Fathers' Influence on Women's Reproductive Role of Exclusive Breastfeeding

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Abstract

Early and exclusive breastfeeding (EBF) increases gender equality by providing the best and equal start for all children, boys and girls alike, irrespective of levels of family income (Black *et al.* 2008). Despite the numerous benefits of EBF, many countries did not yet develop sound breastfeeding practices beyond identifying barriers for its low rate of practice. This study, conducted in Menagesha *Woreda*, attempted to examine factors that affected fathers' involvement in EBF and its impact on women's reproductive right and productive work. The Woreda serves as a place for many flower farms, where most rural women get job opportunity. The study is a qualitative one based on in-depth interview, focus group discussion (FGD) and key informant interview. A total of 30 key informants and 2 FGD participants were involved in the in-depth interviews and discussions. Key informants from the health sector and flower farms were also part of the data source. Findings showed that there was very low understanding of the concept and application of EBF among mother and father informants. However, the study identified that there was a positive impact on duration of breastfeeding when fathers showed emotional and financial support. Though the need for fathers' support was recognized by study participants, the existence of traditional gender division of labour (men seen only as guardians or providers of the family), and lack of attention towards men's role in EBF by health centers negatively impacted men to be change agents. In addition, lack of EBF friendly facility in work place, lack of legal protection and job security were also found as barriers to working women from enjoying their reproductive right of EBF, parallel to maintaining their productive work. These results suggest that men focused intervention by health centers and media, and also women's reproductive right based adjustment in work areas may help to change the existing low rate of EBF practice and allow women to enjoy their reproductive right parallel to their productive work.

Keywords: Exclusive breastfeeding, fathers' support, parental support, women and breastfeeding

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1. Introduction

Human milk is species-specific, and all substitute-feeding preparations differ markedly from it, making human milk uniquely superior for infant feeding. Breastfeeding is an important practice for both the health of the infants and for influencing fertility. It is ideally suited to the needs of the human infant (Academy of Nutrition and Dietetics, http://www.eatright.org). In societies where little contraception is practiced, breast-feeding plays a major role in reducing fertility (WHO 2008; CDC 2010). Breastfeeding improves infants' chance of survival for two reasons. First, breastmilk has unique nutritive and anti-infective properties. Second, it contributes to birth spacing, which, in turn, promotes survival.

Breastfeeding also has different important health benefits for mothers such as decreased bleeding following birth, decreased menstrual blood loss and increased child-spacing, earlier return to pre-pregnancy weight, decreased risk of breast and ovarian cancer, and possibly decreased risk of hip fractures and osteoporosis (Aubel *et al.* 2004).

Exclusive breastfeeding is defined as an infant's consumption of human milk with no supplementation of any type (no water, no juice, no non-human milk, and no other foods) except for vitamins, minerals, and medications (WHO 2008). The World Health Organization (WHO) declared that exclusive breastfeeding should be made for the first six months of an infant's life (WHO 2001). Various countries and organizations also recommend exclusive breastfeeding for the first six months (UNICEF 2015; USBC 2010; NHMRC 2003). However, exclusive breastfeeding for the first six months is not a common practice in developing countries and its rate is still low (Cai *et al.* 2012).

WHO (2001) points out that breastfeeding is beyond feeding breast milk to a baby in that it belongs to a woman's body, a woman who performs differently in different cultures. Therefore, breastfeeding is something linked with family environment, personal history and personal need, to a certain extent. It is a reflection of social and cultural influence. Breastfeeding is also a feminist issue for it necessitates a decision that affects a woman's body and health, her child's health, her career, and more.

If women have a right to breastfeed their babies, then any difficulty or barrier to breastfeeding constitutes a violation of this right.

The ability to breastfeed and continue the practice requires dedication, commitment, persistence and support. Mothers often need to overcome many obstacles to successfully breastfeed their babies and maintain their balance of home, family and work commitments. Evidence suggests that the involvement of fathers brings positive change in the experience of exclusive breastfeeding (Manar *et al.* 2016). However, sharing the experience of childbirth and support of mothers and fathers in the subsequent infant feeding practices is one of the big challenges towards maintaining the goal of gender equality (Seidu 2013).

