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Impact of Husband Support on the Success of Early Initiation of Breastfeeding: A Systematic Review

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ABSTRACT

Introduction: Early Initiation of Breastfeeding defined as breastfeeding within the first hour after birth, is crucial for infant health and long-term breastfeeding success. Husband support plays a vital role in facilitating this process.

Objective: This study aimed to evaluate the influence of husband support on the success of Early Initiation of Breastfeeding among postpartum mothers.

Methods: A systematic review was conducted by searching scientific databases including PubMed, ProQuest, Garuda, and JSTOR, covering publications from January 2014 to December 2024. The population included postpartum mothers regardless of delivery method. Husband support was assessed through questionnaires, in-depth interviews, and observation sheets. Three independent reviewers conducted article selection following the PRISMA flowchart, data extraction, and quality assessment using the CASP checklist. Extracted data comprised author details, interventions, settings, facilitators, session number and duration, methods or media used, and topics addressed.

Results: Nine studies with a total of 752 participants were reviewed. The success rate of EIB with husband support ranged from 3.7% to 85.71%. Husband support involved encouragement, creating a comfortable breastfeeding environment, and jointly seeking information on EIB. Maternal knowledge and healthcare professional support were also important contributors.

Conclusion: Husband support significantly influences the success of Early Initiation of Breastfeeding in postpartum mothers. Incorporating husband involvement through emotional, informational, and practical support in prenatal education programs is recommended to improve EIB outcomes.

Keywords: breastfeeding, childbirth, husband support

Introduction

Breastfeeding is a critical early intervention in an infant's life, providing essential nutrition and antibodies that support health and development. Early Initiation of Breastfeeding (EIB) is defined as placing the newborn on the mother's chest or upper abdomen immediately after birth for at least one hour, allowing the infant to seek and latch onto the mother's nipple (Putri et al., 2017). Despite its recognized benefits, the global prevalence of EIB remains low, with less than 50% of newborns initiated within the first hour of birth (Yunura et al., 2023). The success of EIB confers significant advantages to both mother and child, including improved breastfeeding outcomes and enhanced infant survival (Rismawati & Ohorella, 2021).

Physiologically, suckling stimulation during EIB triggers nerve impulses to the anterior pituitary, promoting prolactin and oxytocin secretion (Podungge, 2020). Oxytocin facilitates uterine contractions that aid colostrum release and breast milk production, critical for newborn nutrition (Fitriyah et al., 2022). Furthermore, EIB contributes to reducing infant mortality rates by promoting skin-to-skin contact, which provides warmth and protection to the newborn (Nasrullah, 2021). Long-term benefits include supporting exclusive breastfeeding up to two years of age, essential for optimal nutrition and development (Setyowati, 2018); exclusive breastfeeding is linked to decreased malnutrition and improved cognitive outcomes (Pramesti et al., 2024; Suminar et al., 2024).

Despite these benefits, various barriers hinder the successful implementation of EIB. Postpartum mothers often face physical fatigue, pain, anxiety, and lack of information about breastfeeding techniques (Olla & Jumetan, 2023; Pradnyasari, 2022). Cultural beliefs and inadequate counseling from healthcare professionals further challenge EIB practices. In this context, husband support emerges as a critical factor influencing EIB success. Emotional, informational, and practical support from husbands positively affects maternal emotional well-being and breast milk production (Hasanah & Nindya, 2015). However, many husbands remain unaware of their supportive role due to knowledge gaps, cultural perceptions of breastfeeding as solely maternal responsibility, and lack of involvement by healthcare providers (Hety et al., 2020).

Studies show that insufficient husband support significantly increases the risk of EIB failure, potentially delaying exclusive breastfeeding and compromising infant growth and development (Bahar & Rokhayah, 2015; Hasanah & Nindya, 2015; Nurjanah, 2015). Moreover, lack of support can contribute to maternal psychological distress such as baby blues syndrome, which may disrupt mother-infant bonding and breastfeeding confidence (Susanti & Sulistiyanti, 2017). Conversely, support from both healthcare professionals and family, especially husbands, facilitates successful EIB implementation (Sholeh et al., 2019).

Therefore, enhancing husband involvement through targeted education and counseling during pregnancy is essential to improve EIB outcomes. Healthcare professionals have a responsibility to include husbands in prenatal breastfeeding education, empowering them to provide meaningful support. Increased husband participation is expected to improve maternal and child health, fostering a healthier generation in the future.

