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A Phenomenological Study of Exclusive Breastfeeding Practices among the Banjar Ethnic Community in the Working Area of Karang Intan 1 Community Health Center

Anila Iliani[1], Herawati Herawati[2], Hardyan Sauqi[3], Adi Nugroho[4], Nelly Al Audhah[5]
[1]Master of Public Health Program, Faculty of Medicine and Health Sciences, Lambung Mangkurat University, Banjarmasin, Indonesia
[2]Department of Nursing, Faculty of Medicine and Health Sciences, Lambung Mangkurat University, Banjarmasin, Indonesia
[3]Department of Obstery and Gynecology, Faculty of Medicine and Health Sciences, Lambung Mangkurat University, Banjarmasin, Indonesia
[4]Department of Public Health, Faculty of Medicine and Health Sciences, Lambung Mangkurat University, Banjarmasin, Indonesia
[5]Department of Mycrobiology and Parasitology, Faculty of Medicine and Health Sciences, Lambung Mangkurat University, Banjarmasin, Indonesia
*Corresponding Author: Herawati
Email: herawati@ulm.ac.id

Abstract. *Exclusive breastfeeding coverage in Indonesia remains below the national target of 80%. In the service area of Karang Intan 1 Community Health Center, the coverage was only 17.3%, contributing to the high prevalence of stunting. This study aimed to explore the experiences of exclusive breastfeeding among the Banjar tribe from socio-ecological and cultural perspectives. A qualitative study with a phenomenological design was conducted involving 27 participants, including breastfeeding mothers, husbands, family members, traditional and religious leaders, and health workers. Data were collected through in-depth interviews and analyzed thematically using Bronfenbrenner's Social Ecology Theory and Leininger's Sunrise Model. The findings showed that exclusive breastfeeding practices are influenced by interactions among family, community, and cultural environments. Support from husbands and parents was essential but often conflicted with traditional practices, such as pre-lactation feeding and postpartum dietary restrictions. Community health cadres and local leaders strengthened social support, while adapting the local Bedadah tradition promoted acceptance of breastfeeding messages. However, formula milk promotion remained a major barrier. The study concludes that exclusive breastfeeding among the Banjar tribe is shaped by the interaction of cultural beliefs, family support, and community influences. Improving breastfeeding outcomes requires culturally sensitive health education, active involvement of family and community leaders, and reinforcement of local cultural values that encourage exclusive breastfeeding.*

Keywords: *Exclusive Breastfeeding, Phenomenology, Banjar Tribe, Social Ecology, Transcultural Nursing*

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INTRODUCTION

Exclusive breastfeeding for the first six months of a baby's life is crucial for meeting nutritional needs, boosting the immune system, and strengthening the emotional bond between mother and child (Maciel et al., 2024; Purkiewicz et al., 2025; Ajmal, 2024; Kariyawasam et al., 2025; Vassilopoulou et al., 2021). National rates of exclusive breastfeeding have fluctuated and have not consistently met the national target of 80%. Data from the 2023 Indonesian Health Survey (SKI) indicate that exclusive breastfeeding coverage for 0–6 months across various provinces in Indonesia remains below the national target, with rates ranging from 35.9% to 71.4% and an average of 55.5%. This achievement also remains below the UNICEF-WHO target of 70% by 2030.

South Kalimantan Province has an average rate of 58.7%. Banjar Regency recorded an exclusive breastfeeding rate of 65.3%, with a very wide range across subdistricts; in particular, the situation in the service area of the Karang Intan 1 Community Health Center is deeply concerning, with a rate of only 17.3%. This figure is far below the national target of 80% and the WHO recommendation of 70%, indicating the need for special attention to maternal and child health in this region.

