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THE RELATIONSHIP BETWEEN HUSBANDS' SUPPORT AND WIVES' SUCCESS IN EXCLUSIVE BREASTFEEDING

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ABSTRACT

Background: Breast milk is the primary source of nutrition for newborns and plays a crucial role in reducing infant mortality rates worldwide. Deaths among children under five years of age can be prevented each year through optimal breastfeeding. Spousal support is believed to be one of the key factors determining the success of exclusive breastfeeding. This study aims to analyze the relationship between a husband's support for his wife's efforts to practice exclusive breastfeeding at Sultan Agung Islamic Hospital in Semarang.
Methods: This study employed a quantitative cross-sectional research design. The study subjects consisted of 55 primiparous mothers with 6-month-old infants at Sultan Agung Islamic Hospital in Semarang who met the inclusion and exclusion criteria. Sampling was conducted using total sampling. Data were collected using the G-Form questionnaire, which had been tested for validity and reliability. The data were analyzed using the chi-square test.
Results: The results showed a significant relationship between spousal support and exclusive breastfeeding, with a p-value of 0.000 ($p < 0.05$). It is hoped that this study can provide useful information regarding the importance of the husband's role in supporting the success of exclusive breastfeeding. It is also hoped that the public will become increasingly aware that breastfeeding is not only the mother's responsibility but also requires active support from the husband and family.
Conclusion: Education based on the results of this study can reinforce positive behaviors in breastfeeding practices.
Keywords: exclusive breastfeeding, husband, spousal support

INTRODUCTION

Breast milk is the primary source of nutrition for newborns and plays a critical role in reducing global infant mortality. Optimal breastfeeding practices can prevent a significant number of under-five child deaths annually. Globally, the lack of exclusive breastfeeding remains a leading cause of infant mortality due to infections, malnutrition, and respiratory diseases (Khotimah et al., 2024).

According to the World Health Organization (WHO) and the Innocenti Declaration (1990), updated in various global meetings, the UN recommends exclusive breastfeeding for the first six months of life—without any additional food or drink, except for vitamins, minerals, supplements, and prescribed medications—followed by continued breastfeeding up to two years of age or beyond alongside appropriate complementary foods (WH0, 2021).

Globally, between 2015 and 2020, only 44% of infants aged 0 to 6 months received exclusive breastfeeding, which is still far below the WHO target of 50%. In 2022, exclusive breastfeeding in Indonesia reached 67.96%, still far below the target set by the Ministry of Health of 80% (Anjelina et al., 2023).

According to the Semarang City Health Profile, the breastfeeding rate among infants has reached 73.2%. This figure has exceeded the target set in the Semarang City Strategic

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Plan of 65.60%, but has not yet reached the target set by the Ministry of Health of 80%(Dinas Kesehatan Kota Semarang, 2023)

Breast milk has an ideal nutritional composition, with mature breast milk estimated to contain 0.9-1.2g/dL protein, 3.2-3.6 g/dL fat, 6.7-7.8 g/dL lactose, and an energy content of 65-70 kcal/dL. Many micronutrients in breast milk vary with the mother's diet and body stores, including vitamins A, B1, B2, B6, B12, D, and iodine, as well as other bioactive factors. Therefore, breastfeeding provides babies with adequate nutrients, protective substances, and psychological benefits such as a sense of security and confidence, and reduces the incidence of dental caries and malocclusion(Fata & Rahmawati, 2016).

Cultural factors include traditions that have developed in certain regions, such as giving babies additional foods or drinks besides breast milk, such as bananas and porridge, and feeding them as soon as possible. This is often passed down from generation to generation and can be an obstacle for mothers who want to breastfeed exclusively(Setyaningsih & Farapti, 2020). From a social perspective, support from close family plays an important role in the success of breastfeeding, especially that of a father, which is crucial for emotional, informational, physical, and evaluative support.

A husband's active involvement and support in exclusive breastfeeding are not automatic; rather, they are shaped by several complex factors. Paternal knowledge regarding the benefits of breast milk, proper lactation mechanisms, and the challenges of early postpartum care serves as a primary determinant. Husbands with higher levels of breastfeeding literacy are more likely to recognize their role as co-parents and proactively assist their wives. Conversely, a lack of information often leads to passive behavior or misguided advice, such as encouraging early formula supplementation at the first sign of crying in an infant or attributing delayed milk production to the infant.

