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# How can fathers breastfeed? Asking *Ayah* in Jakarta, Indonesia

A thesis  
submitted in partial fulfilment  
of the requirements for the degree  
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by  
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## Abstract

Many studies have acknowledged that exclusive breastfeeding has a significant positive influence not only on babies but also on mothers, families, environments, and even nations. However, the rate of exclusive breastfeeding in the world has been low and this is also the case in Indonesia. Most studies in relation to breastfeeding focus on mothers as the influential factor for successful exclusive breastfeeding, and the variable of fathers tends to be neglected. In Indonesia, there is a fathers' breastfeeding support community which was founded to raise breastfeeding awareness and highlight the importance of fathers' values on breastfeeding practices.

This qualitative study was undertaken in Jakarta and aimed to gain a better understanding of Indonesian fathers' involvement during exclusive breastfeeding. Five main questions were addressed. Firstly, why and how fathers were involved during the exclusive breastfeeding period? Mothers' perspective and experiences about fathers' involvement were then explored. Then, whether fathers' involvement in breastfeeding in Indonesia is seen as a non-traditional value and if so, how families managed it. Lastly, how the online advocacy group (Ayah ASI) for fathers could support exclusive breastfeeding.

In-depth interviews were conducted to obtain data associated with the research questions. Since fathers' involvement, explanations and experiences were the focus of this study, the main source of information was Indonesian fathers. Additionally, mothers' experiences and views, particularly the perspective of the wives of the fathers who were interviewed, were also considered to gain a comprehensive understanding of the involvement of their husbands. Information was also gained from the founders of AyahASI, the breastfeeding supporting community for fathers.

Several insights were obtained by interviewing couples in Jakarta. The couples believe that exclusive breastfeeding has positive impacts on babies' health and strengthens their bond with their mothers. In addition, religious factors encouraged fathers to support their wives to fulfil exclusive breastfeeding. The most significant findings were that fathers' attributes influenced the success of exclusive breastfeeding and that psychological support by fathers of mothers is the most important factor in achieving exclusive breastfeeding.

This research has revealed some important messages that should be addressed to increase exclusive breastfeeding rates in Indonesia. Even though the Government of Indonesia has released a policy to increase the exclusive breastfeeding rates, the implementation of this policy warrants further attention, for example providing more nursing rooms in public places. In addition, paternity leave should be considered as according to current regulations, the only leave available to fathers is two days. The fathers and mothers who participated in this research stressed that paternity leave was crucial in the early days after a baby's birth to support mothers facing all the challenges in first months of their babies' live. These recommendation are important means to enable fathers to become more involved with the care of their child. The more the fathers are involved, the more successful exclusive breastfeeding will be.

## Acknowledgements

“To make a better Indonesia” is the answer I gave every time I was asked interviewers during any job recruitment process or scholarship interviews about my reasons for join their institutions or the motivation to pursue higher education. The reason sounds exaggerated but it is a real eagerness on my part to sincerely contribute to the development of Indonesia.

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## Abbreviations

WHO	World Health Organisation
UN	United Nations
UNICEF	United Nations International Children's Emergency Fund

# Chapter 1: Introduction

## 1.1. Background

A crucial issue in relation to child health, particularly for children under the age of five years in developing countries is malnutrition (Brown, Dewey, & Allen, 1998; Müller & Krawinkel, 2005). Malnutrition in the developing countries contributes to major health burden and preventable infant mortality. In Indonesia, the percentage of children under five years old who are impacted by lack of nutrition, with resultant issues such as stunting in 2013 was quite higher compared to Philippine and Vietnam, 36.4%, 30.3%, and 25.9% respectively (World Bank, 2018). One of the solutions to addressing issues of early malnutrition is increasing the rate and duration of exclusive breastfeeding for babies under six months of age (Kuchenbecker et al., 2015).

Based on a World Health Organisation (WHO) recommendation, babies should receive exclusive breastfeeding until they reach six months of age. By the WHO definition, this means that babies (to age six months) only receive breast milk without solid food, water or juice except for supplements and vitamins (WHO, 2018a). Even though the WHO has recommended babies be exclusively breastfed for their health, the rate of exclusive breastfeeding in the world has remained low at around 45% (UNICEF, 2016). This low rate of exclusive breastfeeding is also evident in Indonesia, where according to the last data from the Demographic Health Survey, the rate of exclusive breastfeeding was 41% (Statistics Indonesia, 2013). This rate is far from the national target set by the Indonesian Ministry of Health, which is 80% (Fikawati & Syafiq, 2009).

A traditional view of parenting in some context has often associated mothers as the focus for parental roles, while fathers roles focused more around activities as breadwinners (Carrillo, Bermúdez, Suárez, Gutiérrez, & Delgado, 2016). One consequence of this perspective is that fathers have had limited involvement in family matters, and particularly in matters of infant welfare. This perspective is also seen in discussions of breastfeeding, which is often solely perceived as women's responsibility (Bueno-Gutierrez & Chantry, 2015).

Some studies however show that fathers' involvement in breastfeeding has a positive impact on breastfeeding success. A qualitative study conducted in Canada found that the

involvement of fathers in breastfeeding practice could decrease problems during breastfeeding and could ensure its success (Rempel, Rempel, Khuc, & Vui, 2017). Another recent study conducted in Vietnam asserts that an intervention programme that was purposely designed for fathers had a significant impact on the decision whether couples would provide breastfeeding to their infants or not after delivery (Bich et al., 2016). Similarly, a quantitative study conducted in the Turkish population confirms that involvement of fathers benefit the duration of breastfeeding (Şencan, Tekin, & Tatli, 2013). A quantitative study conducted in India has also asserted that the involvement of fathers made breastfeeding successful. This study found a strong connection between knowledge and attitude regarding breastfeeding (Jacob & Sujatha 2013). In the same way, a study by Furman, Killpack, Matthews, Davis, and O’Riordan (2016) in Cleveland asserts that fathers/partners are more likely to encourage their spouses to breastfeed their next child when they received breastfeeding training.

Literature regarding fathers role in breastfeeding in Indonesia is scarce, however since 2011 there has been a community called AyahASI Indonesia (Indonesian Breastfeeding Fathers) whose membership consists of fathers who campaign about breastfeeding. They have campaigned through social media, such as Twitter, Instagram, and Facebook. The community was built by eight men who were from different backgrounds and who had an interest in breastfeeding. This community not only creates campaigns, they also educate parents to promote breastfeeding. One of the goals of this movement is to raise awareness that fathers have a significant influence on successful breastfeeding. The existence of the community of AyahASI has broken the traditional values about fathers’ and mothers’ roles in breastfeeding. The community has also socialised the idea that fathers have the same responsibility as mothers in household chores, breastfeeding, and child rearing.

## 1.2. Operational definitions within this research

### **Exclusive breastfeeding**

The definition of exclusive breastfeeding refers to that provided by WHO which means the nutrition given to baby aged 0 – 6 months is only breastmilk, including milk expressed or from a wet nurse, and no other food or drink, such as water is provided, except for vitamins, minerals, and supplements (WHO, 2018a).



### **Successful exclusive breastfeeding**

Exclusive breastfeeding is defined as in this thesis as successful if babies are only fed breastmilk for six months without additional liquid or infant food. The method of giving exclusive breastmilk can vary, from direct breastfeeding and using bottles of expressed milk or other baby feeding tools.

### **Fathers' involvement**

Fathers' involvement is defined as any activity from fathers related to children's welfare to support their wife during exclusive breastfeeding. It can be a physical or psychological support, which includes child rearing.

### **1.3. The benefits of breastfeeding**

The advantages of breastfeeding are evident and breastfeeding has health benefits not only for babies but also for mothers (Galson, 2008). Mothers who are breastfeed can reduce the risk of diabetes, ovarian and breast cancer, and metabolic syndrome (Galson, 2008; Stuebe, 2009; Victora et al., 2016). Furthermore, the benefits of breastfeeding for babies as Sankar et al. (2015) state the significance of optimal breastfeeding for infants is to prevent infection which causes mortality. Critical mortality- and morbidity-inducing infections which breastfeeding can reduce include pneumonia for children under two years old (Lamberti et al., 2013). Pneumonia has been one of the leading causes of children's mortality (Liu et al., 2012).

In addition, in developing countries, breastfeeding can potentially reduce the risk of diarrhea, which is one of the main factors causing child mortality (UNICEF, 2013). Along with this, a study in Dhaka, Bangladesh confirms that exclusive breastfeeding has beneficial effects for the survival of the babies by reducing acute respiratory infection and diarrhea (Arifeen et al., 2001).

Even though babies do not accept other solid food except breastmilk during the exclusive breastfeeding period, it does not negatively impact on blood pressure, stature, and adiposity, and also impaired growth (Kramer et al., 2007; Kramer & Kakuma, 2009). Due to the enormous advantages of exclusive breastfeeding in preventing gastrointestinal

infection, which not only in developing countries but also in developed countries, exclusive breastfeeding is recommended for six months (Boland, 2005; Kramer & Kakuma, 2002; WHO, 2018a, 2018b). Economic impacts also is the advantages of exclusive breastfeeding for the nation and household (León-Cava, Lutter, Ross, & Martin, 2002; Weimer, 2001).

A number of researchers have also reported that a longer period of breastfeeding can prevent further morbidity and child mortality (Victora et al., 2016). In addition, quantitative research using data between 1966 and 2003 from medical database, included three different aspects: breastfeeding, infant feeding, and diabetes, confirms that breastfeeding can reduce rates of Type II Diabetes for children (Taylor, Kacmar, Nothnagle, & Lawrence, 2005)

Positive impacts of breastfeeding on children's development are also seen beyond improvement in infant infectious disease rates. Also found are improvement in several psychomotor developmental milestones from the ages of one to three years: having better fine motor skills at one to three years old, having higher adaptability at age two years and having higher communication at age one and three years (Oddy et al., 2011). However, a population study conducted in Ireland showed that there was a limited correlation between breastfeeding and cognitive abilities at the age of five years. Moreover, children who were breastfed had no statistically significant difference in their expressive vocabulary (Girard, Doyle, & Tremblay, 2017).

The goal number 3 stated in the Sustainable Development Goals (SDGs) is to ensure healthy lives and promote well-being for all at all ages. This goal can be achieved by reducing the maternal mortality rate, and reducing the deaths of infants and children under five years (United Nations, 2016). In this point, promoting exclusive breastfeeding can improve the short and long term effects of children's survival (Katsinde & Srinivas, 2016). Breastfeeding is associated with improvement in children and mothers' health which therefore significantly contributes to the achievement of this Sustainable Development Agendas (UNICEF, 2016).

#### 1.4. Rate and duration of exclusive breastfeeding

The duration and the exclusivity of optimal breastfeeding has been debated for some time, and is often described as context-specific since many developing and developed countries face different problems with the environment of exclusive breastfeeding. Prior to 2001, the WHO recommended that the duration of exclusive breastfeeding was between four and six months, and then in 2001 at the World Health Assembly this was changed to the current global recommendation: six months of exclusive breastfeeding followed by the introduction of complementary feeding, and continued breastfeeding for the first two years of life.

This modification of the recommended duration occurred following the release of a WHO Expert Consultation report, and a Systematic Cochrane review (Kramer & Kakuma, 2002; WHO, 2001). Contaminated water (including for infant formula), growth faltering, and inadequate complementary food availability are problems commonly faced in many developing countries. In developed countries, complementary foods are often more available and there are fewer concerns regarding contamination. Here instead there is often concerns raised regarding the insufficiency of breast milk alone to satisfy the infant's energy and micronutrient requirements beyond four months of age (Fewtrell et al., 2007). Therefore, many developed countries determine that infants should be managed according to their individual needs.

However, the review of evidence also found that gastrointestinal and respiratory infection can be prevented by the longer exclusive breastfeeding - even in developed countries (Kramer & Kakuma, 2002). These recommendation from WHO and UNICEF about fulfillment of exclusive breastfeeding for six months have not been achieved by most countries in the world. According to WHO and UNICEF (2017), a poor result for the recommended breastfeeding policies and programmes is evident because no country has achieved their targets for all the indicators. They state, specifically in exclusive breastfeeding, that only 23 countries have met the target for the 2030 global goal of exclusive breastfeeding for six months. They also confirm that the problem of low rate exclusive breastfeeding is particularly seen in America.

Figure 1.1. shows the target and current rate of breastfeeding globally from early initiation of breastfeeding to breastfeeding at two years of age.

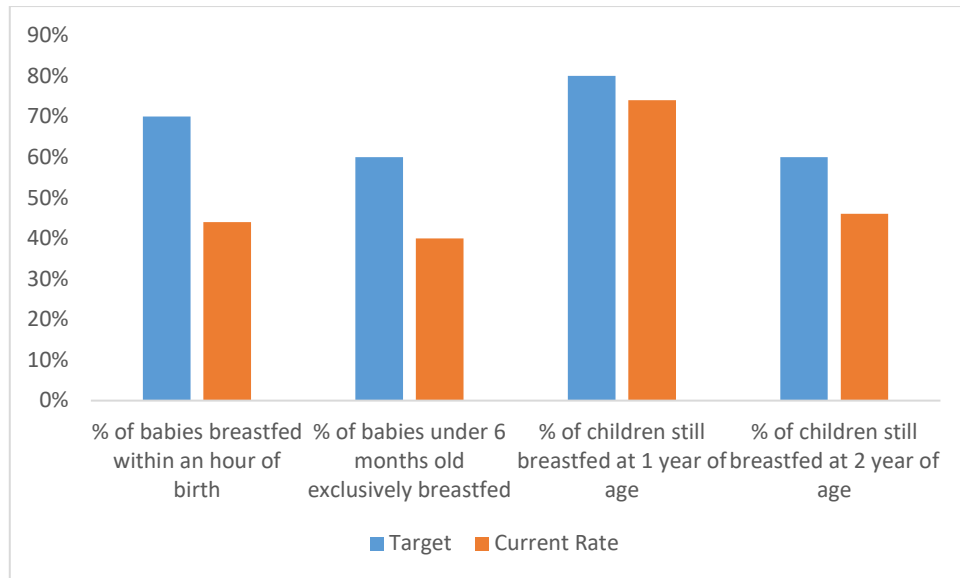
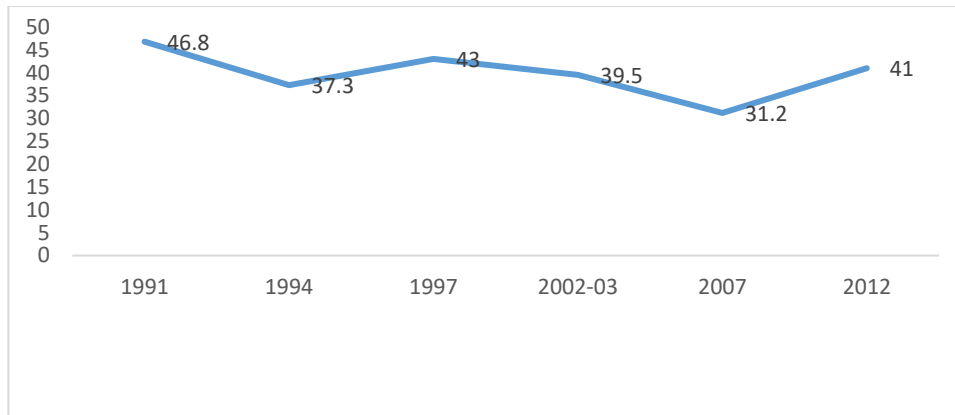


Figure 1.1. Global target and current rate of breastfeeding (WHO & UNICEF, 2017)

#### 1.4.1. Exclusive breastfeeding in Indonesia

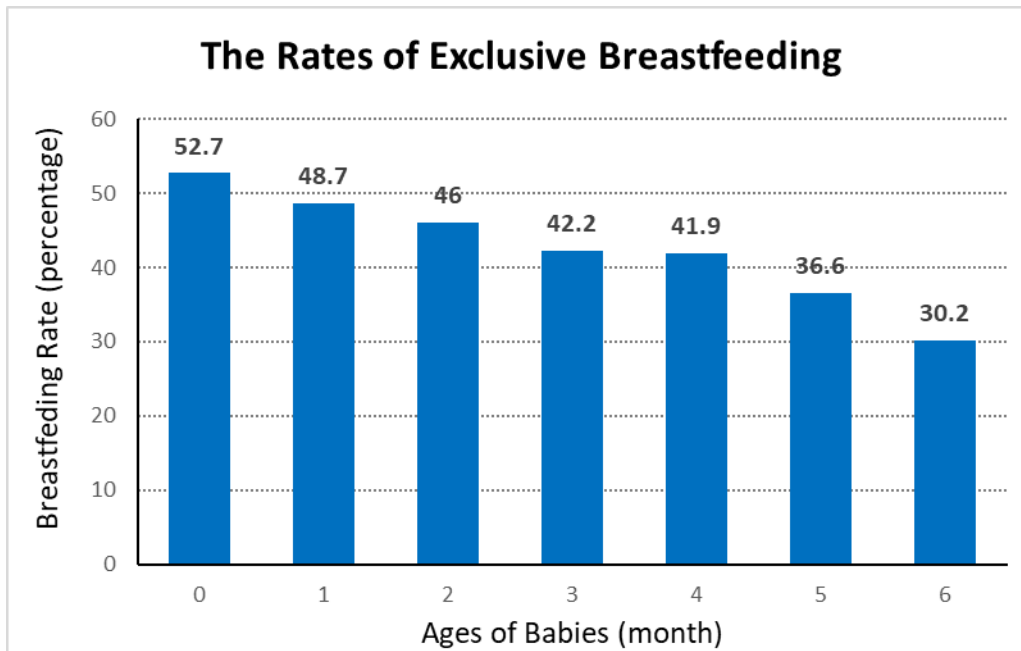
The Survey of National Economic Social (SUSENAS) in Indonesia in 2017 found that 90% of babies under the age of two years were getting breastmilk (Alifah & Kristianti, 2017). The rate is high due to the measure of whether the baby was still getting any breastmilk at that age, whether they were receiving mixed feeding with solid food or formula, or breastfeeding alone. On the other hand, the rate of exclusive breastfeeding in Indonesia has been low, with the most recent data showing approximately 40% of infants in Indonesia receiving exclusive breastfeeding to six months of age (Statistics Indonesia, 2013). This rate has never reached the target 80% of the child population, as described by the Indonesian government (Figure 1.2.). Further, the rate of exclusive breastfeeding in Indonesia is much lower than other comparable countries; India 64.9%, Cambodia 65.2%, Papua New Guinea 56.1%, Kenya 61.4% (UNICEF, 2016).



*Figure 1.2.* The rates of exclusive breastfeeding (6 months) in Indonesia between 1991 and 2012 (data collected from the Demographic Health Survey) (Statistics Indonesia, 2013).

The Demographic Health Survey (or RISKEDAS) was conducted by the Indonesian Ministry of Health. The survey aimed to collect basic data and health indicators on key health conditions (including exclusive breastfeeding) at the national, provincial, and regional levels. This survey was conducted three times in 2007, 2010, and 2013. Based on the survey, the rate of early initiation of breastfeeding, which means skin to skin contact between mothers and babies within one hour birth, was 34.5%, while the rate of exclusive breastfeeding in the first month of a baby's life was higher than the rates of early initiation of breastfeeding, at 52.7% (Badan Penelitian dan Pengembangan Kesehatan Kementerian Kesehatan RI, 2013). The method used in the survey to decide exclusive breastfeeding was the 24-hour recall. According to Kadir (2014) the low rate of exclusive breastfeeding in Indonesia can be caused by two factors: internal and external. Internal factors include mothers' physical and psychological conditions, early initiation of breastfeeding, and mothers' education. Meanwhile, external factors are the factors which are not directly related to mothers and babies, such as family issues, geographic conditions, culture, sanitation, government policy, and poverty.

In addition to starting at a low rate, the prevalence of exclusive breastfeeding in Indonesia drops rapidly. Figure 1.3. shows the rate of exclusive breastfeeding in Indonesia from when the baby is 0 months to six months, also provided by the 2013 RISKEDAS survey.



*Figure 1.3* The rates of exclusive breastfeeding from 0 to 6 months in Indonesia in 2013 (Badan Penelitian dan Pengembangan Kesehatan Kementerian Kesehatan RI, 2013).

It can be seen from *Figure 1.3*. that the rate of exclusive breastfeeding decreases gradually from the time of birth to six months of age. This also happens in other countries, including New Zealand. Utilising data from the large longitudinal “Growing Up in New Zealand” study, the rate of exclusive breastfeeding in New Zealand declines significantly from 96% when the babies were one day old to six percent when they reached six months. Four months was the median age when exclusive breastfeeding was stopped in New Zealand (Morton et al., 2012).

There are several factors that cause the rate of breastfeeding to decrease as the baby gets older. In Indonesia, according to Kurniawan’s (2013) study conducted in Lamongan, West Java Province, a determinant of the rapid reduction in exclusive breastfeeding was having easy access to early solid food to complement breastfeeding. Furthermore, a qualitative study conducted by Nugraheny and Alfiah (2015) in Bantul, Yogyakarta showed that women returning to work and a lack of breastfeeding knowledge were the main factors for unsuccessful (reduced length) exclusive breastfeeding. The study also emphasised that women who went back to work after maternity leave usually

substituted breastmilk intake for formula milk, due to not having enough breastmilk production, and the work place not providing lactation rooms to express breast milk.

#### 1.4.2. Overview in the research location

This present study focusses on Jakarta as a research location. Jakarta, with an area of 662,33 km<sup>2</sup>, is the capital city of Indonesia. The population in Jakarta rises every year: 8.4 million people in 2000 increased to 9.6 million people in 2010, and in 2017 the number of people living in Jakarta was 10.35 million (Alifah & Kristianti, 2017). The number of population aged over 15 years old who are working is 4,509,171 of which 1,663,769 are women (Statistics Indonesia, 2017).

According to the Indonesian Ministry of Health survey monitoring the nutrition status in every province from 2016 to 2017, the percentage of babies who were exclusively breastfed (using 24 hour recall) in the province of DKI Jakarta was 41% in 2016 and 47% in 2017.

#### 1.5. Purpose of the study

The main purpose of this research is to gain better insights into opportunities to improve exclusive breastfeeding in Indonesia by understanding fathers' view about fathers' involvement during exclusive breastfeeding. In addition, this study seeks to explore whether the involvement of fathers in breastfeeding practice can significantly impact the success of breastfeeding in Indonesia. Mothers' views about fathers' involvement are also considered to gain comprehensive understanding. Another important objective of this research is to see how involvement with the online advocacy community, AyahASI, can support fathers in Jakarta to demonstrate new values, and particularly to challenge older generations' traditional views about the involvement of men in domestic roles. The research therefore focuses on the following research questions:

1. Why were fathers involved during the exclusive breastfeeding period in Indonesia?
2. How were fathers involved in exclusive breastfeeding practice?
3. How do mothers feel about fathers' involvement in exclusive breastfeeding practice?
4. Are fathers' involvement in breastfeeding in Indonesia seen as a non-traditional value and if so, how is this managed by families?
5. Can online advocacy groups for fathers support exclusive breastfeeding?

There are some important reasons why this study should be conducted. Firstly, the roles of women are the core in most family dynamics studies, while the roles of men tend to be neglected (Greene & Biddlecom, 2000). In addition, most studies that have discussed fathers' involvement in breastfeeding have applied a quantitative method and only a few studies have used qualitative methods. For this research, a qualitative method was determined as appropriate to examine the main problem of exclusive breastfeeding and gain a deep understanding of this issue from fathers' perspectives. At the end of this study, the aim to answer where fathers can play a role in addressing the issue of exclusive breastfeeding in Indonesia, and how policies and programmes for exclusive breastfeeding awareness and activities can be improved (including a focus on fathers) so that more babies can get exclusive breastfeeding.

## 1.6. Structure of this thesis

This thesis provides an overview of opportunities to improve exclusive breastfeeding, with a focus on Indonesia. New information is presented from in depth qualitative interviews with parents in Jakarta. The implications of this study and new knowledge will contribute to develop for policy and breastfeeding programmes. The chapters of this thesis are presented as follows:

Chapter 2 provides a structured literature review that contains many studies related to fathers' involvement and breastfeeding practices in many countries. The review is divided into sections according to frameworks that apply in this study. This chapter also reviews the literature on type of fathers' involvement, which is one of the research questions in this study.

The methodological frameworks applied in this study are presented in chapter 3. This chapter also covers in detail the method and the rationale how this qualitative research was conducted. The usage of Nvivo data analyst is also discussed at the end of this chapter.

Subsequently, chapter 4 provides the result of this research that contains demographic characteristics of the research participants as well as the description of the participants detail to give a clear explanation of their backgrounds and views. Fathers' and mothers' responses about how they interpreted fathers' involvement and their involvement



are separated to give clear understanding. The end of this chapter provides the description of the community of AyahASI, the forerunner of fathers support for breastfeeding which raises breastfeeding awareness in Indonesia.

Chapter 5 contains a discussion and explanation of the analysis distributed throughout the framework. Challenges and limitations of this study are also provided in this chapter. The last chapter presents the conclusion of this study, gives some recommendations for future research.

## Chapter 2: Literature review

### 2.1. Introduction

Traditionally, breastfeeding is seen strictly as a relationship between a mother and her baby. However, recent consensus among practitioners views breastfeeding also as a triad between mother, baby, and father since a father is generally accepted to have important roles in the family (Lawrence & Lawrence, 2005, as cited in Februhartanty, Bardosono, & Septiari, 2006). Despite this, most family dynamics research focuses on the roles of women, particularly in relation to reproduction and family planning. The roles of men tend to be marginalised or even ignored in these studies (Greene & Biddlecom, 2000). This is also true with breastfeeding research which predominantly focuses on women. In addition, breastfeeding research commonly ignores fathers as traditional values presume that breastfeeding is women's domain and thus the success of breastfeeding is perceived solely as the mother's responsibility (Bueno-Gutierrez & Chantry, 2015).

There is therefore limited research that discusses fathers' involvement in breastfeeding and a lack of knowledge about different gender perspectives on breastfeeding. While some researchers have started to identify fathers as an important source of decision making regarding breastfeeding (Bar-Yam & Darby, 1997), there is an important dearth of research discussing fathers' involvement in breastfeeding in the Indonesian context.

The relevant literature has been located using the following keywords: 'breastfeeding', 'father', 'fathers' involvement', 'gender' and 'exclusive breastfeeding'. Databases searched were: Proquest, Sage journals, JSTOR, Web of Sciences, and Google Scholar both in English and Indonesian. Furthermore, to extend the literature review, I located further relevant journals from the references that were used by authors. The literature reviewed was that published during the period between 1994 and 2017.