Objective

This study aimed to evaluate the influence of husband support on the success of Early Initiation of Breastfeeding (EIB) among postpartum mothers.

Method

Study design

This systematic literature review adheres to the PRISMA 2020 (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) statement.

Search strategy

The search strategy encompasses the period from January 1st, 2014, to December 31st, 2024, and includes various databases such as PubMed, ProQuest, Garuda, and JSTOR. The search strategy is limited to the past decade to ensure that the researchers obtain the most recent and relevant information on the specific topic. Research and developments in a particular field of study can evolve over time, making it crucial to consider the most up-to-date literature for a comprehensive understanding. Additionally, restricting the search time frame to the last decade helps the researchers manage the volume of studies that need to be evaluated and synthesized. The search was conducted using Medical Subject Headings (MeSH) and keywords in an advanced search engine, as detailed in the appendix (Supplementary File 1). This search was performed by two co-authors of this article (AI and RHP), who independently conducted searches in the aforementioned electronic databases.

Tabel 1. MeSH term on search strategy phase

Source	Link	Keyword	Num
Pubmed	https://tinyurl.com/y7nj63pj	(breastfeeding[MeSH Terms]) AND (childbirth[MeSH Terms])	352
ProQuest	https://tinyurl.com/3dmz77ne	mainsubject(breastfeeding) AND mainsubject(childbirth) AND mainsubject(husband support)	4
Garuda	https://tinyurl.com/54w5hsnt	breastfeeding and husband support	35
JSTOR	https://tinyurl.com/46p5tswe	(((breastfeeding) AND (childbirth)) AND (husband support))	19
		Total	**410**

Inclusion criteria

Participant

The participants involved in this study are postpartum mothers who practice Early Initiation of Breastfeeding (EIB). This includes both mothers who delivered vaginally and through cesarean section. No restrictions were applied based on religion or ethnicity.

Exposure

The exposure provided is husband support, which can include emotional support, physical support, and participation in seeking information about early initiation of

breastfeeding. This support can motivate the mother to successfully initiate early breastfeeding.

Comparator

The comparison group is treated with a placebo, sham treatment, and standard or routine care.

Outcomes

We included studies that measured husband support using various instruments, such as questionnaires, observation sheets, and in-depth interviews.

Study design

Studies eligible for inclusion in the analysis were limited to randomized controlled trials (randomized studies), cross-sectional studies, and quasi-experimental studies.

Exclusion criteria

Studies not published in English or Indonesian were excluded. Individuals under the age of 12 and families with chronic illnesses or mental disorders in individuals over the age of 65 were also excluded from this study. Articles focusing on case reports, editorials, letters to the editor, correspondence, narrative reviews, scoping reviews, literature reviews, systematic reviews, conference abstracts, book chapters, and opinion articles were not considered in this analysis.

Study selection and data extraction

Two authors (ANF, AI) independently reviewed all titles and abstracts according to the previously described design. If consensus could not be reached between the two reviewers, the senior researcher (YS) made the final decision regarding the inclusion of the disputed article. Three other authors (RNH, SA, RO) independently extracted data from each study included in the dataset. The selected study reports for inclusion included information on authorship, year, country, design, sample size, exposures, instruments, results, and findings.

Assessment of quality

Two researchers (ANF, RO) independently assessed the quality of the included studies. Any discrepancies in the evaluations were discussed collaboratively, and if further clarification or resolution was needed, it was consulted with the senior researcher (YS). This meticulous process ensured that the quality assessment was conducted rigorously and in accordance with scientific standards.

CASP evaluation

We used the Critical Appraisal Skills Programme (CASP) to assess the quality of primary and secondary outcomes based on the following domains: validity of results, methodology, clarity of findings, relevance of findings, and their applicability in clinical contexts or further research.

