

## Correlation of Husband and Family Support on the Success of Breastfeeding in the Working Area of the Sabrang Health Center

Indah Oktaviani\*, Ai Nur Zannah<sup>2</sup>, Trisna Pangestuning Tyas<sup>3</sup>

Undergraduate Midwifery Study Program, Faculty of Health Sciences, University of dr. Soebandi, Indonesia

Indah Oktaviani, Bachelor of Midwifery Study Program, Faculty of Health Sciences, Dr. University. Soebandi, Indonesia, E-mail: [Indahoktaviani555@gmail.com](mailto:Indahoktaviani555@gmail.com).

**Submitted: 08 September 2023**  
**Accepted: 14 Oktober 2023**

**Kata Kunci:**

Dukungan suami dan keluarga, keberhasilan menyusui

**Keywords:**

Husband and family support, successful breastfeeding

**ABSTRAK**

Latar belakang: ASI adalah air susu ibu yang dapat memenuhi kebutuhan bayi usia 0-6 bulan. Kandungan dalam ASI dapat menghasilkan antibodi, meningkatkan perkembangan psikomotorik, dan mempererat ikatan antara ibu dan bayi. Rendahnya cakupan pemberian ASI eksklusif di wilayah kerja Puskesmas Sabrang sebesar 16,9%. Untuk mencapai pemberian ASI eksklusif, ibu menyusui membutuhkan dukungan terutama dukungan suami dan keluarga yang berperan penting dalam kelancaran proses menyusui dan pemberian ASI. Metode penelitian ini menggunakan metode cross sectional. Pengambilan sampel menggunakan quota sampling. Sampel terdiri dari 30 responden. Analisis statistik menggunakan uji chi-square. Analisis hubungan dukungan suami dan keluarga terhadap keberhasilan pemberian ASI di wilayah kerja Puskesmas Sabrang. Hasil uji statistik diperoleh dengan menggunakan perhitungan Chi-Square dengan menggunakan SPSS 25, diperoleh hasil untuk person Chi-Square (2-tailed) sebesar 0,002 dan  $0,000 < 0,05$ . Maka  $H_0$  ditolak dan  $H_a$  diterima yang berarti ada hubungan antara dukungan suami dan keluarga terhadap keberhasilan pemberian ASI.

**ABSTRACT**

*Background: Breast milk is breast milk that can meet the needs of babies aged 0-6 months. The ingredients in breast milk can produce antibodies, improve psychomotor development, and strengthen the bond between mother and baby. The low coverage of exclusive breastfeeding in the Sabrang Community Health Center working area is 16.9%. To achieve exclusive breastfeeding, breastfeeding mothers need support, especially the support of husbands and families who play an important role in the smooth breastfeeding and breastfeeding process. This research method uses a cross sectional method. Sampling uses quota sampling. The sample consisted of 30 respondents. Statistical analysis uses the Chi-square test. Analysis of the relationship between husband and family support on the success of breastfeeding in the Sabrang Community Health Center work area. Statistical test results were obtained using Chi-Square calculations using SPSS 25, the results for person Chi-Square (2-tailed) were 0.002 and  $0.000 < 0.05$ . So  $H_0$  is rejected and  $H_a$  is accepted, which means there is a relationship between husband and family support for the success of breastfeeding*

## INTRODUCTION

ASI (Breast Milk) is milk produced by the mother and contains the nutrients needed by the baby for the needs and development of the baby(1). The content in breast milk can be a protective substance/antibody that can protect against disease, the baby's psychomotor development is faster, and can strengthen the inner bond between mother and baby (astutics inSupriyanto et al., 2021). Breastfeeding is a normal way to provide a baby with the nutrients it needs to provide the baby with the nutrients it needs for healthy growth and development. Almost all mothers can breastfeed, provided they have accurate information, and receive support from their families, the health care system and society at large (WHO in Supriyanto et al., 2021).

In 2019 there were 41% of babies receiving exclusive breastfeeding in the world aged less than 6 months (WHO inSilaen et al., 2022). According to the 2021 RI Health Profile, breast milk coverage for babies who are exclusively breastfed in Indonesia in 2021 is 56.9%, this breast milk coverage has exceeded the 2021 program target of 40%(RI Ministry of Health, 2022). Coverage of exclusive breastfeeding in East Java Province in 2021 was 71.7%, this coverage has decreased

compared to 2020, namely 79.0%. This decrease was due to the Covid-19 pandemic which caused the number of targets examined to decrease, however this coverage was already above the 2020 RPJMN target, namely 45%(East Java Provincial Health Office, 2021).

