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# Husband's Participation in Breastfeeding in Rural Areas: A Qualitative Case Study

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## Abstract

Indulging husband's participation to support their wife in breastfeeding is quite tasking. This study examines the husband's involvement in breastfeeding, especially in rural areas. Ten husbands whose wives were currently breastfeeding while the participants were determined using the snowball technique to be involved in this study. Through the case study approach, information was extracted in participation and expression of husband's involvement to support breastfeeding wives. The thematic analysis was used to determine the patterns of husband participation. The participation behavior pattern was both instrumental and emotional. The instrumental forms include being involved in helping the wife to cater for the house and baby. Meanwhile, emotional participation consists of paying more attention to breastfeeding mothers and their babies. Information in the form of the involvement and expression of the husband's involvement showed the need for further intervention to indulge husbands' participation in the form of a draft agreement at the village level.

## Keywords

Husband's participation, Breastfeeding, Rural areas

## 1. Introduction

Only a few husbands are willing to support their wives behavior in baby breastfeeding. Many programs have been aimed at encouraging husbands or fathers in various countries to support breastfeeding behavior. Several years ago, the Department of Health in Texas initiated a program known as Women, Infants, and Children (WIC), a pilot program for peer breastfeeding counselors. Husbands were recruited, trained, and engaged in providing breastfeeding and parenting information to other husbands. Consequently, the breastfeeding rate increased in clinics after involving husbands of the same age in the WIC program. Father-to-father breastfeeding education is vital in enlightening, empow-

ering, and providing enabling support to breastfeed wives [1]. Furthermore, other interventions carried out in Southern Brazil involved promoting breastfeeding by fathers or husbands as this improves breastfeeding practices in the first six months of a baby's life [2].

Despite the numerous programs aimed at increasing participation, they still consider themselves inadequate on issues related to breastfeeding and support [3]. In addition, husbands are not also involved in educational programs during antenatal, while participation is considered less critical after childbirth. Notwithstanding, more information need regarding breastfeeding behaviors to support partners [4]. Why is the husband's involvement meaningful on this issue? A study conducted on wives in Iran revealed that the husband's support is essential from the wives' point of view as it encourages the wives to begin and continue breastfeeding [5]. In addition, wives feel more capable and confident when they get verbal support active involvement in breastfeeding activities, including paying attention to the baby's position [6]. The husband's role is relevant to the wife's breastfeeding behavior. In Keben Lamongan village, wives without support could not breastfeed the babies while those with adequate backing did [7].

Similarly, in Talang village, Klaten, wives were motivated to give breast milk to babies due to the encouragement from the partners [8]. One of the strategies sufficiently enough to increase mothers' confidence is by involving husbands in prenatal care [9]. Therefore, the prominent key role in decision-making about breastfeeding shows there is needed to include husbands and their relative support [10].

Meanwhile, fathers or husbands need more knowledge on breast milk to support breastfeeding mothers. There is a close relationship between knowledge and father's support in breastfeeding [11]. A study in Gianyar, Bali, Indonesia, measured the knowledge of 59 fathers with children aged 6-12 and discovered that 45.8% of respondents had good knowledge. These individuals recognized that; breastfeeding protects babies from diseases, exclusive length is 6 months, breastfeeding is not substitutable with other food or drinks, and the meaning and benefits of colostrum [12]. Increasing the husband's knowledge, therefore, is an essential element for the effectiveness of the wife. However, in northern Portugal, among the 143 husbands whose wives were 28-32 weeks pregnant, only 90% had less knowledge about breastfeeding. Therefore, these husbands are intentionally not ready to support their wives [13].

Several studies have shown that husband's participation and support towards breastfeeding mothers significantly impacts an increase in breast milk production [14]–[16]. Also, the help of the father or husband can trigger exclusive breastfeeding [17]. By con-

ducting a systematic literature review on 3,982 published articles up to August 2018, six studies reported that increased support for breastfeeding among husbands had a beneficial effect [18].

