

INTERGENERATIONAL FOOD TABOO: EXPLORATION THE FORMATION OF SELF-EFFICACY IN MOTHERS

Moh. Fikri Tanzil Mutaqin¹, Inten Risna², Nedi Kurnaedi³, Dinu Rijkiyah⁴, Depi Sari Juniarti⁵

^{1,2,3,4,5}Universitas Bina Bangsa

Corresponding Email: netfikri8@gmail.com

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Abstract

Self-efficacy presents high confidence in achieving goals, including those who are pregnant. On the other hand, there is a food taboo phenomenon that is believed by people across generations in various regions including on the coast amidst the acceleration of information. This phenomenon is by carrying out food taboos that are believed to affect health. On the other hand, these taboos risk a person lacking nutritious food. Where other risks are the health of the fetus and child in the future and the risk of stunting. This manuscript will contain the main findings about the perspective of food taboo and the dynamics of their self-efficacy while continuing the legacy of food taboo from the previous generation. This study uses a qualitative approach, as many as 12 mothers on the coast were selected as respondents purposively to explore their food taboo perspective, with guidelines for food taboo and self-efficacy interviews. The analysis was carried out by coding through Nvivo, to then produce the main theme. The themes as findings in this study are related to 1) Effort Towards Goal with sub-sequence (Curiosity about health literacy, Focus on pregnancy, Food taboo is a problem, Taboos Are Just Myths), 2) Lack of Self-Efficacy with sub-sequence (Belief in food taboos, Lack of literacy), 3) Social Persuasion with sub-sequence (cross-generational influences, individual beliefs).

Keywords: food taboo, self efficacy, parents

Introduction

The problem of stunting has become a concern for many parties because it poses a significant risk to children's lives in the future. (Daracantika, n.d.; Dwi et al., n.d.; Halimatunnisa et al., 2020; Latif & Istiqomah, 2017; Ryadinency et al., 2020; Sri Sumardilah et al., 2019). Based on the report (Ministry of Health of the Republic of Indonesia, 2022), stunting prevalence data in Banten Province is lower than the national average, which is 20.0%. However, the stunting phenomenon also occurs in the capital city of Banten Province, where Serang City has a prevalence rate of 23.8%, this prevalence is above the national and provincial average. So it is necessary to have the right handling strategy to solve it (Afandi et al., 2022; Mutaqin & Fachmi, 2022). The problem of stunting that occurs is determined by health factors such as poor prenatal nutritional intake, sanitation, or problems with maternal or child infections (Ariantjelangi, 2020; Mediani, 2020). Other factors also determine such as economic conditions, parenting culture, minimal accessibility to health knowledge and nutritious food information.

On the other hand, maternal knowledge has a major influence on reducing the incidence of stunting, but Indonesia has a problem of intergenerational misinformation that is no longer relevant to current scientific knowledge. One of them is food taboo, where a mother receives information about food taboos that are associated as threats to the development of the fetus and the child's future after birth. Fenomena tersebut banyak terjadi pada masyarakat adat di Indonesia Ulfatun Nisa (2021) including in cultures with strong patriarchy (Intan, 2018). Even food taboos occur in urban communities (Chahyanto

et al., 2018). However, the foods that people believe to be taboo actually have various benefits and are scientifically proven to be safe (Novitasari & Pratiwi, 2019). The food taboo phenomenon has a vulnerability to stunting in children (Fajriah et al., 2021), and if this condition continues, it can cause serious risks such as Chronic Energy Deficiency (CED) in a mother (Alifka, 2020).

Based on preliminary research on food taboos also occurs in urban areas such as in Serang City, more specifically in the coastal communities of Karangantu. Where mothers still consider that foods such as animal side dishes have a high risk for pregnancy and birth. Food taboos according to mothers on the coast are associated with post-natal effects: “eating shellfish can cause bleeding, eating crabs can make it difficult for the baby to come out at birth, eating salted fish will cause the baby to smell”. The phenomenon is interesting to explore among the acceleration of information in the technological era. The problem is certainly not only based on intergenerational and cultural beliefs, but also the lack of parental awareness in accessing information from both printed and electronic references. (Mutaqin et al., 2023).

