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Effectiveness of husband and care provider support of exclusive breast feeding in nursing mothers: A systematic literature review

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Abstract--Background: Exclusive breastfeeding provides short-term and long-term benefits for babies and their mothers. This is related to the risk of reducing morbidity and mortality in infants, and improving maternal health. This support was obtained by mothers from two parties, namely family and health workers. Objectives: The purpose of this systematic literature review is to determine the effect and effectiveness of husband and care provider support for exclusive breastfeeding. Methods: The five stages of the Systematic Literature Review method are identifying problems, determining priority problems and research questions, compiling a framework of inclusion and exclusion critical data using PICOC, searching for literature using the PubMed database with a period of 2008-2018, conducting a critical appraisal to determine quality from an article, data extraction analysis and literature mapping. Results: There were 8 articles selected using quantitative research methods with various types of study designs such as quasi-experimental, case control, randomized control trial (RCT), and cross sectional study. There are 3 articles that provide an explanation of the effectiveness of family support, 4 articles that provide an explanation of the effectiveness of care provider support, 1 article finding that provides an explanation of workplace support for exclusive breastfeeding and 3 articles that provide an explanation of family support and care providers for duration of breastfeeding. Conclusions: Support from family and care providers turned out to have many benefits. The influence that can be received is the existence of motivation from the family itself, namely from the husband and grandmother of the baby. Then the task of the care

provider itself can provide support through direct counseling to nursing mothers and families especially baby husbands and grandmothers to continue to provide support to mothers.

Keywords--husband support, care provider, exclusive ASI, breastfeeding mothers.

Introduction

Mother's Milk (ASI) is the best food for babies because it contains all the nutrients in the ideal amount and composition needed by babies to grow and develop optimally, especially at the age of 0 to 6 months. Exclusive breastfeeding for infants aged 0-6 months is highly recommended and provide complementary feeding right after that until the baby / child is 2 years old (Rinaningsih, 2007, Tedjasaputra, 2010, Fewtrell et al, 2007).

Exclusive breastfeeding provides short-term and long-term benefits for babies and their mothers. This is related to the risk of reducing morbidity and mortality in infants, and improving maternal health. The fifth global target proposed by WHO is to increase the rate of exclusive breastfeeding by 50% by 2022. However, coverage of exclusive breastfeeding remains low, both globally and within Indonesia. Data from Indonesia reveals that the percentage of exclusive breastfeeding was 25.6% in 2013, and that is much lower among working mothers and among non-working mothers. Mother's work contributes to a reduction in the level of exclusive breastfeeding. Breastfeeding is a behavior that is learned and can be carried out by all mothers with family support. In Indonesia, only giving ASI for the first 6 months baby without any additional food or drink is regulated in Government Regulation No. 33 of 2012; this regulation also guarantees the rights of babies for breast milk. However, in practice, achieving exclusive breastfeeding is difficult for working mothers, because they have to return to work relatively early due to their short maternity leave, no break time is given for breastfeeding, and lack of equipment to collect breast milk (Ratnasari et al., 2017).

Breastfeeding contributes to a healthier, more educated, fairer and more environmentally sustainable world. To achieve health, optimal growth, and development, it is recommended that babies be exclusively breastfed for the first 6 months of life. Exclusive breastfeeding is possible for most women who choose to do so. However, poor breastfeeding practices are still common in developing and developed countries. Among children under 6 months in low-income and middle-income countries, 36.3 million (63%) are not exclusively breastfed (Zhu, Liu, & Wang, 2016)

Support of care provider is physical and psychological comfort, attention, appreciation, and other forms of assistance received by individuals from health workers. Support of health workers can be in the form of emotional support, appreciation, instrumental, and information. Health workers are a source of social support from other individuals who rarely provide support and have a very

fast-changing role. Support to mothers is an important factor in providing exclusive breastfeeding (Windari, Dewi, & Siswanto, 2017).

Support to the mother is one factor that also affects the mother to give exclusive breastfeeding. A mother who has positive thoughts will certainly love to see her baby, then think about it lovingly, especially when it has kissed and pet the baby. All that happens when the mother is calm. This calm situation is obtained by the mother if there are supports from the environment around the mother to give ASI to her baby. Therefore, mothers need strong support in order to provide exclusive breastfeeding (Abidjulu, Hutagaol, & Kundre, 2015). According to Haryono & Setianingsih (2014), this support was obtained by mothers from two parties, namely family and health workers. But the biggest influence of support is family support, especially from the husband.

