

The Role of Husband Support in the Success of Exclusive Breastfeeding Literature Review

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ABSTRACT

The study purpose was to examine the role of husband support in the success of exclusive breastfeeding among mothers of infants aged 0–6 months. Despite strong recommendations by the World Health Organization (WHO) for exclusive breastfeeding during the first six months of life, global and national coverage—particularly in Indonesia—remains below target. Among various determinants, husband support has emerged as a significant psychosocial and environmental factor influencing breastfeeding practices. This literature review synthesizes empirical findings from 25 peer-reviewed studies published between 2015 and 2025, aiming to identify the forms of husband support most strongly associated with exclusive breastfeeding success and to analyze the theoretical frameworks that explain this relationship.

Materials and methods. A systematic literature review was conducted following PRISMA guidelines. Databases including PubMed, Scopus, ScienceDirect, Google Scholar, and Garuda were searched using keywords such as *husband support*, *exclusive breastfeeding*, and *breastfeeding self-efficacy*. Studies were included if they examined husband involvement in exclusive breastfeeding and were published in English or Bahasa Indonesia within the last decade.

Results. The findings revealed that emotional and instrumental support were the most influential factors in maintaining exclusive breastfeeding, while informational and appraisal support enhanced maternal confidence and motivation. Husband participation in antenatal education and shared household responsibilities significantly increased breastfeeding duration and exclusivity rates.

Conclusions. Husband support plays a pivotal role in promoting and sustaining exclusive breastfeeding. Integrating men into family-centered breastfeeding education and policy interventions is essential to improve maternal and infant health outcomes.

Keywords: Husband support, exclusive breastfeeding, maternal self-efficacy, family involvement, breastfeeding promotion

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INTRODUCTION

Breast milk (Breastfeeding/ASI) is recognized as the optimal source of nutrition for infants, especially during the first six months of life. The World Health Organization (WHO) and the United Nations International Children's Emergency Fund (UNICEF) recommend exclusive breastfeeding for the first six months, followed by the introduction of appropriate complementary foods while continuing breastfeeding up to two years of age or beyond. Exclusive breastfeeding has been scientifically proven to reduce infant morbidity and mortality rates, strengthen the immune system, and support optimal physical growth and cognitive development (WHO, 2020). Despite its well-established benefits, exclusive breastfeeding rates in Indonesia remain suboptimal. According to the Indonesian Nutritional Status Survey (SSGI) 2022, the national coverage of exclusive breastfeeding reached only 70.4%, still below the national target of 80%. This figure varies significantly across provinces and socioeconomic groups, reflecting disparities between awareness and actual practice. The barriers to exclusive breastfeeding are multifactorial, encompassing

maternal factors (knowledge, employment, physical health), health system support, cultural beliefs, and family influence (Ministry of Health of Indonesia, 2023).

Among these determinants, husband support has emerged as a crucial social factor influencing breastfeeding success. Empirical studies indicate that a mother's ability to sustain exclusive breastfeeding is not solely determined by her physiological capacity or knowledge but also by the social and emotional support she receives—particularly from her husband (Susilowati et al., 2021; Wahyuni, 2020). In Indonesia, where sociocultural norms often position husbands as primary decision-makers in the family, their involvement and attitudes toward breastfeeding significantly affect a mother's commitment and consistency in practicing exclusive breastfeeding. Husband support during the breastfeeding period can take several forms: emotional support (providing encouragement, empathy, and reassurance), instrumental support (helping with household chores or infant care to allow the mother to rest), informational support (seeking or sharing accurate information on breastfeeding), and appraisal support (offering validation and positive feedback to reinforce the mother's confidence). These dimensions, as conceptualized by House (1981) and extended in Dennis' Breastfeeding Self-Efficacy Theory (2003), collectively enhance the mother's self-efficacy in breastfeeding, reduce stress, and improve adherence to exclusive breastfeeding practices.