Beyond knowledge, socio-demographic variables—including the husband's education level, age, occupational demands, and family income—significantly influence the extent of spousal support. Sociocultural norms and traditional gender roles also play a pivotal role; in patriarchal settings where infant feeding is perceived strictly as a maternal duty, husbands may feel hesitant or embarrassed to participate in breastfeeding care. Furthermore, effective marital communication and the quality of health education provided to fathers during antenatal visits directly impact paternal self-efficacy. When husbands are empowered with actionable knowledge and positive attitudes during the prenatal period, their confidence increases, enabling them to provide sustained emotional, practical, and informational support that directly drives successful exclusive breastfeeding (Budiati et al., 2021).

Based on previous research conducted in the Kasiman Bojonegoro Community Health Center working area among 42 respondents, 71.4% of mothers received support from their husbands, and 73.8% successfully provided exclusive breastfeeding. Thus, successful spousal support in achieving 100% exclusive breastfeeding success has a very strong relationship between spousal support and the success of exclusive breastfeeding (Sari & Muhidayati, 2025) .

A 2024 study with 41 respondents found that 85.5% of mothers received support from their husbands and 70.9% successfully practiced exclusive breastfeeding. Overall, 74.5% of husbands' support influenced mothers' ability to provide exclusive breastfeeding (Laras et al., 2025).

Research conducted in 2023 at the Danurejan I Community Health Center in Yogyakarta, involving 47 respondents, found that 85.5% of mothers received support from their husbands and 74.5% successfully practiced exclusive breastfeeding. Thus, mothers who received spousal support successfully breastfed exclusively at a rate of 70.9% (Klaravina & Wulandari, 2023).

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Based on data from Ruang Baitunnisa 2 for the period January–September 2024, there were 135 postpartum mothers on day 3. 25% of postpartum mothers did not breastfeed because their milk did not come in, causing them to worry that their babies had not drunk anything since birth. There were also postpartum mothers with certain illnesses who were not allowed to breastfeed their babies. As a result, husbands provided formula milk to replace the mother's breast milk. This was due to the low level of support from husbands, who perceived that breastfeeding was solely the mother's responsibility. Wives do not ask for support effectively, husbands do not understand their wives' needs in breastfeeding, so after work, husbands come to accompany their wives to the hospital only to help carry the baby, and husbands feel insecure because they have no experience in supporting breastfeeding. When breast milk does not come out, family members encourage using formula.

The purpose of this study is to analyze the relationship between husbands' support for their wives in their efforts to provide exclusive breastfeeding at the Sultan Agung Islamic Hospital in Semarang.

RESEARCH METHOD

This is a quantitative cross-sectional study. The cross-sectional method is a research design that involves the simultaneous measurement or observation of variables. Analytical cross-sectional studies can be conducted in hospitals or in the field to identify a relationship between husband support and breastfeeding success (Supriyanto et al., 2021). The population is the totality of all elements that have a certain quantity and characteristics determined by the researcher to be studied.

The study population comprised all mothers who initiated breastfeeding after childbirth, with a total of 64 respondents who gave birth at Sultan Agung Islamic Hospital in Semarang between October and December 2024. The sample was selected from the population using specific techniques to ensure it was representative of the population in accordance with the study's objectives. The sample in this study consisted of primiparous mothers with children aged 6 months and older who gave birth at Sultan Agung Islamic Hospital in Semarang and met the inclusion and exclusion criteria. This study used the Slovin formula to determine a sample size of 55 respondents. The inclusion criteria for this study were mothers who had been breastfeeding their infants since birth, mothers who were willing to participate as respondents, and mothers living with their husbands. Meanwhile, the exclusion criteria for this study were mothers with mental health disorders, primiparous mothers with multiparous parity, and mothers with contraindications to breastfeeding, such as HIV/AIDS and breast cancer. The sampling technique used in this study was total sampling. Data collection for this study will take place from May to June 2025. This study will be conducted at the Sultan Agung Islamic Hospital in Semarang. The variables in this study are independent and dependent variables. The independent variable in this study is spousal support. The dependent variable in this study is the success of exclusive breastfeeding. This study received ethical approval from the Health Research Ethics Committee of Sultan Agung Islamic Hospital under reference number 133/KEPK-RSISA/VI/2025.

