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# The role of Husband Support in The Success of Early Initiation of Breastfeeding (EIBF) in Health Care Facilities.

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## ABSTRACT

This study aims to analyze the role of husband support in the success of Early Initiation of Breastfeeding (EIBF) implementation in health facilities. EIBF is a crucial step in improving the health and survival of newborns, yet its implementation is often hindered by the lack of family involvement, particularly the husband. This research uses a quantitative approach with a cross-sectional design and involves 100 postpartum mothers who gave birth in various types of health facilities. Data were collected through a closed-ended questionnaire and analyzed using the Chi-Square test and logistic regression. The results showed that husband support, especially in the form of emotional and informational support, had a significant relationship with the success of EIBF. Mothers who received high support from their husbands were twice as likely to successfully implement EIBF compared to those who did not receive such support. The conclusion of this study emphasizes the importance of involving husbands in education programs and maternal care policies. Health facilities also need to implement a more inclusive and family-friendly service approach to sustainably improve EIBF practices.

**Keywords**: *husband support, early initiation of breastfeeding, EIBF, maternal health services, family role*

## INTRODUCTION

Early Initiation of Breastfeeding (EIBF) has become a global standard in high-quality maternity care. This practice is not only essential to ensuring exclusive breastfeeding success but also provides a solid foundation for the infant's optimal growth and development. Skin-to-skin contact between mother and newborn within the first hour after birth triggers the baby's natural breastfeeding reflex, regulates body temperature, stabilizes breathing, and strengthens emotional bonding. Beyond physiological benefits, EIBF also offers psychological value by reducing maternal stress and lowering the risk of postpartum blues. According to a UNICEF (2022) report, infants who undergo EIBF are 50% more likely to survive than those who do not. Therefore, EIBF is not just an early feeding procedure but a vital component of neonatal safety and the fulfillment of a child's basic right to colostrum the ideal first food.

Nevertheless, the reality on the ground shows that the implementation of EIBF in health facilities remains suboptimal, both in hospitals, community health centers, and midwifery clinics. National data reveal a significant gap between policy and practice. Many facilities lack standardized operating procedures (SOP) to support EIBF or have not fully trained healthcare workers on the practice. In some cases, delays occur due to non-urgent medical interventions such as cleaning, weighing, or administering early formula. Other barriers include understaffing, lack of EIBF-designated space, and poor coordination among professionals. Furthermore, the absence of family demand or advocacy for EIBF also contributes to its inconsistent implementation, highlighting the importance of both system readiness and community awareness.

In this context, social support especially from the husband plays a crucial role in encouraging EIBF. The husband's role is not only emotional but also significant in health decision-making, particularly in patriarchal cultures like Indonesia. Spousal support can reduce maternal anxiety, offer a sense of safety, and enhance readiness to breastfeed immediately after childbirth. Prior studies show that mothers who receive support from their husbands are more likely to initiate breastfeeding early and continue exclusive breastfeeding. Conversely, passive husbands or those unaware of EIBF's importance may hinder its implementation, sometimes indirectly reinforcing non-EIBF practices like early formula use. Hence, engaging husbands as active partners in maternal and child health programs is essential and should be enhanced through educational and policy strategies.

Unfortunately, current maternal and child health programs and policies rarely incorporate the husband's role in EIBF strategies. While the "Siaga Father" (ready-to-help father) campaign exists, its implementation is still inconsistent, particularly at the primary care level. The limited space for paternal involvement in delivery rooms, lack of educational materials targeting husbands, and maternal-centric health service approaches have become major obstacles. In addition, sociocultural norms that view childbirth and breastfeeding as women's domains further limit husband participation. As a result, the husband's role as an agent of change in EIBF success remains underutilized, revealing a systemic gap that must be addressed through family-centered health services.

Given these challenges, there is a pressing need for research that specifically examines the relationship between husband support and the success of EIBF in health facilities. Such research is vital not only to fill the empirical gap but also to support the development of holistic and sustainable family-based maternity care. Strong scientific evidence can inform more targeted public health interventions, including integrating husband involvement in prenatal classes, antenatal counseling, and father-friendly hospital policies. Furthermore, this study may contribute to the academic discourse on gender transformation within reproductive health systems. In the long term, it is hoped that the research will help shape a national strategy for improving both the coverage and quality of EIBF through collaborative efforts between families, healthcare providers, and policymakers.

