

Husband's Support on the Success of Exclusive Breastfeeding: A Phenomenological Study

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Abstract

Exclusive breastfeeding plays vital role in supporting infants' physical growth, cognitive development, and immunity against infectious diseases. Despite its well-documented benefits, the prevalence of exclusive breastfeeding in Indonesia remains relatively low, partly due to inadequate family support, particularly from husbands. Husband involvement is a critical factor influencing the success of exclusive breastfeeding. This research aimed to explore the meaning and lived experiences of husbands in supporting exclusive breastfeeding. A qualitative study with a phenomenological approach was conducted, involving ten couples who had completed the exclusive breastfeeding period. Participants were selected through purposive sampling. Data were collected using in-depth interviews, field notes, and audio recordings. To ensure rigor and trustworthiness, the study applied criteria including credibility, transferability, dependability, confirmability, and reflexivity. Data analysis was conducted by thematic analysis, resulting in four key themes: 1) instrumental support; 2) appreciation support; 3) financial support; and 4) emotional support. The study recommends the development of a father-focused breastfeeding education program that emphasizes emotional, instrumental, financial, informational, and appreciation support. Such a program, delivered through workshops, peer discussions, or digital media, has the potential to reduce maternal stress, facilitate daily breastfeeding practices, enhance mothers' knowledge and confidence, and promote shared childcare responsibilities. Tailoring the program to family dynamics and cultural contexts ensures it is culturally sensitive and effective in strengthening fathers' involvement.

Keywords: *exclusive breastfeeding; husband support; phenomenological approach*

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1. Introduction

Breast milk is the best source of nutrition for infants from birth to six months. The national target for exclusive breastfeeding coverage is set at 50% (World Health Organization & United Nations Children's Fund (UNICEF), 2021). However, the national achievement remains far below this target, reaching only 30.32% (Kementrian Kesehatan, 2023). This indicates a substantial gap between the expected target and the actual coverage. In contrast, the Special Region of Yogyakarta (DIY) has reached a coverage rate 67.96%, surpassing both the national target and average (Kementrian Kesehatan, 2023). At the district/city level, the coverage is 84% in Kulonprogo, 83.3% in Bantul, 79.6% in Gunung Kidul, 87.3% in Sleman, and 76.8% in Yogyakarta Municipality (Dinkes Propinsi DIY, 2022). Although Yogyakarta Municipality recorded the lowest achievement in the province, its rate remains significantly higher than the national figure.

This disparity highlights the need to strengthen strategies to achieve more equitable improvements in exclusive breastfeeding coverage across Indonesia. Local achievements also suggest that, beyond maternal efforts, paternal involvement plays an important role. Fathers' support through emotional, informational, and practical assistance has been shown to significantly influence breastfeeding success (Gebremariam et al., 2024; Sartika et al., 2024; Zeng et al., 2024). Therefore, integrating paternal engagement into breastfeeding programs may therefore be key to sustaining and expanding exclusive breastfeeding coverage.

Exclusive breastfeeding is essential for infants because it provides bioactive components that strengthen the immune system and protect against infection and disease during the early life, when the immunity is not yet fully developed. In addition, fatty acids in breast milk also play a role in physical growth and brain development (Kemenkes RI, 2021). Several studies have consistently shown

the health risks associated with the absence of exclusive breastfeeding, including a 3.94 times greater risk of death due to diarrhea, higher susceptibility to gastrointestinal and respiratory infections, and long-term risks such as obesity, allergies, asthma, eczema, malnutrition, and suboptimal brain development (Pérez-Escamilla et al., 2023). Other researches emphasize the long-term protective effects of exclusive breastfeeding, including higher intelligence levels and a reduced risk of diabetes mellitus and obesity later in life (Russell & King, 2025; Sistiarani et al., 2024).

The World Health Organization and UNICEF have set global targets for 2030, including 80% coverage for early breastfeeding initiation, 80% for exclusive breastfeeding, and 90% for continued breastfeeding. International commitment is further reflected in World Breastfeeding Week with the global theme "Sustaining Breastfeeding Together", which advocates collective action to support breastfeeding sustainability for a healthier future generation (World Health Organization & United Nations Children's Fund (UNICEF), 2021). While these efforts emphasize the global importance of breastfeeding, previous studies have predominantly focused on maternal behavior and infant outcomes, with limited attention given to the role of fathers. This gap indicates the need for further research and the development of father-focused education programs to strengthen family-based support for exclusive breastfeeding.

