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DOI: [10.31965/infokes.Vol22.Iss2.1537](https://doi.org/10.31965/infokes.Vol22.Iss2.1537)Journal homepage: <https://jurnal.poltekkeskupang.ac.id/index.php/infokes>**RESEARCH****Open Access****Partner and Household Factors Associated with Breastfeeding Practice: A Systematic Review****Supriatin<sup>1a\*</sup>, Ni Made Dwi Yunica Astriani<sup>2b</sup>, Mochamad Heri<sup>2c</sup>, Mohamad Sadli<sup>3d</sup>**<sup>1</sup> Nursing Science Program, Cirebon College of Health Sciences, Cirebon, West Java, Indonesia<sup>2</sup> Professional Nursing Program, School of Nursing, Buleleng Health Science College (BHSC), Denpasar, Bali, Indonesia<sup>3</sup> Public Health Program, Cirebon College of Health Sciences, Cirebon, West Java, Indonesia<sup>a</sup> Email address: [supriatin98@yahoo.co.id](mailto:supriatin98@yahoo.co.id)<sup>b</sup> Email address: [astrianiyunica1@gmail.com](mailto:astrianiyunica1@gmail.com)<sup>c</sup> Email address: [mochamad\\_heri@rocketmail.com](mailto:mochamad_heri@rocketmail.com)<sup>d</sup> Email address: [msadli333@gmail.com](mailto:msadli333@gmail.com)

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**Abstract**

The role of partner and family in breastfeeding practice is still rare. Previous studies were more likely to discuss the impact of infant and mother factors. This study aimed to examine the role of partner and family factors associated with breastfeeding factors. This systematic review includes 18 journal articles from four databases such as PubMed, ScienceDirect, SCOPUS, and Scholar Google. The selection of journal articles was described in the PRISMA diagram. The findings revealed that the factors from partners including education, support, knowledge about breastmilk, age, and occupation, and factors from family and household including food security, family support, family intention, and type of family play a role in influencing the breastfeeding practice. Since this study only focused on partner and household factors, the findings emphasize the significant role of partner and family in improving the breastfeeding practice. The government and related stakeholders can take an important role in contributing to increasing the participation of partners or husbands in breastfeeding practices such give parental leave to support the wife during exclusive breastfeeding.

**Keywords:** Breastfeeding, Partner, Family.

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**\*Corresponding Author:**

Supriatin

Nursing Science Program, Cirebon College of Health Sciences, Cirebon, West Java, Indonesia

Email: [supriatin98@yahoo.co.id](mailto:supriatin98@yahoo.co.id)

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## 1. INTRODUCTION

Breastmilk is the first natural source of ideal nutrition for babies which is the most proper nutrition for optimal growth and development. World Health Organization (WHO) recommends giving breast milk for up to 6 months without additional food and drink (UNICEF, 2023; WHO, 2024). There are some indicators related to breastfeeding including, ever breastfed, early initiation of breastfeeding, and exclusively breastfed for the first 2 days after birth. According to World Health Organization (WHO) data, from 2015 to 2020 only 44% of infants worldwide are exclusively breastfed (World Health Organization, 2021). This situation is still under the global target which is 70% in 2030 (World Health Organization & UNICEF, 2019). In the Indonesian context, 66.06% of babies were exclusively breastfed in 2020 which still did not reach the coverage target of the Ministry of Health Indonesia in 2020 which was 80% (Ministry of Health Indonesia, 2023). Moreover, the data from the United Nations Children's Fund (UNICEF) reported more than 40% of infants in Indonesia received complementary foods before age six months (UNICEF, 2020). Moreover, less than half of babies under 6 months of age receive exclusive breast milk. Indonesia's exclusive breastfeeding coverage in 2022 was recorded at only 67.96%, down compared to 69.7% in 2021, this shows the need for more intensive support so that coverage can increase (Ministry of Health Indonesia, 2018). In the specific region in Asia, early initiation of exclusive breastfeeding remained low which was around half and less. In South-eastern Asia, the coverage of early initiation of exclusive breastfeeding was 51% which was the highest among other regions in Asia. Moreover, the coverage of exclusive breastfeeding up to 6 months and continued breastfeeding was 46% and 59%, respectively which remained low compared to other regions in Asia (UNICEF, 2023).

