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The Relationship between Husband Support and Self-Efficacy of Breastfeeding Mothers in the Work Area of the Cibeber Health Center, Cimahi City in 2026

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Abstract

The self-efficacy of breastfeeding mothers is the mother's confidence in her ability to breastfeed optimally and sustainably. Husband's support as a form of social support is suspected to play a role in increasing the confidence of breastfeeding mothers. However, exclusive breastfeeding coverage in the work area of the Cibeber Health Center in Cimahi City is still low (59.65%) compared to the city's achievements, so a study is needed related to the factors that affect it. This study aims to determine the relationship between husband support and the self-efficacy of breastfeeding mothers in the working area of the Cibeber Health Center, Cimahi City in 2026. The research uses a correlational analytical design and a cross-sectional approach. The total sampling technique was used to select 53 breastfeeding mothers aged 0–6 months as samples. The research instruments consisted of a spouse support questionnaire and a Breastfeeding Self-Efficacy Scale-Short Form (BSES-SF) questionnaire. Reliability and validity tests were carried out and declared satisfactory. Chi-Square test to analyze the data. The results showed that the husband's support was less than half in the good category (41.5%) and the mother's self-efficacy was less than half in the high category (45.3%). The chi-square test did not show a significant association between maternal self-efficacy in breastfeeding and partner support ($p>0.05$). The p-value is 0.389. This study concluded that there was no correlation between maternal efficacy in breastfeeding and partner support. It is recommended that health workers continue to involve couples in breastfeeding education and that future researchers investigate additional factors that affect the self-efficacy of breastfeeding mothers.

Keywords: Husband Support, Self-Efficacy, Breastfeeding Mothers

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1. Introduction

Exclusive breastfeeding during the first six months of life is an important effort to support the optimal growth and development of the baby. This practice includes initiation of early breastfeeding (IMD) immediately after birth for at least one hour, exclusive breastfeeding until the age of 6 months, nutritious complementary feeding (MP-ASI) from the age of 6 months, and continuing breastfeeding until the age of 24 months or more (Ministry of Health of the Republic of Indonesia, 2024). Breastfeeding during the first thousand days of life has been shown to be the most effective way to improve a baby's survival, protect against disease, and support healthy growth and development (Wrottesley et al., 2016). Inadequate breastfeeding is known to contribute to increased child morbidity and mortality, with approximately 823 thousand child deaths annually worldwide related to suboptimal breastfeeding practices (Demirchyan & Melkom Melkomian, 2020; Victora et al., 2016).

Exclusive breastfeeding coverage in Indonesia shows an increasing trend from 61.5% in 2022 to 63.9% in 2023 and increasing again to 69.26% in 2024, although it is still below the national target of 80% (Ministry of Health of the Republic of Indonesia, 2025). In West Java Province, exclusive breastfeeding coverage in 2024 will reach 72.39%. Meanwhile, in Cimahi City, exclusive breastfeeding coverage is 81.46%. However, there is a difference in achievement between the health center areas, where the Cibeber Health Center has the lowest coverage, which is 59.65%. This condition indicates that there are problems that require further study related to the factors that affect the success of exclusive breastfeeding.

Various factors affect the success of breastfeeding, one of which is social support from the nearest environment, especially the husband. Husband's support can improve the mother's psychological condition, reduce stress, and affect the secretion of the hormones prolactin and oxytocin which play a role in the production and production of breast milk (Elisa et al., 2023). Such support can be emotional, informational, instrumental, and reward support as described in the theory of social support by House (1981) in Baney's (2023) research.

In addition, the success of breastfeeding is also influenced by the self-efficacy of breastfeeding mothers, namely the mother's confidence in her ability to breastfeed her baby. According to Bandura's (1997) theory of self-efficacy, an individual's belief in his or her abilities will affect behavior, perseverance, and success in performing an action. Mothers with high self-efficacy tend to be more confident, able to overcome breastfeeding barriers, and maintain exclusive breastfeeding. On the other hand, low self-efficacy can cause mothers to give up more easily and stop breastfeeding early (Dennis, 2003; McQueen et al., 2010).

The results of a preliminary study at the Cibeber Health Center in Cimahi City showed that some breastfeeding mothers with babies aged 0–6 months still felt doubtful about their ability to provide exclusive breastfeeding. Some mothers reveal that it is easy to feel anxious when facing breastfeeding difficulties, such as fussy babies or worries that breast milk is not enough. In addition, the husband's support has also not been optimally

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provided, especially in the form of emotional support and direct involvement in the breastfeeding process. This condition shows that there is a possible relationship between husband support and self-efficacy of breastfeeding mothers.

2. Research Method

This study is a quantitative research with a correlational analytical design using a cross-sectional approach to determine the relationship between husband support and self-efficacy of breastfeeding mothers in the working area of the Cibeber Health Center. The population in this study is all breastfeeding mothers in the working area of the Cibeber Health Center. The sampling technique used total sampling, so that all populations that met the inclusion criteria were made into research respondents with a sample of 53 breastfeeding mothers.