Based on these conditions, a mother who has food taboos needs to be given knowledge about food taboos which have been believed to be wrong. However, when this knowledge is provided it can pose a risk of problems such as a lack of self-efficacy. Or in this case a mother will lose confidence in being able to solve the problem because the previous information that has been believed (food taboo) has been replaced. Where if referring to the concept of self-efficacy, namely a person's belief and ability to learn and solve certain challenges. (Bandura, 1982; Schunk & DiBenedetto, 2016).

Based on the empirical facts above, the food taboo phenomenon is important to explore where food taboo occurs continuously. Then the researcher formulated the research questions to be studied including: QR.1 How is the formation of food taboo in coastal communities in a sustainable period of time? QR.2 How are the dynamics of self-efficacy when receiving food taboo information from the previous generation?.

Method

This study uses qualitative, intended to explore the conditions of self-efficacy and food taboo in parents who are planning their next pregnancy. The qualitative approach is also intended to see the phenomenon holistically, provide the position of the research object in a broader construction, see the object in its natural context, and not partially (Creswell, 2015). The approach used for the research process is phenomenology which will explain four important aspects including activity, events, interaction, and process of a series of food taboo phenomena in parents. The use of a phenomenological approach that is centered on individual experiences is expected to help construct diverse and inclusive perspectives on phenomena related to social, culture, and identity.

This study explores the perspective of parents, especially mothers, as many as 12 respondents were selected purposively to explore their food taboo perspective. Respondents are mothers with an age range of 25-50 years who already have 1-4 children. Respondents are also mothers who are in kindergarten waiting for their children to go to school. In detail, the demographic data of the research respondents can be seen in the table below:

Table1 Demographic Data of Research Respondents

	Education	Age	Job	Having Children	Ethnic
Cases\\Ma	Elementary school	35-45	Employee	3	Sunda
Cases\\Pu	Bachelor	35-45	Employee	3	Jawa
Cases\\Su	Elementary school	35-45	Grocery Trading	>3	Sunda
Cases\\At	Elementary school	35-45	Fisherman	2	Jawa
Cases\\Ju	Elementary school	35-45	Fisherman	>3	Bugis
Cases\\As	Elementary school	35-45	Fisherman	1	Jawa
Cases\\II	Senior High School	35-45	Housewife	3	Sunda
Cases\\Si	Bachelor	26-35	Employee	2	Sunda
Cases\\Ri	Senior High School	26-35	Employee	3	Sunda
Cases\\Ir	Master	26-35	Employee	1	Sumatra
Cases\\Ne	Senior High School	26-35	Fisherman	>3	Jawa
Cases\\Ra	Elementary school	35-45	Fisherman	3	Sunda

Respondents are parents who live in Kasemen District, Serang City, mainly those who live in Karangantu Port. Another unique characteristic found is that those who become respondents are generally immigrants from the Sundanese-Javanese (Cirebon), Sundanese, and Bugis tribes. However, they have settled around the Karangantu Port Coast with a long frequency (15-20 years).

The data collection process will be carried out using three techniques such as in-depth interviews, participant observation and documentation. In-depth interviews were conducted with 12 parents. This interview stage begins with informed consent as a form of ethical research. A letter of information and a request to conduct research were agreed upon with the authorities before the respondents were visited. There is no conflict of interest at any stage.

Then delving into parents' perceptions of food consumed during pregnancy, this interview began with simple questions to take the respondent's point of view. In addition, the interview was conducted to explore the condition of parents' self-efficacy during pregnancy and after pregnancy regarding food taboo beliefs.

Qualitative analysis of open-ended questionnaire data using Nvivo 14. The analysis was carried out by coding based on the stages as described by Braun & Clarke (2006) first the author approached the data and read the findings independently. Then discussed the codes that were developed repeatedly. To be consistent, the researcher codes the transcripts so that similar and different findings can emerge. Then, a concept exploration is conducted to identify the relationship between codes and trends in the data. After that, a broader level theme is sought and named.