Based on data obtained from the Nutrition Section of the Jember District Health Service in 2020, it is known that the coverage of babies receiving exclusive breastfeeding is 58.4%, exclusive breastfeeding coverage has increased from the previous year, namely 63.3% in 2021, although exclusive breastfeeding coverage has increased but it has not yet met the target set at 80%, in the Jember area the highest coverage is at the Gumukmas Community Health Center, Gumukmas District, namely 100% of babies are given exclusive breast milk. The lowest coverage was in the Andongsari Public Health Center, Ambulu sub-district, namely 9.2% of babies were given exclusive breastfeeding. Meanwhile, in the Sabrang Health Center area, the coverage of exclusive breastfeeding was 16.9% which was included in the very low category with a set target of 80%.(Jember District Health Office, 2022).

Low coverage of exclusive breastfeeding will reduce the prevalence of

malnutrition in children under five, causing the infant mortality rate to increase. UNICEF emphasizes that babies who are given formula milk have a higher risk of mortality and morbidity in the first month of their birth, and the possibility of babies being given formula milk is 25 times higher in mortality than babies who are given exclusive breast milk from their mothers.(7).

There are many reasons why mothers do not give exclusive breast milk to their babies, the main causes are awareness of the importance of breast milk, the mother's lack of self-confidence, the mother's low knowledge about the benefits of breast milk and the lack of family support in giving breast milk (Rilyani in(8). Support or support from other people or people closest to you plays a big role in the success or failure of breastfeeding. The greater the support you get for breastfeeding, the greater your ability to continue breastfeeding. Indonesian people still often think that breastfeeding is only a matter between the mother and baby. A breastfeeding mother is always advised to live without stress because it affects breast milk production, so the hormone oxytocin cannot produce breast milk optimally.(9). Having family support, especially the husband, will have an impact on increasing

the mother's self-confidence or motivation in breastfeeding(10).

Family support, especially the husband, has an important role in determining the success or failure of breastfeeding, because the husband determines the smoothness of breastfeeding (let down reflex) which is influenced by the emotional state and feelings of the mother. All families should know the importance of mother's support for breastfeeding in the first 4 to 6 months of a baby's life and also to meet the baby's food needs. Husband and family support is very influential because if a mother doesn't get husband's support, the mother's sister or even fear -fear, influenced to switch to formula milk(11). Family support is divided into 4, namely instrumental support, assessment support, informational support and emotional support. Mothers who receive support from those around them, namely husband, parents and other family will be in a calm state and have positive thoughts towards the baby so that the mother feels happy when she sees the baby. then think of the baby with great affection and want to give exclusive breast milk to the baby, the sucking done by the baby affects the hormone prolactin which can stimulate the breast glands to produce breast milk(2).

The results of the study stated that

family support was the external factor that had the greatest influence on the success of exclusive breastfeeding (72.8%)(8). The results of research from Faizzah et al., 2022 show that the majority of mothers' family support does not provide exclusive breastfeeding in the Cakru Community Health Center Working Area, Kencong District, Jember Regency, as many as 122 respondents (96.1%), this is because the family is a very influential factor in determine whether the health problems of family members are certain, because the opinion of the family, especially older people, must be obeyed, if parents advise the mother to give early MP-ASI such as bananas or nasi tim to the baby, then the mother will comply with this recommendation according to the beliefs that have been taught from generation to generation. hereditary(12).

In an effort to increase the coverage of exclusive breastfeeding, namely by involving families in providing education or counseling about the importance of exclusive breastfeeding, how to care for the breasts, how to facilitate breastfeeding, and problems that arise during breastfeeding so that families understand the importance of exclusive breastfeeding and can help and support in exclusive breastfeeding. Based on the explanation above, the author is

interested in conducting research with the aim of finding out the correlation between husband and family support on the success of breastfeeding in the Sabrang Community Health Center working area in 2023.

## RESEARCH METHODS

This type of research is observational analytic with a cross-sectional design, namely a study studying the correlation between exposure or risk factors (independent) and effects or effects (dependent) with data collection carried out simultaneously at one time between risk factors and their effects (point time approach). ), meaning that all variables, both independent and dependent variables, are observed at the same time(13). The population of mothers who have babies aged 10 days - 1 month in the Sabrang Community Health Center working area is 30 respondents. The sampling method is quota sampling using questionnaires and observation sheets.