In Yogyakarta, efforts to increase exclusive breastfeeding coverage include promotion and counseling programs, updating counselors' knowledge, enforcing regional regulations, and monitoring and evaluating 10 Village Community Resilience Institutions in hospitals or clinics. These activities involve cross-program collaboration, professional organizations, expert speakers, mother-and-toddler classes, and support groups for mothers (Dinkes Propinsi DIY, 2022). However, these initiatives have not fully involved families particularly husbands despite the fact that their knowledge, attitudes, and support are strongly associated with breastfeeding success (Batlajery et al., 2023; Zeng et al., 2024). Husband's support also influences the psychological well-being of mothers, which in turn affects oxytocin release and breast milk production (Qin et al., 2024). Nevertheless, existing studies rarely examine the cultural and social factors that shape husband's role. Cultural norms, gender expectations, and family structures often determine the extent of husbands' involvement in breastfeeding support (Mardiyaningsih et al., 2024; Siregar et al., 2022).

The success of exclusive breastfeeding is determined by both internal maternal factors and external factors, particularly family support, especially from husbands. Husbands' knowledge, attitudes, and roles are significantly related to the

success of exclusive breastfeeding (Zeng et al., 2024). Husband support is a vital determinant of the success or failure of breastfeeding. Husband support is a critical determinant of breastfeeding of outcomes, as it contributes to mother's emotional well-being and facilitates the production of breast milk. The concept of "breastfeeding father", a father who supports the breastfeeding mother, is important for breastfeeding mothers so that they can breastfeed comfortably and optimize milk production (Batlajery et al., 2023). Husband's support affects the psychological condition of the mother which has an impact on the success of breastfeeding.

The husband is a supporting factor for the emotional and psychological state of breastfeeding mothers. 80%-90% of breast milk production is determined by the emotional state of the mother which is related to the oxytocin reflex which affects feelings of comfort, calmness, and happiness which stimulate the smooth flow of breast milk (Qin et al., 2024). However, there are differences in the role of husbands in providing support for the success of exclusive breastfeeding practices. As a matter of fact, the role of husbands in supporting breastfeeding is still minimal. One of the reasons is because culturally there is a distinction of roles, namely the husband as the breadwinner and all household matters belong to the wife's responsibility. There is an assumption that breastfeeding is the mother and baby's business, while the husband is only a passive observer (Febiani et al., 2021; Yusuf et al., 2024). Consequently, many husbands are less aware of the importance of "breastfeeding fathers" in determining the success of breastfeeding. In contrast, mothers who feel cared for and loved by their husbands will feel comfortable and happy. This feeling of happiness will trigger the hypothalamus to stimulate the production of oxytocin which affects the smooth production of breast milk and the success of breastfeeding (Zeng et al., 2024). This study highlights that fathers play a vital role in the success of exclusive breastfeeding through knowledge, attitudes, and emotional support (Batlajery et al., 2023; Zeng et al., 2024). Beyond practical support, cultural and social factors strongly shape how fathers engage in childcare. Evidence from different contexts shows that fathers are willing to be more actively involved but are often constrained by traditional norms and limited inclusion by health professionals (Hamnøy et al., 2025; Pereira et al., 2024). By exploring fathers' lived experiences, this study contributes to reframing cultural perceptions of fatherhood and provides a basis for developing father-focused breastfeeding education and interventions (Mardiyaningsih et al., 2024; Siregar et al., 2022). Furthermore, this study contributes to the advancement of nursing science by reinforcing the importance of integrating paternal involvement into family-centered maternal and child health care.

2. Method

This study employed a qualitative design with a phenomenological approach, which is particularly appropriate for exploring husbands' lived experiences in supporting exclusive breastfeeding (El Hajj et al., 2020). Phenomenology enables the exploration of personal, emotional, and psychological dimensions of paternal support that are often overlooked by quantitative methods. By capturing subjective meanings and interpretations, this approach provides a deeper understanding of how husbands perceive and enact their roles in supporting breastfeeding mothers, which is essential for explaining the dynamics of exclusive breastfeeding within the family context (Creswell & Poth, 2023).

The participants were selected by using a purposive sampling technique, with the number of samples based on data saturation. A total of 10 couples who have completed the period of exclusive breastfeeding were included. The participants were selected based on feasibility and supported by methodological recommendations that 6–10 participants are adequate to obtain rich and in-depth data in phenomenological research (Creswell & Poth, 2023; Guest et al., 2020). The inclusion criteria were husbands whose wives had infants aged 6–12 months. Meanwhile, the exclusion criteria included husbands who did not live in the same house as their wives. The inclusion and exclusion criteria were clearly defined and applied during recruitment, ensuring that participants met the study objectives and represented the intended population.

This study was conducted on 10 couples at *Puskesmas* (Community Health Center) Tegalrejo in Yogyakarta Municipality and *Puskesmas* Ngemplak 1 in Sleman. These sites were selected due to their active programs promoting exclusive breastfeeding, including mother–child classes, counseling classes, and family support groups, while also representing urban and peri-urban demographics in Yogyakarta. Regional health reports show that exclusive breastfeeding coverage in Yogyakarta remains varied, making these settings relevant for exploring paternal roles (Dinas Kesehatan Daerah Istimewa Yogyakarta, 2023).

