



## The Role of Husbands in Supporting Breastfeeding Adequacy Among Postpartum Working Mothers Attending Darussalam Public Health Center

Mey Elisa Safitri<sup>1</sup>, Aniza Abd. Aziz<sup>2</sup>, Nurulhuda Mat Hassan<sup>2</sup>

<sup>1</sup>Faculty of Pharmacy and Health, Institut Kesehatan Helvetia, Medan, Indonesia

<sup>2</sup>Faculty of Medicine, Universiti Sultan Zainal Abidin, Kuala Terengganu, Malaysia

\*Corresponding Author: Mey Elisa Safitri

E-mail: [mevelisa@helvetia.ac.id](mailto:mevelisa@helvetia.ac.id)



### Article Info

#### Article history:

Received 27 September 2024

Received in revised form 11

December 2024

Accepted 30 December 2024

#### Keywords:

Exclusive Breastfeeding

Husband's Role

Working Mothers

### Abstract

*The WHO recommends exclusive breastfeeding for the first 6 months; however, coverage remains low, particularly among working mothers who face various challenges. Husband involvement is a key factor in breastfeeding success. To analyze the role of husbands in improving breastfeeding practices among postpartum working mothers in the working area of Darussalam Public Health Center, Medan, Indonesia. A quasi-experimental design (non-equivalent group, pre-test–post-test) was conducted from January to October 2024. A total of 140 postpartum working mothers were selected and divided into an intervention group (husbands received structured breastfeeding education with a personalized approach) and a control group (no intervention). Data were collected using structured questionnaires assessing husband's roles (attention, informational, financial, emotional support) and exclusive breastfeeding practices. Analyses included paired t-tests, independent t-tests, and Pearson correlation tests. Husband involvement significantly increased in the intervention group compared to the control group ( $p < 0.001$ ) with strong between-group differences ( $p < 0.001$ ). In the intervention group, scores for all four dimensions of husband's support were strongly correlated with exclusive breastfeeding success ( $r > 0.70$ ;  $p < 0.001$ ), while no significant correlation was found in the control group. Breastfeeding education for fathers through dedicated classes effectively enhances husband involvement in supporting exclusive breastfeeding. Integration of such programs into maternal and child health services, supported by standardized educational modules and digital media tools, is recommended to strengthen husband engagement.*

### Introduction

Breast milk is recognized as the optimal source of nutrition during the early stages of an infant's life (Hernayanti & Purnamaniingrum, 2020). It provides the complete energy and essential nutrients required during the first six months of life without the need for additional food (Katmawanti et al., 2022; Kasio et al., 2024). Exclusive breastfeeding has been identified as a key strategy to promote both infant growth and maternal health (Orisinal et al., 2024). The World Health Organization (WHO) recommends exclusive breastfeeding for the first six months of life, followed by continued breastfeeding alongside complementary foods up to two years of age or beyond (Masyudi et al., 2023).

According to the United Nations International Children's Emergency Fund (UNICEF) in 2022, only 44% of infants worldwide were exclusively breastfed for the first six months. Infants who are not breastfed have a significantly higher risk of mortality compared to those who receive exclusive breastfeeding (UNICEF, 2022). In South Asia and the Asia-Pacific region, the rates of exclusive breastfeeding remain low, at only 57% and 30%, respectively (WHO, 2023). In Indonesia, data from the Ministry of Health (2021) reported that the prevalence of exclusive breastfeeding among infants aged 0–5 months was 71.58%, showing an improvement from 69.62% in the previous year. However, this figure still does not meet the national target, and many provinces remain below the national average.

Achieving optimal exclusive breastfeeding coverage remains a challenge, and the prevalence is still far from national and global targets (Khatai & Lubis, 2024). One particularly vulnerable group is working mothers, who often face significant barriers in maintaining exclusive breastfeeding (Winarti, 2024). The limited duration of maternity leave forces many mothers to return to work before the recommended six-month period of exclusive breastfeeding ends (Febita et al., 2021; Khatai & Lubis, 2024). Time constraints, work demands, and a lack of supportive facilities at the workplace are among the most frequently cited obstacles (Winarti, 2024).

