

A Qualitative Systematic Review of Exclusive Breastfeeding Practices in Indonesia: The Role of Family, Community Leaders, and Health Workers

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Abstract

Exclusive breastfeeding (EBF) coverage in Indonesia remains far below the national target at only 20.7%. Understanding how family, community leaders, and health workers interact to influence mothers requires synthesizing qualitative evidence that captures lived experiences, power dynamics, and contextual meanings. This study aims to synthesize qualitative evidence on the roles and interactions of family, community leaders, and health workers in EBF decision-making in Indonesia. This qualitative systematic review was conducted following the PRISMA 2020 guidelines. A systematic search across Scopus, PubMed, and ProQuest for the period 2010-2025 identified 18 qualitative studies meeting the inclusion criteria. Data analysis employed thematic synthesis, which involved line-by-line coding of extracted findings, development of descriptive themes, and generation of analytical themes. These themes were then conceptually mapped based on Bronfenbrenner's socio-ecological theory to illustrate multi-level interactions. The close family (particularly parents/in-laws) played a dominant role as "tradition holders," often recommending early complementary feeding. Husbands demonstrated an ambivalent role, being either supportive or inhibitory. Health workers acted as educators but were often inconsistent and constrained by limited capacity. Community leaders had a dual role as norm-setters, both supporting and hindering EBF based on traditional beliefs and religious authority. The synthesis generated a "line-of-argument" illustrating how these actors interact across ecological levels, creating a complex negotiation process between biomedical knowledge and socio-cultural traditions that shapes EBF outcomes. EBF decision-making in Indonesia results from complex multi-actor interactions within the social ecology.

INTRODUCTION

Exclusive breastfeeding (EBF) during the first six months of life is a globally recognized health intervention scientifically proven to reduce under-five child mortality by 13% and prevent 22% of neonatal deaths (Victora et al., 2016). The World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) recommend EBF as the gold standard for infant nutrition, as it contains specific antibodies, digestive enzymes, and growth factors that cannot be synthesized by formula milk (WHO & UNICEF, 2014). In Indonesia, the government has set an EBF coverage target of 80% through Government Regulation No. 28 of 2024, replacing the previous regulation (No. 33/2012) to strengthen implementation at the healthcare service and community levels. However, data from the 2023 Indonesian Health Survey reports a national EBF achievement of 20.7% among infants aged 0-6 months, which ranges from 7.8% to 49.8% across provinces (Kemenkes RI, 2024). This figure is even lower than the global target

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of 70% set for 2030 (UNICEF & WHO, 2019), indicating the presence of complex structural and socio-cultural barriers to EBF implementation in Indonesia, underscoring a substantial gap between policy targets and actual practice.

Breastfeeding practices cannot be separated from the social and cultural context in which mothers and infants reside. Health anthropology emphasizes that health behaviors—including breastfeeding—are the result of dynamic interactions between biomedical knowledge, collective norms, power structures, and cultural symbolism (De la Llana Pérez et al., 2022; Hahn & Schoch-Spana, 2021; Ji & Cheng, 2021; López & González, 2024). In Indonesia, ethnic and customary diversity creates a highly varied landscape of breastfeeding practices. For example, existing literature suggests that among the Banjar community in South Kalimantan, rituals such as *Bedadah* (breast massage by a traditional midwife) and prelacteal feeding of honey or zam-zam water are still considered sacred, despite contradicting health protocols (Barjie B, 2022). Meanwhile, in Aceh, breastfeeding decisions are often influenced by in-laws within the local kinship system (Aiman & Nuraida, 2021). These phenomena demonstrate that the success of EBF does not depend solely on individual knowledge, but rather on the social ecology involving various actors with hierarchical influence. Without a deep understanding of these dynamics, biomedical-based interventions risk failure by overlooking the cultural realities of communities (Mawaddah et al., 2018).

Three crucial actors in the social ecology of breastfeeding practices in Indonesia are the family, community leaders, and health workers. The family—particularly husbands, parents, and in-laws—often act as cultural gatekeepers, controlling decisions through traditional perceptions such as the myth of "dirty first milk" or dietary restrictions for postpartum mothers (Februhartanty et al., 2020; Meher & Zaluchu, 2024; Nidaa & Krianto, 2022). On the other hand, community leaders—including traditional midwives, customary figures, and religious leaders—can be understood as mediators between local and biomedical knowledge (Damus, 2023; Yunitasari et al., 2019). In Aceh, for example, Islamic scholars use Quranic interpretation (Chapter 2 verse 233) to support two years of breastfeeding (Nurullah et al., 2024), while in other communities, Early Initiation of Breastfeeding (EIB) is rejected if it conflicts with local rituals (Rasip et al., 2024). Meanwhile, health workers (*nakes*) as agents of change are often caught in a dilemma between following protocols and respecting cultural practices. Traditional feeding practices, advice from religious leaders, and opinions from mothers-in-law also influence acceptance, thereby compromising the effectiveness of counseling (Sharma & Byrne, 2016). The interaction between these three actors shapes a decision-making landscape that has not been systematically mapped in Indonesian scientific literature.

Qualitative studies on breastfeeding practices in Indonesia remain limited, and comprehensive syntheses of the roles and interactions of families, community leaders, and health workers are scarce. Most research is fragmented, focusing only on a single actor (e.g., the role of the family or health workers) without analyzing the reciprocal relationships among them (Pinem, 2022). Furthermore, cross-cultural studies comparing actor dynamics across ethnic groups (e.g., Javanese vs. Minangkabau) are almost non-existent, making it difficult to identify general patterns or significant cultural differences. More critically, to our knowledge, no review has yet integrated Bronfenbrenner's social ecological theory to explain the mechanisms of influence and negotiation in breastfeeding decision-making within the Indonesian context. This gap hinders the development of culturally safe, evidence-based interventions, especially amidst the national stunting reduction target of 14% by 2024 (Indonesian Ministry of Health, 2023). This systematic review aims to fill this gap by synthesizing qualitative evidence on the roles and interactions of families, community leaders, and health workers in exclusive breastfeeding decision-making in Indonesia.

METHODS

Design and Protocol

This study was designed as a qualitative systematic review employing a thematic synthesis approach, a method for integrating findings from multiple qualitative studies to identify and develop key themes across the literature. This approach was selected as it enables researchers to systematically identify, analyze, and synthesize patterns concerning the roles of key actors in exclusive breastfeeding decision-making in Indonesia. The entire research process adhered to the PRISMA 2020 guidelines (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) for systematic review reporting, encompassing four phases: identification, screening, eligibility, and inclusion (Page et al., 2021). The primary focus of the synthesis was on qualitative studies depicting the socio-cultural interactions between families, community leaders, and health workers within the context of EBF decision-making across various Indonesian ethnic groups. This design facilitates an exploration of the patterns of interaction and influence of breastfeeding practices at the micro-, meso-, exo-, and macrosystem levels (Guy-Evans, 2025). This review has been registered in PROSPERO under registration ID CRD420261368889.

Search Strategy and Information Sources

A systematic literature search was conducted using Scopus, PubMed, and ProQuest using a combination of: exclusive breastfeeding AND Indonesia AND (qualitative study OR ethnography OR phenomenology). The search was limited to articles published between 2010 and 2025. A 15-year window was chosen because published research on exclusive breastfeeding in Indonesia prior to 2010 is limited, and this period captures significant socio-cultural changes affecting breastfeeding practices (e.g., social media expansion, online formula marketing). The entire search process was executed in April 2026.

Eligibility Criteria

Inclusion and exclusion criteria were established based on the context for qualitative studies. Inclusion criteria: (1) ethnographic, phenomenological, or qualitative studies conducted in Indonesia; (2) focus on the role of at least one of the three key actors (family, community leaders, or health workers) in EBF decision-making; (3) analysis includes inter-actor interactions or cultural influences on breastfeeding practices; (4) full-text available or open access. Exclusion criteria: (1) quantitative, mixed-method, or review studies; (2) focus on breastfeeding-related topics but without discussing the specified actor roles (e.g., focusing only on biological or economic factors); (3) studies conducted outside Indonesia; (4) opinion pieces, editorials, or articles without empirical data; (5) published in 2026 or before 2010. These criteria were designed to ensure the inclusion of studies providing rich data on socio-cultural dynamics while limiting bias from studies with irrelevant methodologies.