Data collection was carried out using two research instruments, namely the husband support questionnaire and the breastfeeding mother's self-efficacy questionnaire. Both variables were measured at the same time without intervention, according to the characteristics of the cross-sectional design. The data obtained was then categorized according to the assessment scale of each instrument.

Data analysis was carried out univariate and bivariate. Univariate analysis was used to describe the distribution of the frequency of husband support and the level of self-efficacy of breastfeeding mothers. Bivariate analysis was conducted to determine the relationship between husband support and self-efficacy of breastfeeding mothers using the Chi Square test.

3. Results And Discussions

a. Result

Table 1. Distribution of Husband Support Frequencies

Husband's Support	Frequency (f)	Percentage (%)
Support	22	41.5
Not Supported	31	58.5
Total	53	100

Based on Table 1, of the 53 respondents of breastfeeding mothers, most or 31 respondents (58.5%) did not receive husband support.

Table 2. Self-Efficacy Frequency Distribution

Self-Efficacy	Frequency (f)	Percentage (%)
High	24	45.3
Low	29	54.7
Total	53	100

Based on Table 2, of the 53 respondents breastfeeding mothers, more than half or 29 respondents (54.7%) have low self-efficacy.

Table 3. Relationship between Husband Support and Self-Efficacy

Husband's Support	High Efficacy	Low Efficacy	Total	p-value
Support	12 (54.5%)	10 (45.5%)	22	0.389
Not Supported	12 (38.7%)	19 (61.3%)	31	
Total	24 (45.3%)	29 (54.7%)	53	

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Based on Table 3, it is known that of the 22 respondents who received husband's support, 12 people (54.5%) had high self-efficacy and 10 people (45.5%) had low self-efficacy. Meanwhile, in the non-supportive group of 31 respondents, 12 people (38.7%) had high self-efficacy and 19 people (61.3%) had low self-efficacy. The results of the bivariate analysis showed a p-value of 0.389 (>0.05), so there was no statistically significant relationship between husband support and self-efficacy of breastfeeding mothers.

b. Discussion

1. Overview of Husband's Support for Breastfeeding Mothers in the Cibeber Health Center Working Area

Based on Table 1, of the 53 respondents of breastfeeding mothers, most or 31 respondents (58.5%) did not receive husband support. These results illustrate that more than half of breastfeeding mothers have not received maximum support in the form of emotional, informational, instrumental, or rewarding. This data shows that most breastfeeding mothers in the work area of the Cibeber Health Center do not have an optimal level of self-confidence in carrying out their breastfeeding roles. This condition is an important concern because self-efficacy is a psychological determinant that has a direct effect on health behavior, including the sustainability of exclusive breastfeeding. Mothers who have low self-confidence tend to feel anxious more easily, doubt the adequacy of breast milk, and are more prone to stop breastfeeding when facing obstacles.

According to the theory of self-efficacy from Albert Bandura (1997), a person's self-confidence is influenced by success experiences, other people's experiences, verbal persuasion, as well as physical and emotional conditions, with success experience as the strongest factor. Mothers who have successfully breastfed or are able to overcome difficulties before usually have high confidence, although the husband's support is not always optimal. In addition, knowledge and education also play an important role in forming self-confidence. According to Notoatmodjo (2014), knowledge is the main factor in the formation of behavior, so mothers who understand the benefits and breastfeeding techniques well tend to be more confident. This condition may explain why the relationship between husband support and self-efficacy in this study did not show significant results.

The findings of this study are in line with the research of Rahmi (2024) and Sabila (2022) which shows that husband support is not always directly related to the self-efficacy of breastfeeding mothers. Most of the mothers in the study also had previous breastfeeding experiences, so this experience helped boost their confidence. Thus, the self-efficacy of breastfeeding mothers is the result of various interrelated factors, both internal factors such as experience, knowledge, and psychological conditions, as well as external factors such as social support. Therefore, efforts to improve mother's self-efficacy do not only focus on husband's support, but also need to pay attention to aspects of education and psychological readiness of mothers.

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2. **Overview of Self-Efficacy of Breastfeeding Mothers in the Working Area of the Cibeber Health Center**

Based on Table 2, of the 53 respondents of breastfeeding mothers, more than half or 29 respondents (54.7%) have low self-efficacy. This data shows that most breastfeeding mothers in the work area of the Cibeber Health Center do not have an optimal level of self-confidence in carrying out their breastfeeding roles. This condition is an important concern because self-efficacy is a psychological component that has a direct effect on health behavior, including the sustainability of exclusive breastfeeding. Mothers who have low self-confidence tend to feel anxious more easily, doubt the adequacy of breast milk, and are more prone to stop breastfeeding when facing obstacles.

Self-efficacy according to Albert Bandura (1997) is an individual's belief in his ability to organize and carry out actions to achieve certain goals. In the context of breastfeeding, self-efficacy reflects the mother's confidence in her ability to breastfeed effectively despite facing various challenges, such as fussy babies or the perception of lack of breast milk. Bandura (1997) explained that self-efficacy is formed through four main sources, namely success experience, vicarious experience, verbal persuasion, and physiological and emotional conditions, with success experience as the strongest factor. Positive experiences increase maternal confidence, while negative experiences and emotional conditions such as stress and fatigue can decrease the perception of self-worth.