The success of exclusive breastfeeding is influenced by both internal and external factors. Internal factors include maternal knowledge, attitude, behavior, psychological, and emotional aspects. External factors include the husband's level of knowledge about exclusive breastfeeding and the extent of support he provides to the mother (Yunitasari et al., 2021; Muchsin, 2024). These factors are strongly influenced by the husband's role, which has been shown to be critical in motivating and supporting mothers to practice exclusive breastfeeding (Muchsin, 2024).

The role of husbands in exclusive breastfeeding involves providing various forms of support, including attention, informational, financial, and emotional assistance. The importance of paternal involvement during the breastfeeding period has led to the emergence of the term "breastfeeding father" (Agustina et al., 2024). A breastfeeding father refers to a husband who provides full support to his wife throughout the breastfeeding process. Such support significantly contributes to the mother's success in practicing exclusive breastfeeding; the greater the support from the husband, the higher the likelihood that the mother will successfully breastfeed her infant (Batlajery et al., 2023).

According to Ratnaningsih (2020), the low achievement of exclusive breastfeeding is partly attributed to the limited involvement of husbands in supporting their wives. Spousal support is particularly meaningful during the postpartum period, when mothers often face physical and emotional stress. In some communities, breastfeeding is still perceived solely as the mother's responsibility (Boediarsih et al., 2021). However, a father's role is crucial in enabling mothers to initiate and continue breastfeeding. In fact, husbands often have a strong influence on a mother's decision to breastfeed (Anggraini & Rohani, 2021). Despite this, many healthcare providers and maternity services fail to involve husbands directly or systematically, thereby underutilizing their potential contribution (Ningsih, 2018; Hasibuan & Boangmanalu, 2023).

Husbands play a pivotal role in alleviating the pressures faced by postpartum mothers during the breastfeeding process. Their emotional and practical support helps mothers feel secure, which in turn facilitates the hormonal responses particularly oxytocin necessary for optimal milk production (Agustina et al., 2024). When mothers feel supported, loved, and cared for, positive emotions arise that enhance oxytocin secretion and improve lactation outcomes (Agustina et al., 2024). However, many husbands still perceive themselves as passive observers in the exclusive breastfeeding process (Fitriani et al., 2023). In reality, husbands significantly influence the mother's attitudes and behaviors related to breastfeeding. Their role extends

beyond financial provision to active participation in daily routines and infant care (Milenia et al., 2022). Effective and targeted interventions should consider the husband's position as the head of the family who can champion exclusive breastfeeding practices (Rosa et al., 2022; Rosa et al., 2023).

Integrating husbands into breastfeeding interventions fosters stronger communication and mutual understanding between spouses, creating a more supportive and enabling environment for successful breastfeeding. Therefore, this study aims to analyze the role of husbands in enhancing exclusive breastfeeding among postpartum working mothers in the working area of the Darussalam Public Health Center, Medan City, North Sumatra, Indonesia.

## Methods

This study employed a quasi-experimental design using a non-equivalent group pre-test–post-test approach. The research involved postpartum working mothers residing in the working area of Darussalam Public Health Center, Medan City, North Sumatra Province, Indonesia, from January to October 2024. A total of 140 respondents were selected through purposive sampling from two health clinics under the center. The intervention group in Clinic 1, consisted of 70 mothers who received structured, personalized breastfeeding education (PBE) delivered by trained midwives during the antenatal or postnatal period. The control group from Clinic 2 consisted of 70 mothers who did not receive any breastfeeding education.

The sample inclusion criteria were: (1) postpartum mothers engaged in formal employment (having regular working hours and a direct supervisor), (2) within a maximum of six months postpartum, and (3) willing to participate as respondents. The exclusion criteria included mothers with a history of severe medical conditions, communication barriers, or unwillingness to participate.

Data were collected using validated structured questionnaires. The adequate breastfeeding questionnaire consisted of 13 items adapted from the WHO breastfeeding assessment tool (UNICEF/WHO, 2020). Responses were scored using the Guttman scale, with "Yes" responses scored as 1 and "No" responses scored as 0. The total score ranged from 0 to 13, with higher scores indicating better exclusive breastfeeding practices.

The variable of husband's role was assessed through four indicators: attention, information, financial, and emotional support. The husband's support questionnaire comprised 29 items, with each of the four indicators represented by seven items adapted from previous validated instruments (Sugiyono, 2021). Responses were measured on a five-point Likert scale: Always (score = 5), Often (4), Sometimes (3), Rarely (2), and Never (1). Each indicator had a possible score range of 7 to 35, where higher scores indicated stronger perceived husband support.

