



“Alexandru Ioan Cuza” University of Iasi

**The Doctoral School of Philosophy and Social and Political Sciences**

# **PhD Thesis**

## **Long Abstract**

PhD coordinator: Professor Daniela COJOCARU, PhD

PhD student: Irit LAKS-KRON

Iași, 2026



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**Abstract of the Ph.D Thesis**

**Socio-Cultural Aspects of  
Breastfeeding in Israel**

PhD coordinator: Professor Daniela COJOCARU, PhD

PhD student: Irit LAKS-KRON

Iași, 2026

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## ABSTRACT

This doctoral study examined the sociocultural aspects of breastfeeding in Israel, focusing on how maternal self-efficacy, perceived social support, and attitudes toward breastfeeding influence postpartum depression (PPD) . This mixed-methods study analyzed quantitative data from 348 Jewish and Arab postpartum mothers, as well as qualitative insights gathered from interviews and focus groups.

Drawing on Bandura's social learning theory and Fornell's cultural competence model, the study examined whether attitudes toward breastfeeding mediate the relationship between psychosocial resources (self-efficacy and social support) and the risk of PPD. Further, the study examined sectoral and religious differences between Jewish and Arab societies in Israel, which differ significantly in family structures, gender norms, and cultural expectations surrounding motherhood and infant care.

The findings indicate that Arab mothers generally report lower social support, more positive attitudes toward breastfeeding than Jewish mothers, and higher tendencies toward PPD. However, they also face greater normative pressure to breastfeed, often owing to traditional family values. Conversely, Jewish, particularly non-religious mothers, face challenges in combining breastfeeding with work-life demands and personal independence. Across groups, higher self-efficacy and stronger social support predict lower risk of postpartum depression, with breastfeeding attitudes playing a key mediating role among Arab mothers.

This study contributes to narrowing the knowledge gap by integrating cultural, psychological, and behavioral health factors in the postpartum period. Its conclusions emphasize the need for culturally sensitive maternal care practices and offer practical recommendations for healthcare professionals in postpartum maternal care centers in Israel and internationally. As such, it contributes to the broader discourse on maternal well-being and the provision of culturally relevant health services in diverse societies.

**Keywords:** Breastfeeding, Postpartum Depression, Self-Efficacy, Social Support, Culture.

## INTRODUCTION

Breastfeeding is a universal physiological, emotional, cultural, and social phenomenon. Beyond being a biological method of infant feeding, it reflects cultural perceptions, social norms, and gender expectations that influence a mother's decisions and experiences. In Israel, a country marked by religious, ethnic, and cultural diversity, the sociocultural aspects of breastfeeding gain particular importance, especially during the vulnerable postpartum period, characterized by profound physical and emotional changes and a heightened risk for postpartum depression (PPD).

This study explores the sociocultural aspects of breastfeeding in Israel, focusing on the interplay between maternal self-efficacy, perceived social support, attitudes toward breastfeeding, and susceptibility to PPD.

The study focuses on two major population groups in Israeli society, Jewish and Arab mothers, who differ significantly in family structure, cultural values, religiosity, and their patterns of interaction with social and healthcare resources. Importantly, this is not merely a matter of access or availability; in many traditional communities, there is an intentional preference to rely on intra-community support, such as older female relatives, religious authorities, or informal care providers, rather than utilizing formal public health services. These choices reflect deeply held cultural norms and values, rather than knowledge gaps alone.

**Research Problem and Knowledge Gap:** Although culture has been increasingly recognized as a key factor in maternal well-being in recent decades, no previous study in Israel has examined the role of attitudes toward breastfeeding as a mediating variable between self-efficacy, social support, and PPD. This gap is particularly striking given the country's multicultural and multi-religious context. While there is broad agreement in the literature regarding the health benefits of breastfeeding for both mothers and infants, empirical findings regarding its impact on maternal mental health remain inconclusive. Some studies report that breastfeeding reduces depressive symptoms by supporting hormonal regulation and improving the mother-infant bond (Petroaie et al., 2020), while others highlight the psychological distress it may cause in cases of breastfeeding difficulties, lack of support, or social pressure to breastfeed (Brown, 2018; Weston et al., 2023). These discrepancies highlight the need for a more

sensitive and holistic approach that includes biological, psychological, and sociocultural aspects.

The current study addresses this gap by examining how maternal attitudes toward breastfeeding mediate between self-efficacy and perceived social support and the risk of developing postpartum depression (PPD). It presents a cultural-psychosocial framework that considers differences across religious and ethnic groups, and offers an interdisciplinary perspective on maternal mental health.

In addition, the research examined differences between Jewish and Arab mothers and the influence of religiosity, education, and socioeconomic status on these variables. The study further examined the unique contribution of self-efficacy and social support, beyond demographic factors, to breastfeeding attitudes and PPD. A broader goal was to deepen academic and professional understanding of culturally sensitive maternal care and to inform targeted interventions, particularly in community-based postpartum family health centers.

**Scope and Delimitations:** The study focused on healthy Jewish and Arab women in Israel, aged 19 to 43, after a normal pregnancy and delivery of a healthy term infant (37 weeks onwards) who were one to three months postpartum. This population was purposefully selected to allow for a focused examination of postpartum psychosocial and cultural variables, without confounding medical effects. The sample includes a broad representation of women from different sectors in Israel: secular, traditional, religious, and Ultra-Orthodox. However, a tiny group of Ultra-Orthodox women, who live in closed communities and are isolated from general Israeli society, was not included in the study due to their unique characteristics and limited accessibility. Therefore, the findings are based on a culturally, socially, and religiously diverse and significant sample from broader Israeli society.

**Local and Global Context:** Although situated within Israel's unique social landscape, the findings of this study have broader implications. Israel is a microcosm of many modern societies that are increasingly multicultural and shaped by tensions between tradition and modernity. The study provides insights into how cultural expectations, family structures, and support systems influence maternal experiences, particularly breastfeeding and mental health, during the postpartum period. This research contributes to global discussions on culturally responsive maternal care. As health

systems worldwide become more diverse due to migration and social change, understanding the cultural determinants of maternal mental health becomes crucial. By highlighting the complex interplay between cultural values, self-efficacy, social support, and maternal well-being, the study serves as a model for healthcare professionals, researchers, and policymakers seeking to create equitable and sensitive postpartum care systems.

