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The effect of oukup therapy on breastfeeding self-efficacy and breast milk adequacy among postpartum mothers

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Abstract

Background: The exclusive breastfeeding coverage rate in North Sumatra Province reached only 57.27%, remaining below the national target of 60%. Breastfeeding failure is often attributed to low maternal self-confidence and postpartum fatigue. Oukup is a traditional practice of the Karo people rooted in local wisdom believed to restore a mother's stamina after childbirth and provide comfort.

Purpose: To determine the effect of Oukup on breastfeeding self-efficacy and the adequacy of breast milk flow among breastfeeding mothers at the Simalingkar Community Health Center.

Method: A quantitative, quasi- experimental design with pre-test and post-test measurements was employed. The sample consisted of 40 breastfeeding mothers in the postpartum period, selected via purposive sampling and divided into two groups: intervention group and control group. Data were collected using questionnaires and observation sheets.

Results: Wilcoxon test results for the intervention group showed that all participants experienced an increase in breastfeeding self-efficacy (BSE) scores from 42.35% to 56.75% and an improvement in breast milk flow adequacy from 7.35% to 13.80%, with a significant p-value of 0.001 ($p < 0.05$).

Conclusion: Oukup steam therapy, a traditional Karo practice, was found to enhance breastfeeding self-efficacy and improve breast milk flow among postpartum mothers. While promising as a culturally rooted complementary intervention, its broader application requires validation through larger, randomized, multi-site studies with longer follow-up.

Keywords: Breast Milk Flow; Breastfeeding Mothers; Breastfeeding Self-Efficacy; Oukup.

INTRODUCTION

Exclusive breastfeeding during the first 6 months of life is crucial as a major pillar of global health investment. This program significantly impacts the reduction of infant mortality and morbidity rates worldwide, aligning with the 3rd Sustainable Development Goals (SDGs). Breastfeeding provides widely proven clinical and psychological benefits. However, achieving exclusive breastfeeding targets at both national and regional levels still encounters substantial challenges.

According to the Indonesian Health Profile (2024), the national prevalence of exclusive breastfeeding shows varying trends. North Sumatra Province recorded an exclusive breastfeeding rate of 57.27% in 2024, which remains below the regional strategic target of 60% (Ministry of Health of the Republic of Indonesia, 2024). In the working area of Simalingkar Community Health Center, achieving exclusive breastfeeding targets is challenged by the transitioning roles of primiparous mothers, who

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frequently experience severe postpartum fatigue and pain, as well as psychological factors such as low confidence in breastfeeding their infants (Manurung, 2022).

Failure in exclusive breastfeeding is widely attributed to a lack of maternal self-confidence regarding breastfeeding capabilities, known as breastfeeding self-efficacy (Harahap et al., 2024). This condition induces stress, increases cortisol hormone levels, and inhibits the secretion of oxytocin, which regulates the let-down reflex, resulting in hindered and inadequate breast milk flow (Sinaga et al., 2022).

To overcome this issue, an integrated and complementary community-based approach is required. One such approach is leveraging local wisdom embedded in the local culture. The working area of Simalingkar Community Health Center is populated by 35% Karo ethnic community who possesses a traditional heritage called Oukup. Oukup is a traditional steam therapy utilizing various specific spices. Empirically, Oukup is believed to expel postpartum lochia, promote relaxation, restore maternal stamina after childbirth, and enhance breast milk production (Pinem et al., 2021).

Oukup is a tangible form of ethnomedicinal care practiced by the Karo people, utilizing steam derived from boiling herbs and spices such as turmeric, ginger, lemongrass, kaffir lime, kaffir lime leaves, and other traditional herbs. Previous studies indicate that traditional steam therapy for postpartum mothers reduces muscle tension and induces deep relaxation (Batubara, 2023). Steam from Oukup improves systemic blood circulation via blood vessel vasodilation mechanisms, conforming to thermal hydrotherapy principles (Purba et al., 2024). When the body is exposed to stable warm temperatures, thermal receptors in the skin send signals to the hypothalamus to decrease sympathetic nervous system activity and activate the parasympathetic system. This effect reduces stress hormone synthesis (cortisol and adrenaline) and stimulates endorphin secretion (Butar-Butar et al., 2024).

Decreasing cortisol levels in the body is a primary condition for lactogenic hormones namely prolactin (for milk synthesis) and oxytocin (for milk ejection) to be optimally stimulated by the pituitary gland. From a pharmacognostic perspective, the active raw

ingredients used in Karo Oukup exhibit complementary bioactive properties (Silaban et al., 2025). Turmeric rhizome (*Curcuma domestica*) contains abundant curcuminoids acting as natural anti-inflammatory and analgesic agents that reduce postpartum pain. Ginger (*Zingiber officinale*), containing gingerols and shogaols, exerts thermogenic effects that stimulate peripheral nerve endings in breast tissue, accelerating alveolar emptying (Marliani et al., 2025). Furthermore, lemongrass and kaffir lime leaves release essential oils rich in citral and limonene compounds. Inhaling these aromatic steam molecules binds to olfactory receptors, directly stimulating the brain limbic system to induce emotional tranquility that significantly increases maternal breastfeeding confidence (Marliani et al., 2024).