Data collection was conducted through face-to-face interviews by trained enumerators to minimize bias and ensure respondent comprehension of the questions. Data were analyzed using SPSS version 25. Statistical analyses included paired t-tests, independent t-tests, and Pearson correlation tests, with a 95% confidence level ( $p$  value  $\leq 0.05$ ).

The principal investigator obtained ethical approval from the Human Research Ethics Committee of Universiti Sultan Zainal Abidin (No: UniSZA/UHREC/2023/574). In addition, official permission was secured from institutional academic administrators and local authorities before data collection. Informed consent was obtained from all participants prior to questionnaire administration

## Result and Discussion

### Characteristics of Mothers

The characteristics of postpartum working mothers in the working area of Darussalam Public Health Center including age, education, ethnicity, occupation, type of delivery history, and maternal health status are presented in Table 1. All the p value was less than 0.05, indicating no significant association between maternal characteristics and group.

Table 1. Characteristics of the Postpartum Working Mothers

Variable		Intervention Group (n=70)		Control Group (n=70)		P Value <sup>a</sup>
		n	%	n	%	
Age	< 35 years	68	97.1	63	90.0	0.165
	≥ 35 years	2	2.1	7	10.0	
Education	Low	57	81.4	51	72.9	0.314
	High	13	18.6	19	27.1	
Ethnicity	Malay	30	42.9	28	40.0	0.049
	Non-Malay	40	57.1	42	60.0	
Occupation	Civil servant	8	11.4	10	14.3	0.801
	Private employee	62	88.6	60	85.7	
Delivery History	Vaginal delivery	59	84.3	54	77.1	0.392
	Cesarean section	11	15.7	16	22.9	
Maternal Health Status	Good	48	68.6	49	70.0	1.000
	Poor	22	31.4	21	30.0	

*Chi-square test*

### Husbands' Role in Exclusive Breastfeeding Between the Intervention and Control Groups

The differences in scores for attention, informational, financial, and emotional support related to the husband's role in exclusive breastfeeding among postpartum mothers between the intervention and control groups during the first week to the first month postpartum are presented in Table 2.

Table 2. The Mean Husband's Role Score Differences Within Group (first week vs first month postpartum)

Time Comparison	Intervention Group (n= 70)		Control Group (n= 70)	
	Mean score differences (95% CI)	P value <sup>a</sup>	Mean score differences (95% CI)	P value <sup>a</sup>
<b>Husband's Role</b>				
Attention	-8.686	<0.001	-0.029	0.159
Informational Support	-9.400	<0.001	-0.071	0.078
Financial Support	-9.286	<0.001	-0.029	0.159
Emotional Support	-9.100	<0.001	-0.086	0.057

*Paired t Test*

Based on the results presented in Table 2, husbands in the intervention group demonstrated a significant increase in scores for attention, informational, financial, and emotional support related to their role in supporting exclusive breastfeeding among postpartum mothers before and after the intervention ( $p < 0.001$ ), whereas no significant changes were observed in the control group.

Table 2. The Mean Husband's Role Score Differences Between Group (Intervention vs Control Group)

Group Comparison	Mean Score (SD)				t statistic (df)	P value <sup>a</sup>
	Intervention Group (n= 70)		Control Group (n= 70)			
<b>Husband's Role</b>						
Attention	27.76	2.422	18.71	2.549	21.516	<0.001
Informational Support	27.86	2.515	17.76	2.656	23.099	<0.001
Financial Support	27.90	2.427	17.96	2.763	22.621	<0.001
Emotional Support	27.89	2.743	18.04	3.127	19.797	<0.001

*Independent t test*

Based on the results presented in Table 2b, there were significant differences in scores for attention, informational, financial, and emotional support related to the husband's role in supporting exclusive breastfeeding between the intervention and control groups from the first week to the first month postpartum ( $p < 0.001$ ).

**Association Between Husband's Role and Adequate Breastfeeding Among Postpartum Working Mothers**

The association between the scores of husband's role and adequate breastfeeding among postpartum working mothers in the intervention and control groups is presented in Table 3.