Data collection focused on husbands' experiences in providing emotional, instrumental, financial, and appreciative support, as well as their perceived needs in supporting exclusive breastfeeding. Data collection was carried out for 10 days. The data research were obtained by using in-depth interview techniques for 40–60 minutes, taking place at each participant's home. The researchers used an in-depth interview guide with open-ended questions about the husband's role in providing emotional, instrumental, financial support, appreciation, and the need to increase social support for the success of exclusive breastfeeding.

The interview guide was developed based on a review of relevant literature on paternal social support in breastfeeding (Abbass-Dick et al., 2019; El Hajj et al., 2020) and previous studies in maternal and child health. Questions were carefully structured to capture of four various forms of social support such as encouragement, empathy, and appreciation as well as the practical aspects, including involvement in childcare, assistance with household tasks, and financial contributions (Whittaker et al., 2025; Yusuf et al., 2024).

The equipments needed are a recording device (audio recorder), field notes and logbooks. Interviews were scheduled at times convenient for the participants and conducted in their homes to ensure comfort and confidentiality. Follow-up interviews were conducted when clarification or additional information was needed, and these were carried out by telephone. To build trust and encourage openness, the researchers began each session by explaining the purpose of the study, assuring confidentiality, and fostering a supportive and respectful atmosphere (Creswell & Poth, 2023; El Hajj et al., 2020).

The research data analysis technique employed thematic analysis which was carried out in several stages, namely data collection which is all information about the husband's experience in providing breastfeeding support to mothers. Data reduction was performed through summarization, coding, tracing themes, and clustering into themes. Data display was carried out by drawing conclusions and taking actions presented in the form of narrative text, matrices, diagrams, tables and charts; and at the final stage, there were verification and conclusion. The initial conclusions are still temporary; and will change if no strong evidence is found to support the next stage of data collection (Braun & Clarke, 2021).

Data analysis was conducted after all data was collected using the Miles and Huberman approach. The stages of analysis are: 1) data reduction: the results of data collection were written in verbatim form, summarized; important things were selected based on certain categories until the research process was complete; 2) data were categorized according to the main problem. A matrix was made to facilitate relationship patterns and facilitate drawing conclusions; 3) conclusion and verification: conclusions are interpretations to categorize facts into themes. Verification was conducted to re-analyze the suitability of conclusions to the facts (Pope et al., 2023).

The research flow diagram can be seen in Figure 1.

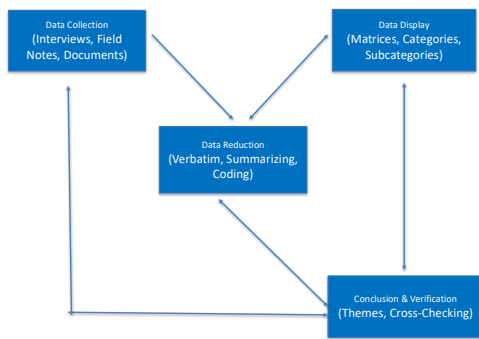


Figure 1.
The research flow diagram

Rigorous data and trustworthiness to ensure the validity of the data were carried out with the following steps: 1) credibility, the validity of the source was conducted by exploring the truth of the information provided to be cross-checked, and the validity of the theory was done by a literature review; 2) transferability, to what extent the findings are useful to people, different from other aspects of research where the reader really determines how applicable the findings are to the situation. In this study, the concepts, categories, and subcategories that emerged from the analysis of interview transcripts, field notes, and documents were exported to a spreadsheet file to maintain the transferability of the study; 3) dependability, the stability of data over time on the research conditions and the stability of understanding conditions

depends on the nature of the study. In this study, to maintain the dependability of the study, data collection was carried out until saturation conditions were reached so that it would produce consistent categories; 4) confirmability, objectivity was widely confirmed. Data obtained from informants through in-depth interviews were recorded and transcribed into notes; 5) reflexivity, minimizing bias by explaining the environment where the data was collected.

The results of the study were compiled based on The Standard for Reporting Qualitative Research (SRQR), covering 21 reporting items (Dossset et al., 2021). This study has received a letter of research ethics eligibility from the Health Research Ethics Committee of Universitas Aisyiyah Yogyakarta by the letter number of 1814/KEP-UNISA/IX/2023. Informed consent was obtained from all research participants before the data collection. The informants were willing to sign a letter of willingness to become informants without any coercion. All participants have been informed of the intention and purpose of the study. In addition, participants were also informed about the confidentiality of participant identities as an effort to maintain ethical principles in research.