## RESULTS

The results of this research were carried out in the Sabrang Community Health Center working area, Ambulu District, Jember City for around 1 and a half months, while data collection took place from March 2023 to mid-May 2023. The number of samples collected in this study

was 30 respondents consisting of all mothers. who have babies aged from 10 days - 1 month. The results of data collection will be presented in the form of general data and special data.

## 1. Presentation of General Data Characteristics

### 1.1 Characteristics of Respondents Based on Age

**Table 1.1 Respondent Age Characteristics**

Age	Frequency	Percentage (%)
< 20 years	2	6,7
20-35	27	90
>35	1	3,3
Total	30	100

Based on table 5.1, almost all of the mother respondents who have children aged 10 days – 1 month are aged 20-35 years with a percentage of 27 respondents (90%).

### 1.2 Characteristics of Respondents Based on Family Type

**Table 1.2 Characteristics of the Maternal Family Type**

Family Type	Frequency	Percentage (%)
Main family	7	23.3
Big family	23	76.7
Total	30	100

Based on table 5.2, it can be seen that almost all mothers who have babies aged 10-1 months have large families, namely 23 respondents (76.7%).

### 1.3 Characteristics of Respondents Based on Parity

**Table 1.3 characteristics based on Parity**

Parity	Frequency	Percentage (%)
Primipara	12	40
Multiparous	18	60
Total	30	100

Based on table 5.3, it can be seen that most mothers who have babies aged 10 days - 1 month are multiparas with a percentage of 18 respondents (60%).

### 1.4 Characteristics of Respondents Based on Last Education

**Table 1.4 Characteristics Based on Last Education**

Last education	Frequency	Percentage (%)
Low (< SMA)	14	46.7
High (>high school)	16	53.3
Total	30	100

Based on table 5.4, it can be seen that the majority of mothers who have babies aged 10 days-1 month have higher education with a percentage of 16 respondents (53.3%).

### 1.5 Characteristics of Respondents Based on Economic Status

**Table 1.5 Characteristics of Economic Status**

Economic status	Frequency	Percentage (%)
Low	18	60
Tall	12	40
Total	30	100

Based on Table 5.5, it can be seen that the majority of mothers who have babies aged 10-1 months have low economic status with a percentage of 18 respondents (60%).

## 1.6 Characteristics of Respondents Based on Employment Status

**Table 1.2 Employment Status Characteristics**

Job status	Frequency	Percentage(%)
IRT	29	96.7
Tall	1	3,3
Total	30	100

Based on Table 5.6, almost all mothers who have babies aged 10-1 months are housewives (IRT) with a percentage of 29 respondents (96.7%).

## 1.7 Characteristics of Respondents Based on Mother's Knowledge of Breastfeeding

**Table 1.7 Characteristics of Mother's Knowledge About Breast Milk**

Knowledge of ASI	Frequency	Percentage(%)
Good	7	23.3
Enough	14	46.7
Not enough	9	30.0
Total	30	100

Based on Table 5.7, almost half of the respondents had adequate knowledge with a percentage of 14 respondents (46.7%).

## 1.8 Characteristics of Respondents Based on Facilities and Health Personnel Support.

**Table 1.8 Characteristics of Support Facilities and Health Personnel**

Support for health facilities and personnel	Frequency	Percentage (%)
Not enough	14	46.7
Good	16	53.3
Total	30	100

Based on Table 5.8, the majority

of mothers who have babies aged 10 days - 1 month have supporting facilities and health workers with a percentage of 16 respondents (53.3%).

## 1.9 The Relationship between Analysis of Respondents' General Data Characteristics and the Success of Breastfeeding.

**Table 1.9 General Data Characteristics of Respondents with Successful Breastfeeding**

Variable	Breastfeeding success		p-value		
	Not successful	Succeed			
	N	%	N	%	
Age					
< 18 years	2	6,7	0	0	
20-35 years	7	23.3	20	66.7	0.036
>35 years	1	3,3	0	0	
Family type					
Main family	2	6,7	5	16.7	0.760
Big Family	8	26.7	15	50	
Parity					
Primipara	5	16.7	7	23.3	0.429
Multiparous	5	16.7	13	43.3	
Final Education					
Low	3	10	13	43.3	0.070
Tall					
Economic Status					
Low	3	10	9	30	0.429
Tall					
Job status					
IRT	10	33,3	19	63.3	0.472
Work	0	0	1	3,3	
Mother's knowledge about breastfeeding					
Good	1	3,3	6	20	
Enough	1	3,3	13	43.3	0,000
Not enough	8	26.7	1	3,3	
Support for health facilities and personnel					
	5	16.7	8	26.7	0.301

Not enough 5 16.7 12 40  
Good

Based on table 1.9, the general data characteristics that have a statistically significant relationship to the success of breastfeeding are age and knowledge about breastfeeding.