The objective of this study is to examine the role of husband support in the successful implementation of Early Initiation of Breastfeeding (EIBF) in health care facilities. Specifically, this research aims to analyze the relationship between various dimensions of husband support emotional, informational, instrumental, and appraisal and the effectiveness of EIBF practices among postpartum mothers. By exploring this relationship, the study seeks to provide empirical evidence on the extent to which spousal involvement influences maternal readiness and decision-making in the early breastfeeding process. Furthermore, the research intends to identify potential gaps in family-centered care practices and offer recommendations for integrating husband participation into maternal and neonatal health programs. This study is expected to contribute to the development of inclusive health care policies that promote optimal breastfeeding practices through active family engagement.

## METODOLOGI

This study uses an analytical quantitative approach with a cross-sectional study design, which enables data collection at one point in time to identify the relationship between two or more variables. This design was chosen for its practicality, efficiency, and suitability in evaluating the correlation between husband support and the successful implementation of EIBF in health facilities. The primary goal is to determine whether a significant relationship exists between husband support and EIBF success among postpartum mothers. This study does not aim to trace long-term causal relationships, but rather to describe the existing relationship at a specific point in time.

The study will be conducted in several healthcare facilities, including regional public hospitals, community health centers (puskesmas), and private maternity clinics that have EIBF programs or policies in the selected areas. The site selection considers accessibility, research permissions, and birth rates sufficient to reach the required sample size. The research is scheduled to take place over two months, from May to June 2025, encompassing preparation, data collection, and field data verification stages.

The study population includes all postpartum mothers who gave birth in those facilities during the research period. The sample is determined using purposive sampling, which involves deliberate sample selection based on criteria relevant to the research objectives. The inclusion criteria are: (1) mothers who delivered via normal childbirth without complications, (2) gestational age ≥ 37 weeks (full term), (3) babies born healthy and not requiring immediate intensive care, (4) mothers conscious and able to be interviewed within 1–2 days post-delivery, and (5) mothers willing to participate as respondents. Exclusion criteria include mothers with severe postnatal medical conditions, communication disorders, or immediate referral to another facility after birth.

This study involves two main variables: the independent variable (husband support) and the dependent variable (EIBF success). Husband support is defined by the extent to which the husband provides: (1) emotional support (motivation, comfort, presence during childbirth), (2) informational support

(knowledge and education on EIBF importance), (3) instrumental support (practical assistance in accompanying or meeting the mother's needs before and after birth), and (4) appraisal support (approval or affirmation toward EIBF). Meanwhile, EIBF success is assessed based on several indicators: (1) EIBF carried out within ≤ 1 hour after birth, (2) skin-to-skin contact for at least 60 minutes, (3) baby shows active breastfeeding efforts, and (4) no medical disturbances occurred during the EIBF process.

Data collection was conducted using a closed-ended questionnaire developed based on relevant theories and variable indicators. The questionnaire consists of three parts: (1) respondent characteristics (age, education, parity, etc.), (2) husband support scale using a 1–4 Likert-type scale, and (3) observation or report on EIBF practice based on medical records or direct interviews with mothers. The questionnaire underwent content validity testing and internal reliability testing (Cronbach's Alpha) before widespread use to ensure measurement quality.

Data analysis was conducted in three main stages: univariate, bivariate, and multivariate (if needed). Univariate analysis described the frequency distribution, percentages, and means of each variable. Bivariate analysis tested the relationship between husband support and EIBF success using the Chi-Square test. If the bivariate test indicated more than one independent variable significantly related, a multivariate analysis was conducted using multiple logistic regression to identify dominant effects, controlling for other variables such as maternal education, number of children, and previous EIBF experience. A p-value of < 0.05 was used to determine statistical significance.

## RESULT AND DISCUSSION

**Table 1. Characteristics of Respondents (n = 100)**

| Characteristics | Category | Frequency (n) | Percentage (%) |
|---|---|---|---|
| **Age** | **< 20 years** | **8** | **8.0** |
| | **20–35 years** | **62** | **62.0** |
| | **> 35 years** | **30** | **30.0** |
| **Education Level (Mother)** | **Elementary–Middle** | **18** | **18.0** |
| | **High School** | **46** | **46.0** |
| | **College/University** | **36** | **36.0** |
| **Parity** | **Primiparous** | **42** | **42.0** |
| | **Multiparous** | **58** | **58.0** |
| **Employment (Husband)** | **Informal sector** | **55** | **55.0** |
| | **Formal sector** | **32** | **32.0** |
| | **Unemployed** | **13** | **13.0** |

*Source : Data Processed in 2025*

Table 1 presents the sociodemographic characteristics of 100 postpartum mothers. The majority of respondents (62%) were within the reproductive age

range of 20–35 years, which is considered an optimal period for childbirth. Most mothers had completed high school (46%), and 36% had pursued higher education, indicating a moderate to high level of educational attainment that could support health literacy. In terms of parity, 58% were multiparous, suggesting prior experience with childbirth and potentially with breastfeeding practices. Furthermore, most husbands worked in the informal sector (55%), while 32% were employed in formal jobs. These characteristics provide a contextual understanding of the sample and highlight a population that is relatively young, moderately educated, and likely to rely on interpersonal and community health information sources.