3. Results and Discussion

The results of the study on the characteristics of 10 couple participants in the *Puskesmas* Tegalrejo, Yogyakarta Municipality and *Puskesmas* Ngemplak 1, Sleman are presented in Table 1.

Table 1. Informant Characteristics

No	Informant code		Age		Education		Occupation		History of Early Breastfeeding Initiation
	Husband	Wife	Husband	Wife	Husband	Wife	Husband	Wife	Yes/No
1	P 1.1	P 1.2	37 years old	36 years old	Vocational School	Vocational School	Private sector employee	Housewife	Yes
2	P 2.1	P 2.2	27 years old	26 years old	Senior High School	Bachelor degree	Private sector employee	Self-employed	Yes
3	P 3.1	P 3.2	30 years	28 years old	Elementary School	Elementary School	Self-employed	Housewife	No
4	P 4.1	P 4.2	47 years old	35 years	Senior High School	Junior High School	Private sector employee	Housewife	No
5	P 5.1	P 5.2	30 years	24 years old	Elementary School	Vocational School	Self-employed	Housewife	Yes
6	P 6.1	P 6.2	28 years old	20 years	Senior High School	Vocational School	Self-employed	Businessman	Yes
7	P 7.1	P 7.2	36 years old	30 years	Junior High School	Senior High School	Gojek Driver	Labourer	Yes
8	P 8.1	P 8.2	27 years old	26 years old	Senior High School	Senior High School	Private sector employee	Private sector employee	Yes
9	P 9.1	P 9.2	29 years	26 years old	Junior High School	Junior High School	Cilok Seller	Housewife	Yes
10	P 10.1	P 10.2	26 years old	24 years old	Senior High School	Vocational School	Private sector employee	Private sector employee	Yes

Based on Table 1. The characteristics of the research participants above show that the youngest participant is 26 years old and the oldest is 47 years old, while the youngest age of the participant's wife is 20 years old and the oldest is 36 years old. The lowest educational level of the participant is an elementary school graduate and the highest educational level is high school/vocational school, while the education of the participant's wife is mostly a vocational school/high school graduate and there is 1 person who is a bachelor, elementary, and junior high school graduate. Some of the participants' jobs are as self-employees and private sector employees; and there is 1 (one) entrepreneur, *Gojek* driver, and *cilok* (meat ball) seller. Meanwhile, half of all the participant's wife profession is taking care of the household or housewife, and the other half jobs included as entrepreneurs, private sector employees, and odd jobs worker. Most couples do early breastfeeding initiation, while at *Puskesmas* Ngemplak all couples do early breastfeeding initiation .

Based on the results of the thematic analysis, researchers found 4 themes that describe the various roles and forms of support provided by husbands for the success of providing exclusive breastfeeding and the need to improve the quality of support as follows are presented in Table 2.

Table 2. Categories and themes

Categories	Theme
Active assistance in household and childcare : household chores and cooking, helping childcare in night. Shared responsibility : supporting each other based on agreed roles. Consistent support and cooperation: helping despite fatigue and routine support.	Husband's instrumental support for the success of exclusive breastfeeding
Praise and encouragement. Acceptance of physical condition without judgement. Respecting wife's descisions: occasional gestures to maitain wife's feeling.	Husband's appreciation support for the success of exclusive breastfeeding
Provision of finansial needs. Shared discision ons pending money. Child centered priority. Expctation of responsible spending. Agreement and confirmation.	Husband's financial support for the success of exclusive breastfeeding

Non-expressive emotional support: expressiveness of husband and practical gesture without encouragement (giving a massage). Support and encouragement between spouses	Husband's emotional support for the success of exclusive breastfeeding
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Husband's instrumental support for the success of exclusive breastfeeding

Instrumental support describes the form of support in the form of assistance given by husbands to breastfeeding mothers. The results of the interviews exposed the following participant statements.

Bantu begadang kalau anak bangun dan rewel, kan awal-awal lahiran itu bedres (bed rest) nah itu saya yang nyuci bajunya anak sama istri, menyiapkan makan juga ya pokoknya membantu yang bisa saya lakukan gitu (Accompany her stay up late when my child wakes up and is fussy, because in the early stages of giving birth, they are on bed rest. So, I am the one who washes the children's clothes and my wife prepares the food too. So basically, I help as much as I can)" (P2.1, 27 years old).

The wife also said that her husband provided good support, was never unemployed and always helped his wife by both taking care of the children and housework.

"Cukup sih karena saya setiap pulang kerja saya yang masak ya kadang suami yang jagain anak, misalnya saya lagi nge-asii anak, terus panas saya suruh buat ngipasin, ngambilin hp, minum ya yang kecil-kecil gitu si mbak (I think, I get enough, because every time I come home from work, I'm the one who cooks, and sometimes my husband takes care of the children. For example, I'm breast-feeding the children, and when it's hot, I tell them to cool it down, get me my cellphone or drink, or help me other trivial things)" (P 2.2, 26 years old).

