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**The Relationship Between Husband's Support And Level Of Stress In Parenting
A Baby With Breastfeeding Self Efficacy in Breastfeeding Mothers**

Ni Made Amanda Diarta Putri ¹, Ni Made Dwi Mahayati ², Ni Gusti Kompiang Sriasih ³
^{1,2,3} Department of midwifery, Poltekkes Kemenkes Denpasar, Indonesia

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ABSTRACT

Breastfeeding is crucial for infant survival. However, many new mothers face challenges with exclusive breastfeeding, often due to low self efficacy. The exclusive breastfeeding rate at Tabanan Public Health Center I is only 49%, including the 5 lowest in Tabanan Regency. This study aimed to investigate the relationship between husband's support, parental stress, and breastfeeding self-efficacy (BSE) among breastfeeding mothers at Tabanan Public Health Center I. This was an observational study using a cross-sectional design, conducted from March to April 2025. A total of 50 breastfeeding mothers were selected through purposive sampling. Data were collected using three questionnaires, namely the husband support questionnaire, parental stress scale (PSS) and breastfeeding self efficacy short form (BSE-SF). The results showed that 50% of respondents reported good husband support, 52% had low parenting stress, and 50% had high BSE. Bivariate analysis using Spearman's Rank correlation revealed a very strong positive correlation between husband's support and BSE ($p=0.000$, $r=0.797$). Conversely, there was a very strong negative correlation between parenting stress and BSE ($p=0.000$, $r=-0.815$). The study concludes that a significant relationship exists between husband's support and parenting stress levels with BSE in breastfeeding mothers. It is recommended that mothers communicate openly with their husbands about the challenges and needs they face during breastfeeding. Feelings of discomfort or a lack of confidence can negatively impact breast milk production hormones.

Keywords: Husband's Support, Parenting Stress, Breastfeeding Self Efficacy

Corresponding author: amandadiarta03@gmail.com

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INTRODUCTION

The early and exclusive provision of breast milk is crucial for child survival. Exclusive breastfeeding can protect children from potentially fatal diseases such as pneumonia and diarrhea, to which they are naturally vulnerable. In addition to saving up to 20,000 cases of breast cancer in women annually, increased rates of breastfeeding could save more than 820,000 children worldwide (WHO & UNICEF, 2022). Infants who are not exclusively breastfed face negative health consequences. Infants who are not exclusively breastfed are at a 3.94 times higher risk of death from diarrhea compared to those who receive exclusive breastfeeding. The provision of formula milk to infants can increase the risk of urinary tract, respiratory tract, and ear infections. Infants may also experience diarrhea, stomach pain (colic), food allergies, asthma, diabetes, and chronic gastrointestinal diseases (Republik Indonesia, 2024).

The national coverage of exclusive breastfeeding for infants aged 6 months in 2023 was 63.9%. The lowest coverage recorded was 10.9%, indicating that the target for exclusive breastfeeding has not been met. Data from the Indonesian Health Survey (SKI) indicates that newborns who received Early Initiation of Breastfeeding (IMD) in Bali Province reached a coverage of 91%, while exclusive breastfeeding coverage was 65.7%. Based on this data, there is a discrepancy of 25.8% between the IMD and exclusive breastfeeding coverages. This suggests that not all infants under six months of age who underwent EIB also received exclusive breastfeeding. This indicates that while EIB targets have been met, exclusive breastfeeding is not being practiced for the full six months, likely due to the introduction of other supplementary foods (Republik Indonesia, 2024).

The failure to exclusively breastfeed is a significant challenge for mothers. Several factors contribute to why infants are not exclusively breastfed, including knowledge, social support, and breastfeeding self-efficacy (BSE). Factors that can lead to low BSE include a lack of support, such as insufficient spousal support or the absence of a knowledgeable and supportive environment that enables mothers to exclusively breastfeed (Timiyatun & Oktavianto, 2021). Husband's support is a critical determinant of breastfeeding success. Another factor that can influence BSE (breastfeeding self-efficacy) is the mother's stress level. One cause of stress in breastfeeding mothers is parenting stress (Amalia & Samaria, 2021).

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Stress in infant care is defined as the stressful or tense situations that arise while performing the duties of caring for an infant. The stress experienced by parents can affect their ability to fulfill their parental role (Rahmaniasari & Zhafirah, 2024).

The husband's role is particularly significant, as the longevity of breastfeeding has been positively correlated with social support from the partner. This support has been shown to strengthen the maternal-infant dyad and bolster breastfeeding self-efficacy (BSE) among lactating mothers (Uluğ & Öztürk, 2020).

Emotional support, physical support, informational support, and appraisal support from the partner can strengthen maternal confidence, reduce stress, and facilitate a conducive environment for breastfeeding. (Kurniawati et al., 2020). Conversely, weak support may intensify stress and compromise BSE. Parenting stress itself is another factor linked to reduced BSE, as heightened stress can impair a mother's ability to manage breastfeeding challenges.