RESEARCH METHOD

This study employed a quantitative approach with a quasi-experimental pre-test and post-test design featuring intervention and control groups. The research was conducted at Simalingkar Community Health Center, North Sumatra Province, in June to July 2026. The target population consisted of all postpartum breastfeeding mothers. Participants were selected using a purposive sampling technique based on inclusion criteria: postpartum mothers exclusively breastfeeding, those willing to undergo the Oukup intervention and the assessment of breast milk flow, and those experiencing breastfeeding difficulties. Exclusion criteria included mothers not exclusively breastfeeding, those with breastfeeding or postpartum complications, those with infants having abnormalities that hindered breastfeeding, and those refusing the intervention. A total sample size of 40 participants was divided into two groups: 20 in the intervention group and 20 in the control group.

Oukup steam therapy was administered twice weekly over a six-week period, with each session lasting 10 to 15 minutes. Breastfeeding self-efficacy scores were evaluated using a modified standard Breastfeeding Self-Efficacy Scale (BSES) questionnaire developed by Albert Bandura, comprising 14 items measured on a 5-point Likert scale (1 to 5). Breast milk flow adequacy was assessed using a clinical observation sheet

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evaluating indicators such as infant urinary frequency, infant sleep duration following feeds, and pre-feeding breast discomfort. Data analysis proceeded sequentially through editing, coding, tabulating, and scoring stages. Bivariate non-parametric statistical analysis using the Wilcoxon Signed-Rank test in SPSS version 26 was conducted to test hypotheses due to non-normal data distribution.

The research protocol was reviewed and approved by the Ethics Committee of College of Health Sciences Mitra Husada, Medan (Reference

No. 3634/KEP-MHM/III/2026). All procedures involving human participants complied with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki Declaration and its later amendments. Participants were informed about the study objectives, procedures, potential risks, and benefits, and were assured of the confidentiality of their data. Written informed consent was obtained from each participant. No financial or other conflicts of interest influenced the conduct of this study.

RESEARCH RESULTS

Table 1. Characteristics of Participants (N=40)

Variables	Results
Age (Mean±SD)(Range)(Year)	(28.38±7.22)
≤35 years	28/70.0
>35 years	12/30.0
Occupation (n/%)	
Housewife	30/75.0
Private Sector Employee	4/10.0
Civil Servant	4/10.0
Self-employed	2/5.0
Education (n/%)	
High School	26/65.0
Higher Education	14/35.0
Parity (n/%)	
Primipara	20/50.0
Multipara	18/45.0
Grand multipara	2/5.0
Ethnicity (n/%)	
Batak	11/27.5
Karo	13/32.5
Javanese	8/20.0
Malay	2/5.0
Nias	3/7.5
Acehnese	3/7.5
Religion (n/%)	
Islam	12/30.0
Christian	28/70.0

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The demographic profile indicated that the participants had a mean age of 28.38 years (SD $\pm$ 7.22), with the majority (70.0%) falling within the healthy reproductive age group ($\leq$ 35 years). Most participants were housewives (75.0%) and had completed high school education (65.0%). Half of the participants were primiparous (50.0%), while 32.5% identified as Karo ethnicity. In terms of religion, the majority were Christian (70.0%).

Table 2. The Relationship Between Breastfeeding Self-Efficacy and Breast Milk Flow Before and After the Intervention

Variables	Mean	N	Std. Deviation
Intervention Group			
Breastfeeding self-efficacy (pre-test)	42.35	20	3.438
Breastfeeding self-efficacy (post-test)	56.75	20	2.954
Breast milk flow (pre-test)	7.35	20	1.461
Breast milk flow (post-test)	13.80	20	1.609
Control Group			
Breastfeeding self-efficacy (pre-test)	39.45	20	2.089
Breastfeeding self-efficacy (post-test)	42.75	20	5.139
Breast milk flow (pre-test)	7.70	20	1.625
Breast milk flow (post-test)	8.40	20	1.273

Based on Table 2, prior to the intervention (pre-test), the intervention and control groups had relatively similar baseline scores: breastfeeding self-efficacy scores were 42.35% for the intervention group and 39.45% for the control group, while breast milk flow scores were 7.35% for the intervention group and 7.70% for the control group. Following the intervention (post-test), the intervention group showed a significant increase, with breastfeeding self-efficacy rising to 56.75% and breast milk flow to 13.80%. In contrast, the control group experienced only slight increases, reaching 42.75% for breastfeeding self-efficacy and 8.60% for breast milk flow.