The coding results obtained the main findings including 1) Effort Towards Goal with sub-sequences (Curiosity about health literacy, Focus on pregnancy, Food taboo is a problem, Taboos Are Just Myths), 2) Lack of Self-Efficacy with sub-sequences (Belief in food taboos, Lack of literacy), 3) Social Persuasion with sub-sequences (cross-generational influences, individual beliefs). And supporting findings are food taboos that are often found in society. While the frequency of findings can be seen in the following diagram:

**Diagram 1 Hierarchy Chart Thematic Analysis with Nvivo.14**

Result and Discussion

Food taboo has variations that will then be reviewed on the quality of self-efficacy. There is a growing belief in most respondents in coastal areas regarding food taboo, thus giving rise to their uncertainty regarding changes in the latest information based on medical recommendations.. On the other hand, some respondents consider that food taboos are perceived as a problem. This assumption is caused by their difficulty in consuming foods that were widely prohibited by previous generations, especially during cravings. Parents (previous generation) are a factor that determines the perspective of belief in the next generation through social persuasion. On the other hand, there are respondents who continue to be committed to the goals of pregnancy and the health of their children. However, literacy awareness is still not a support in developing the self-efficacy of parents who previously believed in food taboos, although high curiosity is shown by some people with certain cultural and demographic characteristics. Some samples of the main findings can be seen in the following table:

Table 2 Sample Quotes by Category

Theme category	Sub-theme	Quotes/Finding
<i>Effort Towards Goal</i>	<i>Curiosity about health literacy</i>	I have taboos, but I trust medicine and trust midwives. Because we don't live in the past anymore.
	<i>Search</i>	I got the information from the midwife, diligently checked, diligently given directions. There are Posyandu cadres.
	<i>Discovery</i>	Now there are lots of medicines, you can get injections, you can eat nutritious food. Especially now that there is a lot of stunting.
	<i>Focus on pregnancy</i>	We're also afraid, so never mind as long as we're healthy, there are no restrictions Yes, focus on your health, it's okay to take what our parents say. But we also take what the doctor says,
	<i>Food taboo is a problem</i>	According to people in the past, there were no medicines and no injections, so there were lots of taboos when giving birth using a dukun. Nowadays there are lots of medicines, you can get injections, you can eat nutritious food. Especially now that there is a lot of stunting. We are also afraid, so never mind as long as we are healthy, there are no restrictions I'm still not sure, because I don't know if the food ban is true or not. Because they don't know why. I can only give you the best during pregnancy, like exercise, going to the posyandu, eating healthy. Yes, I see it's really hard to eat because you're always forbidden to eat.
	<i>Taboos Are Just Myths</i>	Now is the era of midwives, so there are medicines and herbal medicine. So I can eat anything. So if you follow the taboo, you are afraid of problems in the future. sure or not sure (doubtful), because some are myths, some are facts too, meaning some are really children like that when they are eccentric, some are not. Just be normal
	<i>Belief in food taboos</i>	Just be sure, because it feels the same for us, right? My parents said I'm abstaining, so I'm abstaining, I'm afraid of having a miscarriage, right? Yes, I'm sure, I'd love to have an example like that Just be sure, because it feels the same for us, right? My parents said I'm abstaining, so I'm abstaining, I'm afraid of having a miscarriage, right?
	<i>Lack of literacy</i>	I don't know, because I never asked the doctor, then the doctor never told me I don't know, because I rarely go to POSYANDU either. So, just obey your parents.
<i>Lack of Self-Efficacy</i>		

