Structural Equality Model the Influence of Socio-Cultural and Socio-Economic Status on Postpartum Status in Way Kanan District

Sutarto[1], Ratna Dewi Puspita Sari[2], Reni Indriyani[3]

[1] Postgraduate Doctor of Environmental Sciences, University of Lampung, Indonesia

[1] Department of Community Medicine and Public Health, Faculty of Medicine, University of Lampung, Indonesia

[2] Department of Obstetrics and Gynecology, Faculty of Medicine, University of Lampung, Indonesia

[3] Tanjunkarang Health Polytechnic, Lampung, Indonesia

ARTICLE INFO	ABSTRACT
Published Online: 28 February 2022	**Objective:** This study aims to explain postnatal health status which is influenced by socio-cultural, socio-economic conditions, and health services in the family. **Methods:** The research location is in Way Kanan, Lampung Province, using quantitative descriptive methods. Housewives who live in Way Kanan in 2015 – 2020 as a population. The sample size assumes the number of question indicators in the questionnaire (31 indicators), each indicator assumes 5-10 respondents. Analysis of the influence between variables and indicators using SEM (structural equation modeling) analysis. **Findings:** Economic status has a positive effect on the health of the home environment and maternal health during pregnancy. Socio-culture has a positive effect on the health of the home environment, the health of pregnant women, and postpartum health status. The health of the home environment has a positive effect on postnatal health status. Postnatal health status is influenced by socio-economic, socio-cultural, health services, and environmental health (84.1%), while the rest (15.9%) is influenced by other factors. **Conclusion:** The better the economic status of the family, the better the health condition of the home environment. The better the socio-cultural support will improve the health condition of the home environment. The better the economic status of the family, the health during pregnancy will increase. Support for good socio-cultural aspects will improve postnatal health status. The better the health condition of the home environment, the better the postnatal health status.
Corresponding Author: Sutarto	
KEYWORDS: Postpartum, Culture, Economy	

INTRODUCTION

Research into cultural practices as a cause of maternal and infant mortality has been carried out in Nigeria and other parts of sub-Saharan African society. Furthermore, in Rivers State (Ibani society) that the incidence of maternal mortality increases is influenced by socio-cultural factors (1). Maternal mortality due to complications of pregnancy or childbirth from 2000 to 2017, globally decreased (38 percent) from 342 deaths to 211 deaths per 100,000 live births (2), However, the maternal mortality rate still needs attention from the government because this indicator is an assessment of the success of development in the health sector (3). Maternal mortality has a detrimental impact on the socio-economic development of the country. According to the World Health Organization, about 830 women die every day, related to pregnancy and childbirth, and 99% of these conditions occur in developing countries (1).

The quality of maternal health services is one of the most important factors in efforts to prevent and reduce maternal and child mortality. Maternal health status after childbirth is in good condition, is a door of hope to prevent maternal deaths related to childbirth. Maternal and child health programs are one of the main priority programs for health development in Indonesia. The prioritized programs are health care programs for pregnant women, mothers in labor, infants, and neonates (4). One of the causes of maternal death plays a role in the incidence of complications, one of which is the family's economic status (5). One way to reduce maternal and child mortality and morbidity is through efforts to improve service quality and maintain continuity of maternal and child health services from the basic level to primary referral services (4).

The period of 1000 HPK (first day of life) is a very

important period for life, especially for children, because if the nutritional needs of the mother and health status during pregnancy are not met properly, future children will be born. will be at risk of illness (6). So that by maintaining the health status of pregnant women will have a positive impact on preventing maternal mortality and getting the quality of babies born healthy and normal (7). Pregnancy complications can occur due to delays in making decisions to determine health services. This situation is one of the habits of some husbands who do not care and do not support obtaining health services during pregnancy (8)

