

The Relationship between Husband's Involvement and Exclusive Breastfeeding Practice among Mothers Attending a Community Health Center

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ABSTRACT

Exclusive breastfeeding remains a major public health concern because its coverage has not yet reached national and global targets, despite the relatively high level of maternal knowledge regarding breastfeeding. Husband's involvement has been recognized as an important source of social support that may be associated with successful exclusive breastfeeding practice. This study aimed to examine the relationship between husband's involvement and exclusive breastfeeding practice among mothers attending a community health center in Tangerang City. This study was a secondary analysis of cross-sectional data collected in 2024 from mothers attending a community health center in Tangerang City. The population consisted of 120 eligible mothers, and a minimum sample size of 93 participants was determined using the Slovin formula. Husband's involvement was categorized as involved or less involved based on the support provided during the breastfeeding period. Exclusive breastfeeding practice was defined as providing only breast milk during the first six months of life. The association between both variables was assessed using the Chi-square test. The findings showed that 52.7% of mothers did not practice exclusive breastfeeding and 54.8% reported low husband's involvement. Mothers whose husbands were involved were more likely to practice exclusive breastfeeding than those whose husbands were less involved. Statistical analysis demonstrated that husband's involvement was significantly associated with exclusive breastfeeding practice among mothers ($p < 0.001$; OR = 13.333; 95% CI: 4.933–36.035). These findings highlight the importance of family-centered breastfeeding promotion programs that actively engage husbands in supporting breastfeeding mothers and should be interpreted as an association rather than a causal relationship.

I. Introduction

The optimal diet for children is defined by the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) as nursing exclusively for the first six months of a child's life. A baby's growth and development are best served by exclusive breastfeeding, which also lowers the risk of infection, improves cognitive development, and guards against noncommunicable diseases in the future. From a socio-ecological standpoint, support from the immediate environment, including the husband's participation as a member of the nuclear family system, influences breastfeeding success in addition to mother considerations (Snyder et al., 2021; Yuda, 2024). It has been demonstrated that mothers' behavior with regard to exclusive breastfeeding practice is significantly correlated with husbands' engagement in the form of instrumental, emotional, and informational support as well as acknowledgement (Besmaya &



Wati, 2025).

The coverage of exclusive breastfeeding practices, both nationally and internationally, has not yet reached the anticipated targets, according to a number of empirical data. As of 2024 (WHO, 2025), just under half of all newborns (48%) were breastfed exclusively, according to the World Health Organization (WHO). According to statistics from BPS-Statistic Indonesia, exclusive breastfeeding practice coverage in Indonesia is still between 52 and 56% for the years 2020–2024, meaning that the country's goal has not yet been met (BPS, 2024).

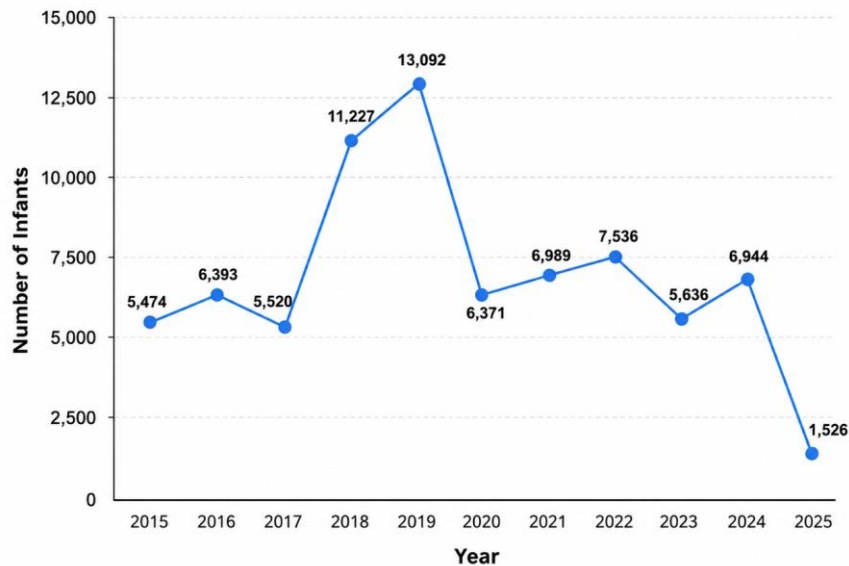


Figure 1. Number of infants under six months of age who are exclusively breastfed in 2015-2025
Source: Pemerintah Kota Tangerang, 2025