These low outcomes indicate the presence of deep-seated barriers within society (Cislaghi & Berkowitz, 2021; Lehmann et al., 2021). According to social ecological theory, health behavior is the result of layered interactions between individuals, families, communities, and policies (Snyder et al., 2021). Leininger's transcultural nursing theory emphasizes the importance of understanding cultural values, beliefs, and practices as an integral part of breastfeeding practices in society (Lisna & Adam, 2025). Local cultural factors of the Banjar tribe, such as prelactal traditions and dietary restrictions for postpartum mothers, play a significant role in this low coverage (Fuziarti et al., 2020; Palimbo et al., 2023; Rachmayanti et al., 2023).

To explore in depth the complex interactions underlying the low rates of exclusive breastfeeding, a phenomenological qualitative approach was chosen, combining social ecological and transcultural care perspectives (Astuti et al., 2021; Iliani et al., 2026; Prashanth et al., 2025; Snyder et al., 2021; Monteith et al., 2025). This study not only identifies factors influencing the experience of exclusive breastfeeding practices but also yields a holistic and contextual understanding. The findings of this study are expected to serve as a foundation for designing culturally-based health interventions that leverage local wisdom while transforming it to enhance exclusive breastfeeding coverage in South Kalimantan.

METHODS

This study was conducted using a qualitative approach with a phenomenological design to gain an in-depth understanding of the meaning and essence of the life experiences of mothers from the Banjar ethnic group in practicing exclusive breastfeeding. The focus of the study was on understanding the participants' subjective perspectives on the phenomenon of exclusive breastfeeding. The research was conducted in the service area of the Karang Intan 1 Community Health Center, Banjar Regency, South Kalimantan, from November to December 2025. This location was selected purposively because it embodies the distinctive cultural values of the Banjar tribe in child-rearing practices and the family's social support system for postnatal care. Informants were selected using purposive sampling and snowball sampling until data saturation was achieved. The study subjects consisted of 27 participants, including: 5 breastfeeding mothers, 5 husbands, 5 parents/grandparents, 1 friend, 1 traditional leader/cultural figure, 1 religious leader, 1 community leader, 1 policy maker (Health Department), 2 midwives, 2 nutritionists, 1 nurse, 1 public health officer, and 1 Posyandu volunteer. Data collection utilized three techniques (Sugiyono, 2013): (1) semi-structured in-depth interviews recorded with the informants' consent, (2) participatory observation in the informants' residential areas, posyandu, and puskesmas, and (3) documentation in the form of secondary data s from posyandu records and puskesmas programs. Data analysis followed an interactive analysis model comprising data reduction, data presentation, and drawing conclusions. Data validity was ensured through

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triangulation of sources, methods, and techniques, as well as member checking with experts/supervisors and key informants (Miles et al., 2014).

RESULT AND DISCUSSION

Participant Characteristics

The Karang Intan 1 Community Health Center serves the Karang Intan subdistrict, which includes several villages (Karang Intan, Sungai Alang, Sungai Landas, Mali-Mali, Mandikapau Barat, Mandikapau Timur, Pulau Nyiur, and Jingah Habang). Demographically, the population in this area is predominantly Banjar, a group characterized by strong religious beliefs, a collective family-oriented culture, and specific traditions and taboos regarding maternal and child care.

Exclusive Breastfeeding Practices through the Macrosystem Dimension

The Bedadah and Betasmiyah Traditions

Based on in-depth interviews with 27 participants, it was found that Banjar culture plays a dual role as both a supporter and a barrier to exclusive breastfeeding. One of the key findings was the Bedadah tradition, which involves gently massaging the mother's breasts and back after childbirth to stimulate milk flow. Midwife 2 (P4) stated:

> *"The essence of Bedadah is a gentle massage of the breasts. People used to say it was to 'break up' milk blockages. It is usually performed by a nini (traditional birth attendant) or a skilled massage therapist."*

Health workers have integrated Bedadah as a local form of breast care so that it is accepted by mothers and bridges the gap between modern medical approaches and local traditions. Conversely, the Betasmiyah tradition is a significant barrier. In this ritual, babies are often given honey, Zamzam water, or dates shortly after birth, which violates the principle of exclusive breastfeeding. Grandmother 3 (P14) stated:

> *"Yes. Zamzam water or honey is given after childbirth, but during Betasmiyah, dates are given."*

Religious legitimization makes this practice difficult to change because it is considered a form of worship. However, religious leaders have begun to be involved in promoting exclusive breastfeeding through sermons, as explained by Policy Maker (P5):

> *"What's it called? But the point is, this innovation involves bringing in religious leaders to give sermons, and our colleagues from the community health center join in."*

Meanwhile, norms of modesty (the cultural taboo against breastfeeding in public) act as a structural barrier for mothers who are active outside the home.