BSE refers to a mother's belief in her ability to successfully breastfeed her infant. This concept is crucial as it influences breastfeeding success, the duration of exclusive breastfeeding, and the health of both mother and infant. BSE impacts a woman's readiness and motivation to breastfeed and plays a role in overcoming various challenges throughout the breastfeeding process (James et al., 2020). A higher BSE can increase a mother's confidence to provide exclusive breastfeeding for a longer period,

The 2023 prevalence rate of exclusive breastfeeding in Tabanan Regency was 73%, attaining the established national target. However, the exclusive breastfeeding coverage at the Tabanan Public Health Center I was 49%, placing it among the five lowest-performing health centers in the Regency (Tabanan Regency Health Office, 2021). This suboptimal coverage at Tabanan Public Health Center I can be attributed to several contributing factors, including maternal employment, breast engorgement, nipple pain, and perceived insufficient milk supply. Given the low exclusive breastfeeding rate in this facility, the present study sought to investigate breastfeeding self-efficacy (BSE) among mothers Tabanan Public Health Center I. Based on this background, the researchers were interested in investigating the 'Relationship Between Husband Support and Infant Rearing Stress Levels with Breastfeeding Self-Efficacy in Breastfeeding Mothers' at Tabanan Public Health Center I.

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METHOD

This study used a quantitative method with a correlational design and a cross-sectional approach. This design aims to analyze the relationship between the independent variables (husband support and infant parenting stress levels) and the dependent variable (BSE) in breastfeeding mothers. This study was conducted in the operational area of the Tabanan

Public Health Center I from the fourth week of March to the fourth week of April 2025. The study population included all 63 breastfeeding mothers with infants aged 1 day to 3 months in the Tabanan Public Health Center I area. The sample for this study consisted of breastfeeding mothers who met specific inclusion and exclusion criteria. The inclusion criteria were breastfeeding mothers aged 20–35 years, with a maximum of three children, and who were able to read and write. The exclusion criteria were breastfeeding mothers who refused to participate in the study, were physically or psychologically ill, or had breast abnormalities. The calculation for the sample size was performed using a correlational analysis formula, yielding a minimum of 47 samples. To account for potential errors, the sample size was increased by 5%, resulting in a final total of 50 samples used in the study.

The types of data collected in this study were primary and secondary data. Primary data were collected directly from the source without intermediaries. This study gathered primary data from respondents through questionnaires on respondent characteristics, husband support, parenting stress levels, and Breastfeeding Self-Efficacy (BSE) in breastfeeding mothers. Secondary data in this study included the total number of breastfeeding mothers with infants aged 1 day to 3 months in the Tabanan Public Health Center I working area.

The researcher submitted an application for ethical clearance to the Ethics Committee of Poltekkes Kemenkes Denpasar. The ethical approval was issued on March 25, 2025, under document number: DP.04.02/F.XXXII.25/187/2025. Once the research permit was obtained, data collection was carried out according to the research schedule. The research team first aligned their understanding with the three midwives from Tabanan Public Health Center I who acted as enumerators. This involved discussing the research objectives, ethical considerations, and the correct procedures for interviews and questionnaire administration. The midwives, serving as enumerators, facilitated the research activities at several integrated health post locations within the Tabanan Public Health Center I working area. They assisted in informing

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potential participants about the purpose of the study, provided them with informed consent forms, and asked for their signature if they agreed to participate. Respondents then completed three questionnaires within 15 to 30 minutes.

This study utilized three primary questionnaires as instruments. The first was the Husband Support Questionnaire, which was adapted from a study by (Hani, 2020) and contains 28 statements to measure four distinct aspects of support. The second instrument was the Parental Stress Scale (PSS), originally developed by Berry & Jones (1995) and subsequently adapted into an Indonesian version by (Kumalasari et al., 2022). This scale consists of 15 statements designed to measure both the strain (negative) and pleasure (positive) dimensions of parenting stress. Finally, the third instrument was the Breastfeeding Self-Efficacy Scale-Short Form (BSES-SF), a 14-item questionnaire developed by Cindy-Lee Dennis and previously validated by (Yuliani et al., 2023).

The validity and reliability of these instruments were also confirmed. For the Husband Support Questionnaire, validity was tested using the Pearson Product Moment method on a sample of 30 respondents. The instrument was found to be valid with an r-value greater than 0.3 and reliable with a Cronbach's Alpha value above 0.60. The validity and reliability of the Parental Stress Scale (PSS) were based on the findings of (Kumalasari et al., 2022), which demonstrated satisfactory reliability with a Cronbach's Alpha of 0.828. Similarly, the validity and reliability of the Breastfeeding Self-Efficacy Scale-Short Form (BSES-SF) were referenced from the study by (Yuliani et al., 2023), which reported a strong internal consistency with a Cronbach's Alpha of 0.917.