<i>Social Persuasion</i>	<i>cross-generational influences</i>	<p>No, I rarely go to the doctor when I'm pregnant.</p> <p>Of course, from my parents, from my mother when she was pregnant, she was often told not to eat this, not to eat that. Even though the doctor said it was okay and I saw it on YouTube, I followed my parents' advice.</p> <p>People's words never go wrong, what people said in the past is always true.</p>
	<i>individual beliefs</i>	<p>I prefer not to eat foods that are forbidden by my parents, even though the midwife says it is okay</p> <p>I'm really sure, because I've felt sick myself, so I believe more in what the midwife or doctor says. I trust my parents more, because if I go to the midwife just to check, that's what I feel.</p> <p>Just be sure, because it's like it's already in your head even if you don't tell me about it. Sometimes I also tell you.</p>

Convergence and Divergence Analysis

There are important findings that are compared, where self-efficacy is closely related to a person's confidence in carrying out tasks. Some of the respondents view food taboo as information that is developing and a myth that continues to be inherited. So they also consider food taboo to be a problem during pregnancy or after pregnancy.

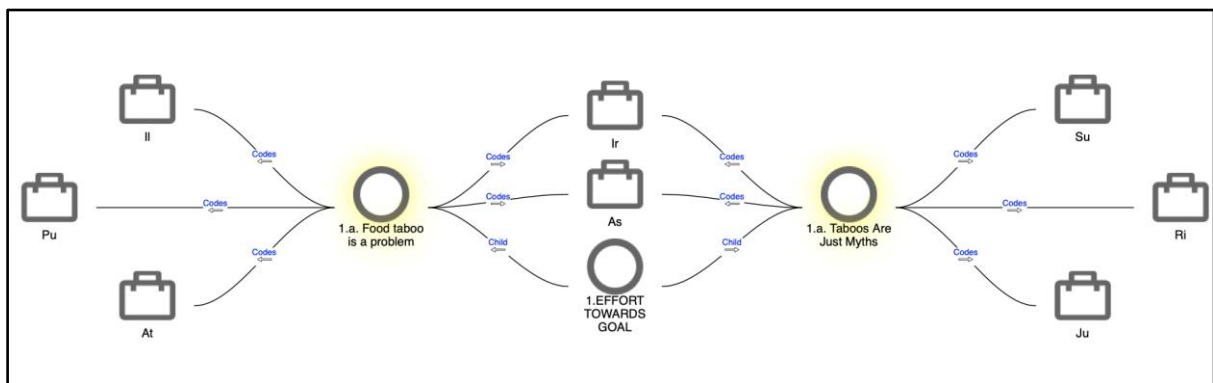


Diagram 2 Positive outlook

They are not free to consume food including foods recommended by medical personnel. As stated by respondents:

“Now is the era of midwives, so there are medicines and herbal medicine. So I can eat anything. So if you follow the taboo, you are afraid of problems in the future. (As.a)”

In addition, an important finding is that for the majority of respondents (11 respondents), food taboos develop across generations and are greatly influenced by the beliefs of parents as the previous generation. They inherit and pass it down (food taboo) continuously, even their children who later become parents feel confident that they will pass on the information to the next generation (see diagram 3.2).