Materials and Methods

In this systematic Literature Review has conducted a literature search with the following steps: Creating a framework as a basis for determining the inclusion and exclusion criteria so that the data sought is not wide and focus on the context sought, compile keywords that are designed and focused on the framework, inserting keywords into the search engine in the PUBMED database. In the PUBMED database it also controls the filtering on the page such as Full Text filtering, Data Publish in 10 years ago, Human, and English, records the findings of the database as many as 1039 articles, saves the database page to Mendeley's storage engine, the stored data filtered according to the framework, inappropriate articles are removed from the "relevant" folder and records the findings of the number of articles.

In the search for articles found as many as 1039 articles, then the article was identified duplicated and found the same article so that the rest of the articles were 1035 articles. From the number of articles, many articles were filtered or excluded due to titles that did not fit into the framework, there were languages that did not speak English with a number of articles, and there were articles in the form of reviews of 968 articles, so the number was reduced to 71 articles. Seventy-one articles are accessed in full text and filtered again according to the framework and the corresponding results will be carried out in a "critical appraisal" synthesis.

Critical appraisal is a step to find out the quality of an article. In this case, articles that were screened in the critical appraisal stage were 11 articles that were appropriate about the effectiveness of family support and care providers. This selected article uses quantitative research methods with various types of study designs such as quasi-experiments, case control, randomized control trial (RCT), and cross sectional study. This article is rated with a checklist or tools from Joanna Briggs from the Joanna Briggs Institute. After this critical appraisal process was completed, 8 articles with good quality were selected, namely Scopus indexed with Q1 and Q2 standards.

Results and Discussion

Family support for exclusive breastfeeding. It is known that there are 3 article findings that provide an explanation of the effectiveness of family support for exclusive breastfeeding. In the first article involving fathers in providing support and assisting in parenting, the fourth article is family ties can help hospital staff in dealing with disturbances while they are in the hospital against breastfeeding. In the fifth article family support is focused on the husband, namely the high level of father's education is very important in exclusive breastfeeding. The findings say that family support involving the husband has an influence that is significantly increased to exclusive breastfeeding in multipara and in primipara.

Care provider support for exclusive breastfeeding. There are 4 article findings that provide an explanation of the effectiveness of care provider support for exclusive breastfeeding. The third article says that the increase significantly shows the potential effectiveness of using home-based counseling for mothers. The sixth article identifies women experiencing emotional distress during pregnancy, as well as the supervision of caregiving routines in the cesarean section that needs to be addressed, to provide a person's target and support exclusive breastfeeding. The seventh article is that nurses must incorporate the self-efficacy of breastfeeding interventions into their routine care to support new mothers and to increase the independence of breastfeeding exclusively. And the eighth article on public health service providers must play a more important role in issues concerning breastfeeding among new mothers, and family support should be encouraged by health workers. The findings say that care provider support in providing interventions to nursing mothers has an influence that is significantly increased to exclusive breastfeeding in multipara and in primipara.

Workplace support for exclusive breastfeeding. It is known that there is an article finding that provides an explanation of workplace support for exclusive breastfeeding, namely breastfeeding support at work is considered positive, and adequate rest periods are positively related to duration of breastfeeding. Family and care provider support for duration of breastfeeding. It is known that there are 3 article findings that provide an explanation of family and care provider support for the duration of breastfeeding. The second article support breastfeeding at work is considered positive, and adequate rest periods are positively related to duration of breastfeeding. In the sixth article, Identification of women experiencing emotional distress during pregnancy, and monitoring of caregiving routines in cesarean section needs to be addressed, to provide a person's target and support exclusive breastfeeding and provide information regarding the duration of breastfeeding. In the seventh article, the breastfeeding support program has proven to be effective and beneficial for mothers. Nurses must incorporate the self-efficacy of breastfeeding interventions into their routine care to support new mothers and to increase the independence of their breastfeeding and the duration of their exclusive breastfeeding.

Mother's milk is generally seen as the best source of nutrition and immunological protection for newborns and infants. WHO (2017) and the American Academy of Pediatrics (2012) recommend exclusive breastfeeding for at least the first 6 months of life. After 6 months, complementary foods should be introduced, and

breastfeeding should continue for 1 to 2 years or longer, as desired by the mother and baby (Wambach & Britt, 2018) Exclusive breastfeeding provides short-term and long-term benefits for babies and their mothers. This is related to reducing the risk of morbidity and mortality in infants, and it improves maternal health. The fifth global target proposed by WHO is to increase the rate of exclusive breastfeeding by 50% by 2022. Family support has been found to be linked to the practice of exclusive breastfeeding. Several qualitative studies have also revealed the support of fathers and families contributing to the success of the practice of exclusive breastfeeding (Ratnasari et al., 2017).

