

# Paternal breastfeeding self-efficacy in South Tangerang, Indonesia: a qualitative study

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## ABSTRACT

Studies focusing on paternal confidence in supporting breastfeeding remain relatively scarce, especially in Indonesia. The purpose of this study was to explore paternal breastfeeding self-efficacy among fathers in Indonesia. This study used a qualitative approach with ten participants, including fathers and mothers with children aged 6-24 months who had experience in exclusive breastfeeding. It took place in South Tangerang City between May and July 2023. Fathers participated in focus group discussions, while mothers underwent in-depth interviews. The data analysis utilized content analysis, referring to the theme of the Self-efficacy framework. This study revealed that fathers felt less confident when dealing with issues such as the baby's low weight, breastfeeding refusal, and the mother returning to work. However, seeing the consequences of not exclusively breastfeeding and the support from health workers and the community helped them stay confident. These factors, along with a sense of pride and satisfaction, strengthened their ability to support exclusive breastfeeding. Paternal breastfeeding self-efficacy is dynamic. However, previous experience, observation of others, verbal persuasion, and positive emotions strengthen fathers' beliefs. Parents need to consult a lactation counselor when facing problems while breastfeeding. Counselors can provide assistance and motivation to remain confident and continue to exclusively breastfeed.

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## 1. INTRODUCTION

Exclusive breastfeeding is a fundamental principle in infant care that is highly valued for its invaluable benefits. Breast milk not only provides an essential source of nutrition for an infant's growth and development, but it also has a number of long-term health benefits, including protection against infectious diseases such as diarrhea and respiratory infections [1]. This recommendation is recommended by the World Health Organization (WHO) and reinforced by governmental regulations, as seen in Indonesia's Government Regulation No. 33 of 2012 [2]. The significance of exclusive breastfeeding extends beyond nutritional aspects, encompassing positive impacts on an infant's cognitive and motor development [3], [4]. Furthermore, breastfeeding affects a mother's well-being, including reducing the risk of post-partum depression [5].

In 2021, the coverage of exclusive breastfeeding in Indonesia reached 56.9% [6]. In the province of Banten, exclusive breastfeeding coverage stood at 56.1%, while in the city of South Tangerang, it reached

approximately 54.8% [7]. These data indicate that exclusive breastfeeding coverage has not yet met the national targets set for accelerating the reduction of stunting, which is 80% by 2024 [8].

In today's world, fathers are well recognized as vital contributors to the success of exclusive breastfeeding, forming a triad team involving mothers, fathers, and babies [9]. However, fathers often feel unprepared and lacking in confidence (self-efficacy) to assist their partners in breastfeeding, leading to limited support. They may also struggle when their partners face breastfeeding challenges [10], [11]. A father's self-efficacy in supporting breastfeeding is referred to as paternal breastfeeding self-efficacy. Paternal breastfeeding self-efficacy can predict the practice of exclusive breastfeeding [12].

According to the Breastfeeding Self-efficacy framework, an individual's self-efficacy is influenced by four antecedent factors: mastery experiences, vicarious experience, verbal persuasion, and physiological and emotional states. Factors influencing paternal breastfeeding self-efficacy, like those influencing maternal breastfeeding self-efficacy, are thought to stem from four primary sources of information: i) mastery experience (e.g., previous successful experiences in supporting their partner and child with breastfeeding), ii) vicarious experiences (e.g., witnessing other men supporting their partners in breastfeeding), and iii) verbal persuasion (e.g., positive feedback and motivation from their partner, healthcare providers, and others) and iv) physiological responses (for example, feelings of satisfaction and competence versus stress, anxiety, and helplessness while assisting their partner with breastfeeding) [12]. Qualitative studies on fathers in Thailand delineate four sources of paternal self-efficacy, including fathers' experiences in supporting breastfeeding mothers, observations of friends, information from social media and family, verbal persuasion, and feelings of fatigue at the outset of breastfeeding, as well as feelings of happiness when the baby receives breast milk [13]. Characteristic factors such as a father's age [12], [14], the number of children [14], occupation, income [15], and participation in antenatal care (ANC) [16] are related to paternal breastfeeding self-efficacy. Research on paternal breastfeeding remains relatively scarce, and there is currently no published research on the determinants of paternal breastfeeding self-efficacy in Indonesia. This study aims to explore the sources of paternal self-efficacy in supporting exclusive breastfeeding in Indonesia.