Data processing involved editing, coding, data entry, tabulation, and cleaning. The processed data was then analyzed using Statistical Program for the Social Sciences (SPSS) version 25. Univariate analysis was used to describe each variable through frequency distribution and percentages. Bivariate analysis employed the Spearman's Rank correlation to examine the relationship between the independent and dependent variables. This analysis was chosen because the data were ordinal and not normally distributed.



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RESULTS

A. Characteristics of research subjects

This study enrolled 50 breastfeeding mothers residing in the working area of Tabanan Public Health Center I who consented to participate. The participants' characteristics are described based on their age, education, occupation, and parity. The data collected is presented in the following table.

Table 1. Frequency Distribution of Respondent Characteristics at Tabanan Public Health Center I

Characteristics Responden	Frequency	Percentage (%)
Age		
a. 20 – 25	6	12,00
b. 26 – 30	23	46,00
c. 31 – 35	21	42,00
Total	50	100
Education Level		
a. Elementary	4	8,00
b. Middle	22	44,00
c. High	24	48,00
Total	50	100
Occupation		
a. Having a Job	30	60,00
b. Not Having a Job	20	40,00
Total	50	100
Parity		
a. Primipara	22	44,00
b. Multipara	28	56,00
Total	50	100

Based on table 1, the characteristics of the respondents show that the majority of respondents were in the age range of 26-30 years (23 people or 46%), followed by the 31-35 years age group (21 people or 42%). Regarding the level of education, a portion of the respondents had a high level of education (24 people or 48%), followed by a middle level of education (22 people or 44%). A total of 30 people (60%) were reported to be employed, while the other 20 people (40%) were unemployed. Based on parity, most of the respondents were multipara (28 people or 56%), while primipara comprised 22 people (44%).

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B. Results of the study subjects' observations based on the research variables

1. Husband's Support for Breastfeeding Mothers at Tabanan Public Health Center I

Table 2. Frequency Distribution of Husband's Support for Breastfeeding Mothers at
Tabanan Public Health Center I

Husband's Support for Breastfeeding Mothers	Frequency	Percentage (%)
High	25	50,00
Low	25	50,00
Total	50	100

Based on Table 2, out of 50 respondents, it was found that half of the respondents, 25 people (50%), received good husband support, while the other 25 people (50%) received husband support in the poor category. This husband support consists of four aspects, namely emotional support, informational support, physical support, and appraisal support. The distribution of each of these aspects of husband support will be explained below.

Table 3. Frequency Distribution of the Four Aspects of Husband's Support for Breastfeeding Mothers
at Tabanan Public Health Center I

Support Aspects	Frequency	Percentage (%)
Emotional support		
High	23	46,00
Low	27	54,00
Total	50	100
Informational support		
High	23	46,00
Low	27	54,00
Total	50	100
Physical support		
High	25	50,00
Low	25	50,00
Total	50	100
Appraisal support		
High	26	52,00
Low	24	48,00
Total	50	100

Based on Table 4, the majority of respondents reported receiving poor emotional support (27 people or 54%). Similarly, for informational support, the majority of respondents

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(27 people or 54%) also received poor support. In the physical support aspect, a portion of the respondents (25 people or 50%) received good support. For appraisal support, the majority of respondents (26 people or 56%) rated their husbands as providing good appraisal support.

2. Parenting Stress Levels in Breastfeeding Mothers at Tabanan Public Health Center I

Table 4. Frequency Distribution of Parenting Stress Levels in Breastfeeding Mothers at
Tabanan Public Health Center I

Parenting Stress Levels in Breastfeeding Mothers	Frequency	Percentage (%)
High	24	48,00
Low	26	52,00
Total	50	100

Based on Table 5, a portion of the respondents had a low level of infant parenting stress, with 26 people (52%), followed by mothers with high stress, numbering 24 people (48%).

3. Breastfeeding Self Efficacy in Breastfeeding Mothers at Tabanan Public Health Center I

Table 5. Frequency Distribution of Breastfeeding Self Efficacy in Breastfeeding Mothers
at UPTD Puskesmas Tabanan I

Breastfeeding Self- Efficacy in Breastfeeding Mothers	Frequency	Percentage (%)
High	25	50,00
Low	25	50,00
Total	50	100

Based on Table 5, the findings show that a portion of breastfeeding mothers had high Breastfeeding Self-Efficacy (BSE), with 25 people (50%), which was equal to the number of breastfeeding mothers with low BSE, also at 25 people (50%).



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C. Data Analysis Results

1. The relationship between Husband's Support and Breastfeeding Self Efficacy (BSE) in breastfeeding mothers at Tabanan Public Health Center I.