## 2.2. Frameworks for understanding fathers' involvement in exclusive breastfeeding in Indonesia

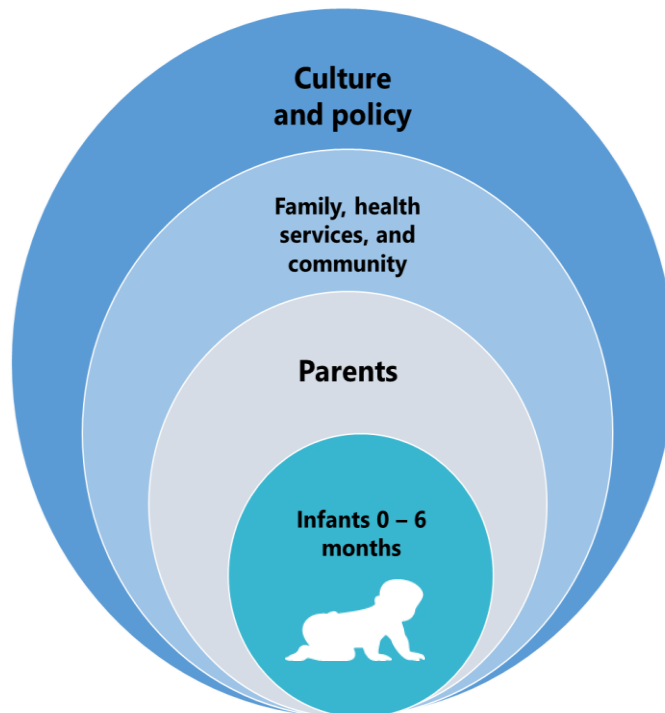
This section presents an explanation of the key frameworks used in this study to analyse the issue of fathers' involvement in exclusive breastfeeding which influence exclusive breastfeeding success. These frameworks centre around the socio-ecological determinants of health.

One such socio-ecological framework was described by Bronfenbrenner in 1977 when considering microsystem, mesosystem, and macrosystem influences on human development. Bronfenbrenner (1977) asserted that in addition to the most immediate layer of individual relationships and interactions (such as parents – the microsystem), the broad social context should be considered in viewing the behaviour of individuals. For example, the relationship between individuals and their social or system environment (their mesosystem) influences development, as does the more distal macrosystem — cultural and societal beliefs such as gender norms and religious influences. In this study, fathers' involvement in exclusive breastfeeding is also considered as influenced from many aspects across the proximal microsystem to the distal macrosystem. These include family, religion, community, society, and culture- all of which are found to have significant influence in shaping the behaviour of the fathers to be involved during exclusive breastfeeding.

Further similar socio-ecological frameworks which are appropriate for this research are applied to health Frameworks such as those described by Whitehead, Dahlgren, and Gilson (2001) consider layers of influence on the determinants of population health, from the proximal individual level influences to the broader more modifiable influences on health, such as social and community influences, working conditions, access to services and provision of facilities (Whitehead et al., 2001).

These socio-ecological frameworks provide the opportunity to consider fathers' involvement in exclusive breastfeeding (Figure 2.1). At the centre are the babies aged up to six months. The successful exclusive breastfeeding of these babies, and the role of their fathers, can then be influenced by three key layers. The first layer is the attributes of mothers, attributes of infants, and attributes of the mother/infant dyad. This layer also includes views of mothers and fathers related to breastfeeding and the individual level

factors associated with the involvement of the fathers, which is the focus of the study. The second layer is group level factors, which considers how the perspectives of the mothers and the fathers are influenced by the acquisition of the breastfeeding knowledge, such as through the internet, articles, and books. Further level two factors are related to support for fathers to be involved in exclusive breastfeeding such as health providers, family environment, and supporting community. The last layer is societal level factors which influence fathers to support exclusive breastfeeding. This level includes cultural norms, religion, the role of women and men in society, the government policy related to increasing exclusive breastfeeding, and the global goals, such as the WHO's recommendation for exclusive breastfeeding.



*Figure 2.1. Socio ecological frameworks applied to fathers' involvement during exclusive breastfeeding period*

### 2.3. The Centre: Child attributes

There are key infant-related attributes that can influence the ability for exclusive breastfeeding to be initiated, and to occur for 6 months.

Breastfeeding is not only appropriate for normally developing babies who do not have special health issues, but can also be given to other babies, such as preterm babies. A Malaysian study conducted by Tan (2011) found that infant gestational age influenced on the rate of exclusive breastfeeding success. This cross-sectional study involved 682 mother-infant pairs and showed that babies who were born at term (>37 weeks gestation) were more likely to be exclusively breastfed than babies who born pre-term (<37 weeks gestation). Similarly, in an Australian retrospective population-based cohort study in 2012 found that late preterm infants were less likely to be exclusively breastfed compared to babies of 37 weeks or more gestation (Ayton, Hansen, Quinn, & Nelson, 2012).

Breastfeeding has also been found to benefit those who are born with low birth weight. Agrasada, Ewald, Kylberg, and Gustafsson (2011) found in their study in Philippine that exclusive breastfeeding has advantages for low weight birth babies in preventing diarrhea, respiratory infections, and catch up growth. In addition, a study conducted in Taiwan to 31 mothers whose very low weight births babies show their experiences to breastfeed with the special babies. The mothers in this study affirmed that they could still breastfeed their baby even though it was really challenging and exhausting. The additional strain faced by these mothers in this process therefore may influence the duration of exclusive breastfeeding. For these families also, the precise method to give breastmilk can influence the success of breastfeeding, and some mothers have said that using bottle is the best method to give breastmilk for their babies (Lee, Lee, & Kuo, 2009).

Another issue is whether the mode of delivering a baby affects the success of exclusive breastfeeding. Normally, research differentiates the mode of delivery baby into vaginal delivery and cesarean section. Interestingly, there is no consensus among researchers as to whether different modes of delivering a baby will have a direct impact on the rate of successful breastfeeding. Some studies suggested a negative effect between the two while others reported no association (Patel, Liebling, & Murphy, 2003). It has also been found that the duration of inpatient stay has a positive effect on the success of breastfeeding (Patel et al., 2003). More specifically, the longer the mother stays after an operative delivery, the higher the rate of successful exclusive breastfeeding.

## 2.4. Layer One: Parents' factors

This section details the Level One factors, which explain any studies that describe specific individual-level and proximal influences related to fathers' involvement in exclusive breastfeeding. The level one factors found in the literature can be divided into several topics: fathers' view in family practice, fathers' involvement in breastfeeding, fathers' view on breastfeeding, and the type of fathers' support for breastfeeding. In addition, mothers' individual attributes are also considered in this level as important influencers of successful exclusive breastfeeding.

### 2.4.1. Sociodemographic factors of fathers

Studies commonly find that there are key sociodemographic variables associated with father's breastfeeding knowledge, practice and involvement. The study of Jacob and Sujatha (2013) in India involving 200 fathers showed a significant association between knowledge of the importance of breastfeeding and the demographic variables of: education of fathers and mothers, occupation of spouse, total number of children and income monthly family. The study found that the higher the education of the couples, the higher preference to breastfeeding. Similarly, Vaaler et al. (2011) in Texas confirmed that ethnicity, country religion, and occupation of origin, education level, and social economic background were also associate with diverse norms and expectations about breastfeeding. In this study, the majority of participants were White, 8% were Spanish speaking Hispanic, and 18% were English speaking Hispanic. There is also interesting evidence that religious values play a significant role in the initiation of breastfeeding, and that fathers are involved and help their wives due to their faith (Mithani, Premani, Kurji, & Rashid, 2015).

### 2.4.2. Fathers' involvement in family practices

The involvement of fathers in a family has a significant impact on the family itself. The goals of the individual and family are more likely to be achieved when fathers are more actively involved in family activities (Day & Lamb, 2004). According to Lamb (2000), the role of fathers has changed over decades and has shifted from moral guidance to breadwinning to sex-role modelling, marital support, and more recently nurturance. The early phase of the role of fathers was described as moral teachers, with the function of making sure that

appropriate values were embedded in children during their growth. Then, fathers as breadwinners, was the next role described for fatherhood. This step emerged in the industrialised era in which there was a clear differentiation between in and out-of- home work. Lamb (2000) emphasised that breadwinner fathers did not mean that fathers had no function as moral teachers nor that they were unimportant in the family. The third form described in this literature was that of fathers as the sex-role model. In this step, fathers were seen as a role model especially for their sons. This happened around the Second World War, in the early 1940s. Finally, the last stage, around the mid-1970s, the new nurturant father is described. In this stage, fathers were actively involved in the caretaking of their children (Lamb, 2000).

In the twenty-first century, there have been rapid changes in the structures and functions of families which have affected the roles of fathers. Four characteristics have been identified: participation of women in the labour force has increased; absence of nonresidential fathers living with children has also increased; cultural diversity has increased; and the involvement of fathers in family activities has increased (Cabrera, Tamis-Lemonda, Bradley, Hofferth, & Lamb, 2000). Previously fathers may have been perceived as the helpers of mothers for child rearing activities. However, in the millennium era, the terminology 'helpers' has been changed to 'co-parenting', and both fathers and mothers are described as sharing the same responsibilities for child care and household tasks.

These changes in description and roles within families for fathers are also aligned with shifting involvement levels that in turn influence the role of fathers in activities such as exclusive breastfeeding. Lamb (2000) categorised three elements of fathers' involvement. The first component of engagement comprises direct interaction between father and child, such as feeding the child, playing together and helping in school matters. The second category is accessibility where fathers can still take on child care responsibilities, but may not be interacting directly for example while fathers are cooking, children can play in the living room. The last component is responsibility, and according to Lamb, this component is the hardest to define yet the most important aspect of how fathers pay attention to care and wealth of their children.

### 2.4.3. Fathers' views on breastfeeding

Understanding how fathers view breastfeeding is important as this is related to the decision to breastfeed or to use other infant feeding methods. Fathers' perspectives on breastfeeding are influenced by several factors. This review explored how the involvement of a father can be analysed from different perspectives and considers the factors that influence fathers' views, fathers' decision making, and the role of education and training programmes.

A study conducted by Barclay and Lupton (1999) in Australia interviewed 15 men and found that men felt they were required as providers, guides, household assistants, and caretakers on becoming a father for the first time. In addition, men had the perspective that their involvement in care (such as nappy changes and other baby activities) is significant for the bonding between fathers and their children. Regarding the emotional relationship, some fathers thought that breastfeeding was challenging since they could not do anything with the babies when the babies were breastfed.

A further study conducted in Canada in 2018 asserted that fathers can be involved in breastfeeding activities through supporting their wives, such as helping in domestic tasks, providing emotional support, and taking physical care of their babies. In addition, the fathers in this study felt that they lack of information in relation to breastfeeding before the babies were born (Demontigny, Gervais, Larivière-Bastien, & St-Arneault, 2018). Another cross-sectional study in the UK also found that fathers were really keen to be involved in the breastfeeding process. The health benefits, and economical benefits, were two of the reasons why they favoured breastfeeding. The fathers described that the solution to the lack of knowledge was to seek further training or education (Brown & Davies, 2014). Palmqvist, Zäther, and Larsson (2015) emphasised that fathers in their study viewed breastfeeding as a natural and health-benefit. Moreover, breastfeeding was perceived strengthen the bond between mothers and children.

A quantitative study of 1398 men and their partners in Ireland by Bennett, McCartney, and Kearney (2016) showed that fathers encouraged their partners to breastfeed because they already knew about the advantages of breastfeeding. Fathers supported their partners by providing some assistance in relation to taking care of the



children or helping with household chores. They also found that benefits expressed by fathers were helping their wives, and also strengthening their bond with their children. These were seen as compensation for not physically being able to breastfeed. A qualitative study of 21 couples in Canada in 2011 also supported previous studies which found that fathers' who were savvy about breastfeeding could best support breastfeeding (Rempel & Rempel, 2011).

A study by Sherriff and Hall (2014) confirmed the importance of fathers in decision making for breastfeeding in England. The study also stressed the importance of physical and emotional support from fathers to continue breastfeeding. Similarly, Susin and Giugliani (2008) researched families in Brazil, and confirmed that fathers' opinion was a significant factor in breastfeeding practice, and that mothers were more likely to breastfeed if their partners encouraged them. In line with other studies, a cross-sectional study conducted by Mueffelman, Racine, Warren-Findlow, and Coffman (2015) in the US emphasised the role of both fathers and the maternal grandmother as pivotal in deciding on breastfeeding and also in continuing to breastfeed. Sharma and Petosa (1997) also revealed that fathers' beliefs and concerns regarding breastfeeding influenced mothers to breastfeed. The study of Rose, Warrington, Linder, and Williams (2004) in an urban community in the US also confirmed the significance of fathers' role in infant feeding choice. This study also found that the fathers were more knowledgeable about breastfeeding rather than formula feeding.

Conversely, a quantitative study of 203 Turkish Fathers showed that fathers looked positively on breastfeeding, yet they did not know how to express their support or share their feelings with their wives (Taşpınar, Çoban, Küçük, & Şirin, 2012). This study, therefore, suggests that including the fathers in breastfeeding intervention programme could increase fathers' knowledge and communication related to breastfeeding. Another finding of this study was that fathers believed that breastfeeding has a positive influence to protect their children from illness.

A qualitative study conducted in the United States on 17 families with low socio-economic status and living in the rural environment also confirmed that most fathers were positive about breastfeeding, yet these fathers were concerned about several issues, such as breastfeeding in public and the bonding between fathers and their breastfed baby

(Schmidt & Sigman-Grant, 2000). In this study, fathers stated that they supported mothers either emotionally or through physical support when breastfeeding their children. Both fathers and mothers believed that paternal support is extremely significant in successful breastfeeding however the findings of Schmidt and Sigman's study are not generalisable to the broader population as they selected only participants with favourable perspectives on breastfeeding and did not include those who did not breastfeed, or those who had negative views of breastfeeding.

On the other hand, other studies show different results about fathers' involvement and breastfeeding success. A study conducted in Jakarta in 2008, using a quantitative method found involving 60 couples that there was no correlation between the roles of fathers in breastfeeding and successful exclusive breastfeeding (Juherman, 2008). The role of fathers was defined as 20 specific surveyed activities which were done by fathers to support their wives in breastfeeding activities, such as breastfeeding knowledge, helping in household chores, and accompanying mothers to immunise their babies. Karande and Perkar (2012) also applied a quantitative method in India and also found no correlation between fathers' involvement and the duration of exclusive breastfeeding. The fathers were asked several questions related to their preferences with respect to formula and breastfeeding. Furthermore, a pilot study conducted in Texas of Hispanic families by Lovera, Sanderson, Bogle, and Vela Acosta (2010) found that there was no significant relationship between fathers who joined a father-specific peer-group breastfeeding programme and the duration of breastfeeding. The study compared a control and the intervention group and found no difference in the duration breastfeeding. Furthermore, this study also found that fathers' negative views about breastfeeding influenced the success of breastfeeding practice. An older study of 115 fathers and mothers by Littman, Medendorp, & Goldfarb (1994) in Ohio found that 60% of fathers in that study viewed breastfeeding as negative. Moreover, 50% of these fathers perceived that breastfeeding makes the breast look ugly and 80% of fathers say breastfeeding can diminish their sexual relationship.

#### **2.4.4. Mothers factors**

In order to get insights about fathers' involvement during exclusive breastfeeding, how mothers view breastfeeding is also important, and mothers are clearly a critical 'Layer 1' influence on exclusive breastfeeding. While it is outside of the scope of this thesis to

conduct a systematic review of the maternal factors that are associated with exclusive breastfeeding, studies around the world typically find that exclusive breastfeeding rates increase with increased maternal age, higher educational attainment, and higher socio-economic status (Castro et al., 2017; Li, Darling, Maurice, Barker, & Grummer-Strawn, 2004)). There are also many reasons found for why mothers choose breastfeeding for their babies. Based on a study conducted in England, the benefit for babies is the big reason why mothers prefer breastfeeding it (Sloan, Sneddon, Stewart, & Iwaniec, 2006), and a further study conducted on 22 women in England which involved the women completing a diary and being interviewed found that breastfeeding is culturally perceived as a natural process. However, the participants also stressed that the process of breastfeeding is not unproblematic and they had experienced a number of difficult such as having bleeding, blisters, and cracked nipples (Williamson, Leeming, Lyttle, & Johnson, 2012).

In Indonesia, a quantitative study using secondary data from the Demographic and Health Survey in 2012 of 6,568 samples found that mothers who sought information about breastfeeding from several sources were most likely to favour exclusive breastfeeding. In addition, the method of delivery, birth interval, economic status, and fathers' education influenced the practice of exclusive breastfeeding. Those who used normal delivery methods tended to choose exclusive breastfeeding (Permatasari, 2015).

## **2.5. Level Two factors: Health providers, families supports, and breastfeeding supporting community**

This section provides a summary of the literature on the influential factors for successful exclusive breastfeeding that wrap around the immediate family – through to the community level.

### **2.5.1. Health Providers**

The availability of health providers is significant for increasing the rate and duration of breastfeeding. A study conducted in the US on 111 mothers showed that health providers, such as obstetrics, pediatricians, or nurses who provide breastfeeding information are an important influence on breastfeeding initiation as well as duration during breastfeeding (Izatt, 1997). In addition, the study also found that a smaller percentage of mothers received

breastfeeding counseling from obstetricians during the prenatal period (23 percent) compared to the postnatal period (27). The role of nurses was the most significant during the postpartum period, with breastfeeding information provided to 87 percent of women by nurses during this time. The importance of nurse support for breastfeeding was also found by Myers, Chan, and Jacobs (2013) who concluded that building up nurses' capacity is an opportunity to increase the breastfeeding rate.

### 2.5.2. Family support

In addition to the importance of fathers, the support from other immediate and extended family members can influence successful breastfeeding practice. With respect to the role of the grandmothers of the infant, there are conflicting studies about their support towards breastfeeding. Firstly, one systematic review found a strong relationship between the availability of grandmothers to breastfeeding activities. These activities included breastfeeding initiation and duration, and in addition, the study also stresses that grandmothers can positively influence the rate of exclusive breastfeeding (Negin, Coffman, Vizintin, & Raynes-Greenow, 2016).

In contrast, the study of Emmott and Mace (2015) in the UK using data from a longitudinal cohort found that the more the grandmothers are involved, the less successful the exclusive breastfeeding practice. Similarly, a study conducted in China found that the sociodemographic characteristics of grandmothers also influences the initiation of exclusive breastfeeding. Grandmothers who were highly educated were more likely to decrease the rates of exclusive breastfeeding (Liu et al., 2013). A study by Susiloretni, Hadi, Prabandari, Soenarto, and Wilopo (2015) also supported these studies and found that grandmothers preferred to give other infant food except breastmilk to babies therefore shortening the duration of exclusive breastfeeding. The differences between the influences of grandmothers in these studies may relate to the difference between grandmothers that provided emotional, psychological and physical support to mothers in order to assist them to exclusive breastfeed, and grandmothers that were involved themselves in caring and feeding the infants (and therefore the possibility of providing formula or alternative feed).

### 2.5.3. Breastfeeding education support

Breastfeeding training and education programmes for parents have been shown to influence breastfeeding success. Typically parents receive a lot of information prior to the birth of their children, and many countries offer some form of antenatal classes to provide a programme of information provision and support. In many areas however, these programmes and the information is focused on the mothers. A study conducted in Vietnam asserts that an intervention programme that was purposely designed for fathers had a significant impact on the decision as to whether couples would provide breastfeeding to their infants or not after delivery (Bich et al., 2016). Furthermore, Wolfberg et al. (2004) found that the intervention of the breastfeeding programme had a significant impact for both mothers and fathers independently, however if the couples undertook the intervention together the impact of the programme was more effective. The programme had a positive influence on the duration of breastfeeding. In the same way, a study by Furman, Killpack, Matthews, Davis, and O'Riordan (2016) emphasised that fathers/partners are likely to encourage their spouses to breastfeed their child when they have received training.

Yet a study conducted by Pisacane, Continisio, Aldinucci, D'Amora, and Continisio (2005) on a breastfeeding intervention programme in Italy showed a different result. This study found no significant difference in the initiation of breastfeeding between women whose partner joined a breastfeeding promoting intervention programme versus the control group, 91% and 88%, respectively. In addition, the study also found that the control group had a lower rate of complementary breastfeeding than the intervention group, which means the infants.

Clearly not all breastfeeding programmes are alike. In addition, there is little research on the impact of online breastfeeding education programmes. Recent research conducted with 149 participants in Canada aims to design interactive eHealth breastfeeding support. The finding of this study is that the online programme had a positive impact on increased breastfeeding knowledge for both mothers and fathers and it also improved the rate and the duration of exclusive breastfeeding (Abbass-Dick et al., 2017). Another meta-analysis of online interventions and exclusive breastfeeding found that e-technology, such as web-based programme, text messaging, CD-ROM, e-prompt and interactive computer

programmes have a significant impact on knowledge and attitudes towards breastfeeding and also on the initiation of breastfeeding and the duration of exclusive breastfeeding (Lau, Htun, Tam, & Klainin-Yobas, 2016).

Moreover, evidence from Brazil shows that the involvement of fathers in breastfeeding education and programmes significantly increase the rate of exclusive breastfeeding in the first six months of babies' life (Susin & Giugliani, 2008). The study emphasised that the rate of exclusive breastfeeding was significantly higher for fathers who received education and training about breastfeeding compared to those fathers who had not. The study also found that fathers who joined breastfeeding education and training obtained information about avoiding giving their infants water, herbal tea or other milk which was a common tradition in the research location. Similarly, a quantitative study conducted in Ireland contends that paternal support by attending classes can support mothers to initiate breastfeeding (Bennett, McCartney, & Kearney, 2016a). Another study exploring a breastfeeding intervention programme for male partners in Italy found that a male-targeted intervention programme has a significant impact on increasing initiation, exclusivity, and continuation of breastfeeding (Mitchell-Box & Braun, 2013).

## **2.6. Level Three: Cultural value and gender and government policy**

The last layer of influence is the information found in the literature from studies that have considered the sociocultural values and norms, gender and also government policy that influences exclusive breastfeeding. The success of breastfeeding is found to be influenced by social, cultural, economic, and political aspects.

### **2.6.1. Breastfeeding and gender**

Fathers' role and breastfeeding have a strong relationship to gender issues. The issue of breastfeeding emerged in feminist discussions in the United States in association with the high infant mortality rates connected to low breastfeeding rates. There was a women's movement that advocated women to become fully informed consumers to choose breastfeeding. This was done in line with the promotion of women's rights to make decisions especially regarding their health. Furthermore, feminists in the United States

conducted their movement through protests and boycotted formula milk and supported the government to regulate formula milk like it had for tobacco (Wolf, 2006).

Another study that relates breastfeeding and gender perspectives was conducted by Chang, Valliant, and Bomba in 2012 in the USA. The study found a significant difference between female and male respondents relating to breastfeeding knowledge, with breastfeeding knowledge of male respondents lower than that of females. One of the factors that influenced the breastfeeding knowledge in female respondents was their mother's education. The more educated the mothers, the more knowledgeable the daughter. Furthermore, the study found that females' attitudes to breastfeeding were more positive than males' attitudes. Furthermore, a study of in Turkey explored how culture influences breastfeeding practice. The study explains that in Turkish culture, particularly those related to traditional mores, either the mother or mother-in-law has a significant role in the puerperal period. They support breastfeeding practice in their own way which is inappropriate to the current situation (Taşpınar et al., 2012).

Another study conducted in Brazil with ten adolescent couples as participant showed that even though they understood that paternal involvement has a positive impact in breastfeeding success, some women still perceived that the mother is the most capable person to rear the infant. This consequently excludes men from child care activities. The study also stressed that the fathers wanted to be involved in their children's care and thus they sought a new model of fatherhood where their roles in fatherhood, household chores division, and children's care are in equilibrium (de Lacerda, de Vasconcelos, de Alencar, Osório, & Pontes, 2014). Both studies portray that the awareness fathers to be involved in supporting breastfeeding practices in Mexico and Brazil. On the other hand, the study has not explored more about those fathers who feel that they are a significant factor in making breastfeeding successful. Whether there is opportunity for a movement to support breastfeeding awareness in fathers is not determined, nor is the tensions between this perception of the importance of breastfeeding and the traditional values.

### 2.6.2. Indonesian cultural and gender perspective

Indonesia comprises many ethnic groups, across 33 provinces. Each ethnic group has their own language, beliefs, and values. Statistics Indonesia and The Institute of Southeast Asian

Studies (ISEAS) has identified that there are 633 major ethnic groups in Indonesia based on the results of the 2010 National Population Census. Javanese is the biggest ethnic group in Indonesia followed by Sundanese, their proportions are 40.5% and 15.5% of the Indonesian population, respectively (Statistics Indonesia, 2018).

Gender perspectives in Indonesia can be understood by focusing on how the biggest ethnic group (Javanese) view and demonstrate gender roles in their daily lives. Tickamyer and Kusujarti (2012) explain that Javanese people have a perceived concept of *kodrat* - God-given nature and spiritual propensity, which is a fundamental concept in Javanese society that can be used to define men and women's power and status. They also emphasise that culture has a greater influence in shaping gender status than physiological differences or access to both material resources and formal political position. Javanese women in Indonesia commonly have access to participation in as productive activities, family activities, and societal activities, yet they do not have real power or equality with men. Women are not perceived to have a powerful spirit but they have to serve as a container which does not hold their own power or capacity, while men are perceived as the content of the container which is the core of the power. It can be said that the status of women in Javanese culture is always as subordinate of men.

These perspectives on gender in Javanese society continued to be fundamental beliefs for the New Order Government (1966 to 1998) and were implemented through their policies. Suryakusuma (1991, as cited in Tickamyer & Kusujarti, 2012) stated that the New Order policies concerning the main roles of women have limited women, mothers and wives to be only responsible for domestic work. Even though, in formal discourse of the New Order women were perceived as equal partners and husbands' companion, with the same responsibilities, the reality was far distant. Thus, the New Order regime described five roles for women: (1) loyal partner and supporter of husband; (2) household caretaker; (3) producer of the generation; (4) secondary income earner; (5) Indonesian citizen (Tickamyer & Kusujarti, 2012). These roles described by the government positioned women as a subordinate of men and restricted women to only playing important roles in domestic areas. These roles have consequences in involvement of women in public life, since the number of women in the government and strategic places was limited.



After the New Order regime ended, the Reformation era replaced it. In the Reformation era, a broader and more equal role for women is recognized. This has included a role for women in Parliament with two women appointed as Ministers (Oey-Gardiner, 2002). Since the end of the New Order regime, the number of women participating in public roles have increased.

### 2.6.3. Breastfeeding policy in Indonesia

Indonesian government has released the regulation which legalises exclusive breastfeeding practice. First, Law No. 36 of 2009 concerning Health regulates exclusive breastfeeding in article 128:

- (1) Every baby deserves to get exclusive breastfeeding for the first six months of their life, except if there is medical indications
- (2) Families, central government, local government, and societies have to support mothers and babies during breastfeeding period by providing supported time and facilities
- (3) Providing special facilities as no. 2 is convened in work places and public places.