## **LITERATURE REVIEW**

Breastfeeding is much more than a physiological act. It is a deeply sociocultural behavior shaped by norms, beliefs, personal experiences, and systemic structures. In the Israeli context, where diverse religious, ethnic, and cultural groups coexist, breastfeeding practices reflect personal freedom to choose and collective expectation. The present study situates breastfeeding within this complex pattern, examining how maternal self-efficacy, social support, sectarian affiliation (Jewish or Arab), and religiosity contribute to mothers' attitudes toward breastfeeding and their vulnerability to postpartum depression (PPD). This literature review connects the theoretical, cultural, and psychological frameworks underlying the study, and presents the perspective of the researcher, a public health nurse, social worker and lactation consultant who meets with these mothers on a daily basis.

### **Theoretical Foundations**

Albert Bandura's social learning theory provides the central psychological foundation for understanding self-efficacy in the context of breastfeeding. Bandura (1977, 1994) argued that people form beliefs about their abilities based on prior experiences, role models, social persuasion, and physiological states. These beliefs shape motivation, effort, and persistence, critical traits during the emotionally charged postpartum period. A mother's self-confidence increases when she is supported by her community and decreases when she faces criticism or isolation.

In addition to this psychological model, Purnell's (2002) cultural competence model offers a sociological perspective through which breastfeeding behaviors can be examined across cultural contexts. The model emphasizes global, community, family, and personal influences, along with 12 domains of cultural knowledge. In Israel, where religious observance and cultural affiliation are closely intertwined, this model

helps to unravel how tradition, family roles, language, and health beliefs influence mothers' infant feeding decisions.

### **Key Concepts: breastfeeding, PPD, Self-Efficacy, and Social Support**

Breastfeeding has well-documented health benefits for both mother and child. Beyond nutrition, it supports immune function, bonding, and maternal recovery. However, it is also a social practice, influenced by social class, norms, and messages (WHO, 2022; Tomori, 2022).

**Postpartum depression (PPD)**, which affects 10–20% of mothers, is increasingly understood to result from a combination of hormonal, psychological, and social factors. Lack of self-efficacy and low social support are among the leading predictors of PPD (Kroska & Stowe, 2024).

**Self-efficacy**, the belief in one's ability to perform tasks and cope with challenges, is strongly associated with breastfeeding success. High self-efficacy fosters resilience and a sense of control, which can prevent postpartum depression symptoms.

**Social support**, including emotional, informational, and practical help, plays a dual role: it enhances self-efficacy and directly reduces psychological distress. In collectivist cultures, such as Arab society in Israel, family and community often provide high levels of informal support, but may also exert normative pressure.

### **Sector and Religiosity: Cultural Frameworks in Israeli Society**

Israeli society is divided into a Jewish (76.9%) and an Arab (21%) sector, each of which includes a variety of religious traditions and family values (CBS, 2025). Arab society tends to be more collectivist, patriarchal, and traditional, with strong family expectations around breastfeeding. Jewish society, on the other hand, is more diverse: secular Jews often emphasize personal choice and modernity, while ultra-Orthodox communities elevate motherhood and breastfeeding as religious imperatives.

Among Jews, 44% identify as secular, 32% as traditional, 13% as religious, and 11% as ultra-Orthodox. Among Arabs, religiosity is more prominent, with 88% identifying as traditional or religious (CBS, 2025). These identity categories intersect with breastfeeding attitudes in powerful ways: in very religious communities, breastfeeding may be seen as sacred or mores norms required; in secular contexts, it is often a personal or health choice.

## **Traditional Versus Modern Family Values**

Cultural scripts around gender and motherhood differ across sectors. Arab families often maintain clear gender roles and multigenerational household structures, which reinforce traditional maternal behaviors such as breastfeeding (Khoury & Benjamin, 2021). Jewish families, especially in secular settings, may prioritize autonomy, career, and gender equality. These values often conflict with long breastfeeding durations, especially when working conditions are unsupportive.

The “double burden” (Hochschild, 1989) is particularly relevant in modernity. Many mothers, especially in secular and middle-class contexts, are expected to return to work shortly after giving birth, while maintaining their roles at home. These expectations include exclusive breastfeeding, constant emotional availability, active developmental stimulation of the infant, and efficient household management. This ideal of the “super mother,” who excels professionally and domestically, often puts mothers under enormous pressure. The conflicting demands of work and caregiving can lead to physical exhaustion, emotional stress, and an increased risk of postpartum depression, especially when institutional or family support is lacking.

## **Social Norms and Learning: Intergenerational Influence**

Social learning begins in childhood, including learning about breastfeeding. From observing mothers and grandmothers to internalizing media images and peer discourse, women develop attitudes about breastfeeding long before they become mothers themselves (Davis et al., 2025). Research shows that breastfeeding is often passed down from generation to generation, culturally, through modeling, storytelling, and emotional transmission.

Social norms shape decisions through two mechanisms: empirical expectations (what others do) and normative expectations (what others expect me to do) (Bicchieri, 2022). For example, a mother may feel obligated to breastfeed, not because of an internal desire, but because her social environment equates formula use with maternal failure. These pressures can support or undermine breastfeeding confidence and success.

## **Breastfeeding, Self-Efficacy, and Social Support**

Many studies confirm the reciprocal relationship between self-efficacy (SE) and social support in predicting breastfeeding outcomes (Yurtcicek Eren & Başgol, 2024; Budiarti, 2024). High self-efficacy enhances maternal persistence, while social support buffers against stress and low self-confidence. These two factors reinforce each other: support increases self-efficacy, and confident mothers are more likely to seek and maintain support.

In her work with postpartum mothers, the researcher has seen firsthand how perceived judgment or lack of support, even from well-meaning family members, can undermine a mother's confidence. In contrast, when mothers feel seen, listened to, and encouraged, their breastfeeding journey tends to be longer, more fulfilling, and with fewer feelings of stress and doubt.