Household factors play a significant role in exclusive breastfeeding practices. Studies have shown that lower household income is associated with a decreased probability of breastfeeding initiation and continuation (Cohen et al., 2018). Additionally, the size of the household has been identified as a factor influencing the rates of exclusive breastfeeding, suggesting that household dynamics may impact breastfeeding behaviors (Dede & Bras, 2020). Studies have demonstrated that partner support, including being sensitive to the mother's needs, assisting in managing breastfeeding difficulties, and helping with household and childcare duties, can lead to improved breastfeeding behaviors (Ogbo et al., 2015). Additionally, paternal involvement is associated with enhanced maternal prenatal and postpartum behaviors, such as early initiation of prenatal care, smoking cessation, and breastfeeding initiation and duration (Kortsmitt et al., 2020). Moreover, fathers providing physical and emotional support to their breastfeeding partners have a positive influence on breastfeeding practices (Gebremariam et al., 2020). It has been suggested that educating fathers on how to adequately support their breastfeeding partners may be a crucial element in successful breastfeeding promotion (Bennett & Kearney, 2017). Additionally, the statutory right to extensive parental leave can support breastfeeding duration by allowing fathers to share care responsibilities, thus enabling mothers to have the time needed for breastfeeding (Vanderlinden et al., 2020).

Most of the previous studies focused on individual factors, such as infant and mother. There is limited study including the partner and household factors on the correlation to breastfeeding practice. Existing studies found the role of husband as main support system for mother to breastfeed (Nepali & Shakya, 2019; Surbakti et al., 2021), but just a few put added the household's role in the same models. This study relevance to Indonesian setting where the patriarchy system applied in daily life of the family. The impact of public health status is not only for the mother and baby, but also for the next generation. This study aimed to review the partner and household factors related to breastfeeding practice. Additionally, this study wanted

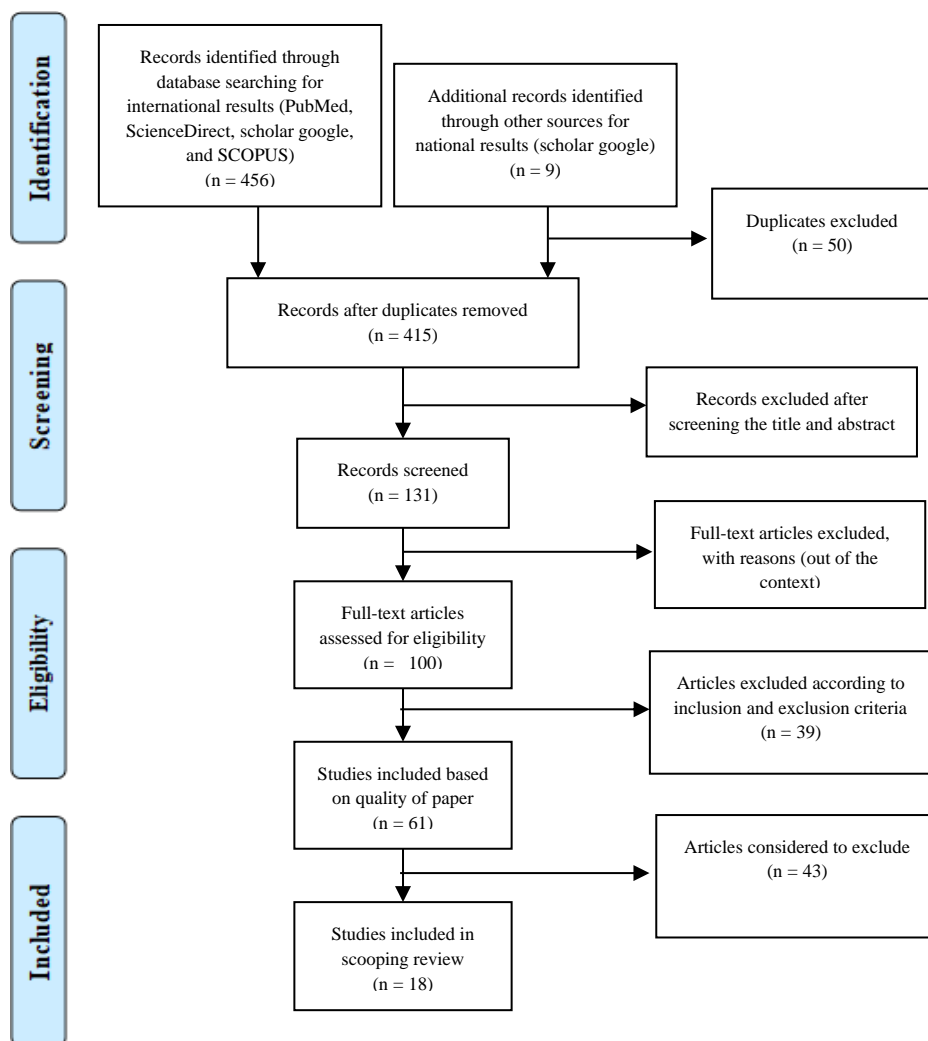
to explore how the role of partner and household to influence the breastfeeding practice in the households.

