

Original Research

The relationship between husband's support and exclusive breastfeeding at PMB Mira Haryanti Bangsalan Teras Boyolali

Ernawati Ernawati*, Deny Eka Widyastuti, Tresia Umarianti, Dheny Rohmatika

Study Program of Midwifery, Faculty of Health Sciences, Universitas Kusuma Husada Surakarta, Surakarta, Indonesia

 ernawati@ukh.ac.id

Submitted: August 3, 2025

Revised: November 5, 2025

Accepted: November 15, 2025

Abstract

Breastfeeding as the beginning of the importance of a responsive relationship between the baby and the mother, and can have a big influence in reducing the negative psychological impact of the mother and the baby, because breast milk strengthens the process of forming a psychological bond between mother and child. This study aims to determine the relationship between husband's assistance and the provision of Exclusive Breastfeeding in Breastfeeding Mothers at PMB Mira Haryanti Bangsalan Teras Boyolali. With a cross-sectional plan design. The research sample was all breastfeeding mothers at PMB Mira Haryanti as many as 30. The sampling method used in this study used total sampling. Husband's assistance in Breastfeeding Mothers at PMB Mira Haryanti Bangsalan Teras Boyolali showed that the most was good as many as 15 people (50%). Boyolali showed that the most was good as many as 15 people (50%). The provision of Exclusive Breastfeeding in Breastfeeding Mothers at PMB is the provision of Exclusive Breastfeeding as many as 21 people (70%). The Spearman Rank test showed a p value of 0.019 which means there is a relationship between Husband's Assistance and the Provision of Exclusive Breastfeeding in Breastfeeding Mothers at PMB Mira Haryanti Bangsalan Teras Boyolali. The correlation coefficient showed an r value of 0.920, indicating a strong relationship between husband's support and exclusive breastfeeding.

Keywords: breastfeeding mothers; husband's support; exclusive breastfeeding

1. Introduction

Exclusive breastfeeding is the best investment for a child's health and intelligence (Khresheh & Ahmed, 2018). Exclusive breastfeeding for six months has a significant impact on reducing infant mortality due to diarrhea and pneumonia. Breastfeeding is the first step in establishing a responsive relationship between mother and baby and can significantly reduce the negative psychological impacts of mother and baby, as it strengthens the bond between mother and child (Awaliyah et al., 2019). Research has found that breastfed babies have higher cognitive function than formula-fed babies. Breastfeeding creates a sense of bonding between mother and baby, a sense of well-being, and increased self-esteem for women (Galipeau et al., 2018). Compared to powdered milk, breast milk also offers countless developmental, social, economic, and health benefits (Khresheh & Ahmed, 2018). The World Health Organization (WHO) recommends exclusive breastfeeding for six months and recognizes appropriate complementary feeding practices as the best way to prevent infant malnutrition. Furthermore, it has been recorded that 1.3 million deaths could be prevented in 42 countries through exclusive breastfeeding. According to WHO data, the exclusive breastfeeding rate is 35.5%, which is still far from the recommended 100%. Nationally, in Indonesia, the coverage of infants receiving exclusive breastfeeding remains low at 61.33%.

According to Government Regulation Number 33 of 2012 concerning Exclusive Breastfeeding, exclusive breastfeeding is breast milk given to infants from birth for six months, without adding or/and replacing it with other foods or drinks (except medicines, vitamins, and minerals). The Ministry of Health is currently encouraging mothers to exclusively breastfeed their children through the 10 Steps to Successful Breastfeeding program. This program is hampered by regulations that have not yet been established at the district/city level. To date, out of 34 provinces, only 15, including Central Java, and 514 districts/cities, have regulations related to breastfeeding (Wako et al., 2022).

Exclusive breastfeeding rates for infants 0-6 months in Central Java in 2017 reached 54.4%, a slight increase from 54.2% in 2016. However, this figure remains far from the 100% target. Exclusive breastfeeding coverage in Boyolali City decreased in 2018 compared to 2016, reaching approximately 5.14%. Exclusive breastfeeding coverage in the Teras Community Health Center (Puskesmas) area in 2018 fell short of the target of 42%, compared to the expected 65%. This exclusive breastfeeding coverage rate is the lowest compared to other community health centers.