Meanwhile article 129 concerns the government policy in relation to supporting exclusive breastfeeding, and states: the government takes responsibility in stipulating the policy in order to ensure the rights of babies to get exclusive breastfeeding.

Labour regulations in Indonesia include an article which regulates maternal leave for working women. The Law No. 13 of 2003 concerning Labour of article 18 states:

- 1). Women workers/labourers deserve to leave for 1.5 months before delivery and 1.5 months after delivery according to the calculation of obstetrics and gynecologic doctors or midwives.

The total of months of maternal leave for working women are three months at full pay. So, mothers who are working will need to express breastmilk during their leave, and after returning to work, to achieve exclusive breastfeeding. However, there are several issues in the work place in relation to expressing the milk since not all working places provide lactation room or appropriate breastfeeding-friendly spaces.

In order to increase the rate of exclusive breastfeeding in Indonesia, several Ministries released regulations (48/Men.PP/XII/2008, PER.27/MEN/XII/2008, and 1177/Menkes/PB/XII/2008) concerning exclusive breastfeeding, especially for working women; the Ministry of Empowerment Women and Child Protection, the Ministry of Manpower, and the Ministry of Health. Based on the Government Ordinance, there is a national directive for increasing exclusive breastfeeding coverage for at least six months and continued until two years among working women.

Paternity leave has positive influence in infant care for the early months post-delivery (Séjourné, Vaslot, Beaumé, Goutaudier, & Chabrol, 2012). However, there is no specific paternity leave within Indonesian regulations. The leave to accompany wives during delivery process has only referred to the Law No. 13 of 2003 concerning Labour in article 93. The regulation mentions that the male workers deserve to have leave for accompany wives in delivery process for only two days. No further provisions are provided.

## **2.7. The type of fathers' involvement in breastfeeding**

Bromberg, Bar-Yam and Darby (1997) created a classification of fathering style in breastfeeding. First, they describe 'involved fathers' which means they are active both in the breastfeeding decision-making and involved in taking care of children. Then, there are those fathers who follow their wives decisions regarding breastfeeding but are involved in taking care as 'assistant fathers'. 'Supervisor fathers' are involved in the breastfeeding decisions yet provide little assistance with household activities and childcare. The last classification described is 'detached fathers', which means they are not involved either in the breastfeeding decision making or engaging in domestic chores and caretaking.

Within the Indonesian context, Februhartanty et al. (2006) divides the roles of fathers with respect to breastfeeding into six categories, reflecting the whole pregnancy to the post-partum period. These categories are: (1) Increasing breastfeeding and infant feeding knowledge through information, (2) Making decisions in choosing the feeding methods; (3) Selecting the place for antenatal care, delivery, and post-natal care; (4) Being involved in antenatal care activities, including accompanying wives in the examination room; (5) Having positive attitudes to their marriage; and (6) Being involved in child care activities. The participants in the study, both fathers and mothers, were asked which

category reflected how fathers were performing doing their roles. Moreover, according to Bar-Yam and Darby (1997) fathers were considered a significant factor in promoting breastfeeding and the implementation. They state fathers have impact in four breastfeeding aspects: decision to breastfeed, supporting at first feeding, breastfeeding duration, and risk factor of bottle feeding. These studies both highlight fathers' influence on breastfeeding success.

In the United Kingdom, Sherriff, Panton, and Hall (2014) assert that there are five opportunities for fathers' support in breastfeeding: breastfeeding knowledge, positive attitude towards breastfeeding, involvement in decision making, practical support, and emotional support. They also define emotional support such as availability, affection, and encouragement, and preventing mothers from others' negative comment. Furthermore, a qualitative study conducted in Sweden reveals that staying close with the mothers and the babies was part of fathers' supporting role (Johansson, Hildingsson, & Fenwick, 2013).

A mixed method study conducted in Jakarta, Indonesia by Februhartanty (2008), finds interesting evidence related to the fathers' involvement in breastfeeding. This study was also the first study in Indonesia which aims to explore the role of fathers, which has significant influence to promote initiation of breastfeeding and exclusive breastfeeding practice and is a determinant factor of it. The study has defined the type of fathers' role in breastfeeding practice, such as: enhancing knowledge about breastfeeding and infant feeding; participating in making decisions about current feeding modes; selecting for ANC, delivery, and PNC place; has involvement during ANC visits; having a positive attitude towards breastfeeding; and has involvement in looking after the children. According to the study, the fathers' role related to making decisions for infant feeding method and their positive attitude towards the marital relationship are the most influential to exclusive breastfeeding practice. The factors, such as a primiparous status, mass media, being knowledgeable about breastfeeding, and socio-economic status have a positive correlation to the fathers' role. However, this study has not focused on the values that are perceived by both fathers and mothers towards the fathers' role in breastfeeding practice. This current study, therefore, tries to examine the values that play a role in viewing fathers' involvement in breastfeeding practice.

## Chapter 3: Methodology

### 3.1. Introduction

According to (Silverman, 2010), methodology refers to the approach taken to choose a case study, the appropriate methods for data collection, and the suitable way to analyse data when conducting research. Methodology consists of justification in choosing the study case to data analysis processes, and 6 and Belamy (2012) describe that methodology is focused on how researchers defend and justify analyses of the data to presentation of the conclusions. In line with other definition, Walter (2013) interprets methodology as how to approach research question and the core concepts in the research process by worldview lens. On the other hand, research method is defined as using rules and procedures to capture the phenomena (Kitchin & Tate, 2000). It also can be defined as simply the technique to collect data which involve a particular instrument (Bryman, 2016).

The overarching objective of this study is to obtain an understanding of fathers' involvement in exclusive breastfeeding specifically in Jakarta. The primary research question in this study is: why are fathers involved during the exclusive breastfeeding period and how does this impact breastfeeding? Based on this objective and research question, the purpose of this study is focused on explanation. This type of study to explore the motivation for somebody's attitude to something and find details and narrative (6 & Belamy, 2012; Rubin & Rubin, 2012) is a qualitative methodology – therefore this is the approach to be applied in this research.

This chapter details the methodology of the information I have gathered to develop an understanding from fathers in relation to their involvement in the exclusive breastfeeding period. This chapter begins with detail of my personal background and interest for studying this topic. Detailed information of the participants and the strategies for gaining the participants and their information are also provided.

### 3.2. Reflexivity: Personal background and interest in this research

Reflexivity, according to Hennink, Hutter, and Bailey (2015, p. 19) refers to “a process that involves conscious self-reflection on the part of researchers to make explicit their potential

influence on the research processes". Reflexivity has an important role in a qualitative method since the dimension of power in research can emerge (Willis, 2013). Hennink et al. (2015) also state that reflexivity can be acknowledged as an interpretive approach which can recognise the researcher's background, position, and emotion as fundamental parts in producing and interpreting the data. There is an influence between the past experiences of researchers and the way the researchers see and interpret the issue (Buscatto, 2016). So, the social, cultural, and political contexts of the social researcher have a significant influence on the knowledge created (Bryman, 2016). Through reflexivity, researchers impact on the whole data process, from the way they collect the data and analyse data (Willis, 2013).

As a working mother with two daughters who has successfully accomplished exclusive breastfeeding for my children, I realised that the process of exclusive breastfeeding needed enormous support from my family, my surroundings, and most importantly from my husband. When I was first pregnant, I searched many articles through credible websites such as WHO, Mayo clinic, the Baby centre, and others about pregnancy and newborn babies. From the articles I read, I determined that breastmilk is the best nutrition for babies and also has a significant benefit not only for the babies, but also for the nation. The more I read about breastfeeding information, the greater was my intention to breastfeed. I then remembered that there is a provision in my holy book, the Quran, for mothers to breastfeed until the children reach two years. I mixed the knowledge from the websites and the Quran. I decided to choose breastfeeding, especially exclusive breastfeeding as an infant feeding method for my child and I shared my decision with my husband. He fully supported me in every decision for the children's welfare.

I did not have any knowledge in relation to newborn babies and I did not want to ask my mother because she was from a different generation which probably had out of date information. So, to increase my knowledge, I learned it from many sources: books, experienced mothers who had updated information, and articles from the internet. I also attended some workshops discussing children's health which included breastfeeding information. Since I had a high intention to breastfeed and give my child exclusive breastfeeding, I explored detailed information about breastfeeding, especially the strategies of accomplishing exclusive breastfeeding after going back to work.

During pregnancy, I started to think of a delivery place. I was inclined to choose a hospital which had health providers: the obstetricians and gynecologists (obgyn), pediatricians, and midwives to support breastfeeding. My reason for choosing a particular hospital was because I had read some shared stories from other mothers who had bad experiences with health providers who gave formula to the babies without consulting the mothers first. When the baby was born, she had hypoglycemia and jaundice and needed breastmilk to recover. Meanwhile, my breastmilk had not flowed yet, then, the pediatrician suggested the use of donor's milk. The donor milk was available from my sister-in-law and also from my friend, so formula was not required at that time.

Then in 2013, I had an opportunity to study breastfeeding and working mothers. My study applied a qualitative approach and interviewed five working mothers in Jakarta who had experienced breastfeeding in the office after their three months maternity leave. My study found that the participants faced many challenges for accomplishing exclusive breastfeeding. Physical and social environments did not support them to breastfeed at work. Since there were no special nursing rooms to express the milk in the office they had to express the milk in the toilet. Moreover, their colleagues did not support them and instead posed negative comments when the participants pumped the milk or did anything related to breastfeeding. My own experience while working, and travelling for work, also highlighted the challenges for exclusive breastfeeding. For example occasionally I had to fly my expressed breastmilk back to my husband and baby while I was working in other parts of Indonesia.

Based on my experiences, I concluded that breastfeeding success requires not only the relationship between a mother and her baby but also the father has a significant impact. I also understood some of the potential reasons why the exclusive breastfeeding rate in Indonesia is so low. This reality inspired me to gain further understanding of the issue through this research, and in particular to focus on the role of fathers in supporting breastfeeding in Indonesian society.

### 3.3. Qualitative research

"A qualitative researcher attempts to find out 'what is going on here?' From the perspective of those who are in the situation being researched" (Bouma & Carland, 2016, p. 162). The

existence of qualitative research allows an in-depth understanding of narrative, text and interview data which are then described and interpreted (Creswell, 2014); (Flick, 2007). Boeije (2010) affirms that qualitative research allows for describing and understanding social phenomena of people who are studied and Boeije, Castleberry and Nolen (2018, p. 1) add that the primary aim of qualitative research is “to gain a better understanding of phenomenon through the experiences of those who have directly experienced the phenomenon, recognizing the value of participants' unique viewpoints that can only be fully understood within the context of their experience and worldview”. Warren and Karner (2015) also contend that meaning and understanding are the basic purposes in building qualitative research, with the key features of this research process including: the meaning of people’s lives, under real-world conditions, is the primary purpose to be studied; providing the views and perspectives of the people in a study; and explaining human social behaviour which can potentially contribute to emerging concepts (Yin, 2011).

The research questions that will be answered through this study are:

1. Why were father involved during exclusive breastfeeding period?
2. How were fathers involved in exclusive breastfeeding practice?
3. How do mothers feel about fathers’ involvement?
4. Is father involvement in breastfeeding in Indonesia seen as a non-traditional value and if so, how is managed by families?
5. Can online advocacy group (Ayah ASI) for fathers support exclusive breastfeeding?

Based on these research questions, experiences, opinions, and perspectives from both fathers and mothers toward to the involvement of fathers in exclusive breastfeeding will be important data. So, the appropriate method to be applied in this research is the qualitative research method which has advantages in the term of the closeness between the researcher and the subject or highly contextual (Gray, 2014).

### **3.4. Data sources and collection**

Since the focus of this study is on fathers’ involvement, explanations and experiences in exclusive breastfeeding in Indonesia, the primary source of information is Indonesian fathers. Experiences and opinions from mothers, particularly the wives of the fathers

interviewed is also considered as they can share the extent of the involvement of their partners and also describe their perspectives.

Furthermore, gaining information from the founders of the online advocacy group AyahASI was significant to this research to understanding the objectives of AyahASI and the ways that the community has found they can raise awareness of the importance of exclusive breastfeeding, particularly with fathers. In addition, information was obtained from several articles either published and unpublished, related journals, textbooks, government documents and websites.

#### 3.4.1. Time and location

Data collection for the qualitative interviews in this research was conducted from early December 2017 to the end of January 2018. The schedule for interviewing was flexible based on the availability and convenience of the participants.

The location of the research was in Jakarta, Indonesia. There are several reasons why Jakarta was chosen as the research location. According to the survey of Monitoring of Nutrition Status conducted by the Indonesian Ministry of Health in 2017, the percentage of babies who get exclusive breastfeeding in Indonesia was 35.7%, while, the percentage of exclusive breastfeeding rates in the province of Jakarta was 46.6%. This province also had the third highest percentage of exclusive breastfeeding in the national scope (Kementerian Kesehatan Republik Indonesia, 2018). The last reason was that of a practical factor since Jakarta is my hometown, facilitating data collection.

#### 3.4.2. Sample size

There are no rules which determine how many participants should be recruited in a qualitative research since a qualitative research relies heavily on establishing deep understanding (Liamputtong, 2013). The number of participants in a qualitative research is based on the aim of the study as well as the research questions (Bryman, 2016; Kvale, 2007; Travers, 2013). A study conducted by Mithani, Premani, Kurji, and Rashid (2015) about fathers' role in breastfeeding in urban and semi-urban areas in Pakistan, recruited 12 fathers to be interviewed. My research questions not only gained fathers' perspectives in their involvement in the exclusive breastfeeding period but the mothers' side was also



explored. The participants, therefore, were 10 couples, both mothers and fathers. This number was designed in order to gather enough in-depth and varied experiences, to make the methodology possible, and to achieve saturation (Hennink et al., 2015)

The inclusion criteria for participants to be involved in this research was: parents who have at least one child who was a minimum of six months old to under two years old. I wanted to ensure I had participants with both one and multiple children, in comparison to other studies on breastfeeding where the influence of prior breastfeeding experiences was not considered (Karande and Perkar (2012). The age criteria is based on the WHO's definition about exclusive breastfeeding for six months and continuing for up to two years.

### 3.4.3. Recruitment

As with much qualitative research, this research chose a purposive or non-probability sampling approach (Bryman, 2016; Liamputtong, 2013). Bryman (2016) also reveals that purposive sampling has high connectivity with the research questions so one of the aims of purposive sampling is to illustrate participants in an intentional way. According to (Hennink et al., 2015), the application of this non-random selection method in qualitative research is suitable for finding participants who have particular characteristics or experience. A purposive recruitment technique was therefore applied to select the participants to be involved in this present study.

The participants in this study were the 10 couples and the founders of the AyahASI community. I applied different strategies to gain the participants. Each strategy has advantages and disadvantages and there are no fully ideal methods in recruiting the participants (Hennink et al., 2015). Following this is the detailed of recruitment strategies which divided into the couple and the founder of the AyahASI

#### 3.4.3.1. The parents participants

I used a combination of strategies to gain these participants. Recruitment strategies I applied were gatekeeper and informal network strategies. According to Hennink et al. (2015, p. 92) gatekeepers refer to “people who have a prominent and recognised role in the local community; they typically have knowledge about the characteristics of community members and are sufficiently influential to encourage community members to participate in

a study". The gatekeeper in my study is the founder of the AyahASI community, Ben Hosen, who asked the members of the AyahASI community he knew as the participants' criteria to be involved in my study.

This strategy helped me to obtain more participants in a brief time I was invited to come to an AyahASI event by Ben Hosen when I interviewed him. That event was aimed at couples who were learning about breastfeeding and parenting. At the event, moreover, the founder already knew my research criteria for the participants and he introduced me to other men who were suited to be my participants. After the event, I also found further couples which met my participants' eligibility criteria and who had a willingness to be involved in my research. The gatekeeper strategy resulted in recruitment of four couples.

In addition, I also applied an informal network strategy to gain other participants. I asked for help from my friends who have many networks to gain the participants. They actively participated in social groups and they shared the information about my research six couples who agreed to be involved in my study were found through this strategy.

*Parent participants*

The total number of the participants who were interviewed was ten couples.

Table 3.1. describes which couples came from the informal network and the gatekeeper recruitment strategies. As with the Ayah ASI participants, all parent participants' names have been changed to protect their identity.

Table 3.1. *The names of the couples based on the recruitment strategy*

No	Informal network	No	Gatekeeper
1	Anes and Aang	1	Renae and Hadian
2	Nia and Maja	2	Toki and Bayu
3	Ata and Priyo	3	Cacan and Bintang
4	Murny and Andy	4	Nanet and Bas
5	Gina and Dora		
6	Senti and Seto		

#### 3.4.3.2. Founders of AyahASI Community

Before undertaking the Master's programme in New Zealand, I had the experience of interviewing two of the founders of AyahASI Indonesia for another purpose. The founders expressed their support towards assisting a research project exploring breastfeeding. Therefore, I already had some knowledge about the AyahASI community and I contacted one of the founders of AyahASI to introduce myself and arrange an interview time before I went to Jakarta. So, when I arrived in Jakarta, I had a scheduled interview with the founder of AyahASI.

I interviewed two further founders of the community. For the next interview, I applied a snowball strategy to get another founder to be interviewed. Snowball is a technique gaining participants concerns on the special characteristics by asking a participant whether there are anyone else as a potential participant (Hennink et al., 2015). In the event of AyahASI, Ben Hosen introduced me to Max Lanin and he asked Max Lanin to be my participant. After I was introduced to Max Lanin, I, then, talked about my study and asked Max Lanin to be my participant.

#### *Founders of AyahASI Community*

There were two founders of the AyahASI community who were interviewed: Ben Hosen and Max Lanin (pseudonyms). Ben Hosen worked for an NGO for supporting people with HIV as Planning, Monitoring and Evaluation Manager and is also a lactation consultant. He usually took the role as a speaker in AyahASI events about breastfeeding education. Max Lanin is a comedian, announcer, and also an actor. He usually took the role as an MC at some AyahASI events. Both of the founders explained the history of establishing the community, the objectives, and the challenges during the breastfeeding promotion campaigns.

### 3.5. Data collection process

This section details the method that apply for data collection and the interview process.

#### 3.5.1. In-depth interview

According to Rubin and Rubin (2012), there are several important characteristics of in-depth interviews as tools for research. Firstly, this tool is not about finding the rigorous answers, but a detailed response which contains interviewees' experiences, thoughts, and stories. In

addition, the best questions are open ended so the interviewees can expand, disagree, and/or introduce other issues. Lastly, the questions are flexible which means that a set of question are not needed to be asked or the questions can be changed. Even though in-depth interviews seem flexible, a depth of self-expression of the interviewee is needed in this method (Liamputtong, 2013).

One of the fundamental type of in-depth qualitative interviewing is the semi-structured interview. This form is conducted by covering a specific topic, preparing an interview guide, and planning to ask follow-up questions (Bryman, 2016). This category was chosen as the main method to obtain the data for this research due to its flexibility in asking questions, and informality which allows the gathering of a deep narrative.

Before starting the interview with every participant, I prepared all the documents needed, such as the form for informed consent, interview guide, and the demographic characteristics form. A digital recorder was also prepared before an interview was conducted. Recording an interview is significant because it aids for comprehensive analysis process in a qualitative research (Liamputtong, 2013). Before I started the interview, first I introduced myself and also my study as well as the aim of the interview. I then explained the informed consent process including participant's rights and obligations. All the participants agreed with the substance of the informed consent, and signed consent was gained.

I utilized a responsive interview process for each of the interviews with the parents. Responsive interviewing is an approach in qualitative interviewing to build a relationship of trust between the interviewer and the interviewee by a friendly and supportive tone and flexible questions, where the interviewee is treated as a partner in the research instead of the research subject (Rubin & Rubin, 2012). Before starting to interview, I usually made small-talk, I asked a small question such as "how are your children doing?" or I chatted informally to break the ice in order to make the participants and me more comfortable. Those methods are the first steps to establishing rapport (Hennink et al., 2015). I realised that my questions to the participants are quite personal so without rapport I would have some difficulties in gaining the data. I tried to be talkative, very friendly, and a sincere person during the interview as my strategies to gain the data.

The role of gatekeeper and also my friends who knew the participants were also influential factors in establishing rapport. Furthermore, I could observe from the participants' body language, such as gestures and eye contact whether they were comfortable with my questions and my ideas or not. A form of demographic characteristics was filled usually after the interview had finished. While the participants filled the form of demographic characteristics, I prepared a bar of New Zealand chocolate as a souvenir as well as a token of appreciation for the participants.

I usually went through the same steps and the same questions with every participant. To gain a more comprehensive response, I separately interviewed the couples. The interview process took a range of 15 minutes to one hour. The duration depended on the characteristics of the participants. Sometimes, I found a quiet person and the responses was very short answer, so I had to probe as much as I could. The average time consumed in the interviews process was 40 minutes.

### 3.6. Ethical consideration

Research ethics are rules on how to morally conduct research that should be followed by researchers (Gomm, 2004). There are important ethical principles in qualitative research i because it aims to understand perception, beliefs, and feelings of people which often have strong connectivity with participants' personal information, privacy and security (Hennink et al., 2015). The existence of the ethics ensures that the privacy and the rights of the participants are upheld. Silverman (2017) suggests that ethical issues should not be seen only as a moral matter. He adds that social researchers should consider that ethical practice can offer benefit to participants and it impacts on the research access because the better the ethical practice, the better the research product will be. To adhere to ethical standards (Curtis & Curtis, 2011), and to maximize benefit to my participants I utilized voluntary informed consent. This study also gained ethics approval from the Faculty of Arts and Social Sciences Human Research Ethics Committee, University of Waikato, October, 2017 with number FS2017-44.

### 3.6.1. Informed consent

Firstly, the participants were voluntarily involved in this study without any coercion and I stressed to the participants before the interviews started that they could decline this research process. I, then, provided enough information as regards to my research to the participants which included the initial questions that were asked so that they could decide to take part in this study or decline. If they agreed, I then, continued to the next step. Lastly, the affirmation of the participants through written informed consent meant that the participants agreed to be involved in this research. In this step, the participants who agreed then signed the consent form. I did not recruit any potential participants that then declined to be interviewed following this process.

### 3.6.2. Anonymity and confidentiality

There are two important aspects applying ethical consideration: anonymity and confidentiality, which have overlapping principle (Habibis, 2013). Habibis also stressed that maintaining participants' privacy is the most concern of these aspects. Anonymity focusses on protecting identification each participant in the research. Meanwhile, confidentiality focusses on warranting that the participants are not linked to the information they provide. This study used the methods to keep the anonymity and confidentiality of the participants. Using pseudonyms in place of real names protects the confidentiality of all participants, both the couples and the founders of the AyahASI community. Any specific quotes that are used in the report are also anonymised or used cautiously. Direct quotes are only used to highlight the themes in this study. In relation to trust, which according to Ryen (2016), refers to the responsibility to prevent future research, maintaining the rapport with my participants was important. In this matter, I kept any aspect of the participants' story which was not directly related to my study separate. Moreover, if there are other researcher to conduct the research about the participants, I suggest they will need to use ethical considerations like I did and build their own rapport with the participants.

### 3.7. Transcribing

The first step utilized was transcribing. All the interviews were conducted in the Indonesian language and were transcribed into written text. As expected, this process was time consuming (David & Sutton, 2011; Willis, 2013), but critically important in order to become familiar with my data. I transcribed all the interviews, including the words spoken and the expression of the participants: excitement, misery, or happiness. This helped me when I had to imagine the context to write into the findings section.

### 3.8. Translating

After finishing the transcriptions, I then continued with the process by conduction translation of the text from Indonesian to English. This part also took a long time and was quite difficult since English is not my first language. So, I had to find the exact phrase to show the real meaning from my language into English. To check whether my translation was readable and grammatically error free, I sought assistance from the provided services on my campus. An international student supporter from the Faculty of Arts and Social Sciences and language development services from the Student Learning, University of Waikato helped me to check my translation. In addition, the context had to be fit when the participants talked about their experiences. This process made me read all the transcriptions. During reading, sometimes I stopped to think what was happening, before doing the interpretation. This process can be described as familiarisation (Gray, 2014; Spencer, Ritchie, O'Connor, Morrell, & Ormston, 2014).

### 3.9. Data analysis

Thematic analysis were used in analysing the data. Braun and Clarke (2006) assert that thematic analysis should be considered as the basic method of qualitative research. Moreover, they contend that thematic analysis provides a flexible and beneficial research tool which result in a rich, detail and complex account of data. Gray (2014, p. 609) adds “a theme captures something important about the data in relation to the research question, and represents a level of patterned response or meaning within the data”.

Before starting to analyse qualitative data, there are several steps required that were undertaken in these research. It was important that all these processes were

completed by myself as the researcher because it made me familiar with the data. The more that I as a researcher was exposed to the data, the more robust the analysis, and the more beneficial for the researchers (David & Sutton, 2011).

The development of computer software to analyse qualitative data is a recent advancement (Bryman, 2016). One of these computer software programmes to analyse qualitative data is Nvivo (Version 11) which was utilized in this research. Nvivo helps to manage data and minimise the disorganised records during analysing qualitative data (Bazeley & Jackson, 2013). Firstly, the translated data was imported to Nvivo, and then the data then was divided into two sources: parents and the founders of AyahASI. There were 20 files of data generated in the parents' folder (one for each participant) and two files in the AyahASI's folder.

After all the data had been imported it was then coded: "the process by which data are organized for analysis" (Willis, 2013, p. 324). I opened, one by one, the file of every participant. I read every sentence to decide the precise theme. I then coded different themes into nodes: the a group of specific themes that emerge from the analysis (Bryman, 2016). I used the same method for all the data, with the fathers' and mothers' responses kept in separate nodes. So, in the node, I always created the caption beginning with Fathers\_ or Mothers\_. For example, Fathers\_ understanding of exclusive breastfeeding.

After I finished coding all the fathers' and mothers' responses, I had a huge number of nodes. Willis (2013) explains that this initial part of coding process called open coding, which is usually applied in grounded theory as a form of thematic analysis. The next step after open coding is axial coding, developing the nodes in order to be more specific and elaborated. For example, I then merged a number of nodes into collective areas, for example: Fathers\_type of involvement. This node contained the response of husbands in relation to the kind of involvement that they had used to help their wives. There were many types of involvement described. So, to make my coding more robust, I divided this into two types: physiological and physical support. The theme which contains physiological support I then put in the physiological folder, and similarly also for the physical support.



Finally, I had a limited number of nodes related to my research questions, grouping the nodes by fathers' and mothers' answers. Table 3.2. presents the open coding and axial coding based on fathers' and mothers' responses.

