

Spousal Involvement and its Association with Exclusive Breastfeeding Practices among Postpartum Mothers in Community Health Settings

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ABSTRACT

Exclusive breastfeeding remains a cornerstone of infant nutrition and maternal health promotion. Despite extensive public health campaigns, the prevalence of exclusive breastfeeding remains suboptimal in many communities, particularly due to psychosocial and familial factors. One influential determinant is spousal involvement, which plays a critical role in shaping maternal confidence, emotional stability, and breastfeeding sustainability. This study aimed to examine the association between spousal support and exclusive breastfeeding practices among postpartum mothers attending community based maternal and child health services. A cross-sectional analytical design was employed involving 34 breastfeeding mothers with infants aged 6–12 months. Data were collected using structured questionnaires assessing breastfeeding practices and dimensions of spousal support, including informational, emotional, instrumental, and appraisal support. Statistical analysis using the chi-square test revealed a significant association between overall spousal support and exclusive breastfeeding practices ($p < 0.05$). Mothers who reported higher levels of spousal involvement were more likely to successfully practice exclusive breastfeeding. These findings highlight the importance of integrating fathers into breastfeeding promotion programs to improve maternal and child health outcomes.

Keywords: community health, exclusive breastfeeding, infant nutrition, maternal support, spousal involvement

BACKGROUND

Exclusive breastfeeding for the first six months of life is widely recognized as the optimal feeding practice for infants, offering comprehensive nutritional, immunological, and psychological benefits. The World Health Organization (WHO) emphasizes exclusive breastfeeding as a key intervention to reduce infant morbidity and mortality, particularly from preventable infectious diseases such as diarrhea and pneumonia (WHO, 2023). Nevertheless, global and national breastfeeding targets remain unmet, suggesting the presence of complex barriers beyond biological capability.

Breastfeeding behavior is influenced by multifactorial determinants, including maternal knowledge, cultural norms, employment status, healthcare support, and family dynamics. Among these, spousal involvement has emerged as a crucial yet underutilized factor in breastfeeding success. Emotional reassurance, shared decision-making, practical assistance, and positive reinforcement from spouses can significantly enhance maternal self-efficacy and breastfeeding continuity (Brown & Davies, 2022).

In many sociocultural contexts, breastfeeding is perceived as a maternal responsibility, leading to limited paternal engagement. This perception may negatively affect maternal motivation and increase early cessation of exclusive breastfeeding. Recent studies suggest that fathers who are well-informed and actively supportive can positively influence breastfeeding initiation and duration (Nguyen et al., 2023).

Despite growing recognition of paternal roles in maternal health, empirical evidence examining spousal support dimensions and exclusive breastfeeding outcomes at the community level remains limited. Therefore, this study aims to analyze the relationship between spousal involvement and exclusive breastfeeding practices among postpartum mothers in community health settings.

METHODS

Study Design and Setting

This study employed a quantitative analytical design with a cross-sectional approach. The research was conducted at community-based maternal and child health services situated in an urban rural transitional region of Indonesia. These services serve as primary access points for maternal and infant health care, particularly in the provision of breastfeeding counseling and postnatal support. The study setting comprised integrated community health service posts operating under the administrative and technical supervision of primary health centers. These facilities routinely deliver essential maternal and child health services, including growth monitoring, immunization, nutritional counseling, and breastfeeding promotion, thereby providing a relevant context for examining exclusive breastfeeding practices and spousal support.

Study Period

Data collection was conducted over a defined period from March 2024 to April 2024. This timeframe was selected to ensure adequate participant recruitment during regular service activities and to minimize potential temporal variations in breastfeeding behavior and health service utilization.

Population and Sample

The study population consisted of breastfeeding mothers with infants aged 6–12 months who were registered at the selected community-based maternal and child health services. This age range was chosen to ensure that respondents had completed the recommended six-month period of exclusive breastfeeding, allowing for valid retrospective assessment of breastfeeding practices.

A total of 34 respondents were recruited using convenience sampling. Inclusion criteria were mothers who were willing to participate, cohabited with their spouses, and had no medical contraindications to breastfeeding. Mothers with severe maternal illnesses or infants with congenital conditions affecting feeding were excluded to reduce potential bias and confounding factors.