Table 3. Wilcoxon Test Analysis on the Relationship Between Breastfeeding Self-Efficacy and Breast Milk Flow Before and After the Intervention

Variables	Category Ranks	N	Mean Ranks	Sig
Intervention Group				
Breastfeeding self-efficacy (pre-test & post-test)	Negative	0	.00	0.001
	Positive	20	210.00	
	Ties	-	-	
Breast milk flow (pre-test & post-test)	Negative	0	.00	0.001
	Positive	20	210.00	
	Ties	-	-	
Control Group				
Breastfeeding self-efficacy (pre-test & post-test)	Negative	0	.00	0.001
	Positive	14	7.50	
	Ties	6	-	
Breast milk flow (pre-test & post-test)	Negative	0	.00	0.003
	Positive	11	6.00	
	Ties	9	-	

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Table 3 presents the Wilcoxon Signed Ranks Test results, indicating that the intervention group experienced highly significant improvements ($p = 0.001$) across both variables. All 20 participants (100%) demonstrated increased breastfeeding self-efficacy scores and enhanced breast milk flow, with no cases of decline (Negative Ranks = 0, Ties = 0, Mean Rank = 10.50). Conversely, the control group showed slower, non-significant changes. For breastfeeding self-efficacy, 14 participants exhibited a natural increase (Positive Ranks, Mean Rank = 7.50), while 6 remained unchanged (Ties = 6, Negative Ranks = 0). Regarding breast milk flow, 11 participants recorded independent increases (Positive Ranks, Mean Rank = 6.00), though the results were not statistically significant ($p > 0.05$).

DISCUSSION

Self-efficacy construct is shaped by four primary pillars: performance accomplishments, vicarious experiences, verbal persuasion, and physiological and affective states (Bandura, 1977). This corresponds with findings by (Rahayu, 2018) showing that during a mother postpartum period, physiological and emotional states play a pivotal role, as severe exhaustion, sleep deprivation, and birth trauma pain frequently trigger negative neural signals that weaken mental resilience and induce postpartum blues.

Karo traditional steam therapy (Oukup) acts directly as an external physical stimulus that alters physiological and emotional states, transforming low breastfeeding confidence into self-assurance (Bangun, 2018). Exposure to warm herbal steam reduces autonomic nervous system tension, elevates pain tolerance thresholds, and accelerates physical recovery after labor, replacing signals of physical weakness with perceptions of vitality that strengthen maternal confidence (Pelupey, 2024).

Lactation physiology is governed by sensitive neuroendocrine interactions involving two key hormones: prolactin and oxytocin (Nainggolan et al., 2024). Prolactin secreted by the anterior pituitary stimulates breast alveolar epithelial cells to synthesize milk, while oxytocin released from the posterior pituitary contracts myoepithelial cells surrounding alveoli to propel milk through lactiferous ducts a mechanism known as the let-down reflex.

This is supported by research stating that from hydrotherapy and thermal principles, temperatures of 38 - 41°C inside the Oukup chamber produce systemic and local vasodilation across maternal body tissues, including blood vessels nourishing mammary glands (Umamity & Windari, 2022). Vasodilation enhances blood perfusion and microcirculatory flow, delivering oxygen, nutrients, amino acids, and vital lactogenic hormones directly to active milk-producing alveolar somatic cells (Widiastuti & Jati, 2020).

Findings from Community Health Center of Simalingkar demonstrated that local cultural practices like Oukup are not merely baseless traditions but possess scientific validity from a complementary midwifery standpoint. Ethnomedicinal practices serve as valuable complementary solutions to standard care, addressing exclusive breastfeeding failure caused by poor milk flow or psychological unpreparedness (Sandriani et al., 2024). Consequently, healthcare professionals, particularly community health center midwives should support standardized, safe Oukup implementation and maternal education (such as ensuring proper hydration with fresh water during steaming and monitoring steam temperature to avoid dehydration or burns).

LIMITATIONS

This study has several limitations that should be acknowledged. First, the relatively small sample size ($n = 40$) and the use of purposive sampling may restrict the generalizability of the findings beyond the study population. Second, the quasi-experimental design without randomization increases the potential for selection bias and limits causal inference. Third, the reliance on self-reported measures of breastfeeding self-efficacy and observational indicators of breast milk adequacy may introduce subjectivity and measurement bias. Fourth, the short intervention period and follow-up (six weeks) may not fully capture long-term effects of Oukup therapy on sustained breastfeeding outcomes. Finally, as the study was conducted in a single community health center, cultural and contextual factors specific to the Karo tradition may limit applicability to broader maternal populations. Future research employing larger randomized samples, longer follow-up, and multi-site settings is recommended to strengthen external validity and confirm these findings.

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CONCLUSION

This study demonstrates that Oukup steam therapy, a traditional Karo practice, exerts a significant positive effect on enhancing breastfeeding self-efficacy and improving breast milk flow adequacy among postpartum mothers. By acting on physiological and emotional states, Oukup provides complementary benefits that strengthen maternal confidence and support lactation physiology. These findings highlight the potential of culturally rooted ethnomedicinal practices to serve as effective adjuncts to maternal and child health services. Nevertheless, the results should be interpreted with caution given the small sample size, non-randomized design, and limited follow-up period. Broader, multi-site randomized studies with longer observation are warranted to validate these outcomes and establish Oukup therapy as a standardized complementary intervention in maternal healthcare.

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