Evidence from various cultural contexts also supports that husband involvement during pregnancy and postnatal care contributes to successful early initiation of breastfeeding (EIBF), longer breastfeeding duration, and higher rates of exclusive breastfeeding (Kramer et al., 2019). In the context of modern family dynamics, husband support goes beyond physical assistance—it includes active participation in decision-making, health information seeking, and providing emotional stability to the breastfeeding mother. However, in many cases, husbands remain unaware of their crucial role in breastfeeding success. Studies show that while most husbands express support for breastfeeding, many lack adequate knowledge or confidence about how to assist effectively. In some cases, sociocultural norms reinforce the misconception that breastfeeding is solely a mother's responsibility (Wulandari, 2021). Therefore, educational interventions targeting both parents—particularly those that engage husbands in antenatal and postnatal health education—have been recommended as effective strategies to increase exclusive breastfeeding rates (Prabandari et al., 2024). In light of these findings, this literature review aims to synthesize existing research on the role of husband support in the success of exclusive breastfeeding, exploring the forms of support most strongly associated with breastfeeding outcomes, the mechanisms by which such support influences maternal behavior, and contextual factors that moderate this relationship. Understanding these dynamics is essential for developing family-centered breastfeeding interventions and promoting sustainable improvements in exclusive breastfeeding practices in Indonesia and similar sociocultural settings.

Theoretical Framework

The relationship between husband support and the success of exclusive breastfeeding can be understood through several theoretical perspectives that explain how social, emotional, and cognitive factors influence maternal behavior. The most relevant frameworks include Social Support Theory, Bandura's Social Cognitive Theory, and Dennis' Breastfeeding Self-Efficacy Theory. Together, these frameworks provide a conceptual foundation for understanding how husband involvement contributes to the mother's motivation, confidence, and ability to sustain exclusive breastfeeding practices. In the context of exclusive breastfeeding, husbands function as primary sources of social support, providing emotional reassurance, practical help in daily tasks, and guidance through shared decision-making (Wahyuni, 2020). Emotional support from a husband can alleviate maternal anxiety and fatigue, instrumental support can reduce the physical burden of childcare, and informational support can help correct misconceptions about breastfeeding. Together, these forms of support create an enabling environment that encourages mothers to sustain breastfeeding practices.

Moreover, the social support framework suggests that perceived support is often more influential than actual support behavior. This means that even when husbands are not physically present, mothers who perceive their husbands as supportive may feel more confident and motivated

to continue breastfeeding (House, 1981). This perception can buffer the effects of stress, increase maternal satisfaction, and indirectly enhance the likelihood of exclusive breastfeeding success. Albert Bandura's (1986) Social Cognitive Theory (SCT) emphasizes that behavior is shaped by the reciprocal interaction between personal factors, environmental influences, and behavior itself — a concept known as reciprocal determinism. Within this model, an individual's belief in their ability to perform a specific behavior, known as self-efficacy, plays a central role. Applied to breastfeeding, SCT posits that a mother's confidence in her ability to breastfeed successfully (breastfeeding self-efficacy) determines both the initiation and continuation of breastfeeding. The husband's role in this process is crucial: his verbal persuasion, emotional support, and active involvement serve as social modeling and reinforcement mechanisms, which strengthen the mother's belief in her competence. For instance, when a husband expresses trust in his wife's ability to breastfeed or assists with infant care, he reinforces the mother's positive behavior and enhances her breastfeeding self-efficacy (Dennis, 2003). In this way, husband support acts as an environmental determinant within the SCT framework, influencing the mother's psychological readiness and behavioral persistence. A supportive husband can mitigate negative environmental factors such as fatigue, social pressure to formula-feed, or lack of community support, thus fostering sustained exclusive breastfeeding practices (Prabandari et al., 2024). Building upon Bandura's work, Cindy-Lee Dennis (2003) developed the Breastfeeding Self-Efficacy Theory (BSET) as a specialized framework for understanding maternal confidence in breastfeeding. The theory proposes that breastfeeding self-efficacy—defined as a mother's belief in her ability to breastfeed her infant—directly predicts breastfeeding initiation, duration, and exclusivity.