Breastfeeding requires emotional stability, as a mother's psychological factors significantly influence breast milk production. Of all the support for breastfeeding mothers, husband's support is the most significant (Abuidhail et al., 2019a). Husbands can play an active role in the success of exclusive breastfeeding because their involvement boosts the mother's confidence and the environment. This protects the mother from feelings of insecurity, worry, and anxiety, which can lead to decreased oxytocin production, which is essential for breast milk production (Bai et al., 2016).

Research Sherriff, Hall, & Panton (Sherriff et al., 2014) indicates that most young fathers have extensive knowledge about breastfeeding, but only a small proportion of husbands participate in the breastfeeding process. Research Ningsih (Ningsih, 2018) indicates that husbands' support for mothers can increase their success in breastfeeding their babies as early as possible. Research Abuidhail et al (Abuidhail et al., 2019a) indicates a relationship between husband's support and exclusive breastfeeding for both mother and baby. Because of the husband's important role, he should be a target for exclusive breastfeeding counseling. Therefore, husbands can also actively seek information and participate in the success of exclusive breastfeeding for their babies. However, at the Teras Community Health Center (Puskesmas Teras), there is no program involving husbands in supporting the success of exclusive breastfeeding.

The coverage of exclusive breastfeeding remains low. According to the WHO, only 32.6% of the 136.7 million babies born worldwide are exclusively breastfed (Senghore et al., 2018). The World Health Assembly (WHA) emphasized that children have the fundamental right to optimal growth and development. As we know, breast milk is the primary source of nutrition for children immediately after birth. Breast milk has many benefits, especially for babies and mothers. One benefit of breast milk for babies is that it serves as a primary food source and can prevent various infectious diseases. For mothers, one benefit of breast milk is that it can reduce the risk of breast cancer (Mursyida, 2018).

A preliminary study conducted at the Mira Haryanti Community Health Center (PMB Mira Haryanti) found that 7 breastfeeding mothers, 5 breastfeeding mothers, were anxious.

2. Research Methods

This research is analytical and falls under quantitative research, a method used to obtain past or present data on beliefs, opinions, characteristics, behaviors, and relationships between variables, and to test hypotheses about sociological and psychological variables from samples drawn from a specific population. Data collection techniques include in-depth observation (interviews and questionnaires), and the results tend to be generalized. The population in this study was all 30 breastfeeding mothers at the Mira Haryanti PMB.

The research sample was a subset of the entire population and considered representative of the

entire population. The sampling method used in this study was total sampling. The epidemiological approach used in this study is cross-sectional research. This study received ethical approval from the Ethics Committee of Universitas Kusuma Husada Surakarta, with approval number: 2671/UKH.L.02/EC/II/2025.

Bivariate analysis uses cross tables to highlight and analyze differences or relationships between two variables. This study uses bivariate analysis to determine whether there is a relationship between husband's support and exclusive breastfeeding in breastfeeding mothers at PMB Mira Haryanti Bangsalan Teras Boyolali using non-parametric statistics because it uses ordinal data, so the statistical test used is the Spearman rank test.

3. Results and Discussion

3.1. Results

Table 1. Respondent Characteristics

Characteristics	Frequency	(%)
Age		
17-25 Years	8	26,7
26-35 Years	20	66,7
36-45 Years	2	6,6
Total	30	100,0
Education		
Junior High School	10	33,3
Senior High School	17	56,7
Academic	3	10,0
Total	30	100,0

Respondent characteristics based on age show that the majority were aged 26-35 (20 respondents) followed by 8 (26.7%) aged 17-25, and 2 (6.6%) aged 36-45.

Table 2. Husband Support for Breastfeeding Mothers at the Mira Haryanti Nursing Home, Bangsalan Teras, Boyolali

Support	Frequency	(%)
Poor	1	3,3
Sufficient	14	46,7
Good	15	50,0
Total	30	100,0

Husband support for breastfeeding mothers at the Mira Haryanti Nursing Home, Bangsalan Teras, Boyolali showed the highest percentage of participants being good (15 participants) (50%), sufficient (14 participants) (46.7%), and insufficient (1 participant) (3.3%).