Selection Process

The article selection process was conducted in three stages: (1) Identification: search results from all databases were combined and duplicates were removed. (2) Screening: titles and abstracts were screened against the inclusion criteria independently by two reviewers; articles clearly not meeting the criteria were excluded. To ensure consistency, a pilot test of the screening criteria was conducted on a random sample of 20 articles, achieving acceptable inter-rater reliability ($K = 0.875$). (3) Eligibility: A thorough full-text evaluation of screened articles was conducted. Reasons for exclusion at this stage were documented (e.g., "irrelevance or does not focus topic" or "not open access"). The entire process was documented in a PRISMA 2020 flow diagram, detailing the number of articles at each stage and the reasons for exclusion (Page et al., 2021).

Data Extraction and Quality Assessment

Data were extracted using a standardized form covering: (1) Study characteristics (author, year, location, ethnicity, design); (2) Actors studied (family, community leaders, health workers); (3) Main themes (influence strategies, conflicts, negotiations); (4) Cultural context (rituals, beliefs, norms); (5) Key findings on decision-making.

The methodological quality of each study was assessed using the Critical Appraisal Skills Programme (CASP) Qualitative Studies Checklist, which includes 10 items related to aim clarity, methodological appropriateness, analytic consistency, and ethical relevance (Critical Appraisal Skills Programme, 2025). Each item was rated as "yes," "no," or "can't tell." No studies were excluded based on quality appraisal, as all included studies met the criteria for qualitative research.

Data Synthesis and Analysis

Data synthesis was conducted using thematic synthesis approach through three stages. Stage one involved manual line-by-line coding of study findings to capture first-order constructs (participants' views). Stage two grouped codes into descriptive themes representing second-order constructs (primary authors' interpretations). Stage three involved further interpretation of descriptive themes to generate analytical themes (third-order constructs) addressing the review aims, such as "tradition holders," "ambivalent supporters," and "epistemological mediators." Analytical themes were then mapped onto Bronfenbrenner's socio-ecological framework to visualize actor interactions across micro, meso, exo, and macro levels. The synthesis process was iterative, with regular team discussions ensuring interpretations remained grounded in the data.

RESULTS

Characteristics of Included Studies (n = 18)

Figure 1 presents the PRISMA flow diagram illustrating the study selection process employed in this systematic review. In the identification phase, a comprehensive literature search yielded a total of 335 records, comprising 154 records from ProQuest, 179 from Scopus, and 2 from PubMed. All records proceeded to the screening phase, where 296 records were excluded based on initial title and abstract assessments that did not meet the inclusion criteria, leaving 39 records for further evaluation. During this phase, an additional 15 records were removed due to being duplicates (n=5), conducted outside Indonesia (n=2), being review articles (n=2), or employing quantitative/mixed-method methodologies (n=7). Subsequently, in the eligibility phase, 23 full-text articles were assessed in depth, resulting in the exclusion of five articles due to irrelevance after full-text reading (n=4) or lack of open access availability (n=1). Consequently, a total of 18 articles met all the inclusion criteria and were included in this systematic review, ensuring that the subsequent evidence synthesis is grounded in a rigorously and transparently selected body of literature. These studies employed a combination of data collection methods, including in-depth interviews, participatory observation, and Focus Group Discussions (FGDs).

Geographically, the included studies spanned various regions of Indonesia. The island of Java (Central Java, Yogyakarta, West Java, and East Java) was the most represented, contributing 7 out of the 16 studies (43.8%). This was followed by Sumatra (Aceh, Nias, North Sumatra, Riau) with 5 studies (31.3%). South Kalimantan, Central Sulawesi, Lampung, and East Nusa Tenggara (NTT) were each represented by one study (6.3% per region). This geographical distribution reflects a research focus on densely populated areas but also highlights a lack of representation from Eastern Indonesia (except for NTT and Central Sulawesi), a region known to have unique challenges in breastfeeding practices.

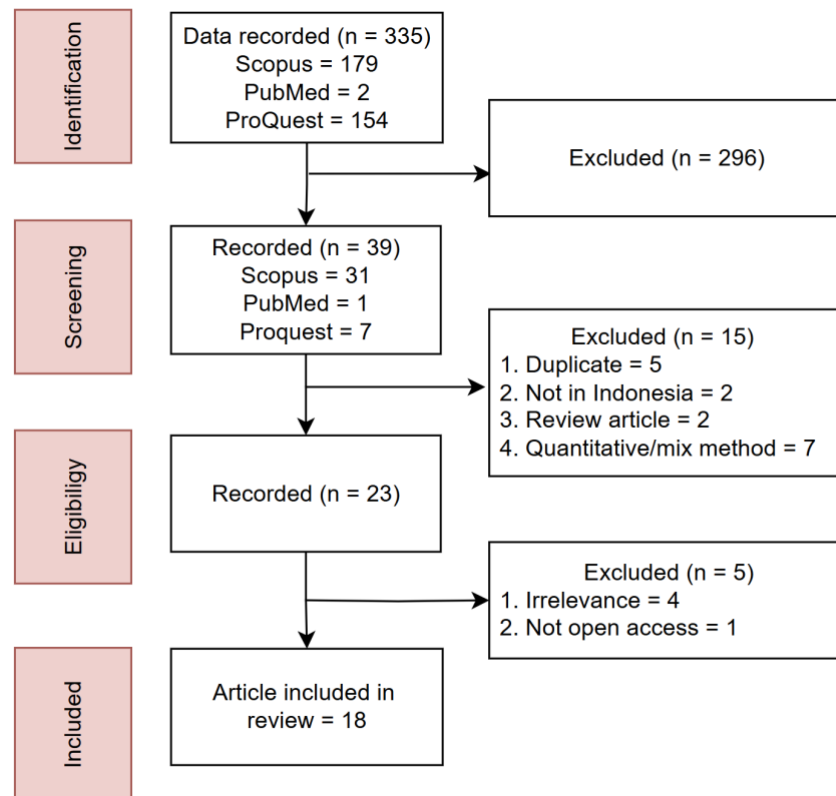


Figure 1. PRISMA diagram of selection process

The demographic characteristics of participants in the included studies showed significant diversity. The breastfeeding mothers involved ranged from adolescents to adults (with mothers aged 16-19 identified in Yogyakarta) and came from varied socio-economic backgrounds. Participants included homemakers, working mothers (including policewomen in NTT), and mothers with specific conditions, such as those in a post-operative context in West Java. Other actors involved in these studies included husbands (whose roles varied widely from non-involvement to highly supportive), parents/in-laws (often the key decision-makers in breastfeeding practices), grandmothers/relatives (as bearers of tradition and inherited beliefs), health workers (midwives, nurses, doctors, District Health Office staff), and community leaders (including religious and customary figures). Table 1 summarizes the key characteristics of the 18 included studies.

Table 1. Summary of study characteristics

Author (Year)	Study Design; Data Collection Methods	Participant Types; Sample Size; Gender; Age	Geographic Region	Main Findings
Ichsan et al. (2019)	Qualitative; In-depth interviews using semi-structured questionnaire	33 participants: 29 mothers with babies >6 months, 1 pregnant woman, 2 midwives from community health centers, 1 staff from district health department. Gender: 33 Female, 0 Male. Age: 22 participants under 35, 11 over 35.	Sukoharjo district, Central Java province, Indonesia	Health Workers: Provide education and support but inconsistent commitment to Early Breastfeeding Initiation (IMD). Social worker cadres (government-funded) play a role in promotion. Family: Grandmothers and husbands are key barriers (encourage formula in first 3 days); family can also be supporters.
Astuti et al. (2021)	Qualitative exploratory; One-to-one in-depth interviews	18 young mothers (first child aged 6-24 months). Gender: 18 F, 0 M. Age: 16-19 years.	Yogyakarta, Indonesia	Health Workers: Provide information but lack follow-up; inconsistent support; healthcare facilities often not breastfeeding-friendly. Family: Grandmothers and mothers-in-law hinder EBF with early introduction of honey/mashed banana; husbands are unsupportive and defer to their own mothers. Community Leaders: Local leaders (Mbah Carik) promote cultural practices (giving honey to newborns) that contradict EBF recommendations.
Flaherman et al. (2018)	Qualitative; Semi-structured interviews	54 participants: public health officials, hospital administrators, doctors, midwives, nurses, postpartum mothers, community support group representatives. Gender: 6 M, 48 F. Age: Not specified.	Jakarta, Banten, and West Java, Indonesia	Health Workers: Lack breastfeeding education in training; never trained in hand expression; rapid staff turnover hinders consistent support. Family: Family panic (baby crying) leads to formula supplementation.
Amiruddin et al. (2021)	Qualitative; Phenomenology approach; In-depth interviews & FGDs	15 participants: 10 mothers with stunted toddlers, 1 head of community health center, 2 health office staff, 2 community leaders. Gender: Not specified (majority F). Age: Not specified.	Aceh Jaya District, Aceh, Indonesia	Family (Strong Barrier): Grandmothers and in-laws impose food restrictions during pregnancy (no squid, shrimp, crab) believed to complicate delivery. Postpartum culture restricts food to only white rice and anchovies for 40 days, reducing breast milk production. Toddlers are fed instant noodles instead of rice; grandparents care for children while mothers work. Community Leaders (Strong Barrier): Religious and community leaders perpetuate myths (e.g., fish causes worms, giving honey to newborns prevents disease). Health Workers: Health center staff and health office participated as informants, but mothers did not follow their recommendations due to stronger cultural beliefs. Exclusive breastfeeding (0-6 months) was not practiced by any informant.
Meher & Zaluchu (2024)	Qualitative; In-depth interviews, FGDs	15 mothers, village midwives, community leaders. Gender: not	Nias Islands, Indonesia	Family (Strong Barrier): Mothers-in-law are the primary source of information and wield strong authority; they instruct daughters-in-law to return to work soon after birth and give

