

Does Husband Support Associated with the Duration of Breastfeeding?

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ABSTRACT

Background: Breastfeeding coverage in the Bengkulu ranks second lowest (68.9%) in Indonesia. The husband is the closest person mother who can support successful breastfeeding up to 2 years. This study aimed to examine the effect of husband support on the duration of breastfeeding.

Subjects and Method: This was a cross sectional study. A sample of 44 fathers who had children aged 2-3 years in Lingkar Barat community health center, Bengkulu, was selected for this study. The dependent variable was breastfeeding duration. The independent variable was informational support, appraisal support, instrumental support and emotional support. Data collection using a valid and reliable questionnaire. Data analysis was performed using multiple linear regression.

Results: The results showed the informational support ($b= 0.37$; 95% CI= -0.07 to 0.75; $p= 0.046$), appraisal support ($b= 0.29$; 95% CI= -0.39 to 0.98; $p= 0.393$), and instrumental support ($b= 0.43$; 95% CI= -0.18 to 1.05; $p= 0.161$) were positively associated with the duration of breastfeeding. Emotional support was negatively associated with the duration of breastfeeding ($b= -0.37$; 95% CI= -1.03 to 0.29; $p= 0.252$).

Conclusion: Husband's support is associated with length of breastfeeding.

Keywords: husband support, duration of breastfeeding.

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BACKGROUND

Breastfeeding provides important benefits for children's growth and development, as many as 54.5 percent of children with a history of poor breastfeeding (implementing IMD, getting colostrum, exclusive breastfeeding and breastfeeding until the child is 24 months old) with short nutritional status. In addition, there are developmental deviations in children with a history of poor breastfeeding (72.7%) (Suryana and

Fitri, 2019).

In Indonesia, in 2018 the percentage of newborns who received Early Initiation of Breastfeeding (IMD) was the lowest in West Papua Province as much as 23.18%, with the national coverage of early initiation of breastfeeding at 71.17%. The province with the lowest exclusive breastfeeding status was Gorontalo with 30.71%. Exclusive breastfeeding coverage in Indonesia is 68.74%. Based on the coverage of early

initiation of breastfeeding and exclusive breastfeeding in Bengkulu Province, the Strategic Plan reached the Strategic Plan, but this percentage was still below the national percentage with the coverage of early initiation of breastfeeding of 70.32 and coverage of exclusive breastfeeding of 65.46% (Ministry Health RI, 2018).

Based on the data profile of the Bengkulu Provincial Health Office, it is known that breastfeeding in 2016 was 1,315 (77.9%) with the lowest number of giving in Seluma district as many as 1,628 (71.6%), the coverage of breastfeeding in 2017 was 674 people (61.4%) with the lowest number of breastfeeding in Lebong district of 903 (64%, the second lowest number of breastfeeding in Bengkulu City as much as 2,096 (61%) and the coverage of breastfeeding in 2018 was 2,096 (61.2%) with the lowest number of breastfeeding in Seluma district of 771 (62.25) the second lowest number of breastfeeding in Bengkulu City was 151 (68.9%). These data indicate that breastfeeding coverage shows a downward trend compared to previous years (Health Office Province Bengkulu, 2018).

Based on the profile of the Bengkulu City Health Office in 2017, it was found that of the 20 health centers the lowest order of breastfeeding was at the Lingkar Barat Health Center as many as 33 babies and the second lowest was Pasar Ikan Health Center, which was 67 babies. Based on the profile of the Bengkulu City Health Office in 2018, it was found that of the 20 health centers the lowest order of breastfeeding was at the Lingkar Barat Health Center as many as 81 babies and the second lowest was Kuala Lemembu Public Health Center, which was 93 babies (Health Office Province Bengkulu, 2018).

The husband is the closest person to the wife/ mother, the husband determines the success of offering exclusive breast-

feeding. A study revealed 93.7% of children who did not get husband's support and did not give exclusive breastfeeding. The existence of husband's support for breastfeeding mothers provides an opportunity of 14,080 times to provide exclusive breastfeeding when compared to mothers who do not receive support from their husbands (Fitri et al., 2017).

The husband's support given by the husband cannot be separated from the resources owned by the husband himself. An understanding of breastfeeding is the most important thing that husbands must have to support breastfeeding. An educational program was conducted for a group of fathers, the results of educational activities showed that more than half (62%) of fathers supported that fathers/husbands learned more about breastfeeding. Fathers/partners who attended this activity also wanted to breastfeed their next child (Furman et al., 2016).

The perception of breastfeeding support becomes a separate assessment by the individual even though it is a husband and wife. The husband is of the opinion that the support given to the longtime of breastfeeding has been maximal, but this opinion is not necessarily the same as that felt by the wife, the wife feels that the support provided by her husband is not optimal and is a bit slow. So there needs to be an effective communication and approach between husband and wives so that they get full support (Rempel et al., 2017).

