



Husband Support and Coping Stress on Exclusive Breastfeeding in Primipara

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Abstract

Breastfeeding is the best strategy to ensure optimal growth and development for infants. Social support, fatigue, and stress are the main factors that hinder breastfeeding for primiparous mothers. This cross-sectional study analyzes husband support and coping stress of exclusive breastfeeding for primiparous mothers with a quantitative approach. The samples were 70 respondents taken with a total sampling technique. The research instruments were the husband support questionnaire and coping strategies inventory. The researchers analyzed the data with chi-square and multiple logistic regression. The results found 48 (68.5%) mothers with excellent husband support and exclusive breastfeeding. Meanwhile, mothers with excellent husband support but without exclusive breastfeeding were 18 respondents (25.71%). The results of statistical tests with a significance level of 5% obtained a sig value (p-value) of husband support ($p=0.002$) and coping stress $p=0.000$. The result indicates a correlation between husband support and coping stress on exclusive breastfeeding with OR value = (3.667). On the other hand, mothers with excellent husband support could provide exclusive breastfeeding 4 times higher than those with poor husband support. Husband support and coping stress affect exclusive breastfeeding of primiparous mothers in the employed area of Puskesmas Dinoyo Malang City. Coping stress is the dominant factor influencing exclusive breastfeeding in primiparous mothers in the employed area of Puskesmas Dinoyo Malang City. The research recommends public health centers improve programs that support maternal care in helping to improve skills in managing stress, on exclusive breastfeeding both at the public health center, the integrated public health service, and the auxiliary health center.

Keywords: Exclusif Breastfeeding, Coping Stress, Husband Support, Primipara.

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1. INTRODUCTION

Breast milk is an essential and dominant nutrient for infants in early life. Breastfeeding is the best strategy to provide necessities for infant growth and development (Nurek et al., 2021). Breastfeeding for six months to two years to reduce morbidity and mortality (Sukatin et al., 2022). Exclusively breastfed infants only receive breast milk without other meals or fluids (Nurek et al., 2021). Exclusive breastfeeding has an impact on the emotional relationship between infants and mothers (Kementerian Kesehatan Republik Indonesia, 2022).

Primiparous mothers experience barriers that can prevent them from exclusively breastfeeding, including lack of knowledge, difficulty with breastfeeding techniques, milk production, social support, and fatigue (Fukui, et al., 2021). Primiparous mothers also feel anxious and uncertain about their capability to breastfeed and correct breastfeeding techniques (Hörnell et al., 1999). These situations may influence mothers' confidence including interfering the breastfeeding. Primiparous mothers are often worried that the baby lacks nutritional intake from breast milk. They are also worried and may feel unable to provide adequate care for the babies, such as suffering from underweight (Goger et al., 2020). Primiparous mothers feel uncomfortable when breastfeeding in public because they will be visible from the crowd. The mothers may also find this situation could lead to public judgment toward their breastfeeding capability. Some mother may find it inconvenient to expose their body parts which are different from their young ages. This situation may influence their confidence in breastfeeding (Hauck et al., 2021). Breastfeeding may burden the thoughts of mothers; make them feel fatigued and worried about their physical and emotional fatigue management and interrupt their sleeping quality (Ahmad et al., 2022).

WHO explains the achievement of breastfeeding coverage in the world was 40% in 2022 and is targeting 70% by 2030 (World Health Organization, 2021). Exclusive breastfeeding coverage in Indonesia, based on the Ministry of Health in 2021, reached a percentage of 56.9%. The data also shows that West Nusa Tenggara Province reaches the highest rank with a coverage percentage of 82.4% while the lowest is Maluku at 13% (Kementerian Kesehatan Republik Indonesia, 2022). In Eastern Java, breastfeeding coverage in 2020 reached 79%. The other finding found the breastfeeding coverage percentage in Malang, 2022, was 76.96%. Of this percentage, Dinoyo Health Center had the lowest breastfeeding coverage percentage, 51.18% (Dinas Kesehatan Kota Malang, 2022).

