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The Meaning of Breastfeeding Social Support Among Banjar Mothers

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Abstract: Social support is a crucial factor influencing the success of breastfeeding practices, particularly during the postpartum period, which is characterized by physical and psychological vulnerability. However, the meaning attributed to such support is strongly shaped by the local cultural context. This study aimed to explore in depth the meaning of breastfeeding social support among Banjar mothers within their cultural setting. This article reports the qualitative phase of a broader exploratory sequential mixed-method study. The qualitative phase employed a grounded theory strategy to explore the meaning of breastfeeding social support among Banjar mothers. Findings from this phase subsequently informed the development of quantitative research instruments, while the quantitative phase is reported separately. Data were collected through in-depth interviews with 15 Banjar breastfeeding mothers selected purposively based on the principle of data saturation, and were analyzed using thematic coding through the stages of open, axial, and selective coding with the assistance of NVivo software. The findings revealed that social support is understood as a multidimensional construct, encompassing emotional support as a source of reassurance, instrumental support as practical assistance, informational support as a source of knowledge, and normative support that may be ambivalent in the form of social pressure. Social support plays a significant role in shaping the continuity of breastfeeding practices, functioning both as an enabling and constraining factor. This study contributes to the development of a conceptual understanding of social support as a culturally grounded and context-dependent construct of meaning, while also highlighting the importance of culturally sensitive approaches in maternal and child health interventions.

Keywords: ***breastfeeding social support, Banjar mothers, exclusive breastfeeding, postpartum mothers, qualitative study***

INTRODUCTION

Exclusive breastfeeding is widely recognized as a global health priority due to its significant contribution to reducing infant morbidity and mortality and improving maternal health outcomes, yet its implementation continues to face various challenges, particularly in developing countries such as Indonesia. Globally, the rate of exclusive breastfeeding remains below the targets set by international health organizations, while at the national level, breastfeeding practices are often shaped by a complex interaction of social,

psychological, and structural factors (World Health Organization, 2024). Social support has been identified as a key determinant in successful breastfeeding, as it enhances maternal motivation, resilience, and capacity to cope with breastfeeding challenges, especially during the vulnerable postpartum period (Isiguzo et al., 2023; Sharifipour et al., 2023). Furthermore, empirical evidence indicates that support from partners, family members, healthcare providers, and the community plays a crucial role in improving breastfeeding outcomes and strengthening mother–infant interactions (McEvoy et al., 2025; Sharifipour et al., 2023)

Despite the growing body of literature emphasizing the importance of social support in breastfeeding, a significant gap remains in understanding how such support is subjectively interpreted by mothers within specific cultural contexts (McEvoy et al., 2025). Much of the existing research has adopted quantitative approaches focusing on the relationship between social support and breastfeeding outcomes, thereby offering limited insight into the lived experiences and meaning-making processes of mothers (Fadjriah et al., 2021). In addition, local cultural contexts are often overlooked, even though social norms, family values, and traditional practices strongly influence mothers' perceptions of appropriate support and acceptable sources of assistance (Bicchieri et al., 2021).

In Indonesia, particularly among collectivist communities such as the Banjar ethnic group, extended family systems and community interactions play a central role in shaping health-related behaviors, including breastfeeding practices. Breastfeeding can be understood as a complex health behavior influenced not only by individual knowledge and motivation but also by social and environmental factors. The Theory of Planned Behavior (TPB) proposes that health behavior is primarily determined by behavioural control (Ajzen, 1991). In the context of breastfeeding, support from husbands, family members, healthcare providers, and the surrounding community may strengthen subjective norms and perceived behavioral control, thereby encouraging mothers to initiate and sustain exclusive breastfeeding. Accordingly, understanding how Banjar mothers perceive and interpret social support provides an important theoretical foundation for explaining breastfeeding behaviour within a broader psychosocial framework (Ajzen, 2020)