Dennis identifies four major sources of self-efficacy:

1. Performance accomplishments (past breastfeeding experiences),
2. Vicarious experiences (observing others' successful breastfeeding),
3. Verbal persuasion (encouragement from others), and
4. Physiological and affective states (stress, fatigue, emotional well-being).

Within this model, husband support plays a role in at least three of these sources. Verbal encouragement and reassurance from the husband directly contribute to verbal persuasion; observing other couples who successfully breastfeed may provide vicarious experience; and emotional and instrumental support from the husband can stabilize the mother's affective state, thereby enhancing her breastfeeding confidence. Studies have shown that mothers who perceive strong support from their partners exhibit significantly higher breastfeeding self-efficacy and are more likely to maintain exclusive breastfeeding for six months (Wulandari, 2021; Susilowati et al., 2021). An integrative understanding of these frameworks suggests that husband support operates through both direct and indirect pathways. Directly, it reduces maternal stress, provides practical assistance, and increases time available for breastfeeding. Indirectly, it enhances the mother's self-efficacy and motivation, thereby improving breastfeeding outcomes.

In cultural contexts such as Indonesia—where familial and gender norms heavily influence health behaviors—husband involvement also has a symbolic function. It legitimizes breastfeeding as a shared parental responsibility rather than a purely maternal task, thereby transforming household dynamics and health decision-making patterns (Kusumayanti, 2017). Thus, the theoretical frameworks collectively indicate that effective husband support is not merely auxiliary but foundational to achieving and sustaining exclusive breastfeeding practices. These theories provide a conceptual lens for analyzing empirical findings discussed in subsequent sections of this literature review.

METHOD

This study employed a systematic literature review approach to synthesize and analyze empirical research examining the relationship between husband support and the success of exclusive breastfeeding. The literature review method was selected to consolidate current evidence, identify recurring themes, and highlight theoretical and practical gaps in the field. The review followed the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines to ensure transparency, reproducibility, and methodological rigor (Moher et al., 2009). A

comprehensive search of relevant peer-reviewed literature was conducted across several academic databases, including PubMed, ScienceDirect, Scopus, Google Scholar, and regional databases such as Garuda (Garba Rujukan Digital Indonesia) and Neliti. The search was limited to studies published between 2015 and 2025 to capture recent developments and contemporary evidence. The following keywords and Boolean operators were used in combination to identify relevant studies: (“husband support” OR “paternal involvement” OR “partner support”) AND (“exclusive breastfeeding” OR “breastfeeding success” OR “lactation outcomes”) AND (“maternal behavior” OR “breastfeeding self-efficacy” OR “family support”)

For Indonesian databases, equivalent keywords in Bahasa Indonesia were used, including “dukungan suami,” “pemberian ASI eksklusif,” and “keberhasilan menyusui.” Reference lists of identified articles were also screened manually to locate additional relevant studies. To ensure relevance and methodological quality, studies were selected based on the following inclusion criteria:

A. Inclusion criteria:

1. Empirical studies (quantitative, qualitative, or mixed methods) investigating the relationship between husband/partner support and exclusive breastfeeding.
2. Studies published in English or Bahasa Indonesia between 2015–2025.
3. Research involving mothers of infants aged 0–6 months or data directly related to exclusive breastfeeding duration or success.
4. Studies providing measurable or described forms of husband support (emotional, instrumental, informational, or appraisal).

B. Exclusion criteria:

1. Studies focusing solely on general family support without specific mention of husband involvement.
2. Articles not available in full text or without sufficient methodological detail.
3. Editorials, opinion pieces, conference abstracts, and non-peer-reviewed publications.

The initial database search yielded approximately 243 articles. After removing duplicates and screening titles and abstracts for relevance, 56 studies were retained for full-text review. Following full-text screening based on inclusion and exclusion criteria, 25 studies met the eligibility requirements and were included in the final synthesis.

The study selection process followed the PRISMA flow diagram, which involved four main stages:

1. Identification of records through database searching and manual reference checks.
2. Screening of titles and abstracts for relevance.
3. Eligibility assessment of full-text articles.
4. Inclusion of studies meeting all criteria for synthesis.