Table 6. Distribution of the Relationship Between Husband's Support and Breastfeeding Self Efficacy (BSE) in Breastfeeding Mothers at Tabanan Public Health Center I

Husband's Support	Breastfeeding Self Efficacy in Breastfeeding Mothers				Total	
	Low		High			
	f	(%)	f	(%)	f	(%)
High	4	16,00	21	84,00	25	100
Low	21	84,00	4	16,00	25	100
Total	25	50,00	25	50,00	50	100

Based on Table 6, the results show that among breastfeeding mothers with high husband support, 21 people (84%) also had high Breastfeeding Self-Efficacy (BSE). Similarly, breastfeeding mothers with low husband support also had low BSE.

Table 7. Results of Statistical Analysis The Relationship Between Husband's Support and Breastfeeding Self-Efficacy in Breastfeeding Mothers at Tabanan Public Health Center I

	BSE
Husband's Support	$r = 0,797$ $p = 0,000$ $n = 50$

Description: Spearman's Rank Test.

Based on Table 7, a p-value of 0.000 was obtained, which is less than $\alpha = 0.05$. The Spearman correlation coefficient (r) was 0.797, indicating a very strong and positive relationship. This suggests that as husband's support increases, Breastfeeding Self Efficacy (BSE) also increases.



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2. The relationship between Parenting Stress Levels and Breastfeeding Self Efficacy (BSE) in breastfeeding mothers at Tabanan Public Health Center I.

Table 8. Distribution of the relationship between Parenting Stress Levels and Breastfeeding Self-Efficacy (BSE) in breastfeeding mothers at Tabanan Public Health Center I.

Parenting Stress Levels	BSE in breastfeeding mothers				Total	
	Low		High			
	f	(%)	f	(%)	f	(%)
High	21	87,50	3	12,50	25	100
Low	4	15,40	22	84,60	25	100
Total	25	50,00	25	50,00	50	100

Based on Table 8 the results show that the majority of respondents who had low parenting stress also had high Breastfeeding Self Efficacy (BSE), numbering 22 people (84.6%).

Table 9. Results of Statistical Analysis The Relationship Between Parenting Stress Levels and Breastfeeding Self-Efficacy in Breastfeeding Mothers at Tabanan Public Health Center I

Parenting Stress Levels	BSE in Breastfeeding Mothers
	$r = -0,815$ $p = 0,000$ $n = 50$

Description: Spearman's Rank Test

Based on Table 9, the bivariate analysis yielded a p-value of 0.000 ($p < 0.05$). The Spearman's rank correlation coefficient was -0.815, indicating a very strong and negative relationship. This means that as parenting stress decreases, breastfeeding self efficacy (BSE) increases in breastfeeding mothers.



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DISCUSSION

A. Husband's Support for Breastfeeding Mothers at Tabanan Public Health Center I

Social support is a type of relationship that, in theory, provides people with the comfort they can get from family members so that they feel loved, cared for, and valued (Pratiwi et al., 2025). Husband's support is a crucial factor that can influence Breastfeeding Self Efficacy (BSE) in breastfeeding mothers. A husband is in daily contact with the mother and child, which creates many opportunities for various influences, both intentional and unintentional. Confidence in breastfeeding can continue to grow for mothers who have a supportive and caring partner (Rokmah & Rizal, 2021). It is an interpersonal interaction between a mother and her husband in which the husband provides encouragement in the form of attention, behavior, or attitudes that can help the mother face difficult situations (Rahmi, 2024).

Based on the research findings on husband's support for breastfeeding mothers at Tabanan Public Health Center I, it was found that out of 50 respondents, 25 people (50%) received good husband support, while the other 25 respondents (50%) received poor husband support. This may be due to the husbands in this area being aware of the importance of accompanying their wives during the postpartum period.

There are four forms of husband's support: emotional support, informational support, physical support, and appraisal support. This study shows that the majority of respondents, 26 people (56%), received good appraisal support. A total of 25 people (50%) received good physical support, followed by 23 people (46%) who received good informational support, and 23 people (32%) who were in the good category for emotional support. Overall, the research findings indicate that the majority of breastfeeding mothers have received help from their husbands in various aspects, with physical and appraisal support being the most frequently provided forms of support.

Physical support is a form of material assistance provided by the husband to lighten the burden of the breastfeeding mother. An example of physical support is when the husband is aware of and responsive to his wife's needs by providing tangible help, such as washing baby clothes, helping to clean the house, and accompanying her to postpartum check-ups (Hidayati et al., 2021). Appraisal support is a form of appreciation given by the husband to the breastfeeding mother according to her condition. Appraisal support can be provided through

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advice or praise to the mother after breastfeeding, as well as by providing a comfortable seat or bed so that the mother feels relaxed while breastfeeding her baby (Helfiva et al., 2022). Husbands who see their wives' condition directly are usually more motivated to help physically so that their wives can focus on breastfeeding. The high need for practical support may make physical and appraisal support more common than other forms of support.