Table 3.2. *The open coding and axial coding based on fathers' and mothers' answer*

<b>Responses</b>	<b>Open coding</b>	<b>Axial coding</b>
Fathers' responses	<ul style="list-style-type: none"> <li>• Fathers' view of breastfeeding</li> <li>• Understanding of exclusive breastfeeding</li> <li>• The reason exclusive breastfeeding is important</li> </ul>	Fathers' understanding of breastfeeding and its benefit
	<ul style="list-style-type: none"> <li>• Fathers' view about Fathers Involvement</li> <li>• The Reason of Fathers Involvement</li> <li>• Role model</li> <li>• Family Value (The value is not from family)</li> <li>• Involvement of fathers in rural</li> <li>• Household chores is not men's job (Division of household chores)</li> <li>• The relationship between happiness and production of breastmilk</li> </ul>	Fathers Involvement in exclusive breastfeeding _ Fathers' Perspective
	<ul style="list-style-type: none"> <li>• Feeling unashamed in involving</li> <li>• Stereotyping about Fathers Involvement in rural</li> <li>• Does not care with people's opinion</li> <li>• Participants view about negative feedback</li> </ul>	Attitude of fathers involved in exclusive breastfeeding
	Challenges of involvement	Challenges in involvement
	<ul style="list-style-type: none"> <li>• Psychological Support</li> <li>• Physical Support</li> </ul>	Type of Involvement
	<ul style="list-style-type: none"> <li>• The difficulty of transfer the value to family</li> <li>• Feedback from others in relation to fathers involvement</li> <li>• Different generation</li> </ul>	New values_ involvement of fathers
	<ul style="list-style-type: none"> <li>• fathers' view about community of fathers</li> <li>• Do not seek information</li> <li>• Time of Seeking Information</li> <li>• Source of Information</li> <li>• Joining in Community either online or offline</li> </ul>	Acquisition of knowledge on breastfeeding
	Mothers' responses	<ul style="list-style-type: none"> <li>• Mothers' view of breastfeeding</li> <li>• Understanding of exclusive breastfeeding</li> <li>• The reason to breastfeeding</li> </ul>

	<ul style="list-style-type: none"> <li>• The decision to breastfeeding</li> <li>• exclusive breastfeeding experiences and story</li> <li>• Experiences of previous child</li> <li>• Factor that influence in breastfeeding success</li> <li>• The biggest challenge</li> <li>• Relationship between happiness and production</li> </ul>	A journey to successful exclusive breastfeeding
	<ul style="list-style-type: none"> <li>• view about fathers involvement</li> <li>• Fathers involvement experiences</li> <li>• The difference between fathers involvement based on location (rural and city)</li> <li>• Lack of initiative</li> <li>• Value from family</li> <li>• Involvement in household chores</li> </ul>	Mothers' view on fathers involvement
	The wife has a role to play in making fathers' involved	The influence role of wife
	<ul style="list-style-type: none"> <li>• Psychological Support</li> <li>• Physical Support</li> </ul>	Type of Involvement
	<ul style="list-style-type: none"> <li>• joining in online supporting groups</li> <li>• Time of seeking information</li> <li>• source of information</li> <li>• Refuse to join offline workshop</li> </ul>	Acquisition of knowledge on breastfeeding
	<ul style="list-style-type: none"> <li>• Changing generations</li> <li>• Others feedback about fathers involvement</li> <li>• Positive feedback about involvement</li> </ul>	New values of Father involvement

My methodological approach to data analysis was checked, and separately coded by staff at the University of Waikato. My data was used by the Nvivo software trainer, and the coding process was applied to two to three participants independently. After I then finished the open coding process, I received support with the axial coding from a lecturer in Research Methods. After the axial coding was then completed, I returned with this data to my Nvivo trainer to review my coding process independently, and to validate the codes used.

## Chapter 4: Findings

### 4.1. Introduction

This research aims to gain insights of opportunities to improve exclusive breastfeeding in Indonesia by exploring several research questions. This chapter presents the main findings from the field research. The first sections present the demographic characteristics of the research participants and the information about breastfeeding characteristics. Sections three to eight discuss the findings related to the responses to the specific research questions of this thesis:

- sections three and four discuss the fathers and the mothers perspective on fathers' involvement in exclusive breastfeeding, including the definition of exclusive breastfeeding that they understood, and the reasons why they are involved in exclusive breastfeeding
- section five describes the summary of the fathers and the mothers in relation to fathers' involvement in exclusive breastfeeding
- sections six and seven discusses the values involved in relation to fathers' and breastfeeding, compared to traditional practice and the sources of information that are acquired by both mothers and fathers to increase their knowledge about breastfeeding
- section eight describes the community of AyahASI.

Finally, the last section provides a summary of the findings.

### 4.2. Demographic characteristics of the participants

The total number of parent participants involved in this research was 20 people, which consisted of ten male-female married couple who are parents of babies aged six months to two years old.

In Table 4.1. the couples are presented in three different groups based on their ages: The young couples were those aged under 30 years; the middle-aged couples were those under 34 years old; and the mature couples who were aged above 36 years. Both parents in each couple met these age ranges.

Table 4.1. *The pseudonyms of the couples involved in this research, by age group.*

<b>The young couples</b>	<b>The middle-aged</b>	<b>The mature</b>
Toki and Bayu	Anes and Aang	Murny and Andy
Cacan and Bintang	Nia and Maja	Senti and Seto
	Ata and Priyo	
	Gina and Dora	
	Nanet and Bas	
	Renae and Hadian	

The first young couple is Cacan and Bintang, whose 12-month baby girl was exclusively breastfed and she was still being breastfed when the interview was conducted. Both Cacan and Bintang are IT staff in a private company and they both also hold undergraduate degrees for the same subject. They joined an online community what had the aim to education the members about breastfeeding and also parenting. They also participated in offline events which discussed breastfeeding and children's welfare. Another young couple were Toki and Bayu. They had their first child when they were around 23 years old and now they have three children. Toki was an active member of the breastfeeding mothers association, the eminent breastfeeding support community in Indonesia. This was one of the reasons why all their children were exclusively breastfed for at least six months. This couple is the only couple whose religion was Unitarian Universalist, while the remaining couples were Muslims. They hold undergraduate degrees and Toki finished her study after their first child was born.

There are six couples who were in the middle-aged group. The first couple is Renae and Hadian who have been married for two years and their daughter was 15 months. The daughter was exclusively breastfed. Hadian worked for a private company, while his wife was a stay-at-home mother. They were both undergraduates in a public University in Indonesia. Before their daughter was born, they searched information about breastfeeding since they really wanted to give exclusive breastfeeding to their daughter. Another couple were Anes and Aang who graduated with a Master's degree from a foreign University. They

have two daughters and the eldest daughter fitted the requirement as a research participant. Their eldest daughter was not exclusively breastfed due to specific health issues, and not as a result of a lack of knowledge or breastmilk supply issues.

Nanet and Bas are a middle-aged couple and they have been married for two years. They both hold under graduate degrees. They have a daughter aged 10 months and she was exclusively breastfed. Nanet is a stay-at-home mother, while Bas worked for a private company. The same as Nanet and Bas, Gina and Dora also have one child (nine months old) who was exclusively breastfed. Both Nanet and Bas hold post graduate degrees. Nanet graduated with a health society major. Before she gave birth to her son. Even though their son had a significant problems in the early months after he was born, he was successfully exclusively breastfed.

Other couples who were from the middle-aged group were Nia and Maja who have two children. Their youngest child was included in the criteria for a participant. Both their children were exclusively breastfed. Nia is a private employee and so is Maja. They hold undergraduate degrees. In addition, Ata and Priyo are also from the middle-aged couple group. They have two children; the eldest child was six years old, while the youngest child was 18 months old. They had previous experience from their first child who was not exclusively breastfed due to a lack of breastfeeding knowledge. Their second child was exclusively breastfed. Ata finished her post graduate degree in a public university in Indonesia, while Priyo got an undergraduate degree from a different university.

The couples from the mature couple group were Murny and Andy and also Senti and Seto. Their first child was not exclusively breastfed. Their second child was exclusively breastfed. Murny is a stay-at-home mother and Andy is an employee in a private company. They both hold undergraduate degrees. Meanwhile, both Senti and Seto are government officers in the same institution. Seto finished his Master's degree in a public university in Indonesia and Senti accomplished her under graduate degree.

The median of age of participants was 33 years old with the oldest participant aged 41 years and the youngest participant 28 years old. The male participants were older than the female participants. The median age of the male and female participants were 33 years old and 31 years old, respectively. The oldest age of the male participants was 41 years,

while the oldest age for female participants was 37 years. On the other hand, the youngest of both the male and female participants was 28 years old.

The participants were all highly educated. Six participants held post graduate degrees while 70% of the participants had under graduate degrees. Seven male participants were had undergraduate degrees while the remaining male participants held graduate degrees. There was a similarity on the number of female post graduates and undergraduate degrees. There were seven under graduate female participants and three female participants with postgraduate degrees.

Nine out of ten couples identified their religion as Muslims and the remaining couple was Unitarian Universalist. The average length of the participants' marriage was 5 years, with the longest marriage for 14 years while the shortest one was 2 years. The biggest number of children in one particular family of the participants was three children while the least is one child, with the median number of children on the participants' family is 2 children. The average age of the youngest child was 13 months, with the oldest one is 24 months while the youngest one is 7 months. Four couples have one child, and the remaining couples have two or more children.

The participants had different occupations. The majority of participants were white-collar employees either in private sector or as government officers. 80% of male participants worked for private companies, one father is a government officer, and the last was a musician. In addition, 50% of mothers are stay-at-home mom and unemployed, while two mothers are government officers and the remaining mothers worked for private companies.

A summary of these participant characteristics are found in Tables 4.2 and 4.3.

Table 4.2. *The age, occupation and education of the parent participants in this research*

<b>Mothers</b>	<b>Age</b>	<b>Occupation</b>	<b>Education</b>	<b>Fathers</b>	<b>Age</b>	<b>Occupation</b>	<b>Education</b>
Anes	33	House wife	Postgraduate	Aang	34	Private employee	Postgraduate
Nanet	32	House wife	Undergraduate	Bas	32	Private employee	Undergraduate
Toki	28	House wife	Undergraduate	Bayu	29	Musician	Undergraduate
Renae	31	House wife	Undergraduate	Hadian	31	Private employee	Undergraduate
Senti	36	Government officer	Undergraduate	Seto	37	Government officer	Postgraduate
Cacan	28	Private employee	Undergraduate	Bintang	28	Private employee	Undergraduate
Gina	32	Private employee	Postgraduate	Dora	33	Private employee	Postgraduate
Nia	33	Private employee	Undergraduate	Maja	33	Private employee	Undergraduate
Murni	37	House wife	Undergraduate	Andy	41	Private employee	Undergraduate
Ata	31	Government officer	Postgraduate	Priyo	34	Private employee	Undergraduate

Table 3.3. *Information about the participant couples: religion, number of children, the age of child within the participants' criteria, and exclusive breastfeeding status*

<b>The couples</b>	<b>No. of Children</b>	<b>Age of Children in criteria (months)</b>	<b>Gender of child</b>	<b>Status of breastfeeding</b>	<b>Did the previous children exclusively breastfed?</b>	<b>Did the child in criteria still breastfeed?</b>	<b>Religion of the couples</b>
Anes & Aang	2	24	Girl	Unsuccessfully	N.A.	No, until 9 months	Islam
Nanet & Bas	1	10	Girl	Successfully	N.A.	Yes	Islam
Toki & Bayu	3	7	Girl	Successfully	Yes	Yes	Unitarian Universalist
Renae & Hadian	1	15	Girl	Successfully	N.A.	Yes	Islam
Senti & Seto	3	12	Boy	Successfully	No	Yes	Islam

Cacan & Bintang	1	12	Girl	Successfully	N.A.	Yes	Islam
Gina & Dora	1	9	Boy	Successfully	N.A.	Yes	Islam
Nia & Maja	2	8	Boy	Successfully	Yes	Yes	Islam
Murni & Andy	2	18	Boy	Successfully	No	Yes	Islam
Ata & Priyo	2	18	Girl	Successfully	No	Yes	Islam



### 4.3. Breastfeeding characteristics

This section provides further detail on whether the babies who were the youngest child of the participants were being breastfed, either partly or exclusively. In addition, this section also describes the decision to breastfeed, whether it was instigated by the mothers, the fathers, or both and maternal and paternal leave provisions for working woman in Indonesia.

All of the youngest children of the participants were breastfed. Nine out of ten of the children were exclusively breastfed for at least six months, while one child was mixed feeding between formula and breastmilk due to a low birth weight. The baby who was not exclusively breastfed was not because of insufficient breastmilk, but because the baby needed additional high calories nutrition to gain the weight. Her mother, actually, had hyper lactation and did not have any problems in breastfeeding.

The decision to breastfeed was made by both the fathers and the mothers for all participants. In most cases the mothers made the decision initially; and their husbands supported it. The support from the fathers came after they understood the benefits of breastfeeding from the explanation given by the mothers and from several other sources.

Renae shared her experience in deciding to breastfeed:

The decision to breastfeed came from both of us. Before my baby was born, we committed to give her breastmilk. Nowadays, information describing the advantages of the breastfeeding can be found everywhere. Furthermore, I do not work so when I was pregnant, breastfeeding was our only choice (Renae, December, 2017).

In addition, Murni explained her intention to breastfeed her second child:

When I was pregnant with my second child, I discussed with my husband that I wanted to breastfeed our second child; his response was positive. He said it was ok to breastfeed as long as my nutrition was good. It was a different response to when my first child was born. My husband suggested giving Abirama –her son- formula milk when our son was crying (Murni, December, 2017).

The same experience came from Gina who for the first time had the idea of breastfeeding:

The decision to give breastmilk came from me. Then I bought the book of Catatan AyahASI and asked my husband to read it. "Read this book, you can understand what you should do as a breastfeeding father" (Gina, December, 2017).

#### **4.4. Father's role in breastfeeding:**

This section focuses on fathers' response in relation to their involvement in exclusive breastfeeding. It includes the fathers' understanding about their perception on breastfeeding and exclusive breastfeeding and why fathers regarded breastfeeding as the only feeding method for their babies. This section discusses the reasons for the fathers actively involved in exclusive breastfeeding activities. This section, then, explores what types of involvement that the fathers had during the exclusive breastfeeding period.

##### **4.4.1. Fathers' view about breastfeeding**

Before exploring the reason why and how fathers are involved in exclusive breastfeeding process, I wanted to explore what fathers' think about breastfeeding. As all their babies were being fed with breastmilk, I probed the reason behind this decision. Most fathers agreed that breastfeeding is important for the babies and also the babies should get exclusive breastfeeding. Five main reasons were evident.

###### *4.4.1.1. Breastfeeding as a natural process and a privilege of women*

One father believes that breastfeeding is a natural process, so the women have to do it. It is compulsory to accomplish breastfeeding. In addition, breastfeeding is one of women's privileges since only women can do breastfeeding. As Priyo (34), the father of two children, said:

Breastfeeding is the nature of women. It is a pride for mothers able to breastfeed their children (Priyo, December, 2017).

###### *4.4.1.2. Support a child's physical and emotional development*

The process of breastfeeding was seen as able to strengthen the emotional connection between mothers and children. Priyo said:

It is important since breastfeeding can strengthen the bonding between mothers and babies (Priyo, December, 2017).

Furthermore, Hadian (31) who has a child and has good knowledge about breastfeeding through diligently searching from various sources, described that breastfeeding is really important for the babies' development:

In essence, breastfeeding is about the feeding the babies. My wife and I have committed to give breastmilk to my child since breastfeeding is important. There are many vitamins in breastmilk which are not available in formula milk. So, supposedly breastmilk is much better than formula milk and it also benefits for children development (Hadian, January, 2018).

#### *4.4.1.3. Health factors*

Most fathers cited health reasons as the most deciding factor for advocating breastfeeding as a feeding choice for their children. Moreover, based on their experiences, they believe that breastfeeding can prevent their children from many diseases.

The importance of the health factor can be seen in the statement of Baskoro (32), a father with one child:

Breastfeeding is important to the babies for two years since I saw my friend's children who were formula feeding easily got sick. The child did not get breastmilk and he looked like frail. Then, I compared him to my nine-month daughter who is physically stronger, in term of her immunity. Thanks God, my daughter rarely had been sick (Baskoro, December, 2017).

The same testimony comes from the youngest father among the participants, Bintang (28), who become a role model in his office due to his knowledge about breastfeeding and children's wellbeing. He said:

Before my wife and I married, we had a commitment to breastfeed our child. Since, I saw my well-fed niece who formula feed and she did not get breastmilk. Her weight was not normal and she seemed unhealthy. Then, later, after I had a baby and she was breastfed. Until now my daughter had rarely got any dangerous diseases. *Alhamdulillah* (Blessing statement) (Bintang, December, 2017).

#### *4.4.1.4. Transfer particular characteristics from mother to children*

A benefit from breastfeeding that was described in this current research from the father's view is in relation to the transfer of specific characteristics from mothers to babies.

Aang emphasised that breastfeeding has functioned to pass on particular characteristics from mothers to children. He got this knowledge from reading an article in relation to breastfeeding benefits. He added:

I also did my small research about breastfeeding. I believe that breastfeeding is the best. Furthermore, I read in a literature which is not even a scientific one. The literature is written that breastmilk is one of the carrier characteristics hereditary from mothers to children. Mothers' characteristics can be inherited to their children through breastmilk (Aang, January, 2018).

#### *4.4.1.5. Economic factor*

Another beneficial effect of breastfeeding described by the fathers is supporting the households economic resources.

Maja admitted that one of benefits of breastfeeding was saving money:

Surprisingly we were so efficient by breastfeeding. Can you imagine that we did not spend our money for breastfeeding as long as we keep the mothers' diet (Maja, December, 2017).

#### **4.4.2. Fathers' understanding of exclusive breastfeeding**

To gain deep understanding about exclusive breastfeeding from fathers' perspective, I explored the definition of exclusive breastfeeding that was understood by the participants. I wanted to get an insight into whether fathers really understand the meaning of exclusive breastfeeding (as described by the WHO) or whether their understanding about exclusive breastfeeding was limited to giving breastmilk to the babies. The majority of fathers in this research (seven out of ten) gave a definition of exclusive breastfeeding that aligns with the definition of the WHO. They described the exact period of time for the duration of exclusive breastfeeding, and also details about the drink or foods that are prohibited to consume during exclusive breastfeeding. On the other hand, the rest of the fathers provided incomplete definitions of exclusive breastfeeding.

As Dora (33), a father with two children, said:

Exclusive breastfeeding means that babies are only given breastmilk exclusively for a six months. Then, after the babies reach six months, they can be given solid food. The breastfeeding is still continued to two years. So, during six months of the

babies' life, they only consume breastmilk, without formula or other food (Dora, December, 2017).

Another father, Aang (34), had also a good understanding about the definition of exclusive breastfeeding. Even though, the description is not exactly as the same with the definition made of WHO, their understanding in general in line with WHO, such as the child's consumption of any medicine during exclusive breastfeeding period is allowed since the medicine is not replace the primary nutrition. However, he saw vitamins as not acceptable.

He described:

As a common people the definition of exclusive breastfeeding that I understand is that the babies can get only breastmilk from they were born until they reach six months old. The name is exclusive. It means that the babies cannot be given any liquid drink or food and solid food. They only accept breastmilk. I think the babies can get medicine during exclusive breastfeeding period. The medicine is acceptable and not eliminated the exclusive breastfeeding function. In my view, in term of exclusive breastfeeding, medicine can be acceptable because the function of medicine is to release the diseases and help to keep healthy and also medicine is not part of nutrition. While, vitamin is an additional nutrition (Aang, January, 2018).

Hadian, who diligently sought information through the internet before his daughter was born, gave a clear explanation about exclusive breastfeeding. His understanding of exclusive breastfeeding was a reflection of his exploration during his wife's pregnancy period to gain good knowledge about exclusive breastfeeding in order to support successful breastfeeding.

He clearly explained:

Based on the various articles in the internet or while googling, the meaning of exclusive breastfeeding is that no other food or other substance even water, except breastmilk, should be consumed by babies for six months since the babies are born. Other liquid, even water except breastmilk, might be not suitable for babies because those consist of dangerous substance. The packed mineral water is dangerous for the babies since the digestive system of babies has not fully perfect. So, from the article that I read, only breastmilk is only acceptable for the babies (Hadian, January, 2018).

On the other hand, three fathers had different understandings about exclusive breastfeeding or were less clear in their explanation. These fathers thought that as long as the babies were breastfed, it can be defined as exclusive breastfed babies. They also did not care discuss any period of time for only breastmilk. As Maja (33) a father of two children explained:

I do not really understand about exclusive breastfeeding, but as far as I know, exclusive breastfeeding has a range of time. So the baby can be given breastmilk for a year and cannot be mixed with other formula milk (Maja, December, 2017).

In addition, Andy (41), the oldest participant who has two children shared his understanding about exclusive breastfeeding. According to him, exclusive breastfeeding is given for two years and other solid food can be given during exclusive breastfeeding period. His understanding does not align with the definition of the WHO.

He described:

From the article that I read, exclusive breastfeeding means babies is given breastmilk since they were born to two years? Or three years? I think two years. During the exclusive breastfeeding period, babies can get any food. This is because the exclusive breastfeeding is about the intensity and the routine to give breastmilk to the babies (Andy, December, 2017).

It can be seen from the responses that not all fathers had same level of understanding about exclusive breastfeeding.

#### 4.4.3. The reasons of the importance of exclusive breastfeeding

Fathers did not always describe reasons for exclusive breastfeeding specifically, over and above those described earlier for any breastfeeding. Supporting health for example was described as the most important reason for the fathers to encourage exclusive breastfeeding. Where exclusive breastfeeding was specifically mentioned the following reason were given.

##### 4.4.3.1. *The bonding between mothers and children*

The physiological aspect, particularly between mothers and children, was described as an important consideration for the fathers supporting their wives to exclusively breastfeed:

I read from the articles that exclusive breastfeeding is much better than formula. The function of exclusive breastfeeding for babies' health and for the toddler can strengthen the bond between babies and mothers. If there is no significant issue in breastfeeding, so breastmilk should be given (Andy, December, 2017).

#### *4.4.3.2. Religious belief*

Fathers described that the decision to breastfeed is based on the faith that they believe in. There is a statement in the *Al Quran* (The Islamic Holy book) about breastfeeding. Aang, a pious father, explained that his decision to choose breastfeeding was according to instruction in *Al Quran*. Even though, this father always decides everything in his life based on his religion provisions and he does not ignore scientific explanation as a source to help him in deciding the significant case happened in his life. Here is his explanation:

My view about breastfeeding is based on my religion, Islam. This is compulsory to directly breastfeed for six months. The name is *marodoh*. *Marodoh* is done during six months to two years. There is a statement "if capable". So, my religion believes that breastfeeding is the better than formula feeding. Specifically, breastfeeding is my choice. However, there is a condition where babies need other nutrition to catch up on their weight. In this matter, I relied on scientific method that formula milk is important to my baby's case. So, my first baby got mixed feeding, between breastmilk and formula (Aang, January, 2018).

Another father, Bayu (29) who decided on breastfeeding for his children based on his religion but he also included physiological reasons for exclusive breastfeeding. He said:

All my children were exclusively breastfeeding. Since I am a spiritualist so I believe that everything that comes from God is for the human welfare. The goal of six months exclusively breastfeeding is to prepare the organs. The babies cannot accept solid food because the organs have not ready yet (Bayu, December, 2017).

#### **4.4.4. The reasons why the fathers were involved in exclusive breastfeeding**

After I explored the fathers' views about their definition of exclusive breastfeeding, I wanted to explore more about their involvement in this process. Firstly, I asked how why the fathers were involved in exclusive breastfeeding.

##### *4.4.4.1. Provide marital support and relationship*

Generally, most of fathers described that their involvement during exclusive breastfeeding process was essential for helping their wife. They felt that their role in assisting their wife to accomplish exclusive breastfeeding is significant.

Dora described that a husband is the first person who the wife can rely on. He explained that wives need husbands' support to achieve their goals, either in relation to exclusive breastfeeding or anything associated with their children:

It is undeniable that a husband is the closest person to a wife. And it is also a mandatory to help wives. My personal opinion is that a husband has to fully support a wife as long as it is appropriate with his own value (Dora, December, 2017).

Seto (37), a father with three children, shared his thoughts about fathers' involvement in exclusive breastfeeding. He had also experienced a long distance marriage, when his first child was born and he feels that the impact of his involvement during exclusive breastfeeding period for his wife is enormous. His involvement was described not only to support his wife but also to have an emotional relationship with his son:

Fathers and mothers are a team. It is undeniable that as a wife, you need a figure of a husband. A husband needs a wife to fulfil that he cannot do and vice versa. If, we are tired, so only our partner can fulfil and keep us alive. It is so important. Fathers also can play a role in that part. Now, I started to think my children since my eldest children is in high school. So, the more grow the children, the less help their need from the parent. When they grow up, they have their own world and I realise that I will be alone. I still have an opportunity to be involved when I got third child. It was the time when I had to be involved. I do not want if I do not have any story to tell when my child was in his childhood. So, we are a team. How is significant the role of fathers? The answer is very significant and it cannot be compared and described with anything. The person who can describe how big the role is only my wife and how big she needs me. But, I believe that she needs me (Seto, December, 2017).

#### *4.4.4.2. Unexpected situations*

Hadian, who understood how challenging the struggle of his wife in providing breastmilk, realised that the role of fathers in helping their wives is very significant. He described memorable experiences when his daughter was born. Even though he had read many articles and sources of information, he felt nervous in facing the first experience as a father. Furthermore, the delivery process of his daughter was a dramatic moment. These experiences influenced him in contemplating about fathers' involvement in exclusive breastfeeding. Here is his view:



At the first time I read about fathers' involvement in breastfeeding, I questioned myself whether being involved is really important. After I had my own experience, I concluded that fathers have to accompany mothers in breastfeeding process because to provide breastmilk is not easy. My wife had a dramatic delivery process. And it was so stressful. Furthermore, the breastmilk did not come out. It gave additional stressfulness. When in hospital, we thought the baby cannot suck the mother's breast yet and we also did not know the best method to make breastmilk come out. We were taught but at the first time, we still cannot understand. My wife could not move after she had a caesarean section so I carried the babies. Furthermore, the breastmilk did not come out and the breast was really sore and swollen. She was panic and stressed, so was I, but I could not show my nervousness to my wife. Moreover, the breastmilk was so little. I, then, read an article and I made sure her that babies do not need much breastmilk at the first days after they were born as their stomach is still small. After that, my wife was relaxed and everything was ok (Hadian, January, 2018).

#### *4.4.4.3. Family responsibility*

Fathers in this study described that all family matters, including breastfeeding issues, are not only women's responsibility. Both fathers and mothers have the same responsibility in maintaining their family. This view is described by Priyo, a father of two children and his first daughter not exclusively breastfed, but the second child was exclusively breastfed. He asserted:

This is my own opinion, I want to be involved and help my wife during she breastfeeds since the baby is my daughter. If the baby is other's people child, I do not care then. I would like to do the best for my own children as much as I can (by being involved). The value of fathers' involvement that comes from my family is a positive one. I don't agree if being busy become a reason to not to involve during exclusive breastfeeding. My wife is also busy as a working mother but she can breastfeed. It is a weird knowing my wife who is really busy but she can breastfeed, while I do not breastfeed and I do nothing. So, this (father's involvement) is my self-willingness and I committed to have to support her (Priyo, December, 2017).