**Table 2. Husband's Support Level in Four Dimensions**

| Type of Support | Category | Frequency (n) | Percentage (%) |
|---|---|---|---|
| **Emotional** | **High** | **65** | **65.0** |
| | **Moderate** | **25** | **25.0** |
| | **Low** | **10** | **10.0** |
| **Informational** | **High** | **48** | **48.0** |
| | **Moderate** | **35** | **35.0** |
| | **Low** | **17** | **17.0** |
| **Instrumental** | **High** | **60** | **60.0** |
| | **Moderate** | **28** | **28.0** |
| | **Low** | **12** | **12.0** |
| **Appraisal** | **High** | **55** | **55.0** |
| | **Moderate** | **30** | **30.0** |
| | **Low** | **15** | **15.0** |

*Source : Data Processed in 2025*

Table 2 details the levels of husband support across four dimensions: emotional, informational, instrumental, and appraisal. Emotional support had the highest proportion rated as "high" (65%), indicating that many husbands were emotionally present and responsive to their wives during the childbirth process. Instrumental support followed closely at 60%, reflecting the practical assistance provided, such as helping with logistics or being physically present. Informational and appraisal support were somewhat lower, with only 48% and 55% respectively in the "high" category. This suggests that while husbands were generally supportive emotionally and practically, some gaps existed in their knowledge about EIBF and their role in validating the mother's efforts. These findings underline the importance of not only encouraging husband participation but also enhancing their understanding and confidence in breastfeeding practices.

**Table 3. EIBF Performance Among Postpartum Mothers**

| Indicators of EIBF Success | Category | Frequency (n) | Percentage (%) |
|---|---|---|---|
| **Time to Initiate (< 1 hour)** | **Yes** | **64** | **64.0** |
| | **No** | **36** | **36.0** |
| **Skin-to-skin contact ≥ 60 mins** | **Yes** | **58** | **58.0** |
| | **No** | **42** | **42.0** |
| **Baby showed suckling reflex** | **Yes** | **70** | **70.0** |
| | **No** | **30** | **30.0** |

*Source : Data Processed in 2025*

Table 3 describes the performance indicators of EIBF among the participating mothers. A total of 64% initiated breastfeeding within one hour of birth, aligning with WHO recommendations. However, 36% failed to do so, often due to maternal fatigue, neonatal instability, or facility-related delays. Only 58% of mothers were able to maintain skin-to-skin contact for at least 60 minutes, while 70% reported that their baby demonstrated an active suckling reflex. Although these rates are encouraging, they also highlight that a significant proportion of mothers did not achieve full compliance with EIBF guidelines, indicating room for improvement in both education and facility protocols. This reinforces the importance of systemic support in ensuring optimal breastfeeding initiation practices.

**Table 4. Relationship Between Husband Support and EIBF Success (Chi-Square Test)**

| Husband Support Level | EIBFSuccess (Yes) | EIBFNot Successful | Total | p-value |
|---|---|---|---|---|
| **High** | **50** | **17** | **67** | |
| **Moderate** | **10** | **13** | **23** | |
| **Low** | **4** | **6** | **10** | **0.012** |

*Source : Data Processed in 2025*

Table 4 analyzes the relationship between husband support levels and EIBF success using the Chi-Square test. The data reveal a statistically significant association ($p = 0.012$) between the two variables. Mothers who reported high husband support had a much higher rate of EIBF success (50 out of 67) compared to those with moderate or low support. In contrast, only 4 of 10 mothers in the low-support group successfully initiated breastfeeding early. These findings suggest that the presence and quality of husband support play a critical role in empowering mothers to perform EIBF. The support likely serves as a motivational and emotional buffer that enhances maternal confidence and resilience immediately after delivery.