From a conceptual perspective, social support is defined as a resource derived from interpersonal relationships that can assist individuals in coping with stress and enhancing psychological well-being (Cohen, 2004). This conceptualization is consistent with the seminal work of Cobb (1976), who described social support as an individual's perception of being loved, valued, and cared for within a network of reciprocal relationships. Furthermore, (Cohen & Wills (1985) proposed the buffering hypothesis suggesting that social support protects individuals from the adverse effect of stressful life events. In the postpartum period, this buffering function is particularly relevant because adequate social support helps mothers adapt to breastfeeding challenges and maintain breastfeeding practices despite physical and psychological stressors. Contemporary literature further conceptualizes social support as *perceived social support*, referring to an individual's perception of the availability and adequacy of support from their social network (Sarafino, 2006). The *buffering effect* model suggests that social support functions as a protective mechanism that mitigates the negative impact of stress on individual behavior, including breastfeeding practices (Sarafino, 2006). In the postpartum context, maternal stress can negatively affect breastfeeding outcomes, making social support a critical moderating factor in this relationship. Therefore, a qualitative approach is necessary to capture how mothers construct and negotiate the meaning of social support within their sociocultural environment.

Based on this background, the present study aims to explore in depth the meaning of breastfeeding social support as experienced by Banjar mothers within their cultural context. Specifically, this study seeks to answer the research question: how do Banjar breastfeeding mothers perceive and interpret social support in their breastfeeding practices, and how does this meaning influence their breastfeeding experiences and behaviors. A qualitative approach using a grounded theory strategy is employed to explore participants' experiences and inductively develop conceptual categories regarding the meaning of breastfeeding social support. Although the broader research adopted an exploratory sequential mixed-method design, the present article reports only the qualitative phase, which served to explore and conceptualize breastfeeding social support among Banjar mothers. The subsequent quantitative phase, involving instrument development and validation, is reported separately

The scientific contribution of this study lies in its effort to address the gap in the literature concerning culturally grounded meanings of social support in breastfeeding practices, particularly within the Banjar community, which remains underexplored. This study not only advances theoretical understanding of social support from a cultural perspective but also offers practical implications for the development of community-based interventions that are sensitive to local values and norms (Hayati et al., 2025). By incorporating mothers' lived experiences, this research provides insights that can inform more contextually appropriate maternal and child health policies and practices aimed at improving exclusive breastfeeding outcomes through culturally responsive approaches. To better position the present study within the existing body of knowledge, the following section briefly synthesizes the current theoretical and empirical literature on breastfeeding social support.

Building upon these theoretical perspectives, contemporary studies conceptualize breastfeeding social support as a multidimensional concept that has long been central to research in health and psychology, particularly in relation to individuals' adaptation to stress and life transitions. Traditionally, social support is defined as a resource derived from interpersonal relationships that provides emotional, informational, and instrumental assistance to individuals facing life challenges, including the postpartum period (Sharifipour et al., 2023). In contemporary literature, this concept has evolved into *perceived social support*, emphasizing individuals' subjective evaluation of the availability and adequacy of support from their social networks, which has been shown to play a crucial role in maternal psychological well-being (Türkmen et al., 2024). In the context of breastfeeding, social support extends beyond practical assistance to include psychosocial influences that shape maternal confidence, mother–infant bonding, and the sustainability of breastfeeding practices (Hailemeskel et al., 2022).

Therefore, social support is positioned as a critical determinant in shaping breastfeeding experiences that are not merely biological but also social and emotional.
A substantial body of prior research has examined the role of social support in breastfeeding from various perspectives. Quantitative studies demonstrate that social support is positively associated with the duration and success of exclusive breastfeeding and increases the likelihood that mothers will sustain breastfeeding for up to six months (Isiguzo et al., 2023). Other studies highlight the significant influence of family support particularly from partners and immediate family members—on maternal decision-making and postpartum adaptation (Nuryati, 2024). Meanwhile, qualitative research reveals that experiences of social support are complex and involve emotional, cultural, and structural dimensions, with mothers often interpreting support as the presence, care, and involvement of their closest social networks (Mc Evoy et al., 2025). These findings

collectively indicate that social support operates across multiple dimensions and significantly influences breastfeeding experiences.

However, previous studies reveal important limitations in understanding the subjective meaning of social support within specific cultural contexts. Much of the existing literature focuses on measuring levels of social support or examining its relationship with health outcomes, thereby providing limited insight into how mothers interpret and construct meaning around the support they receive in their daily lives (Minarini et al., 2025). Cross-cultural research further demonstrates that social support experiences are deeply shaped by social norms, family values, and traditional practices that vary across communities (Gupta et al., 2024). In some contexts, social support may even become ambivalent or counterproductive, particularly when it manifests as excessive control or conflicting advice that undermines maternal autonomy (Türkmen et al., 2024). These gaps highlight the need for context-sensitive research that explores the meaning of social support within specific cultural settings.