In addition to self-efficacy and social support, maternal education and socioeconomic status have also been identified as important predictors of breastfeeding initiation and duration. Studies show that mothers with higher levels of education and greater financial resources are more likely to initiate and maintain breastfeeding (De Jager et al., 2013; Lind et al., 2021). These associations may result from better access to information, higher health literacy, greater flexibility in the workplace, and greater autonomy in health-related decisions. However, these factors interact with cultural norms. In some traditional or religious communities, breastfeeding rates are higher among mothers with lower education or income, due to strong normative expectations - mores norms, attitudes toward breastfeeding, and models of breastfeeding held by mothers from previous generations. Therefore, a mother's education and socioeconomic status should be understood as part of the psychological, cultural, and structural influences on mothers' breastfeeding after childbirth.

## **The Israeli Context: Breastfeeding Between Policy and Practice**

The Israeli Ministry of Health recommends exclusive breastfeeding for the first six months of a baby's life. However, in practice, many women – predominantly secular Jewish women – do not adhere to this guideline, and breastfeeding rates drop significantly in the first months after birth (ICDC, 2020). In contrast, Arab women and ultra-Orthodox Jewish women tend to breastfeed for more extended periods. This

can be explained by stronger community and family support and cultural and religious norms that encourage and value breastfeeding as part of maternal identity.

However, women continue to face structural barriers such as workplace inadequacies, pressures to return to work early and social stigmas surrounding breastfeeding in public. In this reality, women find themselves faced with conflicting demands: on the one hand, an expectation to breastfeed for an extended period in accordance with health and social recommendations, on the other hand, practical demands that make breastfeeding difficult to implement in practice. Studies in Israel show that even when there is a clear intention to breastfeed, many women are forced to stop early, due to a lack of institutional support and due to the conflict between expectations and living conditions (Wallenborn et al., 2019; Leshi et al., 2025).

## **Theoretical Framework**

This study is based on an integrated psychological and sociocultural framework, which proposes that self-efficacy and social support influence attitudes toward breastfeeding, which in turn mediate the risk of postpartum depression. These relationships vary across cultural and religious groups.

Bandura's (1994) self-efficacy theory explains how personal factors such as emotions, anxiety, and past experiences shape a mother's confidence in her breastfeeding abilities, influencing her decisions and behavior. In addition, Purnell's (2002) cultural competence model offers a perspective through which to examine sociocultural influences, including religion, family values, education, gender roles, and support systems.

This integrated model allows for a multidimensional understanding of postpartum experiences by considering mothers' personal capacity to act independently, make their own decisions, and influence their lives through their decisions and actions within a cultural context. It emphasizes the need for culturally sensitive maternal health services that support informed and autonomous choices.

## **Critical Discussion and Reflection**

The literature suggests that breastfeeding is not "just" a biological decision. It is a psychosocial, cultural, and even moral action. While health promotion campaigns

often emphasize choice, women are constrained by cultural expectations, social norms, economic pressures, and institutional barriers.

The researcher believes a more refined, integrative, and culturally sensitive approach to promoting and supporting breastfeeding is needed. This approach requires a shift from a concept that focuses solely on the mother as a responsible unit, towards a broader systemic view, which includes the social, cultural, and structural contexts in which the mother operates. Breastfeeding support cannot be based solely on information or knowledge transfer to mothers, but requires multi-systemic collaboration: active involvement of family members (especially partners, mothers, mothers-in-law), culturally sensitive training of health professionals (e.g., Tipat Halav nurses, lactation consultants, and doctors), and the development of public policies that support conditions that enable breastfeeding over time – such as adequate maternity leave, adapted workplaces, and social norms that are less judgmental toward different choices. This approach recognizes that mothers come from different genders, religious, economic, and community backgrounds; therefore, there is no one-size-fits-all solution. The culturally sensitive approach ensures that every mother, Jewish or Arab, religious or secular, independent or part of a larger family system, can feel supported, seen, and heard. Such environments encourage not only breastfeeding, but also psychological well-being, a sense of empowerment, and a more positive and inclusive motherhood experience.

In summary, breastfeeding reflects a complex interplay of personal, family, cultural, and institutional factors. Self-efficacy and social support emerge as key psychological predictors, but they are profoundly influenced by sectoral and religious affiliation. Recognizing and addressing these connections in a diverse society like Israel is essential to promoting maternal and infant well-being.

The current study sought to elucidate these processes through data-based research collected from mothers in Israel. By examining how beliefs, support systems, and cultural affiliation shape attitudes toward breastfeeding and postpartum mental health, the study contributes to academic knowledge, practice, and policy to support mothers from all sectors.

## METHODOLOGY

### Research Aims

1. To explore whether breastfeeding mediates between self-efficacy, social support, and PPD tendencies among postpartum mothers, considering differences in religion, education, and socio-economic status in Jewish and Arab cultural groups in Israel.
2. To examine the attitudes of Jewish and Arab postpartum mothers regarding the decision to breastfeed.

### Research Questions

1. Will there be differences in mothers' Self-efficacy and social support, attitudes toward breastfeeding, and tendency toward PPD by sector?
2. Will there be a negative relationship between mothers' self-efficacy and social support, their attitudes toward breastfeeding, and their tendency toward PPD in each sector?
3. Will higher religiosity, education, and socio-economic status correlate positively with Self-efficacy, social support, attitudes toward breastfeeding, and a lower tendency to PPD?
4. Will mothers' background and demographic characteristics (such as gender, age, level of education, sector, and religiosity) contribute to the explained variance of their SE, social support, and attitudes toward breastfeeding?
5. Will a unique contribution be found of mothers' SE and social support to their attitudes toward breastfeeding beyond their background and demographic characteristics, and the explained variance of their susceptibility to PPD?
6. Will mothers' attitudes toward breastfeeding serve as a mediating variable in the relationship between mothers' Self-efficacy and their tendency for PPD?

### Research Hypotheses

**Hypothesis 1:** Significant differences will be found in mothers' social support, attitudes toward breastfeeding, and tendency toward PPD by sector. Postpartum mothers from the Arab sector will report higher social support, more positive attitudes toward breastfeeding, and a lower tendency toward PPD.

Due to a lack of research on self-efficacy by sector, a question rather than a hypothesis was presented regarding this topic. Arab society's collectivist values and strong family influence support breastfeeding and may protect against PPD (Savaya, 1998; Radwan et al., 2021). These patterns contrast with the more individualistic norms in Jewish society (Garner & Kunkel, 2020). Bandura (1977a) emphasizes that self-efficacy is shaped by social and cultural context.

