

PATERNAL EMOTIONAL SUPPORT, INFANT TEMPERAMENT, AND BREASTFEEDING DURATION AT PUSKESMAS BOGOR TIMUR IN 2026

Rina Afrina¹, Tuti Rusmiati²

¹Undergraduate Nursing Program, Faculty of Health Sciences, Universitas Indonesia Maju, South Jakarta

²East Bogor Community Health Center, Bogor City, West Java.

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Corresponding author :

Rina Afrina
 Program Studi Sarjana
 Keperawatan, Fakultas Ilmu
 Kesehatan, Universitas
 Indonesia Maju

Email:

ns.rinaafrina@email.com

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ABSTRAK

Durasi menyusui bayi menentukan keberhasilan menyusui ASI eksklusif pada ibu setelah melahirkan. Dukungan emosional ayah dan temperamen bayi dapat menjadi salah satu faktor penyebab penghentian durasi menyusui pada bayi. Penelitian ini bertujuan menganalisis hubungan dukungan emosional ayah dan temperamen bayi dengan durasi menyusui bayi. Penelitian deskriptif observasional dengan desain *cross-sectional* kepada 55 ibu di periode nifas selama delapan minggu. Penelitian ini dilakukan selama bulan Desember-Januari 2026 di Puskesmas Bogor Timur. Teknik sampel menggunakan *Accidental Sampling*. Instrumen penelitian berupa *Partner Breastfeeding Influence Scale* (PBIS), *Infant Characteristic Questionnaire* (ICQ), dan kuesioner durasi menyusui. Analisis data univariat menggunakan distribusi frekuensi dan analisis bivariat menggunakan uji *chi-square*. Hasil penelitian didapatkan bahwa dukungan emosional ayah dalam kategori kurang (54,4%), temperamen bayi mudah (50,9%), dan durasi menyusui bayi kurang dari 1 bulan (54,5%). Dukungan emosional ayah dan temperamen bayi memiliki hubungan signifikan dengan durasi menyusui bayi ($p=0,000$ dan $p=0,001 < 0,05$). Selama periode menyusui, ibu membutuhkan dukungan emosional ayah dan temperamen bayi yang lebih stabil.

ABSTRACT

Paternal Emotional Support, Infant Temperament, and Breastfeeding Duration at Puskesmas Bogor Timur in 2026. The duration of breastfeeding determines the success of exclusive breastfeeding in mothers after giving birth. Emotional support from fathers and the temperament of babies can be factors that cause the cessation of breastfeeding. This study aims to analyze the relationship between emotional support from fathers and the temperament of babies with the duration of breastfeeding. This is a descriptive observational study with a cross-sectional design. The sampling technique used accidental sampling with a total of 55 mothers in the eight-week postpartum period. This study was conducted during December-January 2026 at the Bogor Timur Community Health Center. The research instruments were the Partner Breastfeeding Influence Scale (PBIS), Infant Characteristic Questionnaire (ICQ), and breastfeeding duration questionnaire. Univariate data analysis used frequency distribution and bivariate analysis used the chi-square test. The results showed that the father's emotional support was in the low category (54.4%), the infant's temperament was easy (50.9%), and the duration of breastfeeding was less than 1 month (54.5%). Paternal emotional support and infant temperament were significantly associated with infant breastfeeding duration ($p=0.000$ and $p=0.001 < 0.05$). During the breastfeeding period, mothers need paternal emotional support and a more stable infant temperament.

INTRODUCTION

Breastfeeding is an extraordinary spiritual experience that provides a sense of calm for both mother and infant.¹ In addition, breastfeeding contributes to the development of infants' emotional intelligence.² It also helps prevent the occurrence of maternal depression during the postpartum period.³ Data from the United Nations Children's Fund (UNICEF) in 2025 indicate that the rate of successful breastfeeding for six months reached only about 48%, compared to the target of 60%.⁴ In 2024, the breastfeeding success rate in Indonesia was 66.4%, lower than the national target of 80%. Infants aged 0–5 months experienced a decline in breast milk intake within the first 24 hours after birth.⁵ Exclusive breastfeeding coverage in West Java Province reached 95.3%, slightly lower than in East Kalimantan and West Sumatra Provinces, both at 96%.⁵ The decline in breastfeeding practices is influenced by multiple interacting factors, including psychological, biological, and sociocultural determinants.^{6,7,8} Barriers to breastfeeding may arise from infant and family factors, particularly infant temperament and paternal emotional support. Mother could stop breastfeeding early when infants have difficult temperament. The difficult temperament of infants was characterized by intense crying, anger, and fear, and the infant was difficult to soothe.⁹ Sometimes, a difficult infant temperament was characterized by temper tantrums expressed through loud or high-pitched crying. Infant temperament is the innate behavioral patterns, self-regulation, and emotional expression that infants use to communicate their needs, feelings, and discomfort to their mothers or primary caregivers.^{10,11,12}