These research findings are consistent with a study conducted at independent midwife practice Supadmi Irianto Bulu Sukoharjo, which showed that more respondents received good husband support, at 56.6% (Remedina, Gipfel, 2024). This study is also in line with a study conducted at Cipinang Cempedak Health Center, which showed that out of 92 respondents, the majority (68 people or 73.9%) received good husband support (Pratiwi et al., 2025).

The findings of this study are also consistent with the research conducted by (A'yun & Yuliaswati, 2024) at Independent Midwife Practice Umroh Ummu Aisyah Sukoharjo, which found that the majority of respondents, 19 people (61.3%), received good husband support. The findings are also in line with a study conducted in the working area of Simpang Tiga Health Center, which found that the majority of respondents (46 people or 51.7%) received high husband support.

However, these findings are not in line with a study conducted in the working area of Pengambiran Health Center, which showed a p-value of 0.933, indicating no significant relationship between husband's support and BSE. This discrepancy may be because the mothers already had extensive experience from breastfeeding previous children, and this experience can lead to good self-efficacy even without optimal husband support.

B. Parenting Stress Levels in Breastfeeding Mothers at Tabanan Public Health Center

I

Stress is a physiological and psychological response to threats, demands, or difficult events that requires accurate perception, assessment, and the ability to cope (Choiriyah & Surjaningrum, 2020). Breastfeeding mothers can experience stress due to various factors, including postpartum hormonal changes, pressure to meet the baby's nutritional needs, lack of social support, physical fatigue, and emotional distress (Rahmaniasari & Zhafirah, 2024). Feelings of discomfort, anxiety, and lack of confidence can affect breast milk production.

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Furthermore, psychological stress experienced by mothers during sleep can influence hormones that produce and facilitate the production of breast milk (Amalia & Samaria, 2021).

This study indicates that the majority of respondents, 26 people (52%), had a low level of parenting stress, while the other 24 people (48%) had a high level of stress. This finding suggests that most breastfeeding mothers are confident in their ability to handle the challenges of raising a child without excessive stress. A high level of stress can occur in mothers who have high expectations for optimal infant care but lack sufficient knowledge and support (Ulfa & Setyaningsih, 2020). Appropriate intervention and support are crucial to help breastfeeding mothers manage stress. This support can include providing information, social assistance, counseling services, and training in relaxation techniques, which are beneficial for reducing stress levels and supporting smooth breast milk production (Rahmaniasari & Zhafirah, 2024).

The factors that can influence parenting stress include parental characteristics, child characteristics, environment, and socioeconomic status. A parent's personality and psychopathology play a significant role in the development of parenting stress. Individuals who experience anxiety and depression tend to have higher levels of stress in raising children. Parents with these psychological conditions may find it difficult to initiate and maintain positive emotional relationships with their children and other family members. Another factor that can affect stress levels is the mother's level of education. A higher education level allows a mother to apply her knowledge in managing various pressures, including those related to child-rearing. Highly educated mothers also typically have a broader network that can help them find information about child care and health (Fang et al., 2024).

Self-efficacy can also influence parenting stress. Parents with low self-efficacy experience higher stress, whereas parents with high self-efficacy feel less stress. Self-efficacy is an individual's evaluation of their ability or competence to perform a task, achieve a goal, and overcome obstacles (Rahman et al., 2024). Child characteristics can also trigger parenting stress, such as a child's low adaptability, lack of acceptance toward parents, being demanding or difficult, having a bad mood, experiencing mental disorganization, and lacking the ability to reinforce their parents. The parent-child relationship dimension that triggers parenting stress is the degree of conflict that arises in parent-child interactions (Alauwiyah, 2021).



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Parenting stress occurs because raising children is a complex job that often requires a lot of time and physical resources, as well as dealing with children who may be difficult to manage due to their physical or mental characteristics. Breastfeeding mothers who experience moderate stress report feeling very stressed due to a lack of support and household problems, which makes them feel unhappy and anxious. In addition to child-rearing responsibilities, there are several household tasks that must be completed. The smooth production of breast milk can be affected by a number of factors, including stress levels. The smooth production of breast milk can also be significantly influenced by other factors, including social support, maternal health, food consumption, and proper breastfeeding techniques. Therefore, health workers must consider additional factors that can influence breast milk production in addition to stress management (Rahmaniasari & Zhafirah, 2024).

These research findings are consistent with a study conducted in the working area of Putat Jaya Health Center, Surabaya, which showed that the majority of mothers had normal stress levels, totaling 47 people (68.1%), followed by mothers with mild stress, 13 people (18.8%). These findings are also consistent with a study by (Ulfa & Setyaningsih, 2020) conducted in the working area of Tayu Health Center I, Pati Regency, which found that the majority of breastfeeding mothers experienced normal stress, 27 people (57.5%). The findings are also in line with a study conducted in the working area of Banda Raya Health Center, Banda Aceh, which showed that the majority of respondents had low stress levels, 33 people (48.5%).

