



The description of husband's support in breastfeeding for primiparous mothers

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ABSTRACT

Introduction: Breast milk is the best source of nutrition for infants and provides long-term health benefits for both the mother and the baby. The success of breastfeeding is influenced by various factors, one of which is the support of the husband. This support can take the form of emotional, informational, physical, and evaluative support. This study aims to describe the husband's support in breastfeeding among primiparous mothers. **Methods:** This study used a descriptive statistical design with 88 respondents selected through purposive sampling. The instrument used was a questionnaire developed by Ratu (2019). Data analysis was performed using univariate analysis in the form of frequency distribution tables and percentages. **Results:** The majority of respondents were aged 25-30 years (58%), had a high school education (42%), and worked as private sector employees (39.8%). Most of the respondents had infants aged 8 months (26.1%), and the duration of breastfeeding was in accordance with the infant's age. The husband's support for breastfeeding mothers was categorized as good, with informational support reaching 60.2%, emotional support 48.9%, physical support 47.7%, and evaluative support 52.3%. **Conclusion:** Informational support was the most commonly provided form of support by husbands. Future research is recommended to use a qualitative approach to explore husbands' support in breastfeeding in more depth.

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1. Introduction

Exclusive breastfeeding is the practice of providing breast milk to infants without any additional food or drinks, at least during the first six months of life. This is also emphasized by the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF). Breast milk is the best food for newborns from 0-6 months of age, as its content is crucial for growth and development. Law No. 36, Article 128, Paragraph 1, of 2009 states that exclusive breastfeeding is the right of every infant up to the age of 6 months, unless there are medical indications (Taufiqah, 2021).

According to the Ministry of Health of the Republic of Indonesia (Kemenkes RI) (2023), in 2023, Indonesia's infant mortality rate was recorded at 17 deaths per 1,000 live births. Common causes of infant mortality include diseases such as diarrhea, pneumonia, and infectious diseases. Prevention and early detection can reduce the occurrence of these diseases. Providing breast milk is one of the preventive measures to protect infants from these illnesses (Wijaya, 2019).

Breast milk offers various benefits for infants, such as providing essential nutrients and immunity needed for their growth and development. Breastfeeding not only benefits the baby but also provides advantages for the mother, community, and environment (Lewen, 2021). In addition to the extraordinary benefits of breast milk, breastfeeding can also help the family economy, as the increasing price of formula milk can become a financial burden for families (Linda, 2019).

The impact of mothers not providing exclusive breastfeeding to infants under 6 months old can lead to an increased risk of the baby contracting various diseases, such as respiratory infections, ear infections, and low immunity. This can result in a less intelligent future generation, increased morbidity rates, higher child mortality, additional hospital subsidies, and increased foreign exchange expenditure for purchasing formula milk (Polwandari, 2021). According to WHO (2022), the exclusive breastfeeding rate in Indonesia in 2022 was recorded at only 67.96%, a decrease from 69.7% in 2021. Meanwhile, according to reports from districts/cities in Riau Province in 2022, the exclusive breastfeeding rate for infants aged 6 months reached 45.4%, an increase from 39.4% in 2021 (Herimen, 2022).

The low rate of exclusive breastfeeding in Indonesia is influenced by internal and external factors. Internal factors include knowledge, education, psychological factors, work-related issues, and a lack of self-confidence in mothers due to changes in breast appearance from breastfeeding, sore nipples, and a fussy baby. External factors include lack of support from husbands and families, the strong influence of formula milk advertisements, and inadequate healthcare services (Rika, 2023). Exclusive breastfeeding is also influenced by support from family and healthcare professionals (Retno, 2023). The support from a husband can alleviate some of the mother's concerns about caring for her first baby, body image, and breast appearance during breastfeeding (Ariesta, 2021). The support provided by the husband is divided into four components: evaluative support, physical support, emotional support, and informational support.