Data Extraction and Analysis

Data from the included studies were extracted using a standardized data extraction sheet. The following information was recorded:

1. Author(s), year of publication, and country of study
2. Research design and sample characteristics
3. Types of husband support examined (emotional, instrumental, informational, appraisal)
4. Key findings related to exclusive breastfeeding outcomes
5. Statistical associations or qualitative themes reported

A thematic synthesis approach was used to organize and interpret the findings. Quantitative studies were summarized based on effect sizes or correlation strengths, while qualitative data were analyzed to identify recurring patterns, perceptions, and contextual influences. The integration of both data types provided a comprehensive understanding of how husband support contributes to exclusive breastfeeding success. Each study was assessed for methodological quality using standardized tools appropriate to the study design:

1. Quantitative studies were evaluated using the Joanna Briggs Institute (JBI) Critical Appraisal Checklist for Analytical Cross-Sectional Studies, focusing on sampling adequacy, measurement validity, and confounding control.
2. Qualitative studies were assessed using the CASP (Critical Appraisal Skills Programme) checklist to evaluate credibility, transferability, dependability, and confirmability.

Only studies rated as having moderate to high methodological quality were included in the synthesis to ensure reliability of conclusions.

RESULT AND DISCUSSION

This section presents the synthesized findings from 25 peer-reviewed studies published between 2015 and 2025 that investigated the relationship between husband support and the success of exclusive breastfeeding. The studies were conducted across various cultural contexts, with a majority originating from Indonesia, Southeast Asia, and several international settings (e.g., Malaysia, Nigeria, India, and Canada). Findings are organized thematically based on the types of husband support identified in the literature — emotional, instrumental, informational, and appraisal support — followed by an integrative discussion of contextual factors and overall impact.

Across most studies reviewed, there is consistent evidence that husband support has a significant positive association with exclusive breastfeeding outcomes. Quantitative studies using cross-sectional and correlational designs reported statistically significant relationships ($p < 0.05$) between perceived husband support and the likelihood of exclusive breastfeeding for six months (Wahyuni, 2020; Kusumayanti, 2017; Susilowati et al., 2021). For instance, Wahyuni (2020) found that mothers who received high levels of husband support were 3.2 times more likely to practice exclusive breastfeeding compared to those with low support. Similarly, Wulandari (2021) observed that husband support contributed to over 40% of the variance in exclusive breastfeeding success among postpartum mothers.

Conversely, a few studies (e.g., Rogayah, 2023) reported no statistically significant relationship, which researchers attributed to strong influences from other factors such as maternal employment, lack of lactation facilities, or cultural norms limiting paternal involvement. Collectively, these results suggest that husband support plays a critical—though sometimes context-dependent—role in determining the success and continuity of exclusive breastfeeding practices.

Emotional Support

Emotional support emerged as the most consistently reported determinant of successful exclusive breastfeeding. Emotional support includes expressions of empathy, encouragement, patience, and psychological reassurance provided by husbands to their breastfeeding partners. Studies demonstrated that mothers who received positive emotional reinforcement from their husbands were more likely to maintain exclusive breastfeeding despite initial challenges such as nipple pain, low milk confidence, or sleep deprivation (Wahyuni, 2020; Masang, 2023). Emotional support also correlated with lower stress levels, enhanced maternal satisfaction, and greater perceived competence in breastfeeding.

Qualitative evidence from Susilowati et al. (2021) revealed that mothers described their husbands' emotional presence as a “*source of strength*” and “*motivation to keep trying*” during breastfeeding difficulties. Conversely, lack of emotional support was often cited as a reason for early cessation of exclusive breastfeeding.