Paternal emotional support serves as a source of strength and confidence for mothers to continue breastfeeding.¹³ Previous studies have reported no clear correlation between paternal emotional support and infant temperament with early breastfeeding cessation.^{14,9} Additionally, infant temperament has frequently been associated with maternal anxiety or depression.¹⁵ But other studies report that breastfeeding duration starts to decline within the first month after birth, and that fathers emotional support influences mothers decisions to continue breastfeeding.^{16,17} Lundquist et al. (2021) found that one reason mothers stop breastfeeding is their husbands inability to understand and respond to breastfeeding challenges of the mother.¹⁸ Therefore, further research is needed to evaluate modifiable factors, namely paternal emotional support and infant temperament, in relation to breastfeeding duration. The findings of this research are expected to serve as a basis for developing interventions to increase the duration of breastfeeding among mothers.

Sometimes, a difficult infant temperament was characterized by temper tantrums expressed through loud or high-pitched crying. Infant temperament is the innate behavioral patterns, self-regulation, and emotional expression that infants use to communicate their needs, feelings, and discomfort to their mothers or primary caregivers.^{10,11,12} Paternal emotional support serves as a source of strength and confidence for mothers to continue breastfeeding.¹³ Previous studies have reported no clear correlation between paternal emotional support and infant temperament with early breastfeeding cessation.^{14,9} Additionally, infant temperament has frequently been associated with maternal anxiety or depression.¹⁵ But other studies report that breastfeeding duration starts to decline within the first month after birth, and that fathers emotional support influences mothers' decisions to continue breastfeeding.^{16,17} Lundquist et al. (2021) found that one reason mothers stop breastfeeding is their husbands' inability to understand and respond to breastfeeding challenges of the mother.¹⁸

Therefore, further research is needed to evaluate modifiable factors, namely paternal emotional support and infant temperament, in relation to breastfeeding duration. The findings of this research are expected to serve as a basis for developing interventions to increase the duration of breastfeeding among mothers.

METHODS

This study employed a quantitative, cross-sectional research design. The sample consisted of 55 postpartum mothers. The Partner Breastfeeding Intention Scale (PBIS) instrument was used to measure paternal emotional support with 6 items, while the ICQ measured infant temperament with 20 items. The PBIS developed by Rempel et al. (2017) and from of Yulianti et al. (2020).¹⁹²⁰ The PBIS used a Likert-scale questionnaire with a total score range of 0–18. Scores >13 indicated good paternal emotional support, while scores ≤13 indicated low support. Validity and reliability of the PBIS were assessed using a product-moment test with a total calculated r (0,639 to 0,787) > r table (0,444) and a reliability test with a Cronbach's alpha (0,895) > 0,60.

Infant temperament was measured using the Infant Characteristic Questionnaire (ICQ) to assess infant behavior. The ICQ has been developed and used in Indonesia with 20 items, yielding scores ranging from 20 to 140. Scores ≤60.25 were categorized as easy temperament, while scores >60.25 were categorized as difficult temperament. Validity and reliability of the PBIS were assessed using a product-moment test with a total calculated r (0,458 to 0,773) > r table (0,444) and a reliability test with a Cronbach's alpha (0,919)>0.60. Breastfeeding duration was measured using direct questions for mothers regarding the timing of breastfeeding and formula feeding. Sampling was conducted using an accidental sampling technique, with a total of 55 respondents at Puskesmas Bogor Timur, West Java. The statistical test in this study uses the chi-square. This study obtained ethical approval with reference number 1337/Sket/Ka-Dept/RE/UIMA/I/2026.

RESULT

Table 1 shows that the average age of respondents was 31 years, with the oldest at 45 years and the youngest at 21 years. Most mothers have been married for 1-2 years, with the longest marriage lasting 13 years. The majority of respondents had a high school education, with 26 respondent (47.3%). The majority of respondents were housewives 43 respondents (78.2%), and household income was high for 34 respondents (55.7%). The majority of parity status was multigravida, with 35 respondents (63.6%), with the highest numbers in parities 2 and 3, while the majority of delivery types were normal labor, with 31 respondents (56.4%). Most babies had an easy temperament, with 28 babies (50.9%) and 27 babies (49.1%) having a difficult temperament. Respondents were mothers who received less emotional support from their husbands, 30 respondents (54.4%) and those who received good emotional support 25 respondents (45.5%). The duration of breastfeeding babies was mostly more than 1 month, 30 respondents (54.5%) and 25 respondents (45.5%) had less than 1 month of breastfeeding.