#### *4.4.4.4. Support happiness mother's wellbeing*

Most fathers described that the effectiveness of breastmilk production depends on the happiness of the mothers. They expressed the view that if mothers are stressed the result is that the breastmilk is difficult to produce. So, most of the fathers thought that

they had to make their wives less stressed. This knowledge inspired fathers to support the wife as much as possible to try to keep their wives happy.

These reasons related to the influence of happiness on breastmilk production, and their role in supporting their wives' happiness, are expressed as follows:

The good theory about breastfeeding that I got is if the mother happy, the breastmilk will come out. The more the mother is stressful, the more the breastmilk does not come out. That is what I understand and believe until now. We have to make the mothers to be happy not to the babies (Hadian, January, 2018).

Aang said:

There is a strong connection between stress and production of breastmilk. If mothers are stressful, the breastmilk does not come out. So, it is important for husbands to make their wives happy (Aang, January, 2018).

Dora added:

If mothers are not happy it will ruin breastmilk production and the production will decrease so they need to be supported (Dora, December, 2017).

Continued by Bintang:

I have known the knowledge about happiness influences the production of breastmilk from any article and also by googling (Bintang, December, 2017).

#### *4.4.4.5. Support an emotional connection between infants and fathers*

Furthermore, some fathers considered that their involvement can strengthen emotional connections between fathers and children. They thought that being involved in childrearing can be one of the most precious experiences for both fathers and children. They realized that such childhood moments cannot be repeated. So, that is one of reasons to be involved during exclusive breastfeeding period.

Here are some statements from several fathers in relation to strengthen their father-children connection. Bintang shared his view:

Making children is done together, so does the child rearing. In addition, if fathers involved so it can make a close relationship with children. The attachment with the children is stronger. So, to take care the children is done together and the children is also feel closer to both fathers and mothers (Bintang, December, 2017).

Hadian said:

From the article I found that the bonding is good when we handle by ourselves. I don't want to be forgotten by my children (Hadian, January, 2017).

Andy also said the same:

I take care of my children, there automatically creates a connection between father and child and the children will recognize their father instead of other people that I hired to take care of them, for example a baby sitter. So probably my children will be closer to the babysitter than me. The process of carrying, cleaning the pee or poo were part of the bond between me and my children. So, it influenced me to be involved, so my children will remember then: "when I was kid, my father was taking care of me" (Andy, December, 2017).

Seto asserted:

I don't want to regret when my child grows up and I don't have a story to tell when I take care of them (Seto, December, 2017).

#### *4.4.4.6. Learning from previous experiences*

For those who have more than one children and the particularly where first child was not exclusively breastfed, getting more involved and learning from previous experiences were the reasons to achieve successful exclusive breastfeeding with their most recent child. This was the situation for three fathers. They described that they did not want to repeat the first experience for the next child:

My first child only got five months exclusive breastfeeding because at that time my wife had high stress. Besides that, she was a new mother and had not any experience and did not join in online supported group (Priyo, December, 2017).

In addition, Andy, who really wanted support exclusive breastfeeding for the next child shared their experience about his first child. His first son had formula feeding due to insufficient breastmilk and the mental condition of his wife which made her unable to breastfeed. When, the first son reached several months, he had lactose intolerance so he needed special formula.

My first child, Hanif, had lack of breastmilk and he had lactose intolerant. So he was given special formula. That why I said as long there is no special case, breastmilk should be given. At that time, Hanif had lack of breastmilk. Then, my second son

was exclusively breastfed and it is suitable with our plan (exclusive breastfeeding success) (Andy, December, 2017).

Seto (37) a father of three children had experienced unsuccessful exclusive breastfeeding previously. In addition, when his first child was born he had a long distance marriage with his wife and could not be fully involved in childrearing. So, when the third child was born, he intended to be more involved.

For first and second child, I did not wake up in the night because I was too tired. Fortunately, my wife has worked in central branch which has not many tasks so she easily gets home if something happened to my children. But in my office, it was difficult to get permission. It is just my excuse. Hehe. Then, the experiences of having first and second child made me think that I had to fully support my wife since to become a mother is a big job. I have known that my wife's task as a working mom is really difficult (Seto, December, 2017).

Furthermore, Seto provided another narrative in relation to previous experience. He realised that there was an immense difference in regards to fathers' involvement during exclusive breastfeeding between his first, second, and third child. There were reasons why he was not fully involved in the birth of his first and the second child. Firstly, he and his wife had a long distance marriage when his first child was born, so he only monitored the development of his first child by phone. Second, he felt like his understanding about fathers' role in breastfeeding and children's wellbeing was not sufficient when his second child was born. Moreover, he had previously held the view that breastfeeding and children's wellbeing were wives' responsibility and therefore he did not feel the need to be more involved with his second child. He then realised that breastfeeding mothers have a difficult task, requiring support, with the third child after which he was much more involved.

#### *4.4.4.7. Transferring values*

For some fathers, the existence of family in transferring values about fathers' roles was an important reason for being involved in exclusive breastfeeding. The fathers realized that their ideas about fathers' involvement came from their own family. They described that their family growing up had not only taught them about the role of being a father, but also applied values about family involvement in their own daily activities so it can be seen by other family members. When the fathers had married and had their own children, these taught values were still remembered and applied in their married life.

The fathers thought that the value of fathers involvement is positive significant to be implemented in their own family.

As Priyo said:

Since I was a kid my parents told me that if you have a wife you have to help her. Don't put all the responsibilities in relation to children and household on wife's shoulder. My family taught me so I learned from them. "Your wife is your responsibility, give her right, don't put every household chores to wife, and do it together" (Priyo, December, 2017).

The same response came from Hadian:

I got the view about parenting from my parents. But, my mom had bigger portion in taking care of me and my siblings since she was not working. So, the decision in regard to children matter is based on parents' agreement (Hadian, January, 2018).

Aang considered that there were further related variables that had happened when getting married and having their own family. These included religious beliefs. One of his beliefs stated that it is compulsory as a husband to responsible for all family matters, as taught by his family. In addition, he has got a deep understanding that the function of a husband to make his wife and his children are happy in a wider context.

It is correct that my family taught me about the value. After I married, I had a process called hijrah and the meaning is the process of myself from bad behaviour to good behaviour. In this matter, everything that will happen in my life is based on the religion provisions. Then, I told my wife that I have experienced called as hijrah, which means from the bad to the positive ones. Hijrah made me to learn that everything arranged in this world is not only answered by scientific explanation because there is a conscience in ourselves. This conscience brings me to know that religion is the source of the knowledge. So, it is correct that the value came from my family. Before I got married, I always put my decision based on scientific answers as long as those make sense. All the transferred value is also based on science. So, I saw the example from my parents and the science explanation. I, therefore, have understood that minimum breastfeeding is six months. Then, there is a book that explain the compulsory for become husband and wife. Based on the book, one of the husband's compulsory is to always create happiness for wife. Regarding to exclusive breastfeeding, the role of husband specifically is to help the children achieving exclusive breastfeeding. I also believe that I am the only one

who have to responsible of my wife's wellbeing. I, therefore, have taken over all my wife's needs from my parents' in law responsibility (Aang, January, 2018).

On the other hand, Bintang believed that his family did not transfer the value about fathers' involvement. Before he got married, he had diligently searched the internet for information in relation to married life, including parenting and exclusive breastfeeding:

My family did not teach me to involve. I am the eldest in my family and I have one little sister. I got the idea from reading. My wife joined the group in relation to breastfeeding. Sometimes, I read the article from my wife' phone. When the knowledge has been known, it would be easier to help the wife even though what I read is not specifically about fathers' involvement (Bintang, December, 2017).

#### *4.4.4.8. Different understanding in viewing fathers' involvement*

The views of fathers about their involvement in exclusive breastfeeding were mostly positive. On the other hand, there is one father who expressed different views compared to the other fathers. Baskoro presumed that his role during exclusive breastfeeding was insignificant since he felt that he could not do anything when his daughter being breastfed. His understanding about involvement in exclusive breastfeeding was limited to specific activities that could/could not be done when the baby is breastfed. Even though he thinks that the role of fathers is unimportant during breastfeeding, he still helped his wife by doing household chores and supporting his wife' needs during exclusive breastfeeding period. Here is his explanation:

I think the role of husband when the baby is breastfeeding is little since we cannot do anything. At least, I gently touched my daughter when she was breastfeeding. Sometimes, I helped my wife in doing household chores, such as dish washing and tidying up the house. I had to help my wife to do domestic tasks when I did not go to office. I did not wake up in the middle of the night since I was really tired. Furthermore, the baby started to sleep at 3 am and it was crucial time for me to sleep (Baskoro, December, 2017).

It can be seen that his understanding about the involvement is quite different to the rest of fathers who have wider perspective about fathers' involvement. The other fathers think that any activity that can help their wife to achieve successful exclusive breastfeeding can be understood as the involvement. Their definition of involvement was not restricted to physical roles when the baby is breastfed. This distinction is

explored further in the next section which considers the type of involvement in exclusive breastfeeding that father's described.

#### 4.4.5. The form/type of the fathers' involvement based on the fathers' response

This section provides a summary of the form of fathers' involvement described from the fathers' perspectives. Based on their answers, there were various types of involvement described which have been coded within two main themes: psychological support for the mothers and physical support in relation to children and breastfeeding.

##### 4.4.5.1. *Psychological support*

Most of the fathers considered that psychological support is more important than any other form of support to achieve successful exclusive breastfeeding. These statements can be seen below:

My kind of support reminded my wife to give the best understanding. The biggest support that I can give to my wife was that I had to try to have the same position as her. I had to intuitively help her when she felt tired. It is undeniable that there are some men who refuse to help their wives in the middle of the night due to tiredness. Feelings like that should disappear because if we do that to our wives, the impact would be on our children's psychology. I want my children to think that my father also loves me, even though he did not breastfeed me but he was always there when I was breastfed. Moral support is also important. I know that my wife was really tired but I gave massages for her (Maja, December, 2017).

Bayu shared his views that according to his experiences having three children who were exclusively breastfed, the mental support is the most significant during exclusive breastfeeding:

From my experiences, mental support is the most significant support in successful exclusive breastfeeding. The way in supporting mental was make our wives happy. For my case, buying my wife's favorite food because she loves eating. Then, the mental support can be applied through conforming the view that parenting is our responsibility not only mothers' responsibility by totally helping her. If she asks for help in taking care of our children, we have to do it as fast as possible (Bayu, December, 2017).

Bintang, the father of a child, also confirmed that the existence of fathers in preventive the wives from noisy comment especially during the baby was born is important. The father can protect his wife from negative comments.

(Fathers) can protect their wives from others' feedback as in my opinion, when somebody visits to see a baby and make unhelpful or hurting comments which can make our wives down. In that case, the fathers' position is that they let the wives share everything about others' feedback with us. We can say to them to not to listen to others' negative comments or give her encouraging statements. It has always been a habit for our society to give critical comments on others' life (Bintang, December, 2017).

He also added:

Fathers' role in breastfeeding is really important. The support is more psychologically. It is undeniable that breastfeeding is a tiring process, so we have to help and admit that it is an exhausting task. Since, the support needed is more psychologically so I tried to make her happy by accompanying her to watch her favourite movie, which is Korean drama movies. Now, I am also addicted to Korean drama movies, hahahaha (Bintang, December, 2017).

#### 4.4.5.2. Physical support

There were also many types of physical support described by fathers as important to support exclusive breastfeeding. These can be divided into three themes; support for wife, support for baby, and support for family. These are summarized in Table 3.4

Table 4.4. *The kind of physical support based on the fathers' answers*

#### Kind of physical support

Support for mothers	Support for baby	Support for family
<ul style="list-style-type: none"> <li>• Buying wives' favourite food</li> <li>• Giving massage to wife</li> <li>• Cooking for wife /Providing the food</li> <li>• Accompanying wife during breastfeeding</li> <li>• Providing breastfeeding stuff</li> </ul>	<ul style="list-style-type: none"> <li>• Carrying Babies</li> <li>• Cleaning the pee or poo (Changing nappy)</li> <li>• Bathing babies</li> <li>• Buying babies' needs</li> </ul>	<ul style="list-style-type: none"> <li>• Doing household chores</li> <li>• Spending time together at the weekend</li> <li>• Arranging administrative matters, such as birth certificate</li> </ul>



<ul style="list-style-type: none"> <li>• Helping in pumping activities</li> <li>• Waking up in the night and keeping the wife company</li> </ul>		
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All the support were done since fathers understood how to make mothers happy in order to achieve exclusive breastfeeding success. There are some answers to which the fathers consider those types of support are more meaningful than others. Those can be seen from how many the fathers mentioned about those support, such as massaging the wives, waking up and accompanying the wives during breastfeeding in the middle of the night, cleaning babies' poo and pee, and doing household chores.

The fathers mentioned the massaging their wives six more often than other support. They believed that the massaging one of the important supports during exclusive breastfeeding period. Furthermore, in the early months after a baby is born, the mothers suffered lack of sleep, fatigue, and were sometimes stressed. Gentle massages can help mothers to release all the tiredness.

Dora, who has been married since 2015, understood that giving massage to the wife was one of the ways to keep the breastmilk production smooth. He told:

The support that makes my wife happy, include giving her massage. There are many methods to increase breastmilk production and massaging is one of the methods. Basically, I had to create activities that make my wife happy such as taking her window shopping and cooking for her (Dora, December, 2017).

In addition, another physical support from the fathers that was perceived as important to be given to the wives was providing things that would help with breastfeeding including breastmilk boosters for their wives, or meeting their babies' needs.

Baskoro explained that he bought traditional drink that is believed to boost breastmilk. It is quite difficult to find this traditional drink in urban areas, however, Baskoro looked for the seller of the traditional drink.

My type of support during exclusive breastfeeding was that I bought Blackmores and *jamu* (traditional drink) which is believed to smooth the supply of breastmilk. I

bought Blackmores in order to breastmilk supply of my wife was abundant. That was my only support to make the exclusive breastfeeding success (Baskoro, December, 2017).

Maja also shared his experience in supporting his wife:

My support that I can give is that providing all their needs in breastfeeding activities. It is quite difficult for my wife to go outside and buy the needs after the baby was born. So I had to buy those after I finished my work. Another support was that sometimes when I saw the condition of bottle was not proper anymore, I bought those in the next day (Maja, December, 2017).

Based on the fathers' answers, the physical supports that were mentioned more often than other physical support were changing nappy and it is including cleaning the babies' pee and poo. Sometimes, if mothers were doing other activities at home while the babies needed their diapers changed, fathers wanted to help to clean the poo or pee or if the mothers were very exhausted, the husbands also wanted to help to change the nappy.

Seto shared his experience when he had to change the nappy due to seeing his wife being very exhausted:

Based on my experience, taking care of my three children was different. There were different intentions to help my wife in taking care of the children. I thought that there was no barrier between my wife and me when I had to involve with my third child. I did everything to take care of my third child. I saw my wife very tired and I intuitively changed the nappy when my child had peed or poed (Seto, December, 2017).

Hadian was also told that it was compulsory to help his wife in changing the nappy if the wife could not cope with it. He said:

If my wife asked for help to change the nappy, I would then. Helping my wife to change the nappy is not a permanent activity so I would do it and I absolutely would do it. Basically, that activity is to help the wife because one of the compulsory things of being husband and wife is to help each other. However, in the situations where I really needed help, I told my wife to substitute my task. Mostly in special situations, I obviously helped my wife. This part of supporting my wife was in order to avoid stress. It would be stressful if the wife constantly woke up in the night. I offered to help to change the nappy. Besides that, if my wife was

expressing breastmilk while the baby pooped, I changed the nappy then (Hadian, January, 2017).

Fathers also mentioned that doing household chores was part of physical support. It is common in Indonesia, especially in a big city like Jakarta, to hire one or more household assistants to do domestic tasks, such as laundry, tidying up the house, ironing, and other activities. However, some couples who do not have a household assistant usually do their household chores by themselves. For some fathers in this research, doing household activity was not seen as a big issue. This activity was done to help their wives, and to support breastfeeding.

Hadian shared his experience when he did household chores to help his wife:

I prefer to accompany my wife when she breastfed. If she tired after she breastfed then I helped her all the things that she need. For example domestic tasks. I also let her to take a rest so I took over her task in domestic tasks (Hadian, January, 2018).

Priyo shared his story in helping his wife with doing domestic tasks. When his child was born, he had to wash the diapers since he was committed to not use disposable diapers. He also refused to wash by machine so he washed the diapers and babies' clothes by hand. Here is his story:

My activity before going to the office was washing my babies' clothes. Since I don't have a household assistant and my mom said that babies' clothes should be washed by hand, I washed those by hand then (Priyo, December, 2017).

On the other hand, there was one father who did not want to do household chores. He thought that kind of activity is not men's job. The main job of men is to earn money. In addition, he hired a household assistant to do that. His wife was fine if he did want to help in domestic task but he helped in others children matters which are more important.

My father said that men are not allowed to do domestic tasks. Those are not men's responsibility. Men' responsibility is to earn money. I was tired to earn money and it is a big deal if I had to do domestic tasks. I have money to pay the assistant (Maja, December, 2017).

## 4.5. Mothers' perspective of breastfeeding and the fathers' involvement

This section discusses the mothers' perspectives of the fathers' involvement in exclusive breastfeeding. As with the information on fathers, I have firstly explored how the mothers define exclusive breastfeeding, then, their reasons to exclusively breastfeed. In addition, this research independently gathered the views of the mothers in relation to the fathers' involvement in breastfeeding. Lastly, the mothers perspective on the types of fathers' involvement that they had received is described.

### 4.5.1. Mothers' view about breastfeeding

All of the mothers decided that breastfeeding would be the only one method to give nutrition to their babies. The mothers viewed breastfeeding were according to their basic understanding about benefits of breastfeeding. All the understanding are similarly the same with the fathers' understanding: health factors, religion, mental connection between mothers and children, and economic factor.

Nia stressed that breastfeeding was influenced by the economic condition of her family since her family did not have to spend money to buy formula. If she used formula milk, she would have spent a big amount of money to buy it:

One day I almost gave up but my husband encouraged me to continue breastfeeding. My husband always supported me when I wanted to give up breastfeeding. We realised that breastfeeding does not decrease our household budget (Nia, December, 2017).

### 4.5.2. Mothers' understanding of exclusive breastfeeding

Most of the mothers have a good understanding of exclusive breastfeeding based on the WHO's definition. They could describe it in more detail than the fathers.

Renae described:

Exclusive breastfeeding means babies are fed by breastmilk for a minimum of six months and a maximum of two years. Then, solid food will be given after the babies reach 6 months. When the babies are 0 – 6 months old, breastmilk is the only nutrition for them (Renae, December, 2017).

In addition, Ata referred to the Indonesia Ministry of Health to explain her understanding about exclusive breastfeeding. Here is her explanation:

Based on the Indonesia Ministry of Health, exclusive breastfeeding is when babies get only breastmilk for six months without any water or other liquids. So, the breastmilk is the only source of nutrition for babies after they are born to six months old (Ata, December, 2017).

#### 4.5.3. Mothers' experience in successfully exclusive breastfeeding

Some mothers felt their exclusive breastfeeding journey was smooth and there were no significant problems during breastfeeding, while other mothers described miserable incidents during the months of breastfeeding of their babies. This incidents included: tongue tie, weight problems, and irregular supply of breastmilk. Despite the negative incidents, the mothers were generally determined to successfully exclusively breastfeeding their babies. Themes with respect to the mother's description of their exclusive breastfeeding journey include: previous experiences; hospital and health services; wider family members; the work/employment arrangements; and finally (and most importantly), husbands. These themes, particularly those related to external supports, map onto the framework for exclusive breastfeeding presented in Chapter 2 of this thesis.

##### 4.5.3.1. Previous experiences

As described with the fathers, previous experience with older children had been an influencing factor for some of the mothers. Murni told the story of how her second son was exclusively breastfed. She described being a stay at home mother while pregnant with high intentions to breastfeed her second child. She said she was mentally and physically ready to face the second child birth and breastfeeding, and as a consequence her breastmilk began flowing during the pregnancy. That situation had been different when her first son was born since she had experienced difficulty producing breastmilk. That older son, therefore, was not exclusively breastfed.

Here is her experience:

I felt more ready in my second pregnancy since the time space between the first and the second son was quite big. I was mentally prepared for the second pregnancy and I was committed to breastfeed my second son. I heard that breastfeeding is a beautiful process. I wanted to be psychological ready to have a baby and when breastfeeding. I was much more excited in the second pregnancy than in my first one. When I was 5 months pregnant, the breastmilk was already flowing. Wow, I was so amazed. My second child and I did not have any problems

during exclusive breastfeeding and all went fine until he reached 6 months (Murni, December, 2017).

Most the mothers said that the insufficient knowledge was the primary factor for their earlier unsuccessful exclusive breastfeeding. As Murni continues to explain:

I have two sons, my first son is in year 5 and my second son is 1.5 years. I only breastfed my first son for 2 months because my breastmilk did not flow. This happened because I did not have any knowledge about breastfeeding. In addition, psychological factors influenced my breastmilk flowing. When I was pregnant at the first time, I was really scared that something would happen to my baby because several miserable cases happened in my family; my sister's baby died in the pregnancy process, my niece was born prematurely. So, I intended to delay pregnancy but God gave the baby in my tummy. During the pregnancy, I was always scared and worried. Furthermore, my delivery process was full of drama. I gave birth on 36 Weeks which was too early and my hips is so small so I had to have caesarean section. Those situation made my breastmilk difficult to flow (Murni, December, 2017).

Then, Ata told the same story:

My first child is 6 years old and my second child is 15 months. My first child only got 5 months exclusively breastfeed and my second child exclusively breastfed and it continued until she turned 1 year. When I had my first child, I felt that I did not have any knowledge about breastfeeding. When my first daughter was born, she already got formula since my breastmilk did not come out. Based on the literature, after the babies were born, they can survive without breastmilk for 3 days. In addition, my first child got jaundice so she needed to be put in an incubator. Even though the hospital is baby and mothers friendly hospital, the nurses are not breastfeeding pro so I was insisted to give formula to my babies. The nurses also said that the cause of the jaundice was that my breastmilk was not sufficient. It was a false doctrine (Ata, December, 2017).

It was then continued by Senti:

I had a bad experience in giving breastmilk for my first child since my knowledge about breastfeeding was still limited. At that time, I lived in another city with my mom while my husband worked in a different city. What a confusion! In addition, my first child was born with low-weight and the health provider suggested to give additional weight gain in order to catch up the normal weight. Ok, I agreed then.

Even though, I panicked with my daughter who only had under 2.5kg, I had motivation to breastfeed. The stressful and feeling lonely due to long distance marriage were the factor that made my breastmilk was not flowing. In addition, if my daughter cried, I panicked (Senti, December, 2017).

#### *4.5.3.2. The impact of hospitals and health providers*

A number of mothers described external support for exclusive breastfeeding from hospitals and health providers, such as nurses and lactation consultants. Gina describes:

The hospital where I gave birth was really supporting in exclusive breastfeeding and they did not recommend any food except breastmilk to be given to the babies. The nurse said fine when my breastmilk did not come yet and she explained that this the baby reached 1 week, the baby's weight would decrease 10% when he turned 1 month old. She also said to not to be worried. There were breastmilk consultants and breastmilk therapists at the hospital (Gina, December, 2017).

However, not all experiences in health services were favourable. After the delivery of Gina's infant, issues with tongue tie created weight loss and difficulty for ongoing exclusive breastfeeding, and complex and challenging interactions with health services occurred. Persevering through these challenges allowed for successful exclusive breastfeeding as Gina describes:

My son had problem on weight when he was 1 month old. I visited a breastfeeding consultant and she suggested to have an incision. My husband and I were not sure with the idea of incision then we visited our pediatrician for a second opinion and the doctor said no need to have a tongue tie incision. The doctor only suggested to express the milk and regularly gave the son. The next consultation, the doctor still saw tongue tie in my son and my son still had trouble breastfeeding. Then, I visited other hospital and this hospital has specialty on breastfeeding practice. The doctor in the hospital suggested to have incision. Finally, my son had incision and after the incision, there was no problem anymore (Gina, December, 2017).

#### *4.5.3.3. Wider Family and the Work environment*

On the whole broader family members were supportive for exclusive breastfeeding. As seen in other quotes included in this section, a number of mothers described the importance of their own mothers and other parents for supporting them during this process.

However, not all experiences with family were so supportive, as described by Nia:

The biggest challenge was from the family. Sometimes, my husband's sister suggested me to give formula to make the baby fat (Nia, December, 2017).

Similarly, the impact of working life created a mixed picture, with those who were able to have maternity leave supported to exclusively breastfeed while those who had to return to work more challenged. Cacan had a successful experience during the exclusive breastfeed period. This was facilitated by having unpaid maternity leave for six months from her office so she did not need to express milk until the baby reached 6 months. Furthermore, she did not have any problems during breastfeeding and everything went well.

She said:

My daughter is getting 13 months and Alhamdulillah she exclusively breastfed and we did not have any problems during the exclusive breastfeeding period. My breastmilk flowed when she was born. So, everything was fine (Cacan, December, 2017).

When Senti's son was born his weight was less than 2.5 kg. However, she totally believed that the problem can be solved by breastfeeding. The baby did not have any medical interventions to increase his weight and he only got breastmilk regularly. Then, after he reached 1 month old, the weight increased 1.5 kg. Senti was really satisfied with the effect of breastfeeding, and also pointed to her ability to be at home (instead of at work) as an influencing factor.

My third child was also a low-weight baby since he was born two weeks earlier from the due date. I decided to only breastfeed without any additional milk to increase the weight. However, he gained 1.5 kg when he reached 1 month. The influence factor was that I was still in maternal leave period so I can directly breastfeed my son (Senti, December, 2017).

For Ata, an important factors in supporting exclusive breastfeeding were her parents and she found her work environment more challenging. She said:

The second biggest support is from parents. Then, working environment is also important because some colleagues felt uncomfortable when there is a breastfeeding mom pumping in the cubicle. I am a multitasking person and I have



to do many tasks at the same time. I was pumping, while I was also typing. I had to do all the things because the pumping time and the deadline came at the same time. At the first time, my male colleague felt anxiety and gave negative comments when he saw me pumping. However, I did not care of his feeling because I did it for my children. Nowadays, he did not give the comment again (Ata, December, 2017).