The husbands' participation is beneficial to the smoothness of breastfeeding the baby. In addition, several studies have also revealed the critical role of a husband as a partner in the breastfeeding plan [4], [7], [11], [14], [15], [17], [19]–[24]. Furthermore, the father plays a role in breastfeeding due to their ability to influence the smooth breastfeeding reflex, which is strongly affected by the emotional conditions and feelings of the mother [12]. The success or failure of breastfeeding is primarily determined by partner support, especially in the early weeks of breastfeeding [14]. Meanwhile, the lack of breast milk few days after childbirth is usually caused by insufficient stimulation of prolactin and oxytocin hormones.

Furthermore, inadequate support from husbands or close relatives of nursing mothers also affects breast milk production. Therefore, the husband's participation significantly increases breast milk production. Hence, sufficient milk is made available for babies [15].

Meanwhile, psychological support is also needed in motivation, attention, and acceptance [25]. Rendering support for breastfeeding wives to increase breast milk production can be in the form of emotional, instrumental, rewarding, and informational. Emotional support takes different forms, such as the feeling of love, care, trust, and mutual understanding. In contrast, instrumental support takes direct assistance, such as performing a massage to the mother and caring for the baby. Rewarding support, meanwhile, is a positive assessment and consent of the husband to breastfeeding. Informational support is the presence or absence of information, including advice, pointers, suggestions, or feedbacks [15], [21], [26].

According to the WHO and UNICEF advocacy strategy, families' involvement, especially husbands, provides optimal support to breastfeeding practices. Meanwhile, these optimal breastfeeding practices include early initiation and **exclusive breastfeeding for the first six months up to the second year** or more. When this is properly and adequately accompanied with safe complementary foods, it significantly becomes a social norm that helps children survive and develop into potential human resources [27]. Husbands in rural areas naturally have a sense of pride and usually ignore participating in breastfeeding activities [21]. However, husbands' can support breastfeeding partners by (1) helping the complete wife homework, (2) burping the baby, (3) accompanying the wife to lactation classes, (4) providing adequate nutritional intakes, (5) helping with the difficulties related to breastfeeding, and (6) reminding wives constantly to provide breast milk only, until the

baby is six months old [8], [21], [26].

This study explores information on husband's participation during breastfeeding in rural areas. Case studies were conducted to reveal the possible form of participation and expression in supporting breastfeeding wives. The formulated questions in this study include (1) What are the form of husband's involvement in supporting breastfeeding wives in rural areas? (2) How does the husband personally express involvement in breastfeeding in rural areas?

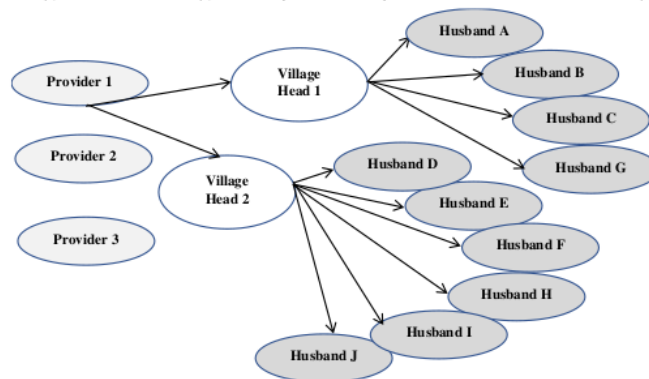
## 2. Methods

### 2.1. Instruments

This study utilized typical instruments in qualitative research, including interview guides, recording devices, writing instruments, notebooks, and digital cameras. The questions in the interview guide were flexible and adapted to finding information during the in-depth interview process. Data were extracted, including how the husbands expressed individual involvement. Meanwhile, the data collection tools were only meant to assist while the main primary instrument was still the researcher. Therefore, researchers play an important role in observing expressions when participants make statements.