Social support has been found to have positive effects on mothers' relationships with their babies and on breast-feeding rates. An extensive study by Britton *et al*. (2007) from 14 countries showed that all forms of support increased the duration of breastfeeding up to the first 6 months. The finding of Hodnett *et al.* (2000) indicated that women who received continuous support during birth were more likely to be breastfeeding for one to two months after child delivery when compared with women who experienced standard care. Similarly, the study of Hoddinott *et al.* (2000) also revealed that women with slight emotional support were less likely to be breastfeeding for up to three months. Swanson and Power (2005) showed that the practice and attitude of women's breastfeeding was greatly influenced by people in their social networks, including the baby's father, the grandmothers, close friends, and health care professionals.

One of the main factors that influence the position of a woman and her breastfeeding practices is the attitude of the woman's partner to breastfeeding (Dennis 2002). According to Scott *et al.* (2004), there is a positive relationship between a woman's infant feeding attitude and that of her partner. The provision of any kind of support for mothers increases the duration of breastfeeding (Sikorski *et al.* 2004). Similarly, a provision of accurate information, role models, support and encouragement for low-income women helps to increase breast-feeding duration (Schafer *et al.* 1998). According to Milligan *et al.* (2000), low-income women often have

decreased confidence and have few breast-feeding role models, which pushes them to low levels of initiating breastfeeding and shorter duration of breastfeeding,

Fathers can influence breastfeeding both positively and negatively (Scott *et al.* 2004). The study of Grassley and Eschiti (2007) and Aubel *et al.* (2004) also showed that fathers and grandmothers influenced mothers' feeding decisions and the continuation of breastfeeding. If the mother feels that the father's attitude towards breastfeeding is positive and supportive, there is a greater probability that she will continue breastfeeding (Ekstrom *et al.* 2003; Williams 2005). Mothers' decision of discontinuing breastfeeding is related to maternal perception of negative attitude from their partner (Williams 2005). According to Scott *et al.* (2004), the probability of breastfeeding immediately after giving birth, was greater among women who perceived that their partner wanted them to breastfeed compared to women who thought their partner wanted bottle feeding or was indifferent regarding their baby's feeding method. The study concluded that, women whose partner preferred breastfeeding were more likely to continue exclusive breastfeeding till six months. The study of Wolfberg *et al.* (2004) and Sharps *et al.* (2003) also showed that daily involvement of the father in breastfeeding enhanced the health and safety of the mother and child and was not replaceable by any professional help. In any income settings, a father's positive beliefs and knowledge about breastfeeding are associated with increased maternal intentions to breastfeed as well as successful breastfeeding initiation and increased breastfeeding duration (Eshbaugh 2008; Persad *et al.* 2008; Shanok 2007). According to Shanok (2007), increased knowledge and positive beliefs may translate to emotional and tangible support when a father is aware of the positive benefits of breastfeeding and also accepts his newborn child as a part of his self-identity.

Experts pointed out that unless the father played a supportive role, the mother might not have the psychological and nutritional balance to breastfeed exclusively for, at least, six months (Avery 2011; Pontes 2009). A study in Uganda suggested that mothers had greater knowledge of best possible child feeding practices than fathers and grandmothers, but fathers had greater influence over decision-making, which limited mothers' power

to adopt improved practices (Aubel *et al.* 2004). Though worldwide Infant and Young Child Feeding (IYCF) promotion efforts have mostly targeted mothers, and, to a lesser extent, grandmothers, father-blind approach in IYCF behaviour change interventions may negatively affect effectiveness of breastfeeding (Abera *et al.* 2017). Even though the most positive experience for fathers was the sense of understanding and developing strong feeling towards their infants and taking care of them (De Montigny and Lacharite 2004), for some fathers, supporting breastfeeding was difficult because they did not know what kind of support was needed from them. Studies suggest that many fathers traditionally give little thought to infant and young child feeding practices, and their preferences are often determined by cultural norms (e.g., "it's the mother's responsibility"). Thus, the needs and doubts of fathers should be taken into account to get the needed support and make decisions as a couple (Giugliani *et al.* 1994). Fathers need to be better prepared for their role of supporting breastfeeding and that they should be given sufficient information about reproductive health to enable them make an informed choice (Pollock *et al.* 2002).