Approximately 99% of maternal deaths occur in low- and middle-income countries and a third occur in South Asia (9). The economy plays a role in nutrition, low incomes and rising food prices as well as the financial crisis that affects household nutrition, resulting in a shortage of various nutrients in the family (10). In addition, the type of food in some places depends on cultural beliefs, knowledge, and perceptions (10). The socio-cultural life of women in Indonesia believe that eating fish will make their breast milk smell and taste bad, and there is a belief that limiting eating will make childbirth easier (11,12). Asian women have always practiced various cultures and traditional practices during pregnancy, labor and delivery (11).. The services of traditional birth attendants tend to be in demand due to economic considerations, beliefs, cultural traditions, and very easy access (12,13). Risk factors that influence maternal mortality are irregular maternal care during pregnancy, poor hospital infrastructure, low quality of village health workers, and late referrals (14). The quality of maternal health services in Indonesia is still low, in the form of competence-discipline, and the lack of stock of drugs and medical devices, are the main factors assessed in inadequate health services, especially in clinical practice. This factor is due to the low level of supervision and monitoring, besides that health workers do not combine skill competencies with interpersonal and cultural competencies (9).

The consequences of maternal mortality will have an impact on weakening the socio-economic development of the country so it is important for the government to improve maternal health and eradicate poverty to ensure sustainable development (1). Health services by village midwives and low community participation are related to the condition of community behavior in terms of finding places for maternal and child health services and the absence of special services such as health promotion because the workload of village midwives is too much (9).

From the description above, the status of postnatal health services can be influenced by socio-cultural, socio-economic conditions and health services obtained in a family. Various

socio-cultural conditions in each region have both positive and negative values, as well as socio-cultural and health services obtained during pregnancy and childbirth. Considering the simultaneous analysis, using Structural Equation Modeling (SEM) analysis will provide a comprehensive explanation of socio-cultural, socioeconomic and service variables during pregnancy. The purpose of the study was to explain the effect of socio-cultural, socio-economic and health services on postpartum status in Way Kanan Regency.

METHOD
The research location is in Way Kanan Regency, Lampung Province, using quantitative analytical descriptive methods. A quantitative research approach based on target observations using a questionnaire. Data analysis was quantitative/statistical, with the aim of testing established hypotension. This quantitative approach is used by researchers to measure the level of success in an influence.

Direct data collection from security results and interviews with respondents (using questionnaires) related to variables of social status, economic status, maternal health services and postnatal health status. Influence variables in the form of socio-cultural, socio-economic conditions and health services during pregnancy that have been received by respondents on postnatal health status. Data analysis using SEM (Structural Equation Model) Amos.

The population is housewives who live in Way Kanan Regency from 2015 to 2020 who are recorded at the local Puskesmas. Housewives are the main source of information on socioeconomic status, socio-culture, health services during pregnancy and childbirth, who have children under the age of five. The sample size uses the assumption of the number of question indicators on the questionnaire. The number of samples for Amos SEM analysis is 5 – 10 times per number of indicators (15). The number of indicators for socio-economic variables is 7 indicators, socio-cultural variables are 7 indicators, health service variables for pregnant women are 7 indicators, environmental health variables are 5 indicators and maternal health status is 5 indicators so that the number of indicators is large. big. big. big. is 31, based on the calculation of the number of samples, the minimum sample size is between 155 and a maximum of 310 respondents. The sampling technique used was the proportional random sampling method based on the number of mothers who were the targets of the maternal and child health program. List of mothers registered at posyandu or puskesmas.
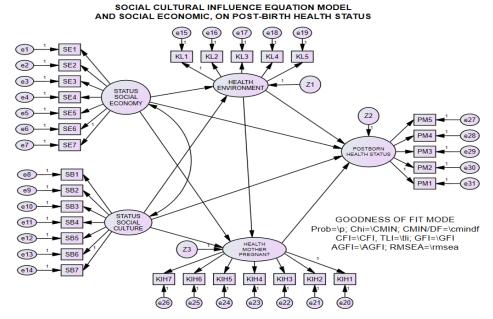
Figure 1: Model Concept - Development of the Prado

The independent variables (exogenous constructs) as influencing variables are socioeconomic status and cultural status. Indicators used to measure socioeconomic status using instruments based on job groupings, job rating scales, achievement ratings, social class assessment participation methods, social status scales. Measurements are in the form of factual figures, relating to education, position or work, income in the form of salary, turnover of work results, ownership of valuables, movable and immovable goods or objects, as well as pets with economic value (16). In Aggarwal's research, measurement of family socioeconomic status with indicators of income, education, occupation, ownership of electronic goods, type of house, vehicle, number of children, home facilities, children's education, housemaid, location of residence, land ownership, livestock ownership, and total income (17). Data on economic status variables were collected through interviews/direct observations to describe socioeconomic conditions and measured by 7 indicators: income (SE1); education of the head of the family (SE2); work (SE3); family electronic ownership (SE4); house type (SE5); vehicle ownership (SE6); and home facilities (SE7).