Result

Study selection

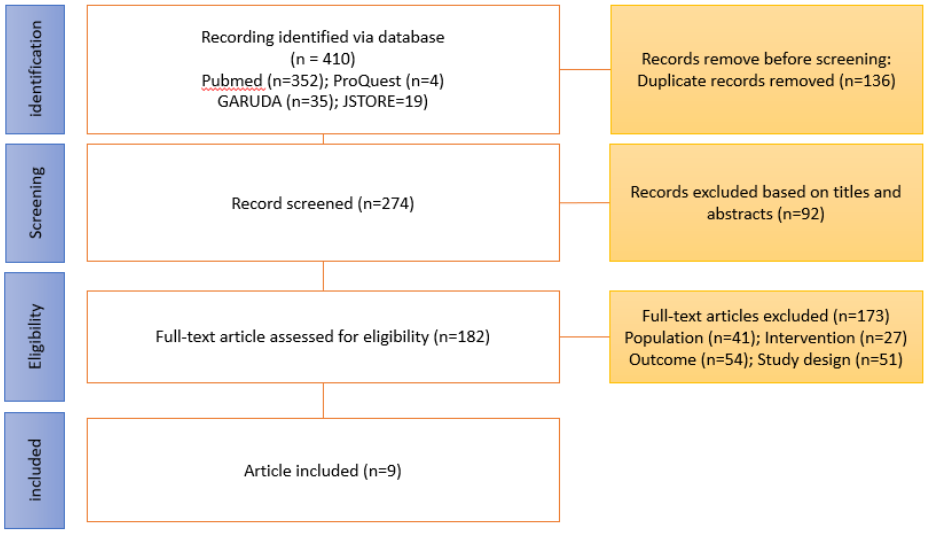

Figure 1. Screening process flowchart by PRISMA

From the initial search in various databases, 410 articles were found. After removing 136 duplicate articles, 274 articles remained for further evaluation. Two researchers (ANF, RHP) independently screened the titles and abstracts, resulting in 182 articles. A subsequent selection based on the full text left 9 articles that met the inclusion and exclusion criteria. More detailed information can be seen in Figure 1.

Study selection

Tabel 2. Characteristics of studies

Author	Intervention, Fasilitator, and Setting	Number of Session	Duration	Method or Media	Topic
Sriasih et al. (2014) Indonesia	Husband support Counseling assisted by the midwife on duty at the research location This study was conducted at two locations, namely the Dauh Puri Sub-Health Center and the Independent Midwifery Practice (BPM) GA.	Counseling 3 times.	Not Experienced	For husbands who were willing to participate, a pretest on support during EIB was conducted. After that, they were given counseling. Husbands who had received counseling three times underwent a posttest.	Regarding the importance of support during labor, and they were encouraged to implement it.

Aulia and Mariyani. (2023) Indonesia	Husband's support for Early Initiation of Breastfeeding This research was conducted by the researchers The working area of the Pakisjaya Health Center, Karawang Regency	Not Experienced	Not Experienced	Not Experienced	Not Experienced
Novianti and Mujiati. (2015) Indonesia	This study was conducted by the researchers This research was carried out at Private Hospital X representing private hospitals and Regional Public Hospital Y representing public hospitals.	Not Experienced	Not Experienced	in-depth interview	Not Experienced
D.A Retno et al. (2016) Indonesia	This study was conducted by the researchers. The research was conducted in the obstetrics operating room (OR) of type B hospitals, namely Jombang Regional Public Hospital and Sogaten Madiun Regional Public Hospital.	Not Experienced	Not Experienced	Not Experienced	Not Experienced
Sulistianingsih. (2020) Indonesia	This study was conducted by the researchers. The research was conducted at the PMB Pringsewu Lampung.	Not Experienced	Not Experienced	Not Experienced	Not Experienced
Liana et al. (2018) Indonesia	Husband's support for Early Initiation of Breastfeeding (EIB) Training for husbands assisted by midwives This study was conducted in the working area of the Perum I Pontianak Health Center.	Not Experienced	Not Experienced	Not Experienced	Not Experienced

Hunter. (2014) United States of America	Father's involvement in breastfeeding support This study was conducted by the researcher The research was conducted at Bloomington Area Burth Services (BAB), Monroe country, Indiana	Not Experienced	Not Experienced	Not Experienced	Not Experienced
Yuliana et al. (2019) Indonesia	This study was conducted by the researcher The research was conducted at Godong 1 Health Center and Godong 2 Health Center, Grobogan Regency.	Not Experienced	Not Experienced	Not Experienced	Not Experienced
Fitriana. (2017) Indonesia	Husband's support for the laboring mother Facilitator by healthcare providers (midwives) This study was conducted at a Private Midwifery Practice, Depok Subdistrict, Sleman Regency.	Not Experienced	Not Experienced	Not Experienced	Not Experienced

The table summarizes various studies on husband support for Early Initiation of Breastfeeding (EIB) or during labor. Most of the studies were conducted in Indonesia, with one from the United States. Only a few provided detailed information regarding the intervention, number of sessions, duration, method, and topics discussed. Sriasih et al. (2014) and Liana et al. (2018) described active husband involvement through counseling or training facilitated by midwives. However, the majority of studies did not report specifics on implementation. This indicates that while husband support is acknowledged as important, the documentation and reporting of intervention details remain limited and need improvement.