The support provided by the husband is divided into four components: evaluative support, physical support, emotional support, and informational support. Evaluative support involves giving positive feedback and appreciation to the mother, such as offering praise after each breastfeeding session (Ariesta, 2021). Physical support relates to how much the husband helps with household chores, such as participating in baby care. Emotional support refers to how often the husband listens to and supports the mother when she feels anxious or worried. Informational support refers to how much the husband provides necessary information about breastfeeding, baby care, or health issues concerning the mother and baby (Bakri, 2019). The husband's job has a significant impact on the frequency and quality of support he can provide during the breastfeeding process. Emotional and physical support, as well as assessment and information to contribute to household tasks and baby care, can influence how effectively the mother is supported. On the other hand, if the husband's job demands too much time and energy, it can reduce the level of practical and emotional support he can offer, which may affect the mother's breastfeeding experience, potentially leading to increased stress or challenges. The relationship between the husband's education level and the quality of support provided during breastfeeding has a significant impact. Educated husbands, or those with a high level of curiosity, are more likely to understand the importance of breastfeeding, provide emotional and practical support, share household responsibilities, and seek external resources when needed. This can positively affect the breastfeeding experience for primiparous mothers, which in turn enhances breastfeeding success.

First time mothers often face various challenges, such as not knowing the proper way to latch the baby onto the breast, pain from the baby's suckling, and other issues. The taking hold phase that occurs after childbirth is an important part of the psychological adjustment process during the postpartum period. Some symptoms that mothers may experience during this phase include anxiety or concerns about their ability to care for and raise the baby, a lack of confidence in their baby care skills,

as well as increased emotional sensitivity and irritability. These feelings can be caused by hormonal changes, lack of sleep, and the pressure and stress associated with baby care (Sarumi, 2022).

According to a study conducted by (Yulistianingsih, 2021), stress and depression levels during breastfeeding tend to be higher in primiparous mothers (first-time mothers) compared to multiparous mothers (those who have given birth to more than one child). Therefore, support from the family, especially from the husband, is crucial in helping the mother cope with the pressures and challenges that may arise during the breastfeeding process. The husband's role as a breastfeeding father has a significant impact on the success of exclusive breastfeeding, particularly regarding the emotional and psychological state of the mother (Deswita et al., 2023). This affects the oxytocin hormone, which plays a role in increasing milk production. The support that a husband can provide includes physical and emotional support for the mother, creating a calm and comfortable atmosphere during breastfeeding, offering praise and appreciation after breastfeeding, and actively participating in baby care. This support helps boost the mother's confidence and ensures smooth milk production (Bakri, 2019).

Based on findings from a study at the Payung Sekaki Health Center, two out of seven husbands reported always providing support, such as offering assistance when the mother feels stressed. Two out of seven husbands mentioned that they often provide support, such as giving information related to breastfeeding and baby care, while three out of seven husbands indicated that they rarely provide support due to their busy work schedules. Some husbands work out of town, and some believe that breastfeeding and baby care are entirely the mother's responsibility. Various studies have shown that one of the key factors contributing to the success of breastfeeding is support from the husband. A study by (Polwandari, 2021) on husband support and maternal knowledge during exclusive breastfeeding showed that the majority of husbands strongly supported exclusive breastfeeding, with 35 out of 43 (81%) husbands expressing strong support. Another study by (Ariesta, 2021) on the relationship between husband support and the success of exclusive breastfeeding in working mothers showed that the chi-square test yielded a p-value of $0.001 < 0.05$, indicating a significant relationship between husband support and breastfeeding success in working mothers. However, research specifically focusing on husband support for primiparous mothers is still limited, which is why the researcher is interested in investigating husband support for primiparous mothers.

2. Method

This research was conducted at Payung Sekaki Health Center with the highest breastfeeding percentage in Pekanbaru City (62%). This research is a quantitative research with descriptive statistical method. Descriptive statistics helps in presenting, summarizing, and interpreting data in a concise and informative manner (Sugiyono, 2016). The sample in this research were husbands with primiparous mothers who came to Payung Sekaki Health Center and integrated service post within the working area of Payung Sekaki Health Center. The sample was taken by purposive sampling method, resulting in a total of 88 respondents using the slovin's formula estimation. The use of the Slovin formula to determine the sample size is especially useful when the total population size is unknown. This formula provides a statistically valid sample size. However, for the sample to truly be representative of the primiparous population in the Payung Sekaki Health Center's working area, it is important to ensure that the sampling method used is appropriate (i.e., random and inclusive of all relevant subgroups).