Materials for measuring socio-cultural status with indicators include early marriage because Indonesia is a country with the highest percentage of early marriages in the world (18), myths among pregnant women regarding prohibitions and recommendations that should not be violated (19), cultural behavior in the provision of complementary feeding (10), traditional practices during pregnancy and childbirth (11), belief in eating fish (11,12) and traditional birth attendants as shamans (12,13). Thus the measurement of socio-cultural status is assessed from the habits of the mother (family) as a local habit as measured by 7 indicators, namely

the habit of sending (SB1); early marriage (SB2); sibling marriage (SB3); prohibition of eating (SB4); prohibition of action (SB5); grandparents' caregivers (SB6); and the behavior of using the services of a birth attendant (SB7).

The dependent variable (endogenous construct), as a variable that has a direct effect on postnatal health status (SKPM), is the variable of health services during pregnancy (KIH) and health of the home environment (KL). Services for pregnant women are measured by interviewing respondents with indicators regarding antenatal care services during the pregnancy process (20).. Indicators of health services for pregnant women are the use of the MCH Handbook (KIH1); antenatal care (KIH2); body mass index (KIH3); upper arm circumference (KIH4); history of diabetes mellitus (KIH5); history of anemia (KIH6); distance to health services (KIH7). The health condition of the home environment can be seen from sanitation, garbage disposal, house floors, contaminated food, and firewood (21), so the indicators of home environmental health are healthy houses (KL1), waste management (KL2), waste management (KL3), clean water management (KL4), and latrine management (KL5).

Measurement of postnatal health status, including a history of complications and bleeding during childbirth (22), a history of long labor since the onset of pain (23). Postnatal health status is measured by 5 indicators, namely stress (PM1); bleeding complications (PM2); prolonged labor (PM3); parity (PM4); delivery type (PM5).

Each indicator is assessed with a Likert scale of 5 criteria (score 1-5). Furthermore, the model is the result of the development of the Prado model concept in 2019 (Figure 1), that postnatal health status is influenced by socio-economic conditions, culture, and health services during pregnancy (24).

Starting from the Prado concept, the structural equation modeling (SEM) analysis process is carried out through stages, the CFA (Confirmatory Factor Analysis) measurement model, the model assumption test stage, the Goodness of fit mode test stage with probability criteria more than 0.05; Chiquare with low value; The chi-square value divided by degrees of freedom (CMIN/DF) is less than 2, the Comparative Fit Index (CFI) value is more than 0.95; Tucker-Lewis Index (TLI) value is more than 0.95; the Goodness of Fit Index (GFI) value is more than 0.90; The Adjusted Goodness of Fit Index (AGFI) value is more than 0.90 and the Root Mean Square Error of Approximation (RMSEA) value is less than 0.8 (15,25,26). Measurement Confirmation Test (CFA Analysis), is a model test to test the validity and reliability of indicators on each variable. The measurement model testing on each variable consists of the measurement model specification, goodness of fit measurement model testing, variable validity testing, and variable reliability testing. Furthermore, the complete model is a model that explains the influence on each variable and indicator which is carried out through the SEM analysis test so that the best model is obtained.

RESULTS

The initial stage of testing is to confirm the measurement of exogenous constructs, namely the variables of economic status and cultural status. The specification of the indicator confirmation test results, all indicators are valid (loading factor more than 0.5) so that all indicators of economic status and cultural status variables can be maintained in the measurement model. Then through 2 stages of testing to get the best exogenous construct measurement model (goodness of fit mode), the fit model criteria have not been met so further testing needs to be done to get the best model by eliminating several indicators on exogenous construct measurement. model so that the model is goodness of fit. The final results of the measurement confirmation test can be seen in Figure 2.