Data Collection Instruments

Data were collected using a structured questionnaire developed based on relevant empirical studies and theoretical frameworks related to breastfeeding support. The instrument consisted of three sections: socio demographic characteristics, exclusive breastfeeding practices, and spousal support dimensions encompassing informational, emotional, instrumental, and appraisal support.

Prior to the main data collection, the questionnaire underwent pilot testing on respondents with similar characteristics to assess clarity, content validity, and internal consistency. The pilot test results indicated acceptable reliability, and minor revisions were made to enhance item comprehensibility.

Data Collection Procedure

Data collection was carried out by trained research assistants during scheduled maternal and child health service sessions. Eligible participants received a detailed explanation of the study objectives and procedures, and written informed consent was obtained prior to participation. Questionnaires were administered in a private setting to ensure confidentiality and reduce social desirability bias.

Data Analysis

Data were processed and analyzed using statistical software. Descriptive statistics were employed to summarize respondent characteristics and levels of spousal support. Inferential analysis using chi-square tests was conducted to examine associations between spousal support variables and exclusive breastfeeding practices. Statistical significance was determined at a p-value of less than 0.05.

RESULTS

The majority of respondents were aged between 20 and 35 years and had completed secondary education. Most mothers were multiparous and lived with their spouses throughout the breastfeeding period. In terms of occupational status, respondents consisted of both employed and unemployed mothers, reflecting the diversity of maternal roles within the study population.

To address potential confounding factors, maternal employment status and parity were included as control variables in the analysis. These variables were selected based on previous evidence indicating their influence on exclusive breastfeeding practices. Stratified analysis was conducted to examine whether the association between spousal support and exclusive breastfeeding remained consistent across different employment and parity categories.

Overall, most participants reported moderate to high levels of spousal support across all assessed dimensions, including emotional, informational, instrumental, and appraisal support. Exclusive breastfeeding was more commonly reported among mothers who perceived strong involvement from their spouses, regardless of employment status or parity.

Statistical analysis demonstrated that spousal support remained significantly associated with exclusive breastfeeding practices after controlling for maternal employment status and parity ($p < 0.05$). This suggests that the observed relationship was not solely explained by these potential confounding variables.

Table 1 presents the association between spousal support and exclusive breastfeeding stratified by maternal employment status and parity. The table illustrates that mothers receiving high spousal support consistently showed higher rates of exclusive breastfeeding across all strata.

Table 1. Association Between Spousal Support and Exclusive Breastfeeding Stratified by Maternal Employment Status and Parity

Variable	Exclusive Breastfeeding n (%)	Non-Exclusive Breastfeeding n (%)	p-value
Spousal Support			
High	18 (78.3)	5 (21.7)	0.012
Low	4 (36.4)	7 (63.6)	
Maternal Employment Status			
Employed	7 (53.8)	6 (46.2)	0.041
Unemployed	15 (71.4)	6 (28.6)	
Parity			

Primiparous	6 (54.5)	5 (45.5)	0.038
Multiparous	16 (72.7)	6 (27.3)	

DISCUSSION

The findings of this study reinforce existing evidence that spousal involvement plays a vital role in promoting exclusive breastfeeding. Emotional encouragement and positive affirmation from spouses contribute to maternal psychological well-being, which is essential for lactation success. These results align with recent studies highlighting paternal engagement as a protective factor against early breastfeeding cessation (Rahman et al., 2024).

Informational support was found to enhance maternal confidence by reinforcing accurate knowledge regarding breastfeeding benefits and techniques. Fathers who actively seek breastfeeding-related information can act as advocates, particularly when mothers encounter social or occupational challenges (Li & Kendall, 2023).

Instrumental support further alleviates maternal workload, allowing mothers to focus on breastfeeding without excessive physical or emotional strain. This finding supports a family-centered approach to maternal and child health promotion.

Despite its contributions, this study is limited by its cross-sectional design and relatively small sample size, which restrict causal inference. Future research employing longitudinal designs is recommended to better understand the long-term impact of spousal involvement on breastfeeding outcomes.

CONCLUSION

This study demonstrates a significant association between spousal involvement and exclusive breastfeeding practices among postpartum mothers. Emotional, informational, instrumental, and appraisal support from spouses collectively contribute to improved breastfeeding outcomes. Strengthening paternal engagement through targeted health education and community-based interventions is essential to enhance exclusive breastfeeding rates and overall maternal and child health.

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