## 2. Presentation of Special Data Characteristics

1.2 Knowing the success of breastfeeding in the Sabrang Community Health Center working area for children aged 10 days - 1 month.

**Table 2.1 Success of Breastfeeding**

Breastfeeding	Frequency	Percentage%
Not successful	10	33,3
Succeed	20	66.7
Total	30	100

Based on table 2.1, the majority of mothers who have babies aged 10 days - 1 month successfully provide only breast milk with a percentage of 20 respondents (66.7%).

### 2.2 Knowing the Husband's Support for the Success of Breastfeeding

**Table 2.2 Characteristics of Husband's Support for Successful Breastfeeding**

Husband Support	Frequency	Percentage (%)
Does not support	12	40
Support	18	60
Total	30	100

Based on table 2.2, most of the respondents received support from their husbands with a percentage of 18 respondents (60%).

### 3.2 Knowing Family Support for the Success of Breastfeeding

**Table 2.3 Characteristics of Family Support for Successful Breastfeeding**

Husband Support	Frequency	Percentage (%)
Does not support	11	36,7
Support	19	63.3
Total	30	100

Based on table 5.11, most of the respondents received support from their families, with a percentage of 19 respondents (63.3%)

### 1.2.a Analyzing the relationship between husband and family support on breastfeeding success

#### 1. Analyzing Husband's Support for the Success of Breastfeeding

**Table 2.1.1 Cross Tabulation of Analysis of Husband's Support on the Success of Breastfeeding**

Husband Support	Breastfeeding success				p-value
	Not successful		Succeed		
	F	%	F	%	
Does not support	8	26.7	4	13,3	0.002
Support	2	6,7	16	53.3	
Total	10		20		

The results of the analysis of the relationship between husband's support and successful breastfeeding, almost all

mothers who successfully breastfed received support from their husbands with a percentage of 16 respondents (53.3%). Mothers who were unsuccessful in giving ASI with unsupportive support were 8 respondents (26.7%). The statistical test results showed that the p-value was  $0.002 < \alpha = 0.05$ , meaning it could be concluded that there was a relationship between husband's support and the success of breastfeeding.

## DISCUSSION

### 1. General data

#### 1.1 Relationship Between Age and Breastfeeding Success

Based on the research results, the majority of mothers who successfully provided breast milk were aged 20-35 years, namely 20 respondents (66.7%), this shows that the majority of respondents who successfully provided breast milk were of healthy reproductive age, namely 20-35 years. Based on chi-square analysis testing, there is a significant relationship between maternal age and the success of breastfeeding with a p-value of  $0.036 < \alpha = 0.05$ .

Age is the background to a person's mindset or perspective, the

more mature a person's age, the more logical or mature the person's mindset should be (Wulan and Hasibuan, 2020). Age can influence a person's way of thinking, acting and emotions. Older adults generally have more stable emotions than younger ages, age influences how breastfeeding mothers make decisions about exclusive breastfeeding, the older they are, the more experience and knowledge they will have (Notoadmojoin Lindawati et al., 2023).

Ages 20-35 years are a healthy reproductive age and have good lactation abilities compared to those aged more than 35 years because at reproductive age breast milk production is greater than those aged more than 35 years, while those aged less than 20 years are generally not psychologically ready to breastfeed. being a mother, so that it can become a psychological burden and cause stress/postpartum blues so that it is difficult for breast milk to come out (Brilliant, 2020).

#### 1.2 Relationship of Family Type to Breastfeeding Success



Based on the results of this study, most of them had large family types, as many as 23 respondents (76.7%). With the result that there is no relationship between family type and the success of breastfeeding with a p-value of  $0.760 > 0.05$ .

Family type can indirectly provide an idea of the mother's support for providing exclusive breastfeeding. It is hoped that breastfeeding mothers who live with extended families will receive more support to provide exclusive breastfeeding. This type of family has the potential to provide useful family support for breastfeeding mothers. Couples who live with their families are more likely to receive family support compared to nuclear couples (Isyti'aroh et al., 2015).

This research is supported by Untari (2017) that there is no relationship between family type and the success of breastfeeding. Possibly unrelated due to other factors such as cultural values or customs.

### 1.3 The Relationship Between Parity and the Success of Breastfeeding

Based on the results of this study, the majority of mothers were multiparous parity with 18 respondents (60%). The results showed that there was no relationship between parity and the success of breastfeeding with a p-value of  $0.429 > 0.05$ .