Figure 1 illustrates the trend of exclusive breastfeeding coverage among infants under six months of age in Tangerang from 2015 to 2025 (Pemerintah Kota Tangerang, 2025). The fluctuating pattern suggests that exclusive breastfeeding practices remain inconsistent across years. This graph is included to provide contextual evidence of the ongoing challenge in achieving optimal exclusive breastfeeding coverage and to justify the investigation of factors associated with exclusive breastfeeding practice, particularly husband's involvement. Furthermore, a survey published by the Republic of Indonesia's Ministry of Health reveals that several factors, including limited family support and low husband's involvement in the breastfeeding process, are associated with lower rates of exclusive breastfeeding practice (Kemenkes RI, 2023). According to another study, mothers who do not receive active support from their husbands are more likely to discontinue breastfeeding earlier than those who receive such support (Yuda, 2024).

Although several studies have examined the determinants of exclusive breastfeeding practice, most still focus on maternal factors, such as educational level, knowledge, and employment status. Research on husband's involvement has indeed expanded, but it remains limited to measuring general support without comprehensively examining dimensions of involvement.

The gap between the ideal condition, where husbands play an active role in supporting breastfeeding practices, and the reality on the ground, which reveals low levels of husband's involvement and suboptimal rates of exclusive breastfeeding practices, highlights the need for more in-depth research. This issue has become increasingly urgent given that exclusive breastfeeding practice is a key intervention for preventing stunting and improving human capital. Therefore, this study aims to analyze the relationship between husband's involvement and exclusive breastfeeding practice using a cross-sectional approach, with the expectation that it will provide more contextually relevant empirical evidence and serve as a foundation for developing family-based interventions to improve breastfeeding success.

II. Methods

This study employed an analytical observational design with a cross-sectional approach to
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examine the relationship between husband's involvement and exclusive breastfeeding practice. Cross-sectional studies are commonly used in public health research to assess associations between variables and estimate prevalence at a specific point in time (Miller et al., 2025; Nergiz et al., 2025).

This study was a secondary analysis of cross-sectional data collected in 2024 from mothers attending a community health center in Tangerang City, Banten, Indonesia. The dataset was used with permission from the primary researcher. In the primary research, the population consisted of 120 eligible mothers, and a minimum sample size of 93 participants was determined using the Slovin formula with a 5% margin of error. The inclusion criteria were married mothers aged 18 years or older who had infants aged 6–12 months and completed all questionnaire items. Respondents with incomplete data on the study variables were excluded from the analysis. All available records in the secondary dataset were included in the present analysis.

The dependent variable was exclusive breastfeeding practice, defined as providing only breast milk to infants during the first six months of life without additional food or beverages, except for prescribed medicines, vitamins, or mineral supplements. The independent variable was the husband's involvement in breastfeeding support. Husband's involvement was assessed using an eight-item questionnaire. In the primary research, the instrument demonstrated good validity, with item-total correlation coefficients ranging from 0.681 to 0.960, and excellent reliability, with a Cronbach's alpha coefficient of 0.971. Based on the total score, husband's involvement was categorized as involved or less involved according to the classification criteria used in the primary research.

The study was conducted in accordance with research ethics principles. Ethical clearance had been obtained prior to data collection, and all respondent information was anonymized before analysis to ensure confidentiality and privacy.

Data were analyzed using IBM SPSS Statistics version 25. Univariate analysis was performed to describe the frequency and percentage distribution of each variable. The association between husband's involvement and exclusive breastfeeding practice was assessed using the Chi-square test. Statistical significance was established at $p < 0.05$. Odds ratios (ORs) and 95% confidence intervals (CIs) were calculated to estimate the strength of the association (Chipojola et al., 2025; Nergiz et al., 2025).