C. Breastfeeding Self Efficacy in Breastfeeding Mothers at Tabanan Public Health Center I

Breastfeeding self-efficacy (BSE) is a mother's confidence in her ability to breastfeed. Successful breastfeeding can be influenced by breastfeeding self-efficacy. A mother's willingness to breastfeed, the effort they put into doing so, and the steps they take to overcome breastfeeding problems can all be influenced by their self-efficacy (Yuliani et al., 2023).

The results of this study show that a portion of the breastfeeding mothers had high BSE, totaling 25 people (50%). High BSE reflects a mother's confidence in her ability to breastfeed her baby. Some mothers are confident that their breast milk can meet their baby's needs. The majority of mothers also know about the importance of breast milk for babies, as well as breastfeeding techniques such as proper latching. Mothers with strong self-efficacy will put in

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more effort and persistence into breastfeeding and overcoming obstacles compared to mothers with low self-efficacy. Their confidence motivates them to persist in their efforts to find support, even if they encounter obstacles or problems along the way.

Psychological factors that can play a role in a mother's self-efficacy in breastfeeding include breastfeeding experience, vicarious experience (observing others), verbal persuasion, as well as physical and emotional condition. Age, marital status, education, and income level are major socio-demographic factors that influence breastfeeding practices (Ernawati et al., 2020) .

Based on the research results on the education level of breastfeeding mothers at Tabanan Public Health Center I, the majority of mothers had a high level of education, 24 people (48%), followed by mothers with a middle level of education, 22 people (44%). A person's level of education will influence their self-efficacy (Siti Rokmah & Ahmad Rizal, 2021). Higher BSE is associated with a better understanding of the benefits and procedures of exclusive breastfeeding, which in turn improves the success of the practice (Fujianty et al., 2024). The higher a person's education level, the easier it is for them to understand the information they receive.

This study also shows that out of 50 respondents, the majority of breastfeeding mothers were employed, 30 people (60%), and the number of those who were not employed was not much different, at 20 people (40%). Working or busy mothers are often seen as a major obstacle to breastfeeding, but working mothers can still provide breast milk by pumping or expressing it. Working mothers who receive optimal support from their husbands and parents generally show high self-efficacy in breastfeeding. These findings indicate that the presence of social support from the immediate environment can contribute significantly to increasing a mother's confidence in providing breast milk (Rokmah & Rizal, 2021). Meanwhile, non-working mothers tend to have more opportunities to take care of their babies and all household matters, so they have more time to breastfeed their babies.

Based on the results of this study, it was found that the majority of breastfeeding mothers in this study had multiparous parity, 28 people (56%) out of 50 respondents. A mother's parity is related to her experience in raising children, especially in terms of breastfeeding. In terms of raising children, mothers with multiparous parity have more

Corresponding author: amandadiarta03@gmail.com

The Relationship Between Husband's Support And Level Of Stress In Parenting A Baby With Breastfeeding Self Efficacy in Breastfeeding Mothers



**INTERNASIONAL CONFERENCE ON
MULTIDISCIPLINARY APPROACHES IN HEALTH SCIENCE**

VOLUME 3, No 1. Tahun 2025 , ISSN 3032-4408 (Online)
<https://ejournal.poltekkes-denpasar.ac.id/index.php/icmahs>

experience than mothers with primiparous parity. Therefore, it can be concluded that the higher the mother's parity, the higher the level of breastfeeding for the baby (Silaen et al., 2023)

The results of this study are consistent with the results of a study conducted in the working area of Payung Sekaki Health Center, which stated that the majority of respondents had high BSE, with 42 people 53% (Annisa et al., 2022). This study is in line with the results of a study at Cinera Health Center, which found that out of 100 respondents, the majority had a high level of BSE, with 50 people (50%). The results of this study are also consistent with the results of a study conducted in the working area of Banda Raya Health Center, Banda Aceh, which showed that the majority of breastfeeding mothers had a high level of BSE, with 51 people (65.4%).

D. The relationship between Husband's Support and Breastfeeding Self-Efficacy (BSE) in breastfeeding mothers at Tabanan Public Health Center I.

Based on the research findings, there is a relationship between husband's support and Breastfeeding Self Efficacy (BSE) in breastfeeding mothers at Tabanan Public Health Center I in 2025. The results show that 21 respondents (84%) who received good husband support also had high BSE. A statistical test yielded a p-value of 0.000 ($p < 0.05$), leading to the conclusion that there is a significant relationship between husband's support and BSE in breastfeeding mothers at Tabanan Public Health Center I. The Spearman rank correlation coefficient was 0.797, indicating a very strong and positive relationship. This means that as husband's support increases, BSE also increases.