Parity is the number of living children who have been born to a mother, mother's parity is related to experience in caring for children compared to mothers with primiparous parity, so it can be concluded that the higher the mother's parity level, the higher the level of exclusive breastfeeding for babies.(3).

This is in line with research by Untari (2017) that there is no relationship between parity and the success of breastfeeding. It is possible that it is not related due to other factors, namely social culture, lack of knowledge of pregnant women, families and society about the importance of breast milk.

### 1.4 The Relationship Between Mother's Education To The Success Of Breastfeeding

Based on the results of this study, the majority of respondents

had higher education, namely as many as 16 respondents (53.3%), with the results of the chi-square analysis between mother's education and successful breastfeeding, it was found that p-value was  $0.07 > 0.05$  so it could be concluded that there is no relationship between education and the success of breastfeeding.

These results are not statistically related, but it can be seen that the percentage of mothers who successfully breastfeed with higher education is greater, namely 43.3%, compared to mothers with low education, namely 23.3%. The results of this study are in line with Kinasih's research (2017), the proportion of mothers with a higher level of education has the opportunity to give exclusive breastfeeding, namely 51.7% compared to mothers with low education, namely 48.3%.

The higher the level of education obtained by the mother, the more mothers give exclusive breastfeeding to babies 0-6 months (Notoadmojo, 2007). Mothers who receive/understand information well will have the opportunity to

give exclusive breastfeeding, even though their education is low (Febriyanti and Ernawati in Kusumayanti & Nindya, 2018).

According to Eniyati's research (2018) with a p-value of 0.574, it can be concluded that there is no relationship between education and the success of breastfeeding. In this study, mothers who had low education were successful in breastfeeding. This was possible because the information provided by midwives was well received by mothers.

#### 1.5 The Relationship Between Mother's Occupational Status To The Success Of Breastfeeding

Based on the results of this study, almost all of the respondents as housewives were 29 respondents (97.7%), who succeeded in breastfeeding as many as 19 respondents (63.3%). With the results of the calculation analysis using chi-square obtained p-value  $0.472 > \alpha = 0.05$  so it can be concluded that there is no relationship between work and the success of breastfeeding.

The relationship between employment status and exclusive

breastfeeding is that working mothers are more likely not to provide exclusive breastfeeding, compared to mothers who do not work (IRT), because mothers who do not work have free time that can be used to care for and provide affection for their babies (Dahlan, et al, 2013).

This research is in contrast to Anggania's research (2018) which says there is a relationship between employment status and exclusive breastfeeding with a p-value of  $0.000 < \alpha = 0.05$ . There is no relationship in this study because working mothers have good knowledge about exclusive breastfeeding.

#### 1.6 The Relationship Between Mother's Economic Status To The Success Of Breastfeeding

Based on the results of this study, the majority of respondents had low economic status, 18 respondents (60%), with 11 respondents (38.7%) successfully providing breast milk. The results of calculation analysis using chi-square obtained a p-value of  $0.429 > \alpha = 0.05$ , so it can be concluded that there is no relationship between

education and the success of breastfeeding.

These results are not statistically related, but it can be seen that the percentage of mothers who successfully provide breast milk who have low economic status is greater, namely 55%, compared to mothers who have high economic status, namely 45%. The results of this study are the same as research Irianto & Wathan, 2020 with a p-value of  $0.053 > 0.05$ , so  $H_0$  is accepted, meaning that there is no relationship between maternal income and the success of exclusive breastfeeding.

The mother's or family's income is obtained to meet the mother's nutritional needs in terms of consuming food available at home for breastfeeding mothers and their families. The factors that most influence breastfeeding patterns are the mother's economic and social conditions. Mothers with a low social economy have greater breastfeeding success compared to mothers with a high social economy (Irianto in Irianto & Wathan, 2020).

#### 1.7 The Relationship Between Mother's Knowledge About Breast

## Milk and the Success of Breast Feeding

Based on the results of this study, the majority of respondents had sufficient knowledge of 14 respondents (46.7%). The results of the calculation analysis using chi-square between knowledge and the success of breastfeeding showed a p-value of  $0.000 < 0.005$  so it can be concluded that there is a relationship between knowledge and the success of breastfeeding.

Knowledge is something that is very important in determining a person's behavior, because knowledge determines a person's perceptions and habits in everyday life, especially in providing exclusive breastfeeding. A high level of knowledge can also affect the mindset of a person or society from negative to positive because it is based on awareness, interest, and consideration of a positive attitude.(19).