## **2. RESEARCH METHOD**

This study is systematic review for confirming the relevance of inclusion criteria and prospective topics (Makinde et al., 2022). The methodology framework in this study was retrieved from the literature that includes the eligibility of the study, database information and search strategies, PRISMA-ScR flow chart, and the data charting of the reviewed literature (Arksey & O'malley, 2005). This study included the studies of breastfeeding related to its risk factors or determinants. This study used PICOTS as a tool to define a clear review question for prognostic factor studies in the formulation of the research problem.

There is no limit to the study setting area. The studies in English and full text are eligible for this review. The exclusion criteria in this review include the studies of breastfeeding but are closer to the topic of clinical medicine, which is unrelated to the social science context. This study contains articles in English and Bahasa Indonesia but the study does not provide full text were excluded. The period of data searching articles is 10 years. The databases used in this study include PubMed, ScienceDirect, SCOPUS, and Scholar Google. All the documents searched in the database were the following themes or keywords below: "Keywords used: "factor" OR "determinant" OR "predictor" OR "effect" AND "exclusive" OR "exclusively" AND "breastfeeding" OR "breastfeeding"

The process of studies selected was described in the figure 1 below. A total of 456 published studies were initially retrieved from international and 9 studies from national level. In the first step, the articles from both international and national were excluded 50 results 415 after removing the duplicates. Then the screening process including looking at the title and abstract of each study removed 284 articles which resulted in 131 remaining articles. During the process of quality assessment, the 31 articles out of context were carefully excluded which resulted in 100 articles. After considering inclusion and exclusion criteria, 39 articles were removed results 61 articles remained. After that, 10 articles were considered to be removed because the content consideration that resulted in 18 articles remains.



**Figure 1.** PRISMA flowchart of the selection process for scoping review (*Source: prepared by authors with adapted from (Moher et al., 2009)*)

### 3. RESULTS AND DISCUSSION

The data charting of 18 studies included in this study is described in Table 1 below. The table consists of information about the author's name, year of publication, country, objective, context, framework, method, and result. The household's level is also found significantly correlated with breastfeeding indicators. The findings include wealth index, food security, family income, type of family, and family size. The husband's or partner's factors include the husband's educational level, support from the husband, Socioeconomic status (SES), joining antenatal education courses, father's age, and father's occupation. Other family members and relative's factors are support from family, online support groups, relatives' suggestions, and family support. The household domain contains three aspects including households, husband/partner, and other relatives. For household's characteristics, it contains wealth index, food security, family income, type of family, family size. For husband/ partner characteristics, it contains husband's educational level, support from husband, SES, joining antenatal education course, father's age, father's occupation. For other relative's characteristics, it contains support from family, online support groups, relatives' suggestions, and family support.

**Table 1.** The summary of information of articles related to role of partner and family

No	Author(s), year of publication, and country	Objective	Context	Method	Results
1.	Muluneh, (2023), Ethiopia	To identify the predictors of exclusive breastfeeding practices among mothers (Muluneh, 2023)	Exclusive breastfeeding	Cross-sectional data using EDHS 2016 with a total of 1,066 mothers	Husband's educational level, number of living children, wealth index.
2.	Cozma-Petruț, et al (2021), Romania	To assess current breastfeeding practices and investigate the factors associated with exclusive breastfeeding under 6 months of age in Northwestern Romania (Cozma-Petruț et al., 2021)	Exclusive breastfeeding	Cross-sectional data with 1,399 mothers of children aged 0-23 months.	Parental leave duration.
3.	Nurokhmah, et al (2022), Indonesia	To examine the bio-demographic, socio-cultural, and behavioral characteristics associated with breastfeeding (Nurokhmah et al., 2022)	- Breastfeeding	Cross-sectional data using IDHS 2017.	Wealth index
4.	Schorn, et al (2023), Brasil	To identify factors associated with breastfeeding abandonment in the first month after return (Schorn et al., 2023)	Breastfeeding abandonment	252 women working at the hospital who had children aged 12 to 36 months and still breastfed when returned to work	Cohabiting with someone other than a partner
5.	Permatasari, et al (2020), Indonesia	To determine the association of health workers, support, and other factors on exclusive breastfeeding practice among working mothers (Permatasari & Sudiartini, 2020)	EBF Working mother	A cross-sectional study employed 126 working mothers who had babies aged 7-24 months in Bogor, Indonesia.	Support from the husband.
6.	Chen Chu, et al (2019), China	To investigate the relationship between socioeconomic status and the initiation and duration of breastfeeding in China (Chen et al., 2019)	Initiation of BF Duration of BF	Longitudinal study from China Family Panel Studies. A total of 2,938 infants born	Factors associated are the educational level of the mother and ISEI score of