### 2.2. Informants

This study involved ten husbands with breastfeeding wives living in two villages in Sinjai Regency. Information was extracted using in-depth interview techniques. Furthermore, to triangulate information sources, interviews were also conducted with the village heads and local providers. The case study design is appropriately considered enough to reveal participation forms and expression of husbands' involvement in breastfeeding practices. Meanwhile, husbands' involvement in the breastfeeding plan is still considered a marginal issue by many parties. The researchers analyzed results obtained from the interviews thematically. These were used to present themes arising from the effects of in-depth information about the husbands. The patterns and themes found were then presented in the form of charts or schemes. The informants involved in this study were determined using the snowballing techniques and represented with the following procedure:



Sci | **Figure 1.** Snowballing process in determining informants

The first informants were providers who served at the local public health center. They are health workers who handle nutrition and mother-child health issues. Their job was to oversee the two villages, which are the focus of this research. These providers are also directed to meet and interview village heads one and village heads 2. Furthermore, each village head recommended the name of resident husbands and their breastfeeding wives, who were later involved in this study.

### 3. Results

#### 3.1. Participant Profile

##### *Participants A, B, C, and H*

A and H were both 33 years old. A, B, C, and H all have the same educational levels in high school graduates. B is 35 years old, while C is 26. Both have the same job, as honorary staff. Husband A works as a village official, while B is a farmer. Although the education levels of A, B, C, and H were quite good, they had little knowledge regarding breastfeeding. The four respondents admitted that they paid much attention to the wives during breastfeeding. These various forms of engagement include prohibiting strenuous household chores, encouraging vegetable consumption, and more rest. However, A sometimes feels overwhelmed by the wife's laziness eating vegetables, preferring meatballs instead. Only H considered the burden heavier among the four husbands and took over the wife's breastfeeding duty. According to H, aside from the second child being breastfed, another one-year-old also needs attention.

##### *Participant E and J*

E and J both worked as farmers and graduated from elementary school. J is 35 years old, while E is 26. Like the previous four husbands, E and J also had insufficient knowledge regarding breastfeeding. However, the situation was comparably favorable for both to get information about breast milk from close relatives. Wife E is a cadre of integrated service posts, while J has a relative working as a midwife; hence, the latter is sometimes exposed to information about the benefits of breastfeeding. According to both husbands, individual involvement in supporting their breastfeeding wife is helping with household chores such as washing clothes, encouraging proper feeding, and prohibiting heavy lifting objects.

*Participants D and F*

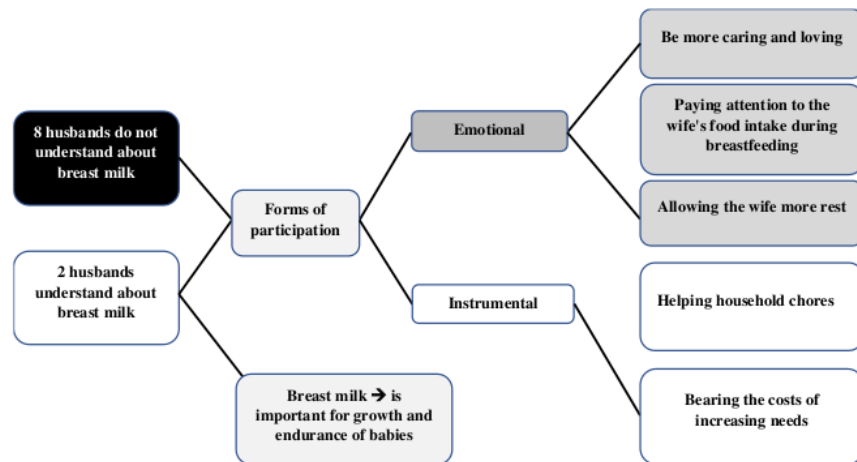
D and F were both junior high school graduates and worked as farmers. Among all informants, D was the oldest, being 42 years old, while F was 35. Compared to other respondents D and F admitted to being slightly exposed to related information from health workers. This was possible because they accompany their pregnant wives to the public health center pre childbirth. Husband D and F also prohibited wives from performing housework. D took over household chores such as washing and cooking while F, which often indulges the wife in ricefield work, proscribed the act.