III. Results

This study involved 93 breastfeeding mothers attending a community health center in Tangerang City with diverse characteristics, as detailed in Table 1. Of all respondents, 44 mothers (47.3%) successfully breastfed their infants exclusively, while 49 mothers (52.7%) were unable to do so. This indicates that the practice of exclusive breastfeeding remains suboptimal in this region. Additionally, husband's involvement in the breastfeeding process also varied, with 42 mothers (45.2%) reporting their husband's involvement, while 51 mothers (54.8%) felt they lacked support from their husbands. This support from husbands is certainly crucial for the successful of exclusive breastfeeding practices.

In terms of early breastfeeding beginning history, 37 mothers (39.8%) had not exercised initiation of early breastfeeding (IEB), whereas 56 mothers (60.2%) had. One of the most important elements that can improve the effectiveness of exclusive breastfeeding is the use of IEB. 58 mothers (62.4%) had high understanding of exclusive breastfeeding methods, compared to 35 mothers (37.6%) who had insufficient information. Although there is still a rather high failure rate, this high level of understanding is supposed to support the practice of exclusive breastfeeding. Furthermore, there was a roughly similar distribution of mothers' work status; 48 mothers (51.6%) were employed while 45 mothers (48.4%) were unemployed. Particularly for working mothers who must return to their jobs, the demands of their jobs might make it difficult to breastfeed exclusively. In sum, these results demonstrate that many factors, such as the husband's participation and job status, continue to influence the efficacy of exclusive breastfeeding practices, despite the fact that most mothers have excellent knowledge and have started early breastfeeding or immediate skin-to-skin contact. Therefore, efforts to improve exclusive breastfeeding rates should include policies that support working mothers and family-based interventions that strengthen husband's involvement in breastfeeding support.

Table 1. Distribution of Breastfeeding Mothers Characteristics

Characteristics	Frequency (n)	Percentage (%)
Exclusive Breastfeeding Practice		
Successful	44	47.3
Unsuccessful	49	52.7
Total	93	100.0
Husband's Involvement		
Involved	42	45.2
Less Involved	51	54.8
Total	93	100.0
Initiation of Early Breastfeeding Status		
Yes	56	60.2
No	37	39.8
Total	93	100.0
Level of Knowledge		
Good	58	62.4
Less	35	37.6
Total	93	100.0
Employment Status		
Unemployed	45	48.4
Employed	48	51.6
Total	93	100.0

Source: Secondary Data

This study involved 93 breastfeeding mothers attending a community health center in Tangerang City. Among all respondents, 44 mothers (47.3%) practiced exclusive breastfeeding, while 49 mothers (52.7%) did not. Regarding husband's involvement, 42 respondents (45.2%) reported that their husbands were involved in the breastfeeding process, whereas 51 respondents (54.8%) reported lower levels of husband's involvement.

Regarding initiation of early breastfeeding, 56 mothers (60.2%) reported having practiced early breastfeeding initiation, while 37 mothers (39.8%) did not. Most respondents had a good level of knowledge regarding exclusive breastfeeding (62.4%), whereas 37.6% had a lower level of knowledge. Employment status was relatively balanced, with 48 mothers (51.6%) being employed and 45 mothers (48.4%) being unemployed.

Table 2. Relationship between Husband's Involvement and Exclusive Breastfeeding Practice

Variable	Exclusive Breastfeeding Practice		OR	CI 95%	P value
	Successful n (%)	Unsuccessful n (%)			
Husband's Involvement					
Involved	33 (78.6)	9 (21.4)	13.333	4.933-36.035	0.000
Less Involved	11 (21.7)	40 (78.4)			

Source: Secondary Data

Table 2 shows the association between husband's involvement and exclusive breastfeeding practice. Among mothers who reported husband's involvement, 78.6% successfully practiced exclusive breastfeeding, whereas among mothers whose husbands were less involved, 78.4% did not practice exclusive breastfeeding. The Chi-square test showed a statistically significant association between husband's involvement and exclusive breastfeeding practice ($p < 0.001$). The odds ratio was 13.333 (95% CI: 4.933–36.035).

IV. Discussion

The present study identified a statistically significant association between husband's involvement and exclusive breastfeeding practice among mothers attending a community health center in Tangerang City. Mothers who reported higher levels of husband's involvement showed a greater proportion of exclusive breastfeeding practice compared with mothers whose husbands were less involved. The odds ratio obtained in this study indicates a strong association between husband's involvement and breastfeeding practice. Although the cross-sectional design does not allow causal conclusions, the findings suggest that husband's involvement may represent an important interpersonal factor associated with breastfeeding behavior.

