

The Importance of Husband Support in Exclusive Breastfeeding

Anak Agung Sagung Mirah Prabandari^{1*}, Maria Krishnandita²,

Suyasa Adryan Yunanda², Made Indra Wijaya²

¹Department of Clinical Nutrition, Medical Faculty of Udayana University, Bali, Indonesia

²Medical Faculty of Udayana University, Bali, Indonesia

³Department of Public Health, Medical Faculty of Warmadewa University, Bali, Indonesia

Correspondence

Anak Agung Sagung Mirah Prabandari

mirahpraban@gmail.com



ABSTRACT

Introduction: Despite the significant benefits of breastfeeding, the proportion of exclusive breastfeeding in Indonesia remains low. Husbands, being one of the closest persons to breastfeeding mothers, might be an appropriate target for breastfeeding promotion. This study aims to investigate husband support in exclusive breastfeeding.

Methods: A cross-sectional study was conducted in the working area of Dawan II Community Health Center from October to December 2018. Data was collected using questionnaires given to mothers with babies aged 6-24 months who had a husband. Analysis was performed using chi-square test and logistic regression on SPSS version 21.

Results: The proportion of exclusive breastfeeding was 55.8%. Chi-square test revealed that husband support has a significant association with exclusive breastfeeding, with a PR of 3.6 ($p < 0.001$; 95%CI= 1.48-8.73). Other associated variables were mother's educational level and parity. Multivariate analysis confirmed the association of husband's support with exclusive breastfeeding (AOR=14.22; $p = 0.004$).

Conclusion: Husband support is crucial in exclusive breastfeeding, and husbands should also be targeted for health promotion regarding exclusive breastfeeding.

Received: June, 17 2024

Accepted: July, 18 2024

Published online: July, 31 2024

BMWJ 2024;Vol (1), page (1) – (11)

Correspondence to:

Anak Agung Sagung Mirah Prabandari,
mirahpraban@gmail.com

DOI:

<http://dx.doi.org/10.37689/bmwj/2024AO00028722>

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Keywords:

Husband support

Breastfeeding

Community health centre

INTRODUCTION

Breastfeeding is beneficial in the growth and development of nerves and brain, fulfills nutritional needs, provides immunity to several diseases, and creates emotional bonds between mother and baby (Anatolitou, 2012). Breastfeeding can protect babies from various diseases such as diarrhea and pneumonia which are the first and second highest causes of child mortality in Indonesia (Kemenkes RI, 2015). The Lancet Breastfeeding Series showed that breastfeeding can reduce infant mortality due to infection by 88%. In addition, breastfeeding also contributes to a reduced risk of stunting, obesity, and chronic disease in the future (The Lancet, 2016).

Eventhough breastfeeding provides very important benefits, it turns out that the coverage of exclusive breastfeeding in Indonesia is still very low. The National Health Research show that exclusive breastfeeding in Indonesia is only 38% (Balitbang Kemenkes RI, 2013). Based on the data of the Ministry of Health in 2015, the coverage of exclusive breastfeeding was only 54.3% of the 80% target. Failure to give exclusive breastfeeding can be caused by the baby's condition (birth trauma, infection, congenital abnormalities, etc.) or the mother's condition (insufficient milk production, cracked nipple, maternal disease, wrong assumptions about the value of formula milk, busy working, and others). In addition, the causes of breastfeeding failure are due to delayed early initiation of breastfeeding, inexperienced mother, parity, age, marital status, smoking, failed breastfeeding experience, no family support, lack of knowledge, attitudes and skills, socio-cultural factors and health workers, low prenatal lactation education, hospital policies that do not support lactation, and promotion of formula milk (Yaqub and Gul, 2013; Hashim et al., 2020; Balogun et al., 2015; Gianni et al., 2019; Inano et al., 2021).

Husband is one the most important support system for mothers. The husband can play an active role in the success of exclusive breastfeeding because the husband will also determine the smoothness of the breastfeeding reflex which is strongly influenced by the emotional state or feelings of the mother. Provision of exclusive breastfeeding support facilities by the husband also determines the success of exclusive breastfeeding (Priscilla et al., 2014; Rahmawati et al., 2017).