Social support is the encouragement or assistance provided to a person by a group of people, family, friends, a spouse, or others (Kurniawati et al., 2020). Support from a husband is a very important factor in a mother's success in providing exclusive breastfeeding. The higher the level of support provided by the husband, the greater the mother's likelihood of breastfeeding her baby. This is related to the husband's gentle attitude and the mother's emotional state, which affects the let-down reflex of breast milk. A mother's calmness and sense of comfort during breastfeeding can stimulate an increase in the hormone oxytocin, which plays a role in breast milk production. Mothers who receive support from their husbands tend to have higher breastfeeding motivation than mothers who do not (Duroiro, 2021). The husband's presence and active role during this period reflect the mother's success in

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The Relationship Between Husband's Support And Level Of Stress In Parenting A Baby With Breastfeeding Self Efficacy in Breastfeeding Mothers



**INTERNASIONAL CONFERENCE ON
MULTIDISCIPLINARY APPROACHES IN HEALTH SCIENCE**

VOLUME 3, No 1. Tahun 2025 , ISSN 3032-4408 (Online)
<https://ejournal.poltekkes-denpasar.ac.id/index.php/icmahs>

breastfeeding, which is greatly influenced by the full attention and support of her partner. Husbands also have a crucial role in alleviating the anxiety that a mother may feel while breastfeeding and caring for her baby (Remedina, Gipfel, 2024).

The social support provided by a husband includes strong emotional support, which encompasses empathy, care, and attention from the husband to his wife who is exclusively breastfeeding. The husband also provides support in the form of praise, motivation, or full support for his wife's decision to breastfeed exclusively. Meanwhile, direct assistance from the husband to the wife in the form of various goods and equipment to aid exclusive breastfeeding can be considered instrumental support. Husbands provide informational support in the form of guidance, instructions, and useful advice to help the wife exclusively breastfeed (Remedina, Gipfel, 2024).

These findings are consistent with a study entitled "The Relationship of Husband Support with Breastfeeding Self-Efficacy in Breastfeeding Mothers in the Working Area of Puskesmas Tambakrejo Surabaya," which found that the majority of respondents (65.2%) received good husband support and almost all (91.3%) had good BSE. The Spearman statistical test yielded a p-value of 0.016, indicating a relationship between husband's support and BSE in breastfeeding mothers.

These findings are also in line with a study entitled "The Relationship between Husband Support and Workplace Support with Breastfeeding Self-Efficacy in Working Mothers in Exclusive Breastfeeding," conducted in the working area of Puskesmas Rejosari, Pekanbaru. This study found that when respondents received high husband support, they also had a high level of BSE, with 36 out of 50 respondents (72.0%). The chi-square correlation test showed a p-value of 0.037 ($p < 0.05$), indicating a significant relationship between husband's support and BSE (Yuris et al., 2024).

Furthermore, these findings are also consistent with a study entitled "The Relationship of Husband Support and Parent Support with Breastfeeding Self-Efficacy in Breastfeeding Mothers in the Working Area of Puskesmas Pagaden Barat, Subang Regency." This study found a strong relationship between husband's support and a mother's breastfeeding self-efficacy, with a p-value of 0.007 ($p < 0.05$). Husband's support plays a role in a mother's



**INTERNASIONAL CONFERENCE ON
MULTIDISCIPLINARY APPROACHES IN HEALTH SCIENCE**

VOLUME 3, No 1. Tahun 2025 , ISSN 3032-4408 (Online)
<https://ejournal.poltekkes-denpasar.ac.id/index.php/icmahs>

behavior to breastfeed and provide breast milk exclusively because the husband is the person closest to the mother (Rokmah & Rizal, 2021).

E. The relationship between Parenting Stress Levels and Breastfeeding Self Efficacy (BSE) in breastfeeding mothers at Tabanan Public Health Center I.

Based on the research findings, there is a relationship between parenting stress and Breastfeeding Self-Efficacy (BSE) in breastfeeding mothers at Tabanan Public Health Center I in 2025. The results show that 22 respondents (84.6%) who had low parenting stress also had high BSE. A Spearman's rank statistical test yielded a p-value of 0.000 ($p < 0.05$), leading to the conclusion that there is a significant relationship between parenting stress and BSE in breastfeeding mothers at UPTD Puskesmas I, Tabanan District Health Office. The Spearman rank correlation coefficient was -0.815, indicating a very strong and negative relationship. This means that as parenting stress decreases, BSE increases.

Factors contributing to postpartum stress in mothers include mental readiness for their new caregiving role, family economic factors, and the number of children (Amalia & Samaria, 2021). High stress levels can impact a mother's psychological well-being and disrupt the breastfeeding process. Stress is known to affect breast milk production through hormonal changes. Stress hormones like cortisol can inhibit the function of prolactin and oxytocin, which are essential for milk production and let-down. Consequently, the amount of breast milk produced may decrease, and the breastfeeding process can be hindered. This disruption in milk production has the potential to negatively impact the baby's growth and development (Rahmaniasari & Zhafirah, 2024). A person's self-efficacy can be lowered by higher levels of stress. Emotional state, which is a source of self-efficacy, can impact a person's self-efficacy.