The low coverage may influence both babies and mothers because babies without low breastfeeding coverage may suffer from unstable physical and mental conditions (childbirth trauma), and prevention of ovarian and breast cancer. The trauma of childbirth tends to be greater in primiparous mothers than in other mothers due to swollen and painful breasts, sticky-sensation nipples, and decreased milk production. In addition, primiparous mothers also tend to experience fatigue due to a lack of rest and sleep (Oktafia & Deviana, 2021).

The affected mental state in mothers requires emotional support from the closest person (husband), both emotional support and informational support (Darwiche et al., 2019). This support can relieve the stress level of primiparous mothers so they can be more motivated and feel confident to provide exclusive breastfeeding. However, the high stress level of these mothers may decrease exclusive breastfeeding (Choiriyah & Yudi, 2022). Therefore, primiparous mothers must receive effective coping stress strategies such as getting support from partners, and family, maintaining rest patterns, and attending educational programs of breastfeeding to obtain information (Corby, Kane, & Dayus, 2021). On the other hand, mothers' stress management capability also influences their success and so does the support of the husband. This involvement could improve the quality of breastfeeding and the success of exclusive breastfeeding (Durmazoğlu et al., 2021).

Based on this exposure, the basis for conducting the following research is on the impact of husband support and coping stress on exclusive breastfeeding in primiparous mothers. The purpose of this study was to analyze the relationship between husband support and coping stress on exclusive breastfeeding for primiparous mothers.

2. RESEARCH METHOD

The cross-sectional research took 70 primiparous mothers as the samples with a total sampling technique. The research site was in the performance area of the Dinoyo Health Center in Malang City and was conducted from January 2024 to March 2024. The inclusion criteria are postpartum mothers with exclusive breastfeeding for their babies aged between 6 and 24 months; and mothers with excellent physical and mental health. The applied research instruments were: the PSQI (the Pittsburgh Sleep Quality Score) consisting of 10 items with a Guttman scale (Shahid et al., 2012; Tobbak et al., 2017; Burta, 2018), the husband-support questionnaire consisting of 10 items with a Guttman scale (Wahyuningsih & Machmudah, 2013; Wulandari & Winarsih, 2023; Hani, 2020), the coping strategy inventory consists of 10 items with a Guttman scale, and the exclusive breastfeeding questionnaire consists of one question with a Guttman scale (Bella, Wardhani & Indrawan, 2023). The Cronbach alpha scores of each instrument are consecutively 0.63, 0.60, and 0.9.

The researchers analyzed the univariate, bivariate, and multivariate data. The univariate analysis deals with the frequency distribution; bivariate analysis with Chi-square correlation analysis, and multivariate with multiple logistic regression to examine the influence. This research granted the ethical feasibility of the health research ethics commission of the Faculty of Medicine, Brawijaya University No. 7923/UN.10.F08.14.21/PP/2023.

3. RESULTS AND DISCUSSION

Table 1. The Analysis results of respondent characteristics at the Dinoyo Public Health Center

Variable	Frequency (f)	Percentage (%)
Age		
At risk (<20 and >35 y.o)	1	1,4%
No risk (20-35 y.o)	69	98,6 %
Education		
High	59	82,3%
Low	11	17,7%
Job		
Unemployed	54	77,1%
Employed	16	22,9%
Husband Support		
Poor	4	5,7%
Excellent	66	94,3%
Coping stress		
Poor	19	27,1%
Excellent	51	72,9%
Exclusive Breastfeeding		
Not Exclusive	22	31,4%
Exclusive	48	68,6%

Table 1 confirms that most respondents are not at risky ages, 69 respondents (98.6%). On the other hand, the table shows only 1 respondent at risky age level, between 25 and 35 years old, 1.4%. The highest maternal education was observable on 59 respondents (82.3%) while

the lowest maternal education was observable on 11 respondents (11.7%). The table shows 54 unemployed mothers (77.1%) while 16 mothers are employed, 22.9%. The table also shows excellent husband support for breastfeeding in 66 respondents, (94.3%) while only 4 mothers received poor husband support, (5.7%). 51 respondents or 72.9% have excellent maternal coping stress against the exclusive breastfeeding problem. 19 respondents of 27.1% have poor maternal coping stress against exclusive breastfeeding problems. A total of 48 respondents (68.6%) provided exclusive breastfeeding and only 22 respondents (31.4%) did not.