Ata added further detail to the challenges of working and exclusively breastfeeding at the same time:

The biggest challenge when exclusive breastfeeding was to ensure that the breastmilk production kept going since I am a working mother and it is quite challenging to give exclusive breastfeeding. The solution is how to give reasonable excuses to my boss that I could not do business trips and to explain to him that my baby needed exclusive breastfeeding. I have to pose the reason why I cannot do a business trip. I also said that my husband did not give permission to travel because I was in the exclusive breastfeeding process (Ata, December, 2017).

#### 3.5.4.1. Husbands

The final support system summarised here, and the most important according to the mothers, is their husbands.

Gina shared her thought about this:

The most important thing is husband, I don't know what will happen if my husband is not besides me. Fortunately, in the early month I had maternal leave and I did not have any difficulties. A husband is part of a support system. He is number one. When we faced the most difficult part in the middle of the night, my husband helped and woke up too. Even though he was doing nothing, his presence at that time was such a big help (Gina, December, 2017).

Ata also had the same view:

The biggest support in successful exclusive breastfeeding was from partner, isn't it? I did not have an assistant to take care of my baby. There were two important my husband's involvement: deciding to breastfeed and waking up in the night. Those were really meaningful to exclusive breastfeeding success (Ata, December, 2017).

The ability for mothers and their husbands to communicate about breastfeeding was also described:

The biggest challenge facing the wife is her panics when her breastmilk is not flowing so the husbands needs much information to make their wives calm. Then, communication is important. Furthermore, both husbands and wives sharing the same vision that breastfeeding is important is another challenge (Toki, December, 2017).

The following sections describe the interview themes from the mothers relating to specific aspects of the role that their husbands play in exclusive breastfeeding.

#### 4.5.4. The types of fathers' involvement based on the mothers' response

This section focuses on the type of the fathers' involvement as described by mothers. As seen with the fathers descriptions, the type of involvement is also divided into two main themes: physical support and psychological support. All the support were intended to help the mothers during exclusive breastfeeding period.

##### 4.5.4.1. Psychological support

Mother's described the importance of the role of fathers to support their wives, even from before their baby was born, for example, in making a parental decision to breastfeed. Ata (31) shared her experience when her husband agreed that he would fully support during breastfeeding:

The involvement of fathers, from deciding to breastfeeding and waking up in the middle of the night. He wanted to support in providing breastfeeding tools such as breast pumps and storing breastmilk. He said that if I want to commit to breastfeeding, I had to find reliable information about exclusive breastfeeding (Ata, December, 2017).

Further psychological support was provided by fathers in order to protect their wives from negative comments from others. It is common in some extended families in Indonesia to interfere in their siblings' matters, such as breastfeeding decisions. The family of Nia's husband tried to force them to give formula milk and Nia here describes how important her husband was to support her wife:

When my child was a baby, she was not such a fat baby. So, my sister in law asked to give formula in order to make a fat baby -For some Indonesian people the definition of healthy babies is that they should be fat-. I said, no she did not need to be fat. It is not good to be fat. And my husband tried to defend his sister (Nia, December, 2017).

Toki (28), the young mother with 3 children shared their story about how big the support from the husband is especially facing the extended family. Her husband tried to encourage to continue breastfeeding and to suggest to ignore negative comments from the relatives. She said:

The biggest support is mental support. We are from a big family and sometime their nosy comments were uncomfortable and made me down. They said that my breastmilk was not sufficient for the baby because my baby was thin. Even though my husband does not breastfeed, he helped me to calm me down. If husbands panic, usually we become nervous, too. Besides that, my husband's mom is unlikely to support my exclusive breastfeeding planning. So, she suggested to give formula since my husband was formula fed and he has been healthy. We were debating about that and I said that I did not agree about the idea. Fortunately, my husband really supported me and he said that if I did not agree with his mom's argument I needed to tell her (Toki, December, 2017).

The husband wanted to protect the wife and the kind of support helped the wife to always breastfeed. The story from Gina has the same similarity and it is interesting. Her mom in law suggested to give *air tajin* (rice milk) to her son due to her son's weight problem. Gina could not talk more about her disagreement of giving *air tajin* to her mom in law due to avoiding a conflict but her husband was really protective of her by refusing *the air tajin* and gave a nice explanation to her husband' mother. Here is her story:

My husband always support me in anything that I want (relates to the baby). If I want this or that for my son, he will absolutely agree. He supported in relation to agree with my arguments. This happened because he thinks that I was more well-informed. I just asked for help to contact the breastmilk consultant, and gave the explanation about my son's problem to the consultant. He helped me to do what I asked to do. He also knew our son's problem. Every time, my son and I visited to hospitals he always accompanied. I also ask for support because in husband's family, they did not supported exclusive breastfeeding but they prefer not to breastfeed if it is difficult to be done. Their first grandchildren was given *Air Tajin* and when my son had problem in weight, the *Air Tajin* discourse came. I talked to my husband: "please support me to disagree to your mom's idea to use *Air Tajin*". And my husband really supported me and defended me in front of her mom. From the depth of my husband's heart he really wanted to give *Air Tajin* because of our son's weight problems and he told about it. However, in the sake of supporting me,

my husband told to his mom that he absolutely did not agree about giving *air tajin*. That was really meaningful for me and I felt that my husband fully supported me (Gina, January, 2017).

Gina also added the role of her husband in regards to psychological support:

My husband is always there to listen to my problems about anything and I always share with him about everything. He tries to give support and solutions (Gina, January, 2017).

In addition, the mental support described by the mothers as provided by the fathers allowed the mothers to face the problems during exclusive breastfeeding period and was significant to boost the energy and spirit for mothers. When the mothers wanted to give up on breastfeeding, the support from their husbands allowed them to continue.

Nanet (32), the mother of one child, share her experience during the first days after her baby was born:

The role of my husband was really important. After delivery, my breast was swollen and it was so stressful. My breastmilk did not come out for the first three days. My daughter refused to drink formula. I did not understand why she refused. Then, my husband said: positive thinking, please. He got the breastfeeding knowledge from his friends who had experience about breastfeeding. His friends also said to enjoy having the baby and to be happy then my breastmilk would come out. In addition, my husband' friend suggested to massage my breast with balm. My husband also encouraged me to finish exclusive breastfeeding (Nanet, December, 2017).

This experience also happened to Nia, when she almost gave up to breastfeeding due to tiredness. His husband's presence and his positive energy were the reasons for her to continue to breastfeed.

I think fathers' involvement is important. The form of involvement can be mmm... sometimes the tiredness influence the amount of breastmilk, his involvement was giving important support when I felt tired and bored with breastfeeding or pumping. He said: "Come on, you can do it! Your child has got breastmilk from you and it was more than enough". I was so tired because I breastfed a lot. He said that he would massage me or do something that made me feel better. That was part of his involvement. The spirit that he gave me was important (Nia, December, 2017).

The first days after a baby is born is the crucial time in the exclusive breastfeeding period particularly for those in their first experience of having a baby and breastfeeding. The role of fathers is undeniably significant to give energy and to strengthen the commitment in breastfeeding at this time. Anes (33) shared her experience where the existence of her husband was really helpful in the first days after the baby was born and also with respect to the issue with her baby that made exclusive breastfeeding even more difficult. Here is her experience:

The important support from my husband to me was more psychological. I would wake up in the middle of the night with sleepy eyes and tiredness, and I would ask my husband to do this and that. Moreover, it is very difficult the first time you have a baby because you need to learn the correct breastfeeding technique, the appropriateness of the latching on, then the injury of my breast. My husband really helped to lighten my task. The biggest support I felt that my husband gave was understanding about an option to add formula milk to Aufaa –her daughter- due to her weight problem. While I am an exclusive breastfeeding-minded mom, it was so upsetting to know that my child could not get exclusive breastfeeding. I wanted to give fully 100% exclusive breastfeeding. However, the reality was different. My husband made sure that I was not a failed mom because I could not give breastmilk. He also continued giving formula milk to Aufaa because she urgently needed additional calories to boost her weight (Anes, December, 2017).

#### 4.5.4.2. Physical support

Similarly to the varied types of physical support described by the fathers, mothers also described a range of physical support that had been provided by their husbands. These ranged across specific supports for the mothers themselves, for their infants and for the family. The physical supports mentioned by the mothers are summarized in Table 4.5.

Table 4.5. *The kind of physical support based on the mothers' answers*

Kind of Physical Support		
Support for mothers	Support for baby	Support for family
<ul style="list-style-type: none"> <li>• Buying wives' favourite food</li> <li>• Giving massage to wife</li> <li>• Cooking for wife /Providing the food</li> </ul>	<ul style="list-style-type: none"> <li>• Carrying Babies</li> <li>• Bathing babies</li> <li>• Providing expressed breastmilk to babies</li> <li>• Feeding the baby at night using bottle</li> </ul>	<ul style="list-style-type: none"> <li>• Doing household chores</li> <li>• Making decision to breastfeed</li> </ul>

<ul style="list-style-type: none"> <li>• Accompanying wife during breastfeeding</li> <li>• Accompanying wife to the health providers</li> <li>• Contacting the health providers</li> <li>• Providing breastfeeding stuff</li> <li>• Helping in pumping activities</li> <li>• Waking up in the night and keeping the wife company</li> <li>• Getting permission to express the milk in public</li> </ul>		
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There are important, and unsurprising, similarities between the fathers' and mothers' answers in relation to physical support. As described by the fathers, most wives also felt that massaging was one of the important support that they received during the exclusive breastfeeding period. If they felt exhausted, sometimes their husband intuitively massaged her but usually they had to ask first.

Here is Cacan (28) the mother of one child who felt that her husband really was involved in supporting exclusive breastfeeding. She explained:

One of the fathers' roles during the exclusive breastfeeding period is massaging their wives. Massaging had a significant influence in boosting my breastmilk production. And the activity of massaging is still done, especially after I get back from work and the traffic jam was terrible and I still have to take care of my daughter. The massaging is really meaningful (Cacan, December, 2017).

In addition, other types of physical support that were frequently mentioned by the mothers were waking up and keeping the wives company during exclusive breastfeeding period in the middle of the night. This support was also described as helpful particularly in the first days after the babies were born as the newborn babies needed much more breastfeeding and did not have regular sleeping time, a situation described as exhausting and one that can create stress. The presence of fathers during breastfeeding in the night was significant for the wives so that they did not feel alone and they felt that their husband wanted to be involved in the exclusive breastfeeding process.

Murni (37) shared her experience when her husband woke up in the night to keeping her company when she was breastfeeding. She said:

My husband woke up too when the kids were still babies. He woke up only several times but he helped me a lot (Murni, December, 2017).

Furthermore, Senti (36) described how significant the involvement of her husband was during exclusive breastfeeding for their third child. She felt that the involvement of her husband when the third child was born was really different from that of their other children. This part of involvement included waking up in the night and being next to his wife when she was breastfeeding or helping his wife in taking care of the baby:

He always helped me to wake up in the middle of the night. This happened only with our third child because when our second child was born, my husband had still not understood what he should do and there was no deep intentional reason to be involved. In addition, I tried to understand why he was tired so it was fine if he did not support me in the night. I felt that my husband was really different in taking care of our third child. My husband was fully supportive in involving with our third child (Senti, December, 2017).

Renae (31), a stay-at-home mother, shared her experience when her husband wanted to help her. She did not have a household assistant and she found that doing household chores was really exhausting. Her husband's support to tidy up the house was described as important:

My husband is a busy man. He leaves the house in the early morning and arrives late. However, he helps me to tidy up the room after arriving from office even though his help is not regular. At this time, Lisa –his daughter- was growing and had started to play so the house was messy (Renae, December, 2017).

Not all mothers described physical support. For example, Nanet shared her thoughts on her husband's involvement during the exclusive breastfeeding period. She admitted that her husband did not help her in household activity or childrearing. However, her husband supported in other things which were important for her:

The role of husband was really important. The role of my husband was also big since he supported me and was such a cheerleader. Even though, he did not understand about the baby's wellbeing, he wanted to support me as much as he can. He is actually an indifferent man. There was a funny experience; when I had to

give birth, he was busy buying cars' accessories instead of preparing for my labor. His characteristics are different from my dad who is an attentive person. My dad was really involved in helping my mom when my sisters and I were babies (Nanet, December, 2017).

On the other hand, another finding show that the mother need appropriate support during exclusive breastfeeding. Meanwhile, the communication between the couple was not smooth so the mothers, sometimes, got unexpectedly support from the husband.

Renae felt that her husband did not give the suitable support she wanted. However, the husband felt that he was already involved as much as he could. This happened due to miscommunication between the husband and the wife.

When I moved to Jakarta, I took care of my child on my own. Everything in relation to taking care of my daughter, I did by myself. My husband only helped on the weekends. He leaves the house early morning and arrives very late. That was why my baby refused to be carried by her dad. I felt really overwhelmed after the baby was 6 months old. I asked my friend who was a stay-at-home mom, too. She said that we had to share the tasks with the husband. My husband rarely took care of our baby since I was so fierce and he was afraid of me. When I joined the seminar, I knew that our husband should be given a trust to take care of the child. Actually, he really wanted to help me but he did not know how to do it since I always did not allow him to take care of our baby (Renae, December, 2017).

#### **4.6. Summary of the fathers' and mothers' view on fathers' involvement in exclusive breastfeeding**

There were various reasons described for why both the fathers and the mothers interviewed in this research supported exclusive breastfeeding. Health factors, mental development, emotional connections and economic reasons were the determinant factors described for both parents to decide to breastfeed. The understanding of the definition and meaning of exclusive breastfeeding for the fathers and the mothers was also various, and the mothers typically had a more detailed understanding than the fathers. Furthermore, both the fathers and the mothers considered that fathers' involvement in the exclusive breastfeeding process was significant to achieve successful exclusive breastfeeding. Both parents described that the more the fathers were involved, the more successful the exclusive breastfeeding.



Both the fathers and the mothers thought that the most important support provided by fathers during the exclusive breastfeeding process is psychological support. This aimed to make the mothers feel happy, relaxed, supported, and loved. Parents described that this mental support was one of the critical factors for successful exclusive breastfeeding. Physical support was also described as important during the exclusive breastfeeding period, by both mothers and fathers. Many kinds of physical support were provided by the fathers as seen in Table 4.6. There were many similarities between the descriptions of the physical supports as described by the mothers and the fathers. Differences between the perception of father’s involvement expressed by mothers and fathers are explored further in the Discussion section of this thesis.

Table 4.6. *The physical supports provided by fathers during exclusive breastfeeding*

As described by fathers	As described by mothers
<ul style="list-style-type: none"> <li>• Buying wives’ favourite food</li> <li>• Giving massage to wife</li> <li>• Cooking for wife /Providing the food</li> <li>• Accompanying wife during breastfeeding</li> <li>• Providing breastfeeding stuff</li> <li>• Helping in pumping activities</li> <li>• Waking up in the night and keeping the wife company</li> <li>• Carrying Babies</li> <li>• Cleaning the pee or poo (Changing nappy)</li> <li>• Bathing babies</li> <li>• Buying babies’ needs</li> <li>• Doing household chores</li> <li>• Spending time together at the weekend</li> <li>• Arranging administrative matters, such as birth certificate</li> </ul>	<ul style="list-style-type: none"> <li>• Buying wives’ favourite food</li> <li>• Giving massage to wife</li> <li>• Cooking for wife /Providing the food</li> <li>• Accompanying wife during breastfeeding</li> <li>• Accompanying wife to the health providers</li> <li>• Contacting the health providers</li> <li>• Providing breastfeeding stuff</li> <li>• Helping in pumping activities</li> <li>• Waking up in the night and keeping the wife company</li> <li>• Getting permission to express the milk in public</li> <li>• Carrying Babies</li> <li>• Bathing babies</li> <li>• Providing expressed breastmilk to babies</li> <li>• Feeding the baby at night using bottle</li> <li>• Doing household chores</li> <li>• Making decision to breastfeed</li> </ul>

#### 4.7. Connection to traditional values

This research found that there are new values expressed by the fathers (and mothers) in this study that imply a trend towards more involvement of fathers in exclusive breastfeeding. There is a traditional view in Indonesia that breastfeeding is only women's responsibility. However, most of the mothers and the fathers in this study felt that the fathers were involved during the exclusive breastfeeding period, and they considered that this involvement was compulsory: taking care of children was a cooperative activity.

Most of the fathers did not experience negative feedback from their family or others due to their involvement in the exclusive breastfeeding period.

Priyo shared that he never received direct negative feedback from other people, especially those who saw his involvement with his children and family. Furthermore, he admitted that his involvement with his children had actually impacted positively on his wider community:

I did not have any experience of negative feedback from my surroundings due to my involvement in household activities or on my children's wellbeing. Furthermore, I became a role model in my neighborhood because of my involvement with family. Yeah, I become a role model, hehehe (Priyo, December, 2017).

Hadian expressed the possibility the others may make negative comments, and that his involvement may be seen as unusual, but that these opinions were not more important than involvement with his family.

It was commonplace that there were different comments from other people about fathers' involvement. But, I just made sure, the one who was looked after was my daughter. I did not treat other people's children. I also took care of my daughter because her mom could not handle my daughter. For me it is ok to help my wife. If I did not take care then it will negatively impact on my daughter; it was better if I helped my wife, as long as I can. I don't care about other people's opinion (Hadian, January, 2018).

Bayu told the story of how his own father had not been involved in child rearing. His mother was therefore surprised when she found out that Bayu could take care of his children by himself. However, he also admitted that he experienced difficulties in transferring new values of family involvement from the previous generation to the next,

indicating some of the tensions between the traditional and contemporary society, and some negative perceptions from elders:

My mother was amazed that I was able to take care of my children. She compared me with my father when he did not help in any children's wellbeing when I was kid. It is difficult to transfer the values to the family. There are so many dramas. This happens especially in Asian countries where people interfere with others' choice of life (Bayu, December, 2017).

Nia shared her experience about tensions between traditional and contemporary values regarding involvement in exclusive breastfeeding in her own extended family:

My family view that a man should be involved and help his wife. Husbands and wives should help one another. On the other hand, the different view came from my husband's family which is patriarchal. They thought that men do not need to do anything, especially domestic tasks and to just let the wives do it. I always told him that as a husband and wife, we have to be cooperative. I cannot handle everything because I have limitations. So, when he needs something, I just let him do it by himself (Nia, December, 2017).

There were a number of key themes that parents discussed when considering the relationship between the current level of father involvement in exclusive breastfeeding, compared to more traditional values. These themes included: needing not to feel ashamed, being the new generation, and being involved in domestic activities over and above breastfeeding. Further detail about these themes is provided in the following sections.

#### 4.7.1. Feeling not ashamed

There were similar responses provided by the fathers about their feelings in being involved with supporting their wives. Most fathers said that they were confident about their role as an involved father, and that this confidence was important inside and outside of their home and family unit.

Hadi shared these feelings about his involvement:

I never felt ashamed to be involved since I would like my children to know what I did for them. I will give an illustration. When I helped my wife at home, only she saw me and what activities I did. If I carried my baby outside and there were a lot

of people, I did not feel ashamed. I proudly carried my baby. When, my wife needed some help and asked me, I helped her then. I was not ashamed to do what my wife asked for me (Seto, December, 2017).

Priyo also expressed similar feelings when he supported his wife, and he connected his role back to what he had seen in the previous generation:

I did not feel ashamed due to my involvement. Why should I be ashamed? I did not steal anything, so why I should I be ashamed then? I don't think that men who are involved in domestic tasks will be contemptible since I saw my father doing domestic tasks too (Priyo, December, 2017).

One mother also confirmed that her husband was not ashamed to be involved in their children's wellbeing, but she also recognized that this was not necessarily the case for more traditional families. As Senti explained:

He was not ashamed to help me to do domestic tasks. Sometimes he went to the stall near our house to buy our needs. My husband's family is very patriarchal so women had to prepare everything for husbands (Senti, December, 2017).

#### 4.7.2. Generation gap

Most of the fathers interviewed for this research thought that nowadays it is common for fathers to be actively involved in children's wellbeing. They also described that this value about involvement is different from the value believed by the older generation which perceived that men did not have compulsory duties in children's wellbeing, a woman's domain. Some fathers explained that those who usually disagreed with their involvement are from different generations.

Andy describes these different perspectives, and how fathers are now more supported:

People who have negative comment about fathers' involvement are so yesterday. Our uncles and aunts' generation might have different perspectives from us. For example, if the baby cries, somebody calls the mother not the fathers. That is old generation. If we talk nowadays, that idea is so out of date since it is a different situation and today small families are common. There are a lot of supported facilities, such as baby carriers for men, cooking equipment, etc. Since the situation has changed, so people's perspective should also have changed. Different generation, different point of view (Andy, December, 2017).

Maja also admitted that he and his older relatives had different views on fathers' involvement, and he recognized that his behavior with his children could provide a role model to others, including to those that held more traditional beliefs:

I wanted to show my older relatives that fathers' involvement is important. Through my involvement I also want to make sure they can open their eyes about the importance of fathers' involvement. Usually my aunty commented that my children were close not only to their mother but also their father also. I think the different view is about fathers' involvement (Maja, December, 2017).

Gina also shared her thoughts about the changing values in recent times, and how negative comments might be received if fathers were not involved directly in children's caring:

We did not experience the negative feedback from our environment because the values changed, such as gender equality. So, husbands have to support their wives. It will be a negative comment if fathers do not want to be involved (Gina, December, 2017).

Renae also stressed that the existence of communities such as AyahASI and Bapak Rangkul that support wives and are involved in children's wellbeing were the effect of a changing generation:

A changing generation was the factor why fathers' communities are available. The availability of those communities was significant to increase fathers' awareness and to remind fathers that child rearing should be done together (Renae, December, 2017).

#### 4.7.3. Fathers are not always breadwinner

The traditional view usually assumes that fathers are the breadwinners and mothers are responsible for the domestic tasks. The fathers involved in this research typically had a different view of the role of fathers. Andy described:

The idea of mothers only doing breastfeeding and fathers only earning money is not fully correct (Andy, December 2017).

Seto described how he had previously held the view that mothers were responsible in the domestic area, while fathers were so in outside matters such as earning money. However, his perspective had shifted after he had children, particularly following the influence of his wife:

Before I had a child, I thought that breastfeeding and parenting are women’s responsibilities. However, my wife said that parenting and anything related to the children should be done together. I made a separation between inside job and outside job. Anything that was related to outside tasks were my responsibility and vice versa. But after my child was born, it was not really like I first thought. I still did the outside job but if I have time I did the inside job, too. Now, I do everything, both outside and inside (Seto, December, 2017).

#### 4.8. Exclusive breastfeeding information

Participants in this research were also asked where and how they had acquired the information they needed about exclusive breastfeeding. This section discusses the themes in relation to information seeking, as well as the timing (antenatally or postnatally) that this information was sought. In addition, the participation of fathers and mothers in breastfeeding supporting group(s) or community is also discussed. Lastly, this section provides the views of the fathers and mothers in this research in relation to the breastfeeding support community.

Both fathers and mothers described a wide range of information sources they had sought regarding exclusive breastfeeding. These information sources are presented in Table 4.7., separated according to whether they were provided by individuals, supporting group/communities, and written sources. These source of information were utilized by fathers and mothers to increase their knowledge of exclusive breastfeeding and also their children’s wellbeing.

Table 4.7. *Kinds of breastfeeding information described by mothers and fathers*

Individual	Community	Written sources
<ul style="list-style-type: none"> <li>• Husbands</li> <li>• Wives</li> <li>• Parents</li> <li>• Friends</li> <li>• Expert explanation: doctor</li> </ul>	<ul style="list-style-type: none"> <li>• Online supporting groups</li> <li>• Training/workshop</li> <li>• Office</li> <li>• Fellow students</li> </ul>	<ul style="list-style-type: none"> <li>• Books</li> <li>• Articles in internet</li> <li>• Modul</li> </ul>

<ul style="list-style-type: none"> <li>• People' experiences</li> </ul>		
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It is interesting that some fathers did not actively seek information about breastfeeding or children's wellbeing before or after their babies were born. They also did not join in any breastfeeding supporting group or community. They depended solely on others' explanation, such as their wives or doctors if they needed any answers to questions relating to their children. Furthermore, the answer of 'wives' as one of breastfeeding information sources from fathers is mentioned six times more often than any other breastfeeding source. Fathers considered wives as the most important source in shaping their breastfeeding knowledge.

As Maja explained:

Honestly, I am too lazy to seek information. I just relied on the doctor's explanation. I much more comfortable to listen the doctor. When doctor talked about the latch on position, anything about breastfeeding, I listened carefully. I am very lazy in reading, but if somebody gave me information, I will memorise. I do not need to seek information about exclusive breastfeeding since there is no dangerous problem with my children (Maja, December, 2017).

The same explanation came from Dora:

I did not seek information; my wife shared the info with me because she joined an online group. I did not join; only my wife joined that group. I only did improvisation. If my wife complained, I had to do this. I had to support her like this and that (Dora, December, 2017).

There are various kinds of timeline for seeking breastfeeding information. Some fathers sought information before their babies were born, while other fathers searched the information after the babies were born. One father started to seek information before he got married. In addition, most mothers sought information during the pregnancy. This aims of seeking information before the babies were born is to prepare for facing breastfeeding problems. Besides that, the reason for finding the information after the babies were born is that the fathers did not know what kind of information was important to be known.

Seto said:

I was more involved when my third child was born and I sought information related to breastfeeding and children's wellbeing when my wife was pregnant (Seto, December, 2017).

On the other hand, Andy sought the information after his baby was born. He said:

I sought the information after my son was born since before born I did not know the need for my son (Andy, December, 2017).

#### 4.8.1. Online information and participation in breastfeeding support groups

The use of 'articles on the internet' as an important source of breastfeeding information is described more often among the fathers and the mothers.

However, most fathers did not discuss joining an online (or alternative) breastfeeding support groups or communities. Being busy at the office was one of the most common reasons why the fathers described that they had not joined a breastfeeding supporting community or group. Younger mothers (under 30 years old) were most likely to have joined such a community.

I don't like communities like that since I have a lot tasks at the office (Maja, December, 2017).

Dora described a different barrier to joining any breastfeeding support community: he wanted to join, but had not found anything that was appropriate for fathers:

I did not join in any online breastfeeding supporting community and only my wife actively participated in such a group. I wanted to join but the members are women so I canceled my application to join. It was embarrassing that I am the only man in the group. I do not know if there is a breastfeeding supporting community for fathers (AyahASI) (Dora, December, 2017).

However, there is one father who searched information and joined an online breastfeeding supporting group, AyahASI community, since he was married:

I followed AyahASI's Twitter as a passive member. I followed the twitter since I was married and before I had a daughter. The information from AyahASI through Twitter made me understand that If we have a child, we have to be involved (Bintang, December, 2017).



As described in previous sections in this chapter, the importance of past experiences with older children was also important with respect to receiving appropriate support for wider community members. Ata described again how she did not want the experience with her first child to happen to her second child:

For my second pregnancy, we were fully prepared. Our preparation was complete and we were ready for 'war'. If we have problems in breastfeeding, we knew what we should do. It was different with the first child when I was not really well-informed. I shared the information with my friend and told them to prepare everything because I did not want them to suffer like I did. I also joined in an online breastfeeding supporting group. The group gave me a lot of useful information (Ata, December, 2017).