Research conducted by Diana (202) with the results of the analysis obtained p-value was  $0.003 < 0.05$  so it can be concluded that there is a significant relationship between the

knowledge factor and exclusive breastfeeding for babies 0-6 months Siabu District Health Center. Mandailing Christmas 2020. According to Diana in her research, giving exclusive breastfeeding to babies is triggered by knowledge of the benefits of exclusive breastfeeding because knowledge will result in a person's behavior. Mothers who have good knowledge about exclusive breastfeeding will give exclusive breastfeeding to their babies. Vice versa if the mother has less knowledge then it is likely that the mother will not give exclusive breastfeeding to her baby.

## 1.8 The relationship between the support of health facilities and personnel with the success of breastfeeding

In this study, there were 12 respondents (40%) who successfully breastfed mothers who received support from facilities and health workers. With the results of analysis using chi-square, it was found that the p-value was  $0.301 > \alpha = 0.05$ , so it could be concluded that there was no significant relationship between the support of facilities and health workers on the

success of breastfeeding.

This research shows different results from Zuhrotunida's research which obtained a p-value of  $0.023 < 0.05$ , meaning there is a relationship between support from health workers and exclusive breastfeeding, with an OR value = 9,200, meaning that mothers who get good support from health workers are 9 times more likely to provide exclusive breastfeeding compared to mothers who receive less good support from health workers.

According to this research, support from facilities and health workers on the success of breastfeeding is not related because there are other factors such as breast milk not coming out yet.

## 2. Custom Data

### 2.1 Relationship of Husband's Support to Breastfeeding Success

Husband's support is very important support for a wife in all things because the husband is the person who is always in contact with the mother and children every day, who has a lot of influence, both intentional and unintentional. Mothers who

receive support from their husbands will be able to continue providing breast milk to their babies (Rokmah, Rizal and Wahmurti in the journal Helfiva et al., 2022). In this research, husband's support in the Sabrang Community Health Center work area was categorized into 2 categories, namely supporting and not supporting. The research results showed that the majority of respondents were categorized as supportive, 18 respondents (60%) compared to mothers who did not receive support from their husbands, 12 respondents (40%).

This research is in line with research by Dwi Elly Wahyuni (2019) with the title husband's support for the success of exclusive breastfeeding for working mothers where the results of the research show that husband's support is in the good category at 91.9%. Based on the theory which states that family social support refers to supports that are seen by the family as coming from internal sources which include support from husband or wife, or support from

siblings and extended family. It is hoped that the husband's support will be able to provide benefits or as an incentive for the mother to provide exclusive breastfeeding, so the husband can provide support to mothers who breastfeed exclusively for a maximum of 6 months.(21)

Based on the results of the chi square test between husband's support for successful breastfeeding at  $\alpha = 0.005$ , a p-value of  $0.001 < 0.05$  was obtained, so  $H_0$  was rejected and  $H_a$  was accepted. It can be concluded that there is a relationship between husband's support for the success of breastfeeding in the Sabrang Health Center Work Area.

The results of this research are in line with the research results of Peny Arini, et al (2022) with the title the relationship between husband's support and exclusive breastfeeding in informal working women with the results of the chi-square statistical test showing a p-value of  $0.03 < \alpha = 0.05$  so that statistically This means that there is a significant relationship

between the relationship between husband's support and the provision of exclusive breastfeeding to women who work informally in the work area of the Deli Tua Health Center in 2022, and proves that most respondents in the category of not getting husband's support were unable to provide exclusive breastfeeding because they did not receive support from their husbands in the form of assessment support, informational, emotional, or instrumental, Meanwhile, respondents who were successful in providing exclusive breastfeeding stated that the more often their husbands supported them, the more likely it was that respondents would be able to provide exclusive breastfeeding.

This result is also in line with research by Silaen et al, (2022) showing the same results as the statistical test results with a p-value of  $0.015 < \alpha = 0.05$  so that it means there is a correlation between the husband's support received by the mother and exclusive breastfeeding.

According to the research results of Dumazuglu et al (2021) in the journal Silaen et al., 2022) the husband's support that the mother gets in exclusive breastfeeding has a positive effect on the mother's experience which affects the amount of milk that the mother produces because milk production becomes smooth.

