

HUSBAND SUPPORT ON BREASTFEEDING SELF-EFFICACY POST SECTIO CAESAREA

**Ni Putu Indah Prabawati Ningrum¹, Ni Komang Erny
Astiti*², Asep Arifin Senjaya³, Ni Wayan Armini⁴, I
Nyoman Wirata⁵, Ni Wayan Suarniti⁶ and Ni Made Dwi
Purnamayanti⁷**

Health Polytechnic, Ministry of Health Denpasar,
Denpasar, Indonesia

(E-mail: astitierny@gmail.com)

The role of husband support in nursing self-efficacy in mothers after sectio caesarean section is investigated in this article. Three kinds of support are under emphasis, emotional, instrumental, and instructional help provided by spouses. The results indicate that while husbands usually provide emotional and physical support, they are less likely to offer valuable advice on nursing techniques, problem solving strategies, or breast milk production. The support of a mother's husband greatly enhances her confidence in nursing, fostering both physical recovery and breast development in their successful nursing endeavors. The theory of self-efficacy in nursing holds that mothers who practice exclusive nursing for longer periods of time and have more confidence often produce better results. Mothers who undergo post-section caesarean sections often experience increased psychological and physical discomfort, which can negatively impact their nursing performance. Thus, consistent and thorough help from husbands is crucial to empower these mothers, supporting their psychological well-being, and encouraging long-term breastfeeding success. This study emphasizes the need for spousal participation in improving nursing outcomes and implies that targeted educational interventions for husbands could improve their ability to support their partners properly.

Key words: Husband Support, Breastfeeding Self Efficacy, Post SC

INTRODUCTION

Breastfeeding helps meet global nutrition, health, survival, economic growth, and environmental sustainability goals. WHO and UNICEF recommend breastfeeding within an hour of delivery, exclusively for the first six months, and for at least two years with safe and sufficient complementary foods (1). Overall, breastfeeding has not attained WHO's 2030 target of 70%. The average achievement was 48% (2) (3). Many connected mother, neonate, and obstetric factors affect breastfeeding (3). The failure of exclusive breastfeeding in post SC is due to the failure of early initiation of breastfeeding, mother and baby being treated separately, the effect of anesthesia and procedures in the health facility (4). Family support, especially from the spouse, also affects nursing success, especially after SC. Husbands' positive attitudes may have altered their partners'

breastfeeding habits (5). Family support matters if the family operates smoothly and the lady is mentally and physically ready to breastfeed. Family and husband support can boost a mother's confidence to breastfeed exclusively (6). Early preparation throughout pregnancy and post-SC nursing is crucial. Husbands must be educated to support moms during pregnancy, childbirth, postpartum, and neonatal care. In fact, the study found husbands were confused about their roles because their skills were unsupported (7). According to research on couples' postpartum education needs, one is nursing practices and issues (8). This research examined husbands' post-SC breastfeeding support.

MATERIALS AND METHODS

The variables of this study were husband's support and breastfeeding self-efficacy post SC, which were tested by correlation with Spearman test. The sample was post SC in Karangasem Regional General Hospital, with purposive sampling method.

RESULTS AND DISCUSSION

Table 1. Husband's support frequency distribution

Husband's Support	f	%
Sufficient	29	80.6
Good	7	19.4
Amount	36	100.0

This study measured spousal assistance as emotional, instrumental, and educational help from husbands to breastfeeding. The husbands provided receptive, emotional, and instrumental assistance but rarely provided meaningful advice on nursing, problem-solving, and breast milk production. Men's support helps postpartum mothers heal and breastfeed. Husbands help moms socially through conversations, advice, physical help, and conduct (9).

Table 2. Frequency distribution of Breastfeeding Self-Efficacy Post Sectio Caesarea

Breastfeeding Self-efficacy	f	%
Less of Attention	13	36.1
Lots of Attention	23	63.9
Amount	36	100.0

Most respondents had good efficacy for exclusive breastfeeding. This shows that mothers understand the benefits of breastfeeding for their babies. Breastfeeding self-efficacy theory purports that women with higher breastfeeding self-efficacy will have better breastfeeding outcomes (10). Mothers who are breastfeeding confidently at the beginning of the postpartum stage tend to do it for longer and have higher self-efficacy in exclusive breastfeeding (11).