The data used in this study are primary. Data collection was conducted using a Google Forms questionnaire. The instrument used in this study consisted of 33 questions to measure partner support and 1 question to assess breastfeeding success. Based on previous research, this questionnaire underwent construct validity testing using Exploratory Factor Analysis (EFA), yielding factor loading values ranging from 0.45 to 0.85. These results indicate that each item in the questionnaire has a strong relationship with the measured construct. Reliability testing was used to measure the internal consistency of the research instrument. Based on previous research, the reliability test results using Cronbach's alpha

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were 0.89 for the maternal scale and 0.83 for the paternal scale. Furthermore, all subscales yielded Cronbach's Alpha values exceeding 0.70, indicating high internal consistency and good reliability of the instrument (Rempel et al., 2017) .

The data analysis techniques used in this study were univariate analysis and bivariate analysis. Univariate analysis was conducted to describe the characteristics of each variable studied (Notoatmodjo, 2018). The characteristic data included age, education, occupation, and exclusive breastfeeding in this study, which were entered into Excel and then processed using frequency distribution (Sugiyono, 2024). Bivariate analysis was used in this study to examine tabulated data on the association between spousal support and exclusive breastfeeding. The Chi-square test was used with SPSS Statistics 25 to assess the relationship between spousal support and breastfeeding success.

RESULTS

The results of this study describe spousal support in efforts to provide exclusive breastfeeding, the success of exclusive breastfeeding among postpartum mothers, and the relationship between spousal support and exclusive breastfeeding at Sultan Agung Islamic Hospital, Semarang. The findings are presented sequentially to provide an overview of the distribution of husband support and exclusive breastfeeding outcomes before examining the relationship between the two variables. A total of 55 postpartum mothers participated in this study. The distribution of spousal support for exclusive breastfeeding is presented in Table 1.

Table 1. Frequency description of husband support in exclusive breastfeeding efforts among postpartum mothers at Sultan Agung Islamic Hospital in Semarang

Husband's Support	Frequency (f)	Percentage (%)
Not supportive	12	21.8
Support	43	78.2
Total	55	100.0

The table above shows that the majority of respondents support exclusive breastfeeding, with 43 (78.2%) in favor. To further describe the breastfeeding outcomes among the respondents, the distribution of successful and unsuccessful exclusive breastfeeding is presented in Table 2.

Table 2. Frequency description of exclusive breastfeeding at Sultan Agung Islamic Hospital in Semarang

Exclusive Breastfeeding	Frequency (f)	Percentage (%)
Unsuccessful	7	12.7
Successful	48	87.3
Total	55	100.0

The table above shows that the majority of respondents were successful in providing exclusive breastfeeding, with 48 (87.3%) achieving this. To determine whether spousal support was associated with the success of exclusive breastfeeding, an analysis of the relationship between the two variables was subsequently conducted. The results of this analysis are presented in Table 3.

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Table 3. Relationship between husband support and exclusive breastfeeding at Sultan Agung Islamic Hospital in Semarang

Spousal support	Exclusive breastfeeding		Total	p *value*
	Failed Frequency (%)	Successful Frequency (%)		
Not supported	7 (12.7)	5 (9.1)	12 (21.8)	0
Support	0 (0.0)	43 (78.2)	43 (78.2)	
Total	7 (12.7)	48 (87.3)	55 (100)	

The table above shows that husbands did not support exclusive breastfeeding in 7 cases (12.7%), whereas they did in 5 cases (9.1%). Husbands supported exclusive breastfeeding in 43 cases (78.2%). There is a statistically significant association between spousal support and exclusive breastfeeding ($p < 0.05$).

DISCUSSION

Husband's support in efforts to provide exclusive breastfeeding for postpartum mothers at Sultan Agung Islamic Hospital in Semarang.

Based on Table 1, the majority of husbands supported their wives in their efforts to achieve exclusive breastfeeding, namely 43 (78.2%). This shows that most husbands are aware of and involved in supporting exclusive breastfeeding, especially during the postpartum period. This support is crucial because the postpartum period is a critical time when mothers begin the breastfeeding process and often face challenges such as pain, fatigue, or technical difficulties in breastfeeding (Yohana Sitorus et al., 2023) .

Spousal support encompasses various aspects, including emotional support, information, practical assistance, and recognition of the wife's efforts. Husbands who accompany their wives during breastfeeding, provide encouragement, help with household chores, and attend lactation education sessions can positively impact the success of exclusive breastfeeding. In many cases, postpartum mothers feel more confident and comfortable breastfeeding when supported by their partners (Folendra et al., 2023).