Table 3. Data Extraction

Author, year, country	**Design (Sample size)**	**Intervention (Case)**	**Instrument (outcomes)**	**Findings**
Sriasih et al. (2014) Indonesia	Quasi-experimental	Counseling on	Questionnaire on Husband's Support and	The research findings indicate that when support is lacking, the implementation of early initiation of

	(70)	Husband support,	Observation Sheet.	breastfeeding (EIB) is largely unsuccessful. This highlights the important role that husbands play in the success of EIB, as their support boosts the mother's confidence and influences the smoothness of the let-down reflex, which is heavily influenced by the mother's emotional state. Among all forms of support for breastfeeding mothers, husband support is the most significant.
Aulia and Mariyani. (2023) Indonesia	Cross-sectional (32)	Husband support	Not Experienced	There is an influence of husband support on the success of early initiation of breastfeeding (EIB) in the working area of the Pakisjaya Health Center, Karawang Regency, in 2022. Twenty-six couples (81.3% of respondents) supported early initiation of breastfeeding (EIB), while only six couples (18.8% of respondents) opposed it. A total of 22 individuals (68.8%) were the majority who successfully performed EIB in this study. Just over a third (31%) of the sample group (10 individuals) delayed the initiation of breastfeeding.
Novianti and Mujiati. (2015) Indonesia	Cross-sectional (30)	Husband support	in-depth interview, observation sheet.	Husband support plays a crucial role in the success of early initiation of breastfeeding (EIB) after delivery. Maternal knowledge about the importance of early initiation of breastfeeding (EIB) and its benefits is a contributing factor to the success of EIB for those who successfully implement it. The final factor supporting the successful implementation of EIB is support from healthcare providers.
D.A Retno. (2016) Indonesia	Cross-sectional (282)	Husband support	Not Experienced	The father’s support variable has a significant impact on the implementation of early initiation of breastfeeding (EIB). The better the father’s support for EIB, the higher the likelihood of its successful implementation. Meanwhile, the interaction variable between the father and mother does not have a significant effect on the implementation of EIB. The interaction between the father and mother does not influence the success of EIB implementation.

Sulistianingsih.(2020) Indonesia	Cross-sectional (28)	Husband support	Form A is used for respondent identification to determine the characteristics of the respondents. Form B is an observation sheet used to assess the implementation of Early Initiation of Breastfeeding (EIB) and colostrum secretion.	Family members (husband, parents, parents-in-law, siblings) need to be educated that a mother requires support and assistance from her family to successfully breastfeed exclusively. The family member with the greatest influence on the success or failure of breastfeeding is the husband. Family support is the most influential factor in the implementation of Early Initiation of Breastfeeding (EIB) in postpartum mothers (p-value = 0.005).
Liana et al. (2018) Indonesia	Quasy experimental (30)	Husband support	Observation sheet for the duration of successful Early Initiation of Breastfeeding (EIB).	The husband, as a companion to his wife, has an influence on the psychological state of the wife, which can affect the success of early initiation of breastfeeding (EIB). The average duration of successful EIB in the intervention group (husband's role) was 54.87 minutes, while the average duration of successful EIB in the control group (midwife's role) was 63.40 minutes. There was a significant difference in the duration of successful EIB between the intervention group (husband's role accompanied by a midwife) and the control group.
Hunter. (2014) United States of America	Cross-sectional (146)	Husband support	Self-administered questionnaire on husband’s support.	The involvement and support of fathers in breastfeeding during the early postpartum period can play a role in the initiation and duration of breastfeeding for first-time mothers.
Yuliana et al. (2019) Indonesia	Cross-sectional (100)	Husband support	Questionnaire on Husband's Support	This study concludes that there is no significant relationship between husband/family support and the success of Early Initiation Breastfeeding (EIB) preparation (p-value = 0.089). To improve the success of EIB preparation practices among pregnant women, healthcare providers can enhance educational activities or counseling related to EIB. The results of this research can be used as a basis or evaluation for programs related to EIB preparation practices for pregnant women, the implementation of EIB during childbirth, and exclusive breastfeeding.