There are obstacles for husbands in helping their wives with their work; because they assume that taking care of children, including breastfeeding and completing household chores are women's tasks, as expressed by the following participants.

Maaf yaa mbak, bukannya bagaimana ya...sudah ada pembagian tugas, saya mencari nafkah, istri yang mengurus anak mbak (Excuse me, it's not like that... there's already typical tasks, I earn a living, my wife takes care of the children)" (P 4.1, 47 years old).

This was also confirmed by the wife, and so far it has not been a problem, as expressed in the following statement.

"iya, benar,,sudah kesepakatan, jadi tidak masalah mbak, suami sudah cari duit, saya di rumah urus anak dan urus rumah". "Yaah,,capek sudah biasa mbak, alhamdulillah diberikan sehat sama Allah (Yes, that's right...That's an agreement, so it's no problem. My husband is already earning money, I'm at home taking care of the children and the house." "Yeah,,being tired is normal, thank God, Allah has given me good health"(P 4.2, 35 years old).

The results of interviews conducted with participants at the Ngemplak Community Health Center regarding husbands' instrumental support for the success of providing exclusive breastfeeding are in accordance with the following statements.

"Saya berusaha memberikan dukungan yang baik saja mba demi anak kami juga, yaa kan walaupun istri saya nggak kerja tapi kan dia di rumah pasti penat, mana ngurus anak, kadang sayanya sepulang kerja gantian untuk momong anak, kadang saya bantu nyuci baju beres-beres rumah gitu mbak (I try to give good support, for the sake of our child too. Even though my wife is jobless, she must be tired at home; let alone taking care of the child. Sometimes I take turns looking after the child after work. Sometimes I do the laundry and clean the house)" (P 8.1, 27 years old).

In addition, the husband also helps taking care for children, cooking, or buying breakfast for the wife and children.

Pagi-pagi saya biasa masak, atau kalau gak ya...beli di warung, untuk sarapan pagi anak, sebelum sekolah dan menyiapkan sarapan pagi untuk istri dan saya sendiri. Kadang malam-malam istri lapar, anak rewel, biasanya ASI-nya habis, yaa... terpaksa saya buat indomie, saya tambah pethol cilok atau beli nasi goreng kalau warung masih buka... (In the morning I usually cook, or if not, I buy it at the stall, for my child's breakfast, before school and prepare breakfast for my wife and myself. Sometimes at night my wife is hungry, my child is fussy, usually her breast milk is empty, so... I need to make instant noodles, I add penthol cilok (meatball), or buy fried rice if the stall is still open)" (P 9.1, 29 years old).

This is also confirmed by the wife who stated that during the process of breastfeeding, her husband also helped her taking care of the child, as follows:

"Ya mba cukup mendukung dan membantu sih mbak, walaupun pulang kerja mungkin capek ya, tapi suami saya tetap mau membantu ngurus anak kadang-kadang dibantu untuk beres-beres rumah (Yes, he is quite supportive and helpful, even though he might be tired when he comes home from work, but my husband still wants to help take care of the children and sometimes helps clean the house)" (P 8.2, 26 years old).

"Alhamdulillah, bisa saling gotong royong mbak, dan sudah terbiasa sejak anak

pertama,,mbak (Alhamdulillah, we can work together, and we've been used to it since we had our first child)" (P 9.2, 26 years old).

Husband's appreciation support for the success of exclusive breastfeeding

Appreciation support describes the form of support such as husbands giving praise and appreciating the wife's decisions. The following are the results of interviews obtained from several informants about the appreciation support given by husbands to breastfeeding mothers at the Tegalrejo Community Health Center:

"Ya paling saya suka kasih pujian, terus disupport dan dinasehati supaya bisa lebih baik lagi gitu, pokoknya yang penting ibunya sehat itu aja si mba (Yes, I like to give compliments, then support her and give advice so that she can be better. The point is that the mother is healthy, that's all, ma'am)" (P 5.1, 30 years old).

The appreciation support expressed by the wife given by the husband is that the husband appreciates the changes in the mother's physical form. The husband does not have a problem with it; and what is important is that she is healthy, this is proven by the following expression:

"Suami bilang mau gemuk atau kurus itu nggak jadi masalah yang penting sehat aja (My husband said it doesn't matter whether I am fat or thin, the important thing is I am healthy)" (P 5.2, 24 years old).