**Hypothesis 2:** Significant negative correlations will be found between mothers' self-efficacy, mothers' social support, their attitudes toward breastfeeding, and their tendency to PPD in both sectors.

**Hypothesis 3:** Higher religiosity, education, and socio-economic status will correlate positively with self-efficacy, social support, attitudes toward breastfeeding, and a lower tendency toward PPD.

**Hypothesis 4:** Mothers' self-efficacy and social support will make a unique contribution to the EPV of their breastfeeding attitudes beyond their background and demographic characteristics.

**Hypothesis 5:** The self-efficacy of mothers, their social support, and their attitudes towards breastfeeding will make a unique contribution beyond their background and demographic characteristics to the EPV of their tendency to PPD.

**Hypothesis 6:** Mothers' attitudes toward breastfeeding will serve as a mediating variable in the relationship between their personal self-efficacy and social support and their tendency toward PPD in both sectors.

## **Research Variables**

**The independent variables** are (1) sector belonging, (2) social support, (3) self-efficacy, and (4) religiosity level. The **mediator variable** is mothers' attitudes toward breastfeeding. The **dependent variable** was mothers' tendency for PPD.

## **Research Paradigm and Approach**

The study used a mixed methods design, quantitative data from 348 Jewish and Arab mothers in Israel, and qualitative interviews and focus groups to enrich and provide a broad interpretation of the findings. This three-pronged approach increased the

validity and depth of insights into the sociocultural factors influencing breastfeeding, self-efficacy, social support, and postpartum adjustment.

## **Research Design**

The study employed a mixed-methods design that was conducted in three phases. Phase 1 was quantitative and involved 348 healthy postpartum mothers (252 Jewish, and 96 Arab) between one and three months after birth. Participants completed validated questionnaires assessing self-efficacy, attitudes toward breastfeeding, perceived social support, and postpartum depression, along with demographic and breastfeeding-related data. This phase aimed to examine whether breastfeeding mediates the relationship between self-efficacy, social support, and postpartum depression, while considering socio-cultural differences. Phase 2 involved semi-structured interviews with 20 mothers (10 Jewish, 10 Arab), both breastfeeding and non-breastfeeding, to gain deeper insights into the findings of the quantitative phase. Phase 3 consisted of focus groups with 13 mothers (8 Jewish, 5 Arab) to explore the subjective meaning of social support in the postpartum period. Data from the qualitative phases were analyzed thematically to enrich and contextualize the quantitative results.

## **Research Participants**

**Quantitative Phase:** The study included 348 healthy postpartum Jewish and Arab mothers (aged 19-43), 1 to 3 months postpartum. The mothers used different infant feeding methods (exclusive breastfeeding, formula, or a combination of both). Including them from 1 month postpartum helped distinguish between transient “baby blues” and clinically relevant postpartum depression (PPD), which is usually diagnosed four weeks postpartum (APA, 2013). The sample was religiously diverse: Jewish participants ranged from secular to religious-national (including ultra-Orthodox except those living in closed communities), while Arab mothers were mainly from conservative communities. Recruitment was conducted through convenience sampling (80%, via WhatsApp, social media, and mentoring groups) and snowball sampling (20%). Additional participants were reached with the assistance of nursing colleagues.

Notable sectoral differences emerged: Jewish mothers tended to be older, more educated, more employed, and of higher socioeconomic status. Arab mothers reported

higher religiosity, more children, and more housewives. Most participants were married, and both groups had similar rates of students. Arab mothers also reported higher rates of breastfeeding and more positive experiences, although often with the addition of formula.

Qualitative phase: This phase included 20 in-depth interviews (10 Jewish mothers, 10 Arab mothers) and two focus groups (8 Jewish, 5 Arab). Participants were selected from the Jewish mothers of Mevasseret Zion and Kiryat Yearim and Arab mothers from Abu Ghosh and Ein Nakuba. Ultra-Orthodox women from isolated communities were excluded. Participants ranged in religious affiliation, age, education, and dietary habits. All completed demographic and PPD-related questionnaires, with several in each group scoring  $\geq 10$ , indicating possible PPD.

## **Research Tools and Validation**

**The New General Self-Efficacy Scale (NGSE)** assesses maternal confidence in achieving goals and handling challenges (Bandura, 1977a; Chen et al., 2001). It comprises eight items on a 7-point scale; high reliability in this study ( $\alpha = .93$ ). It was previously translated into Hebrew and Arabic, is suitable for postpartum populations, and used in Middle Eastern contexts (Mulhem, 2018).

**The Iowa Infant Feeding Attitude Scale (IIFAS)** measures maternal attitudes toward infant feeding and predicts breastfeeding intentions and behavior. It includes 17 items on a 7-point scale; higher scores reflect more positive attitudes. For this study, it was translated into Hebrew using validated cross-cultural methods ( $\alpha = .77$ ), which is Relevant given the centrality of attitudes in breastfeeding behavior.

**The Multidimensional Scale of Perceived Social Support (MSPSS)** evaluates perceived support from family, friends, and significant others (Zimet et al., 1988). It consists of 12 items (7-point scale) and has strong internal reliability (overall  $\alpha = .91$ ; subscales  $\alpha = .88-.91$ ). This scale is appropriate due to the influence of social support on maternal mental health and breastfeeding.

**Edinburgh Postnatal Depression Scale (EPDS)** screens for postpartum depression symptoms (Cox et al., 1987). It contains 10 items on a 4-point scale and has high internal consistency ( $\alpha = .89$ ). Validated in Israel and widely used internationally, it is well-suited for identifying depressive symptoms in postpartum women.

**The Demographic, Pregnancy, and Breastfeeding Questionnaire** collected data on age, marital status, religiosity, education, SES, employment, parity, gestation, and infant feeding practices. It enabled comparisons of Jewish and Arab mothers on key Psychosocial and behavioral factors.

### **Triangulation, Validity, Reliability and Generalization**

The study employed methodological, data source, and theoretical triangulation by integrating quantitative and qualitative methods, using diverse data sources (interviews, focus groups, questionnaires), and interpreting findings through Bandura's and Purnell's theoretical frameworks. This approach enriched the understanding of breastfeeding across sociocultural contexts.