Table 1. Demographic characteristics of participants: mother's age, long-term marriage, education, profession, household income, parity, and type of birth.
(n=55)

Variable	Total	Percentage (%)
Age		
Early adulthood (20-39 Tahun)	53	96,4
Middle adulthood (40-59 Tahun)	2	3,6
Total	55	100%
Length of Marriage		
1-2 years	21	38,2
3-5 years	14	25,5
6-10 years	12	21,8
>10 year	8	14,5
Total	55	100 %
Education History		
Elementary school	4	7,3
Junior High School	10	18,2
High School	26	47,3
Diploma	1	1,8
S1	13	23,6
S2	1	1,8
Total	55	100 %
Earnings Family Income		
Low <1 juta	7	12,7
Middle 1-2 juta	14	23
High >3 juta	34	55,7
Total	55	100%
Parity History		
Nulliparous	20	36,4
Multiparous	35	63,6
Total	55	100
Mother's work		
Housewife	43	78,2
Private sector	11	20
Government Employment	1	1,8
Total	55	100%
Type of Delivery		
Vaginal delivery	31	56,4
C-Section	24	43,6
Total	55	100%

Table 2 shows that the majority of mothers (30, 54.4%) have low paternal emotional support. Most infants were categorized as having an easy temperament (28, 50.9%), and the most common breastfeeding duration was more than 1 month (30 mothers, 54.5%).

Table 2. Distribution of Paternal Emotional Support, Infant Temperament, and Breastfeeding Duration (n=55)

Variable	Total	Percentage (%)
Paternal Emotional Support		
Low Support	30	54,4
Good Support	25	45,5
Total	55	100%
Infant Temperament		
Easy	28	50,9
Difficult	27	49,1
Total	55	100%
Breastfeeding Duration		
≤1 month	25	45,5
>1 month	30	54,5
Total	55	100%

The results of **Table 3** analysis using *chi-square test* show that Paternal emotional support and infant temperament have correlations with breastfeeding duration, $p = 0.000$; $p = 0.001$ ($<0,05$). Based on **Table 3**, the *odds ratio* (OR) value for infant temperament was greater than that for emotional support from the father, at 8.7. This indicates that infants with an easy temperament are 8.7 times more likely to increase the duration of breastfeeding.

Table 3. The Correlation Between Paternal Emotional Support and Infant Temperament with Breastfeeding Duration (n=55)

Variable	Breastfeeding Duration				P	OR
	≤ 1 month		>1 month			
	N	%	N	%		
Paternal Emotonal Support						
Low Support	13	28.9	32	71.1	0.000	0,5
Good Support	11	73.3	4	26.7		
Infant Temperament						
Easy	13	86.7	2	13.3	0.001	8,7
Difficult	10	43.5	13	56.5		

DISCUSSION

Table 1 shows that most mothers are aged 20-35 years and have been married for 1-2 years. WHO (2020) explains that the classification of adulthood (adult) ranges from 20 to 60 years of age. In this study, the mothers' ages were divided into early adulthood (20-39 years), 53 mothers, and middle adulthood (40-59 years), 2 mothers. Most of the mothers had a history of giving birth to more than one baby, 35 mothers (63.6%). Age and parity are associated with maternal maturity and personal experience. Mothers breastfeeding experience is influenced by their previous breastfeeding practices from earlier births.²¹ These experiences shape breastfeeding behavior and consequently affect breastfeeding duration.²¹ Mkono et al. (2024) found that most mothers who breastfeed their babies are between 26 and 35 years old and have a parity history of more than 1.^{22,23} However, contrary to the researchers findings, mothers who had given birth to more than one child showed shorter

breastfeeding durations. This was due to previous breastfeeding failure with their first child, which left them didn't have breastfeeding experience to apply to their babies.

According to Jalovaara (2002), the duration of marriage is divided into short marriages (<5 years), medium-term marriages (5-10 years), and long marriages (>10 years).²⁴ The length of marriage is associated with the quality of a marital relationship, communication, and problem-solving.²⁵ The length of marriage will make the couple's interactions closer and easier to empathize with the problems their partner faces.²⁵ Mothers with shorter breastfeeding durations reported supplementing breastfeeding at their husbands' advice. They also felt that their husbands were rarely involved and did not provide adequate support in breastfeeding activities, which made the mothers feel lonely during the breastfeeding process. Women with higher levels of education tend to have a stronger sense of their maternal role in caring for their infants, particularly in breastfeeding.²⁶ Being a housewife is associated with a heavy workload, particularly in domestic responsibilities and childcare.²⁷