## 2. METHOD

This study is first stage of a larger study that constitutes the first author's dissertation. This study used a qualitative method with a phenomenological approach. It involved five fathers as the main sources of information, and five wives as supporting informants. These informants were carefully selected purposively based on inclusion criteria: they had children aged 6-24 months and were exclusively breastfed. The research took place in May-July 2023 in South Tangerang City. Data from fathers were collected through focus group discussions (FGD), while data from five wives were gathered through in-depth interviews. The common number of participants in the FGD is four to eight. For this study, five participants are considered ideal because they have substantial experience with the topic of discussion, enabling them to freely share their experiences in depth [17].

The FGD and in-depth interviews were led by the researcher, following a predefined guide. Here are some question guidelines given to the fathers: i) How would you describe your self-confidence in supporting your wife in exclusively breastfeeding the baby? ii) When did this confidence emerge? iii) What did you do to support your wife in exclusively breastfeeding the baby? iv) What difficulties/challenges did you experience in supporting exclusive breastfeeding? v) How did you obtain information about supporting exclusive breastfeeding? Probing: Mention the sources (what, where, from where, who, when) vi) How did you feel when supporting exclusive breastfeeding?

All data collection activities were documented and recorded. During the data collection process, we took field notes. Field notes helped us to complement and better understand what participants conveyed. The field notes and records were developed into transcripts. The transcripts served as the basis for conducting data analysis. Subsequently, we reduced the data by selecting important information, identifying patterns and categories. We used content analysis which referred to the Self-efficacy theory, which includes factors like self-efficacy, mastery experiences, vicarious experience, and physiological responses. We made a matrix to help us find the main research findings. To validate the data, we used source and method triangulation. Source triangulation aimed to validate data from the father through the wife's views, while method triangulation was conducted by applying different methods, namely FGD and in-depth interview. Next, we concluded and presented our findings in a narrative format.

This study was ethically reviewed at the Faculty of Public Health, University of Indonesia, under reference number Ket-150/UN2.F10.D11/PPM.00.02/2023. The researcher provided informed consent before asking the informant's willingness. Following that, all informants gave their consent.

### 3. RESULTS AND DISCUSSION

#### 3.1. Results

Fathers were between the ages of 30 and 40, with a mean age of 35.2, work in the private sector, and have graduated from college. The wives of the informants ranged in age from 30 to 35 years old, with a mean of 33, had graduated from university, were mostly employed, and the others were housewives. Every couple has more than one child.

##### 3.1.1. Paternal breastfeeding self-efficacy

When wives were pregnant, fathers already had the self-efficacy to support exclusive breastfeeding. Furthermore, fathers' self-efficacy has even emerged after successfully achieving exclusive breastfeeding with their first child, especially if this is not their first child. They have made a firm commitment to their wives to provide the best nutrition possible for their children. Here's a quote from their statement:

*"Since the baby has not yet been born, I have made a commitment with my wife to exclusively breastfeed the baby for 6 months and even continue breastfeeding for up to two years, so I have no hesitation in supporting exclusive breastfeeding."* (Informant A1)

*"Confidence has been there since successfully breastfeeding the first child."* (Informant A3)

Some informants reported a decrease in self-efficacy when confronted with issues such as: the baby was reluctant to breastfeed, the baby was underweight, and the wife had to return to work after the maternity leave period ended. However, these doubts can be controlled due to support from family and health workers, as stated:

*"I was a little hesitant when my wife started working again, I was a little worried that her (baby's) milk was not fulfilled."* (Informant A3)

*"The doubt arose when the child's weight was less or not according to the health chart, but the doubt turns into motivation for me, because there is support from family and pediatricians."* (Informant A5)

*"I was unsure when the baby didn't want to be breastfed."* (Informant A3)

##### 3.1.2. Mastery experience

The experiences of fathers in supporting exclusive breastfeeding are not always good. All of the fathers had tried, but one had failed to exclusively breastfeed his previous child because the milk did not come out. Most of the fathers stated that the first child's experience was more difficult and confusing. There were even two informants (A1 and A5) whose wives experienced baby blues during the birth of their first child. They felt that their previous child's experience taught them a lesson and made it easier to support exclusive breastfeeding for their next child. Here are some statements from informants:

*"The first child's experience was still a lot of obstacles. We were confused to give good breastfeeding to the child. Even during the first child, my wife had the baby blues."* (Informant A5)

*"Our first child was not exclusively breastfed, because there were obstacles, especially from my wife. At that time the milk did not come out."* (Informant A4)

*"For the third child, because we have experience from the first and second child, so it is easier."* (Informant A2)

Based on triangulation with the wives, it was found that exclusive breastfeeding efforts for the second or third child became easier because they had learnt from the experience of the first child, as quoted below:

*"Alhamdulillah, it's easier, because my support system and I have also learnt from the experience of the first child."* (Informant I1)

Almost all fathers had experience physically and emotionally supporting breastfeeding mothers, such as providing nutritious food, ensuring mothers are comfortable while breastfeeding, helping with baby

care, paying attention to the wife, assisting the wife with tasks at home, and maintaining the wife's mood. An excerpt from their statement follows:

*"I fulfill whatever is needed for breast milk production, for example, nutritious food, then I help my wife with her work at home so that she is not bothered."* (Informant A3)

*"I pay attention to my wife, help her at home as much as possible so that she doesn't get tired, help look after the children, and keep her mood, and make her comfortable for breastfeeding."* (Informant A4)

The fathers' statements were consistent with the information obtained from the wives, i.e. most of the fathers had experienced supporting exclusive breastfeeding by helping their wives at home, helping to care for the child, creating a comfortable situation for breastfeeding, paying attention to their mental health and fulfilling their wives' nutritional needs.

*"My husband's role in supporting our child's exclusive breastfeeding was to create a safe and comfortable situation for me to breastfeed. In addition to nutritional intake for me, of course my husband also helped with some of the house chores that I have not had time to do, my husband always tried to maintain my mood when it started to look bad."* (Informant I2)

*"He accompanied me during breastfeeding consultations with the doctor, prepared food for me, wanted to help take care of the baby, so I could rest."* (Informant I1)

### 3.1.3. Vicarious experience

All informants had never observed other fathers serve as role models for exclusive breastfeeding. They also never saw fathers support exclusive breastfeeding in videos. Since they were single, most fathers have been aware of the importance of exclusive breastfeeding. Only one father (Informant A3) stated that he saw the experience of his sister-in-law, who did not breastfeed her baby, leaving her child vulnerable to disease. His statement is as follows:

*"Actually, we already knew about exclusive breastfeeding, since before we got married, we both knew about it."* (Informant A2)

*"....it was general information, since college, I had received information on the benefits and urgency of exclusive breastfeeding, so it was like I already had an idea that later when I had a family, my child must be exclusively breastfed."* (Informant A1)

*"I saw my sister-in-law's experience, that her child was not breastfed, and the child became easily sick, her body was weak."* (Informant A3)

### 3.1.4. Verbal persuasion

The majority of fathers received encouragement, information, and advice on exclusive breastfeeding from their parents and in-laws, particularly their mothers. In addition, health workers such as obstetricians, pediatricians, and midwives provided them with more detailed information about exclusive breastfeeding. When the wife gave birth, the obstetrician gave her advice. The pediatrician also explained when the wife gave birth, but the pediatrician was also a source of information for informants and their spouses about their children's growth and development. Meanwhile, when the informant and his wife visited the lactation clinic, the midwife provided information. The following are excerpts from their statements:

*"For me, it was from my mother, parents and in-laws, giving advice on what intake to give to the baby."* (Informant A4)

*"I got information about breastfeeding from my parents and in-laws, but I also received information from the pediatrician when my wife gave birth at the hospital."* (Informant A5)

*"Especially my mother, she supported exclusive breastfeeding."* (Informant A3)

*"It came from a health worker right after my child was born. 'Don't forget about exclusive breastfeeding,' said the obstetrician, and then the midwife in the lactation clinic."* (Informant A2)

### 3.1.5. Physiologic responses

All fathers expressed happiness, satisfaction, pride, and the ability to fulfill their roles as husbands and fathers when they supported exclusive breastfeeding. These feelings persisted until the exclusive breastfeeding period ended. Feelings of happiness, satisfaction, and pride were present during the middle of breastfeeding, such as when they saw their wives happy and enthusiastic about breastfeeding, their children actively nursing, and when they felt it helped save family expenses. On the last day of exclusive breastfeeding, these feelings were also present. The success of exclusive breastfeeding was regarded as a family achievement. Fathers felt they had done their part to ensure their children's right to exclusive breastfeeding. The following are quotes from the informants:

*"I always felt happy seeing our children actively nursing, especially until the last day, 'Wow, it was already the last day,' it felt like an achievement, so I was very happy to have been able to support it."* (Informant A2)

*"I felt like I was fulfilling my role and responsibility as a husband and father to provide for the rights of my baby and my wife."* (Informant A4)

*"It wasn't just pride, but also joy. I was proud that our child could breastfeed exclusively for up to two years, and I was happy because our shopping money was safe, it was more economical, and it was cheaper than having to buy formula milk."* (Informant A5)

### 3.2. Discussion

The aim of this study was to explore the sources of paternal self-efficacy in supporting exclusive breastfeeding. To our knowledge, this research represents the first qualitative study conducted in Indonesia to investigate the sources of paternal breastfeeding self-efficacy. The self-efficacy of fathers in breastfeeding emerged in this study since successfully providing exclusive breastfeeding to the first child and during the pregnancy of the second child. Fathers play an important role in their children's lives, which often begins during pregnancy and includes decisions about infant feeding [18]. This confidence is an asset for fathers to strive for exclusive breastfeeding for six months. Previous research has found that fathers who lack self-confidence and feel incapable will be unable to support their wives' exclusive breastfeeding [10]. In this study, the father was confident enough to assist his wife with breastfeeding. Furthermore, both fathers and mothers were adamant about breastfeeding. Fathers' high commitment indicates that they believe breastfeeding is a shared responsibility as parents, not just the mothers. In line with another study among fathers in West Java, Indonesia, fathers felt responsibility for family function, thus providing support in breastfeeding [19].

Some participants experienced a temporary decrease in self-efficacy. A previous study in Thailand found that fathers' self-efficacy in breastfeeding was dynamic. In the early post-partum period, self-efficacy may decrease because parents are still experiencing barriers [13]. The pressure of fatherhood, lack of information, and specific resources for fathers can diminish their self-efficacy [20]. However, the self-efficacy bounces back and continues to increase as the child grows [13]. When mothers perceive that spouses have similar preferences for exclusive breastfeeding, mothers tend to breastfeed for longer periods of time [21], [22].