In Ethiopia, women who achieve the WHO recommendations for breastfeeding are in the minority. A research conducted in Ethiopia pointed out that although mothers generally possessed greater knowledge of positive infant and young child feeding practices when compared to fathers, husbands acted as "resource managers" and "information providers," thus limiting mothers' ability to implement positive practices (Alive and Thrive 2014). Mothers, fathers, and grandmothers all displayed limited awareness of the contribution of adequate nutrition to growth and physical and intellectual development (Tesfaye *et al.* 2012). Accordingly, the role fathers played to maintain exclusive breastfeeding was very low. A study in Amhara, Oromia, SNNPR and Tigray regions also confirmed that while men did have a general awareness of the importance of breastfeeding, few appeared to have a deeper and specific understanding of the importance of breastfeeding on their infants' development and mother's health (USAID 2014).

Considering the fact that there is a big gap in understanding the importance of exclusive breastfeeding, the Ethiopian government developed the IYCF

guideline in 2004 (Tesfaye *et al.* 2012). This enabled the introduction of focuses and dissemination of key messages of exclusive breastfeeding to be given both at health institution and community level (Tesfaye *et al.* 2012). However, the guideline did not give due attention on the level of fathers' involvement towards appropriate child feeding. Therefore, the aim of this study was to identify parental understanding and fathers' influence and role on EBF in Menagesha *wereda*. The paper attempts to identify what women and men perceive as essential paternal support to facilitate successful EBF and show how men's understanding towards EBF influences women's reproductive and productive right. The study examined factors that affect fathers' involvement in EBF and its impact on women's reproductive right and productive work.

2. Methodology

In this study, a qualitative exploratory design was employed to identify factors that affected paternal support to assist mothers with their breastfeeding. In-depth interviews and focus group discussions were used to generate required data. The study was carried out in Menagesha *wereda*. The *wereda* was selected for two main reasons. First, it is located in Oromia region, but very close to Addis Ababa, the capital city, and shares the cultural pattern of both the capital city, on the one hand, and rural areas on the other. This characteristic was considered as a reason to help identify practical variations on exclusive breastfeeding that arose because of cultural difference, if any. Secondly, the researcher is familiar with Menagesha from previous research and has close contact with Jordan River Flower Farm that has a great deal of female employees. A large number of men and women work in the flower farm in Menagesha. The farm serves as a means to see patterns of breastfeeding and expectation of husbands' support from the perspective of working mothers in the farm. Participation in economic activity, in a way, also improves economic position of families and has impact on reproductive role of women. Many studies on breastfeeding also show that there is a decline of exclusive breastfeeding when the economic level of working mothers increase (Tewodros *et al.* 2009; Hoddinott, Pill, and Hood 1999). Therefore, informants from the flower farm were chosen to help to see EBF from the perspective of working mothers and fathers. In

addition, informants were collected from Menagesha health center, the only government-based health center in the w*ereda*. It was assumed that visiting such health center would be an opportunity to get diversified information from informants with various economic and social backgrounds.

Each respondent was selected purposively. Being a mother and father, who gave birth between the last six months and two years and initiated breastfeeding, was the main criterion for selection. In Menagesha wereda health center, vaccination for children took place on specific mornings in the weekdays and mothers as well as fathers, who came with their spouses or for their child vaccination, were purposely selected for the study. For the sake of saving interviewee time and undertaking the interview in a relaxed manner, the researcher purposively selected interviewees in the last raw on the line. This enabled to take adequate time to undertake the interview. Fathers, who also came to attend their wife during childbirth, were also interviewed. A maximum of thirty minutes was taken for each interview. In the flower farm at Menagesha, both men and women interviewees were selected purposively from different departments. This enabled the researcher to see if there is any difference in perception and factors affecting practice of EBF among both men and women employees.

A total of 30 in-depth interviews with 18 mothers and 12 fathers, who belong to different families, two focus group discussions (one with mothers' group and one with fathers' group) and a total of six interviews with key informant, including medical directors, nurses, and health extension workers, were conducted. The focus group discussions were carried out in the space provided in the flower farm. Both male and female flower farm employees participated in the study. The focus group discussions were conducted by use of a topic guide that was developed to help to answer the research questions. The findings of the focus group discussions were used to develop the interview guide for the in-depth interviews.

At the beginning of data collection, informed consent was obtained from informants and they were also told about confidentiality of their identity. All discussions and interviews were held in Amharic language and tape-recorded. Data captured using the field notes were transcribed into English

texts by the principal investigator. The transcribed data were read carefully, categorized and summarized by thematic areas (thematic framework analysis).