**Validity** was enhanced by triangulating multiple methods and perspectives, which allowed for deeper cultural and emotional insights and helped capture the phenomenon's complexity beyond single-source data. **Reliability** was strengthened through consistent use of validated research tools, high internal consistency scores, and cross-checking findings across data sources and methods to minimize bias. **Generalization:** While qualitative data offers rich, contextual insights that may not be broadly generalizable, including a large, diverse sample in the quantitative phase, alongside rigorous triangulation, supports the broader applicability of findings within similar populations.

### **Researcher's Role**

The researcher's professional background as a nurse, social worker, clinical instructor, breastfeeding consultant, and experience in facilitating training groups provided valuable insights and access to the target population. Her dual role as a caregiver and researcher required careful methodological and ethical judgment. Although some participants knew her from the health care system, she ensured objectivity by not interviewing women who had previously received counseling from her. This reduced power imbalance and the social desirability bias. In the quantitative phase, anonymity and geographic diversity were maintained by distributing online questionnaires to a broad population. In the qualitative phase, facilitation skills supported a participant-centered approach, using semi-structured interviews that allowed for rich and autonomous expression. The researcher refrained from leading focus group

discussions, maintaining neutrality and empowering participants to share freely, ensuring that her role supported methodological rigor and the well-being of the participants.

## **Research Ethics**

Prior to data collection, the study received ethical approval from the Helsinki Committee at the Ministry of Health in Jerusalem (Institutional Committee Approval Number: MOH-017-2023). In addition, ethical approval was obtained from the Research Ethics Committee of "Alexandru Ioan Cuza" University of Iași.

Ethical behavior was a guiding principle throughout this study. It was conducted with commitment to integrity, transparency, and respect for all participants. The researcher maintained objectivity and independence, ensuring that data would not be falsified and that findings would be reported honestly and accurately. Special attention was paid to cultural sensitivity and fairness, respecting the norms, values, and traditions of both Jewish and Arab participants, especially when examining sensitive topics such as postpartum experiences and infant feeding habits. Participants received explanations about the research and signed an informed consent form; their autonomy and rights were protected. They knew participation was voluntary and were assured of confidentiality, anonymity of their responses, and the right to withdraw without consequences.

Per the Declaration of Helsinki and accepted ethical guidelines, the study was designed to benefit participants and society while minimizing potential harm. By including women from diverse cultural, religious, and socioeconomic backgrounds, it promoted justice and equitable representation.

Ultimately, this study reflects a deep ethical commitment to human dignity, mutual respect, and scientific integrity, ensuring that the voices and experiences of postpartum mothers are heard, respected, and treated with the utmost care.

## **RESEARCH FINDINGS**

### **Research Findings: The Quantitative Phase**

**The first hypothesis** posited that Arab mothers would report higher social support, more positive attitudes towards breastfeeding, and a lower tendency towards PPD compared to Jewish mothers.

Arab mothers reported significantly more positive attitudes toward breastfeeding than Jewish mothers ( $p < .001$ , medium effect size  $d = 0.52$ ). **Contrary to the hypothesis**, Jewish mothers reported significantly higher levels of social support from family, friends, and significant others. Effect sizes ranged from low-medium to high ( $d = 0.29$  to  $d = 0.90$ ). **Contrary to the hypothesis**, Arab mothers reported a significantly higher tendency for PPD compared to Jewish mothers ( $p < .001$ , medium effect size  $d = 0.58$ ). Regarding self-efficacy, no significant difference was found between the two sectors. The findings suggest complex sociocultural interactions that affect perceptions of support and mental health differently across different sectors.

*Hypothesis 1 was partially confirmed.*

**The second hypothesis** predicted significant negative correlations between mothers' self-efficacy, social support, attitudes toward breastfeeding, and tendency to PPD in both sectors. Pearson correlation analyses were conducted separately for each sector. For both Jewish and Arab mothers, higher self-efficacy was associated with more positive attitudes toward breastfeeding and lower levels of PPD. Greater social support was also associated with decreased postpartum depression in both groups. However, differences were found between sectors. Among Arab mothers, positive attitudes toward breastfeeding were associated with lower levels of depression, a pattern not seen among Jewish mothers. In addition, social support was found to be positively correlated with breastfeeding attitudes among Arab mothers, but negatively among Jewish mothers.

*Hypothesis 2 was confirmed.*

**The third hypothesis** assumed that higher religiosity, education, and socioeconomic status would be positively correlated with self-efficacy, social support, attitudes toward breastfeeding, and a lower tendency to PPD. Spearman and Pearson correlation analyses were conducted across the entire sample of mothers and separately in each sector. These correlations were tested for differences observed in these characteristics between the two sectors.

Higher religiosity was associated with more positive attitudes toward breastfeeding, especially among Arab mothers, where the correlation was significant. A significant positive correlation was found between education and breastfeeding attitudes in both sectors. In addition, a weak but significant positive correlation between

socioeconomic status and breastfeeding attitudes was observed only among Jewish mothers. However, it should be noted that the correlation among mothers from the Arab sector had a low coefficient [ $r(250) = .13, p = .044$ ].

***Hypothesis 3 was confirmed.***

**The fourth hypothesis** maintained that mothers' self-efficacy and social support will uniquely contribute to the explained variance of their breastfeeding attitudes beyond their background and demographic characteristics.

Hierarchical regression analyses were conducted separately for each sector to assess the unique contribution of self-efficacy and social support to attitudes toward breastfeeding. Maternal and pregnancy-related variables were entered in the first block based on their significance. In the second block, self-efficacy and social support were added to evaluate their additional explanatory power.

Regression analyses showed that different factors influenced attitudes toward breastfeeding among Jewish and Arab mothers in Israel. For Jewish mothers, attitudes were explained primarily by maternal and breastfeeding characteristics: those currently breastfeeding had positive experiences, intended to breastfeed for longer, were more educated, and were not students tended to have more positive attitudes. Self-efficacy explained attitudes toward breastfeeding, while social support had a lesser effect. For Arab mothers, while maternal characteristics (education and religiosity) and positive breastfeeding experiences were also important, self-efficacy played a much stronger role, contributing significantly to attitudes beyond these factors. Social support also contributed significantly to more positive attitudes.