Based on an initial survey conducted by researchers on February 25, 2020 at the Lingkar Barat Health Center, Bengkulu City, which was obtained in 2018 there were 44 toddlers. In a randomized survey of 10 toddlers, there were 3 toddlers who were breastfed for 24 months and the husband's role was supportive in assisting and assisting in feeding breastfeeding mothers, whi-

le 7 mothers did not receive support from their husbands aged 0-12 months. Based on the description above, the writer is interested in examining the effect of husband's support on breastfeeding in the UPTD working area of the West Lingkar Health Center, Bengkulu City.

SUBJECTS AND METHOD

1. Study Design

This was a cross sectional study. The study was conducted in Lingkar Barat community health center in Bengkulu, Indonesia, in June 2020.

2. Population and Sample

The population in this study were all husbands with toddlers aged 2-3 years in the Lingkar Barat community health center. A sample of 44 fathers was selected for this study.

3. Study Variable

The dependent variable was breastfeeding duration. The independent variable was husband support which consisted of informational, assessment, instrumental, and emotional support.

4. Operational Definition of Variables

Duration of breastfeeding was the unit of time the child receives breast milk.

Husband's Informational Support was all actions taken by the husband in providing information about breastfeeding.

Table 1 Characteristics of Subjects

Characteristics	Frequency (n)	Percentage (%)
Husband age (years)		
≤ 25	1	2.3
> 25	43	97.7
Education		
Elementary school	1	2.3
Junior high school	3	6.8
Senior High School	12	27.3
College	28	63.6
Occupation		
Civil servant	15	34.1
Private	9	20.5
Entrepreneurs	20	45.5

Husband's assessment support was husband who guides and mediates problem solving and as a source and validator of identity regarding breastfeeding.

Instrumental Support Husband was Husband is a source of practical and concrete help.

Husband's emotional support was a husband as a safe and peaceful place for rest and recovery and helps mastery of mother's emotions in breastfeeding.

5. Study Instrument

Data were collected using a valid and reliable questionnaire

6. Data Analysis

The collected data were analyzed using univariate, bivariate (correlation) and multivariate (multiple linear regression) steps.

7. Research Ethics

It explains ethical issues arising when people are involved as participants in this study. The authors must support the research ethical clearance with an approval letter from the authorized Ethical Research Committee.

RESULTS

Table 1 showed the characteristics of the subjects. Most of them are more than 25 years old (97.7%), have tertiary education level (63.6%) and have entrepreneurial job status (45.5%).

Univariate analysis to see a description of the data obtained and bivariate analysis to obtain the effect of husband's support and duration of breastfeeding as an independent variable of husband's support and as a dependent variable as follows.

Table 2 Univariate Analysis Results

Variable	Mean	SD	Min.	Max.
Breastfeeding duration	17.50	4.26	9	23
Informational Support	20.50	4.69	8	28
Appraisal support	12.98	1.19	10	16
Instrumental Support	16.68	3.76	10	24
Emotional Support	11.45	2.64	6	16

Based on Table 2, the average score for informational support is 20.50, assessment support is 12.98, instrumental support is 16.68, emotional support is 11 and the duration of breastfeeding is 17.50.

Based on Table 3, the results of the correlation test obtained that the calculated R value of informational support was 0.715 (p <0.001), appraisal support was 0.680 (p <0.001), instrumental support was 0.717 (p <0.001) and emotional support was 0.572 (p <0.001).

Table 3 Results of Bivariate Analysis

Variable	r	p
Informational Support	0.715	<0.001
Appraisal support	0.680	<0.001
Instrumental Support	0.717	<0.001
Emotional Support	0.572	<0.001

Table 4 shows that based on multivariate analysis, it was found that the instrumental support given by the husband is a very influ-

ential factor on the duration of breastfeeding (p= 0.046).

Table 4. The results of multivariate analysis

Independent Variable	b	95% CI		p
		Lower limit	Upper limit	
Informational Support	0.37	-0.07	0.75	0.046
Appraisal support	0.29	-0.39	0.98	0.393
Instrumental Support	0.43	-0.18	1.05	0.161
Emotional support	-0.37	-1.03	0.29	0.252
N observation= 44				
Adj R ² = 0.576				
p= 0.046				

DISCUSSION

Husband's informational support with long breastfeeding shows a positive and strong influence, meaning that the better her husband's informational support, the longer the child will get breast milk. The information provided by the father to the wives or mothers is influenced by the knowledge of the father. Fathers who have good

knowledge about breastfeeding will support their wives to breastfeed. The breastfeeding process will get husband's support if the husband has good knowledge about breastfeeding, positive attitude, involvement in decision making (Chowdhury et al., 2015; Sherriff et al., 2014). Education about breastfeeding to husbands can increase father's knowledge, in the end this knowledge

will have an impact on information that husbands will pass on to their wives/ mothers. So that the increased knowledge of fathers coupled with informational support will have an effect on the duration of breastfeeding (Al Namir et al., 2017).