Basically, the process of breastfeeding is not only between mother and baby, but father also has a very important role and requires his involvement. For breastfeeding mothers, the husband is the closest person who is expected to always be by the mother's side and is always ready to provide assistance. A mother's success in breastfeeding cannot be separated from the continuous support from her husband. A mother's motivation to breastfeed will rise if she gains self-confidence and has the full support of her husband. The husband's role as a standby husband should not only be when his wife is pregnant and gives birth, but must also be alert to guarantee her child's right to

receive exclusive breastfeeding.(22).

## 2.1 Relationship of Family Support to Breastfeeding Success

Family are the people closest to the mother, in this study including parents, in-laws or people who accompany the mother during breastfeeding. Based on the research results, family support in the support category was 19 respondents (63.3%), 17 respondents (56.7%) supported successful breastfeeding and 2 respondents (6.7%) supported unsuccessful breastfeeding. Family support in the non-supportive category was 11 respondents with 3 respondents (10%) successfully providing breast milk and 8 respondents (26.7%) who did not support did not succeed in providing breast milk.

The results of the chi-square statistical analysis obtained a p-value of  $0.000 < \alpha = 0.05$  so it can be concluded that there is a relationship between family support and the success of breastfeeding. This is in line with Irianto's research that the support

of mothers or in-laws who provided support for the success of breastfeeding was 80.4% and those who did not provide support for breastfeeding were 53.1% so that there was a link between the success of breastfeeding and the support of mothers or parents-in-law. Statistical test results through the chi square test obtained p-value = 0.000 where the p-value is less than 0.05 so  $H_a$  is accepted, meaning that there is a link between mother-in-law's support for the success of breastfeeding. Support from relatives or family who provide support for the success of breastfeeding as many as 77, 3% while those who do not provide support from relatives or family. The results of statistical tests using chi square resulted in a p-value = 0.005 where the p value is smaller than 0.05 so  $H_a$  is accepted, meaning there is a relationship between sibling or family support on the success of exclusive breastfeeding.(18).

Mothers who get family support such as biological mothers, in-laws, husbands and other family members will feel

calm and have positive thoughts about the baby so that affection will arise and want to give the best, especially the desire to meet the nutritional needs of the baby in the first 6 months of life or breastfeeding exclusive.

### **Conclusion**

- 1). The husband's support received by mothers who have children aged 10 days - 1 month shows that the majority of respondents received support from their husbands at 60%.
- 2). Family support obtained by mothers who have children aged 10 days-1 does not show data results, most of the respondents get family support of 63.3%
- 3). The success of breastfeeding in the Sabrang Public Health Center work area, most of the respondents succeeded in giving ASI by 66.7%
- 4). Analysis of the relationship between husband and family support on the success of breastfeeding in the Sabrang Community Health Center working area. The statistical test results obtained using Chi-Square



calculations using SPSS obtained the results of person Chi-Square (2-tailed)  $0.002$  and  $0.000 < 0.05$ , so  $H_0$  was rejected and  $H_a$  was accepted, which means there is a relationship between husband and family support on the success of breastfeeding. .

- 5). Analysis of the relationship between external variables and the success of breastfeeding in the Sabrang Community Health Center working area, there are two external variables that have a significant relationship, namely age and knowledge of the mother.

#### A. Suggestion

- 1). For Respondents

It is hoped that the husband and family will provide support to the mother, especially when the baby is 0-6 months old, so that the mother can breastfeed her baby exclusively.

- 2). Share Practice Land

This research provides information that the support of the husband and family influences the success of breastfeeding, so it is strongly recommended that the family or husband be involved in providing KIE, so that the family

also understands the importance of exclusive breastfeeding.

- 3). For Further Researchers

It is hoped that future research can thoroughly examine the factors related to the success of breastfeeding.

#### Reference

1. Suhertusi B, Nirmala Sari F, Alifah Padang Stik. Edukasi Ibu Hamil dalam Mewujudkan Keberhasilan ASI Eksklusif untuk Mencegah Kejadian Stunting. *J Abdidas*. 2022;3(6):967–70.
2. Supriyanto ALD, Kristianti S, Suwoyo S. Hubungan Dukungan Keluarga Dengan Pola Pemberian Asi Pada Bayi Usia 0-6 Bulan. *J Pendidik Kesehat*. 2021;10(1):85.
3. Silaen RS, Novayelinda R, Zukhra RM. Hubungan Dukungan Suami dengan pemberian ASI eksklusif. *J Holist Heal Sci*. 2022;1(1):1984–95.
4. Kemenkes RI. Profil Kesehatan Indonesia 2021. Sibuea F, Hardhana B, Widiyanti W, editors. Jakarta: Kementrian Kesehatan RI; 2022.
5. Dinas Kesehatan Provinsi Jawa Timur. Profil Kesehatan Dinas Kesehatan Provinsi Jawa Timur 2021. Dinas Kesehatan Provinsi Jawa Timur. 2021;tabel 53.
6. Dinas Kesehatan Kabupaten Jember. Profil Kesehatan Jember Tahun 2021. *dinkes jember*. 2022;