Fitriana. (2017) Indonesia	Cross-sectional (39)	Husband support	Questionnaire on Husband's Support	Mothers who are accompanied by their husbands are 3.5 times more likely to succeed in initiating breastfeeding compared to mothers who are not accompanied by their husbands (OR=3.5; 95% CI 1.44 to 6.00; p=0.00014). This means that the higher the level of support provided by the husband during childbirth, the higher the success rate of early initiation of breastfeeding, with statistical significance.

The table summarizes studies examining the role of husband support in the success of Early Initiation of Breastfeeding (EIB). Most studies were conducted in Indonesia using cross-sectional or quasi-experimental designs, with sample sizes ranging from 28 to 282 participants. Interventions typically involved providing emotional, informational, or physical support by husbands during the early postpartum period. Instruments used included questionnaires, observation sheets, and interviews.

Overall, findings consistently show that husband support positively influences EIB outcomes. Studies like Sriasih et al. (2014), Fitriana (2017), and Liana et al. (2018) reported significant improvements in EIB success or duration when husbands were actively involved. However, one study (Yuliana et al., 2019) found no significant relationship, suggesting that other factors like education and healthcare provider involvement may also play important roles. These results underline the importance of including fathers in breastfeeding education and support programs to enhance maternal and newborn health outcomes.

Table 4. CASP Checklist for the quality of studies

Authors/year	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10
Sriasih et al. (2014)	Y	Y	Y	Y	N	Y	Y	Y	Y	Y
Aulia and Mariyani. (2023)	Y	Y	Y	Y	N	Y	Y	Y	Y	Y
Novianti and Mujiati. (2015)	Y	Y	Y	Y	N	Y	Y	Y	Y	Y
D.A Retno. (2016)	Y	Y	Y	Y	N	Y	Y	Y	Y	Y
Sulistianingsih. (2020)	Y	Y	Y	Y	N	Y	Y	Y	Y	Y
Liana et al. (2018)	Y	Y	Y	Y	N	Y	Y	Y	Y	Y
Hunter. (2014)	Y	Y	Y	Y	N	Y	Y	Y	Y	Y
Yuliana et al. (2019)	Y	Y	Y	Y	N	Y	Y	Y	Y	Y
Fitriana. (2017)	Y	Y	Y	Y	N	Y	Y	Y	Y	Y

The table above presents a critical appraisal of studies evaluating husband support in Early Initiation of Breastfeeding (EIB), using a 10-question quality checklist. Each “Y” indicates the study met a specific quality criterion, while “N” indicates it did not.

All studies consistently fulfilled 9 out of 10 quality indicators, with only Question 5 (Q5) marked “N” across all entries. This suggests that while the studies were generally methodologically sound—meeting criteria related to study objectives, sample selection, data collection, and result reporting—they commonly lacked blinding or randomization, which is

often reflected in Q5. This is typical in behavioral or observational research, where blinding is difficult to implement.

Discussion

This study presents a systematic review of research exploring the impact of husband support on the success of Early Initiation of Breastfeeding (EIB) in postpartum mothers. Husband support encompasses a range of actions, including emotional encouragement, creating a conducive environment for breastfeeding, and actively seeking information about EIB. Active involvement from the husband has been associated with increased maternal confidence and motivation, which are essential for successful EIB implementation. Moreover, such involvement contributes positively to the family's emotional dynamics, strengthening the marital bond and promoting shared responsibility in newborn care.

Wardhani and Chotimah (2018) emphasized that effective husband support includes informational, instrumental, emotional, and appreciative elements, which are all facilitated by the husband's adequate knowledge of EIB. Similarly, D.A. Retno et al. (2016) demonstrated that emotional support from husbands during childbirth increased maternal motivation to breastfeed by 3.7%. Sriasih (2014) reported that 85.71% of mothers with good husband support successfully performed EIB, further underscoring the critical role of the husband.

Several studies—including those by Hunter and Cattelona (2014), Liana et al. (2018), and Aulia and Mariyani (2023)—highlight that paternal involvement significantly enhances breastfeeding duration, maternal knowledge, and overall EIB success. Additionally, the absence of husband support has been shown to correlate with maternal difficulties in initiating EIB (Sriasih et al., 2014; Novianti & Mujiati, 2015). Yuliana et al. (2019) further pointed out that trust, shaped by personal beliefs and cultural traditions, is the most influential factor in preparing for EIB, suggesting that cultural and familial contexts also play pivotal roles.