Data on evidence of husband's support in exclusive breastfeeding is very important to show that husband's support is also important in supporting children's health, and so that program planning can be carried out if it is found to be problematic. However, these data are not yet available and there has never been an evaluation of husband's support in exclusive breastfeeding in the working area of the Dawan II Community Health Center. Based on the background that has been described, this study was conducted to investigate the husband's support in exclusive breastfeeding

METHODS

This study was a cross sectional research conducted at working area of Dawan II Community Health Center on October until December 2018. Subjects in this study were mothers who have child aged 6-24 months and having a husband. Subject who refuse to participate, didn't complete the questionnaire, and had disease which prohibit to breastfeed were excluded. The minimum sample in this study was 43 people. The sample was taken by disproportionate stratified sampling method based on the village in Dawan II Community.

This study was using primary data from interviewed with questionnaire instrument. The data obtained from the subjects was mother's age, mother's education, mother's employment status, parity, exclusive breastfeeding status, husband's age, husband's education, husband's income, and husband's support. The husband support was measured by 18 item questionnaire "Perceived Sosial Support" by Muliasari who has been validated with Alpha Cronbach 0,827 (Smet et al., 2004). The authors interviewed the study subjects at their house.

After the data was collected, it was analyzed by using SPSS version 21 software. Descriptive analysis was used to show the frequency and proportion of all variables. Bivariate analysis was performed by chi-square test to investigate the association between husband support and other obtained variables with exclusive breastfeeding. Multivariate analysis by logistic regression test was used to calculate the adjusted odd ratio for significant variables in chi-square test. The results were considered statistically significant for p value <0.05

RESULTS

There were a total of 43 mothers recruited in this study. Most of the mother were 30 years old or older, less than senior high school, unemployed, and multiparous. Most of the husband also 30 years old or older, minimum education of senior high school or higher, and has income less than province minimum payment. The coverage of exclusive breastfeeding was 55.8% and the high husband support was 58.1%. Sociodemographic characteristics of the study subjects are shown in Table 1.

Table 1. Sociodemographic Characteristics

Characteristics	n (%)
Mother's Age, n (%)	
<30 years	19 (44.2)
≥ 30 years	24 (55.8)
Mother's Education, n (%)	
Low (< senior high school)	23 (53.5)
High (≥ senior high school)	20 (46.5)
Mother's Employment Status, n (%)	
Unemployed	25 (58.1)
Employed	18 (41.9)
Parity, n (%)	
Multiparous	26 (60.4)
Primiparous	17 (39.6)
Exclusive Breastfeeding, n (%)	
Yes	24 (55.8)
No	19 (44.2)
Husband's Age, n (%)	
<30 years	13 (30.2)
≥ 30 years	30 (69.8)
Husband's Education, n (%)	
Low (< senior high school)	7 (16.3)
High (≥ senior high school)	36 (83.7)
Husband's Income	
≥ Province Minimum Payment	19 (44.2)
< Province Minimum Payment	24 (55.8)
Husband's Support	
High	25 (58.1)
Low	18 (41.9)

Chi-square test revealed that husband support has significant association with exclusive breastfeeding with prevalence ratio (PR) 3.6 ($p < 0.001$; 95%CI= 1.48-8.73). High husband support was the factor of exclusive breastfeeding. Other associated variables are mother's educational level and parity. Factors associated with exclusive breastfeeding based on chi-square test were shown in Table 2.

Multivariate analysis by logistic regression test confirmed that husband's support has association with exclusive breastfeeding (AOR=14.22; p=0.004). The result of multivariate analysis were shown in Table 3.

Table 2. Factors associated with exclusive breastfeeding based on chi-square test