*Participant G and "I"*

Among all informants, G and "I" had a reasonably high level of education as University graduates and different professions compared to others. G is a 34 years old entrepreneur while "I," 35 years, works as a civil servant. Although both have permanent jobs with sufficient income, they complained about the increased expenses during the period while the wives were pregnant, giving birth, and breastfeeding. Furthermore, G and "I" had a pretty good knowledge concerning breastfeeding. Both husbands understood that breast milk is essential for babies in their infancy and helps maintain their immune system. However, both admitted to be rarely involved in helping their wives with household chores due to their busy schedules. Participation was prioritized in assisting the partners' needs during pregnancy and breastfeeding period.

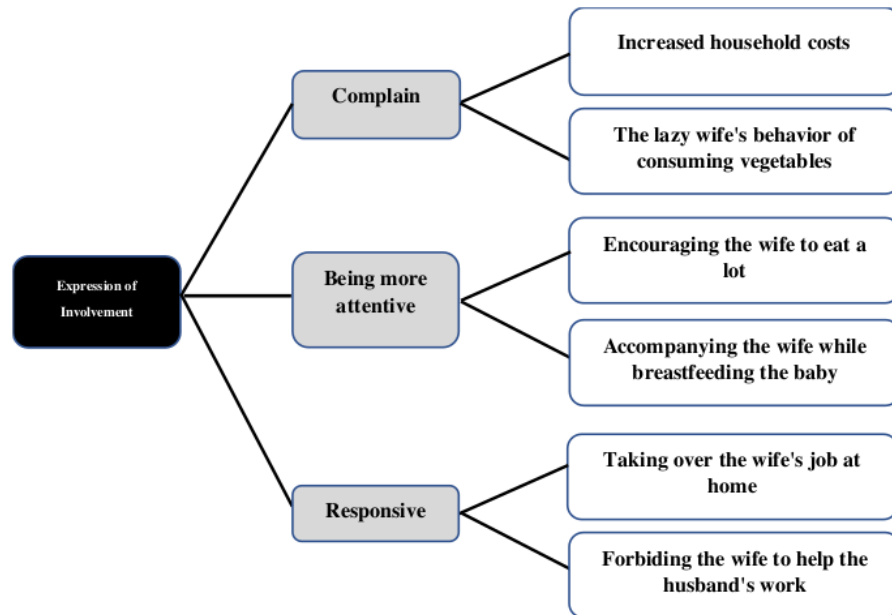
**3.2. Thematic Analysis Results**

Based on the results, a scheme of several themes related to the form of husband's participation derived from the interview results is shown as follows:



**Figure 2.** Thematic analysis scheme of husband participation in breastfeeding in rural areas

Based on figure 2, some husbands are ignorant about the importance of breastfeeding while others have sufficient knowledge. This latter category recognizes that breast milk is essentially needed by babies in their infancy as well as an element that helps in maintaining the immune system. Notwithstanding, participation in the breastfeeding plan was in the emotional and instrumental form. Husbands who emotionally usually show love pay attention to the food intake and ensure more opportunities to rest for their breastfeeding wives. Meanwhile, those who participated instrumentally took over more household chores and were responsible for meeting the additional costs. Apart from participation, the husbands' expressions concerning their involvement in breastfeeding are as follows:

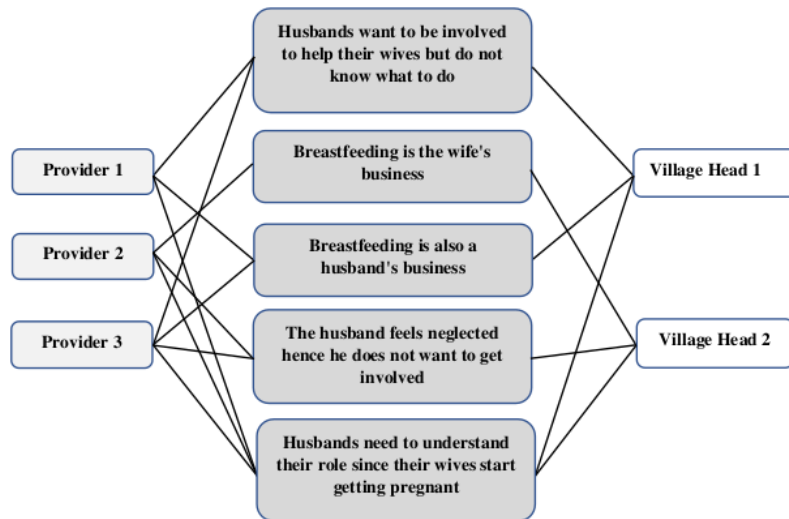


**Figure 3.** Thematic schematic analysis of expressions of husband involvement in breastfeeding in rural areas

Based on the scheme in figure 3, the husband's involvement in breastfeeding is expressed in 3 ways: complaint, attentive, and responsive. The protests were due to the increasing burden of household costs to meet the needs of breastfeeding wives. In addition, some also complained about their wives' reluctance to eat vegetables. Certain husbands, however, showed concerned expressions to their wives by encouraging proper and enough dieting during breastfeeding. This suggestion is expressed by hoping that when

the wife eats a lot, the baby's nutritional needs are also satisfied; concerns were also expressed through accompanying wives during breastfeeding. Meanwhile, the responsive expressions were in the form of taking over the wife's work responsibilities at home, such as washing and cooking, while others showed more responsiveness by prohibiting wives from helping with work on the fields therefore, breastfeeding mothers were disallowed from working to earn a living.

For information triangulation, interviews were also conducted with providers and village heads from the two research locations. Those performed to obtain the health workers' and village heads' perspectives regarding the husband's participation in the breastfeeding schedule. The following is a schematic of interview results with providers and village heads, based on the results of the analysis of emerging themes that have been categorized:



**Figure 4.** Thematic schematic analysis on the perspectives of providers and village heads regarding husbands' participation in breastfeeding rural areas

Figure 4 presents the perspectives of providers and village heads on the husband's participation in breastfeeding. Providers 1 and 3 and village head 1 stated that husbands in rural areas intend to participate in the breastfeeding schedule; however, they are uncertain about the form of participation required by the wives. In contrast, provider two and village head 2 stated that many husbands in rural areas assume that breastfeeding is the wife's business; therefore, their involvement is unnecessary. Furthermore, the re-

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spondents said that husbands are not considered pivotal and are even almost marginalized in matters regarding breastfeeding. Meanwhile, this was different from the report of providers 1 and 3 and village head 1, which argued that breastfeeding is also part of the husband's business. Therefore, it is appropriate for husbands to supporting breastfeeding wives. Although there were different perspectives from the providers and village heads, it was jointly agreed that husbands need to understand their roles and support the wives and general breastfeeding practices. This understanding is expected to develop when the wife becomes pregnant. Hence the husband can realize an individual role in accompanying the wife during the breastfeeding period.

#### 4. Discussion

##### 4.1 Husband's Participation

Results showed that husbands in rural areas participated emotionally and instrumentally similarly to those in the Using tribe, Kemiren Village, Banyuwangi, Indonesia [21]. The emotional supports provided were in the form of concerns for the wife and baby's health by taking the two to health services centers. It also included showing respect about the sore on the wife's nipple and fending family or parent interference. Meanwhile, instrumental participation was in the form of taking over expenses incurred by the wife. Based on the results, the husband's involvement in Kemiren Village was not in an informative document. Husbands failed to provide informative support to wives due to shallow knowledge as they have never been educated on the concept of breastfeeding [21].

In contrast to the results of this study and that of Kemiren Village, husbands in two regions of Ontario, Canada, supported the wives' breastfeeding behavior. In addition, husbands promoted and provided an assessment of breastfeeding practices and shared household chores and child care. Husband's parenting fosters a positive father-baby relationship. Therefore, a strong bond is established between the father and baby, especially during breastfeeding [28]. An integrated literature review was conducted to analyze 3,927 articles published between January 2010 and May 2019. Twenty-seven publications indicated that most husbands were enthusiastic about participating and supporting partners in breastfeeding babies. This positive perspective developed from knowledge about the importance of participating in the breastfeeding process. The results of this literature review also stated that when the knowledge level of breastfeeding is inadequate, the husband finds it difficult to render support [19].