				between 2010 and 2014 were included in the study.	33-58 of the mothers, and 59-90 of the fathers.
7.	Gutierrez-de-Teran-Moreno, et al., (2022), Spain	To analyze factors affecting breastfeeding prevalence among mothers who intended to breastfeed (Gutierrez-de-Terán-Moreno et al., 2022)	BF prevalence	401 pregnant women	Father/partner antenatal education course.
8.	Chien, et al., (2022), Thailand, UK, South Korea, Taiwan, Brazil	To examine breastfeeding intention during pregnancy and breastfeeding behavior among postpartum women (Chien et al., 2022)	BF intention postpartum	The cross-sectional study included 3253 mothers within six months of birth	Support from spouse/partner/friend/relative.
9.	Lee, et al., (2020), Korea	To investigate the relationship between socioeconomic status and breastfeeding to promote future breastfeeding projects (Lee & Kim, 2020)	Socioeconomic Breastfeeding	A cross-sectional study using (KNHES) included 1,220 children.	Father's age, and father's education level.
10.	Kabir, et al., (2022), Bangladesh	To examine the trend of World Health Organization's (WHO) recommended breastfeeding practices and determinant factors of exclusive breastfeeding (EBF) (Kabir & Islam, 2022)	EBF	Cross-sectional study using BDHS	Wealth index, place of residence, and father's educational level.
11.	Ramadani, et al., (2017), Indonesia	To determine the dominant factors associated with EBF (Ramadani, 2017)	EBF	The cross-sectional study included 208 mothers of infants aged 6-12 months	Family support.
12.	Mirahmadizadeh, et al (2020), Iran	To determine the breastfeeding patterns and their associated factors (Mirahmadizadeh et al., 2020)	BF patterns	The cross-sectional study included 1439 mothers of newborns	Family income, parental education, and parental job.
13.	Gogoi, et al (2015), India	To assess the prevalence of EBF and to study the factors affecting breastfeeding practices (Gogoi et al., 2015)	EBF	A cross-sectional study at community-based included 105 mothers having children 6-24 months	Type of family

14.	McQueen, et al., (2015), Canada	To evaluate breastfeeding outcomes among Aboriginal women and to determine variables affecting breastfeeding in the early postpartum period (McQueen et al., 2015).	EBF	The prospective cohort study included 130 breastfeeding Aboriginal women	Household income, partner support
15.	Chhetri, et al., (2018), India	To study the factors influencing EBF practices among working mothers (Chhetri et al., 2018).	EBF	Cross-sectional in community-based included 137 employed mothers	Educational level of mother and father, occupation of father
16.	Nuampa, et al., (2022)., Thailand	to document breastfeeding practices, EBF rates, and associated factors with six-month exclusive breastfeeding during the second wave of the coronavirus outbreak in Thailand (Nuampa et al., 2023)	EBF COVID-19	A cross-sectional study with mix-method included 390 women for quantitative and 15 women for qualitative	Spousal support
17.	Piankusol, et al., (2021), Thailand	to identify factors affecting breastfeeding among mothers living in Thailand during the lockdown (Piankusol et al., 2021)	Breastfeeding COVID-19	The cross-sectional study included 903 mothers with infants aged 0-12 months	Lack of family support
18.	Ahmed, et al., (2021), Bangladesh	To see the trend of breastfeeding indicators and to assess the sociodemographic predictors of breastfeeding using the latest 2017-2018 data set (M. S. Ahmed et al., 2022)	EIBF, EBF, CBF	Cross-sectional multilevel analysis aged 2 years or younger. Using Bangladesh Demographic and Health Survey.	Larger family size