Table 3. The Relationship Between Husband Support and Breastfeeding Self Efficacy Post Sectio Caesarea

Husband's	Breastfeeding Self Efficacy	Amount	p Value	Rank
-----------	-----------------------------	--------	---------	------

Support	Less of Attention		Lots of Attention				Spearman
	f	%	f	%	f	%	
Sufficient	13	36.1	16	44.5	29	80.6	0.027 0.369
Good	0	0	7	19.4	7	19.4	
Amount	13	36.1	23	63.9	36	100.0	

Self-efficacy is a psychological factor identified as a significant predictor of intention, duration, and exclusivity of breastfeeding (11). Emotional support to nursing postpartum may play a role in helping to become self-determined and competent in breastfeeding continuation (12). Post SC is at risk of experiencing psychological complaints in the postpartum period (13). This is due to the discomfort experienced by the surgical sutures, which interferes with several activities including breastfeeding. SC surgery requires a longer treatment, which is around 4-6 weeks, so mothers should receive optimal support from health workers, family, especially their husbands (14). Husbands help moms socially through conversations, advice, physical help, conduct and mental care (6) (13).

CONCLUSION

Husband support affects breastfeeding self-efficacy post SC, so it is necessary to actively involve the husband in the postpartum period to provide emotional, informative, instrumental and appreciative support. In prenatal education, husbands should be involved so that they have good knowledge, attitudes and skills to be able to carry out their role as a mother's partner in the postpartum period and infant care.

REFERENCES

1. World Health Organization & United Nations Children's Fund. Implementation Guidance: Protecting, promoting and supporting breastfeeding in facilities providing maternity and newborn services: implementing the revised Baby-friendly Hospital Initiative. World Health Organization and the United Nations Children's Fund (UNICEF). Switzerland: World Health Organization and the United Nations Children's Fund (UNICEF); 2018. 64 p.
2. World Health Organization & United Nations Children's Fund. Global Breastfeeding Scorecard 2022: Protecting Breastfeeding Through Further Investments and Policy Actions. Global Breastfeeding Collective. 2022;1-6.
3. Lande MS, Nedberg IH, Anda EE. Factors associated with exclusive breastfeeding at hospital discharge: A study using data from the Georgian Birth Registry. *International Breastfeeding Journal*. 2020;15(1):1-10.
4. Lajuna L, Ramli N, Kesehatan Kementerian Kesehatan P, Soekarno -Hatta J, Darul Imarah K, Aceh Besar K. The Challenges of Early Initiation of Breastfeeding in Post Sectio Caesarea Patients. *Science Midwifery*. 2022;10(4):2809-16.
5. Al Namir HMA, Brady AM, Gallagher L. Fathers and breastfeeding: Attitudes, involvement and support. *British Journal of Midwifery*. 2017;25(7):426-40.
6. Davidson EL, Ollerton RL. Partner behaviours improving breastfeeding outcomes: An integrative review. *Women and Birth*. 2020;33(1):e15-23.
7. Astiti NKE, Purnamyanti NMD. Couple Prenatal Class. Khoeriyah SM, editor. Yogyakarta; 2022.
8. Astiti NKE, Purnamayanti NMD. Identification of the Needs Couples Against Prenatal Class Program in Badung Regency. *Indonesian Journal of Nursing and Midwifery*. 2022;10(1).
9. Francine de Montigny, Christine Gervais, Danaë Larivière-Bastien KSA. The role of fathers during breastfeeding. *Midwifery*. 2018;58:6-12.

10. Suartiningsih, Sang Ayu Kompang, Ni Komang Erny Astiti, Listina Ade Widya Ningtyas NG, Kompang Sriasih INW. The relationship between breastfeeding contact with breastfeeding self-efficacy in Wangaya Hospital Denpasar City. *JNKI (Jurnal Ners dan Kebidanan Indonesia) (Indonesian Journal of Nursing and Midwifery)*. 2022;10(4).
11. Awaliyah SN, Rachmawati IN, Rahmah H. Breastfeeding self-efficacy as a dominant factor affecting maternal breastfeeding satisfaction. *BMC Nursing*. 2019;18(Suppl 1):1–7.
12. Lau CYK, Lok KYW, Tarrant M. Breastfeeding Duration and the Theory of Planned Behavior and Breastfeeding Self-Efficacy Framework: A Systematic Review of Observational Studies. *Maternal and Child Health Journal*. 2018;22(3):327–42.
13. Purwanti NWD, Astiti NKE, Dewi IGAAN, Sanjaya INH, Wirata IN, Utarini GAE. The inclination of psychological disorder of post sectio caesarean based on characteristic. *JNKI (Jurnal Ners dan Kebidanan Indonesia) (Indonesian Journal of Nursing and Midwifery)*. 2022;10(3):205–13.
14. Xu H, Ding Y, Ma Y, Xin X, Zhang D. Cesarean section and risk of postpartum depression: A meta-analysis. *Journal of Psychosomatic Research*. 2017;97:118–26.