Beyond husband support, several additional factors influence EIB outcomes. Novianti and Mujiati (2015) identified the safety of the delivery process, maternal and neonatal conditions, maternal knowledge, and healthcare provider support as contributing factors. Aryani (2020) found that 82.4% of mothers who received support from healthcare providers successfully implemented EIB, affirming the essential role of professional guidance. Nursika and Putri (2023) also reported a strong association between information sources and healthcare support in promoting EIB. Counseling interventions have been particularly effective; Sriasih et al. (2014) observed that counseling provided to husbands increased EIB success, a finding echoed by Khadijah et al. (2024), who noted that prenatal counseling improved maternal readiness for EIB.

The reviewed studies primarily involved postpartum or pregnant women as participants. For example, Hunter and Cattelona (2014) included 146 first-time mothers, while Yuliana et al. (2019) examined 100 pregnant women in Grobogan. Most data collection occurred during or shortly after childbirth. Although not all studies reported instrument reliability, commonly used tools included validated questionnaires and structured observations. Fitriana (2017) utilized a validated husband support questionnaire, and Liana et al. (2014) applied interviews and observational methods, both ensuring data validity.

The main outcomes evaluated across studies included EIB success rates, differences in initiation duration based on husband involvement, and factors influencing EIB in different healthcare settings. The inclusion of both public and private healthcare facilities provided a broader understanding of EIB practices.

Strengths of these studies include the relevance of the topic to maternal and child health and the use of diverse research methods (quantitative, qualitative, observational), which enabled a multidimensional analysis. These findings contribute to public health strategies by emphasizing the importance of husband involvement and maternal education. However, some limitations were identified, such as the use of observational designs that limit causal inference, the potential for reporting bias, and the lack of detailed instrument reliability in certain studies.

Clinically, the findings underline the necessity of involving husbands in prenatal and postnatal care to ensure successful EIB. Emotional support, shared knowledge, and a conducive environment during childbirth play critical roles. Healthcare providers should actively engage husbands in education programs and offer comprehensive counseling during antenatal care. Furthermore, policies that support and mandate EIB practices in hospitals, such as standardized consent forms and procedural monitoring, are essential for improving compliance.

In conclusion, husband support is a pivotal factor influencing the success of Early Initiation of Breastfeeding (EIB). Emotional and practical involvement from the husband, coupled with adequate education, enhances maternal confidence and motivation to breastfeed. To optimize EIB outcomes and promote exclusive breastfeeding, healthcare systems must prioritize male involvement through inclusive educational strategies and supportive institutional policies. This will contribute to better maternal-child health outcomes and foster a culture of shared responsibility in early childcare.

Conclusion

This systematic literature review underscores the critical role of husband support in the success of Early Initiation of Breastfeeding (EIB), with emotional and physical involvement during labor and postpartum significantly enhancing maternal motivation and EIB outcomes. Factors such as the mother's physical condition, her knowledge about EIB, and the support from healthcare professionals also contribute to successful implementation. Private hospitals tend to facilitate more effective collaboration between families and healthcare workers, unlike public hospitals that may face systemic barriers. To improve EIB rates, it is essential to involve husbands in antenatal education and provide them with the necessary knowledge and skills to support breastfeeding. Strengthening husband involvement, maternal awareness, and professional support can collectively reduce neonatal mortality and promote long-term maternal and infant health.

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Not applicable.

Authors' contribution

Each author contributed equally in all the parts of the research. All authors have critically reviewed and approved the final draft and are responsible for the content and similarity index of the manuscript.

Conflict of interest

The researchers stated that there is no conflict of interest related to the implementation and publication of the results of this research. The entire research process, from planning,

data collection, analysis, to report preparation, was carried out independently without any influence or pressure from any third party. A commitment to research ethics is upheld throughout the research process, ensuring transparency, accuracy and honesty in reporting results. Respondents' participation was voluntary with informed consent, and their confidentiality and privacy were maintained in accordance with applicable research ethics standards. With this statement, researchers hope that the research results can be trusted and used as a valid reference for the development of science and health practices related to ethnomedicine and reproductive health.

Ethical consideration

Not applicable.

