

Spousal Support and Its Influence on Exclusive Breastfeeding Success in Indonesian Infants: A Systematic Literature Review

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ABSTRACT

Background: Exclusive breastfeeding involves providing only breast milk to infants from birth to six months. Globally, 48% of infants were exclusively breastfed in 2023, with Indonesia reporting 68.6% for infants aged 0-5 months. The husband's support plays a crucial role in exclusive breastfeeding success through emotional, informational, instrumental, and evaluative support which enhance maternal comfort and extend breastfeeding duration. This study investigates the impact of spousal support on exclusive breastfeeding for infants (0–6 months). **Methods:** A literature review was conducted with twenty articles sourced from Google Scholar, Semantic Scholar, and Garuda databases. **Results:** The review identified that affective support, such as empathy, motivation, and encouragement, was reported in 75% of studies and strongly correlated with maternal confidence and reduced breastfeeding fatigue. Informational support such as guidance on latching techniques or resolving milk supply issues, was present in 50% of studies and was particularly impactful for primiparous mothers. Instrumental support, found in 70% of studies, included household assistance and infant care and was associated with reduced maternal stress and sustained breastfeeding. Appraisal support was also noted but less frequently emphasized. **Conclusion:** Emotional, informational, and instrumental support from husbands plays a pivotal role in sustaining exclusive breastfeeding. Interventions should prioritize father-inclusive education and engagement strategies to improve breastfeeding outcomes. Policymakers and healthcare providers must actively integrate paternal support components into maternal-child health programs



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INTRODUCTION

The initial 1000 days of life comprise 270 days, or 9 months, of gestation and the subsequent 730 days, or 2 years, of postnatal development (Likhar & Patil, 2022). This period is crucial for an infant's growth, where breast milk plays an essential role as the optimal nutrition source. Breast milk not only supports the physical growth of infants but also provides antibodies that offer protection against various diseases and fosters

the development of the infant's immune system (Atyeo & Alter, 2021). Also, breast milk helps prevent gastrointestinal infections and can reduce the likelihood of allergies, which are common in both low- and high-income countries (WHO, 2023).

Exclusive breastfeeding, which involves feeding infants solely on breast milk for the first six months of life, is recognized as the gold standard for infant nutrition. During this critical period, no other foods or beverages are introduced, except for prescribed medications, vitamins, and minerals (Meek et al., 2022). The practice is divided into two categories: infants aged 0–5 months, who have only consumed breast milk in the past 24 hours, and infants aged 6–23 months, who continue to receive only breast milk for the first six months (WHO, 2023). Breast milk provides all the necessary nutrients, including carbohydrates, proteins, healthy fats, vitamins, and minerals, which are essential for infant growth. Moreover, it plays a critical role in protecting infants from infections and supports their immune system development (Putri et al., 2020).

Globally, exclusive breastfeeding has seen a rise of 10% over the past decade, reaching 48% in 2023, nearly meeting the World Health Organization's target of 50% by 2025 (Mohammed et al., 2023). In Indonesia, the prevalence of exclusive breastfeeding stands at 68.6% for infants aged 0–5 months and 55.5% for infants aged 6–23 months (Gayatri, 2021). Regions such as NTB and Yogyakarta report the highest rates, while areas like Gorontalo and West Papua have the lowest prevalence (Laksono et al., 2023).

The importance of exclusive breastfeeding extends beyond health benefits and is supported by legal frameworks in Indonesia. Law 36 of 2009 stipulates that "every infant is entitled to exclusive breastfeeding for the first six months, except in medical cases." In addition, Government Regulation (PP) 33 of 2012 mandates that all mothers must provide exclusive breastfeeding for six months which underscore the importance of exclusive breastfeeding as a nutritional standard. These policies aim to safeguard the rights of infants and support breastfeeding mothers while promoting family and community involvement (Kemenkes RI, 2012).

Family support plays a vital role in encouraging mothers to maintain exclusive breastfeeding for six months (Theodorah & Mc'Deline, 2021). Emotional and practical support from family members, especially husbands, enhances a mother's motivation and ability to continue breastfeeding. Studies indicate that a husband's involvement positively influences the success of exclusive breastfeeding (Pakilaran et al., 2022). Appropriate support can improve milk supply and breastfeeding comfort, which in turn may extend the duration of exclusive breastfeeding. On the other hand, insufficient support from husbands can lead to a less favorable breastfeeding experience, an earlier cessation of breastfeeding, and reduced self-efficacy in the process.