Table 2. Bivariate analysis of husband support and primipara exclusive breastfeeding at the Dinoyo Primary Health Center

Husband Support	Not Exclusive		Exclusive		Total	p-value*	OR	95% CI Lower- upper
	n	%	n	%				
Poor	4	18,2	0	0	4	0,002	3,667	2,473-5,437
Excellent	18	81,8	48	100	66			
Total	22	100	48	100	70			

The table shows 48 mothers (100%) with excellent husband support and exclusive breastfeeding provision. 18 mothers, 81.8%, have excellent husband support but without exclusive breastfeeding. The significant statistic test, at the 5% level, obtains a p-value of 0.002, lower than 0.05. The result indicates an effect of the husband's support on exclusive breastfeeding with the OR value = (3.667). The interpretation of the table is mothers with optimal husband support tend to provide exclusive breastfeeding 4 times greater than those with poor husband support.

Table 3. Bivariate analysis coping stress and primipara exclusive breastfeeding at the Dinoyo Primary Health Center

Coping stress	Not Exclusive		Exclusive		Total	p-value*	OR	95% CI Lower- upper
	n	%	n	%				
Poor	19	86,4	0	0	19	0,000	17,000	5,671-50,959
Excellent	3	13,6	48	100	51			
Total	22	100	100	100	70			

Table 3 shows 48 mothers, 100%, with excellent coping stress and exclusive breastfeeding. On the other hand, 3 mothers, 13.6%, and mothers with excellent coping stress but not exclusive breastfeeding were 3 respondents (13.6%). The finding of statistical testing with a 5% significance scale obtains a p-value of 0.000 lower than 0.05. The result shows the correlation between coping with stress and exclusive breastfeeding. The OR value = (17.000) indicates mothers with excellent coping stress provide exclusive breastfeeding 17 times higher than those with poor coping stress.

Table 4. The multivariate analysis logistic regression

Variable	p-value*	B-value	OR	(95% CI)	
				Lower	Upper
Husband Support	0,004	4,975	13,532	-3,6976	3,6632
Coping stress	0,000	6,446	17,522	1,5654	8,3853
Constanta	-8,037				

Table 4 shows the variables of husband support and coping stress have a significant effect on exclusive breastfeeding in primiparous mothers at the Dinoyo Health Center area. This is confirmed by the p-value of husband support (0.004), and coping stress (0.000) $< \alpha$ (0.05). The

table shows the p-value of the coping stress is 0.000 lower than 0.05. The result indicates coping stress dominantly influences exclusive breastfeeding at the Dinoyo Public Health Center in Malang. The evidence is the sig-value of 0.000 and OR-value of 17.522.

DISCUSSION

Influence of Husband Support with Exclusive Breastfeeding in Primipara

Husband support is defined as a caring attitude that is intended to foster excellent cooperation. Husband support is a clause of mutual help and has a special value for the wife as a sign of a close bond. Husband support can be in the form of psychological help in the form of motivation, attention, and material support, supporting the wife by helping directly or providing several facilities to facilitate the wife's activities and reduce maternal stress because lack of husband support is a risk factor for postpartum anxiety and depression (Darwichea et al., 2019).