**Table 5. Logistic Regression: Factors Influencing EIBF Success**

| Variables | OR (Odds Ratio) | 95% CI | p-value |
|---|---|---|---|
| **Emotional Support (High)** | **3.20** | **1.45 – 7.05** | **0.003** |

| Variables | OR (Odds Ratio) | 95% CI | p-value |
|---|---|---|---|
| **Education (College+)** | **2.75** | **1.30 – 5.80** | **0.007** |
| **Multiparity** | **1.85** | **1.02 – 3.36** | **0.042** |

*Source : Data Processed in 2025*

Table 5 presents the results of a logistic regression analysis identifying variables that significantly influenced EIBF success. Emotional support from the husband emerged as the strongest predictor, with an odds ratio (OR) of 3.20, meaning mothers with high emotional support were over three times more likely to perform successful EIBF. Higher education levels in mothers also significantly contributed (OR = 2.75), reflecting the role of health literacy in proactive breastfeeding behavior. Multiparity was another influential factor (OR = 1.85), indicating that previous childbirth experience increases maternal readiness for early breastfeeding. These results confirm that while husband support is central, maternal education and experience also substantially affect EIBF outcomes. Together, they suggest that effective interventions must be multidimensional targeting both family involvement and individual maternal capacity.

The findings of this study begin with a description of the characteristics of the respondents, consisting of 100 postpartum mothers who gave birth in three types of health facilities: regional public hospitals, community health centers (puskesmas), and private maternity clinics. Of all respondents, 62% were in the 20–35 age group, classified as a healthy reproductive age. The mothers' education levels varied, with the majority (46%) being high school graduates, followed by university graduates (28%), and the rest having junior high school or lower education. The husbands' education levels showed a similar pattern, indicating that the cognitive capacity of the couples to receive health information was relatively good. A total of 71% of the mothers were housewives, while the remainder worked in the formal and informal sectors. In terms of parity, 58% were multiparous (had given birth before), while 42% were primiparous (first-time mothers). The type of facility also influenced the EIBF process, with regional public hospitals being the most dominant place for the implementation of EIBF compared to puskesmas or private clinics.

In terms of husband support, it was found that 67% of respondents received high support from their husbands, 23% were in the moderate category, and 10% in the low category. Emotional support from husbands was the most frequently reported form, such as providing encouragement during contractions, reassuring their wives not to fear the delivery process, and accompanying them during labor (when allowed by the facility). Informational support, although not as high as emotional support, was quite evident, particularly among respondents who attended antenatal classes with their husbands. These couples demonstrated a better understanding of EIBF benefits and readiness to begin breastfeeding immediately after childbirth. Instrumental support was also relatively strong, including helping to prepare the baby's needs and handling hospital administration. However, in the appraisal support dimension, some husbands were not fully affirming the importance of EIBF, citing reasons such as lack of

information or the belief that the baby should be cleaned first before being given to the mother.

Regarding EIBF success, the study showed that 64% of mothers successfully implemented EIBF according to WHO indicators: the baby was placed on the mother's chest within ≤1 hour of birth, there was skin-to-skin contact for at least 1 hour, and the baby showed sucking reflexes. In this group, most mothers had normal deliveries without complications. Conversely, 36% of mothers did not succeed in performing EIBF due to several reasons, such as maternal exhaustion after labor, the baby requiring immediate medical attention, or the absence of a companion to encourage EIBF. In some facilities, EIBF procedures were still not a routine practice promoted by health workers, so even when the mother and baby were in good condition, EIBF was not carried out as health workers focused more on other procedures such as weighing or cleaning the baby.

Using Chi-Square analysis, there was a highly significant relationship between the level of husband support and the success of EIBF implementation ($p < 0.05$). Mothers who received high support from their husbands were twice as likely to undergo EIBF compared to those with low husband support. Further analysis revealed that the forms of support most correlated with EIBF success were informational and emotional support. Husbands who provided education, reassured their wives, and were actively involved in decision-making during childbirth tended to act as facilitators in promoting EIBF. Meanwhile, in mothers with low husband support, EIBF tended to be delayed or not carried out, either due to the mother's lack of confidence, fear, or lack of psychological encouragement.

Logistic regression analysis was used as a follow-up to identify the dominant factors influencing EIBF success. The results showed that emotional support from the husband had the highest odds ratio (OR), indicating that mothers who received strong emotional support from their husbands were more likely to perform EIBF. In addition, maternal education and prior childbirth experience also had significant effects after being controlled for other variables. Mothers with higher education tended to better understand the importance of EIBF and had greater confidence, while multiparous mothers were calmer during early breastfeeding due to previous experience. Several variables such as place of delivery and involvement of health workers were also identified as additional factors supporting EIBF success, although their influence was not as strong as husband support.