In response to these gaps, the present study positions itself to explore the meaning of breastfeeding social support from the perspective of Banjar mothers, whose cultural context is characterized by collectivist values and strong extended family involvement. Unlike previous studies that primarily focus on causal relationships or determinants, this study emphasizes the exploration of subjective experiences and the construction of social meaning through everyday interactions (Elger et al., 2025). By doing so, it contributes to the literature by introducing a culturally grounded perspective that has been underrepresented in breastfeeding and social support research.

Methodologically, there has been a growing trend toward the use of qualitative and mixed-method approaches in breastfeeding research to better capture the complexity of maternal experiences. These approaches enable researchers to explore subjective, emotional, and contextual dimensions that cannot be fully explained through quantitative methods alone (Özöztürk et al., 2025). Recent studies also emphasize that breastfeeding experiences are shaped by multidimensional interactions among biological, psychological, social, and cultural factors, requiring holistic analytical approaches (Laks-Kron & Cojocaru, 2024). In this regard, grounded theory is particularly suitable as it facilitates the development of theory grounded in empirical data derived from participants' lived experiences.

Based on this conceptual synthesis, social support in the context of breastfeeding can be understood as a dynamic, multidimensional, and context-dependent phenomenon shaped by the interaction between individuals, social networks, and cultural environments. Social support functions not only as a resource but also as a construct of meaning formed through mothers' experiences and interpretations within their social worlds (Chivers et al., 2021). Accordingly, this study adopts a qualitative grounded theory approach to identify patterns of meaning, conceptual categories, and relationships emerging from the experiences of Banjar breastfeeding mothers, providing a foundation for developing a more contextually grounded theoretical understanding of social support in breastfeeding practices.

METHOD

This article reports the qualitative phase of a broader exploratory sequential mixed-method study. The qualitative phase employed an interpretive qualitative approach using reflexive thematic analysis to explore the meaning of breastfeeding social support among Banjar mothers. The findings from this qualitative phase informed the subsequent development of quantitative research instruments used in the next phase of the broader mixed-method

study. This study represents the qualitative phase of a mixed-method exploratory sequential design, in which qualitative findings are used to inform the development of instruments for subsequent quantitative investigation (Minarini et al., 2025).

The data used in this study consisted of primary data obtained through in-depth interviews with Banjar breastfeeding mothers. Primary data were selected to capture participants' subjective experiences, perceptions, and meaning-making processes within their sociocultural environment. This approach is essential in breastfeeding research, as breastfeeding practices are shaped by complex interactions among psychological, social, and cultural factors (Gupta et al., 2024).

Data were collected using semi-structured in-depth interviews guided by an interview protocol developed from the theoretical framework of social support. Interviews were conducted flexibly, taking into account participants' comfort and allowing the use of either Bahasa Indonesia or the Banjar language. This method facilitated the collection of rich, reflective, and contextually grounded data regarding breastfeeding experiences and social interactions during the postpartum period (Sharifipour et al., 2023). All interviews were audio-recorded with participants' consent and transcribed verbatim for analysis.

The inclusion criteria for this study were Banjar breastfeeding mothers residing in South Kalimantan, aged 18–35 years, first-time mothers, with infants aged 0–6 weeks postpartum, of Islamic faith, having the intention to breastfeed, and willing to participate by signing informed consent. Exclusion criteria included mothers or infants with clinical conditions and participants who did not complete the interview process. These criteria were established to ensure participant homogeneity and the relevance of experiences within the early postpartum period, which is recognized as a critical phase for breastfeeding practices (Swanson & Hannula, 2022). The unit of analysis in this study was the individual Banjar breastfeeding mother. Participants were recruited using purposive sampling to ensure that they had direct experience relevant to the research phenomenon. Data collection continued until thematic saturation was achieved, defined as the point at which no new codes, categories, or meaningful insights emerged from successive interviews (Saunders et al., 2018). Saturation was observed after the thirteenth participant, and two additional interviews were conducted to confirm the consistency and completeness of the emerging themes, resulting in a final sample of fifteen participants. Data collection was discontinued when no new themes or categories emerged from the data (Mc Evoy et al., 2025).

