025.

Food taboo is a behavior or prohibition in society not to consume or avoid certain types of food for cultural reasons, beliefs, or myths that are passed down from generation to generation, without always being based on scientific or medical evidence. According to Mary Douglas (1966), basically, taboo food is a system designed to avoid foods that may cause physical or spiritual harm to the human being in question. Food taboos are something that is inherited from ancestors through their parents to their descending generations. Abstinence causes people to not understand when a food restriction is made and the reason for doing the abstinence. Food taboos are carried out by the community not in accordance with the nutritional value of the food needed (Arma, 2020).

In the opinion of the researcher, the results of this study show that food taboo is significantly related to the smooth breastfeeding of every breastfeeding mother. It is found that almost most mothers who do not abstain from food will have smooth breastfeeding. This is also supported by the age factor, where the results of the study show that almost all mothers are at healthy reproductive age, at this age it is often considered that the mother's reproductive and physical organs have matured so that they are more physically and psychologically ready to breastfeed. At this age, lactation ability can work optimally so that milk production and production tend to be smoother. Supported by other factors, namely in terms of mother's work, the results of the study were obtained that almost all of the respondents became IRT/did not work. According to researchers, non-working mothers tend to have smooth breastfeeding because they have more free time to breastfeed directly and care for their babies. Direct breastfeeding is very important because the principle of milk production is based on demand and supply, the more often the baby is breastfed or expressed, the more milk production is produced. Mothers who are not working can breastfeed their babies at any time without being hindered by work obligations, so that the frequency of breastfeeding is higher and breast milk production is maintained. When viewed from diet, which is very much the main factor in the smooth process of breastfeeding, almost all of the respondents have a feeding frequency of 3×, at the time of the research, many

breastfeeding mothers admitted that after breastfeeding they tended to feel hungry, so that the mother's diet increased than usual. According to researchers, breastfeeding mothers tend to always feel hungry because the breastfeeding process requires a huge amount of energy and calories. In addition, hormonal changes such as increased oxytocin and prolactin during breastfeeding also trigger hunger and thirst.

The results of the study also show that all breastfeeding mothers receive full support from their husbands so that they can support mothers in the breastfeeding process. Full support from your husband can provide emotional support so as to create a positive environment. Based on the use of contraceptives used by breastfeeding mothers, most respondents chose injectable contraceptives for 3 months (70.0%) and implants (20.0%). The ingredients in 3-month injectable contraceptives and implants only contain the hormone progesterone (without combination) so that it does not affect the smooth flow of breast milk. This progestin hormone does not interfere with the production or quality of breast milk, so it is safe for breastfeeding mothers.

So the conclusion is, mothers have used contraceptives that are recommended for breastfeeding mothers so that the production of breast milk is maintained in quantity. When viewed from the number of respondent parity, most breastfeeding mothers have a parity of > of 1 where this factor can also indirectly affect the smooth breastfeeding of the mother. According to researchers, multipara mothers tend to have more experience and knowledge about the breastfeeding process so this experience makes them better prepared in lactation management and better able to cope with problems that may arise while breastfeeding. In contrast to primipara mothers, who often face psychological challenges, lack confidence, lack of experience, so they are more at risk of experiencing obstacles in the smooth flow of breastfeeding, such as attachment difficulties or lack of knowledge about the proper frequency of breastfeeding. So according to researchers, parity affects the smoothness of breastfeeding indirectly through increased knowledge, experience, mental readiness, and better breastfeeding behavior in mothers who have given birth before.

CONCLUSION

Based on the data analysis and discussion, the study found that in the Puskesmas Sukorambi area in 2025, most breastfeeding mothers who did not practice food taboos experienced insufficient breast milk flow, while those who adhered to food taboos generally had smooth breast milk flow. There was a significant relationship between food taboos and breast milk flow among mothers with infants under six months, suggesting that adhering to certain food taboos may be associated with better breast milk production, whereas not following these taboos may relate to poorer outcomes. For future research, it is recommended to investigate the specific types of food restrictions involved and to explore underlying cultural, nutritional, and physiological factors to better understand how food taboos influence lactation, potentially through longitudinal or intervention studies.

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