The test results show that the research hypothesis is accepted or there is a relationship between husband support and exclusive breastfeeding in primiparous mothers. Optimal husband support is associated with increased exclusive breastfeeding, the higher the level of husband support, the higher the likelihood of primiparous mothers providing exclusive breastfeeding. This study is in line with previous research which confirms that the husband's positive attitude towards breastfeeding greatly influences the mother's intention for exclusive breastfeeding (Gebremariam et al., 2021). Mothers who feel that their partners support breastfeeding tend to stop breastfeeding less when compared to mothers who feel that their partners are hesitant to support breastfeeding. In addition, the husband's physical and emotional support for his partner has a positive impact on exclusive breastfeeding, therefore involving the husband in breastfeeding is very supportive of the success of exclusive breastfeeding. A significant relationship was also suggested in a previous study that the influence of attitudes and support as well as the involvement of husbands/partners in maternal behavior in exclusive breastfeeding is very necessary to make decisions to continue exclusive breastfeeding after childbirth (Han et al., 2023).

Research on family support found that husband support has an important role in exclusive breastfeeding in the form of knowledge, positive attitudes, involvement in decision-making, practical support, and emotional support for exclusive breastfeeding. Husband support can escalate the mother's motivation and confidence in exclusive breastfeeding for infants and the success of exclusive breastfeeding practices. Another study found that family support and husband support simultaneously influenced exclusive breastfeeding (Marks et al., 2018)

In Minangkabau families, mothers have an important role in deciding on exclusive breastfeeding, and husband support is a crucial aspect of the process of supporting exclusive breastfeeding. The results of the study are also related to those revealed in the study that when pregnant women and husbands agree on exclusive breastfeeding until the age of 6 months, the baby will likely receive breast milk longer, this shows that the support of the spouse in supporting the mother's intention to provide exclusive breastfeeding, so that the agreement of the husband and wife regarding the intention to provide breast milk can increase the initiation and duration of exclusive breastfeeding (Marks et al., 2018).

In the research area at the Dinoyo Health Center in Malang City, it can be concluded that the presence of a husband's support, especially support in the form of assessment or appreciation, can cause breastfeeding mothers to feel more valued, listened to and given more attention at home setting. This situation positively influences the practice of exclusive breastfeeding on infants.

The Effect of Coping Stress with Exclusive Breastfeeding in Primipara

Coping stress is a strategy used by breastfeeding mothers to overcome stress during exclusive breastfeeding because the breastfeeding process can be stressful and challenging for primiparous mothers, especially those with first-time breastfeeding process experience. An individual with stress management requires some steps to relieve the negative consequences of the breastfeeding process (Shiraishi et al., 2020).

The partial test results confirmed that the stress-coping variable had a significant impact on the exclusive breastfeeding variable of primiparous mothers. Swastiningsih, (2014) also found the mother's capability to cope with stress during breastfeeding influenced exclusive breastfeeding. Thus, mothers must manage their stresses effectively to provide excellent exclusive breastfeeding for babies.

Another study also found the influence of maternal stress toward the stopped exclusive breastfeeding in primiparous mothers. Therefore, effective techniques are important to provide exclusive breastfeeding. Examples of the strategies include mental and emotional preparations by organizing a breastfeeding schedule, seeking information to overcome problems for employed and unemployed mothers, seeking emotional support from spouses, family, and friends by sharing the encountered problems, and maintaining a balance between profession and private life to realize mental health and exclusive breastfeeding provisions (Islami et al., 2021).

Research also found that high levels of stress in the postpartum period could increase the risk of early termination of exclusive breastfeeding. Stress can also affect the level of confidence in breastfeeding by decreasing oxytocin release, interfering with the milk ejection reflex, and lowering confidence in breastfeeding. In this study coping stress management was carried out by providing education to pregnant women and postpartum women regarding exclusive breastfeeding, informing mothers about physical and mental changes after childbirth, helping mothers plan for childbirth properly, providing education related to the essence of exclusive breastfeeding, breastfeeding techniques, and the benefits of breast milk for mothers and babies, overcoming problems while breastfeeding, relieving the stress and anxiety of mothers to breastfeed, providing emotional support to help mothers feel heard, understood and supported, and providing positive encouragement for the continuity of exclusive breastfeeding in primiparous mothers (Azizi et al., 2020).