Data analysis was conducted using thematic analysis within a grounded theory framework, involving the stages of open coding, axial coding, and selective coding to identify categories, subcategories, and conceptual relationships emerging from the data. The analysis was iterative, involving constant comparison across participants to identify consistent patterns of meaning. To enhance the trustworthiness of the findings, source triangulation was employed by comparing information obtained from in-depth interviews with supporting data from participant observations and interviews with participants' husband, where available. This process helped verify the credibility and consistency of emerging themes (Lincoln & Guba, 1985). Qualitative data analysis software (NVivo) was used to support systematic coding and data organization. Ethical approval for this study was granted by the Research Ethics Committee of Universitas Padjadjaran, Indonesia (Approval No. 474/UN6.KEP/EC/2024, dated 29 April 2024). All participants were informed about the aims and procedures of the study prior to their participation. Written informed consent was obtained from all participants, emphasizing the voluntary nature of participation, the confidentiality of personal data, and the right to withdraw at any time without consequences. To ensure confidentiality and anonymity, all identifying information

was removed prior to data analysis. The data were handled in accordance with applicable ethical standards and data protection principles.

RESULTS AND DISCUSSION

Table 1. Participant Characteristics.

Participant Code	Age (Years)	Parity Status	Infant Age (Weeks)	Mode of Delivery	Type of Birth	Education Level	Occupation	Household Structure
P01	28	Multiparous	4	Vaginal	Singleton	Senior High School	Housewife	Nuclear Family
P02	34	Primiparous	4	Cesarean	Singleton	Master's Degree	Lecturer	Extended Family
P03	35	Multiparous	5	Vaginal	Singleton	Diploma	Housewife	Extended Family
P04	28	Multiparous	6	Vaginal	Singleton	Bachelor's Degree	Therapist	Extended Family
P05	33	Multiparous	5	Vaginal	Singleton	Diploma	Midwife	Extended Family
P06	31	Multiparous	5	Cesarean	Singleton	Bachelor's Degree	Teacher	Extended Family
P07	27	Multiparous	5	Cesarean	Singleton	Bachelor's Degree	Private Employee	Nuclear Family
P08	29	Multiparous	3	Vaginal	Singleton	Senior High School	Housewife	Nuclear Family
P09	31	Primiparous	2	Vaginal	Singleton	Diploma	Nurse	Nuclear Family
P10	30	Multiparous	3	Vaginal	Singleton	Bachelor's Degree	Private Employee	Nuclear Family
P11	32	Primiparous	5	Cesarean	Singleton	Senior High School	Private Employee	Extended Family
P12	30	Multiparous	2	Vaginal	Singleton	Junior High School	Housewife	Nuclear Family
P13	34	Multiparous	4	Vaginal	Singleton	Diploma	Midwife	Nuclear Family
P14	33	Primiparous	5	Vaginal	Singleton	Senior High School	Private Employee	Nuclear Family
P15	30	Primiparous	5	Vaginal	Singleton	Senior High School	Housewife	Extended Family

Table 1 presents the demographic characteristics of the 15 participants. Participants ranged in age from 27-35 years and included both primiparous and multiparous mothers. They represented diverse educational backgrounds, occupation, and household structures (nuclear and extended families), providing a broad range of perspectives on the meaning of breastfeeding social support among Banjar mothers.

The findings of this study are presented based on thematic analysis of in-depth interview data conducted with 15 Banjar breastfeeding mothers. The analytical process, which involved open coding, axial coding, and selective coding, generated several major themes representing the meaning of breastfeeding social support within the Banjar cultural context. These themes include: (1) social support as a source of emotional reassurance; (2) social support as practical assistance in maternal and infant care; (3) social support as a source of information and legitimacy in breastfeeding practices; (4) social support as ambivalent social pressure; and (5) social support as a determinant of breastfeeding continuity.

The first theme indicates that social support is understood by mothers as a form of emotional presence that provides a sense of calm, reduces feelings of isolation, and helps alleviate postpartum stress. Participants described how the presence of husbands, mothers,

or other family members who offer attention, listen to their concerns, and provide emotional reassurance plays a crucial role in coping with breastfeeding challenges, such as infant fussiness or delayed milk production. The theme was consistently reflected across participants with different parity, educational backgrounds, and household structures, although the forms of emotional reassurance varied according to each mother's postpartum experience.