In conclusion, although self-efficacy positively influenced breastfeeding attitudes in both groups, it had a greater impact among Arab mothers, for whom social support also played a significant role.

***Hypothesis 4 was confirmed.***

**The fifth hypothesis** predicted that mothers' self-efficacy, social support, and attitudes towards breastfeeding would make a unique contribution beyond their background and demographic characteristics to the explained variance of mothers' tendency to PPD.

To examine this unique contribution toward breastfeeding in explaining their propensity to experience PPD, hierarchical regression analyses were conducted separately for each sector. In the first block, maternal characteristics (e.g., age, religiosity, education) and pregnancy/breastfeeding characteristics were entered to control factors significantly associated with PPD. These variables were included stepwise based on their explanatory power. In the second block, personal and social resources (self-efficacy and social support) and attitudes toward breastfeeding were added, also stepwise, to assess their unique contribution to the explained variance in postpartum depression. Pregnancy characteristics predicted PPD in both groups. Among Jewish mothers, costly pregnancies due to illness were associated with more depression, while among Arab mothers, abnormal or unplanned pregnancies were linked to increased PPD. Additionally, personal and social resources, particularly self-efficacy and social support (among Arab mothers), significantly explained variations in PPD.

*Hypothesis 5 was confirmed.*

**The sixth hypothesis** stipulated that mothers' attitudes toward breastfeeding would serve as a mediating variable in the relationship between their personal self-efficacy and social support and their tendency toward PPD in both sectors. To test the hypothesis, mediation analyses were conducted using Model 4 in PROCESS (Hayes, 2022). The aim was to examine whether mothers' attitudes toward breastfeeding mediated the relationship between their self-efficacy (personal resources), social support, and the tendency to experience PPD. Pregnancy characteristics were included as covariates: costly due to maternal illness for Jewish mothers, and normal and planned for Arab mothers. For the Arab sector, attitudes toward breastfeeding significantly mediated the effects of both self-efficacy [ $B = -.17$ ,  $SE = .07$ , 95% CI:  $-.30$  to  $-.04$ ] and social support [ $B = -.16$ ,  $SE = .07$ , 95% CI:  $-.33$  to  $-.05$ ] on PPD.

Lower self-efficacy and social support were associated with less favorable breastfeeding attitudes, which in turn were linked to higher PPD. However, no mediation effect was found in the Jewish sector. Self-efficacy [ $B = .02$ ,  $SE = .02$ , 95% CI:  $-.01$  to  $.05$ ] and social support [ $B = .00$ ,  $SE = .01$ , 95% CI:  $-.02$  to  $.02$ ] showed no significant indirect effects via breastfeeding attitudes.

*Hypothesis 6 was confirmed for Arab sector.*

## Summary of Quantitative Findings

The study examined differences and associations between self-efficacy, social support, attitudes toward breastfeeding, and PPD among Jewish and Arab mothers in Israel. The main findings include:

**Differences between groups:** Jewish mothers reported higher social support (especially from friends), contrary to expectations. Arab mothers had more positive breastfeeding attitudes, as hypothesized, but they also reported a higher tendency for postpartum depression. No significant difference in self-efficacy was found between groups.

**Correlation patterns:** In both sectors, higher self-efficacy and social support were associated with lower postpartum depression. Higher self-efficacy correlated with more positive breastfeeding attitudes. A sectoral difference was found: for Arab mothers, greater social support correlated with more positive attitudes; for Jewish mothers, with less positive attitudes.

**Background variables:** Religiosity and education were associated with positive breastfeeding attitudes. Religiosity was a predictor only for Arab mothers, while education was significant in both sectors. Socioeconomic status was positively associated with breastfeeding attitudes only among Jewish mothers.

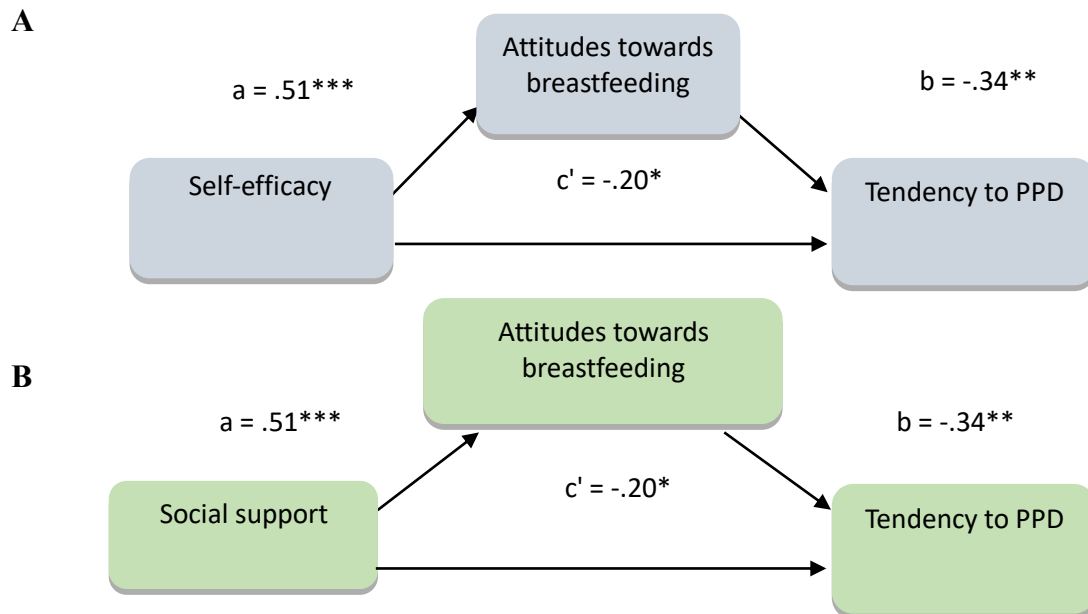
**Predictors of breastfeeding attitudes:** Jewish mothers, current breastfeeding, positive experiences, desire to continue, and higher education predicted positive attitudes. Self-efficacy played a role; social support did not. Arab mothers, education, religiosity, and positive experiences were predictors. Both self-efficacy (21%) and social support (6.8%) contributed significantly.

**Predictors of PPD:** Jewish mothers due to expensive pregnancies, illness, and low self-efficacy predicted PPD; social support did not. Among Arab mothers, unplanned or unusual pregnancies, low self-efficacy, and low social support were strong predictors, with personal and social resources explaining over 21% of the variance.