Efforts have been made to keep the mother's feelings always good. Informants from the Tegalrejo Community Health Center said that they respect whatever the mother's decision is. For example, when arguing the husband prefers to give in so that the mother does not feel hurt. This is proven by the following expression:

"Semisalkan apapun siapa yang salah ya udah saya yang ngalah itu satu, terus sebisa mungkin minimal seminggu sekali saya ajak keluar jalan-jalan, biar nggak penat dirumah terus gitu, walaupun cuma ke taman atau kemana (For example, no matter who is wrong, I am the one who gives in, and if possible, I take her out for a walk at least once a week, so she doesn't get tired of being at home all the time. Even if it's just to the park or somewhere else)" (P 3.1, 30 years old).

This is also confirmed by information from the wife, here is her statement:

Kalau itu jarang si mba yang memberikan pujian gitu, paling ya itu kadang-kadang diajak jalan-jalan keluar, terus misalkan kita berantem gitu kadang suami yang sering mengalah gitu mba (sambil tertawa) (It's rare for the husband to give compliments like that, at most he'll sometimes invite me out for a walk; and if we have a fight, sometimes my husband is the one who gives in (laughing)" (P 3.2, 28 years old).

Husband's financial support for the success of exclusive breastfeeding

Financial support describes the form of financial fulfillment support provided by a husband to his wife, which is one of the obligations that must be fulfilled by the husband; and is also something that may influence the mother's success in providing exclusive breastfeeding.

Alhamdulillah tercukupi saja mba, kalau untuk membelikan barang itu saya nggak pernah, Cuma saya memberikan uang saja nanti istri sendiri yang beli kadang checkout di shopee gitu mba (Thank God, I have enough. I never buy her things like that. I just give money and my wife buys it herself. Sometimes she checks out at Shopee)" (P 6.1, 28 years old).

This is also confirmed by the wife's statement as follows:

Ya mba alhamdulillah mencukupi, suami bertanggung jawab atas semua kebutuhan mba, walaupun saya sebenarnya punya hasil sendiri mbak..(Yes, thank God it's enough. My husband is responsible for all of my needs, even though I actually have my own income)" (P 6.2, 20 years old).

Information is also obtained from informants at the Ngeplak Community Health Center who state as follows:

"Ya mencukupi aja sih mba, misalkan kepasar gitu saya kasih uang aja dia yang belanja gitu ,terus kadang saya tawarin juga misalkan ayok ke pasar pengen beli apa gitu ayo, kalau saya gitu mba, soalnya saya kan ngga tau dia maunya apa, kadang-kadang kita nggak tau dia suka nya apa mba, kadang-kadang pengen makan ini, itu gitu (Yes, it's just enough. For example, if I go to the market, I give her money and she does the shopping. Then sometimes I also ask her if she want to go out; for example, let's go to the market, and let her decide what does she want to buy; because I don't know what she wants. Sometimes we don't know what she likes, and sometimes she wants to eat this or that, etc)" (P 7.1, 36 years old).

The statement from the husband is different from the statement expressed by the wife, who prioritizes the needs of the child over herself. *Apa ya mba biasa aja sih mba, kayak membelikan baju aja nggak pernah mba, kalau saya buat saya pribadi memang lebih baik untuk ke anak saja,dari pada ke saya gitu, kalau saya nantilah ke nomor 2 aja kalau saya lebih ke anak aja dulu, jadi di prioritaskan ke anak* (I think it's just so-so. It's like, he never bought me clothes. For me, personally, children come first than me. I prefer to be the second. I'm more concerned with the children first, so the child will be the priority)"(P 7.2, 30 years old).

The same thing is also conveyed by participant P 10.1 (26 years old) who said that "A husband tries as much as possible to provide sufficient spending money. The main thing is how to

fulfill it, and the wife is expected to be good at spending it, that's all..". When P 10.2 (24 years old) is asked, she answered "That's right, what my husband said is true. " with a smile.

Husband's emotional support for the success of exclusive breastfeeding

The results of participant interviews at the Tegalrejo Community Health Center obtained the data of the form of emotional support given by husbands to breastfeeding mothers. The excerpt is as follow.

"Tidak pernah saya memberikan dukungan emosional mbak, karena sibuk kerja juga kan, yaitu paling berangkat kerja pagi pulangnyanya kadang sore atau malam mbak, ya,, itu paling pulang kerja ya langsung ke anak gitu (I never gave emotional support, because I was busy working, right? I usually go to work in the morning and sometimes come home in the afternoon or evening, right? When I get home from work, I usually go straight to my child)" (P 1.1, 37 years old).

The results of the interview with the wife revealed that the husband's support is typical because the husband is not expressive. This is proven by the following statement:

"Kalau semangat kayak yo biasa2 saja, suami saya tu nggak ekspresif gitu lo mba (His attitude is just so-so. My husband isn't that expressive)" (P 1.2, 36 years old).