Participants described how emotional reassurance contributed to a sense of calm and stability during breastfeeding difficulties.

Illustrative quotations:

"Fortunately, my husband was able to calm me down… even though at that time I was very emotional."(P01)

"Over time, I began to adjust… and I felt much calmer." (P011)

"I received a lot of help from my husband and my mother, especially at the beginning… when I was still confused about breastfeeding." (P05)

"My husband helps take care of my baby, when I need to express breast milk, so I fee less overwhelmed."(P03)

This finding aligns with previous research demonstrating that emotional support is a key component in enhancing maternal psychological well-being and facilitating postpartum adjustment (Sharifipour et al., 2023). In this context, social support is not merely perceived as tangible assistance but also as a sense of being accompanied throughout the breastfeeding experience.

Taken together, these findings demonstrate that emotional reassurance was experienced as a relational process rather than a single supportive act. Across participants, emotional support was fostered through empathy, encouragement, understanding, and the continuous presence of significant others, particularly husbands and close family members. Such support strengthened mothers' confidence, reduce emotional distress, and encouraged them to continue breastfeeding despite various postpartum challenges.

The second theme identifies social support as instrumental or practical assistance that facilitates mothers in fulfilling their breastfeeding roles. This form of support includes help with household chores, infant care, and traditional practices such as *didadah* (a local massage practice believed to support milk flow). Such instrumental support enables mothers to conserve physical energy and dedicate more time to breastfeeding during the postpartum period. Participants reported receiving help such as traditional massage *(didadah),* medication, and assistance from family members in managing breastfeeding-related challenges.

Illustrative quotations:

"My mother called a traditional massage therapist… for '*didadah*', even though it was extremely painful." (P08)

"I immediately expressed the milk and took paracetamol because the pain was unbearable." (P05)

"My husband helped take care of the baby while I expressed breast milk, so I could rest for a while and continue breastfeeding." (P03)

These forms of support facilitated mothers in overcoming physical barriers and maintaining breastfeeding practices. Previous studies have similarly highlighted that practical support from family and the surrounding environment is significantly associated with successful breastfeeding and maternal role adaptation (Elger et al., 2025).

Overall, the findings suggest that practical support extended beyond physical assistance to encompass shared caregiving responsibilities that enabled mothers to sustain breastfeeding during the postpartum period. Across participants, practical support reduced physical exhaustion, facilitated recovery after childbirth, and created opportunities for mothers to focus on breastfeeding despite demands of infant care.

The third theme reveals that social support functions as a source of information that shapes maternal knowledge and decision-making regarding breastfeeding practices. Participants reported obtaining information from healthcare providers, social media, personal experiences, and family members. Some mothers indicated that they learned about exclusive breastfeeding from midwives or other healthcare professionals, while others relied on advice from relatives or community members. However, these sources of information were not always consistent and occasionally provided conflicting messages, influencing mothers' perceptions and practices. Informational support emerged as a key dimension influencing mothers' understanding of breastfeeding, derived from healthcare providers, social media, and personal experiences.

However, the information received was often inconsistent and varied in accuracy.

Illustrative quotations:

"I learned it from health services… from midwives and healthcare providers." (P05)

"From what I read on social media… colostrum is like 'liquid gold'."(P02)

"I only realized after reading the maternal health book… that it contains a lot of information." (P14)

This finding is consistent with studies showing that diverse sources of breastfeeding information significantly affect maternal attitudes and behaviors (Oosterhoff et al., 2022).

Overall, the findings suggest that informational support played a central role in shaping mothers' breastfeeding knowledge and decision-making. Across participants, information obtained from healthcare professionals, family members, social media, and personal experiences influenced breastfeeding practices, although the credibility and consistency of these sources varied considerably.

The fourth theme demonstrates that social support is not always positive but may also manifest as ambivalent or even counterproductive social pressure. Some participants reported experiencing pressure from family members, such as suggestions to introduce formula milk when the baby cried excessively or doubts regarding the adequacy of breast milk. These pressures often led to confusion, stress, and influenced mothers' breastfeeding decisions. Normative support was experienced as social expectations, cultural beliefs, and pressures from family and community members. This form of support was often ambivalent, functioning both as guidance and as a source of stress.