Variables	Exclusive Breastfeeding		PR	95% CI	p value
	Yes (n=24)	No (n=19)			
Mother's Age, n (%)					
<30 years	11 (57.9)	8 (42.1)	1.06	0.62-1.81	0.807
≥ 30 years	13 (54.2)	11 (45.8)			
Mother's Educational level, n (%)					
High (≥ senior high school)	9 (39.1)	14 (60.9)	0.52	0.29-0.92	0.018
Low (< senior high school)	15 (75.0)	5 (25.0)			
Mother's Employment Status, n (%)					
Unemployed	16 (64.0)	9 (36.0)	1.44	0.79-2.60	0.203
Employed	8 (44.4)	10 (55.6)			
Parity, n (%)					
Multiparous	18 (69.2)	8 (30.8)	1.96	0.98-3.92	0.028
Primiparous	6 (35.3)	11 (64.7)			
Husband's Age, n (%)					
<30 years	9 (69.2)	4 (30.8)	1.38	0.83-2.30	0.244
≥ 30 years	15 (50)	15 (50)			
Husband's Educational level, n (%)					
High (≥ senior high school)	20 (55.6)	16 (44.4)	0.97	0.48-1.96	0.938
Low (< senior high school)	4 (57.1)	3 (42.9)			
Husband's Income, n (%)					
≥ Province Minimum Payment	10 (52.6)	9 (47.4)	0.90	0.52-1.55	0.708
< Province Minimum Payment	14 (58.3)	10 (41.7)			
Husband's Support, n (%)					
High	20 (80.0)	5 (20.0)	3.6	1.48-8.73	<0.001
Low	4 (22.2)	14 (77.8)			

Table 3. Multivariate analysis of factors associated with exclusive breastfeeding

Variables	Adjusted OR	95% CI	P value
Mother's Employment Status	1.13	0.10-12.75	0.919
Mother's Educational Level	5.03	0.43-58.3	0.196
Parity	0.10	0.01-0.85	0.035
Husband's age	0.14	0.01-1.31	0.086
Husband's support	14.22	2.3-87.92	0.004

DISCUSSION

The results of this study for the age of breastfeeding mothers are similar to the results of studies that have been conducted previously at Lubuk Kilangan Health Center Padang, where the majority of age range for breastfeeding mothers was 31-35 years (Priscilla et al., 2014). In similar study in Bantul Yogyakarta, the mother were mostly aged 28-35 years old (Rahmawati et al., 2017). For the mother's employment status, the results were also the same with similar study that 95.2% of the mothers were unemployed (Priscilla et al., 2014). Different result was found in a study conducted in Yogyakarta, were the proportion of breastfeeding mothers who were employed (66.7%) was higher than mothers who work as housewife (Rahmawati et al., 2017). The discrepancies could be caused by different geographical area. Based on the level of education of breastfeeding mothers, the results of this study were the same with study by Priscilla et al (2014) in Padang which revealed that most of the mothers educational level was lower than high school. This result is different from the results of the study by Rahmawati et al (2016) in Yogyakarta where most of the mothers were high school graduate. This study found that breastfeeding mothers with multipara parity were more than primiparas. In previous studies, the same results were obtained, where multiparous mothers (71.3%) had a higher proportion of breastfeeding mothers than primiparous mothers (Mututho et al., 2012).

From the husband characteristics, it was found that the husband's was mostly employed. The husband's educational level in this study is similar to previous studies in Boyolali where the husband's education was mostly at higher education level than the mother. In this study, the husband's income were mostly lower than province minimum payment, similar with the previous study in Boyolali (Puspasari et al., 2019). Another factors beside husband support which was found to support exclusive breastfeeding significantly are multiparous and high educational level. This is similar with study by Hackman et al (2015) that multiparous mother tend to initiate breastfeeding and have longer duration of breastfeeding. Multiparous mothers are more likely to do exclusive breastfeeding because they have more experience regarding breastfeeding, less nipple cracking, and economic factor that formula milk was costly. Education also has an impact on increasing insight or knowledge. Someone with higher education will have broader knowledge than those with low education, so it is very possible to support exclusive breastfeeding for mothers (Balogun et al., 2015).

Almost half of the breastfeeding mother in this study got low support from their husband. It was found that most breastfeeding mothers who received high support from their husbands

gave exclusive breastfeeding to their children. When the support is low, most breastfeeding mothers did not give exclusive breastfeeding to their children. Husband's support plays a big role in the success of mothers to give exclusive breastfeeding significantly. The greater the support provided by the husband, the greater the opportunity for the mother to breastfeed her baby.