		specified (majority F). Age: not specified.		early foods (mashed banana, porridge) because "Nias women must be diligent." Obedience to mother-in-law is seen as a Biblical command. Community Leaders: Cultural/religious norms (patrilineal tradition, women's submission to husbands) are strongly enforced by community. Health Workers: Midwives' education is ignored because mothers are too busy working; health education sessions are held during work hours and considered irrelevant. Young midwives without children are not seen as credible.
Paramashanti et al. (2023)	Qualitative; In-depth interviews	46 participants: mothers, grandmothers, health practitioners, village kader (female health workers). Gender: not specified (majority F). Age: not specified.	Pati District (rural) & Surakarta City (urban), Central Java	Health Workers: In rural areas, midwives are highly respected and their advice on breastfeeding is followed. In urban areas, more varied resources (nutritionists, doctors) but inconsistent support. Cader (frontline female health workers) play a key role in educating mothers. Family: Grandmothers support breastfeeding but also influence formula feeding decisions. Urban fathers are less supportive; rural fathers encourage quitting jobs to breastfeed.
Spagnoletti et al., (2018)	Ethnographic qualitative; In-depth interviews, FGDs, participant observation	20 recently delivered middle-class mothers, health workers, breastfeeding counsellors, community stakeholders. Gender: mostly F. Age: 21-38 years.	Urban Yogyakarta, Indonesia	Health Workers: Inconsistent support; some still promote formula milk. Health workers are not subjected to the same moral scrutiny as mothers. Community Leaders: Religious leaders (ustadzah) teach that not breastfeeding is a "sinful act of maternal neglect." Family: Husbands and grandmothers influence feeding decisions, but mothers often feel unsupported and face public scrutiny.
Muhani et al. (2019)	Qualitative phenomenology; In-depth interviews, FGDs	7 mothers (with perceived insufficient milk), 7 husbands/family members, 4 key informants (health center staff, cadres). Gender: not specified. Age: 18-36 years.	Sumur Batu Public Health Center, Bandar Lampung, Indonesia	Family (Strong Barrier): Grandmothers (mothers/mothers-in-law) are the most influential decision-makers; they recommend formula milk when babies cry. Family supports breastfeeding in principle but does not forbid formula. Food taboos (no eggs, fish, spicy food) are imposed by family. Health Workers: Cadres and health center staff acknowledge that most mothers give formula; exclusive breastfeeding is very difficult to find.
Pramono et al. (2022)	Qualitative case study; Focus group discussion	14 midwives and nurses. Gender: 2 M, 12 F. Age: not specified.	Airlangga University Hospital, Surabaya, Indonesia	Health Workers: Passionate about breastfeeding as a human right; lack specific breastfeeding training; no budget for training; rapid staff turnover hinders consistency. Family (Barrier): Grandmothers are impatient when babies cry and often give formula; families have strong influence on feeding decisions.
Triwibowo et al. (2021)	Qualitative; Focus group discussion	20 participants: community leaders, health officers, nutritionists, midwives,	Pintu Padang Health Centre, South Tapanuli District, North Sumatra	Family (Barrier): Lack of support system; husbands are indifferent ("that's mum's business"); grandmothers give prelacteal feeds (honey, sugar water) based on tradition.

		Posyandu cadres. Gender: not specified. Age: not specified.		Community Leaders: Participated as informants; they perpetuate early CF practices (honey for newborns). Health Workers: Cadres come late to activities; midwives not actively involved in educating families; lack of knowledge among cadres about proper CF preparation.
Lokat et al. (2019)	Qualitative explorative; In-depth interviews	10 policewomen who successfully breastfed exclusively. Gender: all F. Age: 26-42 years.	East Nusa Tenggara Regional Police, Indonesia	Health Workers: Information from doctors and midwives. Family (Strong Support): Husbands forbid formula, help with household chores, accompany to antenatal care; parents/parents-in-law care for babies during work hours; family support is very significant.
Okinarum & Rochdiat (2022)	Exploratory qualitative; In-depth interviews	9 lactating mothers (impacted by COVID-19). Gender: all F. Age: mean 25 years (range 17-36).	Yogyakarta Special Region Province, Indonesia	Family: Husband support is critical but often lacking; indifferent husbands undermine maternal confidence; parents provide instrumental support (childcare).
Putri et al. (2024)	Qualitative phenomenology; In-depth interviews, triangulation	21 participants: 10 breastfeeding mothers, 10 family members (7 husbands, 3 closest relatives), 1 health worker. Gender: not specified. Age: not specified.	Bulili Community Health Center, South Palu District, Central Sulawesi, Indonesia	Family: Husbands and in-laws provide support but often contradict EBF by giving porridge, mashed bananas, tea, sugar water, and formula when mothers face difficulties. In-laws' pressure is hard to resist because mothers must maintain image and obey. Health Workers: Provide support through "Love Massage" program for pregnant women and breastfeeding mother support groups at posyandu. Health workers give information, education, and counseling.
Budiati et al. (2022)	Qualitative phenomenology; FGDs and in-depth interviews	12 husbands of post-cesarean-section mothers. Gender: all M. Age: 22-48 years.	Cibinong, West Java, Indonesia	Husband provide emotional support (massages, encouragement), practical support (housework, bathing baby, nighttime feeding), and informational support (seeking articles, discussing with friends). Understand breastfeeding benefits and risks of formula. Family: "Mapas" belief prohibits mothers from eating certain foods and going outside for 40 days postpartum; prelacteal feeding (chewed dates, honey, rice water) is given based on grandparents' advice.
Mahmudah et al. (2018)	Qualitative phenomenology; In-depth interviews	3 mothers who successfully exclusively breastfed (babies 6-12 months). Gender: all F. Age: 27, 34, 32 years.	Guntung Payung Public Health Center, Banjarbaru, South Kalimantan, Indonesia	Family: husband and family support (informational, emotional, instrumental); family bought "Asifit" capsules when breast milk did not come out. Health workers: provided support during delivery and first week postpartum but less follow-up afterward.
Prastita et al. (2025)	Qualitative exploratory; In-depth online interviews (Zoom)	12 formally employed mothers. Gender: all F. Age: 25-36 years.	Urban Java (Jakarta, Bekasi, Semarang, Malang, Bandung), Indonesia	Family (Support): Supportive spouses who share household duties and provide emotional reassurance are key facilitators. Parents help prepare nutritious meals and avoid unsolicited advice. Trained caregivers (domestic helpers/grandmothers) are essential for day-to-day caregiving during work hours. Health Workers & Lactation Counselors: Provide reliable information and reassurance; breastfeeding classes and consultations are valued.

Fitriyati et al. (2025)	Qualitative case study; FGDs and in-depth interviews	45 informants: community leaders, senior citizens, breastfeeding mothers, pregnant mothers, health cadres, midwives, nutritionists, health officers, religious leaders, traditional birth attendants. Gender: 13 M, 32 F. Age: not specified.	Karimunjawa Islands, Jepara District, Central Java, Indonesia	Community: Peer support from breastfeeding colleagues normalizes pumping breaks and reduces isolation. Stigma from colleagues (especially other women) who assume pumping is avoiding work is a barrier. Family: Grandmothers strongly encourage early complementary feeding or formula, believing a crying baby means hunger. Decision-making is largely influenced by the extended family. Health Workers: Midwives advise EBF, but traditional beliefs often override their recommendations. Some mothers believe breast milk only turns into urine. Community Leaders: Perpetuate myths (e.g., <i>"If the nipple cracks in a cross, breast milk is poisonous"</i>) and enforce religious traditions (e.g., applying honey to a 35-day-old infant's lips).
Gusweni et al. (2025)	Qualitative phenomenology; In-depth interviews, document analysis	12 key informants: government (Health Office), NGOs (AIMI, APA, Flower Aceh), private sector (PT. SBA), academia, media, and Aceh Ulama Council (MPU). Gender: not specified. Age: 26-63 years.	Aceh Province, Indonesia	Health Workers: Health Office leads multi-sector collaboration. However, health workers alone are less influential without religious legitimacy. Community Leaders: Religious leaders issued Fatwa No. 6/2019 mandating 2-year EBF based on Islamic law. Religious messages are more accepted than health messages.