Fathers also discussed the importance of a breastfeeding supporting community, especially for them to increase their understanding about breastfeeding, share and discuss problems that they might be experiencing with their children, or just as a place to meet and chat with other fathers.

Hadian shared his thoughts about the availability of a breastfeeding supporting community for fathers:

The availability of the community is important but depend on the activity itself. If the community gives information in that activity that fathers need to support their wives. However, if the community only arranges a casual meeting will be not important. (Hadian, January, 2017).

Dora also shared a similar view and provided a specific example of where an online community had been important for him:

The availability of the breastfeeding community is useful since there are many formula milk that people can easily buy. People are more likely to choose formula rather than struggling to breastfeed if there is a problem in breastfeeding, such as the breastmilk is not flowing (Dora, December, 2017).

One father felt particularly strong about the need for a breastfeeding support community, and he searched joined an online breastfeeding supporting group, AyahASI community, from the time of his marriage:

I followed AyahASI's Twitter as a passive member. I followed the twitter since I was married and before I had a daughter. The information from AyahASI through Twitter made me understand that if we have a child, we have to be involved (Bintang, December, 2017).

## 4.9. Fathers breastfeeding supporting community: AyahASI

This section provides the story of the development of the breastfeeding supporting community for fathers, known as Indonesia AyahASI. The word 'Ayah' means father while 'ASI' means breastmilk, so the meaning of AyahASI is a breastfeeding father. The history of the community, its objective, the role of its founders, and the activities of this community are described in this section. The data for this section comes from the interviews with the two founders of the community, as described in the methodology section of this thesis.

### 4.9.1. History

AyahASI joined Twitter towards the end of 2011 following meetings between the founders of the community.

Ben Hosen, one of the founders of AyahASI and also a lactation consultant, described that the founding of this community was accidental. In the beginning, several fathers were invited to a focus group discussion held by the Indonesian Association of Breastfeeding Mothers or AIMI. They discussed the importance of fathers' role in breastfeeding and one of the fathers said that he wanted to launch the book to share his experience about supporting his wife to breastfeed and the importance of fathers' involvement in this breastfeeding process. They also realised that they had shared experiences of issues with supporting breastfeeding for their wives, such as barriers from health providers, family, and society. So, they were committed to support their wives:

Actually, the community was not intentionally founded. The first time we were invited by AIMI to discuss the involvement of fathers in the breastfeeding process. I already knew some of the fathers, but the rest I did not know. From the discussion, we realised that fathers need to be involved in exclusive breastfeeding to make it successful. We felt that we had the same experience in supporting exclusive breastfeeding for our first child. We faced many challenges from the health providers, families, and also society. We thought that it was a pity our wives did not get support from their husbands. We committed to create a book contained our experiences in supporting our wives to achieve exclusive breastfeeding. The book was interesting since it was written from different perspectives (Ben Hosen, December, 2017).

They started to write a book and they thought that they needed a public figure to help their aims in promoting the book and its story. So, they asked a famous public figure in Indonesia, Max Lanin, who was also pro breastfeeding to join in the community:

In essence, from all the fathers who wrote the book, I was the last person joining the community. I was hired because I have two children who were breastfed and I can fill the section in the book of AyahASI about tandem breastfeeding (Max Lanin, December, 2017).

In addition, the activities of the community, generally, are informal meetings such as members gathering, and organized events such as the 'AyahASI run'. All the activities aim to strengthen the bond between fathers and children. So in the run event fathers were pushing children using strollers and the mothers waited at the finish line. One motto of the community is "we are not the experts, but we are willing to share".

Since all the founders of AyahASI lived in Jakarta, this was the location of the emergence of AyahASI. However, since this time other fathers who live in other cities have continued to build the community and now, there are many local AyahASI representatives in every region: such as AyahASI Jakarta, AyahASI Yogya, AyahASI Lampung, AyahASI Balikpapan, and other AyahASI communities in different cities in Indonesia.

#### 4.9.2. Twitter as a marketing media

There were eight men who were the original contributors for this book about fathers' involvement in breastfeeding. They were all from different occupations, including a human resources consultant, legal consultant, trainer, public figures, and digital media. They also had different experiences of supporting exclusive breastfeeding.

After the book had been written, the publisher said that there were already many parenting books and they asked if there was any differences between the AyahASI book and others. The publisher also emphasised that the founders were not parenting experts so the reader would have difficulty in believing them. They challenged the fathers to make the AyahASI book famous, and therefore the founders decided to use Twitter to promote the book (and AyahASI) quickly. As a result, an unexpected following was rapidly achieved and the the books were sold out in the first pre order. In a month,

the second edition for the book was printed, and the online Twitter community continues. Each founder takes a different role depending on their skills.

#### 4.9.3. The objective of the community

When they first found the community, they had a simple vision to increase the awareness that fathers' involvement in exclusive breastfeeding is important. They also promoted the value that fathers should be involved in all children's wellbeing, including breastfeeding matters, parenting, and supporting their wives. They always refer to the following: making children is done together, so is the child rearing. As Ben Hosen explained:

There is no specific guidance from the community, as long as the fathers can support exclusive breastfeeding, continued with complementary foods plus a balanced diet, and parenting, it is fine (Ben Hosen, December, 2017).

#### 4.9.4. The influence of the AyahASI

The founders of AyahASI had goals to increase the awareness of exclusive breastfeeding among fathers and to engage them in the breastfeeding process and further parenting activities. There are currently 428,000 followers (as at 23 April 2018) on Twitter and 41,800 followers on Instagram.

Max Lenin explained his perspective of how the existence of the Ayah ASI had had an impact on increasing their followers breastfeeding knowledge:

Alhamdulillah, the awareness of breastfeeding in Indonesia was growing. AyahASI influenced the people in Indonesia. Whenever I was somewhere, a young woman, a young man, or even mothers and fathers would approach me and say: "Brother, thank you for the book, I read a lot and I understood about breastfeeding". Or the comment would come from my friend. I just thought that we had an influence on others even though we unable to measure how big it was (Max Lenin, December, 2017).

# Chapter 5: Discussion

## 5.1. Introduction

Gaining better understanding about fathers' involvement during exclusive breastfeeding in Indonesia to improve exclusive breastfeeding is the primary aim of this present study. This chapter provides a discussion of the research findings presented in Chapter 3 according to the analytical framework highlighted in Chapter 2 (Figure 2.1.). Figure 5.1 presents this analytical framework with the layers of support for exclusive breastfeeding, summarizing the key themes in each layer found according to the parents interviewed in this research.

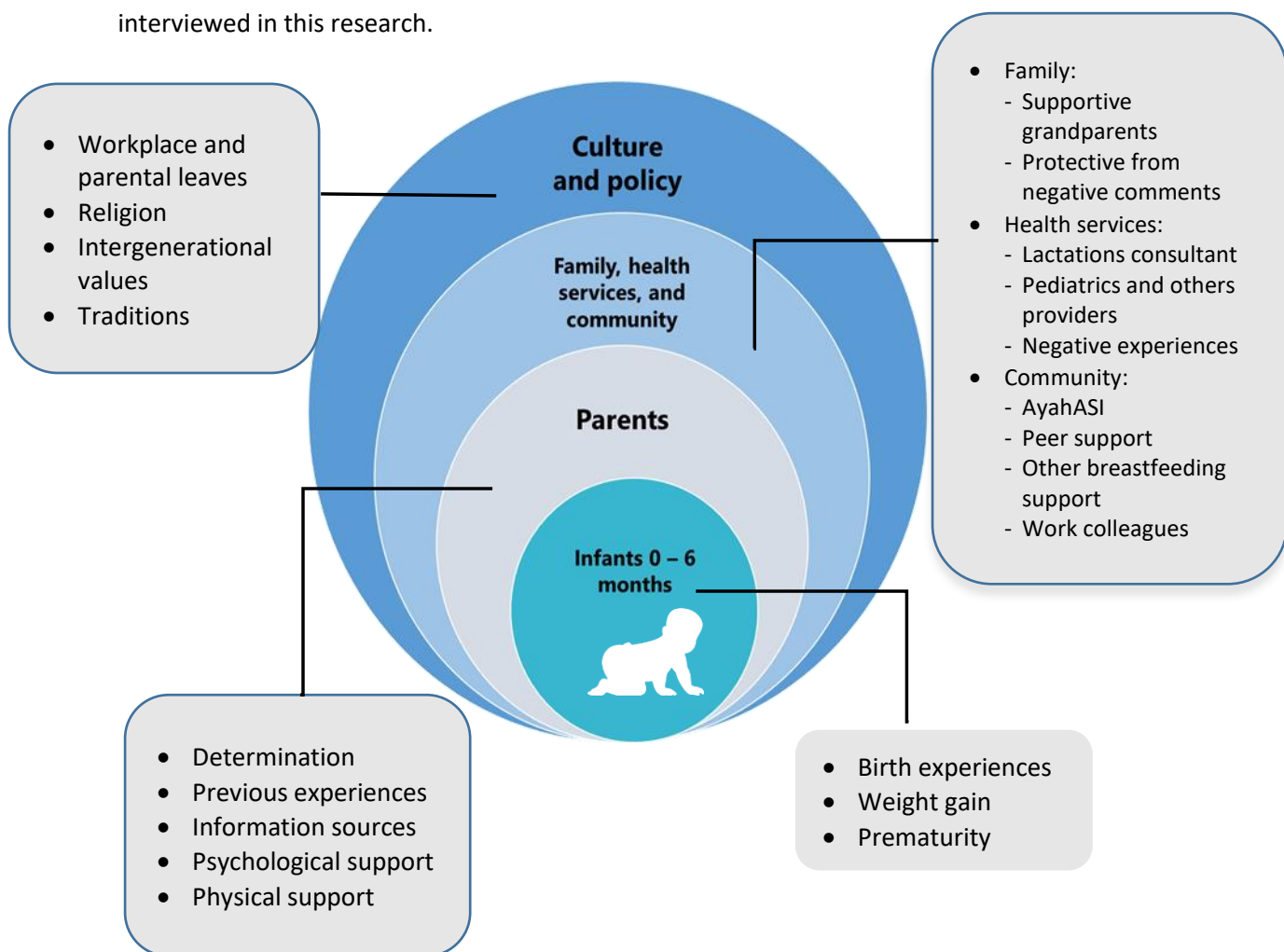


Figure 5.1. The framework of fathers' involvement during exclusive breastfeeding, with the themes found in this research

## 5.2. The centre: Child attributes

There are important child factors that can be a barrier for exclusive breastfeeding, even if both parents are fully informed and intending on breastfeeding. Many of these factors, such as particular developmental issues (including cleft palate), and other specific illness that reduce the ability for early skin-to-skin contact and early breastfeeding initiation were not present in the families involved in this study. However two of the babies in the current study were premature, and low birth weight. While low birth weight is not a specific barrier to exclusive breastfeeding (Mamemoto et al., 2013). One of these babies was exclusively breastfed (until 18 months of age) and the other one was not exclusively breastfed, but did have some breastfeeding until she reached nine months old.

The mother of the first baby was keen to breastfeed her baby without giving additional nutrition except breastmilk. She believed that breastmilk has enormous benefits for low weight birth babies, and had an earlier premature baby and not managed to exclusively breastfeed that child. However this previous experience provided her with additional information to know that even though her baby had been born low birth weight, she did not need to panic, and the solution was breastfeeding. She also got her confidence that breastfeeding is a solution for her baby from many articles on the internet and also from experts. She was also rewarded by her baby gaining 1.5 kg during one month of exclusive breastfeeding. The role of the father in this family was also a significant influence in her ability to achieve exclusive breastfeeding. He was particularly involved both in physical support, such as doing household tasks and taking care of the children, and psychological support such as massaging his wife when she was tired during exclusive breastfeeding. This aligns with previous studies which assert that breastfeeding is recommended for low weight birth babies to catch up on their weight. These studies have also found a critical role for surrounding people in supporting exclusive breastfeeding for premature and low birth weight babies (Agrasada et al., 2011; Lee et al., 2009).

The premature baby who was not exclusively breastfed had ongoing problems with her growth which affected her health. Both the mother and the father in this family were well-informed about breastfeeding and would have preferred exclusive breastfeeding. However, after consultation with a pediatrician the baby was determined to need additional high calorie milk to boost weight gain. This condition was very

difficult for the mother since she really wanted to provide exclusive breastfeeding. However, in this situation, her husband was the person who really supported and understood the need for additional nutrition to support the child's wellbeing.

An additional child factor that can influence exclusive breastfeeding is birth order, multiple deliveries, and the interval between siblings. There were no twins or triplets involved in the present study, however one mother did successfully exclusively breastfeed her second child even though the birth interval between her current child and her previous child was quite close - less than 24 months. This mother breastfed both her first and second child by tandem breastfeeding and both of them were exclusively breastfed. This finding is different from a previous Indonesian study which asserted that the opportunity to exclusively breastfeed can only be achieved if the birth interval is more than 24 months (Permatasari, 2015). Tandem breastfeeding has positive influence to both babies and mothers, however, this has not been well-understood (Bryant, 2012).

An additional child factor that can be described as reducing early skin-to-skin contact, early breastfeeding initiation and exclusive breastfeeding is delivery by caesarian section. Previous studies have asserted that caesarean sections limit mothers ability to breastfeed their babies and encourage the provision of formula milk, which leads to unsuccessful exclusive breastfeeding (Rowe-Murray & Fisher, 2002; Zhao, Zhao, Du, Binns, & Lee, 2017). However, the present study found that delivery method did not significantly influence the ability to achieve exclusive breastfeeding. Several participants in the present study who delivered by caesarean section achieved successful exclusive breastfeeding, with the positive influence of the fathers involved. Breastfeeding can be initiated even though the delivery process is by caesarean section and health providers should give clear explanation about this issue (Chaplin, Kelly, & Kildea, 2016).

### **5.3. Layer 1: Fathers' and mothers' attributes**

The characteristics of parents is the first most proximal layer to influence the success of exclusive breastfeeding. This section discusses the findings of this research in relation to the fathers' and mothers' attributes which are associated with exclusive breastfeeding.

#### **5.3.1. Fathers and mothers' sociodemographic characteristics**

All the participants in this present study had high formal education and they came from upper middle class socioeconomic status. They chose exclusive breastfeeding as an

infant feeding method. This present study contrasts with a previous study in Indonesia by Permatasari (2015), who used secondary data from the Demographic and Health Survey 2012. Her quantitative study of 6,568 samples of 45,607 mothers found a statistically negative correlation between the level of wealth status and education levels of mothers with the likelihood of practicing exclusive breastfeeding. Specifically, mothers who were from high wealth status and also had any level of education background tend to choose non-exclusive breastfeeding while mothers who were from low wealth status and had no education tend to choose otherwise. The study argued that the former lacked the importance of breastfeeding knowledge as they could afford to buy formula and also from their access to media the provided information that formula can replace breastmilk.

Furthermore, the study also found that fathers who had high levels of education were likely not to support exclusive breastfeeding while those with low educational qualifications were more likely to support their wives to give exclusive breastfeeding – as determined by the authors because they did not go to work (Permatasari, 2015). In contrast, the present qualitative study found different results. Mothers and fathers who came from middle to high economic status and had a high education level described their preference for exclusive breastfeeding for their babies. With their easy access to media, they found they could seek and find information and thus improve their understanding about the importance of exclusive breastfeeding. In addition, although the fathers in the present study are working, they still understood that mothers need to be supported in order to have smooth breastmilk production. Their work commitments did not restrict their ability to support exclusive breastfeeding.

This study also found that parental religious beliefs were an important factor to support exclusive breastfeeding. The Muslim participants believe that there is a provision in the Islamic value called *marodoh* which means to breastfeed for six months to two years. Based on this provision, they had to support their wives to achieve exclusive breastfeeding. Similar findings to this present study were found by Mithani et al. (2015) in Pakistan which also confirmed that religious values play an important role in the initiation of breastfeeding. The majority of people in both Indonesia and Pakistan are Muslim, and nine out of ten participants in the present study also identified as Muslim.



All of the participants in the current research were committed to achieving successful exclusive breastfeeding despite the occupational or labour-force status of the mothers – working or not, full or part-time. A previous mixed method study of parents, also conducted in Jakarta in Indonesia, found that fulltime housewives were more likely to achieve successful exclusive breastfeeding, while working mothers were less likely to exclusively breastfeed (Februhartanty, 2008).

### 5.3.2. Fathers' understanding and knowledge of exclusive breastfeeding

Most of the fathers in this present study had high levels of knowledge about breastfeeding. The majority of fathers in this study had attained their knowledge from searching for breastfeeding information on the internet, or books on breastfeeding, and through (for some) joining a breastfeeding support community. The good knowledge on breastfeeding that they had made them choose breastfeeding as a choice for feeding infants, or confirmed the importance of their wives decision to exclusively breastfeed.

On the other hand, not all the fathers had a good knowledge about exclusive breastfeeding, particularly the meaning of exclusive breastfeeding. There were several reasons why some fathers were less clear about exclusive breastfeeding. Firstly, they had not sought additional information in relation to exclusive breastfeeding, nor joined online breastfeeding communities, and their information came from others' explanations which were possibly incomplete. In addition, there were some differences found by age – with the eldest participants those who had less clear understanding about the definition of exclusive breastfeeding. Babies whose fathers were unclear about understanding of exclusive breastfeeding however were still exclusively breastfed. In these families, the role of the mothers who understood more about exclusive breastfeeding was essential. In these cases, the fathers fully agreed with what their wives thought about exclusive breastfeeding and were fully supportive of their decision as well as providing emotional support which then in turn influenced successful exclusive breastfeeding.

Similarly to what was found in the present study, a quantitative study of 200 fathers conducted by Jacob and Sujatha (2013) in India, showed that the majority of the fathers understand breastfeeding, including exclusive breastfeeding, with only five percent of the fathers having poor breastfeeding knowledge. This study also found that the level of breastfeeding knowledge was influenced by such as sociodemographic factors such as education and socioeconomic background. Similar associations were

found by the study of Vaaler et al. (2011) in Texas. The socioeconomic and education background of the fathers in this present study lacked variability therefore cannot be compared. However, the present study found that an initiative to search for knowledge on the part of each individual father plays an important role on the level of understanding about breastfeeding knowledge, no matter what the sociodemographic background.

### 5.3.3. Fathers' and mothers' views on breastfeeding

This study found that fathers' described breastfeeding as a natural process and a women's privilege. Other research has also described it as a privilege for a mother to breastfeed her baby (Williamson et al., 2012). Exclusive breastfeeding was encouraged by the fathers in this study for a number of reasons. The most commonly mentioned reason for fathers to support exclusive breastfeeding was for health benefits for their child. Most couples in this study felt that due to exclusive breastfeeding, their babies had rarely suffered from any diseases. They compared their children to those of their relatives whose babies were the same age and often got diseases or looked 'listless' and they believed that breastfeeding was the reason that their children were prevented from such illness. This result of the current study relates to one of the findings of a quantitative study conducted in Turkey which states that the majority of fathers believe that breastfeeding can prevent the babies from illness (Taşpınar et al., 2012). Most participants in the present study understood that breastmilk is the best nutrition for their babies and that the reason to choose to breastfeed. This result is also found in a previous study in UK (Sloan et al., 2006).

Besides the health reasons, psychological benefits such as strengthening the bond between mothers and babies was considered by the participants of the present study as an important reason for exclusive breastfeeding. For some participants, the emotional relationship between mothers and babies was described as important now for breastfeeding but also important for the future because they can create positive relationship with their children and significantly impact their children's development.

Both mothers and fathers also realised that breastfeeding has a positive economic effect on the household. They did not need to spend money buying formula milk, and can save their money or utilise it to provide a healthy diet for the mothers'. Similar economic considerations for exclusive breastfeeding have been described in study of Brown and Davies (2014) and León-Cava et al. (2002) .

The reason why the fathers in the current research favoured exclusive breastfeeding is that they had a good understanding of the benefits of breastfeeding. This reason led the fathers to be involved in supporting their wives to fulfil exclusive breastfeeding. This present study is supported by a previous study conducted in Ireland which confirms that the advantages of breastfeeding is the reason for the fathers to encourage their partner as well as to be involved to support their wives to breastfeed. The previous study also found the similarity in that strengthening the bonding between fathers and babies was the reason to be involved in the breastfeeding practice.

The support of fathers to encourage exclusive breastfeeding also played an important role on mother's views of breastfeeding. This study found that this support was significant to increase wives' confidence. Several mothers admitted that it was the first time they had decided to exclusively breastfeed their babies. However, the approval and the support from their husbands meant that the mothers felt that they can face any difficulties during the process of breastfeeding. This meant that they did not want to change to introducing formula milk if they had any breastfeeding problems, such as painful or cracked nipples and a child's stagnant weight. Decision making from husbands had an important role in the continuity of exclusive breastfeeding. Similarly, this supportive role for fathers in exclusive breastfeeding continuity has been found in a range of other countries and contexts (Littman, VanderBrug Medendorp, & Goldfarb, 1994; Mueffelmann et al., 2015; Rosane Odeh Susin & Regina Justo Giugliani, 2008; Rose et al., 2004; Sharma & Petosa, 1997; Sherriff et al., 2014).

A final point to note with respect to mother's and father's views was the importance of communication between the parents. In some families involved in the present study, fathers did not know how to support their wives, and the father's and mother's views on the best support for exclusive breastfeeding differed. For one couple involved in this research, the husband was really keen to give breastmilk to their baby, but in the early months of the exclusive breastfeeding period, he did not know how to support the mother. The mother felt that the type of support needed was different to what the father wanted to provide. The husband was involved in household chores or anything to support the wife except taking care of the baby. The mother did not fully trust her husband to take care of their baby. In addition, after she gave birth, the mother stayed at her parents' house while the husband was away working in another city. They only met on the weekend. After their baby reached almost two months, then the mother moved from her parent's house to their own house. This current study is in

line with a previous study of 203 Turkish fathers which affirmed that generally the fathers favoured to breastfeed, however, they did not always discuss their feelings with their wives. Recommendations from this Turkish study included the importance of communication between couples, and that fathers should participate in breastfeeding education and training programmes (Taşpınar et al., 2012). In the cases in the current study, both fathers and mothers were actively seeking information about breastfeeding. However, sometimes poor communication created anxiety which influenced the relationship. It is important to have good communication between fathers and mothers about how they feel towards supporting exclusive breastfeeding.

#### 5.3.4. Fathers' experience and behaviour

The findings of the present study assert that when fathers understood that their role is important to make exclusive breastfeeding successful they were more likely to be involved in supporting their wives to fulfil exclusive breastfeeding. One first-time father expressed his views that the role of fathers during exclusive breastfeeding was pivotal. Even though both the mother and father in this family were confident about their intentions for exclusive breastfeeding since they had sought much information, they felt stressed when they encountered many problems during their first time breastfeeding. In this couple, the father realised that he had a significant role to play to create better conditions to make his wife calm and ensure that everything would be all right. He had to seek information that made both of them less worried. He also helped his wife to take care of their baby when his wife could not be active due to her recovery from an operation. In this part, the husband became the guide and also the provider to support his wife to fulfil exclusive breastfeeding.

This current research is in line with a previous study conducted in Australia on 15 fathers. That study asserted that being a father for the first time required the combination of a number of key roles, such as a provider, a guide, and also a caretaker (Barclay & Lupton, 1999). The experience of accompanying the wife during the delivery process and facing the difficulty of fulfilling exclusive breastfeeding made the father in this study realise that he has to always be involved with his children's wellbeing since the mother needs support from the partner to achieve the goal of their family to make their child healthy and well developed. The support of the husband made their child to get successful exclusive breastfeeding, which continued when the interview process was conducted.

This present study shows that fathers and mothers use teamwork during exclusive breastfeeding. The fathers realised that breastfeeding is a difficult and exhausting activity yet it is very beneficial for the babies. So, they admitted that mothers' efforts during breastfeeding should be encouraged and appreciated. When the mothers were down or giving up on breastfeeding, the fathers promptly encouraged them to keep breastfeeding. The fathers realised that as a team they had to support their wives during breastfeeding. This current study is clearly the same as a previous qualitative study on 21 couples conducted in Canada in 2011. The study found that the basic role of fathers during breastfeeding was in becoming breastfeeding savvy. The initiating action from fathers of mothers' needs during breastfeeding, either through instrumental support or emotional support positively impacted on breastfeeding (Rempel & Rempel, 2011). The combination of knowledge, experiences, and willingness of fathers to be involved during breastfeeding practice contribute to successful exclusive breastfeeding.

This current study portrays that fathers' role during exclusive breastfeeding can not only be seen as physical support but also psychological support, which is the most important support during exclusive breastfeeding and which potentially contributes to exclusive breastfeeding success. However, the findings from the previous study conducted in Jakarta is not confirmatory in this current research. The role of fathers during exclusive breastfeeding in the previous study which applied mixed method mostly discussed physical support and less on emotional support. The finding of the previous study shows that only 30 percent mothers perceived their fathers as the main discussion partner for child's health issues (Februhartanty, 2008). It means that the participants of the previous study seemed less support in emotional matters.

Furthermore, the previous study mentioned that 30 percent of babies were exclusively breastfed. In addition, the involvement of fathers decreased after postnatal, for example accompanying the wives in babies' immunisation schedule because the fathers thought that postnatal care is perceived as being less important than the pregnancy period. However, the present study argues that even though the fathers could not accompany wives in postnatal visits, they were involved in other children's matters or provided support to their wives which is the most significant. So, it is not a big deal if the father was not there to accompany their wives for immunisation. This current research finding also stresses that the emotional support provided from the fathers is the most significant in supporting the wives fulfilling exclusive breastfeeding.

Another contrasting finding between the present study and the previous study in Jakarta is the status of the mothers. The current study affirms that both working mothers and full time mothers can potentially accomplish exclusive breastfeeding. On the other hand, the previous study states that the fulltime housewives is more likely to get successful exclusive breastfeeding, while working mothers were one of the characteristics not to exclusively breastfeed. This present study shows that fathers and mothers use teamwork during exclusive breastfeeding. The fathers realised that breastfeeding is a difficult and exhausting activity yet it is very beneficial for the babies. So, they admitted that mothers' efforts during breastfeeding should be encouraged and appreciated. When the mothers were down or giving up on breastfeeding, the fathers promptly encouraged them to keep breastfeeding. The fathers realised that as a team they had to support their wives during breastfeeding. These findings from the current study are the same as a previous qualitative study on 21 couples conducted in Canada in 2011. This study found that the basic role of fathers during breastfeeding was in becoming breastfeeding savvy. The initiating action from fathers of mothers' needs during breastfeeding, either through instrumental support or emotional support positively impacted on breastfeeding (Rempel & Rempel, 2011). The combination of knowledge, experiences, and willingness of fathers to be involved during breastfeeding practice contribute to successful exclusive breastfeeding.