There were 12 husbands (21.8%) who did not provide support. Low levels of support from husbands can be an obstacle to the success of exclusive breastfeeding. A lack of understanding, involvement, or even indifference from husbands toward the breastfeeding process can leave mothers feeling alone and stressed, and may even lead them to choose formula milk. Therefore, the involvement of husbands is not only desired but also a key factor in achieving exclusive breastfeeding. ng exclusive breastfeeding (Budiati et al., 2021).

previous research indicates that mothers who receive support from their husbands are three times more likely to successfully achieve exclusive breastfeeding compared to mothers who do not receive such support. The study highlights that moral support from husbands is very helpful in overcoming common breastfeeding problems such as swollen breasts, incorrect latching, or mothers' lack of confidence. Husbands are also considered the most influential figures in child-rearing decisions, including breastfeeding (Fitria & Yugi, 2024).

A similar study adds that directly educating husbands about the benefits of breastfeeding and their role in its success will increase their active participation. This education can be provided during pregnancy through antenatal classes that involve both spouses. As husbands' understanding increases, they become not only passive supporters but also

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reminders and encouragers when mothers begin to waver in their commitment to breastfeeding (Yulianti, 2024).

It can be concluded that the husband's support plays a very significant role in the success of exclusive breastfeeding in postpartum mothers. The majority of the support found in this study reflects a positive trend in fathers' involvement in childcare, particularly regarding breastfeeding. However, the fact that some husbands still do not provide support indicates that further interventions, such as counseling or family-based educational programs, are needed so that all parties understand the importance of fathers' involvement in supporting the health of mothers and babies.

Exclusive Breastfeeding at Sultan Agung Islamic Hospital, Semarang.

The majority of respondents in this study successfully provided exclusive breastfeeding, namely 48 people (87.3%), while the remaining 7 people (12.7%) were unsuccessful. This success rate indicates that most mothers understood the importance of exclusive breastfeeding and were able to implement it during the first six months of their babies' lives. This may reflect the success of health promotion programs, lactation education, and support from the environment, including family and health workers (Wardani et al., 2024).

The success of exclusive breastfeeding is influenced by various factors, including the mother's knowledge, motivation, prior breastfeeding experience, employment status, and support from her husband and family. Mothers who have a good understanding of the benefits of exclusive breastfeeding tend to be more committed and less influenced by myths or pressure to give formula milk. Additionally, spousal support has also been proven to strengthen mothers' success in exclusive breastfeeding, as explained in the previous section (Fadhila, 2023).

Although the failure rate is relatively low (12.7%), this still warrants attention. Mothers who are unable to provide exclusive breastfeeding typically face various obstacles, such as issues with milk production, difficulties in breastfeeding, lack of family support, or returning to work before the baby is six months old. These factors highlight the need for a more comprehensive approach to breastfeeding education, including the provision of lactation facilities at workplaces and breastfeeding counseling services at healthcare facilities (Fadhila, 2023).

One research states that the success of exclusive breastfeeding is greatly influenced by the breastfeeding education received by mothers during pregnancy and the postpartum period (Juwariyah & Hamidah, 2024) . Mothers who attend antenatal classes and receive lactation counseling are more likely to breastfeed exclusively. This education helps mothers anticipate challenges early on and know the appropriate solutions when facing breastfeeding difficulties (Sehmawati et al., 2022).

Additionally, research at the Ubung Health Center, Central Lombok Regency, indicates that hospital support systems implementing the Baby Friendly Hospital Initiative (BFHI) principles play a significant role in the success of exclusive breastfeeding. Hospitals that actively promote Early Breastfeeding Initiation (IMD), rooming-in, and lactation counseling have successfully increased the percentage of mothers who exclusively breastfeed. This shows that breastfeeding success does not only depend on the mother, but also on supportive systems and policies (Fitria & Yugi, 2024) .

With an 87.3% success rate, Sultan Agung Islamic Hospital in Semarang has made a significant contribution to promoting exclusive breastfeeding practices. However, efforts are still needed to identify and address the causes of failure among a small proportion of mothers. Continuous education, enhancing the role of husbands, and strengthening the support system in healthcare facilities will be key to maintaining and improving the success rate of exclusive breastfeeding in the future.