In the research area at Puskesmas Dinoyo Malang City, excellent maternal coping stress has a positive impact on breastfeeding mothers. Mothers with effective coping stress strategies tend to excellently cope with stress in breastfeeding. Effective coping can help mothers stay calm, focused, and motivated to continue to provide exclusive breastfeeding. Adjusting to a new role as a mother and finding ways to cope with stress could facilitate the adaptation of the mothers to the breastfeeding demand.

The most influential coping stress and emotional support on exclusive breastfeeding among primipara

The results of the last multivariate test show the most influential variable toward exclusive breastfeeding at the Dinoyo Health Center in Malang City, namely coping stress. The findings of partial testing confirmed that coping stress had a significant impact on exclusive breastfeeding in primiparous mothers. Then, the coping stress variable has an odds ratio value of 17.522, so the chances of mothers with excellent coping stress tend to provide exclusive breastfeeding to primiparous mothers in the working area at the Dinoyo health center are 17.522 times greater than those with poor coping stress.

The following study found the influence of psychological stress and anxiety during breastfeeding on mental well-being and exclusive breastfeeding administration. Thus, mothers

must manage problems in breastfeeding effectively (Nagel et al., 2023). Therefore, primiparous mothers must have effective coping strategies in managing stress such as seeking social support, namely many experiences and feelings of the closest people or maternal support groups that provide channels to reduce stress and improve psychological well-being, relaxation techniques such as meditation, deep breathing or yoga can relieve the stress of breastfeeding mothers, maintaining a balanced life and paying attention to other aspects such as adequate sleep, healthy diet and regular exercise, and managing time so that mothers could focus on providing exclusive breastfeeding. By applying effective coping stress strategies, mothers can increase their ability to provide exclusive breastfeeding. The evidence is the OR result for emotional support, 17.522.

Emotional support, namely emotional support from husbands can relieve stress in mothers. The evidence is the OR value, 13.532. This situation could increase milk production, positive mood, and psychological support; and assist mothers to feel relaxed and comfortable in breastfeeding. Mothers also need instrumental support, namely helping with household tasks, caring for babies, or giving mothers time to rest can help relieve the mother's workload so that the mothers can focus on breastfeeding. The other support could be informational from the husband to provide knowledge of the benefits of breast milk, correct breastfeeding techniques, and breastmilk management solutions. These matters influence breast milk production. Excellent knowledge can help mothers understand exclusive breastfeeding effectively. Excellent knowledge could also help primiparous mothers feel more confident, comfortable, and motivated to continue providing exclusive breastfeeding to their babies (Pratiwi et al., 2022).

Counseling and psychological support are important to assist mothers in overcoming stress and anxiety in breastfeeding. Providing resources for relaxation techniques such as deep breathing can help mothers overcome stress at the Public Health Center so that primiparous mothers can reach out and obtain optimal results. Supporting mothers' ability to manage stress effectively can influence primiparous mothers' success in exclusively breastfeeding their infants, which can improve the health and well-being of both mothers and their children.

4. CONCLUSION

Husband support and coping stress affect exclusive breastfeeding of primiparous mothers in the Employeding area of Puskesmas Dinoyo Malang City. Coping stress is the dominant factor influencing exclusive breastfeeding in primiparous mothers in the Employeding area of Puskesmas Dinoyo Malang City. The research recommendations are that it is hoped that the public health center will improve programs that support maternal care in helping to improve skills in managing stress, on exclusive breastfeeding both at the public health center, the integrated public health service, and auxiliary health center so that it can run according to the ministry of health program evenly. Public health centers must improve the husband support for primiparous mothers to share experiences and prenatal counseling related to exclusive breastfeeding especially the emotional support. Thus, they can help mothers understand and anticipate sources of stress and strategies to manage them. A need for postpartum counseling that focuses on stress management, sleep quality, and husband support is important to support the mother's mental health. These efforts are useful to improve the breastfeeding process smoothly. Support from health workers and the surrounding environment is important in facilitating primiparous mothers in providing exclusive breastfeeding.

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