Table 3. Association Between Husband's Role and Exclusive Breastfeeding Among Postpartum Working Mothers at First Month

Correlation between Variables		Breastfeeding Adequacy		
		n	P value <sup>a</sup>	r
Intervention Group	Attention	70	<0.001	0.792
	Informational Support	70	<0.001	0.744
	Financial Support	70	<0.001	0.753
	Emotional Support	70	<0.001	0.745
Control Group	Attention	70	0.051	0.217
	Informational Support	70	0.241	0.142
	Financial Support	70	0.103	0.197
	Emotional Support	70	0.087	0.207

*Pearson correlation test*

Based on the results presented in Table 3, there were significant associations between the dimensions of the husband's role attention, informational, financial, and emotional support and exclusive breastfeeding among postpartum working mothers ( $p < 0.001$ ). All indicators of the husband's role showed strong and positive correlations with exclusive breastfeeding, with correlation coefficients ( $r > 0.70$ ), indicating that higher levels of husband involvement were associated with higher rates of exclusive breastfeeding. These findings suggest that among mothers whose husbands received the intervention, there was a positive change in the husband's role, which in turn contributed to improved breastfeeding practices in postpartum working mothers.

Working mothers are particularly vulnerable to exclusive breastfeeding failure due to various challenges, including limited maternity leave, time constraints, demanding workloads, and the lack of breastfeeding-supportive facilities in the workplace (Bempong, 2024; Villarama et al., 2024). One of the key factors contributing to successful exclusive breastfeeding is the

involvement of the husband (Agrawal et al., 2022) and their active support (Febrianti & Bustamante, 2021). Although the husband's role is highly expected in supporting exclusive breastfeeding, the extent to which they can contribute may depend on their level of knowledge and awareness regarding breastfeeding practices (Sinaga et al., 2023; Bulemela et al., 2019; Nyanga et al., 2012 ).

The husband's role is a critical determinant in the success of exclusive breastfeeding. This study found a significant difference between the intervention and control groups, where husbands in the intervention group showed substantial improvements across four key dimensions of support attention, informational, financial, and emotional while no meaningful change was observed in the control group. These findings underscore that a husband's involvement can be one of the most influential factors in a mother's decision to initiate and continue breastfeeding. The mean scores overtime in the intervention group were also notably significant at each dimensions, unlike the control group. The introduction of a targeted intervention, namely the breastfeeding father education, which was designed to enhance the husband's role, demonstrated a positive impact on maternal breastfeeding practices (Lundquist et al., 2023). The significant improvement observed in the intervention group indicates that structured educational efforts can successfully transform husbands from passive observers into active partners in the breastfeeding process (Abageda et al., 2024). This transformation is particularly critical in the Indonesian context, where breastfeeding is still often perceived solely as the responsibility of the mother, despite the crucial support that husbands can and should provide (Mardiyaningsih et al., 2024).

The findings of this study also indicate a very strong association between the husband's role and the practice of adequate breastfeeding among postpartum working mothers. In the intervention group, all four indicators of the husband's support attention, informational, financial, and emotional were strongly correlated with adequate breastfeeding, whereas the control group showed no significant association. This suggests that the greater the husband's support in these four aspects, the higher the likelihood of successful exclusive breastfeeding among working mothers. Specifically, based on the results, husbands can provide support through expressions of attention, sharing relevant information, offering financial stability, and emotional reinforcement by giving praise, encouragement, and expressing pride in the mother's decision to breastfeed. These forms of support can significantly enhance a mother's confidence and motivation to continue breastfeeding (Pakilaran et al., 2022).

This strong association is consistent with recent studies demonstrating that spousal support contributes to breastfeeding self-efficacy, increases the duration of breastfeeding, and reduces the risk of early formula feeding. A study by Syahri et al. (2024), further confirms that husband involvement has a significant impact on exclusive breastfeeding practices, particularly among working mothers. An active husband's role in supporting the mother throughout her breastfeeding journey is essential for achieving exclusive breastfeeding (Ickes et al., 2021). The husband's proactive contribution represents a foundational step in supporting the mother's success. Ongoing support from the husband is critical when mothers feel confident and fully supported, their motivation to breastfeed is likely to increase (Agrawal et al., 2022). This is especially crucial for working mothers, who often face numerous challenges in maintaining breastfeeding. In such circumstances, the husband's encouragement becomes an essential motivational and psychological resource.