Household tasks may reduce the quality time available for breastfeeding, leading to suboptimal breastfeeding practices. Domestic workload can cause fatigue make mothers less willing to breastfeed for longer durations.²⁸ Hutagaol (2010) explained that family economic status and maternal employment are associated with higher family income and expanded maternal roles after childbirth.^{29,30} Type of delivery was associated with breastfeeding duration because both vaginal delivery and cesarean section can cause pain during and after childbirth. Wegner and Berstein (2000) in Rajagukguk (2013), further explained that pain has direct effects on mothers' physical and psychological conditions.^{31,30} This may affect mother–infant bonding and attachment, thereby hindering the breastfeeding process.^{32,30} Family support, particularly from husbands, is an important factor influencing breastfeeding behavior.³³ Paternal emotional support is one of the key components of support provided to mothers during breastfeeding.³⁴ Expressions of empathy, attention, encouragement, personal warmth, love, and emotional assistance are forms of emotional support for mothers.³⁴ Emotional support may also take the form of presence and attentiveness, empathetic understanding, avoiding an excessive focus on solutions, and creating a safe space for mothers.³⁵ Such support helps mothers cope with pressure or stress during breastfeeding.³⁴ During breastfeeding, fathers may demonstrate patience and positive emotions.²⁸ This support enables mothers to feel loved, valued, and acknowledged, thereby optimizing breastfeeding practices.²⁸

Mother reported that fathers rarely expressed happiness when mothers breastfed and were seldom awake when mothers had to wake up to breastfeed at night. Mothers also reported that fathers often preferred formula feeding. Fathers were rarely present to accompany or provide empathy, particularly during breastfeeding.³⁶ Infant temperament is divided into six dimensions: activity level, smiling and laughter, fear, distress to limitations, duration of orientation, and the mother's ability to soothe the infant when the infant becomes fussy or difficult.³⁷ Difficult temperament is characterized by infants who are difficult to calm and continue crying intensely. This temperament is often observed outside the home, especially when infants are taken out and encounter unfamiliar people. Oktafia et al. (2023) explained that infants with difficult temperament frequently cry, experience sleep difficulties, and have trouble adapting to their environment, often becoming fussy when meeting new people.¹¹ The study findings indicated that infants with difficult temperament cried approximately 5–6 times per day, and some fussy infants were difficult for mothers to interpret, particularly during the first weeks postpartum. Mothers reported difficulty

predicting the causes of infant fussiness or crying, which often led to confusion and anxiety. The average duration of infant crying or fussiness occurred during the first six weeks postpartum.

Crying duration averaged 117–133 minutes in the early postpartum period and decreased to about 68 minutes when infants were 10–12 weeks old.³⁸ Infant crying or fussiness is also believed to be due to discomfort or pain.³⁹ Infants may become fussier when taken outside the home or when meeting unfamiliar people, as they require time to recognize new faces and adapt to new environments.⁴⁰ Infants undergo a transition period as they adapt to their parents, other individuals, and new environments. Crying serves as a signal to mothers to reduce excessive stimulation or interaction.³⁹ The study results indicated a significant relationship between infant temperament and breastfeeding duration, with *p*-values <0.05 ($p = 0.001$ and $p = 0.000$). Mathews et al. (2014), cited in Yuting et al. (2025), reported that breastfeeding duration is negatively associated with maternal beliefs about infant crying and negative effects ($p = 0.01$), as well as with paternal emotional support.¹⁵

Breastfeeding duration provides important benefits for infant growth and development.⁴¹ Paternal emotional support during breastfeeding fosters positive, warm interactions with mothers, enhances feelings of appreciation, and produces anxiolytic or calming effects, thereby contributing to longer breastfeeding duration.⁴² Such support plays a crucial role in reducing psychological stress by boosting maternal confidence and encouraging breastfeeding.¹⁵ The findings also showed that mothers who received paternal emotional support experienced smoother and greater breast milk production. Paternal support and physical affection toward mothers may stimulate the paraventricular nucleus (PVN), thereby increasing oxytocin release. Elevated oxytocin levels subsequently increase prolactin secretion.⁴² Early initiation of breastfeeding after childbirth is associated with greater milk production and longer breastfeeding duration.⁴² Furthermore, increased prolactin and oxytocin levels may enhance dopamine release, which helps prevent maternal emotional dysfunction during breastfeeding.⁴³

CONCLUSIONS

The duration of breastfeeding determines a mother's success in providing exclusive breastfeeding. During breastfeeding, mothers are expected to receive sufficient emotional support from their husbands. Husband involvement during the breastfeeding period is very much needed by mothers. Mothers also need to understand how to manage difficult baby temperaments during breastfeeding. This way, mothers will react positively to their babies' temperaments.

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