Instrumental (Practical) Support

Instrumental support, referring to direct physical or practical assistance, was also identified as a strong facilitator of breastfeeding success. Such support includes helping with household chores, preparing meals, caring for older children, and ensuring mothers have adequate rest and nutrition. In an Indonesian study by Boediarsih (2021), 78% of mothers who received active instrumental help from their husbands successfully practiced exclusive breastfeeding, compared to only 46% among those who did not. Likewise, Firdaus (2022) found that practical involvement—such as bringing the infant to the mother for feeding or assisting during nighttime feedings—was significantly associated with sustained exclusive breastfeeding. Interestingly, studies in urban populations (e.g., Prabandari et al., 2024) indicated that instrumental support was particularly crucial for working mothers, who faced competing demands between professional responsibilities and breastfeeding schedules. Husbands who provided logistical and physical help effectively reduced maternal fatigue and improved adherence to exclusive breastfeeding guidelines.

Informational Support

Informational support—the act of providing or facilitating access to accurate knowledge about breastfeeding—was another determinant highlighted across multiple studies. This form of support includes sharing educational materials, reminding mothers of breastfeeding schedules, or attending prenatal and postnatal counseling sessions together. For example, Dewanti and Wittiarika (2025) demonstrated that husbands who participated in antenatal education sessions were more likely to encourage exclusive breastfeeding and actively prevent early formula introduction. Similarly, Masang (2023) reported that husbands who possessed good knowledge about breastfeeding techniques and benefits provided more effective emotional and instrumental support. Moreover, informational support indirectly enhanced maternal self-efficacy, as mothers tended to feel more confident when their partners demonstrated understanding and competence regarding breastfeeding practices. However, gaps in husband knowledge—often due to lack of health education outreach—were frequently cited as barriers to optimal support (Wulandari, 2021).

Appraisal Support

Appraisal support, involving recognition, positive feedback, and validation of the mother's efforts, was less frequently studied but emerged as an important psychological component. Mothers who received affirmations or verbal acknowledgment from their husbands—such as appreciation for their effort or reassurance that breastfeeding is valuable—reported higher levels of satisfaction and commitment to exclusive breastfeeding (Carin, 2024). Studies grounded in self-efficacy theory (Dennis, 2003) emphasized that appraisal support strengthens the mother's belief in her capability to breastfeed successfully. This effect is particularly crucial in the early postpartum period when self-doubt and fatigue are common. While fewer studies quantitatively measured appraisal support, qualitative data consistently underscored its motivational significance.

Contextual and Cultural Factors

Cultural context plays a significant role in shaping husband involvement in breastfeeding. In patriarchal societies, traditional gender roles may limit men's participation in child-rearing activities, framing breastfeeding as a maternal duty. Nevertheless, emerging evidence suggests a gradual cultural shift toward shared parental responsibility in breastfeeding promotion (Kusumayanti, 2017; Rogayah, 2023).

Community-based studies revealed that exposure to couple-focused health education and family-centered interventions enhanced husbands' understanding of their role and increased breastfeeding duration. For example, Prabandari et al. (2024) reported that inclusion of fathers in breastfeeding counseling led to a 25% increase in exclusive breastfeeding rates at six months. In Indonesia, religious and cultural narratives that emphasize family harmony and mutual support have also been leveraged in public health campaigns to normalize husband involvement in breastfeeding support (Wahyuni, 2020). However, challenges persist in rural areas where cultural taboos and misconceptions about male involvement remain prevalent.

Comparative Analysis of Support Types

When comparing the types of husband support, most studies concluded that a combination of emotional and instrumental support yielded the greatest impact on exclusive breastfeeding outcomes. Emotional support provided psychological stability, while instrumental support reduced practical burdens together creating a holistic environment conducive to successful breastfeeding. A few studies (e.g., Dewanti & Wittiarika, 2025) emphasized that informational and appraisal support served as reinforcing factors that sustain long-term adherence to exclusive breastfeeding practices. The interplay among these four dimensions reflects the multidimensional nature of social support in the breastfeeding context.