From local context, the present results are supported by a comparable study conducted by Syahri et al. (2024), which demonstrated that comprehensive spousal support significantly increases the likelihood of exclusive breastfeeding among working mothers in Indonesia. Mothers who received full support from their husbands were more likely to maintain exclusive breastfeeding compared to those without such support. Similarly, research by Sartika et al. (2024) in West Java Indonesia , confirmed the importance of husband involvement in exclusive

breastfeeding. Their findings emphasized that the husband's participation in breastfeeding planning not only encouraged mothers to continue breastfeeding but also served as a vital source of emotional and moral motivation.

The current study conducted in the working area of Darussalam Public Health Center demonstrated that the breastfeeding father intervention regular sessions, which provided structured education to husbands, significantly improved adequacy breastfeeding practices among postpartum working mothers. The intervention led to substantial increases in all four indicators of spousal support attention, information, financial, and emotional. These findings indicate that well-structured educational programs can effectively reshape husbands' perceptions and behaviors, transitioning them from passive observers to active partners in breastfeeding. This transformation is particularly significant given that many husbands traditionally perceive themselves as peripheral figures in breastfeeding, despite their vital role in ensuring its success.

## Conclusion

Husband's plays a highly significant contribution in enhancing adequate breastfeeding practices among postpartum working mothers. A structured education provided to husbands, has proven effective in improving support across four key domains: attention, informational, financial, and emotional. The strong association between husband involvement and the success of adequate breastfeeding highlights that investing in husband-focused educational interventions such as the Breastfeeding Father Class may serve as a cost-effective strategy to improve national exclusive breastfeeding coverage.

The following recommendations are proposed: (1) Integration of husband education programs into maternal and child health services at all primary healthcare facilities in Medan; (2) development of standardized educational modules for husbands on adequate/exclusive breastfeeding support; and (3) creation of digital applications or online platforms to facilitate husband-focused education and counseling on exclusive breastfeeding.

## References

- Abageda, M., Jena, B. H., & Belachew, T. (2024). Effectiveness of male partner-targeted breastfeeding education and support interventions on mothers' breastfeeding self-efficacy in central Ethiopia: a cluster-randomized controlled trial. *Scientific Reports*, *14*(1), 1–11. <https://doi.org/10.1038/s41598-024-68032-3>
- Agrawal, J., Chakole, S., & Sachdev, C. (2022). The role of fathers in promoting exclusive breastfeeding. *Cureus*, *14*(10), 1–6. <https://doi.org/10.7759/cureus.30363>
- Agustina, M., S, N. P. H., & Susanti, H. W. (2024). Hubungan dukungan suami terhadap pemberian asi eksklusif pada ibu postpartum di Posyandu Desa Simpang Sender Timur. *Midwifery Educational Research Journal*, *2*(2), 90–96.
- Anggraini, D. Cynthia, & Rohani. (2021). Peran suami dalam merawat anak pada waktu istri menyusui eksklusif Palembang Tahun 2019. *Jurnal Kesehatan Dan Pembangunan*, *11*(22), 20–25.
- Batlahjery, J., Maryanah, Hamidah, & Nurfakrohni, F. A. (2023). Hubungan dukungan suami terhadap keberhasilan pemberian asi eksklusif pada pasien post partum di Praktek Mandiri Bidan Sutjiati Kebunjeruk Jakarta Barat Tahun 2022. *Jurnal Fisioterapi Dan Kesehatan Indonesia*, *03*(01), 183–191.
- Bempong, I. B. (2024). Maternal and child health the impact of exclusive breastfeeding practices on the well-being of working mothers. *Maternal and Child Health*, *5*(6), 53–63.