One of the results indicated fairly full participation during breastfeeding. The support

was in several forms, including emotional, rewarding, instrumental, and informational. Emotional support experienced by breastfeeding mothers was through getting attention and motivation. Rewarding support is in the form of husband's pride as the wife can provide breast milk for the baby. Meanwhile, instrumental support is exhibited in caring for the first child while the second is being breastfed, massaging the wife's shoulder, and helping with household chores. Also, informative support involves providing information about children's development obtained from the internet [22]. In Curug Mekar village, Bogor, the four categories of husbands' permission were received when the wives gave birth for the first time [29]. There was, however, different from the research in Sentul Village, Tangulang, Sidoarjo, Pesurungan Village, and in Jombang, Indonesia, which found no relationship between husband participation and breastfeeding [23], [30], [31].

A literature review that analyzed several studies was published between 1999 and 2013 that stated five main elements of a husband's participation and support. They include (1) knowledge of breastfeeding; (2) positive attitude towards breastfeeding; (3) involvement in the decision-making process; (4) practical support; and (5) emotional support [32]. In addition, some results found a significant relationship between the husband's role and the wife's actions during breastfeeding [33]. Furthermore, in France, husbands are uncertain about how to support their wives in breastfeeding premature babies. Therefore, proper education is needed about how to participate in breastfeeding premature babies [34].

The analysis of 11,927 studies published up to July 2018, which were then extracted until only 39 were left, revealed several aspects of the husband's involvement in breastfeeding. These aspects, including knowledge and attitude towards breastfeeding, perceptions of subjective norms, behavioural control, and commitment to relationships, socio-demographic characteristics, and presence in antenatal classes, play an essential role in supporting a mother's behavior during the breastfeeding period [24]. However, this study did not reveal the attitudes, perceptions, subjective norms, behavioral control, the results of the interviews. However, it showed the need for husbands to understand their roles during the breastfeeding period. These roles are meant to be realized following the wife's conception.

An integrated review of eight selected articles concluded that responsive husband's behavior improves breastfeeding outcomes in Western cultural settings. Meanwhile, responsive behavior includes sensitive support to the wife's need, respect for decisions on breastfeeding, autonomy, and independence, joint care, providing information, assistance, or encouragement in acceptable ways [20]. These are supported by research that stated

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that husbands' most effective breastfeeding support is via teamwork approach. This implies that the husbands become sensitive and responsive partners towards the needs of the breastfeeding wives [16]. Furthermore, these findings indicated that the husband's responsive expression takes over the wife's primary job at home and forbids her to work for money. This is a form of attention and sensitivity and team collaboration efforts in terms of joint care.

#### 4.2. Implications of Research Results

The result of this study implies that (1) husbands in rural areas desire to participate in supporting their wives during breastfeeding; however, their roles are often considered insignificant, and (2) it is necessary to involve husbands in educational programs about breastfeeding.

#### 4.3. Study Limitations

This research was conducted on a smaller scale of participants as a feature of the case study design. Information triangulation was carried out with other participants, including the providers and village heads. The husband's expressions were not confirmed with wives' due to the latter reluctance to be involved in the study. Furthermore, only one qualitative data collection technique in the form of in-depth interviews was used. Therefore, there was no method triangulation. The researcher's maximum effort was to observe the expressions when participants state their opinions and the reasons behind such behavior.

#### 5. Conclusion

The husband's participation in supporting breastfeeding wives in rural areas is both emotional and instrumental. These two forms then determine the individual expression of involvement concerning breastfeeding. Therefore, the results of this study indicated the need for further interventions by forming husband breastfeeding support groups facilitated by providers and local community leaders.

#### Further research

Further research is expected to design interventions aimed at actively involving husbands in supporting breastfeeding programs. One way of achieving this is by making husbands and fathers peer educators. Further research is also to formulate husband breastfeeding support groups to produce a village-level commitment draft on the importance of breastfeeding programs. Furthermore, future studies are expected to compare

the participation rate of husbands in urban and rural areas in breastfeeding programs and produce appropriate intervention models in both regions.

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