The quality assessment of the articles using the CASP checklist revealed that 12 articles were rated as high quality with scores of 9–10, reflecting strong methodological rigor in terms of clear objectives, appropriate research design, and rigorous data analysis. The remaining seven articles fell into the moderate quality category with scores of 7–8, primarily due to limited transparency regarding the researcher-participant relationship and a lack of detail in the data analysis process. Nevertheless, the reviewer deemed all articles eligible for inclusion in the review, as they offer significant contributions to understanding the roles of families, community leaders, and health workers in exclusive breastfeeding practices in Indonesia. A complete summary of the CASP assessment findings is presented in Table 2.

Table 2. Methodological assessment of included studies using the CASP Qualitative Checklist

Author (Year)	1	2	3	4	5	6	7	8	9	10
Ichsan et al. (2019)	+	+	+	+	+	?	+	+	+	+
Astuti et al. (2021)	+	+	+	+	+	?	+	+	+	+
Flaherman et al. (2018)	+	+	+	+	+	?	+	+	+	+
Amiruddin et al. (2021)	+	+	+	+	+	?	?	?	+	+
Meher & Zaluchu (2024)	+	+	+	+	+	?	+	+	+	+
Paramashanti et al. (2023)	+	+	+	+	+	?	+	+	+	+
Spagnoletti et al., (2018)	+	+	+	+	+	+	+	+	+	+
Muhani et al. (2019)	+	+	+	+	+	?	+	?	+	+
Pramono et al. (2022)	+	+	+	+	+	+	+	+	+	+
Triwibowo et al. (2021)	+	+	+	+	+	?	+	?	+	+
Lokat et al. (2019)	+	+	+	+	+	?	?	?	+	+
Okinarum & Rochdiat (2022)	+	+	+	+	+	+	+	+	+	+
Putri et al. (2024)	+	+	+	+	+	?	+	?	+	+
Budiati et al. (2022)	+	+	+	+	+	?	+	+	+	+
Mahmudah et al. (2018)	+	+	+	+	+	?	+	?	+	+
Prastita et al. (2025)	+	+	+	+	+	+	+	+	+	+
Fitriyati et al. (2025)	+	+	+	+	+	+	+	+	+	+
Gusweni et al. (2025)	+	+	+	+	+	?	+	+	+	+

Note. + = Yes, ? = Can't tell, 1=Clear statement of research aims, 2=Qualitative methodology appropriate, 3=Research design appropriate to address aims, 4= Recruitment strategy appropriate, 5=Data collection addressed research issue, 6=Relationship between researcher and participants adequately considered, 7=Ethical issues adequately considered, 8=Data analysis sufficiently rigorous, 9=Clear statement of findings, and 10=Research value (contribution to knowledge)

Theme Synthesis

Role of Husbands

The role of husbands in exclusive breastfeeding decision-making showed highly varied patterns across research locations. A primary emerging theme was "ambivalent support," reflecting the husband's position as both a potential supporter and a potential barrier to breastfeeding practices. In some locations, such as Nusa Tenggara Timur (NTT) (Lokat et al., 2020) and Jawa Barat (Budiati et al., 2022), husbands demonstrated highly supportive roles by providing emotional support, motivation, and practical assistance like helping with housework, caring for the baby, and even learning massage techniques to improve milk production (Prastita et al., 2025). Conversely, in other locations included Karimun Jawa (Prastita et al., 2025), Yogyakarta (Astuti et al., 2021; Okinarum & Rochdiat, 2022), Sumatra Utara (Triwibowo et al., 2021), and Nias (Meher & Zaluchu, 2024), husbands tended to be uninvolved, deferring decisions to parents/in-laws, or even pressuring mothers to follow traditional practices unsupportive of EBF.

A second prominent theme was "gender negotiation in parenting," reflecting power dynamics within the family. In contexts such as Nias (Meher & Zaluchu, 2024) and Aceh (Amiruddin et al., 2021), husbands held strong authority and often made final decisions regarding breastfeeding practices. In contrast, other contexts like Jawa Barat (Budiati et al., 2022) and NTT (Lokat et al., 2020), showed a shift towards more egalitarian husband involvement. A third theme was "practical support versus emotional support," where some husbands provided support in the form of tangible help (e.g., housework, meal preparation) while others provided psychological support (e.g., encouragement, motivation).

Role of the Close Family (Parents/In-Laws/Grandparents/Relatives)

The close family, particularly parents/in-laws and grandparents/relatives, emerged as key actors in EBF decision-making across all study locations. The dominant theme was "holders of tradition and inherited beliefs," where parents/in-laws and grandparents/relatives served as the primary source of traditional knowledge on breastfeeding and early feeding practices. Their influence included recommending untimely complementary foods—such as bananas, honey, rice water, or formula milk—based on personal experience or traditional beliefs (Astuti et al., 2021; Budiati et al., 2022; Fitriyati et al., 2025; Ichsan et al., 2021; Meher & Zaluchu, 2024a; Muhani et al., 2020; Okinarum & Rochdiat, 2022; Paramashanti et al., 2023; Putri et al., 2024; Triwibowo et al., 2021).

A second theme was "alternative caregivers," highlighting the crucial role of the close family in infant care when mothers work. In locations like Aceh (Amiruddin et al., 2021), Nias (Meher & Zaluchu, 2024), Jawa (Paramashanti et al., 2023; Prastita et al., 2025), and NTT (Lokat et al., 2020), grandparents/relatives became the primary caregivers for infants, giving them direct influence over infant feeding practices. A third theme identified the family as a "source of social pressure," where young mothers often faced pressure to follow the advice of parents/in-laws, even when it contradicted health recommendations. This phenomenon was particularly strong in Nias (Meher & Zaluchu, 2024) and Aceh (Amiruddin et al., 2021) where patriarchal norms and filial piety are deeply entrenched. Despite this, in some locations like Yogyakarta (Okinarum & Rochdiat, 2022) and NTT (Lokat et al., 2020), the close family could also be an important source of emotional support and practical help for breastfeeding mothers. A fourth emerging theme was "negotiation between traditional and modern knowledge," characterized by a tension between modern health advisories and the deeply held traditional practices of the close family.

Role of Health Workers

Health workers, including midwives, nurses, doctors, and District Health Office staff, emerged as actors with complex roles in exclusive breastfeeding decision-making. The primary theme was "formal educators," as health workers in nearly all locations provided education on the benefits of EBF, proper breastfeeding techniques, and the importance of early initiation of breastfeeding. In Jawa (Ichsan et al., 2021; Paramashanti et al., 2023; Pramono et al., 2022; Prastita et al., 2025), and Sulawesi Tengah (Putri et al., 2024), health workers actively disseminated information through various channels such as *posyandu* (integrated health posts), prenatal classes, and home visits.

A second theme was "consistency in practice," which revealed inconsistencies in the implementation of EBF programs by health workers. In some locations, including Jakarta, Banten, West Java, and Lampung, health workers were sometimes quick to recommend formula milk or were inconsistent in implementing early breastfeeding initiation. Conversely, in other areas like Central Java and East Java, health workers demonstrated consistent support for EBF programs.

The third theme, "capacity and resource constraints," highlighted limitations faced by health workers in some locations, such as inadequate education and training in breastfeeding counseling, lack of skills in hand expression techniques (Flaherman et al., 2018), and insufficient follow-up support or home visits (Astuti et al., 2021). The fourth theme was "negotiation between medical advice and social pressure," wherein health workers frequently had to navigate pressures from families and local cultures that contradicted medical recommendations (Fitriyati et al., 2025; Pramono et al., 2022).

Role of Community Leaders

Community leaders played a significant role in shaping social norms around breastfeeding practices across various research locations. The dominant theme was "shapers of social norms," as community leaders influenced health practices through advice based on myths and traditional beliefs. In Aceh, Nias, and Sumatra Utara (Amiruddin et al., 2021; Meher & Zaluchu, 2024; Triwibowo et al., 2021), community leaders promoted traditional practices such as giving honey to newborns or early complementary feeding based on long-held beliefs.