In light of these factors, this review aims to explore the impact of spousal support on the success of exclusive breastfeeding among infants aged 0–6 months. It addresses how husbands' involvement influences the mother's ability to successfully breastfeed (Wu et al., 2022).

METHODS

This systematic review was conducted following the guidelines set out by the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) (Parums, 2021). Three main search strings were used: (1) "husband support", (2) "exclusive breastfeeding", and (3) "impact of spousal support on breastfeeding". The complete search strategy and the PRISMA checklist are available as supplementary information.

An electronic literature search was conducted across Garuda, Semantic Scholar, and Google Scholar for articles in English and Indonesian published from 2022 to 2024. Study design was not limited, and reference lists of retrieved articles were screened for additional relevant titles. Editorials, commentaries, study protocols, pilot studies, and conference abstracts were excluded. Two reviewers independently screened the articles using Rayyan QCRI (Yu et al., 2022). Disagreements were resolved by a third reviewer. A PRISMA flowchart is presented in Fig. 1. The study focuses on breastfeeding mothers who received spousal support, specifically examining the role of husband support in promoting exclusive breastfeeding. Studies that did not address exclusive breastfeeding or lacked clear definitions of support were excluded. Data were extracted on key aspects and breastfeeding outcomes, including assessment methods and timing. Studies not meeting eligibility criteria or unavailable in full text were excluded with reasons provided.

Table 1. PICO Framework and Number of Articles Retrieved

Keyword PICO		Garuda (Article)	Semantic Scholar (Article)	Google Scholar (Article)
Population	(Breastfeeding Mothers)	433	825.000	1.030.000
Intervention	(Husband's Support)	12.784	7.910.000	1.160.000
Comparison	(No Husband's Support)	-	-	-
Outcome	(Exclusive Breastfeeding)	834	310.000	391.000

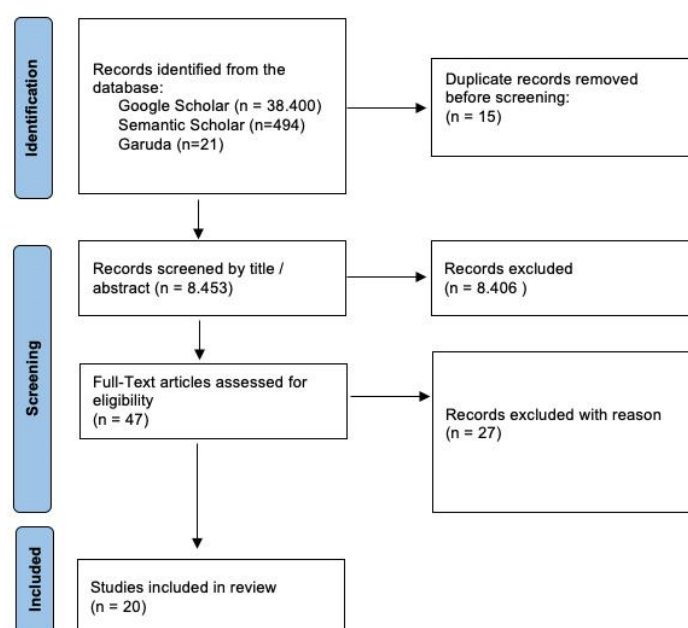


Figure 1. PRISMA Flow Diagram for Study Selection

RESULTS

Journal searches were performed using various databases, with journals selected according to the established inclusion and exclusion criteria outlined in the current literature review. Subsequent to preliminary selection, pertinent journals were thoroughly examined to ascertain their appropriateness for the research topic. The selection process yielded 20 papers that fulfilled the acceptance criteria, qualifying them for formulating the topic and research objectives of this literature review.