- Boediarsih, Astuti, B. W., & Wulaningsih, I. (2021). Dukungan suami terhadap pemberian asi eksklusif pada ibu menyusui. *Jendela Nursing Journal*, 5(2), 74–82.
- Febita, A. H. L., Musthofa, S. B., & Handayani, N. (2021). Hubungan antara dukungan suami dan keluarga dengan pemberian asi eksklusif pada ibu pekerja sektor formal (Studi pada Wilayah Kerja Puskesmas Kebakkramat I). *Jurnal Kesehatan Masyarakat (e-Journal)*, 9(2), 251–256. <https://ejournal3.undip.ac.id/index.php/jkm%0A>
- Febrianti, S., & Bustamante, M. I. C. (2021). Husbands ' Feelings Toward Their Wives ' Breastfeeding in Public Places in Yogyakarta. *Indonesian Nursing Journal of Education and Clinic (INJEC)*, 6(2), 158–165. <https://doi.org/10.24990/injecv6i2.419>
- Fitriani, Hasan, M., Fatmawati, Lisna, & Sari, U. (2023). Hubungan dukungan suami terhadap kelancaran pemberian air susu ibu (asi) pada bayi usia 0-2 tahun di wilayah kerja upkd puskesmas paccing kecamatan awangpone kabupaten bone. *Jurnal Ilmiah Mappadising*, 5(1), 21–29.
- Hasibuan, R., & Boangmanalu, W. (2023). Pengetahuan, dukungan suami, dan peran tenaga kesehatan terhadap pemberian asi eksklusif. *Media Informasi*, 19(1), 55–61.
- Hernayanti, M. R., & Purnamaniingrum, Y. E. (2020). The relationship of health workers and family support to adequacy of breast milk in mothers who have LBW in perinatal room. *Jurnal Kesehatan Ibu Dan Anak*, 14(2), 180–185.
- Ickes, S. B., Sanders, H., Denno, D. M., Myhre, J. A., Kinyua, J., Singa, B., Lemein, H. S., Iannotti, L. L., Farquhar, C., Walson, J. L., & Nduati, R. (2021). Exclusive breastfeeding among working mothers in Kenya: Perspectives from women, families and employers. *Maternal and Child Nutrition*, 17(4), 1–14. <https://doi.org/10.1111/mcn.13194>
- Kasio, Y., Gunarmi, & Pramana, C. (2024). Dukungan sosial suami terhadap pemberian asi eksklusif di Wilayah Puskesmas Sinorang Kabupaten Banggai. *Jurnal Kesehatan Reproduksi*, 11(1), 7–12. <https://doi.org/10.22146/jkr.92510>
- Katmawanti, S., Paramita, F., Kurniawan, A., & Aflah, D. (2022). Penerapan manajemen asi eksklusif masyarakat Kelurahan Temas Kota Batu dan kepada. *PROMOTIF: Jurnal Pengabdian Kepada Masyarakat*, 3(1), 21–30. <https://journal2.um.ac.id/index.php/promotif%0A>
- Khati, S. A., & Lubis, D. S. (2024). Hubungan pengetahuan, dukungan suami dan status pekerjaan dengan pemberian asi eksklusif pada ibu memiliki bayi usia < 6 bulan di Wilayah Kerja Puskesmas Siak Hulu. *Jurnal Kesehatan Tambusai*, 4(1), 48–57.
- Lundquist, A., McBride, B. A., Donovan, S. M., & Wszalek, M. (2023). Father support for breastfeeding mothers who plan to utilize childcare: A qualitative look at Mothers' perspectives. *Appetite*, 162(2), 1–37.
- Mardiyarningsih, E., Widyawati, W., & Hapsari, E. D. (2024). Mothers' perception of husband support during breastfeeding: A qualitative study in Indonesia. *Narra J*, 4(3). <https://doi.org/10.52225/narra.v4i3.1149>
- Masyudi, M., Winandar, A., Yusuf, N., Muhammad, R., Safmila, Y., & Yusnani, R. (2023). Hubungan dukungan keluarga dengan keberhasilan pemberian Asi eksklusif di Kabupaten Aceh Besar. *Seminar Nasional Multidisiplin Ilmu*, 4(1), 8–20.
- Milenia, N. C. N., Adriansyah, A. A., Ibad, M., & Herdiani, N. (2022). Relationship of husband support with breastfeeding behavior in Health Work Area Ambon Maluku Big Water. *Medical Technology and Public Health Journal*, 6(1), 1–6. <https://doi.org/https://doi.org/10.33086/mtphj.v6i1.3230>