In the research of Ratnasari, et al (2017), the result of adequate family support was significantly related to the practice of exclusive breastfeeding. These findings are consistent with previous research which indicates that family support can increase exclusive breastfeeding. Family members can increase compliance with exclusive breastfeeding by emphasizing that ASI provides the highest source of food for infants, even when they return to work. To provide support for working mothers, husbands and grandmothers can contribute to childcare by providing baby care, buying or preparing food, and feeding children. Family support can also increase maternal self-efficacy. The five main roles for husband's support are knowledge, positive attitudes, involvement in decision making, practice support, and emotional support for breastfeeding. Positive or negative attitude of the husband towards breastfeeding can affect the behavior of nursing mothers. Negative attitudes are influenced by sexual preferences, such as fear of breastfeeding because it will damage the shape of the breasts, can cause the husband does not approve of breastfeeding. In addition, a husband's positive attitude can develop when the household economy benefits exclusively from breastfeeding because he does not buy formula milk. Grandma can also play an important role in exclusive breastfeeding, especially when they live with mothers.

It is well known that breastfeeding is beneficial for both mother and baby. Breastfeeding recommendations are issued by the World Health Organization (WHO) to breastfeed exclusively for the first six months and continue to breastfeed with additional food for up to two years or more. Exclusive breastfeeding is defined as giving only breastmilk to infants without additional food or drinks, even water with the exception of oral rehydration solutions, or drops / syrups of vitamins, minerals or drugs. Mothers in Sweden are recommended to breastfeed exclusively for the first six months. Health workers in health facilities that provide maternity services and care for babies should inform mothers about breastfeeding and support breastfeeding initiation within half an hour after birth, as the time of first breastfeeding sessions after birth seems to have an impact on the duration of breastfeeding. Breastfeeding and duration of breastfeeding, in particular, are negatively related to socio-demographic variables, depression during pregnancy, and obstetric variables such as the use of epidural anesthesia and mode of delivery (Cato, Sylvén, Lindbäck, Skalkidou, & Rubertsson, 2017).

The main results from the study of Zhu, et al (2017) are perceived family support that is significantly associated with exclusive breastfeeding. Mothers who breastfeed exclusively have a higher score level on the family support scale than those who breastfeed their babies not exclusively. This finding is consistent with

previous research. The results showed that the majority of new mothers in China felt positive support for breastfeeding from their families. However, there are new mothers who consider family support negative. That means there is knowledge about breastfeeding that is done wrong by family members. In this study, most mothers were unsure whether their milk supply was adequate. In addition, in some cases, mothers or their family members may recognize a baby's cry to indicate inadequate feeding as opposed to weight growth. Mothers without positive support can turn to baby formula or other supplements to ensure that they are adequately breastfed. Attitudes and support from partners, relatives, and peers influence the initiation of breastfeeding and have an impact on the continuation of breastfeeding. Family members influence the decision to provide solid food earlier than recommended. Knowledge of the role of family support for breastfeeding is important for care providers working with mothers. Because of limited resources in health care at present, there is a great need to increase breastfeeding support by combining care providers and supporting families. Care providers can educate fathers and grandmothers to improve their ability to support breastfeeding even through short training sessions or discussions.

Conclusion and Recommendation

Exclusive breastfeeding is breast milk that is given from infants born up to 6 months of age without any additional food provided. Mother's milk is generally seen as the best source of nutrition and immunological protection for newborns and infants. However, it is undeniable that there are always complications that accompany. These complications often make it difficult for nursing mothers to give exclusive breastfeeding, for example, lack of support from family and care providers in exclusive breastfeeding.

Support from family and care providers turned out to have many benefits. In accordance with the initial research question, the authors associate the support of family and care providers with exclusive breastfeeding. As for the influence that can be received or felt by the nursing mother, that is, there is motivation in exclusively breastfeeding obtained from the family itself, namely from the husband and grandmother of the baby. Then the task of the care provider itself can provide support through counseling about exclusive breastfeeding directly to nursing mothers and provide health education or knowledge to the family, especially the husband and grandmother of the baby to continue to provide support to the mother and do not forget the discussion about exclusive breastfeeding.

The author advises future researchers to develop research related to what support can be done by families and care providers that can motivate mothers to increase exclusive breastfeeding. It is hoped that care providers will be more active in providing education and motivation related to exclusive breastfeeding not only to nursing mothers but to families to be able to motivate breastfeeding.

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