According to Bronfenbrenner's ecological theory, the macrosystem encompasses cultural values, social norms, and belief systems that influence individual behavior (Bensaid, 2021). The Bedadah tradition, as adapted by health workers, demonstrates that culture is not always a barrier but can serve as social capital when appropriately accommodated. A combination of inadequate knowledge and strong socio-cultural factors contributes to low rates of exclusive breastfeeding (Meher & Zaluchu, 2024; Balogun et al., 2015; Kimani-Murage et al., 2015; Sosseh et al., 2023). The Betasmiyah practice, objectified through Berger and Luckmann's social construction and legitimized by Weber's traditional authority, makes it extremely difficult to change without a culturally sensitive approach.

Policy

The implementation of the Early Breastfeeding Initiation (EBI) policy in the service area of the Karang Intan 1 Community Health Center has proven to be a key factor in the success of exclusive breastfeeding practices. All deliveries assisted by health workers have incorporated the EBI procedure within the first hour after birth, including in cases of cesarean section, through collaboration across health facilities.

Although policies supporting exclusive breastfeeding exist, weak regulations regarding restrictions on formula milk promotion remain a significant challenge (Ahmad et al., 2022; Barennes et al., 2016; Piwoz & Huffman, 2016; Topothai et al., 2024). Health workers lack the authority to directly prohibit promotion in the community, so interventions are more focused on educational approaches (Pinem, 2022; Kok et al., 2015; Kim et al., 2016; Shubayr et al., 2023; Greenberg et al., 2017).

This phenomenon reflects the influence of commercial determinants of health, in which industry interests help shape public preferences (Ahmad et al., 2022). Massive promotion of formula milk not only increases the product's visibility but also fosters the perception that formula milk is an equivalent or even better alternative to breast milk (Hanifa et al., 2023; Rollins et al., 2023; Conway et al., 2023; Baker et al., 2023). In the context of health behavior, this situation creates a competing information environment, where health messages from healthcare providers compete with more persuasive and emotionally charged commercial messages. Consequently, the education provided in prenatal classes is often insufficient to change established beliefs. This indicates that knowledge-based interventions alone are inadequate without stronger regulatory support to control the promotion of breast milk substitutes (Amir et al., 2016; Varela et al., 2024).

Exclusive Breastfeeding Practices Based on the Ecosystem Dimension

Health Services

Health workers serve as key actors within the ecosystem through their educational, persuasive, and negotiating roles. Interventions through prenatal classes, toddler classes, and community health posts reflect an empowerment-based health promotion approach. Midwife 2 (P4) stated:

> *"We teach the correct techniques for oxytocin massage and breast massage in prenatal classes. We say, 'This is a safer, modern version of Bedadah.'"*

On the other hand, ecosystem barriers still arise in the form of limited effectiveness of health education when it reaches only mothers without involving the immediate family. Education at health posts or prenatal classes does indeed strengthen knowledge, but it is not always sufficient to change household practices that have been shaped by generations-old traditions (Arfianti & Retni, 2024; Beck et al., 2020).

Involvement of Community Leaders

Posyandu serve as venues for collective monitoring of infant feeding practices, while community leaders and the village head's wife act as agents of social norms. The involvement of religious leaders in sermons integrated with messages on exclusive breastfeeding is a strategic innovation. Nutritionist 2 (P2) stated:

> *"Recently, a mother approached the village head's wife."*

From the perspective of Social Norms Theory, collective monitoring of infant feeding practices demonstrates an effective community-based social monitoring mechanism (Couto et al., 2020). However, traditional leaders have the potential to reinforce traditions that conflict with exclusive breastfeeding if they are not involved in educational programs.