In Figure 2, to get the goodness of fit mode with the results of all criteria being met, through the elimination of 3 (three) indicators, namely sibling marriage (SB3); prohibition of eating (SB4); and the prohibition of actions (SB5). The three indicators analyzed are not valid for measuring cultural variables. In the economic status variable, there is a relationship between the error values between e4 and e6, this condition allows for variations in the relationship that are almost the same in the respondents' answers to SB4 and SB5 indicators.

The measurement of socio-economic status in the family contains 7 indicators, namely income, education, occupation, family electronic goods ownership, type of house, and vehicle (17), with a note that indicators of family electronic goods ownership (SE4) and vehicle ownership (SE6) have a tendency to vary answers respondents are the same and close to the relative value of similarity, this condition indicates that the indicator contains the ownership of a family item.
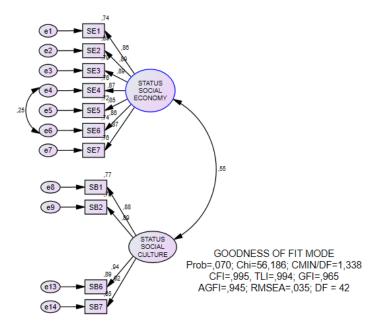

Figure 2: Model Specifications of Confirmation Factor Analysis Results and the results of the goodness of fit test stage 2

Furthermore, the test confirmed the measurement of endogenous constructs on environmental health variables, services for pregnant women, and postnatal health status. In the endogenous construct test results, the loading factor values are all above 0.5 but the best model has not yet been formed.

In order to get the endogenous construct with the best model, some indicators are removed through the mechanism following the suggestions given by the system in the application, as shown in Figure 3.
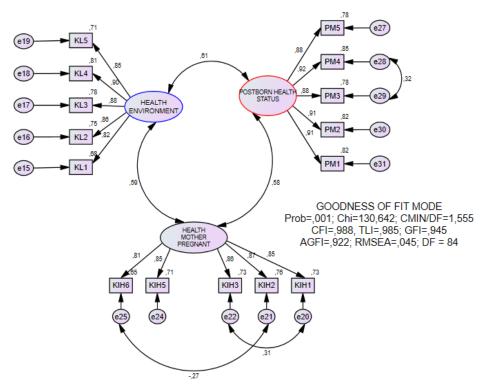

Figure 3: Model Specifications of Confirmation Factor Analysis Results and goodness of fit test results

To get the best model in the CFA test for endogenous constructs, it is necessary to eliminate several measurement indicator variables, namely the service variable for pregnant women, the KIH4 indicator (upper arm circumference), and the correlation between the error variables e25 and e21; correlation of error variables e22 and e20; correlation of error variables e28 and e29. From the results of the goodness of fit test of the advanced model in Figure 3, in the construct measurement model, that the construct measurement model has met the criteria for a good goodness of fit model.

The model generated from the 2-stage analysis process is a process to get the best model. Postpartum health status can

be explained by the influence of socio-economic, socio-cultural and health services for pregnant women on the status of postpartum services. Based on the results of the validity and construct reliability tests, the results of the analysis show that all indicators in each construct are valid in measuring the construct because they already have a loading factor > 0.5. Furthermore, the analysis results also show that all constructs in this SEM analysis model are reliable because they have CR > 0.7 and AVE > 0.5.
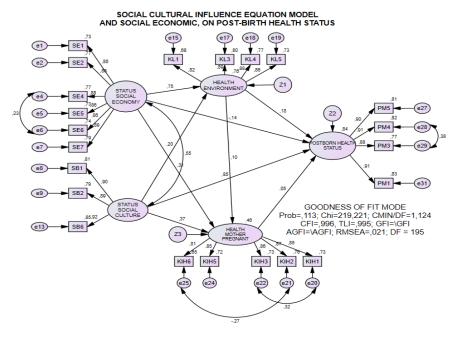
Figure 4: Complete Model and good of fit test results

The normality test in SEM analysis is intended to determine whether the distribution of the study is normal or not for each variable. Evaluation of normality is done by looking at the value of cr skewness or cr kurtosis, the data is said to be normally distributed if the value of cr skewness or cr kurtosis is below the absolute value of 2.58. In testing the measurement model in Figure 4, the results of the criteria that meet the requirements of the best model are obtained, as shown in table 1.