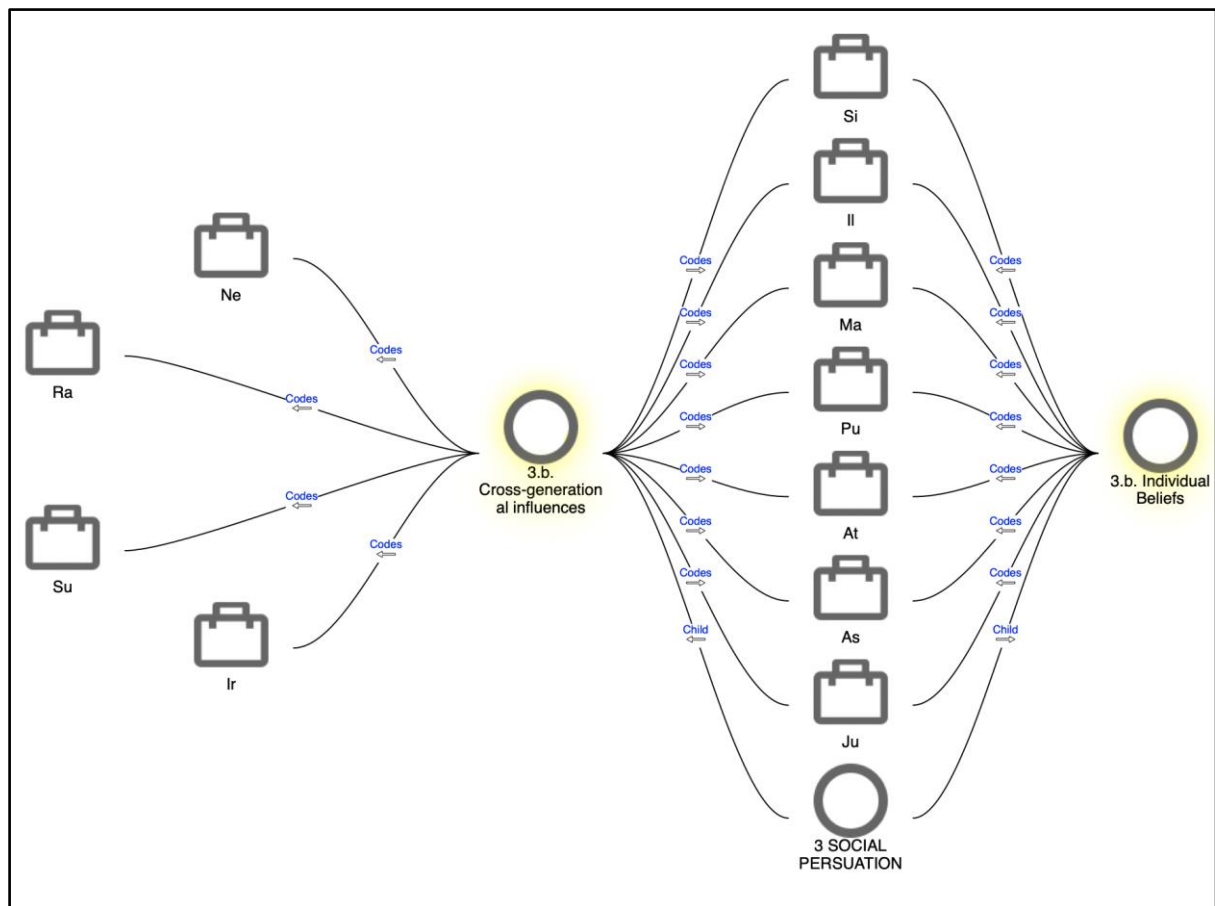


Diagram 3 Social Persuasion

Based on the diagram, 7 respondents have strong individual beliefs regarding food taboos, However, this belief is determined by strong factors from parents. In fact, there were several respondents who had the perspective that information from their parents previously had more power and validity that could be accounted for compared to medical information sources.

“I prefer not to eat foods that my parents have forbidden, even though the midwife says it's okay”. (At.a)

“Even though the doctor said it was okay and I saw it on YouTube, I followed my parents' advice.” (At.b)