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The Relationship Between Spousal Support and Exclusive Breastfeeding at Sultan Agung Islamic Hospital in Semarang

Based on Table 3, of the 14 respondents who did not receive spousal support, 7 mothers (12.7%) were unsuccessful in providing exclusive breastfeeding, while 5 mothers (9.1%) were successful. Conversely, of the 43 respondents who received spousal support, 43 mothers (78.2%) successfully provided exclusive breastfeeding, and none failed. The analysis showed a p-value of 0.000 ($p < 0.05$), indicating a significant relationship between spousal support and the success of exclusive breastfeeding.

The results of this study reinforce the understanding that spousal support is one of the most influential factors in breastfeeding success. This support can take the form of emotional support, information, motivation, or even direct involvement in childcare activities. Husbands who play an active role tend to increase mothers' self-confidence, reduce stress, and encourage mothers to remain consistent in breastfeeding despite facing various challenges(Wahyuni, 2019).

The previous research states that breastfeeding mothers who receive full support from their husbands are 4.2 times more likely to successfully provide exclusive breastfeeding compared to mothers who do not receive support. This underscores the importance of the husband's presence and role as the primary companion during the postpartum period in supporting breastfeeding success (Kusumayanti & Nindya, 2023) .

Additionally, the other research also found that husbands' involvement in breastfeeding education, whether through antenatal classes or joint counseling, significantly increased their knowledge and awareness of the benefits of breast milk. In the study, couples who both had high knowledge about exclusive breastfeeding were more able to make joint decisions and consistently promote breastfeeding practices up to six months (Folendra et al., 2023) .

Spousal support is also crucial, especially when mothers face breastfeeding challenges such as sore nipples, difficulty latching, or insufficient milk production. Husbands who are not just spectators but partners in addressing these situations can create an environment that supports mothers in continuing breastfeeding. A supportive family environment acts as a shield against social pressure or misconceptions about breastfeeding (Rahmawati & Susilowati, 2022).

Thus, the results of this study underscore the urgency of husbands' involvement in all interventions aimed at improving exclusive breastfeeding practices. Hospitals, community health centers, and health workers need to develop strategies that not only focus on mothers but also involve husbands as key partners. With the right educational and participatory approach, husbands' support can become a strong foundation for the success of exclusive breastfeeding programs in the community.

CONCLUSION

These findings indicate that exclusive breastfeeding should not be viewed solely as the mother's responsibility but as a family-based process in which the husband plays an important supportive role. In practical midwifery care, assessment of husband and family support should therefore become part of postpartum breastfeeding care, particularly during the early postpartum period when mothers may experience physical discomfort, fatigue, emotional changes, and challenges in initiating and maintaining breastfeeding. Midwives and other healthcare professionals are recommended to actively involve husbands in breastfeeding education and counseling, including providing information about the benefits of exclusive breastfeeding, appropriate breastfeeding practices, emotional support, assistance with household activities, and encouragement when mothers experience

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difficulties during breastfeeding. Strengthening husband involvement may create a more supportive home environment and potentially facilitate mothers' ability to maintain exclusive breastfeeding. Thus, breastfeeding promotion programs should adopt a family-centered approach by positioning husbands not merely as companions, but as active partners in supporting successful exclusive breastfeeding.

RECOMMENDATIONS

Based on the findings of this study, it is recommended that healthcare providers, particularly midwives, integrate husband involvement into postpartum breastfeeding services by developing structured breastfeeding education and counseling that specifically invites husbands to participate from the antenatal period through the postpartum period. Hospitals can strengthen this approach by providing family-centered breastfeeding education materials, counseling sessions, and practical guidance explaining how husbands can offer emotional encouragement, assist mothers with daily activities, help create a comfortable breastfeeding environment, and support mothers when breastfeeding difficulties arise. Midwives are also encouraged to identify mothers who have limited spousal support during postpartum assessments and provide additional counseling or involve other appropriate family members as alternative sources of support. Husbands should be encouraged to take an active role in breastfeeding support rather than functioning only as companions during healthcare visits. At the family level, family members can contribute by reducing the mother's workload and providing a supportive environment that enables her to focus on breastfeeding. For healthcare institutions, the findings can inform the development or strengthening of family-centered breastfeeding promotion programs and postpartum care policies that emphasize the involvement of husbands. Future researchers are recommended to explore the specific forms and dimensions of spousal support, such as emotional, informational, instrumental, and appreciation support, and to examine their respective contributions to the success of exclusive breastfeeding using larger samples and appropriate analytical designs. These efforts may provide a stronger evidence base for developing targeted interventions to strengthen spousal support and improve the sustainability of exclusive breastfeeding among postpartum mothers.

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