A second theme was "guardians of culture and religion," where community leaders used cultural or religious authority to influence family decisions. In Yogyakarta (Spagnoletti et al., 2018), and Aceh (Gusweni et al., 2025), community leaders conveyed that breastfeeding is a moral obligation in Islam, while in Nias (Meher & Zaluchu, 2024), they framed parental obedience as a duty to God. The third theme highlighted their "dual role as facilitators or barriers to health programs." In some locations, such as Jawa Tengah (Ichsan et al., 2021) and NTT (Lokat et al., 2020), community leaders were involved in EBF education, while in others, like Yogyakarta (Astuti et al., 2021) and Lampung (Muhani et al., 2020), they reinforced practices unsupportive of EBF. The fourth theme, "resource and incentive limitations," revealed that community leaders who wished to support EBF programs were often constrained by a lack of incentives or funding (Ichsan et al., 2021). This underscores the need for structural support to optimize the role of community leaders in EBF promotion. Table 3 summarizes the thematic synthesis of actor roles, presenting the dominant themes, key findings, and geographic locations for each actor group.

Conceptual Model of Interactions in the Social Ecology

Guided by Bronfenbrenner's social ecology framework as a deductive analytical lens, this study mapped the identified actors and interactions onto the model's ecological levels. Figure 2 presents this conceptual model, illustrating how the framework's theoretical propositions manifest in the empirical context of breastfeeding decision-making in Indonesia.

Table 3. Thematic synthesis of actor roles in exclusive breastfeeding decision-making

Actor	Emerging Theme	Key Findings	Articles
Husbands	Ambivalent support	Supportive (emotional, practical assistance) vs. uninvolved or pressuring mothers to follow traditional practices	1, 2, 7, 10, 11, 12, 13, 18
Close Family (Parents/In-Laws)	Gender negotiation in parenting	Patriarchal authority (husband makes final decisions) vs. egalitarian involvement	7, 14, 17
	Practical vs. emotional support	Tangible help (housework, meal prep) vs. psychological support (encouragement, motivation)	11, 12, 14, 15, 16
	Holders of tradition and inherited beliefs	Primary source of traditional knowledge; recommend early complementary foods (bananas, chewed dates, honey, rice water, formula)	1, 2, 10, 14
	Alternative caregivers	Primary caregivers for mothers and infants when mothers work, gaining direct influence over feeding practices	4, 6, 7, 8, 9, 11, 12, 16
	Source of social pressure	Young mothers face pressure to follow family advice even when contradicting health recommendations	4, 5, 17
Health Workers	Negotiation between traditional and modern knowledge	Tension between modern health advisories and deeply held traditional practices	13, 17
	Formal educators	Provide education on EBF benefits, techniques, and early initiation through posyandu, prenatal classes, home visits	1, 2, 6, 11, 13, 15, 16, 17
	Consistency in practice	Inconsistent implementation (quick to recommend formula) vs. consistent support for EBF	7, 9, 15
	Capacity and resource constraints	Inadequate training, lack of hand expression skills, insufficient follow-up support	3, 5, 9
	Negotiation between medical advice and social pressure	Navigate pressures from families and local cultures that contradict medical recommendations	4, 5, 8, 9, 17
Community Leaders	Resource and incentive limitations	Lack of incentives or funding constrains ability to support EBF programs	9, 10
	Shapers of social norms	Influence practices through myths and traditional beliefs (e.g., giving honey, early complementary feeding)	1, 4, 10, 17
	Guardians of culture and religion	Use cultural/religious authority to frame breastfeeding as moral/religious obligation and patrilineal tradition	2, 5, 7, 18
	Dual role as facilitators or barriers	Involved in EBF education vs. reinforce practices unsupportive of EBF	6, 10, 16

Note. 1=(Ichsan et al., 2021), 2=(Astuti et al., 2021), 3=(Flaherman et al., 2018), 4=(Amiruddin et al., 2021), 5=(Meher & Zaluchu, 2024), 6=(Paramashanti et al., 2023); 7=(Spagnoletti et al., 2018), 8=(Muhani et al., 2020), 9=(Pramono et al., 2022), 10=(Triwibowo et al., 2021), 11=(Lokat et al., 2020), 12=(Okinarum & Rochdiat, 2022), 13=(Putri et al., 2024), 14=(Budiati et al., 2022), 15=(Mahmudah et al., 2018), 16=(Prastita et al., 2025), 17=(Fitriyati et al., 2025), 18=(Gusweni et al., 2025)

Microsystem Level

This level involves the dynamic interactions between the mother and her immediate environment, including her husband, parents/in-laws, and other relatives. These interactions frequently involve negotiations of power and knowledge, wherein young mothers must balance modern health advisories with pressure to conform to family traditions. These interaction patterns vary significantly based on cultural context; in regions like Nias and Aceh, patriarchal family structures grant greater authority to husbands and parents/in-laws, whereas in areas like West Java and NTT, a shift towards more egalitarian husband involvement is observed

(Amiruddin et al., 2021; Budiati et al., 2022; Flaherman et al., 2018; Lokat et al., 2020; Meher & Zaluchu, 2024).

Mesosystem Level (Interactions between Microsystems)

This level encompasses the dynamic interactions between various micro-environments that form the social influence network in EBF decision-making. This includes relationships between different close families or relatives from the family microsystem. The patterns of these interactions are highly dependent on cultural context; in cohesive community structures found in rural Java and Nias, strong collective norms are created, while in urban areas like Yogyakarta and Jakarta, social network fragmentation allows for greater diversity in practices (Astuti et al., 2021; Ichsan et al., 2021; Meher & Zaluchu, 2024; Okinarum & Rochdiat, 2022; Paramashanti et al., 2023; Prastita et al., 2025; Spagnoletti et al., 2018).

Exosystem Level

This level comprises interactions between the family and broader social structures, specifically health workers and community leaders, forming a complex ecosystem. Health workers serve as sources of formal medical knowledge, yet their influence is often limited by factors such as their capacity, consistency in practice, and ability to negotiate with local norms (Amiruddin et al., 2021; Fitriyati et al., 2025; Meher & Zaluchu, 2024; Muhani et al., 2020; Pramono et al., 2022). Meanwhile, community leaders hold strong cultural and social authority in shaping community norms (Amiruddin et al., 2021; Fitriyati et al., 2025; Triwibowo et al., 2021). In many locations, the influence of community leaders proves stronger than health recommendations, particularly when tensions arise between medical knowledge and traditional practices (Astuti et al., 2021; Gusweni et al., 2025; Meher & Zaluchu, 2024; Spagnoletti et al., 2018).

Macrosystem Level (Social Structure and Policy)

This level encompasses overarching cultural norms, kinship values, and traditional belief systems—such as food taboos, prelacteal feeding practices, and family hierarchies—that shape the perceptions and behaviors of all actors. Patriarchal cultures that position husbands and in-laws as primary decision-makers often represent a root cause of barriers to EBF (Amiruddin et al., 2021; Astuti et al., 2021; Budiati et al., 2022; Fitriyati et al., 2025; Gusweni et al., 2025; Meher & Zaluchu, 2024; Muhani et al., 2020; Putri et al., 2024; Triwibowo et al., 2021).

Chronosystem Level (Temporal Dimension)

At this level, breastfeeding practices are shaped by changes over time, characterized by intergenerational value conflicts between young mothers exposed to modern health information and parents/in-laws adhering to traditions like early complementary feeding. Social shifts, such as the increasing number of working mothers and the persistent marketing of formula milk over time, have normalized alternatives to breastfeeding. Concurrently, new national health policies, such as the focus on stunting reduction, have yet to fully effectively address these deep-rooted cultural factors.

This conceptual model demonstrates that exclusive breastfeeding decision-making in Indonesia results from complex multi-actor interactions across various levels of the social ecology. Effective interventions must consider these interaction dynamics and not only focus on enhancing individual knowledge but also strengthen support systems across all levels of the social ecology.