Table 1. Complete Model Suitability Test Results

Item	Goodness of Fit Indices	Cut – Off Value	Result	Description
1	X2- Chi Square	Small Value compared to Table (DF 195 =261,7)	219,642	good
2	Probabilitas	≥ 0,05	0,113	Very good
3	CMIN/DF	≤ 2,00	1,124	good
4	RMSEA	≤ 0,08	0,045	good
5	GFI	≥ 0,90	0,945	good
6	AGFI	≥ 0,90	0,922	good
7	TLI	≥ 0,95	0,985	good
8	CFI	≥ 0,95	0,988	good

The conformity test has been carried out and all criteria have met the requirements (table 1). Before concluding a model that fits the goodness of fit model criteria, it must first meet the evaluation requirements of SEM analysis, namely the number of samples, free of outlier data in the model and data that are normally distributed, both univariate and multivariate, where there is no multicollinearity. The minimum sample size for SEM analysis with the Maximum Likelihood estimation method is 5-10 times the number of indicators (15) in this study 31 indicators with a sample of 277 respondents. The data is normally distributed with the value of cr skewness or cr kurtosis below the absolute value of 2.58 (15), in this study the multivariate normality test was -0.545.

DISCUSSION

From the calculation of the determinant of the sample covariance matrix, it can be seen that the value of the determinant of the sample covariance matrix of 0.000 is close to zero. Thus it can be concluded that there is no multicollinearity and singularity in the data of this study, and other SEM assumptions are met (26).

The results of testing the structural model in Figure 4 get answers to 6 (six) hypotheses, namely the influence of independent variables on postpartum health status in table 2.

Table 2. Hypothesis Results

Item.	Variable			Estimate	S.E.	C.R.	p-value	Information
1.	Socio-economic	→	Environmental Health	0,717	0,056	12,876	0,000	Accepted
2.	Socio-cultural	→	Environmental Health	0,169	0,039	4,343	0,000	Accepted
3.	Environmental Health	→	Maternal health during pregnancy	0,1003	0,130	0,788	0,431	Rejected
4.	Socio-economic	→	Maternal health during pregnancy	0,320	0,116	2,767	0,006	Accepted
5.	Socio-cultural	→	Maternal health during pregnancy	0,325	0,060	5,446	0,000	Accepted
6.	Socio-cultural	→	Postpartum health status	0,872	0,059	14,821	0,000	Accepted
7.	Environmental Health	→	Postpartum health status	0,221	0,101	2,194	0,028	Accepted
8.	Maternal health during pregnancy	→	Status Postpartum health status	0,057	0,054	1,040	0,298	Rejected
9.	Socio-economic	→	Status Postpartum health status	-0,169	0,091	-1,858	0,063	Rejected

Table 2 shows that all latent variable paths can significantly explain the influence and model paths with p-value < 0.05. There are six identified paths that can explain the influence of the determinants, namely "Economic status has a positive effect on the health status of the home environment", "Socio-culture has a positive effect on the health status of the home environment". ", "Socio-economic has a positive effect on health services for pregnant women", "Socio-culture has a positive effect on health services for pregnant women", "Socio-culture has a positive effect on postnatal health status" and "health status of the home environment has a positive effect on health status. after giving birth". Then the rejected hypotheses were the influence of the health status of the home environment on the health services of pregnant women, the influence of the health services of pregnant women on the health status of the puerperium, and the socio-economic influence on the health status of the postpartum mothers.