These research findings are consistent with a study entitled "The Relationship of Stress Levels with Breastfeeding Self-Efficacy during the COVID-19 Pandemic," conducted at Pagiyanten Health Center, Tegal Regency. The study found a relationship between stress levels and breastfeeding self-efficacy in the working area of Pagiyanten Health Center, with a chi-square test yielding a p-value of 0.002.

These findings also align with a study entitled "Breastfeeding Self-Efficacy (BSE) Factors in Postpartum Mothers in the Working Area of Sumur Batu Health Center, Bandar



**INTERNASIONAL CONFERENCE ON
MULTIDISCIPLINARY APPROACHES IN HEALTH SCIENCE**

VOLUME 3, No 1. Tahun 2025 , ISSN 3032-4408 (Online)
<https://ejournal.poltekkes-denpasar.ac.id/index.php/icmahs>

Lampung." The statistical test yielded a p-value of 0.014 ($p < 0.05$), indicating a significant relationship between stress and BSE.

This study is also consistent with the findings of a study entitled "Anxiety is Associated with Breastfeeding Self-Efficacy in the Working Area of Johar Baru District Health Center, Central Jakarta." The results showed that there is a relationship between anxiety and breastfeeding self-efficacy, demonstrated by breastfeeding mothers who did not experience anxiety having higher levels of breastfeeding self-efficacy, with a statistical test result of $p = 0.027$.

CONCLUSIONS

Based on the findings of the study "The Relationship Between Husband Support and Parenting Stress Levels with Breastfeeding Self-Efficacy in Breastfeeding Mothers in the Working Area of Tabanan Public Health Center I," the following conclusions can be drawn:

1. The number of breastfeeding mothers who received good husband support was equal to those who received poor husband support, with 25 mothers each, accounting for 50%.
2. The majority of the breastfeeding mother respondents had a low level of parenting stress, totaling 26 mothers or 52%.
3. The number of breastfeeding mothers with high Breastfeeding Self-Efficacy (BSE) was equal to those with low BSE, with 25 mothers each, accounting for 50%.
4. There is a significant relationship between husband support and BSE, with a p-value of 0.000 ($p < 0.05$) and an r-value of 0.797, indicating a very strong and positive correlation. The higher the husband's support, the higher the breastfeeding mother's BSE.
5. There is a significant relationship between parenting stress levels and BSE, with a p-value of 0.000 and an r-value of -0.815, indicating a very strong and negative correlation. The higher the level of parenting stress, the lower the breastfeeding mother's BSE.

Based on the study's findings, husband support for breastfeeding mothers in the emotional and informational aspects still requires attention. It is recommended that mothers communicate openly with their husbands about the challenges and needs they face during breastfeeding. Feelings of discomfort or a lack of confidence can negatively impact breast milk production hormones. Future researchers are recommended to broaden the scope of the study

Corresponding author: amandadiarta03@gmail.com

The Relationship Between Husband's Support And Level Of Stress In Parenting A Baby With Breastfeeding Self Efficacy in Breastfeeding Mothers



**INTERNASIONAL CONFERENCE ON
MULTIDISCIPLINARY APPROACHES IN HEALTH SCIENCE**

VOLUME 3, No 1. Tahun 2025 , ISSN 3032-4408 (Online)
<https://ejournal.poltekkes-denpasar.ac.id/index.php/icmahs>

area, ensure that respondents remain focused while completing the questionnaire, and give greater consideration to uncontrolled factors (maternal psychology and the child's age and gender) that may influence the findings.

Conflict of Interest

The authors declare that they have no conflict of interest.

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Corresponding author: amandadiarta03@gmail.com

The Relationship Between Husband's Support And Level Of Stress In Parenting A Baby With Breastfeeding Self Efficacy in Breastfeeding Mothers



**INTERNASIONAL CONFERENCE ON
MULTIDISCIPLINARY APPROACHES IN HEALTH SCIENCE**

VOLUME 3, No 1. Tahun 2025 , ISSN 3032-4408 (Online)
<https://ejournal.poltekkes-denpasar.ac.id/index.php/icmahs>

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Corresponding author: amandadiarta03@gmail.com

The Relationship Between Husband's Support And Level Of Stress In Parenting A Baby With Breastfeeding Self Efficacy in Breastfeeding Mothers



**INTERNASIONAL CONFERENCE ON
MULTIDISCIPLINARY APPROACHES IN HEALTH SCIENCE**

VOLUME 3, No 1. Tahun 2025 , ISSN 3032-4408 (Online)
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