Table 3. Exclusive Breastfeeding for Breastfeeding Mothers at the Mira Haryanti Teras, Boyolali

Breastfeeding	Frequency	(%)
No	9	30.0
Yes	21	70.0
Total	30	100.0

Exclusive breastfeeding for breastfeeding mothers at the Mira Haryanti Teras, Boyolali shows that the most common practice is exclusive breastfeeding, with 21 mothers (70%), and 9 mothers (30%) not fully breastfeeding for 6 months.

Table 4. The Relationship Between Husband's Support and Exclusive Breastfeeding at the Mira Haryanti Community Health Center in Bangsalan Teras, Boyolali

Variable	Correlation coefficient	P value
Support – Exclusive Breastfeeding	0,920	0,019

Analysis using the Spearman Rank test showed a p-value of 0.019, indicating a relationship between husband's support and exclusive breastfeeding in breastfeeding mothers at the Mira Haryanti Community Health Center in Bangsalan Teras, Boyolali. The correlation coefficient showed an r value of 0.920, indicating a strong relationship between husband's support and exclusive breastfeeding.

3.2. Discussion

Working mothers are often the most common predictor of exclusive breastfeeding. Working mothers often hinder exclusive breastfeeding due to limited time and willingness to breastfeed, lack of support from the work environment, and high workloads, which can lead to stress and a lack of knowledge and education regarding exclusive breastfeeding (Kebede & Seifu, 2021). Furthermore, factors influencing working mothers' breastfeeding include a lack of safe breastfeeding spaces at work, lack of flexibility from management regarding breastfeeding breaks, distance from home, long working hours, and no or short maternity leave (Rimes et al., 2019).

Research by Zewdie et al. (Zewdie et al., 2022) also found similar results, with a prevalence of exclusive breastfeeding among working mothers of 54.8% (95% CI 48.5-61.4%), lower than the prevalence of exclusive breastfeeding among non-working mothers of 73% (95% CI 66.8-78.7%). This significant difference may be due to working mothers having less time to breastfeed their babies during work hours compared to non-working mothers. Unemployed mothers typically have flexible work hours, unlike working mothers, which may contribute to relatively higher adherence to exclusive breastfeeding practices compared to working mothers.

Maternal education can influence a mother's decision to exclusively breastfeed. Higher education is associated with a mother's awareness and knowledge in making choices for her family's health. Good knowledge can increase a person's awareness, enabling them to know what is best for themselves and make decisions without interference from others. A mother's ability to make good decisions for herself and her family is associated with high self-efficacy (Gizaw et al., 2022). This is in line with research conducted by Laksono et al. (Laksono et al., 2021), which states that higher education tends to increase mothers' likelihood of exclusive breastfeeding.

Similar research findings from Africa found a statistically significant positive relationship between primary education and exclusive breastfeeding. Mothers with primary education were more likely to exclusively breastfeed. compared to uneducated mothers (Laksono et al., 2021). However, this literature review found conflicting results; maternal education did not contribute to exclusive breastfeeding practices in Iran (Alnasser et al., 2018). The discrepancy in results may be due to differences in demographic and epidemiological profiles between countries. For example, maternal health levels, the prevalence of certain diseases, and access to healthcare may vary significantly across countries.

Exclusive breastfeeding is the provision of breast milk without additional food or drink for the first 6 months of a baby's life. Exclusive breastfeeding has significant benefits for the health of both the baby and the mother. However, the success of exclusive breastfeeding depends not only on the mother but is also greatly influenced by social support, especially from the husband.

Husband's support in this context means the husband's active presence in supporting, assisting, and motivating the mother during the breastfeeding process. This support includes emotional, physical, and informational support that assists the mother in breastfeeding.

The relationship between husband's support and exclusive breastfeeding can include: 1) Emotional Support. A husband who provides emotional support helps the mother feel confident and reduces the stress often experienced by mothers during breastfeeding. Low stress positively influences breast milk production. 2) Motivation and Decision to Breastfeed: A husband who actively encourages and understands the importance of exclusive breastfeeding can influence a mother's decision to breastfeed exclusively for 6 months. 3) Role in Household Management: A husband who helps with household chores lightens the mother's burden, allowing her to focus on breastfeeding without distraction. 4) Husband's Knowledge of Breastfeeding: Husbands who have good knowledge of the benefits of exclusive breastfeeding tend to provide more optimal support (Sianturi et al., 2024).