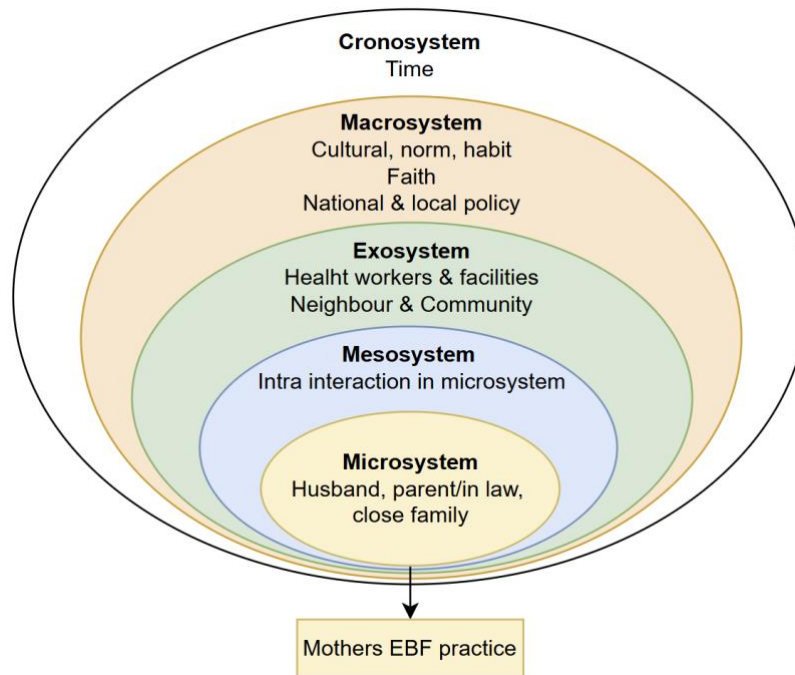


Figure 2. Social ecology of EBF in Indonesia

DISCUSSION

This systematic review reveals the complexity of the socio-cultural dynamics in exclusive breastfeeding decision-making in Indonesia, which involves multi-actor interactions across various levels of the social ecology. Consistency with global research indicates that successful breastfeeding practices do not depend solely on individual knowledge, but rather on the social ecology involving various actors with hierarchical influence (Ma et al., 2018; Tomori et al., 2022). However, this study provides a specific contribution by identifying unique interaction patterns within the Indonesian context, where the close family—particularly parents/in-laws—holds a dominant role as "tradition holders," often exerting stronger influence than health worker recommendations. This phenomenon aligns with research in countries with collective family structures (Prates et al., 2014; Siregar et al., 2024), yet is more complex due to Indonesia's ethnic and customary diversity. Critically, inter-ethnic variation within a single nation—from strongly patriarchal patterns in Nias and Aceh to more egalitarian patterns in West Java and NTT—demonstrates that uniform national policies cannot be effective without considering locally specific authority configurations. These findings challenge intervention approaches that focus solely on improving maternal knowledge without considering broader social influence networks.

The dominant role of the close family, specifically parents/in-laws and grandparents/relatives, represents the most significant finding of this study. Mostly, they functioned as "tradition holders" who determined breastfeeding practices based on inherited beliefs, such as early complementary feeding or dietary restrictions for breastfeeding mothers. This is consistent with studies finding that 85% of mothers follow breastfeeding advice from non-professional sources, with mothers-in-law being the primary source (Negin et al., 2016; Otmani et al., 2016). This influence is even stronger in regions with patriarchal norms like Nias and Aceh, where obedience to parents is considered a moral and religious obligation (Amiruddin et al., 2021; Meher & Zaluchu, 2024). This dynamic creates a dilemma for young mothers who must negotiate between modern health advisories and social pressure to follow family traditions, a tension that has been associated with suboptimal breastfeeding practices in

many observed cases. It is important to note that this relationship is associative rather than causal, as mothers' ultimate decisions are also shaped by other contextual factors including husband support, access to information, and personal experiences.

The inconsistent role of health workers in supporting EBF is a crucial finding reflecting the tension between medical protocols and field realities. Although health workers in some locations like Jawa Tengah and Jawa Timur demonstrated consistency in education and support, in many other locations they proved less capable—such as in Jakarta-Banten-Jawa Barat and Lampung, where health workers frequently recommended formula milk quickly or inconsistently implemented early breastfeeding initiation. The primary mechanisms underlying this inconsistency include: (1) epistemic conflict, wherein health workers confront two competing knowledge systems—biomedical and traditional—without an established framework for mediation; (2) hierarchical pressure, whereby the social authority of parents/in-laws within collective family structures overrides the professional authority of health workers who occupy a relatively lower position in local social hierarchies; (3) practical dilemmas, leading health workers to resort to formula recommendations as a "shortcut" when facing mothers with complex breastfeeding issues under time and resource constraints; and (4) institutional implementation diversity, which reflects the ongoing process of adapting national policies to diverse local contexts. This phenomenon aligns with research finding that traditional feeding practices and opinions of mothers-in-law often override the effectiveness of medical counseling (Concha & Jovchelovitch, 2021; Gross et al., 2011). Mothers often feel frustrated with rigid guidelines provided by doctors, preferring advice that aligns with their instincts and family traditions (Weber et al., 2023). The capacity limitations of health workers—such as inadequate training in breastfeeding counseling and hand expression techniques—further weaken their role as change agents, particularly when facing pressure from families and local cultures that contradict medical advice (Flaherman et al., 2018).

The dual role of community leaders as both shapers of social norms and guardians of tradition adds complexity to the EBF decision-making ecology. On one hand, community leaders in NTT and Jawa functioned as change agents supporting health programs through education and advocacy, actively participating in socializing exclusive breastfeeding to working mothers and collaborating with health workers in posyandu activities and prenatal classes. On the other hand, in Yogyakarta and Lampung, they reinforced traditional practices unsupportive of EBF—such as giving honey to newborns or early complementary feeding—based on inherited beliefs that health workers found extremely challenging to counter due to their strong cultural legitimacy. This dynamic reflects what can be termed "epistemological mediators," who bridge local and biomedical knowledge, yet often lean toward local knowledge due to its stronger cultural legitimacy (Hervilia & Munifa, 2016; Joseph & Earland, 2019; Mgongo et al., 2019). The influence of community leaders becomes even more significant when they employ religious authority—as in aceh and Yogyakarta where breastfeeding is constructed as a moral obligation in Islam, or in Nias where obedience to parents is linked to obedience to God.

The social ecological model developed in this study provides a comprehensive framework for understanding multi-actor interactions in exclusive breastfeeding decision-making in Indonesia. This model extends ecological systems theory by integrating context-specific power dynamics and cultural negotiations within the Indonesian setting. At the individual level, the mother as the primary actor does not operate in a vacuum but is profoundly influenced by interactions at the micro (family), meso (community), exo (environmental), and macro (cultural and policy) levels. Horizontal interactions among actors at each level—such as negotiations between health workers and community leaders at the exosystem level, or between husbands and parents/in-laws at the mesosystem level—create a complex and dynamic decision-making ecosystem. This model explains why interventions targeting only the individual (mother) often

fail, as they do not account for the broader social influence networks that shape breastfeeding decisions.

Implications

The practical implications of these findings are highly significant for designing effective interventions to improve exclusive breastfeeding coverage in Indonesia. First, interventions should adopt a family-based approach that explicitly addresses authority hierarchies within households—for instance, engaging parents/in-laws not merely as passive recipients of information but as active partners in negotiation, while equipping young mothers with communication strategies to articulate health recommendations within culturally acceptable frameworks of respect. Second, enhancing health worker capacity requires training that moves beyond clinical skills to include "authority negotiation competencies"—specifically, how to navigate situations where medical advice conflicts with deeply held traditional beliefs, how to strategically engage higher-authority figures (such as religious leaders or respected elders) as allies, and how to frame biomedical recommendations in terms that resonate with local values rather than dismissing traditional practices outright. Third, community leader engagement necessitates mapping *de facto* authority holders (distinguishing formal leaders from actual influencers), providing culturally resonant evidence aligned with their value frameworks (e.g., religious texts supporting breastfeeding), and creating structured platforms for them to model EBF within their spheres of influence. Fourth, culturally sensitive approaches must move beyond generic "respect" to specific reframing strategies—identifying which traditional practices can be accommodated, which must be negotiated, and presenting evidence-based recommendations as complementary to cultural values (e.g., framing EBF as fulfilling religious duty or honoring ideals of good motherhood). Fifth, multi-level interventions require differentiated strategies based on local authority configurations—addressing patriarchal structures directly in Nias and Aceh while leveraging egalitarian dynamics in West Java and NTT, with national policies incorporating local adaptation mechanisms rather than imposing uniform implementation models.

Limitations and Future Directions

This study has several limitations. First, the geographical imbalance—dominated by Java (43.8%) and Sumatra (31.3%)—limits generalizability to Eastern Indonesia (only NTT and Central Sulawesi). Second, excluding grey literature and non-Scopus journals may introduce publication bias. Third, thematic interpretation is subject to researcher subjectivity. Fourth, the databases used (Scopus, ProQuest, PubMed) poorly cover Indonesian-language journals. Fifth, focusing on only three actors (family, community leaders, health workers) overlooks other influencers like the formula milk industry and media.