**Mediation analysis:** Only among Arab mothers, attitudes toward breastfeeding mediated the relationship between self-efficacy, social support, and PPD. No mediation effect was found among Jewish mothers.

**Figure 1**

*The role of Arab mothers' attitudes towards breastfeeding as a mediating variable in the association between their personal (a) and social (b) resources and their tendency to experience postpartum depression.*



## Research Findings of Stage 2 – Qualitative Phase

This chapter presents the study's qualitative component, which aimed to deepen understanding of the quantitative findings and give the participating mothers a voice.

The qualitative phase examined unexpected quantitative results such as Arab mothers reporting less social support and higher PPD despite positive attitudes towards breastfeeding. Personal experiences and cultural contexts were examined.

Two methods were used in this phase: in-depth interviews offered a private setting for mothers to discuss sensitive issues such as breastfeeding, emotional health, and coping strategies, and focus groups examined how social norms and group dynamics influence mothers' attitudes and behaviors, revealing common cultural patterns.

The analysis identified four main themes and categories, as detailed in the following table, which includes illustrative quotes from participants.

**Table 1:** Themes, categories, and sample quotes (J=Jewish A=Arab)

Theme	Categories	Sample Quotes
<b>Self-Efficacy</b>	Personal resources	"I know how to manage breastfeeding well" (J4) "I know how to breastfeed, I have experience from previous children" (A13)
	Personal difficulties	"No one can replace me when it comes to breastfeeding" (J2) "... the eldest son needs attention while I breastfeed because he is wild at home" (A15)
	Coping Strategies	"I shop online; it reduces stress" (J2). "I have a really good friend, whenever I ask for her help, she comes" (J10).
<b>Social Support</b>	Emotional and Practical Support	"In the hospital after the birth, there was a lactation consultant nurse who helped me" (J8) "My mother-in-law and my mother offer to help me breastfeed" (A19)
	Lack of Support	"My husband works so he is not that free... My parents live far from us so they help less." (J2). "...Now I feel alone most of the time with all the chores and breastfeeding." (A30).
<b>Attitudes toward breastfeeding</b>	Positive attitudes	"There is always milk, I do not have to heat water, buy expensive powders, or sterilize." (J8) "I also do not have to spend money on formula and bottles." (A13). "In Islam, breastfeeding is recommended until age two. It strengthens me to breastfeed." (A15).
	Negative attitudes	"I am not well...not well at all...Breastfeeding finished me." (J3). "Only I can breastfeed, and I need to be close to the baby." (A17).
	Ambivalent attitudes	"I love the closeness with the baby, but sometimes it feels like a burden." (J2). "My family expects me to breastfeed, but I have not gotten into it." (A17).
	Social Pressure	"My mother says that if I do not breastfeed, I am not taking care of the baby properly" (J3). "I feel like I have to hide that I bottle-fed, it is less acceptable." (A19).
<b>Emotional Aspects after childbirth</b>	Positive emotions	"When I breastfeed, the baby and I are one... if he is not feeling well, then neither am I. We are connected." (J2). "Amazingly, she is eating from me and growing." (A16).
	Negative emotions	"I feel trapped at home because I always have to be available to breastfeed." (A13) "Breastfeeding requires time and patience." (A31).

## **Summary of Qualitative Results**

The qualitative phase of the study, which included semi-structured interviews and focus groups, examined the postpartum experiences of Jewish and Arab mothers in Israel. It aimed to contextualize and deepen the quantitative findings, particularly around breastfeeding, social support, and PPD.

Mothers described a wide range of emotional experiences related to infant feeding. While some found breastfeeding to have a positive emotional impact on them, others reported feelings of fatigue, dependency, and decreased autonomy. Regarding bottle feeding, some mothers expressed confidence, while others felt guilty or afraid of criticism.

Apparent cultural differences emerged in the perception and experience of support. Jewish mothers viewed support as a combination of emotional encouragement, practical help, and respect for personal autonomy, and often turned to professional and online resources. In contrast, Arab mothers described support as primarily practical and familial, but often accompanied by intense pressure to breastfeed, especially from maternal figures, and felt constrained in their personal choices, and the reinforcement of breastfeeding as a social expectation.

Arab mothers also reported significant role stress, balancing traditional expectations with aspirations for independence, education, and career. This tension between tradition and modernity created emotional conflict, isolation, and increased vulnerability to PPD.

Focus groups provided further insights into what social support is for mothers. They addressed shared cultural norms and collective frustrations, highlighting the impact of social dynamics on mothers' mental health and attitudes toward breastfeeding.

In conclusion, breastfeeding emerged as a socially constructed experience influenced by cultural values, family dynamics, and community expectations. The findings highlight the need for culturally appropriate postpartum care that supports maternal autonomy, recognizes emotional complexity, and adapts services to the unique needs of diverse communities.

## **DISCUSSION OF FINDINGS, CONCLUSIONS AND IMPLICATIONS**

Examining breastfeeding's sociocultural aspects focused on how breastfeeding attitudes mediated the association between self-efficacy, social support, and tendencies toward PPD in postpartum mothers. The Israeli multicultural society is diverse in terms of ethnicity, religion, and culture. This study examined the differences between Jewish and Arab mothers and their differences in religiosity, education, and socioeconomic status. The findings highlight the complexity of cultural norms, support, self-efficacy, and PPD. Arab mothers tended to be more religious, younger, with more children, less educated, and less involved in the labor market, characteristics of a conservative society (Haj-Yahia, 2018). The findings revealed the following:

1. Attitudes toward breastfeeding and tendency toward PPD are influenced by the mother's culture and values. In cases where the mother has difficulty fulfilling the normative expectation, she may feel psychological stress that increases her PPD tendency. Community norms reinforce the social structure but create an emotional burden among Arab mothers.
2. Mothers' sense of autonomy in making decisions about baby feeding reduces their PPD tendency. Jewish mothers experienced greater autonomy in their decisions, feeling that the decision was made of their free will and developed lower PPD tendency, as per Ryan and Deci's (1985) autonomy theory.
3. Social-emotional support is important for postpartum mothers' coping and reduces their PPD tendency in both sectors. Arab mothers living in traditional societies relied more on family support. Jewish mothers tend to resort to digital support. The lack of adapted social and psychological support is difficult for Arab mothers and increases their PPD tendency. Arab mothers experience conflict between traditional and contemporary roles. A gap between cultural expectations and personal desires creates an emotional dissonance (Beck, 2002), causing emotional distress and a greater PPD tendency, while Jewish mothers' support allows for greater guilt-free flexibility. These findings are consistent with Bandura's (1994) self-efficacy theory, Ajzen's (1991) theory of planned behavior, and Goode's (1960) role conflict theory, and emphasize the need for culturally adapted social support.