Summary of Empirical Findings

Type of Support	Key Findings	Representative Studies (Year)
Emotional Support	Reduces stress, enhances confidence, increases exclusive breastfeeding duration	Wahyuni (2020); Masang (2023)
Instrumental	Provides practical assistance, reduces fatigue, Boediarsih	(2021); Firdaus

Type of Support	Key Findings	Representative Studies (Year)
Support	supports working mothers	(2022)
Informational Support	Enhances knowledge, promotes joint decision-making, increases self-efficacy	Dewanti & Wittiarika (2025); Wulandari (2021)
Appraisal Support	Boosts motivation through verbal reinforcement and recognition	Carin (2024)
Cultural Context	Determines husband involvement and societal acceptance of shared roles	Kusumayanti (2017); Rogayah (2023)

Overall, the empirical literature converges on the conclusion that husband support particularly emotional and instrumental plays a pivotal role in promoting and sustaining exclusive breastfeeding. When husbands are actively engaged and informed, mothers are more confident, motivated, and resilient in maintaining breastfeeding for the recommended duration.

Discussion

The synthesis of empirical studies clearly demonstrates that husband support plays a critical and multidimensional role in determining the success of exclusive breastfeeding. Emotional, instrumental, informational, and appraisal forms of support each contribute to different yet complementary aspects of a mother's breastfeeding journey. This finding aligns strongly with Social Support Theory (House, 1981) and Breastfeeding Self-Efficacy Theory (Dennis, 2003), which suggest that perceived social and emotional reinforcement from significant others enhances coping ability, motivation, and confidence in task performance. In this context, husband support functions as both a buffer against psychosocial stressors and a facilitator of maternal self-efficacy.

Emotional support, as consistently shown across studies, is the cornerstone of sustained breastfeeding behavior. It reduces postpartum anxiety and reinforces maternal confidence, directly influencing a mother's psychological readiness to continue breastfeeding despite challenges. Instrumental support complements this effect by alleviating the physical and logistical burdens that can interfere with breastfeeding, particularly among working mothers or those with multiple caregiving responsibilities. Informational and appraisal support, while less tangible, play equally important psychological roles. Informational support increases both partners' awareness of breastfeeding benefits and techniques, leading to shared decision-making and consistent adherence to health recommendations. Appraisal support manifested through validation and positive feedback enhances the mother's sense of accomplishment and reinforces breastfeeding as a valued maternal role.

The findings substantiate House's (1981) typology of social support, demonstrating how emotional, instrumental, informational, and appraisal supports collectively influence maternal outcomes. Mothers who perceive strong support from their husbands are more likely to maintain breastfeeding even when faced with difficulties. Perceived support was often found to be more influential than the actual frequency of supportive acts—suggesting that a mother's interpretation of her husband's attitude and empathy may weigh more heavily than the husband's tangible contributions. This reflects the psychological value of feeling emotionally connected and understood. Within the Social Cognitive Theory (Bandura, 1986) framework, husband support functions as a key environmental determinant that shapes maternal behavior through reinforcement and modeling. Husbands who express confidence in their wives' abilities, or who participate in infant care, act as sources of positive social modeling that enhance maternal self-efficacy and behavioral persistence. These interactions embody Bandura's concept of reciprocal determinism, wherein the environment (supportive husband), the individual (mother's confidence), and behavior (breastfeeding) continuously influence one another.

Findings across multiple studies (e.g., Wulandari, 2021; Dewanti & Wittiarika, 2025) support Dennis' (2003) Breastfeeding Self-Efficacy Theory. Verbal persuasion from husbands (e.g., encouragement and reassurance) and emotional stability fostered through partner support enhance maternal confidence, which in turn predicts the likelihood of continued exclusive breastfeeding. Husband support thus serves as both a motivational and stabilizing factor, reinforcing mothers'

belief that they are capable of breastfeeding successfully. A crucial insight emerging from this review is the strong cultural influence on husband involvement. In collectivist societies such as Indonesia, family roles are traditionally gendered, with childcare perceived as primarily a maternal responsibility. However, several studies noted a gradual cultural shift toward shared parenting and increased male participation in maternal health. Public health interventions that emphasize family harmony, religious values, and shared caregiving responsibilities have been particularly effective in enhancing husband involvement. For example, community-based programs integrating religious teachings on nurturing and mutual support were shown to improve both husband knowledge and engagement in breastfeeding support (Wahyuni, 2020).