Research by Cindy-Lee Dennis (2003) shows that mothers with high self efficacy breastfeeding have a greater chance of maintaining exclusive breastfeeding for up to six months than mothers with low self-efficacy. This shows that self-efficacy is an important predictor of breastfeeding behavior, because confident mothers tend to be more active in finding solutions when facing lactation problems, while mothers with low self-efficacy are more susceptible to social pressure or myths. In addition, psychological factors such as postpartum mental state and emotional support also play a role in shaping mothers' self-confidence in breastfeeding.

Overall, the low self-efficacy of breastfeeding indicates the need for comprehensive interventions, such as lactation counseling, antenatal education, and family support to increase maternal confidence. Strengthening self-efficacy not only affects the success of exclusive breastfeeding, but also supports the psychological well-being of the mother. Therefore, self-efficacy needs to be an important concern in maternal and child health services.

3. **The Relationship of Husband Support with Self-Efficacy**

Based on Table 3, it is known that of the 22 respondents who received husband's support, 12 people (54.5%) had high self-efficacy and 10 people (45.5%) had low self-efficacy. Meanwhile, in the non-supportive group of 31 respondents, 12 people (38.7%) had high self-efficacy and 19 people (61.3%) had low self-efficacy. The results of the bivariate analysis showed a p-value of 0.389 (>0.05), so

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it can be concluded that there is no statistically significant relationship between husband support and self-efficacy of breastfeeding mothers.

According to Bandura's (1997) theory of self-efficacy, a person's belief in his abilities is influenced by four main sources, namely mastery experience, vicarious experience, verbal persuasion, and physiological and emotional conditions. Among these four factors, the experience of success is the strongest. This means that mothers who have successfully breastfed before tend to have higher levels of confidence, although their husband's support is not always optimal. In addition, the level of knowledge and education also help to form self-confidence. Notoatmodjo (2014) stated that knowledge is an important basis in the formation of behavior and beliefs. Mothers who understand the benefits of breastfeeding, breastfeeding techniques, and how to overcome lactation problems will be more confident in their abilities, so the relationship between husband support and self-efficacy may be insignificant.

From the psychological side, the emotional condition of the mother also plays a big role. Bandura (1997) explained that stress, anxiety, and fatigue can reduce the perception of self-ability, while the ability to manage emotions will strengthen self confidence. In addition to the support of the husband, the mother can also get support from the extended family and health workers. House (1981) emphasized that social support is multidimensional, so education and encouragement from midwives or lactation counselors can be a meaningful source of reinforcement for mothers in improving their efficacy.

The findings of this study are in line with Rahmi (2024) who showed that there was no significant relationship between husband support and self-efficacy of breastfeeding mothers ($p = 0.933$), where most respondents had previous breastfeeding experience. Similar results were also found by Sabila (2022) who stated that the husband's knowledge, experience, and verbal persuasion were not significantly related to breastfeeding self-efficacy (p value > 0.05). Thus, the self-efficacy of breastfeeding mothers is a complex aspect and is influenced by various factors, both from within the mother and from the surrounding environment. Therefore, efforts to improve self efficacy should not only focus on the support of the husband, but also on strengthening the experience, education, and psychological well-being of the mother.

4. Conclusion

Based on the results of a study on the relationship between husband support and the self-efficacy of breastfeeding mothers at the Cibeber Health Center, Cimahi City in 2026 with a total of 53 breastfeeding mothers, it can be concluded that 22 respondents (41.5%) received husband's support, while 31 respondents (58.5%) did not. The description of self-efficacy of breastfeeding mothers shows that 24 respondents (45.3%) had high self-efficacy and 29 respondents (54.7%) had low self-efficacy. The statistical test showed a p-value of 0.389 ($p > 0.05$), indicating no statistically significant relationship between husband support and self-efficacy of breastfeeding mothers in this study.

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5. Compliance with ethical standards

Ethical Approval

This study was conducted in accordance with ethical principles for health research involving human subjects. Ethical approval was obtained from the Research Ethics Committee of the Faculty of Health Sciences and Technology, Jenderal Achmad Yani University (KEPK FITKes UNJANI), with Ethical Clearance Number 087/KEPK/FITKes-Unjani/II/2026.

The study was conducted among breastfeeding mothers in the working area of Cibeber Health Center, Cimahi City. The researcher applied the principles of respect for human dignity, privacy and confidentiality, justice and inclusiveness, as well as balancing potential benefits and risks. Respondents' identities were kept confidential by using registration numbers and initials rather than personal names and addresses.

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Disclosure of Conflict of Interest

The author declares that there is no conflict of interest related to the conduct and publication of this research.

Statement of Informed Consent

Written informed consent was obtained from all respondents before their participation in the study. Respondents were informed about the purpose of the research, the voluntary nature of their participation, their right to refuse or withdraw from the study at any time without consequences, and the confidentiality of the information provided. The data collected through the questionnaires were used solely for research purposes.

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