4. According to Elchalal et al. (2024), higher levels of religiosity increase positive breastfeeding attitudes. However, the qualitative findings showed that religion encourages breastfeeding but may create an emotional burden due to social pressure for Arab women. On the other hand, for Jewish women, religion was perceived as a source of support and more facilitating in cases of difficulty. The influence of religion depends on cultural norms, family dynamics, and the quality of support (Schwartz et al., 2019).
5. High education levels and socioeconomic status promote positive breastfeeding attitudes in both sectors. This aligns with Notvem's (2000) health literacy theory and studies supporting this conclusion (Tanaka et al., 2024; Yuan et al., 2024).
6. Self-efficacy and appropriate social support significantly predict more positive attitudes toward breastfeeding and reduced propensity for PPD in both sectors beyond demographic characteristics, according to Bandura (1994), Ajzen (1991), and Schwarzer (2008).

In conclusion, this study revealed clear cultural differences between Arab and Jewish mothers in Israel, regarding breastfeeding, social support, self-efficacy, and PPD vulnerability. Although more supportive of breastfeeding, Arab mothers experienced lower perceived support and higher PPD associated with coercive norms and role stress. Conversely, Jewish mothers' greater autonomy in feeding choices was associated with lower PPD despite less encouragement to breastfeed. Self-efficacy and social support enhanced positive breastfeeding attitudes in both groups. It should be noted that these attitudes mediated self-efficacy and social support and PPD propensity only among Arab mothers, emphasizing the importance of culturally appropriate postpartum autonomy supportive interventions.

## **Conclusions and Implications**

The study concludes that there are differences between Jewish and Arab postpartum mothers in their breastfeeding attitudes and their tendency to PPD. The differences stem from cultural differences between the sectors. Promoting and optimally assisting mothers in the breastfeeding process and investing efforts to deal with their tendency to PPD requires interventions that address their cultural affiliation. Interventions that strengthen their sense of self-efficacy allow for autonomy, social pressure-free choice, and the receipt of tailored emotional support. All of these will contribute to mothers' mental well-being.

## **Practical Implications**

1. Develop support programs for mothers during pregnancy and after birth, addressing cultural differences with the help of medical staff who speak the language and are familiar with the culture.

- Programs that address the roles of mothers, social norms and expectations, for example, obligation vs. choice to breastfeed, breastfeeding in public, etc., and mothers' feelings, and not just the physical aspects of nutrition, breastfeeding, growth, etc.
- Establish postpartum support groups for mothers experiencing similar issues so that mothers can share feelings. Digital support groups are also possible.
- Health education programs to enrich mothers' knowledge about infant nutrition options, maternal health, and their rights in the workplace, in order to increase mothers' self-efficacy.

2. Encourage open communication between family members. Talk with partners, mothers, and mothers-in-law to create personalized support.

3. Training of medical staff, nurses, lactation consultants, social workers and community health workers. Education to provide culturally sensitive care to patients and to understand social norms in traditional versus modern societies. Avoiding the use of judgmental language and putting pressure on those who choose not to breastfeed, with the understanding that traditional societies have more precise definitions of the roles of mothers and may have stricter breastfeeding expectations. In addition, providing tools to identify signs of distress and family development of mothers, knowledge and tools to identify telltale signs such as emotional difficulty or avoidance of family meetings, real cases can be raised and discussed. For example, a mother who wants to stop breastfeeding but is afraid of the reactions, or a mother who feels a lack of support.

4. Collaborations with local community leaders, such as rabbis or sheikhs, to build trust and improve early detection of stressful situations

5. Promoting breastfeeding supportive. Policies implementation of a clear policy that supports breastfeeding in the workplace, including raising awareness, providing time for breastfeeding or pumping, designated private space, and flexible working hours.

## **Universal Aspects**

Israeli society, where traditional and modern values are intertwined, is a microcosm of global changes in women's and mothers' roles. This study's findings provide a comprehensive and adaptable framework for addressing maternal well-being appropriate for diverse cultural contexts worldwide.

The findings regarding Arab mothers in Israel may also shed light on the experiences of women from ethnic and cultural minority groups in Western countries, and in particular immigrants from traditional countries, now living in more liberal and individualized environments. In their host countries, these groups often encounter tension between cultural and communal expectations, personal values, and social norms. For these women, breastfeeding and motherhood in general can become an arena of conflict between personal desires and external pressures from family or community.

Insights from the current study may serve as grounds for developing culturally sensitive therapeutic and community responses for women in similar situations, particularly in minority groups who experience complex pressures to fulfill traditional maternal roles even when they lack the conditions, resources, or emotional freedom to do so out of genuine choice. By revealing how self-efficacy, breastfeeding attitudes, and social support operate differently in diverse cultural contexts, this study contributes to a deeper understanding of what mothers need in the sensitive postpartum period. Ultimately, this study confirms that maternal health is not just a medical issue, but a cultural, psychological, and social issue, and that the most effective interventions are those that empower women without silencing their voices.

### **Research Limitations and Future Directions**

The choice to conduct a mixed-methods study helped strengthen the findings, but there are limitations. In the quantitative phase, a cross-sectional design was used, which limits causal inference. The data collected from the participants may be biased by social desirability. However, the qualitative phase helped overcome these limitations.

Non-probability sampling affects generalizability; nevertheless, the participants' diversity helped. Socioeconomic and cultural heterogeneity was observed but not

fully controlled for statistically. Psychiatric history and spousal relationship variables were not included in the quantitative phase but were investigated qualitatively.

Future research should use a longitudinal design, a representative sample, additional psychiatric history factors, and expanded information on spousal dynamics in the quantitative part to better understand maternal well-being over time.

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