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References

1. Alzahra Pramesti, L. D. D. H. M. (2024). Hubungan Pemberian ASI Eksklusif dengan Status Gizi dan Kejadian Stunting Anak Usia 2–5 Tahun di Kecamatan Bulak Surabaya. Jurnal Vokasi Keperawatan (JVK), 7.
2. Bahar, S. R. Y. (2015). Pengaruh Pengetahuan dan Sikap Suami terhadap Inisiasi Menyusu Dini di Puskesmas Jatilawang Banyumas. Psycho Idea, 13, 34–42.
3. Berland, G. K., Elliott, M. N., Morales, L. S., Algazy, J. I., Kravitz, R. L., Broder, M. S., ... & McGlynn, E. A. (2001). Health information on the internet: Accessibility, quality, and readability in English and Spanish. JAMA, 285(20), 2612–2621. https://doi.org/10.1001/jama.285.20.2612
4. Colledge, A., Car, J., Donnelly, A., & Majeed, A. (2008). Health information for patients: Time to look beyond patient information leaflets. Journal of the Royal Society of Medicine, 101(9), 447–453. https://doi.org/10.1258/jrsm.2008.080149
5. Fitriyah, N., Fitriani, N., & Sriwahyungsih, A. (2022). Penyuluhan Kesehatan tentang Inisiasi Menyusu Dini (IMD) di Desa Pandai Woha. Idea Pengabdian Masyarakat, 2(03), 211–214. https://doi.org/10.53690/ipm.v2i04.143
6. Hasanah, I. P., & Nindya, T. S. (2016). Kontribusi Inisiasi Menyusu Dini dan Dukungan Suami pada Riwayat ASI Eksklusif Bayi Umur 6 sampai 12 Bulan. Jurnal Universitas Airlangga, 10(1), 44–50.
7. Heryanto, E. (2016). Faktor-Faktor yang Berhubungan dengan Pelaksanaan Inisiasi Menyusui Dini. Jurnal Aisyah: Jurnal Ilmu Kesehatan, 1(2), 17–24. https://doi.org/10.30604/jika.v1i2.16
8. Hety, D., Susanti, I., Adiesti, F., & Muhith, A. (2020). Maternal Knowledge, Husband's Support, Cultural Support and Role of Health Workers in the Exclusive Breastfeeding Program at Mojosari Health Center. In Proceedings of the Third International Seminar on Recent Language, Literature, and Local Culture Studies (BASA), Surakarta, Indonesia. https://doi.org/10.4108/eai.20-9-2019.2297054
9. Mbanda, N., Dada, S., Bastable, K., B., G. B. I., & W., S. R. (2021). A scoping review of the use of visual aids in health education materials for persons with low-literacy levels. Patient Education and Counseling, 104(4), 738–749. https://doi.org/10.1016/j.pec.2020.11.034