The instrument used was a questionnaire, a questionnaire that functions as a data collection tool to gather large amounts of data (Ismayani, 2019), containing questions regarding characteristics (husband's age, husband's occupation, wife's occupation, husband's education, wife's education, child's age and duration of breastfeeding) and husband's support. The husband support questionnaire utilizes the previous researcher's questionnaire and has been tested for validity and reliability obtained from 29 question items with $\alpha = 0.882$ and Cronbach alpha > 0.60 by Ratu, 2014 in South Tangerang, covering aspects of information, assessment, emotional and physical support. Data analysis was conducted univariately. Univariate analysis is a statistic useful for analyzing data through description or

representation of data in percentage form (Kusumastuti, 2020). In this research, univariate analysis is used to describe and present the percentage of husband support for primiparous mothers.

Data collection was conducted by the researchers visiting respondents' homes (door to door) and coordinated with local cadres. The questionnaire was filled out by the respondents with the researchers' assistance. After all respondents had completed the data, researchers collected the raw data in Microsoft Excel and analyzed it using SPSS 22.

3. Results and Discussion

3.1. Results

a. Univariate Analysis

Table 1
Respondent Characteristics

Characteristics	Frequency	Percentage (%)
The husband's age		
<25 years old	8	9
25-30 years old	51	58
>30 years old	29	33
Husband's last education		
Elementary school	13	14,8
Junior high school	20	22,7
Senior high school	37	42
Bachelor	18	20,5
Wife's last education		
Elementary school	7	8
Junior high school	28	31,8
Senior high school	40	45,5
Bachelor	13	14,8
Husband's occupation		
Not working	0	0
Civil servant	10	11,4
Entrepreneurship	28	31,8
Private employee	35	39,8
Others	15	17
Wife's occupation		
Not working	48	54,5
Civil servant	10	11,4
Entrepreneurship	13	14,8
Private employee	17	19,3
Others	0	0
Child's age		
6 months	18	20,5
7 months	20	22,7
8 months	23	26,1
9 months	4	4,5
10 months	8	9,1
11 months	5	5,7
12 months	10	11,4
Duration of breastfeeding		
6 months	18	20,5
7 months	20	22,7
8 months	23	26,1
9 months	4	4,5
10 months	8	9,1
11 months	5	5,7
12 months	10	11,4

Based on Table 1, it is shown that out of 88 respondents, the largest age group is 25-30 years, with 51 respondents (58%). Based on the husband's education, the most common group is 37 respondents (42%) who completed high school, while for the wife's education, the largest group is 40

respondents (45.5%) who also completed high school. Regarding the husband's occupation, the most common occupation is private sector employee, with 35 respondents (39.8%), while the largest group for the wife's occupation is 48 respondents (54.5%) who are not employed. Based on the child's age, the largest group is 23 respondents (26.1%) with an age of 8 months, and the most common duration of breastfeeding is 8 months, with 23 respondents (26.1%).

Table 2
Frequency Distribution of Husband's Support

Husband's support	Frequency	Percentage (%)
Good support	51	58
Sufficient support	32	36
Less support	5	6
Total	88	100

Based on Table 2, it shows 51 respondents (58%) are providing good support. The questions in this questionnaire cover four aspects of husband's support: emotional support, informational support, physical support, and evaluative support. Below, the researcher illustrates the distribution of each aspect of the husband's support variable

Table 3
Frequency Distribution Types of Husband's Support

Types of husband's support	Good support	Sufficient support	Less support
Emotional Support	43 (48,9%)	37 (42%)	8 (9,1%)
Informational Support	53 (60,2%)	27 (30,7%)	8 (9,1%)
Physical Support	42 (47,7%)	39 (44,3%)	7 (8%)
Evaluative Support	46 (52,3%)	39 (44,3%)	3 (3,4%)

Based on table 3, shows that in the emotional support component, the largest number of respondents rated it as good support, with 43 respondents (48.9%). In the informational support component, the largest number of respondents rated it as good support, with 53 respondents (60.2%). In the physical support component, the largest number of respondents was 42 respondents (47.7%). In the evaluative support component, the largest number of respondents rated it as good support, with 46 respondents (52.3%).