Table 2. Summary of Selected Studies

No	Author, Year	Objective	Participant(s)	Methodology	Results	Code
1	A'yun & Yuliaswati, (2024)	To determine the relationship between exclusive breastfeeding and the extent of support provided by the husband.	31 lactating women (6 to 12 months old)	cross-sectional study	51.6% of respondents practiced exclusive breastfeeding. Statistical analysis: p-value = 0.000.	A1
2	Junaidi & Hadija, (2024)	To investigate the correlation between maternal knowledge and spousal assistance in attaining exclusive breastfeeding.	62 lactating mothers	cross-sectional research	71% of respondents received adequate assistance from their husbands. p-value = 0.02.	A2
3	Silaen et al., (2022)	To investigate the impact of spousal support on the propensity for exclusive breastfeeding among mothers	89 lactating mothers (6 to 12 months)	cross-sectional study	76.1% of respondents with strong spousal support exclusively breastfed their children. p-value = 0.015.	A3
4	Mustary et al., (2022)	To understand how support from husbands relates to mothers' commitment to exclusive breastfeeding	26 breastfeeding mothers	cross-sectional analysis	61.5% of mothers practiced exclusive breastfeeding. p-value = 0.000, correlation coefficient = 0.754.	A4
5	Hasibuan & Boangmanalu, (2023)	To evaluate the understanding, spousal support, and involvement of healthcare professionals in exclusive breastfeeding among women.	52 breastfeeding mothers	cross-sectional approach	A correlation exists between breastfeeding and spousal support (p = 0.023).	A5
6	Batlajery et al., (2023)	To examine the impact of spousal support on the efficacy of exclusive breastfeeding among postpartum women.	46 respondents	cross-sectional approach	Most respondents received assistance from their husbands (87.8%), and nearly all engaged in exclusive breastfeeding (92.2%) with p = 0.037.	A6

No	Author, Year	Objective	Participant(s)	Methodology	Results	Code
7	Afriani et al.,(2023)	To investigate the relationship between a husband's awareness and the endorsement of exclusive breastfeeding	78 lactating mothers with infants ages 6 to 12 months	cross-sectional approach	The study revealed that 9 respondents (3.1%) received familial support and exclusive breastfeeding, whereas 53 respondents (47.1%) had inadequate support and did not obtain exclusive breastfeeding. p-value = 0.000.	A7
8	Endang et al., (2023)	To examine the impact of maternal labor, spousal support, and education on successful breastfeeding for infants aged 7 to 12 months.	89 lactating mothers with infants ages 6 to 12 months	cross-sectional design	54 responders received adequate spousal assistance, resulting in 49 (90.7%) achieving exclusive breastfeeding effectively. p-value = 0.000, odds ratio = 3.0.	A8
9	Napitupulu et al., (2023)	To ascertain the correlation between exclusive breastfeeding and spousal support	78 lactating mothers with infants ages 6 to 12 months	cross-sectional approach	Acquired favorable results on respondents' support from their husbands: 44.4% practiced exclusive breastfeeding. p-value = 0.007.	A9
10	Sirait et al., (2022)	To ascertain the correlation between a husband's support and a mother's motivation for exclusive breastfeeding	97 lactating women with infants aged 6 to 24 months	cross-sectional approach	Most respondents (62%) received substantial support from their husbands for breastfeeding. p-value = 0.000.	A10
11	Gunarmi et al., (2023)	To ascertain the attributes of the husband's support	86 lactating mothers with infants ages 6 to 12 months	cross-sectional approach	Informational assistance provided by husbands was predominantly classified as good (52.3%), emotional support deemed suitable (55.8%). Evaluation support classified as suitable (54.7%).	A11

No	Author, Year	Objective	Participant(s)	Methodology	Results	Code
12	Erlidwisi et al., (2024)	To investigate the correlation among spousal support, employment status, and adherence to exclusive breastfeeding practices.	60 lactating mothers with infants ages 0 to 6 months	cross-sectional approach	77.8% of mothers obtained support from their partners. p-value = 0.001.	A12
13	Simanjuntak et al., (2024)	To examine spousal support for exclusive breastfeeding.	43 lactating mothers with infants ages 6 to 24 months	cross-sectional approach	55.8% practiced exclusive breastfeeding. chi-square test revealed PR = 3.6, p < 0.001. AOR = 14.22; p = 0.004.	A13
14	Simanjuntak et al., (2024)	To evaluate the husband's support and stress management during exclusive breastfeeding in primiparous women.	70 responders who were first-time mothers	Cross-sectional approach	p-value = 0.002, odds ratio = 3.667. Mothers who receive substantial assistance from their husbands are four times more likely to engage in exclusive breastfeeding.	A14
15	Maulina et al., (2022)	To assess the impact of husbands' support on exclusive breastfeeding at PMB Enok Siti Mampang Depok.	147 breastfeeding mothers with children aged 6 to 24 months.	cross-sectional design	p-value < 0.05. The husband's assessment of exclusive breastfeeding is highly connected with informational, emotional, and instrumental support.	A15
16	Susilawati et al., (2022)	To investigate the correlation between spousal support and maternal motivation for exclusive breastfeeding.	35 lactating mothers with infants ages 0 to 6 months	cross-sectional design	31.43% of mothers offered exclusive ASI. The correlation between familial support and ASI is statistically significant (p = 0.041).	A16
17	Sari et al., (2023)	To assess the effects of spousal support on exclusive breastfeeding among lactating women	102 lactating mothers with infants ages 0 to 24 months	cross-sectional design	Emotional support (p-value = 0.015, OR = 3.5), informational support (p-value = 0.056), appraisal support (p-value =	A17