10. Mubarokah, K., & N., N. (2019). Health Literacy and Health Behavior in the Rural Areas. KnE Life Sciences, 4(10), 370–378. https://doi.org/10.18502/kls.v4i10.3702
11. Nasrullah, M. J. (2021). Pentingnya Inisiasi Menyusu Dini dan Faktor yang Mempengaruhinya. Jurnal Medika Hutama, 02(02).
12. Nurjanah, S. (2018). ASI Eksklusif Meningkatkan Perkembangan Bayi Usia 6–12 Bulan di Wilayah Kerja Puskesmas Banyu Urip Surabaya. Journal of Health Sciences, 8(2). https://doi.org/10.33086/jhs.v8i2.209
13. Olla, S. I., & Jumetan, M. A. (2023). Penyuluhan Inisiasi Menyusui Dini dan ASI Eksklusif pada Ibu Hamil dan Ibu Menyusui. Jurnal Kreativitas Pengabdian Kepada Masyarakat (PKM), 6(12), 5583–5591. https://doi.org/10.33024/jkpm.v6i12.12603
14. Park, J., & Zuniga, J. (2016). Effectiveness of using picture-based health education for people with low health literacy: An integrative review. Cogent Medicine, 3(1). https://doi.org/10.1080/2331205x.2016.1264679
15. Podungge, Y. (2020). Asuhan Kebidanan Komprehensif. Jambura Health and Sport Journal, 2(2), 68–77. https://doi.org/10.37311/jhsj.v2i2.7102
16. Pradnyasari, N. M. R., Lubis, D. S., Ekawati, N. K., Sari, K. A. K., & Kurniati, D. P. Y. (n.d.). Implementasi Kebijakan Inisiasi Menyusu Dini (IMD) di RSU Bhakti Rahayu Denpasar.
17. Prasetyo, N. N., Maliangkay, K. S., Novianti, P. A., Pertiwi, R., & Annisa, S. R. (2023). Health Accessibility in Rural Areas for the Elderly in Indonesia. Jurnal Rumpun Ilmu Kesehatan, 3(2). https://doi.org/10.55606/jrik.v3i2.1716
18. Putri, R., Hasanah, N., & Ahsan, A. (2017). Hubungan Jenis Persalinan terhadap Keberhasilan Inisiasi Menyusu Dini (IMD) di RSUD Bangil Kabupaten Pasuruan. Majalah Kesehatan, 4(4), 183–192. https://doi.org/10.21776/ub.majalahkesehatan.2017.004.04.4
19. Rismawati, F. O. (2021). Pentingnya Inisiasi Menyusu Dini (IMD) pada Bayi Baru Lahir. MEGA PENA: Jurnal Pengabdian Kepada Masyarakat, 1, 21–25.
20. Risna, S. O., & Jumetan, M. A. (2023). Penyuluhan Inisiasi Menyusui Dini dan ASI Eksklusif pada Ibu Hamil dan Ibu Menyusui. Jurnal Kreativitas Pengabdian Kepada Masyarakat (PKM), 6(12), 5583–5591. https://doi.org/10.33024/jkpm.v6i12.12603
21. Setiawan, H., Ediati, A., & Winarni, T. I. (2018). Genetic Counseling to Reduce the Level of Depression in Parents of Children with Thalassemia Major. Proceedings of the 3rd International Conference on Psychology in Health, Educational, Social, and Organizational Settings (ICP-HESOS 2018). https://doi.org/10.5220/0007055801020106
22. Setiawan, H., Sandi, Y. D. L., Andarini, E., Kurniawan, R., Richard, S. D., & Ariyanto, H. (2021). The effect of genetic counseling on depression, anxiety, and knowledge level among diabetes mellitus patients. Kontakt, 23(4), 270–275. https://doi.org/10.32725/kont.2021.035
23. Setyowati, A. (2018). Hubungan Inisiasi Menyusui Dini dengan Produksi ASI Selama 6 Bulan Pertama. Jurnal Manajemen Kesehatan Yayasan RS.Dr. Soetomo, 4(1), 30. https://doi.org/10.29241/jmk.v4i1.99
24. Sholeh, R., Agrina, A., & Safri, S. (2019). Hubungan Dukungan Suami terhadap Pelaksanaan Inisiasi Menyusu Dini (IMD) di Rumah Sakit. Holistic Nursing and Health Science, 2(2), 17–25. https://doi.org/10.14710/hnhs.2.2.2019.17-25
25. Siregar, M. H., Sumatri, A., & Kerja, J. G. (2020). Risiko Kejadian Diare Akibat Tidak Diberikan ASI Eksklusif. Jurnal Gizi Kerja dan Produktivitas, 1(1).

26. Sørensen, K., Van den Broucke, S., Fullam, J., Doyle, G., Pelikan, J., Slonska, Z., & Brand, H. (2012). Health literacy and public health: A systematic review and integration of definitions and models. BMC Public Health, 12, 80. https://doi.org/10.1186/1471-2458-12-80
27. Suminar, R., Risnawati, R., Mardhatillah, M., Yuliana, Y., Rosmiati, R., & Gustina, A. (2024). Comparison of the Effectiveness Between Kuresif Audiovisual Media with Flipchart Media on Increasing Knowledge and Attitudes of 0–24 Month Infant Underweight's Mother about Complementary Feeding. Jurnal Keperawatan Komprehensif (Comprehensive Nursing Journal), 10(1). https://doi.org/10.33755/jkk.v10i1.604
28. Susanti, L. W., & Sulistiyanti, A. (2017). Analisis Faktor-Faktor Penyebab Terjadinya Baby Blues Syndrome pada Ibu Nifas. Infokes: Jurnal Ilmiah Rekam Medis dan Informatika Kesehatan, 7(2).
29. Wenang, S., Mulyadi, D., Yanti, I., Sumolang, T., Lumentut, L., Tunas, L., ... & Tobondo, J. (2021). Availability and Accessibility of Primary Care for the Remote, Rural, and Poor Population of Indonesia. Frontiers in Public Health, 9, 721886. https://doi.org/10.3389/fpubh.2021.721886
30. Yunura, I., NR, P. H., & Ernita, L. (2023). Pengaruh Inisiasi Menyusui Dini (IMD) terhadap Suhu Tubuh Bayi Baru Lahir di PMB Hj Hendriwati, S.ST Tahun 2022. Jurnal Ners, 7(1), 599–604. https://doi.org/10.31004/jn.v7i1.9196