Nevertheless, cultural barriers persist. In some rural communities, husbands may perceive their role as limited to financial provision, and societal taboos may discourage men from discussing breastfeeding. Addressing these barriers requires culturally sensitive interventions that redefine husband support as a vital aspect of fatherhood rather than a deviation from traditional masculine roles.

Practical Implications for Health Promotion and Policy

The evidence from this review has several important implications for public health programs, maternal nursing, and policy development:

1. **Integrating Husbands into Breastfeeding Education:** Antenatal and postnatal programs should explicitly include husbands in counseling sessions. Evidence shows that when men are informed about breastfeeding benefits and techniques, they become active facilitators rather than passive observers.
2. **Developing Couple-Based Interventions:** Health campaigns should move from mother-focused models to family-centered or couple-based approaches. This aligns with WHO's Family-Centered Maternity Care model, which recognizes the family as the primary support system for maternal and child health.
3. **Community and Religious Engagement:** In contexts like Indonesia, integrating breastfeeding promotion into religious gatherings, men's community groups (*pengajian bapak-bapak*), or workplace seminars can normalize husband involvement and address cultural resistance.
4. **Workplace Policy Support:** Policies promoting paternity leave, flexible working hours, or breastfeeding-friendly workplaces can indirectly enhance husband participation in childcare and support sustained exclusive breastfeeding.
5. **Healthcare Provider Training:** Nurses, midwives, and community health workers should be trained to engage fathers during consultations, ensuring they receive practical guidance on how to provide emotional and instrumental support to breastfeeding mothers.

CONCLUSIONS

This literature review provides compelling evidence that husband support is a pivotal determinant of exclusive breastfeeding success, influencing both the initiation and continuation of breastfeeding practices. The synthesis of empirical findings across 25 studies conducted between 2015 and 2025 demonstrates that the presence, perception, and quality of husband support substantially enhance a mother's confidence, motivation, and resilience in maintaining exclusive breastfeeding for the recommended six months. Drawing on the frameworks of Social Support Theory (House, 1981), Social Cognitive Theory (Bandura, 1986), and Breastfeeding Self-Efficacy Theory (Dennis, 2003), the findings confirm that husband support operates through psychological, behavioral, and environmental pathways. Emotional and instrumental support emerged as the most influential dimensions, providing both psychological reassurance and practical assistance to reduce maternal fatigue and stress. Informational and appraisal support further reinforce maternal confidence and perceived competence, sustaining long-term adherence to exclusive breastfeeding practices.

The review also highlights the contextual importance of culture and gender norms in shaping husband involvement. In Indonesia and similar sociocultural settings, patriarchal structures and traditional gender expectations often constrain male participation in maternal health activities. However, evidence indicates a progressive shift toward shared parental roles, particularly in

communities exposed to family-centered health education and religiously aligned interventions emphasizing mutual responsibility within marriage. Overall, husband support should not be seen as peripheral but rather central to maternal and child health promotion. Its influence extends beyond breastfeeding outcomes, fostering emotional well-being, family cohesion, and positive paternal engagement in early childcare — all of which are essential components of sustainable family health.

Recommendations

Based on the reviewed evidence, the following recommendations are proposed for policy-makers, healthcare providers, researchers, and community stakeholders:

1. **Integrate Husband Involvement into National Breastfeeding Strategies**
National health programs should formally recognize and institutionalize husband participation as a key component of breastfeeding promotion efforts, aligning with WHO's Family-Centered Care approach.
2. **Supportive Work and Family Policies**
Governments and private institutions should strengthen paternity leave policies, flexible work schedules, and family-friendly environments that enable fathers to actively support breastfeeding mothers
3. **Community-Based Male Engagement Initiatives**
Implement public health campaigns and community programs that target men specifically, using culturally appropriate messages and local role models to normalize father involvement in breastfeeding support.

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