Sintani explains that husband's support has four functions: informational support, assessment support, instrumental support, and emotional support. Informational support means the husband functions as a recipient and disseminator of information about all aspects of life. The husband reminds and informs the mother about information about exclusive breastfeeding. Sources of information can come from health workers, print media, and others. Assessment support is a form of support from the husband as a member of the family identity. Full support from a husband to his wife in providing exclusive breastfeeding. A breastfeeding father is like a husband who praises his wife after she finishes breastfeeding, helps her care for the baby, and accompanies her while breastfeeding. Mothers who receive informational support about exclusive breastfeeding from their husbands are more likely to breastfeed than those who never receive information or support from their husbands. Therefore, the role of the family is crucial for the success of exclusive breastfeeding. This suggests that when families and husbands understand that breast milk is not only beneficial for the baby but also for the mother, they are more likely to encourage the mother to breastfeed exclusively (Andreinie et al., 2019).

According to researchers, mothers who receive support from family members, especially their husbands, will have a positive influence on their confidence in breastfeeding. Fathers can play a greater role in supporting breastfeeding through support and other assistance, such as helping bathe the baby or changing diapers. This role is a father's first step in supporting the success of a mother's exclusive breastfeeding. Raising and feeding a child is a shared responsibility between father and mother. The relationship between a father and his baby is a crucial factor in a child's growth and development. Fathers also need to understand and comprehend breast milk and breastfeeding so that mothers can breastfeed effectively.

4. Conclusion

Respondent characteristics based on age showed that the majority were aged 26-35 (20 respondents, 66.7%), Husband's support for breastfeeding mothers at the Mira Haryanti Bangsalan Teras Boyolali Nursing Home showed that the majority were good (15 respondents, 50%), Exclusive breastfeeding showed that the majority were exclusive breastfeeding (21 respondents, 70%) and analysis using the Spearman Rank test showed a p-value of 0.019, which means there is a relationship between husband's support and exclusive breastfeeding for breastfeeding mothers at PMB Mira Haryanti Bangsalan Teras Boyolali. The results of the correlation coefficient value showed an r-value of 0.920, which means there is a strong relationship between husband's support and exclusive breastfeeding. The limitations of this study still lie in the variables only focusing on husband's support so that there are still many other factors that can influence breastfeeding.

Acknowledgements

The author extends sincere appreciation to Universitas Kusuma Husada Surakarta and the Institute for Research and Community Service (LPPM) of Universitas 'Aisyiyah Yogyakarta for their

institutional support. Gratitude is also expressed to the leadership PMB Mira Haryanti Boyolali for their facilitation and cooperation throughout the research process. And all participating who generously contributed as respondents. It is hoped that the findings of this study will offer valuable insights and contribute to the ongoing development of nursing science.