In Table 1 above, the partner and household factors associated with breastfeeding practice are described. For the partner side, according to (Muluneh, 2023) education of the partner, and support (Nuampa et al., 2023; Permatasari & Sudiartini, 2020), are significantly associated with breastfeeding practice. A partner who attended the antenatal education course has supported the wife to breastfeed (Chien et al., 2022). Other variables of the husband such as father's age and education (Kabir & Islam, 2022; Lee & Kim, 2020). Father education and job mentioned by (Mirahmadizadeh et al., 2020). Existing studies consistently demonstrates that husbands who support breastfeeding play a pivotal role in promoting and sustaining exclusive breastfeeding among mothers (Tan, 2011). Other studies also have shown that mothers with supportive husbands are more likely to engage in exclusive breastfeeding (Tan, 2011).

Husbands' encouragement and assistance significantly contribute to mothers' confidence in breastfeeding (Agrina et al., 2022). In various cultural contexts, including patriarchal societies, the support of husbands for breastfeeding mothers is emphasized as crucial for the success of exclusive breastfeeding (Awang et al., 2023). This support has been associated with higher rates of exclusive breastfeeding and increased breastfeeding self-efficacy among mothers (Nepali & Shakya, 2019). Additionally, husbands' active participation in breastfeeding activities and verbal encouragement to their partners have been found to positively influence exclusive breastfeeding practices (Agrina et al., 2022).

Factors such as household income, household composition, and access to maternal and child health services have been linked to breastfeeding practices (Berde & Yalçin, 2016; Ogbo et al., 2015; Wu et al., 2021). Additionally, maternal employment status, household wealth status, and family support have been found to impact exclusive breastfeeding practices (Li et al., 2005; Manyeh et al., 2020; Ogbo et al., 2015). Research indicates that mothers from wealthier households are more likely to commence breastfeeding early compared to mothers from poorer households (Berde & Yalçin, 2016). Family members' influence on breastfeeding motivation and self-efficacy suggests the potential benefit of breastfeeding promotion interventions targeting the whole family (Wu et al., 2021). Moreover, improving breastfeeding practices among new mothers requires strengthening breastfeeding policies and formulating programs that involve household members, who play a crucial role in the early postpartum period (Ogbo et al., 2020). Furthermore, good relations with the husband and a peaceful environment in the household have been identified as encouraging factors for breastfeeding (F. Ahmed et al., 2022). Support from spouses and family members significantly correlates with exclusive breastfeeding practices (Iswara et al., 2022). Family support motivates mothers to breastfeed their babies until 6 months, providing psychological support and balanced nutrition, as husbands and families can actively support breastfeeding by offering emotional support and practical assistance (Syam et al., 2022). In addition to socioeconomic factors, housing conditions and insecurity can impact breastfeeding behaviors by increasing maternal stress and discomfort, thereby affecting the time available for breastfeeding (Reno et al., 2022). The decision to breastfeed is influenced by various factors at the societal, community, household, and individual levels, highlighting the complex interplay of influences on breastfeeding practices (Samaniego et al., 2022). Moreover, the sex of the head of the household has been identified as a factor influencing breastfeeding practices (Kumar et al., 2021).

The findings in this study found that partner's support and socioeconomic of the households are the factors mostly found in the included studies. The way of partner and family factors impacted to breastfeeding practice is through the psychological side of the mother. Receiving the support from both physical and psychological are the main key of successfulness of breastfeeding practice. This study can impact to the policy in the primary health care level



to do more promotive way for promoting breastfeeding, not only to mother but also to the partner and other family members.

#### 4. CONCLUSION

Household factors encompass a wide range of determinants that influence breastfeeding practices among mothers. Interventions of promoting successful breastfeeding practices should consider addressing household-level factors such as income, family support, maternal employment, housing conditions, and the overall household environment to create a supportive setting conducive to optimal breastfeeding practices. household factors play a vital role in shaping breastfeeding practices. Interventions aimed at promoting and supporting breastfeeding should consider addressing household-level determinants such as income, family support, maternal employment, and access to healthcare services to create an enabling environment for successful breastfeeding practices. Partner support, education, and involvement are essential components that can positively impact maternal breastfeeding intention, initiation, and duration. This study has limitation of the study selection which might be not include other studies. This study also did not differentiate the study setting between rural and urban as the major aspects of differentiation of partner role in the society. Future study can include the ethnography study to deeper explore the partner and household factors and how the process would be. As the recommendation, this study can propose to strengthen the community based to encourage the partner and family members to always support mother to exclusively breastfeed up to six months and continued breastfeed up to two years.

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