7. Qiftiyah M, Rahmawati ES, Utami AP, Hurin'in NM. Hubungan Frekuensi Perawatan Payudara dengan Kelancaran Produksi ASI pada Ibu Nifas Hari ke 4. *J Ilm Kesehat.* 2021;14(1):39.
8. Lindawati R. Hubungan Pengetahuan, Pendidikan dan Dukungan Keluarga dengan Pemberian ASI Eksklusif. *Faletehan Heal J.* 2019;6(1):30–6.
9. Kadir S, Irwan, Mertosono DJ. Perbedaan Pemberian ASI Eksklusif Di Tinjau Dari Pola Asuh Ibu Bekerja Dan Tidak Bekerja Di Puskesmas Kabila Bone. 2022;6:109–20.
10. Sulistyowati I, Cahyaningsih O, Alfiani N. Dukungan Keluarga dalam Pemberian ASI Eksklusif. *J SMART Kebidanan.* 2020;7(1):47.
11. Sumarni S, Oktavianisya N. Pendampingan Keluarga Dalam Memberikan Dukungan Terhadap Keberhasilan Pemberian ASI Eksklusif. *JAPI (Jurnal Akses Pengabdian Indones.* 2018;3(2):82.
12. Faizzah H, Kurniawati D, Juliningrum PP. Gambaran Faktor yang Mempengaruhi Ibu Tidak Memberikan ASI Eksklusif di Wilayah Kerja Puskesmas Cakru , Kencong ( The Factor Influencing Mother not to Provide Exclusive Breastfeeding at the Cakru Public Health Service ). 2022;10(1):32–8.
13. Masturoh I, T nauri anggita. Metode penelitian kesehatan. Kementerian Kesehatan RI; 2018. 307 p.
14. Lindawati, Sipasulta GC, I palin Y. hubungan dukungan keluarga terhadap keberhasilan ASI eksklusif pada bayi usia 6-12 bulan di Pusekesmas Muara Komam. *J Ilm Multi Disiplin Indones.* 2023;2(9):1278–85.
15. Gemilang SW. Hubungan Usia, Pendidikan dan Pekerjaan Dengan Pemberian ASI Eksklusif. *Progr Stud Kesehat Masyarakat, Fak Ilmu Kesehatan, Univ Muhammadiyah Surakarta, Surakarta.* 2020;2(1):1–22.
16. Isyti'aroh, F NN, Rejeki H. PAKET EDUKASI BREAST DAN PENGARUHNYA TERHADAP Abstrak. 2nd Univ Res Coloquium. 2015;(2011):563–9.
17. Kusumayanti N, Nindya TS. Hubungan Dukungan Suami Dengan Pemberian Asi Eksklusif Di Daerah Perdesaan. *Media Gizi Indones.* 2018;12(2):98.
18. Irianto ID, Wathan UN. Dukungan Suami Dan Keluarga Mempengaruhi Keberhasilan Asi Eksklusif Di Wilayah Kerja Puskesmas Gangga. *J Penelit dan Kaji Ilm Kesehat.* 2020;6(2):204–8.
19. Prasetio TS, Permana OR, Sutisna A. Hubungan Pengetahuan , Sikap , dan Perilaku Ibu Tentang ASI

- dengan Keberhasilan ASI Eksklusif: Puskesmas Pancalang Kabupaten Kuningan. J Kedokt Kesehat Hub. 2020;6(1):1–6.
20. Helfiva S, Fitri A, Halifah E. JIM FKep Volume V Nomor 4 Tahun 2022 DUKUNGAN SUAMI DALAM PEMBERIAN ASI H usband ' s Support In Exclusive Breastfeeding Practice JIM FKep Volume V Nomor 4 Tahun 2022. 2022;V:159–64.
  21. Wahyuni ED. Dukungan Suami Terhadap Keberhasilan Pemberian Asi Eksklusif Pada Ibu Bekerja. J Kebidanan Malahayati. 2019;5(4):299–308.
  22. Ida I, Irianto J. Pemberian Dukungan Untuk Menyusui Asi Eksklusif Enam Bulan. Indones J Reprod Heal. 2015;19–30.