3.2. Discussion

The research results showed that the majority of respondents, 51 respondents (58%) out of 88 respondents were in the age range of 25-30 years. Research conducted by (Kartini, 2019) states that men aged 26 to 30 years are the ideal age for men to marry and have children. Men who marry at the ideal age of 26-30 years, considering their role as husbands, have financial readiness, where they have income to meet the family's needs (Yulyana, 2023).

The research results showed that the majority of respondents, 35 respondents (39.8%) out of 88 respondents were private employees. Based on (Ratnaningsih, 2020), the husband's job can function as a confounder in the relationship between husband support and breastfeeding. The husband's job certainly greatly affects the breastfeeding process, where busyness of work will hinder the husband and breastfeeding is delegated to the mother completely.

The research results showed that the majority of respondents, 37 respondents (42%) out of 88 respondents had a high school education. Research conducted by (Gusrinawati, 2020) stated that a husband's education at the education at the middle and upper levels can affect knowledge of the duration of breastfeeding so as to provide optimal support both emotionally, physically, information or judgment.

The research results indicate that the emotional support component received the highest number of respondents in the good support, with 43 respondents (48.9%). The most common form of emotional support provided was the husband creating a calm, safe, and comfortable atmosphere during

breastfeeding and always validating the mother's feelings or concerns. Comparable to Setyo's research (2023), where the husband provided good emotional support, marked by preparing extra funds to meet the mother's nutritional needs, listening to the mother's complaints during breastfeeding, and offering the best advice for the problems faced (Retno, 2023). Based on the information support component, the highest number of respondents were also in the good support with 53 respondents (60.2%). The most common form of informational support is the husband seeking valid information related to infant care and breastfeeding. This is in line with the statement by Sri and Suci (2020) that informational support from the husband in the implementation of breastfeeding has a significant impact. When husbands are involved and provide information and support regarding the importance of exclusive breastfeeding, mothers feel more supported and motivated (Lucky, 2020). Then, based on the physical support component, the majority of respondents were 42 respondents (47.7%). The most common form of support provided is the husband participating in taking care of the infant and preparing food while the mother is breastfeeding. In line with Elly (2019), this physical support has 18.2 times greater success in exclusive breastfeeding than other types of support such as informational, evaluative, or emotional support (Dwi, 2019).

Based on the assessment components, the majority of respondents fell into the good support, with 46 respondents (52.3%). The most common form of support provided is the husband encouraging the mother to breastfeed immediately after delivery and motivating her when breast milk does not come out. Similarly, (Dwi, 2019) stated that evaluative support from the husband is evident in reminding the mother to exclusively breastfeed the baby according to schedule and reprimanding her if she gives any food or drink other than breast milk. If the mother receives positive evaluative support, it increases her confidence that exclusively breastfeeding the baby is an important step.

4. Conclusion

The results of the research on the description of husband support in breastfeeding primiparous mothers conducted at Payung Sekaki Health Center Pekanbaru showed that 58% of husbands had supported well. The most common form of support was informational support, where husbands often sought information related to breastfeeding and infant care. The results of this research are expected to serve as a source of information when implementing efforts to provide exclusive breastfeeding, especially for first-time mothers with husband support as a supporting factor before the introduction of complementary foods, and the importance of spousal husband in breastfeeding. The results of this study are highly relevant for low-income families as they may provide actionable insights into how husbands can offer essential support in breastfeeding, even in the face of financial, emotional, and practical challenges. By highlighting the importance of the husband's involvement, the study could contribute to improved breastfeeding practices and outcomes for families with limited resources, offering strategies for overcoming barriers to exclusive breastfeeding in economically disadvantaged communities.

The health center team can provide health promotion and counseling, offering guidance that the support of husbands is very important in breastfeeding, especially for primiparous mothers, so that it can increase breastfeeding rates. When husbands take an active role in supporting the mother, they can help create an environment that fosters successful breastfeeding, which benefits both the mother and child. Community-level health education programs that emphasize the importance of father involvement are a powerful tool to improve breastfeeding practices and, ultimately, maternal and child health outcomes. This way, support from family and the community can truly be enhanced. Additionally, research on the support provided by husbands using a qualitative approach is needed. This research has limitations and weaknesses that affect the research results. The limitations are in the form of husbands who are busy working during the day and the absence of exact data on the population of primiparous mothers in the Payung Sekaki Health Center working area so that there are several integrated service post areas that do not have primiparous mothers

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