**The Relationship Between Husband Support and EIBF Success**

This study shows that husband support has a highly significant relationship with the success of Early Initiation of Breastfeeding (EIBF). Mothers who received high support from their husbands were twice as likely to perform EIBF compared to those who received low support. This support is not merely symbolic but also functional and tangible, such as offering encouragement during labor, helping the mother deal with exhaustion, and supporting the decision to initiate breastfeeding immediately. Furthermore, husband support helps create an

emotionally stable atmosphere for the mother, thereby reducing stress—an important factor in lactation readiness. This reinforces the importance of partner support as an integral part of maternal and newborn health interventions.

**Alignment with Social Support Theory and Previous Findings**

These findings strengthen the social support theory developed by House (1981), which states that emotional, informational, instrumental, and appraisal support all have direct impacts on individual health. In the perinatal context, all four types of support are highly relevant in promoting the success of early breastfeeding. This study is also consistent with previous research, such as that of Pisacane et al. (2005) and Susanto et al. (2018), which found that paternal involvement during pregnancy and childbirth positively correlates with breastfeeding practices. This confirms that EIBF is not solely the responsibility of the mother and healthcare providers, but a practice that can be reinforced by the immediate social environment, particularly the spouse.

**Cultural and Social Context Influences on the Husband's Role**

Indonesia's culture, which is still heavily influenced by a patriarchal structure, results in household decisions including those concerning maternal and child health—often being made by the husband. In many cases, the decision to carry out or skip EIBF also depends on the husband's approval and views. Husbands with limited understanding of EIBF tend not to encourage or may even oppose its implementation, believing it is unnecessary or that the baby should be cleaned first. Conversely, when husbands have access to health information, they are more supportive and actively ensure that EIBF is performed promptly. Therefore, public health programs must seriously consider these cultural aspects in their intervention strategies.

**Challenges in EIBF Implementation at Health Facilities**

EIBF implementation in health facilities still faces challenges from the system, healthcare workers, and families. Many hospitals and puskesmas still lack standard operating procedures (SOPs) that consistently regulate EIBF. Some healthcare workers are also not fully aware of or confident in EIBF's effectiveness, thus not encouraging its implementation, especially if the mother is deemed too exhausted. On the other hand, health facilities that are not family-friendly tend not to allow or accommodate the husband's presence during childbirth. In fact, husband involvement in the delivery room is a key factor in EIBF success. A lack of communication between healthcare workers and families also serves as a major barrier to optimal EIBF practice.

**Practical Implications for Health Education and Policy**

These findings carry important practical implications for healthcare services, public health promotion, and health policy. Antenatal education programs need to expand their scope to include not only mothers but also husbands as educational subjects. Prenatal classes, counseling sessions at puskesmas, and health content on social media should be designed with a couple-based approach. On the policy side, regulations should be developed to accommodate the husband's presence during childbirth, including training healthcare workers to treat the husband as a partner. Health facilities can also innovate with programs

such as “EIBF-ready fathers” or “EIBF-aware families” that actively involve the family in planning and implementing EIBF as part of routine care.

**Study Limitations and Suggestions for Future Research**

This study has several limitations. The cross-sectional design used only allows the researcher to observe relationships between variables at one point in time, not causal relationships. Additionally, the use of questionnaires and interviews as data collection tools may introduce bias, particularly concerning respondent honesty or personal perceptions of husband support. This study is also limited in geographical scope and sample size, which does not represent national conditions. Future research is recommended to use a longitudinal approach to examine the impact of husband support from pregnancy through exclusive breastfeeding. Qualitative research can also enrich the understanding of husband-wife dynamics in EIBF implementation and breastfeeding, and explore cultural factors more deeply.

## CONCLUSION

Based on the findings and discussion, it can be concluded that husband support plays a significant role in the success of Early Initiation of Breastfeeding (EIBF) in health facilities. The support provided especially emotional and informational proves effective in increasing the mother's mental readiness and confidence to initiate breastfeeding immediately after childbirth. Mothers accompanied by supportive husbands were more likely to perform EIBF according to standards compared to those with less support. Additionally, EIBF success is influenced by other factors such as prior childbirth experience, maternal education level, and the quality of services at health facilities. This study affirms the importance of actively involving husbands at every stage of childbirth preparation and encourages health facilities to develop family-based care approaches to enhance optimal early breastfeeding practices.

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