However, there is a slight difference in the results of the interview on the husband's emotional support for the mother's success in providing exclusive breastfeeding at the Ngeplak 1 Community Health Center, as expressed in the following statement.

Nggak pernah mba (sambil tertawa) soalnya saya bukan tipe orang seperti itu e mba, bukan apa ya cuman paling semisal dia lagi cape atau gitu paling saya pijitin pundaknya pijitin kepalanya, tapi kalau untuk pujian atau apa itu nggak pernah e mba (Never (laughing), because I'm not that type of person, it's nothing special, it's just that if she's tired or something, I'll massage her shoulders or her head, but I've never given her compliments or anything like that)" (P 7.1, 36 years old).

A statement from the wife stating that there is mutual support, especially in terms of taking care of children.

"Namanya rumah tangga harus saling support satu sama lain ya, intinya kita harus kompak ya insyaallah antara saya sama ayahnya ya ada support dan semangat satu sama lain gitu (As a family we must support each other. The point is we must be united, God willing, we support and encourage each other)" (P 7.2, 30 years old).

Discussion

Husband's instrumental support for the success of exclusive breastfeeding

The results of the interview analysis revealed various responses from the informants. The informant said that the husband helped take care of the children or helped with housework. This was also confirmed by the wives who stated that during the process of breastfeeding, the husband also helped the mother take care of the child. Fathers can provide several forms of support to their breastfeeding partners/wives, such as collecting and sharing knowledge about exclusive breastfeeding, direct assistance so that partners/wives feel comfortable when breastfeeding, providing indirect instrumental support by helping with household activities and baby care. The fathers provide emotional support by appreciating and praising breastfeeding (Ouyang & Nasrin, 2021). They support their partners and their efforts and minimize demands that may hinder breastfeeding (Febiani et al., 2021). Adequate support from the father can help the mother feel calmer, more relaxed, and more focused on breastfeeding, thereby increasing the overall duration and exclusivity of breastfeeding (Helmizar et al., 2024).

The importance of husband's support on the practice of exclusive breastfeeding has been widely proven by various studies. Evidence indicates a statistically significant relationship between the role of the father and breastfeeding outcomes, especially with qualitative studies on the role of the father in providing support to the mother. This shows that the father's support for the mother is a response to the mother's needs. By providing verbal and nonverbal support, it can eliminate mother's stressors during breastfeeding. Thus, a mother can successfully provide exclusive breastfeeding to her baby. An example of practical form of support includes buying comfortable clothes for the mother to wear while breastfeeding; buying clothes is one form of support that is beneficial for the mother (Astuti et al., 2021; Yusuf et al., 2024).

The importance of the husband's support in the practice of exclusive breastfeeding has been demonstrated in various studies. Evidence shows a real and statistically significant relationship between the father's role and breastfeeding outcomes, particularly through qualitative studies exploring paternal support for mothers. This indicates that the father's support directly responds to the mother's physical and emotional needs. By providing verbal and nonverbal support, fathers help reduce maternal stress during breastfeeding, which contributes to successful exclusive breastfeeding. Practical examples include purchasing comfortable clothes to facilitate breastfeeding, assisting with household chores, or simply offering encouragement (Astuti et al., 2021; Yusuf et al., 2024). In Indonesian context, cultural norms and traditional gender roles often place breastfeeding responsibility solely on mothers,

thereby limiting fathers' involvement. However, growing awareness of shared parenting has encouraged more paternal participation, though challenges such as work demands and societal expectations continue to constrain father engagement in breastfeeding support.

Husband's appreciation support for the success of exclusive breastfeeding

The results of the interview show that appreciation support describes the forms of support in which husbands provide praise and respect the wife's decision. The appreciation support expressed by the wife given by the husband such as appreciating the changes in the mother's physical form. In the Indonesian context, however, cultural and social norms may influence how such appreciative support is expressed. Nevertheless, many husbands reported that these changes were not a concern, emphasizing instead the importance of the mother's health and well-being. The results of previous studies show that mothers who get support from their husbands by providing motivation and encouragement to their wives to maintain their enthusiasm for providing exclusive breastfeeding have an effect on the success of providing exclusive breastfeeding. The mother's psychology greatly influences the lactation and breastfeeding process, especially the release of the prolactin hormone in the process of producing breast milk and the oxytocin hormone which facilitates milk flow (Susilawati et al., 2022). Therefore, husband's support by praising the breastfeeding mother and making the mother feel comfortable can also influence the success of providing exclusive breastfeeding (Winingsih et al., 2021).