No	Author, Year	Objective	Participant(s)	Methodology	Results	Code
					0.088), and instrumental support (p-value = 0.373).	
18	Yanhari et al., (2023)	To investigate the correlation between familial support and the success of exclusive breastfeeding.	163 participants with offspring ages 6 to 12 months	cross-sectional approach	89.6% of families endorsed exclusive breastfeeding effectively, whereas 65.6% attained success, with a p-value of 0.025.	A18
19	Santi et al., (2023)	To identify the various determinants of exclusive breastfeeding	100 breastfeeding mothers	cross-sectional approach	Familial support for exclusive breastfeeding was favorable at 89.6%, with a success rate of 65.6%. p-value = 0.025.	A19
20	Maulida et al., (2024)	To ascertain the correlation between parity, spousal support, and exclusive breastfeeding.	90 lactating mothers	cross-sectional approach	49.1% did not engage in exclusive breastfeeding. p-value = 0.00 from chi-square analysis.	A20

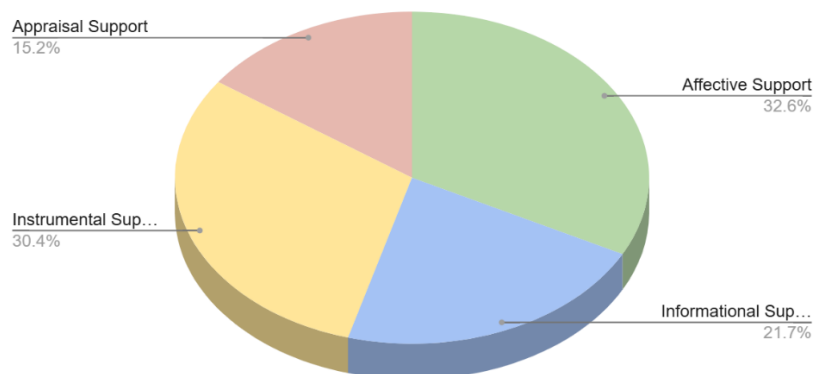
Twenty articles were analyzed to assess the correlation between spousal support and the efficacy of explanatory breastfeeding. This table presents various types of support that the husband provides.

Table 3. Types of Spousal Support in Exclusive Breastfeeding

Theme	Sub-theme	Explanation	Article
Spousal support	Affective Support	The spouse demonstrates empathy, provides motivation, attention, and care, listens attentively to the mother's concerns, encourages her to rest, reassures her regarding breast appearance after breastfeeding, and inquires about the baby's health.	15 (A2, A3, A4, A6, A8, A9, A11, A12, A13, A14, A15, A16, A17, A18, A20)
	Informational Support	The husband provides knowledge, information, counsel, guidance, suggestions, and assistance with breastfeeding consultation.	10 (A1, A3, A6, A11, A13, A14, A15, A17, A18, A19)
	Instrumental Support	The husband aids in domestic chores, supplies nourishment and essentials, organizes breastfeeding equipment such as breast pumps, and participates in infant care (bathing, diaper change, holding, and soothing the baby).	14 (A1, A2, A3, A4, A5, A6, A7, A10, A11, A12, A13, A14, A15, A18, A19)
	Appraisal Support	The spouse praises mothers, expresses gratitude, reminds mothers of breastfeeding schedules, advises mothers to provide breast milk exclusively, promotes breastfeeding, and assists the mother.	7 (A5, A10, A11, A12, A14, A18, A19)

DISCUSSION

According to the search results, 20 articles were examined, each contributing to the understanding of spousal support for the success of exclusive breastfeeding. Of the 20 articles, 15 referenced emotional support, 10 referenced informational support, 15 referenced instrumental support, and 7 referenced appraisal support. As such, the reviewed articles collectively highlighted that spousal support for the success of exclusive breastfeeding comprises four primary dimensions: emotional support, informational support, instrumental support, and appraisal support (Fig. 2).