- Muchsin, E. N. (2024). Dukungan suami pada pelaksanaan pemberian asi eksklusif. *Health Care: Jurnal Kesehatan*, 13(7), 38–46.
- Ningsih, D. A. (2018). Dukungan ayah dalam pemberian air susu ibu. *Oksitosin: Jurnal Ilmiah Kebidanan*, 5(1), 50–57.
- Orisinal, Yasni, H., Fathimi, & Jumadewi, A. (2024). Peran suami dan keluarga dalam pemberian asi eksklusif pada ibu yang bekerja, menyusui dan memiliki bayi  $\geq 7$  bulan. *CENDEKIA : Jurnal Ilmu Pengetahuan*, 4(4), 440–445.
- Pakilaran, G. A., Rasni, H., Nur, K. R. M., & Wijaya, D. (2022). Family support on exclusive breastfeeding in babies aged 0-6 months in Indonesia : Literature review. *Nursing and Health Sciences Journal (NHSJ)*, 2(2), 6–10. <https://doi.org/10.53713/nhs.v2i2.53>
- Rosa, E. F., Estiani, M., Suparno, & Claudia, C. (2023). Dukungan suami terhadap keberhasilan menyusui pada ibu yang mengalami menyusui tidak efektif. *Jurnal 'Aisyiyah Medika*, 8(2), 15–25.
- Rosa, E. F., Rohana, I. G. A. P. D., & Ulfa, M. H. (2022). Effectiveness of exclusive breast feeding holistic education. *Rawal Medical Journal*, 47(4), 1026–1029.
- Sartika, R. A. D., Wirawan, F., Gunawan, W., Putri, P. N., & Shukri, N. H. M. (2024). Parental support and exclusive breastfeeding at 3 months in West Java, Indonesia : a mixed-methods approach. *Clinical and Experimental Pediatrics*, 67(7), 358–367.
- Sinaga, E. W., Mahyunidar, M., & Gultom, R. T. (2023). The role of the family in the success of exclusive breastfeeding. *Contagion: Scientific Periodical Journal of Public Health and Coastal Health*, 5(2), 322. <https://doi.org/10.30829/contagion.v5i2.14818>
- Sugiyono. (2021). *Metode penelitian kuantitatif kualitatif dan R&D* (2nd ed.). Alfabeta.
- Syahri, I. M., Laksono, A. D., Fitria, M., Rohmah, N., & Masruroh, M. (2024). Exclusive breastfeeding among Indonesian working mothers: does early initiation of breastfeeding matter? *BMC Public Health*, 24(1225), 1–10. <https://doi.org/10.1186/s12889-024-18619-2>
- UNICEF/WHO. (2020). *Guidelines and Tools for Monitoring Baby-Friendly Hospitals: Questionnaire for Breastfeeding Mother*.
- United Nations International Children's Emergency Fund (UNICEF). (2022). *Breastfeeding*. <https://data.unicef.org/topic/nutrition/breastfeeding>
- Villarama, J. A., Fabros, B. G., Angeles, C. I., Dela Cruz, L. M. M. V., Dela Fuente, A. V., Concepcion, E. A., Antalan, J. A. A. R., & Barcelita, K. J. C. (2024). Knowledge, practices, and constraints among breastfeeding employees towards implementation of lactation area. *Jurnal Ilmiah Ilmu Terapan Universitas Jambi*, 8(2), 794–803. <https://doi.org/10.22437/jiituj.v8i2.36402>
- Winarti, G. R. (2024). Faktor-faktor yang mempengaruhi pemberian asi eksklusif oleh ibu bekerja pada masa pandemi di Puskesmas Trowulan Tahun 2023. *Jurnal Praba: Jurnal Rumpun Kesehatan Umum*, 2(2), 141–150. <https://doi.org/https://doi.org/10.62027/praba.v2i2.334>
- World Health Organization (WHO). (2023). *Exclusive Breastfeeding for Optimal Growth, Development and Health of Infants*. <https://www.who.int/tools/elena/interventions/exclusive-breastfeeding>
- Yunitasari, E., Pringgayuda, F., & Agustanti, D. (2021). Hubungan dukungan suami dengan motivasi ibu dalam memberikan asi eksklusif di Pekon Tegalsari Wilayah Kerja Puskesmas Gadingrejo Kabupaten Pringsewu Lampung. *Journal of Current Health*

*Sciences*, 1(1), 10–13. <https://doi.org/10.47679/jchs.v1i1.1>

- Bulemela, J., Mapunda, H., Snelgrove-Clarke, E., MacDonald, N., & Bortolussi, R. (2019). Supporting breastfeeding: Tanzanian men's knowledge and attitude towards exclusive breastfeeding. *International breastfeeding journal*, 14(1), 52. <https://doi.org/10.1186/s13006-019-0244-7>
- Nyanga, N. M., Musita, C., Otieno, A., & Kaseje, D. (2012). Factors influencing knowledge and practice of exclusive breastfeeding in Nyando district, Kenya. *African journal of food, agriculture, nutrition and development*, 12(6).