The current study found that both parents expressed the importance of fathers' involvement in both physical support and psychological support. Typically, a wide range of physical supports were described by the parents, and both parents also described the critical nature of psychological support during exclusive breastfeeding to contribute to exclusive breastfeeding success. However, a previous study also conducted in Jakarta found that fathers were more involved in physical support, and less in emotional support. This previous Indonesian study found that only 30 percent of mothers perceived their fathers as the main emotional support, or discussion partner, for their child's health issues (Februhartanty, 2008).

An important difference between these two studies is that 30 percent of babies in the previous study were exclusively breastfed. In addition, the involvement of fathers with their families in the Februhartanty study decreased after the postnatal period. For example fathers were unlikely to accompany the wives for their babies' immunisation schedule. These fathers perceived postnatal care as less important than the pregnancy period (Februhartanty, 2008). However, the present study argues that even if the

fathers could not accompany wives in postnatal visits, they were involved in other children's matters or provided support to their wives which is the most significant. This current research also found that the emotional support provided from the fathers (over and above physical presence and supports) is the most significant for fulfilling exclusive breastfeeding.

#### 5.4. Layer 2: Community

Beyond the immediate family there is a more distal layer of influences on exclusive breastfeeding. This layer includes health providers, the broader family environment, and the wider breastfeeding supporting community.

##### 5.4.1. Health providers

The role of health providers in health care as a source of breastfeeding information is important. Despite some negative experiences described with respect to breastfeeding in the health services setting, several participants in this study felt that one of the influential factors for successful breastfeeding was health providers, either in the prenatal period or postpartum. The breastfeeding information given by health providers such as obstetricians, nurses, and pediatricians was important to shape the knowledge of both fathers and mothers as well as to encourage the mother to breastfeed. In addition, if there are some problems during breastfeeding, the health providers could help to increase the mothers' confidence which is really useful to continue breastfeeding and to lead to longer breastfeeding duration and successful exclusive breastfeeding. The importance of the health provider interface is common in other studies on breastfeeding support, as described in the literature review section of this research (e.g. Izatt, 1997; Myers, Chan, & Jacobs, 2013). Limited information regarding breastfeeding is provided to fathers in the antenatal period by health providers in Indonesia. Further, fathers are rarely the focus of antenatal care and support with the majority of decision making and emphasis on mother wellbeing and supports. This research provides an opportunity to recognise the importance of fathers for breastfeeding support, and therefore the need to focus more on information provision and support for fathers during pregnancy.

#### 5.4.2. Family environment

Findings of the current research show that families, such as grandmothers, have a significant influence on successful exclusive breastfeeding. This can be supportive - with grandmothers encouraging exclusive breastfeeding and reassuring mothers when they found difficulties during breastfeeding. Grandmothers can also enhance the mother's confidence to breastfeed and therefore influence the continuity of exclusive breastfeeding. Similar positive influences of grandmothers in exclusive breastfeeding have been found in other international research (Negin, Coffman, Vizintin, & Raynes-Greenow, 2016).

On the other hand, other participants in this research found that grandmothers and other extended family members interfered with the breastfeeding practice and suggested ideas which were against exclusive breastfeeding. Other people giving ideas to feed infants other than breastmilk has also happened in other research (Susiloretni, Hadi, Prabandari, Soenarto, & Wilopo, 2015). This situation can potentially lead to unsuccessful exclusive breastfeeding (Emmott & Mace, 2015; Liu et al., 2013). In the current research, even though these broader family members had significant influence, the babies were still exclusively breastfed. This can possibly be explained by the fact that the fathers and mothers in this family had a good understanding of breastfeeding so they could refuse any idea which was in contrast to the spirit of exclusive breastfeeding. Moreover, the fathers protected their wives from others negative comments by encouraging and supporting them to continue to breastfeed. The emotional support from the husbands to their wives was a reason to continue breastfeeding, and has also been found in other studies (Demontigny, Gervais, Larivière-Bastien, & St-Arneault, 2018).

#### 5.4.3. Breastfeeding education support

Based on the current study, the participants acquired exclusive breastfeeding information from several sources: reading related articles on the internet, books, joining an online breastfeeding supporting community, other parents, their spouse, and experts. The involvement of fathers in seeking the information has a positive impact on enhancing the breastfeeding knowledge which leads to successful exclusive breastfeeding and also the duration of breastfeeding (Bich et al., 2016; Furman, Killpack, Matthews, Davis, & O'Riordan, 2016; Wolfberg et al., 2004).



The forerunner of the online breastfeeding supporting community for fathers in Indonesia, AyahASI, was founded seven years ago to raise breastfeeding awareness. Another goal of the community is to support the importance of fathers' involvement during the breastfeeding practice. Some participants in this research had joined the community and got valuable information and support during the exclusive breastfeeding period. This finding supports the previous studies which show that online breastfeeding programmes have a positive influence on increasing breastfeeding knowledge and improving the rate and duration of exclusive breastfeeding (Abbass-Dick et al., 2017; Lau, Htun, Tam, & Klainin-Yobas, 2016).

According to the current study, the mothers were more enthusiastic to seek and join a breastfeeding community or group than the fathers. The fathers were much more passive to acquire breastfeeding information, and many fathers depended on the information and explanations from the mothers. This was also confirmed by the founders of the AyahASI community that the number of women's members has been bigger than the number of the men. However, their babies (in this current study) whose fathers had not actively sought breastfeeding information were exclusively breastfed. The current study is similar to a previous study conducted by Pisacane, Continisio, Aldinucci, D'Amora, and Continisio (2005) which found that there is no significant impact of breastfeeding classes on the initiation of breastfeeding. One possible interpretation why the current and previous research has the same result may be the significant role of mothers in encouraging their husbands to be involved during exclusive breastfeeding (Riski, 2018).

### **5.5. Layer 3: Sociocultural norms and traditions and the policy environment**

This last layer of influential factors in successful exclusive breastfeeding consists of the broader cultural norms and values and government policy in relation to breastfeeding.

#### **5.5.1. Cultural norms**

Cultural traditions influence breastfeeding practice around the world. In some cultures, breastfeeding is perceived as solely a women's responsibility, and traditional values in Indonesian society have a similar role-specific focus for women and men in domestic duties. However, this current research found that even though only women can actually breastfeed, the husband can absolutely be involved in the breastfeeding practice by helping support the mothers (and their child's) needs during breastfeeding. Their

responsibility is not limited to the breadwinner. This study is in contrast with previous studies which found that fathers roles were as breadwinners, and they are not involved in jobs perceived as women's, such as breastfeeding (Chant & Gutmann, 2002; Pontes, Osório, & Alexandrino, 2006). The different results here can be explained by the contemporary and intergenerational understandings that the fathers in this study have described in order to develop their own values with respect to family involvement. Further, the fathers had access to acquire reliable and up to date information in relation to their roles in family matters.

Furthermore, research has described that traditional values with respect to breastfeeding also involve previous generations who believe that the traditional way to feed young babies is to give other infant food, such as honey, coconut milk (*air tajin*), and banana to make the babies healthy and gain weight (Adriani & Kartika, 2013; Lestari, Margawati, & Rahfiludin, 2014). A grandmother of a participant in this current study suggested *air tajin* to be given to her grandchild in order to increase the weight. However, the mother of the baby did not agree because this food is prohibited during exclusive breastfeeding. The husband, then, told his mother to not to give *air tajin* to the baby. This present study is similar to study of Taşpınar et al. (2012) which shows that grandmothers encouraged traditional methods for infant feeding.

### 5.5.2. The government policy

The government of Indonesia has released the policy to increase exclusive breastfeeding rates and also to encourage mothers to breastfeed their babies. The policy includes the regulation of maternity leave for three months, which can be taken before or after the delivery. In addition, a special regulation to prevent mothers breastfeed in public areas, such as hospitals, airports, shopping centres, and office buildings, has been released.

Regarding the current research, most of the mothers who were fulltime and permanent workers received maternity leave for three months. One mother had six months maternity leave which consisted of three months paid and the rest unpaid leave. This made it much easier for her to achieve exclusive breastfeeding for her baby during the leave. Meanwhile, for those who got only three months maternity leave, they had to express breastmilk in the office to fulfil another three months of exclusive breastfeeding. The mothers in the current research usually expressed breastmilk in a nursery room when they were at work. Other participants found it more difficult – and needed to express their breastmilk in her cubicle or in the middle of a seminar event

using nursing cover. Even though there is government ordinance which regulates that every work place has to provide a lactation room to encourage breastfeeding mothers in fulfilling breastfeeding, not all companies in Jakarta provide that room. Based on data from ILO in 2015, only 85 out of 142 companies in Jakarta which included in the Better Work Indonesia have lactation rooms (Santosa, 2015).

Regarding paternity leave in Indonesia, based on the government regulation, the paternity leave is only given for two days. However, the participants in this current research took their annual leave to add to their paternity leave because they realised that two days of paternity leave is not enough to accompany during their wives' delivery process and be available in the postpartum period. Further, some companies only gave one days leave for male workers to accompany their wives during delivery. Both the mothers and fathers thought that paternity leave during the days of a baby's birth is significant to support mothers facing all the challenges in the first months of their babies' life.

## 5.6. Challenges and limitations of the research

There are several benefits of conducting research in the area that is familiar to me since I am Indonesia, living in Jakarta prior to coming to New Zealand to study, and I have conducted previous study about breastfeeding. One of the benefits that this provided was the ease to get the research participants. Another benefit is being native, and therefore able to conduct the interviews in my language and with appropriate cultural considerations. Furthermore, a strength of my research was that it fulfills a gap in the knowledge of approaches to improve exclusive breastfeeding in Indonesia – most importantly through understanding the typically ignored father perspective. However, even though there were no significant difficulties in gaining the participants or during interview process, I had some challenges in the methodology.

The first challenge was that when I had to ensure that the participants were couples - not only fathers but also the mothers. One of the strengths of this research was having independent information from both members of the parent couples. Sometimes, I only got a mother's or father's contact from my friend and I only contacted one of them and I asked them to tell their spouse to be involved in this study. Fortunately, all the spouses agreed to participate in the research.

Furthermore, I was able to conduct the interviews at the time and place that comfortable for the participants. Sometimes, this meant that the wife had already been interviewed earlier, but I had to wait up to two weeks to interview the husband.

This study has some limitations with respect to participant selection. For example, all of the participants were highly educated people, so the perspective is limited from the educated people. In addition, all the participants are from middle to high economic status, and living in urban Jakarta. The need to contact participants utilizing the Ayah ASI and breastfeeding events also meant that my participants were typically those who were committed and dedicated to exclusive breastfeeding their children. However, these limitations do not restrict my ability to develop qualitative findings on my research questions. Because I am interested in the support provided by fathers in exclusive breastfeeding, the how and why of this support, and the mother's perspectives. I was not attempting to develop more quantitative and generalizable findings, that compare those that breastfeed with those that do not.

In addition, the participants of this research are those who had children aged 6 months to 24 months. However several participants of this research had children who were already over 12 months or even 24 months during the interview and it was possible that were these couples did not exactly remember the events that being asked when their children were six months old. Thus the present study may have the inherent problem of recall bias.

## Chapter 6: Conclusion

The following research questions regarding fathers' involvement during exclusive breastfeeding were addressed in this thesis:

1. Why were fathers involved during exclusive breastfeeding in Indonesia?
2. How were fathers involved in exclusive breastfeeding practice?
3. How do mothers feel about fathers' involvement in exclusive breastfeeding practice?
4. Are fathers' involvement in breastfeeding in Indonesia seen as a non-traditional value and if so, how is this managed by families?
5. Can online advocacy groups for fathers support exclusive breastfeeding?

The result of this current study stresses the importance of fathers' roles during exclusive breastfeeding, and that this role can start from the pregnancy period through early infancy.

There are several influential factors in accomplishing babies to achieve exclusive breastfeeding, as determined through applying a determinants of health framework. Based on the framework, fathers' attributes are one of the most proximal levels of influence for successful exclusive breastfeeding. The fathers' perspective involves decision making regarding infant feeding methods for their babies and also supporting their wives to fulfil exclusive breastfeeding. Psychological support was found to be the most significant support to achieve exclusive breastfeeding. So, this is important for fathers to understand their wives in order to determine the most suitable psychological support.

In addition, seeking breastfeeding information is important to face breastfeeding problems, and this information is also sought during the pregnancy period as well as the early months of babies' lives. Acquisition of breastfeeding information impact understanding of exclusive breastfeeding, and in turn exclusive breastfeeding practice. The current research asserts that father and mothers have a significant role in understanding exclusive breastfeeding

Furthermore, fathers' previous and current experiences during delivery and after their babies were born influenced fathers' views about their involvement during exclusive breastfeeding. For first-time fathers, having an understanding of breastfeeding

issues theoretically only is not enough to achieve the goal of exclusive breastfeeding. This also needs a consistency of willingness to learn and to support their wives to face breastfeeding problems. The combination of knowledge, experiences, and willingness to be involved leads to successful exclusive breastfeeding.

Broader influences on exclusive breastfeeding are also influential. A well informed family, supported by an effective health service, will encourage exclusive breastfeeding. In addition, the availability of the breastfeeding supporting community is significant to provide reliable information, a network for parents, as well as support for mothers to breastfeed. However, the important role of breastfeeding decision is in the parents' hands.

The present study also found that fathers viewed breastfeeding as not only mothers' domain so they also played a key role in the breastfeeding practice. They understood that their role is not only as breadwinners and have a significant function in making breastfeeding successful. The understanding of the issue has consequences that fathers are keen to be involved in children's wellbeing and not feeling embarrassed to express their involvement about children's wellbeing in public.

## 6.1. Recommendations

The advantages of exclusive breastfeeding are well understood. Fathers' role during exclusive breastfeeding contributes to its success. It is important to note some future implications of this research in order to increase the exclusive breastfeeding rate in Indonesia.

Firstly, there is no particular paternity leave allowance within Indonesian labour regulations. This current research strongly recommends considering adequate paternity leave for the workers. The support from fathers in the first days after babies are born is crucial to continue with exclusive breastfeeding as well as facing breastfeeding problems. Extensions to maternity leave could also support those women in this study that struggled with exclusive breastfeeding following a return to work, or required annual leave or unpaid leave additions. The government of Indonesia has also released several laws to increase the rate of exclusive breastfeeding. The regulations address availability of breastfeeding support locations for working women. However, the regulation has not yet been fully implemented. This can be seen from the limited number of nursing rooms in working places and public places.

Secondly, an important influence determined in this research is the need to enhance fathers' knowledge about breastfeeding and children's wellbeing. This is significant because fathers have to have a good understanding that their role in supporting their wives during the delivery period to exclusively breastfeed is very essential. Provision of adequate and reliable information to both mothers and fathers is therefore necessary. As seen through this research and the role of AyahASI, role model fathers have been useful to provide information to others seeking to support their understanding. Further information provision could focus on fathers in the antenatal period. This is so that they can make the best decisions and choose the best methods for their future children as well as prevent facing the problems during their children's childhood. Some of the fathers in this research described themselves as role models, with the ability to challenge more traditional and cultural barriers to supporting breastfeeding in their families.

It is also possible that health and community supports in Indonesia do not recognise the important role that fathers play in exclusive breastfeeding. Therefore wider information provision, and knowledge of fathers role more broadly could support the ability of fathers to feel confident and comfortable. For example, public displays of information about fathers and breastfeeding could act as conversation starters for communities. An example of this is the use of public figures, such as the comedian Ringgo Agus Rahman, as a breastfeeding father (Figure 6.1). Such demonstrations available in public, on the internet, or in community services could support further discussion of fathers and their role in families.



*Figure 6.1.* A famous breastfeeding father in Indonesia, Ringgo Agus Rahman (taken from <http://style.tribunnews.com/2016/10/01/kocak-menyusui-hingga-mandiin-bjorka-pakai-gelas-ini-kejahilan-ringgo-agus-sebagai-ayah>).

Further research into exclusive breastfeeding in Indonesia could explore a broader scope and potentially determine whether there is any impact from policy or programme development.

Finally, it has been a real privilege to be involved in this research and to explore the lives of the participants that provided their detailed stories. When asked by others, I have always stated that my goal in my research is “to make a better Indonesia”. While this reason is grand, I hope that the findings of my research provide the opportunities to develop policy and programmes that are able to contribute to Indonesia: family by family.

*Saya percaya bahwa bangsa yang kuat berawal dari bayi dan keluarga yang sehat.*



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# Appendices

## Appendix 1

Geography Programme  
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Faculty of Arts and Social  
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Hamilton 3240  
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Angga Rahadian  
Polly Atatoa Carr

NIDEA

18 October 2017

Dear Angga,

**Re: FS2017-44 Indonesian Fathers' Involvement in exclusive Breastfeeding Practice in Jakarta and Surrounding Areas**

Thank you for submitting your revised application to the FASS Human Research Ethics Committee. We have reviewed the final electronic version of your application and the Committee is now pleased to offer formal approval for your research activities, including the following:

- interviews with the founders of AyahASI Indonesia.
- Interviews with mothers and fathers in Indonesia who have experience in breastfeeding.

If you have not done so already, we ask that you please provide Eileen Fenner, the FASS Ethics Committee Administrator, with a paper copy of your final application that has been signed by yourself and your supervisor.

We encourage you to contact the committee should issues arise during your data collection, or should you wish to add further research activities or make changes to your project as it unfolds. We wish you all the best with your research. Thank-you for engaging with the process of Ethical Review.

Regards,

Colin McLeay, Chair  
*Faculty of Arts and Social Sciences Human Research Ethics Committee.*

## Appendix 2

### Information Sheet for parents

#### Indonesian Fathers' Involvement in Exclusive Breastfeeding in Jakarta

I am a Master's student majoring in Population Studies and Demography at the University of Waikato, in New Zealand, and I am conducting this research as part of my thesis requirements. The aim of my research is to explore perceptions regarding the role of fathers in breastfeeding, and whether the involvement of fathers in breastfeeding practice can impact the success of breastfeeding. I am interested in gaining deep understanding of these issues since breastfeeding has health benefits for both mothers and babies. Furthermore, I would like to learn how an online advocacy group can support fathers to be involved in breastfeeding in Indonesia.

Because you are a recent parent you are invited to participate in my research.

#### **In depth Interviews**

Interview are the main method for collecting data in my research. Each interview will take around 45 minutes to one hour and will be conducted wherever you wish. You will be given time to share their personal experiences, ideas, and thoughts about breastfeeding. A guide of several questions will be used during interview. The interviews will be audio recorded to help with my analysis.

Participant's rights

#### **There are your rights as participant of my project**

- You do not have to participate in this research
- You can refuse to answer if you feel uncomfortable with any question being asked;
- You may fully withdraw up to one week after interview;

- You can ask me to turn off the recorder at any point;
- Any material can be removed or erased as your request, and
- You can ask for detail information if you have any question about this project at any time.

### **Confidentiality**

I will protect the confidentiality of all participants by using pseudonyms in place of real names in any reports or publications based on this research. Any specific quotes that I use that you have told me will be anonymised or used cautiously. Direct quotes will only be used to highlight the themes that I find in my research, and will not be able to be identified to you. Research documents such as audio recorded files and other printed documents will be kept securely by the researcher in a locked cabinet when not in use. A password will be used to secure the laptop or computer on which potentially identifying materials, transcripts or photos are stored electronically, and this data will only be accessible by the researcher.

This research project has been approved by the Human Research Ethics Committee of the Faculty of Arts and Social Science, University of Waikato, New Zealand. Any questions about the ethical conduct of this research may be sent to the Secretary of the Committee, email [fass-ethics@waikato.co.nz](mailto:fass-ethics@waikato.co.nz), postal address, Faculty of Arts and Social Sciences, Te Kura Kete Aronui, University of Waikato, The Whare Wananga o Waikato, Private Bag 3105, Hamilton 3240.

### **Angga Sisca Rahadian**

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Chief supervisor:

Dr. Polly Atatoa Carr

email [patatoac@waikato.ac.nz](mailto:patatoac@waikato.ac.nz)

## Appendix 3

### Information Sheet for Ayah-ASI members (to be translated)

#### Indonesian Fathers' Involvement in Exclusive Breastfeeding in Jakarta

I am a Master's student majoring in Population Studies and Demography at the University of Waikato, in New Zealand, and I am conducting this research as part of my thesis requirements. The aim of my research is to explore perceptions regarding the role of fathers in breastfeeding, and whether the involvement of fathers in breastfeeding practice can impact the success of breastfeeding. I am interested in gaining deep understanding of these issues since breastfeeding has health benefits for both mothers and babies. Furthermore, I would like to learn how an online advocacy group can support fathers to be involved in breastfeeding in Indonesia.

Because you are involved in AyahASI you are invited to participate in my research.

Note that this information sheet will be adapted for the appropriate participants.

#### In depth Interviews

Interview are the main method for collecting data in my research. Each interview will take around 45 minutes to one hour and will be conducted wherever you wish. You will be given time to share their personal experiences, ideas, and thoughts about breastfeeding. A guide of several questions will be used during interview. The interviews will be audio recorded to help with my analysis.

#### Participant's rights

There are your rights as participant of my project

- You do not have to participate in this research

- You can refuse to answer if you feel uncomfortable with any question being asked;
- You may fully withdraw up to one week after interview;
- You can ask me to turn off the recorder at any point;
- Any material can be removed or erased as your request, and
- You can ask for detail information if you have any question about this project at any time.

#### Confidentiality

I will protect the confidentiality of all participants by using pseudonyms in place of real names in any reports or publications based on this research. Research documents such as audio recorded files and other printed documents will be kept securely by the researcher in a locked cabinet when not in use. A password will be used to secure the laptop or computer on which potentially identifying materials, transcripts or photos are stored electronically, and this data will only be accessible by the researcher.

This research project has been approved by the Human Research Ethics Committee of the Faculty of Arts and Social Science, University of Waikato, New Zealand. Any questions about the ethical conduct of this research may be sent to the Secretary of the Committee, email [fass-ethics@waikato.co.nz](mailto:fass-ethics@waikato.co.nz), postal address, Faculty of Arts and Social Sciences, Te Kura Kete Aronui, University of Waikato, The Whare Wananga o Waikato, Private Bag 3105, Hamilton 3240.

Angga Sisca Rahadian

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## Appendix 4

### RESEARCH CONSENT FORM – Interviews

**Description of Project:** The aim of my research is to whether the involvement of fathers in breastfeeding practice can significantly impact the success of breastfeeding. I am interested in gaining deep understanding of issues in exclusive breastfeeding since breastfeeding has health benefits for both mothers and babies. Furthermore, I would like to learn more about perceptions of the role of fathers in breastfeeding in Indonesia.

#### I have read the information sheet and understand that

- I can refuse to answer any question(s)
- I can withdraw from the research for any reason up to one week after the completion of an interview.
- I have right to decline to be audio recorded or request to turn off the recorder at any time
- I can ask any questions or seek clarification about the research any time during my participation
- I have the right to review a copy of the transcript of my interview, and request that any information that I have provided be amended or removed from the data.

I consent to our conversation being audio-recorded

YES / NO

(Please circle)

I (your name) ..... agree to take part in this research and acknowledge receipt of a copy of this consent form and the research project information sheet.

----- (to be signed and dated by participant)

----- (to be signed and dated by Angga S. Rahadian)



## Appendix 5

### Consent form (Founder AyahASI)

#### RESEARCH CONSENT FORM – Interviews

**Description of Project:** The aim of my research is to whether the involvement of fathers in breastfeeding practice can significantly impact the success of breastfeeding. I am interested in gaining deep understanding of issues in exclusive breastfeeding since breastfeeding has health benefits for both mothers and babies. Furthermore, I would like to learn more about perceptions of the role of fathers in breastfeeding in Indonesia. I would like also to gain information from AyahASI as a forerunner community in promoting breastfeeding.

#### I have read the information sheet and understand that

- I can refuse to answer any question(s)
- I can withdraw from the research for any reason up to one week after the completion of an interview.
- I have right to decline to be audio recorded or request to turn off the recorder at any time
- I can ask any questions or seek clarification about the research any time during my participation
- I have the right to review a copy of the transcript of my interview, and request that any information that I have provided be amended or removed from the data.

I consent to our conversation being audio-recorded

YES / NO

(please circle)

I (your name) ..... agree to take part in this research and acknowledge receipt of a copy of this consent form and the research project information sheet.

----- (to be signed and dated by participant)

----- (to be signed and dated by Angga S. Rahadian)

## Appendix 6

### Semi – Structured Interview

Below are some of the topics that will guide the process of the interview. The given topics could be expanded based on how the interviewee responds to the questions and their engagement in the interview process. All of these areas will be addressed for all participants if possible.

#### Interviews with mothers and fathers

##### 1. Demographic characteristics

- Age
- Occupation
- Education
- Religion
- Duration of marriage
- Number of children
- Breastfeeding history

##### 2. Interview question areas:

No	Questions for husband	Question for mother
1	What do you think about breastfeeding?	What do you think about breastfeeding?
2	What do you think about the role of father's in breastfeeding?	What do you think about the role of father's in breastfeeding?
3	Are you involved in supporting breastfeeding, and if so, in what way?	Is your husband involved in breastfeeding, and if so, in what way?
4	What kind of activities do you think can help support breastfeeding?	What kind of support do you need and does it help you in breastfeeding? What is the important factor of successful breastfeeding based on your experience?
5	What are the biggest challenges for breastfeeding in Indonesia?	What are the biggest challenges for breastfeeding in Indonesia?

6	What are the biggest challenges for fathers being involved in breastfeeding in Indonesia?	
7	Where did you obtain your knowledge and information about breastfeeding?	Where did you obtain your knowledge and information about breastfeeding?
8.	Was the information useful to enhance your knowledge about breastfeeding? If so, in what way	Was the information useful to enhance your knowledge about breastfeeding? If so, in what way
9.	Has the existence of an advocacy group such as AyahASI helped for you?	Does the existence of a social media such as AyahASI help parents with breastfeeding?
10.	How do you think fathers being involved in supporting breastfeeding fits, or does not fit, with traditional Indonesian family roles?  Do you have any experience in discussing breastfeeding with others – including the older generation?	How do you think fathers being involved in supporting breastfeeding fits, or does not fit, with traditional Indonesian family roles?  Do you have any experience in discussing breastfeeding with others – including the older generation?

### **Interviews with AyahASI founders**

1. Can you tell me the history of this community?
2. Why did you build this community?
3. What is the main goal of this community?
4. What are the biggest challenges for breastfeeding in Indonesia?
5. What kind of activities do you think can help support breastfeeding in Indonesia?
6. Why is fathers' involvement in breastfeeding practice important in your campaign?
7. How do you think fathers being involved in supporting breastfeeding fits, or does not fit, with traditional Indonesian family roles?
8. How do you think Indonesian society can be supported to allow fathers to take up new values, such as involvement in domestic areas?