There is an influence of husband's assessment support on the duration of breastfeeding in the West Lingkar Health Center area of Bengkulu city, in line with Wallenborn's findings which reveal that the opinions of husbands, mothers and mothers-in-law influence breastfeeding behavior. Mothers who always receive positive support from their husbands will breastfeed their children longer than mothers who do not receive positive support (Wallenborn et al., 2019). On the other hand, husbands give an assessment based on the health and happiness of their wives and children. formula milk (Hansen et al., 2018).

Instrumental support has an effect on the duration of breastfeeding, in line with previous research which found that husbands help their wives with their work and participate in raising children. In addition, the husband also pays attention to the nutritional intake consumed by the mother. This work is done by the husband so that the mother's milk production continues to increase and meet the needs of the child. Mothers who get help from their husbands are able to exclusively breastfeed their children (Anggraini and Rohani, 2021).

In addition, the husband's form of support is looking for friends to form a breast milk bank to meet the lack of breastfeeding needs. So even though the baby's mother works and milk production decreases, it can be helped by the existence of a breast milk bank. Some husbands encourage their wives to continue to exclusively breastfeed and breastfeed directly. However, there are also fathers who suggest using bottle-feeding, because fathers enjoy the habit of breast-

feeding their babies (Hansen et al., 2018). The physical support provided by husbands makes mothers more confident in breastfeeding their babies (Sipahutar et al., 2019).

Husband's emotional support with long breastfeeding shows a strong and positive pattern, meaning that the better the husband's emotional support, the longer breastfeeding. This is in line with previous research which revealed that there is a relationship between husband's emotional support and breastfeeding success (Uluğ & Öztürk, 2020). The husband's willingness to listen to the complaints of breastfeeding mothers and accompany mothers to breastfeed their babies at night is a form of support that is highly expected by breastfeeding mother.

Husbands whose children do not get full exclusive breastfeeding do not describe the feeling of failure if the breastfeeding process is stopped and the child is given formula milk, because the husband thinks bottle and formula milk can meet the baby's needs (Hansen et al., 2018). The support given by the husband is not all in the form of action or assistance. Another form of support given by husbands is by motivating them in the form of attention to their wives and babies (Anggraini and Rohani, 2021).

The results of Pratiwi's research, 2019 the role of health workers and the existence of support from parents are related to the success of exclusive breastfeeding. Parental support is the main factor in determining the success of exclusive breastfeeding. Parents are the people who are considered the most experienced in exclusive breastfeeding. As many as 51.6% of mothers gave exclusive breastfeeding, 88.7% said they had support from health workers, 53.2% said they received support from their husbands, 66.1% received parental support (Pratiwi et al., 2019).

The results of the Nepali study, found

that most (94%) of the mothers reported being confident in the self-efficacy of breastfeeding, while 95 percent of their husbands supported breastfeeding. There is a relationship between breastfeeding self-efficacy and husband's support scale ($p < 0.040$). Mothers who received support from their husbands were 10 times more likely to report confidence in breastfeeding than those who did not. The results showed that husband's support increased the mother's breastfeeding self-efficacy. Based on these findings, it is recommended that the husband's involvement is very important to encourage mothers to breastfeed their children (Nepali and Shakya, 2019).

The results of Merida's research, found that the success of exclusive breastfeeding for working mothers is strongly supported by the workplace, husband, family and information about exclusive breastfeeding from providers to husbands and families who will achieve success in exclusive breastfeeding (Merida et al., 2020). Wasiah shows that support from the husband is the factor most related to exclusive breastfeeding, the OR value is 1.868. The provision of information through counseling needs to be increased, starting with pregnant women and breastfeeding mothers. Mothers also need to limit themselves from exposure to formula milk advertisements (Wasiah et al., 2020).

In contrast to the findings of Zulmuawinah's study which stated that there was no relationship between husband's support and exclusive breastfeeding. Mothers do not feel burdened by breastfeeding even without husband's support, because mothers think that breastfeeding is a normal thing for a mother (Zulmuawinah et al., 2019). Breastfeeding is recommended to be given to children for 2 full years, because this will have an impact on child development (Sari and Handayani, 2019). Children

who are fully breastfed for 2 years showed a better IQ score than children who were not breastfed (Plunkett et al., 2021). The gross motor development of children is also influenced by the pattern of breastfeeding (Pratami et al., 2021). Several other factors related to the length of breastfeeding are the mother's age, birth status, race, education, income, security antenatal care, ANC and early initiation of breastfeeding (Wallenborn et al., 2019).

AUTHORS CONTRIBUTIONS

Bintang Agustina Pratiwi completed the discussion, coordinated with other writers and submitted articles. Anisa Lesmi and Hasan Husin prepared the introduction and collected data. Wulan Angraini and Desri Suryani designed the research method and analyzed the data.

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CONFLICT OF INTEREST

There are no conflicts of interest.

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