Furthermore, for the standard value of the largest weight regression, there are socio-cultural variables that can affect the postpartum health status variable with a coefficient of 0.851 (85.1%). This condition is in line with Michaelsen's research that the socio-cultural conditions of Indonesian women believe in cultural beliefs, namely, among other things, eating mother fish will make their breast milk smell and taste bad. Asian women always practice various cultures and traditional practices during labor, and after childbirth. Even in labour, they choose traditional birth attendants for financial reasons and feel more comfortable and patient ((10–13). The socio-culture of a place will have an impact on the health status of pregnant women, the low level of consumption of marine fish as a source of animal protein during pregnancy in Kota Agung District, Tanggamus Regency, due to appetite disorders, due to clinical symptoms (27) even though this area is a producer of marine fish. The socioeconomic status of a family can determine the choice of health services, including in obtaining health services for pregnant women. Social determinants (represented by education and per capita income), housing conditions (represented by ventilation and house density indices), and household food security (represented by the food budget) all influence disease incidence, including postnatal health status. Social determinants, either directly or through disease risk factors, influence disease incidence (28). Cultural restrictions on eating orange/yellow fruit during pregnancy may affect daily micronutrient requirements (29).

The results of the quadratic analysis of the multiple correlation value of the postnatal health status variable of 0.841, this indicates that 84.1% of postnatal health status is influenced by socio-economic status, socio-cultural status, health services for pregnant women, and environmental health, while the rest (15,9%) postnatal health status is influenced by factors other than these variables. Further results show that the R square value of the pregnant women's health service variable is 0.459, indicating that 45.9% of pregnant women's health services are influenced by cultural status. The variable of home environmental health with R square 0.764 shows that 76.4% of the health of the home environment is influenced by

the socio-cultural family. In certain socio-cultural conditions, the family also plays a role in fulfilling clean water facilities and other sanitation facilities for the prevention of diseases that can affect postnatal health status (10,11,13). In prenatal care and delivery, choosing a traditional birth attendant is very reasonable, because the cost of giving birth by a traditional birth attendant is more economical, in addition to trust, hereditary traditions, and the ease of obtaining benefits (12,13). The results of a qualitative research by Nurbaiti et al., customary in a region in Indonesia, that the concept of food for the Sasak people, the only food that can be filling and fattening is rice. Side dishes and vegetables only serve as flavoring and smoothing. This concept also applies to food intake in pregnant women. The concept of eating full is unthinkable by most of the mothers regarding the composition of the menu or the nutrition of the community. The Sasak people are strongly influenced by their customs and culture, including the first 1000 days of life (6). Factors associated with an increase in postpartum depression include mothers who have experienced abortions, newborns with low birth weight, premature births, unplanned pregnancies, no follow-up of ANC services, and PNC (30).

From the results of SEM analysis, it can also be made a mathematical equation of the influence of the determinants on the stunting status of children, based on the value of Standardized Regression Weights and determinant coefficients that have accepted hypotheses, namely:

Equation 1: home environment health = 0.747*social economy + 0.203*social culture + 0.236

Equation 2: Health of pregnant women = 0.312* socioeconomic + 0.365* socio-cultural + 0.541

Equation 3: postnatal health status = 0.851*social culture + 0.179* home environment health + 0.159

Social culture about maternal mortality in the form of blood loss, miscarriage, difficulties during childbirth, and maternal health. To reduce the problem of socio-cultural practice by providing education to maternity mothers and the government must enforce the law against those who still carry out bad traditions to maternity mothers and the government must ensure that services for maternity mothers are cheap so that they can go to the hospital (31). Socio-cultural and economic values in patriarchal beliefs in Indonesian society are still strong. These beliefs, among others, are that the role of men is only to earn a living and not do household chores, thus influencing the attitude of the male partner not to help postpartum mothers at home because some husbands are ashamed and demean their dignity. Patriarchal beliefs greatly affect Indonesian male couples in providing support only to work to meet family needs (32).

CONCLUSION

Economic status has a positive effect on the health status of the home environment, the better the economic status of the family, the better the health condition of the home environment. Socio-culture has a positive effect on the health status of the home environment, the better the socio-cultural support in an effort to improve family health and improve the health conditions of the home environment. Socio-economic has a positive effect on health services for pregnant women, the better the economic status of the families of pregnant women, the better the health services obtained during pregnancy. Socio-culture has a positive effect on health services for pregnant women, as well as the better the support for socio-cultural aspects, the higher the degree of health. The health status of the home environment has a positive effect on postnatal health status, the better the health condition of the home environment will increase postnatal health status.