Participants frequently encountered cultural myths and unsolicited advice that influenced their breastfeeding decisions.

Illustrative quotations:

"If the mother eats spicy food, the baby will feel it… if she drinks cold water, the baby will get sick." (P01)

"They kept saying, 'The baby is crying, just give formula milk.'"(P09)

"They said, 'You are too thin, how could you have enough breast milk? " (P13)

This finding reflects that in collectivist cultural settings, social support may also take the form of social control, which can limit maternal autonomy in health-related decision-making (Türkmen et al., 2024).

Overall, the findings suggest that social support was not uniformly experienced as beneficial but could also function as a source of social pressure. Across participants, cultural beliefs, family expectations, and unsolicited advice shaped breastfeeding decisions by simultaneously providing guidance and generating uncertainty, illustrating the dual nature of social support within the postpartum context.

The fifth theme identifies social support as a determining factor in the continuation of breastfeeding practices, functioning either as an enabling or constraining force. Mothers who received consistent and positive support from husbands, family members, and healthcare providers were more likely to sustain exclusive breastfeeding despite experiencing challenges such as fatigue, sleep deprivation, or infant irritability. Conversely, insufficient support or exposure to negative social influences often contributed to early discontinuation of exclusive breastfeeding. Social support was identified as a critical factor influencing the continuation or discontinuation of breastfeeding practices. It functioned both as an enabling and constraining force.

Positive support encouraged mothers to persist, while negative or insufficient support led to early introduction of formula feeding.

Illustrative quotations:

"In the end, I just gave formula milk because I couldn't handle the pressure anymore."(P09)

"At first, the milk did not come out… so additional feeding was given." (P07)

"After about four days, the breast milk finally started to come out little by little."(P03)

This finding is consistent with previous research indicating that social support is a key determinant of breastfeeding duration and success (Isiguzo et al., 2023).

Overall, the findings suggest that breastfeeding continuity was shaped by the cumulative influence of emotional, practical, informational, and normative forms of social support. Across participants, sustained breastfeeding was more likely when mothers experienced consistent encouragement, practical assistance, and reliable information, whereas inadequate or conflicting support often contributed to breastfeeding difficulties or early formula introduction.

In addition to these five primary themes, the analysis also revealed variations in social support experiences based on individual contexts, such as maternal employment status, prior breastfeeding experience, and infant conditions. Working mothers, for instance, faced additional challenges in maintaining exclusive breastfeeding due to time constraints and limited workplace support. Meanwhile, previous breastfeeding experiences influenced how mothers interpreted and responded to the support they received. These variations indicate that the meaning of social support is dynamic and shaped by the interaction between individual characteristics and the surrounding social environment.
Overall, the findings demonstrate that breastfeeding social support among Banjar mothers is a multidimensional phenomenon encompassing emotional, instrumental, informational, and normative aspects. These dimensions operate simultaneously within mothers' lived experiences and shape how they understand, respond to, and practice breastfeeding in their daily lives. The results also highlight that social support is not a singular or linear construct but a complex and context-dependent phenomenon influenced by cultural and social dynamics.

The findings of this study confirm that the meaning of breastfeeding social support among Banjar mothers is multidimensional, encompassing emotional, instrumental, informational, and normative aspects that function both as enabling and constraining forces in breastfeeding practices. These findings directly address the research objective by demonstrating that social support is not merely perceived as assistance but as a relational experience that shapes how mothers respond to breastfeeding challenges. In this context, social support plays a critical role in helping mothers cope with postpartum stress and sustain breastfeeding practices, as also identified in previous research highlighting social support as a key determinant of breastfeeding success (Swanson & Hannula, 2022).

From a theoretical perspective, these findings can be explained through the concepts of *perceived social support* and the *buffering effect* model, which suggest that social support serves as a protective factor against the negative impact of stress. Mothers who perceive strong emotional and practical support demonstrate greater adaptive capacity in managing postpartum challenges and are more likely to maintain breastfeeding practices. This is consistent with evidence indicating that social support moderates the relationship between stress and breastfeeding behavior while enhancing maternal psychological well-being (Isiguzo et al., 2023). Furthermore, the prominence of emotional support identified in this study reinforces the notion that the feeling of "not being alone" is central to maternal experiences during the transition to motherhood (Sharifipour et al., 2023).