**Figure 2. Distribution of Spousal Support sub-themes**

1. Affective Support

Breastfeeding is influenced by physiological factors, including hormonal regulation and milk production. These require a supportive environment to function effectively. Emotional support from spouses plays a critical role in this process, as emotions and cognition significantly impact biochemical processes and affect breastfeeding (Maulina et al., 2022). Studies highlight the importance of husbands' emotional support in encouraging mothers and enhancing their breastfeeding experience (Napitupulu et al., 2023). Emotional support boosts mothers' confidence and prevents fatigue, yet variations in how emotional support is measured across studies complicate comparisons. This emphasize the need for standardized definitions and assessments (Maulina et al., 2022; Napitupulu et al., 2023).

2. Informational Support

Informational support, which includes guidance, reassurance, and education about breastfeeding, has been shown to positively impact breastfeeding success. A'yun & Yuliaswati (2024) and Silaen (2022) found that husbands' knowledge of breastfeeding plays a key role in reassuring mothers and improving outcomes. This support involves the participation of husbands in educational programs, assistance with breastfeeding techniques, and providing solutions to challenges such latching or concerns with milk supply. Gunarmi (2023) highlighted the importance of husbands' informational support in boosting maternal confidence, particularly for first-time mothers. However, variations in how informational support is defined and measured across studies contribute to heterogeneity, making comparisons difficult (A'yun & Yuliaswati, 2024; Gunarmi et al., 2023; Silaen et al., 2022).

3. Instrumental Support

Instrumental support involves physical and practical assistance from the husband, such as helping with household chores, caring for the baby, or providing physical comfort during breastfeeding. Studies by Simanjuntak (2024) and Erlidwisi (2023) found that such support reduces stress and fatigue in mothers and enable them to focus more on breastfeeding. Husbands who assist with domestic tasks or provide physical comfort, like positioning pillows or helping with nighttime feedings, enable mothers to breastfeed more comfortably. However, variations in how instrumental support is measured which range from direct physical help to general involvement in family tasks create challenges in comparing findings across studies (Erlidwisi et al., 2024; Simanjuntak et al., 2024).

4. Appraisal Support

Appraisal support involves validation, praise, and encouragement from the husband, which helps mothers feel acknowledged and motivates them to continue breastfeeding. Erlidwisi (2023) and Santi (2023) found that praise from husbands boosts maternal confidence and reinforces their commitment to breastfeeding. This support acts as emotional reinforcement and enhance the well-being of the mother and duration of breastfeeding. However, there are variations in how appraisal support for breastfeeding mother is measured in the literature. For instance, some studies ask directly about praise, while others infer it from broader questionnaire. These contribute to inconsistencies and make comparisons across studies difficult (Erlidwisi et al., 2024; Santi et al., 2023).

This review is not without its limitations. The inclusion criteria were restricted to studies published in English and Indonesian, which may have excluded relevant

research in other languages, particularly from non-English-speaking countries where breastfeeding practices and spousal involvement may differ.

Based on the review findings, several policy and practice recommendations can be made. Policymakers should promote greater spousal involvement in breastfeeding initiatives by targeting fathers in public health campaigns. These campaigns should emphasize the father's role in providing emotional and practical support, and offer them the knowledge to support exclusive breastfeeding.

CONCLUSION

The study emphasizes the vital role of husbands' support in exclusive breastfeeding, highlighting emotional, informational, instrumental, and appraisal support. Enhancing fathers' awareness and education can improve breastfeeding outcomes. Interventions should focus on paternal education, couple engagement, and interdisciplinary teamwork. Policymakers and healthcare providers should prioritize fathers' inclusion in breastfeeding education, while health worker training should involve both partners. Future research should explore experimental designs and longitudinal studies to assess the long-term impact of spousal support on breastfeeding success.

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