References

- Abuidhail, J., Mrayan, L., & Jaradat, D. (2019a). Evaluating effects of prenatal web-based breastfeeding education for pregnant mothers in their third trimester of pregnancy: Prospective randomized control trial. *Midwifery*, 69, 143–149. <https://doi.org/https://doi.org/10.1016/j.midw.2018.11.015>
- Abuidhail, J., Mrayan, L., & Jaradat, D. (2019b). Evaluating effects of prenatal web-based breastfeeding education for pregnant mothers in their third trimester of pregnancy: Prospective randomized control trial. *Midwifery*, 69, 143–149. <https://doi.org/https://doi.org/10.1016/j.midw.2018.11.015>
- Alnasser, Y., Almasoud, N., Aljohani, D., Almisned, R., Alsuwaine, B., Alohal, R., & Alhezayen, R. (2018). Impact of attitude and knowledge on intention to breastfeed: Can mHealth based education influence decision to breastfeed exclusively? *Annals of Medicine and Surgery*, 35, 6–12. <https://doi.org/https://doi.org/10.1016/j.amsu.2018.09.007>
- Andreinie, R., Riyana, S., & Abdurahman, P. S. (2019). The relationship Between Breastfeeding Father And Exclusive Breastfeeding. *Cendekia Medika*, 4(2), 139–146.
- Awaliyah, S. N., Rachmawati, I. N., & Rahmah, H. (2019). Breastfeeding self-efficacy as a dominant factor affecting maternal breastfeeding satisfaction. *BMC Nursing*, 18. <https://doi.org/https://doi.org/10.1186/s12912-019-0359-6>
- Bai, D. L., Fong, D. Y. T., Lok, K. Y. W., & Tarrant, M. (2016). Relationship between the Infant Feeding Preferences of Chinese Mothers' Immediate Social Network and Early Breastfeeding Cessation. *Journal of Human Lactation*, 32(2), 301–308. <https://doi.org/https://doi.org/10.1177/0890334416630537>
- Galipeau, R., Baillot, A., Trottier, A., & Lemire, L. (2018). Effectiveness of interventions on breastfeeding self-efficacy and perceived insufficient milk supply: A systematic review and meta-analysis. *Maternal & Child Nutrition*, 14(3). <https://doi.org/https://doi.org/10.1111/mcn.12607>
- Gizaw, T. A., Sopory, P., & Morankar, S. (2022). Breastfeeding knowledge, attitude, and self-efficacy among mothers with infant and young child in rural Ethiopia. *PloS One*, 17(12). <https://doi.org/https://doi.org/10.1371/journal.pone.0279941>
- Kebede, E. M., & Seifu, B. (2021). Breastfeeding and employed mothers in Ethiopia: legal protection, arrangement, and support. *In International Breastfeeding Journal*, 16(1). <https://doi.org/https://doi.org/10.1186/s13006-021-00392-2>
- Khresheh, R. M., & Ahmed, N. M. (2018). Breastfeeding self efficacy among pregnant women in Saudi Arabia. *Saudi Medical Journal*, 39(11), 1116–1122. <https://doi.org/https://doi.org/10.15537/smj.2018.11.23437>
- Laksono, A. D., Wulandari, R. D., Ibad, M., & Kusri, I. (2021). The effects of mother's education on achieving exclusive breastfeeding in Indonesia. *BMC Public Health*, 21(1). <https://doi.org/https://doi.org/10.1186/s12889-020-10018-7>
- Ningsih, D. A. (2018). Dukungan Ayah Dalam Pemberian Air Susu Ibu. *Jurnal Ilmiah Kebidanan*, 5(1), 50–57. <https://doi.org/https://doi.org/10.35316/oksitosin.v5i1.360>
- Rimes, K. A., Oliveira, C. M. I., & Boccolini, C. S. (2019). Maternity leave and exclusive breastfeeding. *Revista de Saude Publica*, 53(10). <https://doi.org/https://doi.org/10.11606/S1518-8787.2019053000244>
- Senghore, T., A. O. T., Omar, C., & Daisy, H. (2018). Predictors of exclusive breastfeeding knowledge and intention to or practice of exclusive breastfeeding among antenatal and postnatal women receiving routine care: a cross-sectional study. *International Breastfeeding Journal*, 13(9).

- Sherriff, N., Panton, C., & Hall, V. (2014). A new model of father support to promote breastfeeding. *The Journal of the Community Practitioners' & Health Visitors' Association*.
- Sianturi, M. I. B., Sinaga, E., Hutasoit, D. M., & Togatorop, L. (2024). The influence of breastfeeding father and mother's self- efficacy on the success of exclusive breastfeeding in mother's having a baby in Jorlang Huluan Village. *Journal Science Midwifery*, 12(5).
- Wako, W. G., Wayessa, Z., & Fikrie, A. (2022). Effects of maternal education on early initiation and exclusive breastfeeding practices in sub-Saharan Africa: a secondary analysis of Demographic and Health Surveys from 2015 to 2019. *BMJ Open*, 12(3). <https://doi.org/https://doi.org/10.1136/bmjopen-2021-054302>
- Zewdie, A., Taye, T., Kasahun, A. W., & Oumer, A. (2022). Effect of maternal employment on exclusive breastfeeding practice among mothers of infants 6-12 months old in Wolkite town, Ethiopia: a comparative cross-sectional study. *BMC Women's Health*, 22(1). <https://doi.org/https://doi.org/10.1186/s12905-022-01816-9> urban world. New York, NY: UNICEF.