REFERENCES

1. Olonade O, Olawande TI, Alabi OJ, Imhonopi D. Maternal mortality and maternal health care in Nigeria: Implications for socio-economic development. Open Access Macedonian Journal of Medical Sciences. 2019 Mar;7(5):849–55.

2. Unicef forevery child. Maternal mortality [Internet]. Unicef. 2019. Available from: https://data.unicef.org/topic/maternal-health/maternal-mortality/

3. Mawarni E, Hamzah A, Indra. Operasional Kesehatan (BOK) Terhadap Pembangunan Kesehatan Masyarakat Di Puskesmas Dalam Kabupaten Aceh Besar. Juranal Ilmu Ekonomi. 2014;2(1):60–9.

4. Subiyatun S. Gambaran pemanfaatan buku kesehatan ibu dan anak (kia) oleh ibu hamil. Jurnal Kebidanan dan Keperawatan. 2017;13(2):203–9.

5. Kusumawardani A, Handayani S. Karakteristik Ibu dan Faktor Risiko Kejadian Kematian Bayi di Kabupaten Banjarnegara. Jurnal Promosi Kesehatan Indonesia. 2018;13(2):168.

6. Nurbaiti L, Adi AC, Devi SR, Harthana T. Kebiasaan makan balita stunting pada masyarakat Suku Sasak: Tinjauan 1000 hari pertama kehidupan (HPK). Masyarakat, Kebudayaan dan Politik. 2014; 27(2):104–12.

7. Mohamadou G. Children Development and Socioeconomic Status of Parents: An Analysis of Families in the Far North Region of Cameroon. European Scientific Journal, ESJ. 2017;13(26):331.

8. Sri H, Mubarokah K. Kondisi Demografi Ibu dan Suami pada Kasus Kematian Ibu. Higeia Journal of Public Health Research and Development [Internet]. 2018;3(5):99–108. Available from: http://journal.unnes.ac.id/sju/index.php/higeia

9. Rosyidah H, Koning K De, Ormel H. Quality of maternal health care in Indonesia. Journal of Health Technology Assessment in Midwifery. 2019; 2(1):10–22.

10. Michaelsen KF, Stewart CP, Dewey KG, Onyango AW, Iannotti L. Contextualising complementary feeding in a broader framework for stunting prevention. Maternal & Child Nutrition. 2015;9(Sp2):27–45.

11. Withers M, Kharazmi N, Lim E. Traditional beliefs and practices in pregnancy, childbirth and postpartum: A review of the evidence from Asian countries. Midwifery [Internet]. 2018;56(March 2017):158–70. Available from: https://doi.org/10.1016/j.midw.2017.10.019

12. Agus Y, Horiuchi S, Porter SE. Rural Indonesia women ' s traditional beliefs about antenatal care. BMC Research Notes [Internet]. 2012;5(1):1. Available from: BMC Research Notes

13. Titaley CR, Hunter CL, Dibley MJ, Heywood P. Why do some women still prefer traditional birth attendants and home delivery?: A qualitative study on delivery care services in West Java Province, Indonesia. BMC Pregnancy and Childbirth [Internet]. 2010;10(43):2–14. Available from: https://www.ncbi.nlm.nih.gov/pubmed/20701762

14. Prihesti US, Nurdiati DS, Ganap EP. Tren dan Faktor Risiko Kematian Maternal di RSUP Dr.Sardjito Yogyakarta tahun 2012-2017. Jurnal Kesehatan Reproduksi. 2019;6(2):44.

15. Ghozali I. Model Persamaan Struktural Konsep dan Aplikasi dengan ProgramAMos 2.4. VII. Tejokesumo A, editor. Semarang: Badan Penerbit Universitas Diponegoro; 2017. 1–392 p.

16. Sudarsono FX. Pengukuran status sosial ekonomi danpermasalahannya. Populasi. 1990;2(1):21–7.

17. Aggarwal OP, Bhasin SK, Sharma AK, Chhabra P, Aggarwal K, Rajoura OP. A New Instrument (Scale) for Measuring the Socioeconomic Status of a Family : Preliminary Study. Indian Journal of Community Medicine. 2005;30(4):111–4.