This study revealed that husband support was associated with exclusive breastfeeding. This result are in line with previous research. Priscilla et al conducted cross-sectional study at Lubuk Kilangan Health Center Padang to 82 mothers of children aged 7-12 months using the same questionnaire with this study. The result showed that exclusive breastfeeding coverage was 17.07% and had significant association with husband support (Priscilla et al., 2014). Srimiyati also conducted a cross-sectional study at Talangjambe Village to 71 mothers of child aged 7-12 months, using the same questionnaire as this study. Exclusive breastfeeding coverage was 70.4% and 76.1% husband provide high support. There was a significant correlation between husband support and exclusive breastfeeding ($p=0.017$) (Srimiyati et al., 2021). This study also similar with research in a Posyandu in Bantul Yogyakarta to 44 mother of child aged 6-12 months, that there is a relationship between husband support with exclusive breastfeeding. The number of mothers who give exclusive breastfeeding was 53.3% (Rahmawati et al., 2017). In the study at Air Tawar Health Center Padang to mother of child aged 7-12 months, the exclusive breastfeeding proportion was 55.4% and husband support was 57% with significant relationship. Another study was conducted at Citra Insani Health Center Semarang to mother of child aged 7-24 months. Exclusive breastfeeding proportion was 51.7% while bad support was 41.7% (Indri, 2021).

This study is also supported by a systematic review from seven studies which stated that supportive action from husband can positively affect exclusive breastfeeding practices. Four of seven studies in the systematic review showed that verbal encouragement may support exclusive breastfeeding (Ogbo et al., 2020). Different result was found in the study by Susilawati. The cross-sectional study was conducted at Air Dingin Health Center in Padang to 46 mothers of child aged 6-12 months. Exclusive breastfeeding coverage was 43.5% while husband with high support was only 15.2% (Susilawati, 2019). There was no significant association found, probably because of the different questionnaire being used.

Since husband support has important role for exclusive breastfeeding, it is very recommended that exclusive breastfeeding promotion program also targets husbands in addition to the mother. Health promotion regarding exclusive breastfeeding can be told to husbands who accompany breastfeed mother to posyandu or antenatal services, and explain the importance of husband's support in exclusive breastfeeding. If not all husband can accompany their wife to healthcare facilities, the health promotion program can be done on workplace or gathering of men in "Banjar". Support of the husband can be provided in the form of informational support such as seeking information about breastfeeding and breast care from health workers or books or magazines, accompanying mothers to the posyandu or health care facilities, physical support such as meet the nutritional needs of mothers during breastfeeding, providing breast pumps and refrigerator to store breastmilk for working mothers, helping with housework, caring for babies, emotional support such as listening to mothers' complaints, taking care of mothers, lactation massage, keeping mother feels comfortable, and praising breastfeeding mothers.

The obstacle faced when investigating breastfeeding mothers directly is that many of the mothers were busy doing household chores while taking care of the baby, so there is a tendency to not focus on the questionnaire and answer randomly if they fill out the questionnaire by themselves. To overcome this, the author interviewed the mother directly and did not give the mother to write out the questionnaire herself. Second, if there is a husband in her side when the author is interviewing, the answers that are obtained tend to be overestimate, because they might be afraid of their husbands if giving bad answers about their husbands. Most of the husband were not with the wife at the time of interview but to overcome this, the author interviewed the husband in the same time while other author interviewed the wife.

There are several limitation of this study. First, this study is a cross-sectional study, therefore can't assess the causal relationship between husband support and exclusive breastfeeding. Second, there was a possibility of recall bias. The data was collected by interview with respondents who have babies aged 6-24 months, which is a large time gap between exclusive breastfeeding and the time of data collection. This can lead to misreporting. Third, there were other confounding variables which may affect exclusive breastfeeding but are not investigated in this study, such as early initiation of breastfeeding, family support, knowledge regarding exclusive breastfeeding, socio-cultural factors, health workers support, and promotion of formula milk



CONCLUSION

Husband support has important role in exclusive breastfeeding, therefore health promotion regarding breastfeeding should also targeting the husband in addition to the mother. Husband support can be shown by giving love and attention to the wife so that the wife feels comfortable, giving the wife time to rest such as helping to take care of the baby and taking over household responsibilities, seeking information about breastfeeding, or providing facilities such as the nutritional needs of mothers, transport breastmilk for working mom, or breast milk storage.

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