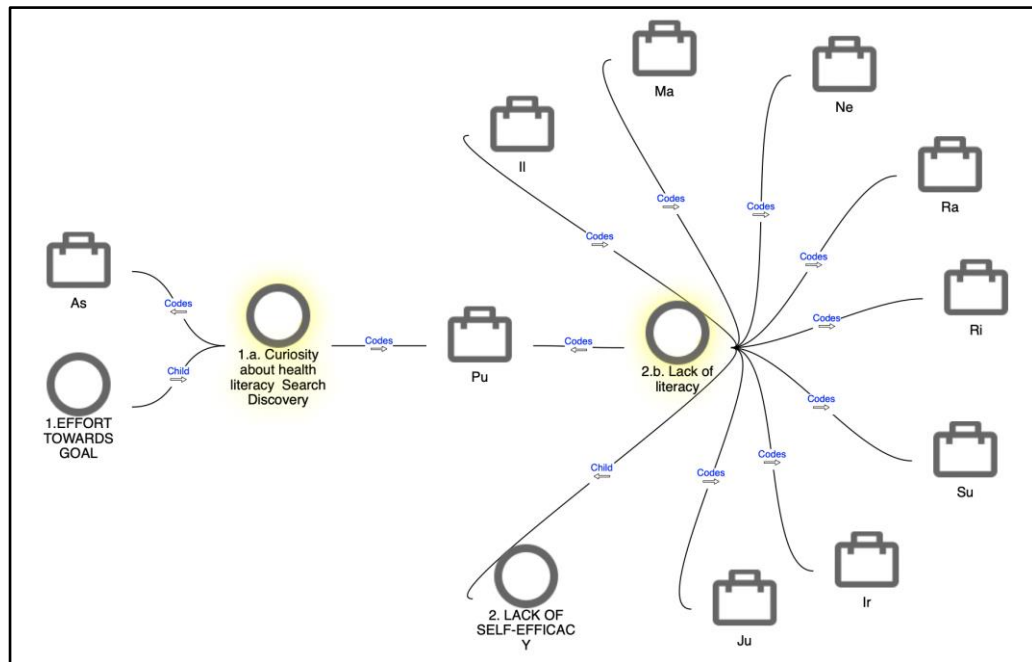


Diagram 3.3. Divergent analysis of Curiosity and lack of literacy

The power of inherited information from the past is one of the things that determines the presence of food taboos in the community environment (see diagram 3.3). Those who live in the coastal area of Karangantu harbor also have quite strong taboos on food, including seafood (fish, crab, squid). They think that after eating seafood it will cause "fishy blood" or the baby will smell fishy. Although on the coast the main profession of the head of the family is generally a fisherman.

The condition of food taboo, especially the prohibition on seafood, was found in the community from the Sundanese-Javanese ethnic group (Cirebon, Indramayu). However, participants from the Bugis ethnic group considered that there were no prohibitions at all during pregnancy and post-pregnancy, where participants felt that fish was a food that must be eaten every day. In addition to the tradition of the Bugis people (on the Karangantu Coast) who like to eat fish, meaningful information is also passed down regarding the need for food taboos. The previous generation (Bugis people) convinced their descendants that during pregnancy and post-pregnancy it is good to consume nutritious foods such as fish.

Another key finding is that the literacy obtained by respondents regarding food needs is very low, where they are more confident in the advice of previous generations. In addition, there are not many respondents' efforts to find out information about foods that can and cannot be consumed during pregnancy. Including looking for information through social media, the internet and other reading sources. However, there are respondents who have a high curiosity identified in those who try to find out information and follow the guidance of medical personnel.

"Because we are not living in the old days anymore.

I know the information from the midwife, diligently checked, diligently given directions, searched on the internet. The posyandu cadres also." (Aa.a)

The respondent believes in the latest information about important foods to eat, even fish is one of the foods needed by her during pregnancy. This habit is different from other respondents with the same characteristics (fishermen, housewives, elementary school education). However, high curiosity strengthens her to seek information independently and is willing to come to the Posyandu Cadre available in the nearest area. Posyandu in the

Indonesian context is a health center that runs every month with placement in the smallest area (sub-district or village).

QR1: Social persuasion

A person's beliefs can be influenced by various factors, where social construction also plays a role in beliefs. Individuals are given advice and direction to create a belief in something that is done. Where individuals who are given advice by the social environment tend to maintain their beliefs rather than changing beliefs, even compared to keeping doubts in the individual. Even the social persuasion that occurs will be more difficult in instilling beliefs in individuals compared to weakening them. Where growing self-efficacy that is considered unrealistic will be lost very quickly and ignored because of unsatisfactory results.

The individual's belief is determined by the information conveyed, where the statement of an informant will bring about a change in a person's behavior. Especially if the information is conveyed by a trusted person. Pendapat Chaiken et al. (1996) argues that a person's behavioral and speech arguments in public will usually influence changes in individual behavior to conform to public actions. As in the findings of this study, information from parents previously had more power and validity that could be accounted for compared to medical sources of information.