The findings are consistent with previous studies conducted in Indonesia and other countries. Siregar & Paninsari (2025) reported that mothers receiving support from their husbands demonstrated higher rates of exclusive breastfeeding practice than those without such support. Similar findings were reported by Sahira et al. (2025) who observed a significant association between husband support and exclusive breastfeeding practice among mothers in Surakarta. In addition, Nergiz et al. (2025) emphasized that family contextual factors, particularly partner support, are closely related to mothers' breastfeeding experiences and their ability to cope with breastfeeding challenges. The consistency of findings across different populations strengthens the evidence that husband's involvement is an important factor associated with breastfeeding outcomes.

One possible explanation for these findings can be drawn from Social Support Theory. According to this theory, social support consists of emotional, informational, instrumental, and appraisal support. Emotional support may include encouragement, empathy, and reassurance provided by the husband during the breastfeeding period. Informational support may involve sharing knowledge and helping mothers access breastfeeding-related information. Instrumental support may include assisting with household tasks or infant care, while appraisal support may help mothers evaluate and strengthen their breastfeeding decisions. These forms of support may contribute to greater maternal confidence and commitment to maintaining exclusive breastfeeding practice (Astuti & Sustiwi, 2022; Kasio et al., 2024; Putriana & Risneni, 2022).

The findings may also be interpreted through the Social Ecological Model, which proposes that health behaviors are influenced by interactions between individuals and their surrounding environments. Within this framework, breastfeeding behavior is not determined solely by maternal knowledge or attitudes but is also associated with interpersonal, organizational, community, and policy-related factors (De La Cruz et al., 2023). Husband's involvement represents an interpersonal factor within the family environment that may facilitate breastfeeding practice. Previous studies have reported that supportive family environments are associated with greater breastfeeding self-efficacy and more positive breastfeeding experiences among mothers (Astuti & Sustiwi, 2022; De La Cruz et al., 2023).

An interesting finding in this study is that a relatively high proportion of respondents demonstrated good knowledge regarding exclusive breastfeeding, yet the prevalence of exclusive breastfeeding practice remained suboptimal. This observation suggests that knowledge alone may not be sufficient to support breastfeeding practice. Behavioral outcomes are often influenced by multiple factors, including family support, social norms, workplace conditions, and access to health services. Therefore, interventions focusing exclusively on improving maternal knowledge may have limited effectiveness if they are not accompanied by broader family and social support strategies.

Several limitations should be acknowledged when interpreting these findings. The cross-sectional design allows identification of associations but does not establish causal relationships and this study relied on secondary data, limiting the availability of information regarding potential confounding variables such as workplace breastfeeding support, maternity and paternity leave policies, household income, and support from extended family members. Future longitudinal and intervention-based studies are recommended to further explore the relationship between husband's involvement and exclusive breastfeeding practice and to evaluate the effectiveness of family-centered breastfeeding interventions.

The findings of this study have practical implications for maternal and child health programs. Breastfeeding promotion initiatives may benefit from adopting a family-centered approach that actively involves husbands throughout pregnancy, childbirth, and the postpartum period. Health facilities may consider integrating husbands into antenatal education programs, breastfeeding counseling sessions, and community-based health promotion activities. Strengthening husband's involvement may help create a

more supportive environment for breastfeeding mothers and may contribute to improved breastfeeding practices at the community level.

V. Conclusion

This study found a significant association between husband's involvement and exclusive breastfeeding practice among breastfeeding mothers attending a community health center in Tangerang City. Mothers who reported greater husband's involvement were more likely to practice exclusive breastfeeding than those whose husbands were less involved. These findings suggest that husband's involvement is an important interpersonal factor associated with exclusive breastfeeding practice and should be considered in efforts to promote optimal breastfeeding behaviors.

The findings support the adoption of family-centered breastfeeding promotion strategies that actively involve husbands during pregnancy, childbirth, and the postpartum period. However, because this study employed a cross-sectional design and secondary data, the findings should be interpreted as associative rather than causal. Future studies using longitudinal or intervention-based designs are needed to further examine the relationship between husband's involvement and exclusive breastfeeding practice.

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