Future research should: (1) conduct ethnographic studies in underrepresented regions like Papua and Maluku; (2) perform longitudinal research on changing actor roles; (3) develop multi-level interventions based on the socio-ecological model; (4) use mixed-methods to measure each actor's relative influence; (5) critically examine the role of the formula milk industry and media; and (6) create a culturally sensitive tool to assess health workers' breastfeeding counseling capacity.

CONCLUSION

Based on this qualitative systematic review, it can be concluded that decision-making regarding exclusive breastfeeding in Indonesia results from complex multi-actor interactions within the social ecology. The dominant role is not held solely by the mother but is significantly influenced by the close family (particularly parents/in-laws) as tradition holders, community leaders as norm-setters and cultural guardians, and health workers who frequently face

dilemmas between medical protocols and cultural realities. Effective interventions to improve exclusive breastfeeding coverage must be holistic and culturally sensitive, synergistically engaging all key actors across various system levels—from the micro (family) to macro (policy) levels—rather than focusing solely on enhancing individual maternal knowledge.

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AUTHOR CONTRIBUTION STATEMENT

Each author actively participated in all stages of this research, including conceptualization, data analysis, result interpretation, and manuscript writing. All authors reviewed and agreed to the submitted version of the manuscript.

REFERENCES

- Aiman, U., & Nuraida, N. (2021). Pengaruh dukungan mertua terhadap pemberian ASI eksklusif pada bayi di Puskesmas Tanah Luas. *Prepotif: Jurnal Kesehatan Masyarakat*, 6(1), 125–130. <https://doi.org/10.31004/prepotif.v6i1.2505>
- Amiruddin, A., Bustami, B., Anasril, A., Herlambang, T. M., Husaini, M., & Gustini, S. (2021). Phenomenology Study of Stunting Nutrition for Babies in the Work Area of Pante Kuyun Health Center, Aceh Jaya District. *Open Access Macedonian Journal of Medical Sciences*, 9(B), 462–467. <https://doi.org/10.3889/oamjms.2021.6000>
- Astuti, A. W., Kurniawati, H. F., & Kurniawati, H. F. (2021). A Qualitative Study on the Breastfeeding Experiences of Young Mothers. *Nurse Media Journal of Nursing*, 11(1), 35–49. <https://doi.org/10.14710/nmjn.v11i1.33539>
- Barjie B, A. (2022). *Budaya Banjar bahari*. Penakita Publisher.
- Budiati, T., Setyowati, S., & Gunawijaya, J. (2022). Fathers' role in sustainability of exclusive breastfeeding practice in post-cesarean-section mothers. *Journal of Public Health Research*, 11, 2744.
- Concha, N., & Jovchelovitch, S. (2021). Grandmothers: Central scaffolding sources impacting maternal and infant feeding practices in Colombia. *Maternal & Child Nutrition*, 17(S1). <https://doi.org/10.1111/mcn.13162>
- Critical Appraisal Skills Programme. (2025). *CASP Qualitative Studies Checklist*. <https://casp-uk.net/casp-checklists/CASP-checklist-qualitative-2024.pdf>
- Damus, O. (2023). Le rôle des savoirs des matrones dans la promotion de la santé, l'éducation à la santé et la prévention en Haïti. *Anthropologie Des Savoirs Des Suds*, (1), 30–49. <https://doi.org/10.17118/11143/20530>
- De la Llana Pérez, E., Cortez Méndez, R. J., & Cruzata, W. J. (2022). Una mirada a la salud desde una perspectiva antropológica. *Más Vita*, 4(4), 259–268. <https://doi.org/10.47606/ACVEN/MV0184>
- Februhartanty, J., Muslimatun, S., Shankar, A. H., Djakababa, N., & Suradi, R. (2020). Paternal Roles in Breastfeeding in Jakarta, Indonesia: A Mixed-method Approach. *Indonesian Journal of Human Nutrition*, 7(1), 31–43. <https://doi.org/10.21776/ub.ijhn.2020.007.01.4>
- Fitriyati, Y., Samsudin, M., Laksono, A. D., Khairunnisa, M., Anggrimulya, E. Y., & Latifah, L. (2025). “If the Nipple Cracked in a Cross, the Breastmilk Will Be Poisonous”: The Barrier to Exclusive Breastfeeding in Indonesia's Islands Area. *Journal of Population and Social Studies*, 34, 118–133. <https://doi.org/10.25133/JPSSv342026.007>
- Flaherman, V. J., Chan, S., Desai, R., Agung, F. H., Hartati, H., & Yelda, F. (2018). Barriers to exclusive breast-feeding in Indonesian hospitals: a qualitative study of early infant

- feeding practices. *Public Health Nutrition*, 21(14), 2689–2697. <https://doi.org/10.1017/S1368980018001453>
- Gross, F. de M., Van der Sand, I. C. P., Girardon-Perlini, N. M. O., & Cabral, F. B. (2011). Influência das avós na alimentação de lactentes: o que dizem suas filhas e noras. *Acta Paulista de Enfermagem*, 24(4), 534–540. <https://doi.org/10.1590/S0103-21002011000400014>
- Guy-Evans, O. (2025). *Bronfenbrenner's Ecological Systems Theory*. SimplyPsychology. <https://www.simplypsychology.org/bronfenbrenner.html>
- Hahn, R. A., & Schoch-Spana, M. (2021). Anthropological foundations of public health; the case of COVID 19. *Preventive Medicine Reports*, 22, 101331. <https://doi.org/10.1016/j.pmedr.2021.101331>
- Hervilia, D., & Munifa, D. (2016). Pandangan Sosial Budaya terhadap ASI Eksklusif di Wilayah Panarung Palangkaraya (Social and Cultural Aspect toward Exclusive Breastfeeding in Panarung Palangkaraya). *Indonesian Journal of Human Nutrition*, 3(1), 63–70. <https://doi.org/10.21776/ub.ijhn.2016.003.Suplemen.7>
- Ichsan, B., Probandari, A. N., Pamungkasari, E. P., & Salimo, H. (2021). Barriers and support to exclusive breastfeeding in Sukoharjo district, Central Java province, Indonesia: a qualitative study. *Journal of Health Research*, 35(6), 482–492. <https://doi.org/10.1108/JHR-12-2019-0274>
- Ji, R., & Cheng, Y. (2021). Thinking global health from the perspective of anthropology. *Global Health Research and Policy*, 6(1), 47. <https://doi.org/10.1186/s41256-021-00233-z>
- Joseph, F. I., & Earland, J. (2019). A qualitative exploration of the sociocultural determinants of exclusive breastfeeding practices among rural mothers, North West Nigeria. *International Breastfeeding Journal*, 14(1), 38. <https://doi.org/10.1186/s13006-019-0231-z>
- Kemenkes RI. (2024). *Laporan Tematik Survei Kesehatan Indonesia (SKI) Tahun 2023: Potret Indonesia Sehat*. Kemenkes RI.
- Lokat, W. S. P. R., Riwu, R. R., Nur, M. L., & Ndun, H. J. N. (2020). The Strategy of Successful Exclusive Breastfeeding of Policewomen in Regional Police Department, East Nusa Tenggara. *Journal of Nutritional Science and Vitaminology*, 66(Supplement), S107–S110. <https://doi.org/10.3177/jnsv.66.S107>
- López, A., & González, M. C. (2024). Socio antropología de la salud. Ideas para el debate. *Pacha. Revista de Estudios Contemporáneos Del Sur Global*, 5(14), e240312. <https://doi.org/10.46652/pacha.v5i14.312>
- Ma, A., Merçon-Vargas, E. A., Chambers, B. D., Nyambe, M., & Williams, T. A. (2018). Context of Breastfeeding among Latina Mothers using a Social-ecological Approach: An Exploratory Study. *Journal of Public Health Issues and Practices*, 2(2). <https://doi.org/10.33790/jphip1100124>
- Mawaddah, S., Barlianto, W., & Nurdiana, N. (2018). Pengetahuan Ibu, Dukungan Sosial, dan Dukungan Tenaga Kesehatan terhadap Keputusan Memberikan ASI Eksklusif. *Indonesian Journal of Human Nutrition*, 5(2), 85–95. <https://doi.org/10.21776/ub.ijhn.2018.005.02.3>
- Meher, C., & Zaluchu, F. (2024a). Cultural Influences of Early Food Introduction on Exclusive Breastfeeding Rates in the Nias Islands, Indonesia. *Journal of Multidisciplinary Healthcare, Volume 17*, 5653–5663. <https://doi.org/10.2147/JMDH.S478448>
- Meher, C., & Zaluchu, F. (2024b). Scoping Review Peran Konteks Sosial dalam Pemberian ASI Eksklusif. *Inovasi*, 21(2), 79–89. <https://doi.org/10.33626/inovasi.v21i2.908>
- Mgongo, M., Hussein, T. H., Stray-Pedersen, B., Vangen, S., Msuya, S. E., & Wandel, M. (2019). Facilitators and Barriers to Breastfeeding and Exclusive Breastfeeding in