Both positive and negative experiences greatly influence a person's confidence in breastfeeding [23]. Fathers who have successfully supported exclusive breastfeeding before, find it easier to do so again. Their realization that their assistance leads to a positive breastfeeding experience for the mother motivates them to become better fathers [24]. Their experiences of supporting breastfeeding mothers included physical and emotional support. Thus, fathers have played the role of breastfeeding fathers as recommended by previous studies, which among others state that fathers can provide physical support such as doing household chores, caring for the baby, and providing nutritional intake, as well as emotional support in the form of giving attention, ensuring the mental health of the mother [19], [25]. A new finding from this study was that fathers who had experienced failure in exclusive breastfeeding used the experience as a lesson. They improved their behavior with the next child until they succeeded in exclusive breastfeeding. The negative experiences and obstacles felt by them during the experience with their first child made them learn to deal with these problems so that they could be better at parenting, especially exclusive breastfeeding. This contrasts with findings from another study in Indonesia, where individuals who were unsuccessful in exclusively breastfeeding their previous child tended to harbor negative memories, consequently exhibiting diminished self-efficacy towards breastfeeding [23].

Meanwhile, fathers didn't have role models to support exclusive breastfeeding. A potential reason is that when they were children, their fathers were less involved in childcare [26]. The low involvement of

fathers in parenting is influenced by patriarchal, and a multifaceted network encompassing sociocultural differences, family dynamics, and gender roles [27]. In addition, the father's working hours limit his involvement in parenting [28]. However, in this study, fathers relied more on their own knowledge and vicarious experience. The negative experience of the participant whose niece was not exclusively breastfed motivated him not to do the same. The results of this study provide new findings that negative experiences do not necessarily decrease self-efficacy, but can increase confidence about the importance of breastfeeding infants. The previous study showed that thinking about other people's experiences can help us learn from failure without having to go through it ourselves. Those lessons and reflections can make people stronger as they move forward in life [29].

Fathers in this study were encouraged by their mothers and health workers (obstetricians, pediatricians, and midwives). This is in line with a study in Thailand that fathers learned and received advice about exclusive breastfeeding from their mothers and mothers-in-law [13]. Another study showed that breastfeeding self-efficacy was higher in those who receive encouragement from family, particularly mothers [23]. According to a scoping review, fathers frequently seek breastfeeding information from health workers [10]. They require additional detailed guidance regarding breastfeeding, including how to solve problems, proper positioning and latching techniques, and strategies to support their partners during breastfeeding [11]. Talking with health professionals may boost fathers' confidence in exclusive breastfeeding [10]. Breastfeeding education should begin during prenatal care and continue through the lactation period. In this study, all of the fathers have a high level of education. Fathers who are more educated might have a greater capability to comprehend breastfeeding information, which could increase their confidence in providing breastfeeding support [12].

All fathers felt happy, proud, and satisfied that they had fulfilled their parental responsibilities by supporting breastfeeding. The study in Thailand found that fathers were pleased when their children could receive exclusive breastfeeding [13]. Another study in Ethiopia found that fathers also felt happy when the baby was born, and when the mother and baby were in good health. That positive feeling encouraged fathers to support their spouses [30].

It is important to note that this study only included fathers whose children were exclusively breastfed. Furthermore, the participants in this study were well-educated and lived in urban areas. The results could differ in a larger sample of fathers with a broader range of educational backgrounds. Another source of concern was the child's age, which ranged from 6 to 24 months, and how they recall their beliefs during the exclusive breastfeeding period. This has the potential to cause recall bias. Future research should include participants with more diverse characteristics, such as education level, economy, place of residence, and children under 6 months of age.

#### 4. CONCLUSION

The return of the mother to work and observing a baby who refuses to breastfeed can lead to a decrease in paternal breastfeeding self-efficacy. However, experiences of failing at exclusive breastfeeding, whether personal or observed in others, do not always have a negative impact on fathers; instead, they can become a source of greater self-confidence. Commitment to their partner and encouragement from family and health workers strengthen them, enabling them to continue supporting exclusive breastfeeding for their babies. Health professionals must encourage parents about the importance of exclusive breastfeeding from pregnancy through the lactation period so that self-efficacy can be nurtured as early as possible and maintained effectively.

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