When compared with previous studies, the results of this study both align with and extend existing findings. Prior research has consistently shown that family support, particularly from partners and immediate family members, plays a significant role in breastfeeding success (Nuryati, 2024), which is also evident in the Banjar context. However, this study expands upon existing knowledge by demonstrating that social support in collectivist cultures is not always beneficial, but can also manifest as social pressure that influences maternal decision-making. This finding is consistent with studies identifying the phenomenon of *excessive social support*, where overly intrusive or controlling support can undermine maternal autonomy (Türkmen et al., 2024). Additionally, cross-cultural research has highlighted the significant influence of social norms and traditional practices on postpartum experiences, further supporting the cultural relevance of these findings (Cai et al., 2024).

The scientific contribution of this study lies in advancing the conceptual understanding of social support as a dynamic and culturally embedded construct within breastfeeding practices. By emphasizing meaning-making processes, this study

complements the predominantly quantitative literature by providing a deeper qualitative insight into how mothers interpret and negotiate social support within their social environments. Moreover, the findings offer practical implications by underscoring the importance of culturally sensitive approaches in maternal and child health interventions, particularly those that involve family and community engagement. This is in line with prior research advocating for contextually tailored social support interventions to improve postpartum outcomes (Sharifipour et al., 2022).

Despite these contributions, several limitations should be acknowledged. First, the relatively small sample size and the use of purposive sampling limit the generalizability of the findings to broader populations. Second, the focus on Banjar mothers within a specific geographic and cultural context makes the findings highly context-dependent, requiring caution when applying them to other cultural settings. Third, the reliance on self-reported qualitative data introduces potential biases related to perception and recall. These limitations are consistent with those identified in other qualitative studies, which emphasize the inherently subjective and context-bound nature of postpartum experiences (Gupta et al., 2024).

The implications of this study highlight the need to strengthen social support systems that prioritize not only the availability but also the quality and appropriateness of support provided to mothers. Healthcare practitioners should consider cultural and social dynamics when designing breastfeeding education and interventions, including actively involving family members as part of the support system. Furthermore, community-based programs should be developed to enhance health literacy and minimize forms of support that may be counterproductive. Future research is recommended to integrate qualitative and quantitative approaches to examine the relationship between the meaning of social support identified in this study and measurable outcomes such as breastfeeding duration or postpartum stress levels, as suggested by studies emphasizing the value of integrative methodological approaches in breastfeeding research (Minarini et al., 2025).

CONCLUSION

This study suggests that the meaning of breastfeeding social support among Banjar mothers is a complex and multidimensional construct encompassing emotional, instrumental, informational, and normative dimensions within a specific cultural context. Social support is not merely understood as assistance but as a relational experience through which mothers navigate breastfeeding challenges during the postpartum period. Positive forms of support strengthen maternal resilience and facilitate the continuation of breastfeeding practices, whereas ambivalent or pressure-based support may negatively influence maternal decision-making. Therefore, the meaning of social support is dynamic and shaped by the interaction between individual experiences, family involvement, and cultural values surrounding motherhood and breastfeeding.

The primary contribution of this study lies in enriching the psychological understanding of social support as a culturally embedded and context-dependent psychological construct, while also providing empirical insights into the lived experiences of Banjar breastfeeding mothers. From a practical perspective, the findings highlight the importance of culturally sensitive psychological and community-based approaches in maternal and child health interventions, particularly those involving families and communities as integral components of breastfeeding support systems. These findings also provide practical implications for community-based da'wah by strengthening family engagement and promoting culturally responsive breastfeeding support. This study further

underscores the need to ensure that social support functions as a constructive resource that empowers mothers rather than constrains their autonomy.

The implications of this study suggest the need for the development of community-based strategies that incorporate local cultural values while enhancing the quality of social support received by mothers. Future research is recommended to adopt integrated qualitative and quantitative approaches to examine the relationship between the culturally embedded meaning of social support and measurable breastfeeding outcomes, as well as to explore similar phenomena across diverse sociocultural settings to broaden cross-cultural understanding of breastfeeding practices.

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