Exclusive Breastfeeding Practices Based on the Mesosystem Dimension

The Role of Healthcare Workers in Interacting with Families

Health facilities, through prenatal classes and community health posts, strive to involve the immediate family so that information on exclusive breastfeeding does not stop with the mother alone. However, Nutritionist 1 (P1) noted:

> *"In prenatal classes, it's usually just the pregnant women sometimes not even their husbands attend."*

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Mesosystem interactions often create tension when healthcare workers' advice conflicts with parents' instructions. Nutritionist 2 (P2) uses a persuasive approach:

"We're like their children, you know. Don't act like, 'I'm the official here.'"

From the perspective of Leininger's transcultural nursing theory, decisions regarding infant feeding in the Banjar community do not rest entirely with the mother but are shaped by power dynamics within the extended family. The cultural accommodation strategies employed by healthcare providers constitute an appropriate response to these mesosystem dynamics (Hanifah & Kartini, 2022; Aggarwal et al., 2022; Nolan & Owen, 2024; Pask et al., 2018).

Exclusive Breastfeeding Practices Based on the Microsystem Dimension

Family Support

The husband was identified as a key figure in providing emotional support that boosts the mother's confidence. Breastfeeding Mother 2 (P7) stated:

"If our milk supply is secure, the husband just goes along with it."

The presence of parents or in-laws at home also provides motivation in the form of domestic help, allowing the mother to focus on breastfeeding. However, the belief that a baby's crying always means hunger often leads to early introduction of complementary foods. Midwife 1 (P3) stated:

"By 4 months, there are many demands, and they get unsure, thinking the baby is hungry."

Advice from the older generation carries significant moral authority that mothers find difficult to reject. Within the framework of Bandura's self-efficacy theory, the perception of an inability to meet a baby's needs can lower self-confidence and trigger the early introduction of complementary foods. Conversely, a husband's emotional support aligns with Cohen's social support theory, which asserts that emotional support enhances psychological resilience and self-efficacy (Meyda & Wijayanti, 2025).

Support from Relatives/Friends

Support comes not only from the immediate family but also from interactions with relatives and friends. Participant 24 (P24) stated:

"I suggest you try your best first to produce plenty of breast milk exclusive breastfeeding at first. Because the baby isn't even 6 months old yet. You should try your best to do that first."

Barriers include the potential for inaccurate information from relatives/friends, as well as the influence of peer groups who use formula milk. From the perspective of Giles' communication accommodation theory, the use of the Banjar language by healthcare workers demonstrates a convergence strategy to reduce social distance and enhance message acceptance (Adde, 2025).

CONCLUSION

The practice of exclusive breastfeeding among the Banjar ethnic group in the service area of the Karang Intan 1 Community Health Center is the result of a complex interplay between cultural values, religion, and family social structures operating across four dimensions of the social ecology. At the macrosystem level, Banjar cultural norms play a dual role: the Bedadah tradition, adapted as a local breast care practice, acts as a facilitator, while the Betasmiyah tradition and food taboos serve as the primary barriers. At the ecosystem level, the role of the Karang Intan 1 Community Health Center, through its lactation counseling and immediate skin-to-skin contact (IMD) services, serves as a key supporting factor, although consistency still needs to be improved. At the mesosystem level, interactions between health facilities and families often involve tension between medical advice and cultural beliefs. At the microsystem level, husbands are key providers of emotional support, but advice from older generations regarding early introduction of complementary foods poses a major challenge. The success of increasing exclusive

breastfeeding coverage depends heavily on the synergy between medical education, support from extended families, and the reinforcement of local norms that support lactation. A community-based intervention model that is culturally sensitive to the Banjar people is needed, involving religious and traditional leaders, as well as the development of peer support groups for breastfeeding mothers in every village.

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