- Kilimanjaro Region, Tanzania: A Qualitative Study. *International Journal of Pediatrics*, 2019, 1–7. <https://doi.org/10.1155/2019/8651010>
- Ministry of Health - Republic of Indonesia. (2023). *Stunting in Indonesia and Its Determinants*.
- Muhani, N., Ririn Wulandari, Nurul Arayastuti, Dhiny Easter Yanti, Dessy Hermawan, Siti Nena Sefililaisya, & Wulan Angraini. (2020). The relationship between maternal psychology, family, and culture with perception of breast milk insufficiency in breastfeeding mothers of sumur batu public health center, lampung indonesia. *Malaysian Journal of Public Health Medicine*, 20(3), 67–78. <https://doi.org/10.37268/mjphm/vol.20/no.3/art.401>
- Negin, J., Coffman, J., Vizintin, P., & Raynes-Greenow, C. (2016). The influence of grandmothers on breastfeeding rates: a systematic review. *BMC Pregnancy and Childbirth*, 16(1), 91. <https://doi.org/10.1186/s12884-016-0880-5>
- Nidaa, I., & Krianto, T. (2022). Scoping Review: Faktor Sosial Budaya Terkait Pemberian Asi Eksklusif Di Indonesia. *Jurnal Litbang Kota Pekalongan*, 20(1). <https://doi.org/10.54911/litbang.v20i1.190>
- Nurullah, N., Zaini, M., & Jamila, C. N. (2024). Raḍā'ah in the Qur'an: The relationship of understanding and practice of breastfeeding among mothers in Ulee Kareng, Banda Aceh, Indonesia. *Jurnal Ilmiah Al-Mu'ashirah*, 21(1), 62. <https://doi.org/10.22373/jim.v21i1.20928>
- Okinarum, G. Y., & Rochdiat, W. (2022). Breastfeeding Experience During COVID-19 Pandemic in Indonesia: Strengthening and Weakening Elements. *Malaysian Journal of Medical Sciences*, 29(3), 110–121. <https://doi.org/10.21315/mjms2022.29.3.11>
- Otmani, C., Ibanez, G., Chastang, J., Hommey, N., Cadwallader, J. S., Magnier, A. M., & Hadji, S. (2016). Rôle de l'entourage maternel dans l'initiation de l'allaitement. *Santé Publique*, Vol. 27(6), 785–795. <https://doi.org/10.3917/spub.156.0785>
- Page, M. J., McKenzie, J. E., Bossuyt, P. M., Boutron, I., Hoffmann, T. C., Mulrow, C. D., Shamseer, L., Tetzlaff, J. M., Akl, E. A., Brennan, S. E., Chou, R., Glanville, J., Grimshaw, J. M., Hróbjartsson, A., Lalu, M. M., Li, T., Loder, E. W., Mayo-Wilson, E., McDonald, S., ... Moher, D. (2021). The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. *BMJ*, n71. <https://doi.org/10.1136/bmj.n71>
- Paramashanti, B. A., Dibley, M. J., Huda, T. M., Prabandari, Y. S., & Alam, N. A. (2023). Factors influencing breastfeeding continuation and formula feeding beyond six months in rural and urban households in Indonesia: a qualitative investigation. *International Breastfeeding Journal*, 18(1), 48. <https://doi.org/10.1186/s13006-023-00586-w>
- Pinem, M. L. (2022). Breastfeeding Practices of Karo Mothers in North Sumatera Indonesia. *HUMANISMA: Journal of Gender Studies*, 6(1), 22. <https://doi.org/10.30983/humanisme.v6i1.5345>
- Pramono, A., Smith, J., Bourke, S., & Desborough, J. (2022). How midwives and nurses experience implementing ten steps to successful breastfeeding: a qualitative case study in an Indonesian maternity care facility. *International Breastfeeding Journal*, 17(1), 84. <https://doi.org/10.1186/s13006-022-00524-2>
- Prastita, N. P. G., Sunjaya, D. K., Syam, H. H., Krisnadi, S. R., Hakim, D. D. L., Anwar, R., & Susiarno, H. (2025). Barriers and facilitators to exclusive breastfeeding among formally employed mothers in urban Indonesia. *BMC Public Health*, 25(1), 3925. <https://doi.org/10.1186/s12889-025-25214-6>
- Prates, L. A., Schmalfuss, J. M., & Lipinski, J. M. (2014). Amamentação: a influência familiar e o papel dos profissionais de saúde. *Revista de Enfermagem Da UFSM*, 4(2). <https://doi.org/10.5902/2179769210631>
- Putri, D. T., Nasir, S., Riskiyani, S., & Kasim, S. (2024). Social Support for Exclusive Breastfeeding Behavior in the Bulili Community Health Center Working Area, South

- Palu District . *International Journal of Chemical and Biochemical Sciences* , 25(14), 52–59.
- Rasip, Z., Kadri, R., Ramlee, Y., & Yah, M. (2024). Exclusive Breastfeeding: Its Benefits from Islamic and Scientific Perspective. *International Journal of Academic Research in Business and Social Sciences*, 14(12). <https://doi.org/10.6007/IJARBS/v14-i12/23763>
- Sharma, I. K., & Byrne, A. (2016). Early initiation of breastfeeding: a systematic literature review of factors and barriers in South Asia. *International Breastfeeding Journal*, 11(1), 17. <https://doi.org/10.1186/s13006-016-0076-7>
- Siregar, F. L. S., Darti, N. A., & Nurbaiti, N. (2024). Family and Healthcare Worker Participation in Promoting Exclusive Breastfeeding among Mothers. *Jurnal Kesehatan*, 15(3), 348–355. <https://doi.org/10.26630/jk.v15i3.4723>
- Spagnoletti, B. R. M., Bennett, L. R., Kermode, M., & Wilopo, S. A. (2018). Moralising Rhetoric and Imperfect Realities: Breastfeeding Promotions and the Experiences of Recently Delivered Mothers in Urban Yogyakarta, Indonesia. *Asian Studies Review*, 42(1), 17–38. <https://doi.org/10.1080/10357823.2017.1407291>
- Tomori, C., Hernández-Cordero, S., Busath, N., Menon, P., & Pérez-Escamilla, R. (2022). What works to protect, promote and support breastfeeding on a large scale: A review of reviews. *Maternal & Child Nutrition*, 18(S3). <https://doi.org/10.1111/mcn.13344>
- Triwibowo, C., Rangkuti, R., Ridesman, ., Pratiwi, N. L., Tinah, ., Kusumawardani, L. H., & Fauziyah, Y. (2021). Complementary feeding implementation in Pintu Padang Health Centre, South Tapanuli District, Indonesia: a qualitative study. *Sri Lanka Journal of Child Health*, 50(1), 63. <https://doi.org/10.4038/sljch.v50i1.9403>
- UNICEF, & WHO. (2019). *Increasing commitment to breastfeeding through funding and improved policies and programmes*.
- Victora, C. G., Bahl, R., Barros, A. J. D., França, G. V. A., Horton, S., Krasevec, J., Murch, S., Sankar, M. J., Walker, N., & Rollins, N. C. (2016). Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect. *The Lancet*, 387(10017), 475–490. [https://doi.org/10.1016/S0140-6736\(15\)01024-7](https://doi.org/10.1016/S0140-6736(15)01024-7)
- Weber, M. B., Palmer, W., Griffin, M., & Welsh, J. A. (2023). Infant and young child feeding practices and the factors that influence them: a qualitative study. *Journal of Health, Population and Nutrition*, 42(1), 32. <https://doi.org/10.1186/s41043-023-00371-9>
- WHO & UNICEF. (2014). Global nutrition targets 2025: breastfeeding policy brief. *WHO & UNICEF*.
- Yunitasari, E., Umayro, A. H., & Pratiwi, I. N. (2019). Community Empowerment in the Madura Tribe with Exclusive Breastfeeding in the Working Area of Community Health Center Sreseh Sampang Madura. *Indian Journal of Public Health Research & Development*, 10(8), 2600. <https://doi.org/10.5958/0976-5506.2019.02260.5>

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