18. Widyawati E, Pierewan AC. Determinan Pernikahan Usia Dini Di Indonesia. SOCI - Jurnal Ilmu-ulmu Sosial. 2017;14(4):55–70.

19. Umayah P, Sinaga RM, Ekwandari YS, Unila F, Prof J, No SB, et al. Mitos Bagi Wanita Hamil pada Masyarakat Suku Jawa di Desa Muara Aman. Jurnal Pendidikan dan Penelitian Sejarah. 2019;7(2):35–40.

20. Kementerian Kesehatan RI. Buku kesehatan ibu dan anak. Jakarta: Kementerian Kesehatan RI; 1997.

21. Vilcins D, Sly PD, Jagals P. Environmental Risk Factors Associated with Child Stunting : A Systematic Review of the Literature. Annals of Global Health. 2018;84(4):551–62.

22. Larasati AD, Nindya ST, Arief SY. Hubungan antara Kehamilan Remaja dan Riwayat Pemberian ASI Dengan Kejadian Stunting pada Balita di Wilayah Kerja Puskesmas Pujon Kabupaten Malang The Correlation Between Adolescent Pregnancy , Breastfeeeding Practice and Stunted Children at Puskesmas Pujo. Research Study [Internet]. 2018;2(4):392–401. Available from: https://e-journal.unair.ac.id/AMNT/article/view/10061

23. Kemenkes RI. Permenkes RI. No. 97 Tahun 2014. Kemenkes RI. Indonesia; 2014 p. 2–119.

24. Prado EL, Jimenez EY, Vosti S, Stewart R, Stewart CP, Somé J, et al. Path analyses of risk factors for linear growth faltering in four prospective cohorts of young children in Ghana , Malawi and Burkina Faso. BMJ Glob Health. 2019;4:1–11.

25. Ferdinand. Structural Equation Modelling Dalam Penelitian Manajemen. Semarang: Badan Penerbit Universitas Diponegoro; 2006.

26. Haryono S. Metode SEM untuk Penelitian Manajemen dengan AMOS 22.00, LISREL 8.80 dan Smart PLS 3.0. Mintardja H, editor. Jakarta: PT. Intermedia Personalia Utama; 2016. 1–446 p.

27. Pangestu B, Indriani Y ML. Pola Konsumsi Ikan Laut dan Faktor-Faktor Yang Memengaruhi Konsumsi Ikan Laut Oleh Ibu Hamil di Kecamatan Kota Agung Kabupaten Tanggamus. Journal of Agribusiness Science. 2020;8(3):490–5.

28. 2Sumekar Rengganis Wardani DW. Social Determinants and Risk Factors for Tuberculosis Patients: A Case Control Study at Health Services Applying Directly Observed Treatment Shortcourse (DOTS) in Bandar Lampung, Indonesia. KnE Life Sciences. 2018;4(4):522.

29. Ramulondi M, de Wet H, Ntuli NR. Traditional food taboos and practices during pregnancy, postpartum recovery, and infant care of Zulu women in northern KwaZulu-Natal. Journal of Ethnobiology and Ethnomedicine. 2021;17(1):1–19.

30. Sopiah O, Resita C, of MS-PJ, 2020 undefined. The Relationship of Postpartum Blues, Self Efficacy, Family and Socio-Cultural Support for the Implementation of Postpartum Exercise during the Covid-19 Pandemic. ArchivesPalarchNl [Internet]. 2020;17(9):4565–78. Available from:

https://archives.palarch.nl/index.php/jae/article/view/4652

31. Shole RN. An Impact of Socio-Cultural Practices on Maternal Mortality in Masasi District , Tanzania. Malaysian Journal of Medical and Biological Research. 2017;4(1):47–58.

32. Agil HM, Agil HM, Watanabe K, Tanaka E, Afiyanti Y, Anme T. Factors influencing Indonesian male partners ' support in the postpartum period. Makara Journal of Health Research. 2019;23(2):82–9.