Furthermore, another study revealed that husband's support is very important for breastfeeding mothers in making decisions about breastfeeding their babies. When breastfeeding mothers and their husbands share the same views on the purpose of breastfeeding, husbands tend to provide both physical and psychological support regarding child nutrition. They also perceive breastfeeding as a learning process to be mastered together as a team by mothers and fathers (Ljungberg et al., 2024). Husbands can also strengthen the mother's psychological state to continue breastfeeding by offering encouragement and praise each time the mother breastfeeds her baby (Krikirat et al., 2022). A systematic review of seven research articles confirms that support from husbands positively impacts exclusive breastfeeding, with four of the studies emphasizing that verbal motivation and encouragement significantly contribute to its success (Abbass-Dick et al., 2019).

Husband's financial support for the success of exclusive breastfeeding

The results of interviews conducted with informants found that the form of financial support provided by husbands to wives is one of the responsibilities that must be fulfilled by husbands and also something that may affect the success of mothers in providing exclusive breastfeeding. A study found that husband's income is a dominant factor related to exclusive breastfeeding in adolescent mothers in Boyolali Regency. Husbands with high incomes are 3,263 times more likely to provide exclusive breastfeeding to their children incomes (Ouyang & Nasrin, 2021). Husband's support has a big influence in motivating mothers to provide exclusive breastfeeding to their children. This support comes in the form of attention, information, finances, and emotions (Agrawal et al., 2022).

Financial support that a husband can give to a breastfeeding mother includes fulfilling the mother's needs, providing nutritious food, buying clothes, or giving gifts to his wife. The importance of husbands in supporting mothers while breastfeeding has given rise to the terms "breastfeeding father" or "breastfeeding husband" (Abbass-Dick et al., 2019). When the mother feels supported, loved, cared for, and her needs are met, then positive emotions will emerge which will increase the production of the oxytocin hormone so that the breast milk production runs smoothly (Parker et al., 2025).

Husband's emotional support for the success of exclusive breastfeeding

The results of the interviews find that the forms of emotional support given by husbands to breastfeeding mothers vary considerably. Some statements from informants indicate that because they could not express themselves, emotional support is rarely expressed. Besides, because they are busy working, the majority of informants express the same thing both informants who succeeded in providing exclusive breastfeeding and those who were not given exclusive breastfeeding.

The success of exclusive breastfeeding for breastfeeding mothers requires continuous support from husbands, starting from pregnancy to postpartum period. Physical contact between father and child plays an important role to increase interaction and build father's confidence in taking care of the children (Pereira et al., 2024). Mothers who plan to breastfeed during pregnancy and breastfeed after giving birth with the assistance of their husbands are less likely to experience depression and will continue to breastfeed (Yeşil & Öztürk Can, 2023). Such emotional support fosters motivation, enabling mothers to breastfeed the babies with love and happiness (Lundquist et al., 2022).

The interview results also revealed that another factor influencing the success of exclusive

breastfeeding is the role of the husband. Emotionally, the husband provides ordinary support; however, in terms of childcare, the husband often helps and works together with the mother. The husband can provide support by helping care for the baby, doing housework, and offering emotional support to his wife (Whittaker et al., 2025). Basically, breastfeeding takes up most of the mother's time and energy. If the husband cannot share responsibilities, the mother may experience both physical and mental difficulties. In this situation, the husband plays a role in supporting and protecting the mother's health. A study in Canada reinforces that support often takes the form of encouragement, praise, and expressions of affection (Gebremariam et al., 2024). Similarly, research in Georgia reveals that family and paternal support, both physical and emotional, can strongly influence the decision to breastfeed (Parker et al., 2025). The influence of husband's support deserves greater attention, as it can determine whether a mother continues exclusive breastfeeding or shifts away from it (Qin et al., 2024). Husband's support is particularly important in the Indonesian context, where cultural and social norms may shape perceptions of paternal involvement. However, with increasing awareness of shared parenting, some couples are beginning to negotiate new roles despite barriers such as work demands or societal pressure. These dynamics suggest that paternal support is not solely a family-level issue but also a broader socio-cultural one, highlighting the need for culturally sensitive interventions in Indonesia (Ayalew, 2020; Yusuf et al., 2024).

4. Conclusions and Suggestions

The qualitative phenomenological study of husband's support for the success of exclusive breastfeeding resulted in four themes; instrumental support, appreciation support, financial support, and emotional support. Instrumental support was reflected in husbands' assistance with childcare and household tasks. Appreciation supports involving respecting wives' decisions and granting them autonomy in breastfeeding-related matters. Financial support referred to husbands meeting family needs, including food, clothing, and other essential resources. Emotional support varied among participants. Some husbands reported limited emotional expression due to work demands and fatigue, while others demonstrated care in nonverbal ways, such as providing physical comfort (e.g., massaging their wives' necks and heads) despite not being verbally expressive. The results of this study can be followed up by developing a breastfeeding father education program covering emotional support, communication, and shared childcare, delivered through workshops, peer discussions, or digital media.

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