In this context, a person who shares information, such as a parent's motive for conveying information to their child, is because of concern (Falk & Scholz, 2018). In addition, the informant's perspective feels that it is important to convey information for various reasons, such as being valuable to the recipient, caring about the recipient, or the informant feeling that they will have a better self-image after providing the information (Clark & Kashima, 2007). Also from the perspective of the recipient of information they generally feel sensitive to the social consequences of their behavior (Lavine & Snyder, 1996).

The findings (see diagram 3.2) show that food taboos that develop in society occur systematically in social construction. The previous generation considers information about food taboos, including food taboos, as important information to be passed on. On the other hand, a child who is pregnant will consider information about food taboos to be carried out because they are afraid of the social consequences that have developed, this happens because parents become models for the next generation (Maulia et al., 2024).

QR2: Self-efficacy before and after food taboo

Self-efficacy provides high motivation in achieving goals, including life goals and other planned small goals. In addition, it determines problem solving and the speed of recovery from failure. This aspect is included in the motivational process involving causal attributions, outcome expectancies, and cognized goals. It is important for someone to have self-efficacy, especially during pregnancy and postpartum. The stronger a person's self-efficacy, the higher the challenge of the goals people set for themselves and the stronger their commitment to those goals (Bandura & Wessels, 1997).

The findings show that some respondents have a different perspective from their predecessors who believe in food taboos such as food prohibitions during pregnancy. Where those who have access to education, information, and good health services have the perspective that food prohibitions are something wrong (see quotes Aa.a). Where food prohibitions are myths that continue to be inherited, compared to following the prohibitions they focus more on the health of the mother and child. This change in belief is a positive trend influenced by a positive environment. Thus providing important support for their self-efficacy. The presence of strong motivation to achieve planned goals is an inseparable part of self-efficacy.

The findings of this study show that most respondents with strong beliefs about food taboos feel that they cannot complete their pregnancy tasks well enough when they do not follow the food taboos inherited from their parents. These findings also show that mothers who believe that food taboos are inherited truths are those who lack access to information on health services or the internet. In such conditions, the strength of couples in the family is needed to understand the situation and provide each other with positive information, especially in early adult couples including coping in adolescents (Erwinda, 2016; Mulyawan et al., 2023). Including the need for continuous education to avoid undesirable conditions such as stunting (Nur et al., 2024; Rini et al., 2022; Sari et al., 2024).

The power of food taboos across generations is also an interesting concern, that as the previous generation who had information about food taboos wanted that information to reach them. Where the previous generation had strong self-efficacy, it was found in Shaari et al. (2014) that the concept of self-efficacy is a factor that can moderate knowledge sharing to the public. It was also found that self-efficacy, as an independent variable as well as a mediator, significantly influences knowledge sharing (Safdar et al., 2021).

Conclusion

Social interventions that develop in each generation have an impact that continues to be believed by those who do not reconfirm its truth. Food taboos related to food prohibitions in the coastal communities of Karangantu continue to be present in the culture of people's lives, especially during pregnancy. Even taboos become norms of life, where when violated, be prepared to be overshadowed by the consequences.

In the era of technology and information acceleration, it is not immediately true that someone will believe in new things. Also, health services do not present significant changes in behavior, even the level of education is not a determinant of someone leaving the food taboo zone. Parents as a generation of information providers become a source that is believed by those who will become parents in the future. In addition, those who are ready to share information tend to have high self-efficacy both during pregnancy and after. Then when someone receives new information that was previously not believed, there is a risk of a lack of self-efficacy.

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Author Contributions Statement

This research is a collaboration between lecturers and students. MFTM as first author developed the idea and direction of the research, controlled the quality of research implementation and data collection. IR as a second author carried out data analysis based on research evidence and collected supporting references. NK as a third author assisted in collecting data and in compiling research findings.

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