3. Findings and Discussion

3.1. Characteristics of informants

The current study data were qualitative in nature and the findings and discussion were together used to develop clarity and understanding. Pseudonyms were used to keep the anonymity of participants. The study comprised of 30 informants where 18 were women and 12 men. The demographic characteristics of fathers is shown in Table 1.

Table 1. Summary of fathers' demographic characteristics

Name	Age	Work	Education	Place where their wives gave birth	Duration of EBF (Months)
Abebaw	32	Daily labourer	5th grade	Home	3
Negussie	35	Daily labourer	Literate	Health center	Do not know
Tilahun	36	Technician	12+2	Home	3
Tedela	23	Daily labourer	Literate	Health center	5
Gebeyehu	30	Flower farm	Illiterate	Health center	3
Teklu	27	Farmer	Literate	home	3
Lemiessa	40	Daily labourer	Literate	Health center	3
Mamo	36	Flower farm	12+2	Health center	4
Wossern	30	Expert	12+2	Health center	3
Mesgana	35	Technician	12+2	Health center	3
Asfaw	40	Teacher	Diploma	Health center	2
Alemayehu	29	Driver	12+1	Health center	2

Table 2 depicts the demographic characteristics of mothers. Their ages ranged from 20 to 37 years; six of them were illiterate; 11 were working mothers. Only five of them gave birth at home. Four mothers practiced EBF for less than three months while five did it for six months.

Table 2. Summary of mothers' demographic characteristics

Name	Age	Education	Work	Place for giving birth	Duration of EBF (months)
Muna	23	Grade 4	Dailey labourer	Health center	3
Almaz	37	Illiterate	Daily labourer	Home	3
Gete	21	Illiterate	Daily labourer	Health center	6
Yeshi	25	Illiterate	House wife	Health center	6
Mami	20	Grade 5	House wife	Home	3
Berhane	24	Grade 8	Flower farm	Health center	3
Zeritu	31	Grade 3	Flower farm	Health center	1
Kebe	30	10+2	Expert	Health center	2
Emebet	22	Literate	House wife	Health center	3
Sendeu	28	Grade 10	House wife	Health center	6
Zewdie	36	Illiterate	Farmer	Home	3
Aster	37	Illiterate	House wife	Home	6
Selam	30	Grade 3	Trading	Health center	6
Alemitu	22	Grade 8	House wife	Home	5
Zeiba	23	Grade 8	House wife	Health center	3
Gadise	32	Grade 2	Trading	Health center	2
Liyu	25	Illiterate	Farmer	Health center	2
Ayelech	32	Grade 3	Trading	Health center	3

3.2. Understanding of exclusive breastfeeding among mothers and fathers

In the case of women deciding whether or not to breastfeed, they have to be empowered personally and, at the same time, contextual factors such as the health and legal systems, the context of family power relations, workplace conditions, etc. must be enabling. This starts from understanding the meaning and importance of breastfeeding and EBF. From the study, it was understood that, in the first place, most men and women informants did not have clear knowledge of what exclusive breastfeeding meant. Some of them never heard of the concept; some did not understand the use and some did not know how to apply it. Informants related EBF with feeding breast milk for at least six months. The study found out that breast milk was given to infants by most of informants as the main food. However, informants also gave additional liquids for the first few months and food starting from four month.

Those women who had access to health center, either for antenatal care or to give birth, had better opportunity to get information about EBF. Women informants who gave birth at the health centers said that health service providers encouraged them to initiate exclusive breastfeeding immediately and continue it until six months.

On the other hand, husbands did not have specific places to get information about exclusive breastfeeding. Their sources varied from media, health center and, sometimes, the neighbourhood. Men informants said that they got information from media or, sometimes, from the health center when they accompanied their children and wives. They said that when they were living in rural community, they had heard nothing about exclusive breastfeeding. There was also no education that targeted men concerning the practice of exclusive breastfeeding. According to Fikru, previously he had no concrete information about the practice of breastfeeding, but what he knew was that babies should start additional food after six months. He heard about breastfeeding from the media that it was good for strength and healthy growth of the baby. For Abebaw, his baby girl was exclusively fed breastmilk for three months till his wife was reinstated in her work place. Breastfeeding continued until the child was six months. Though he said she was exclusively breastfed, he also mentioned that the baby was given water every night and butter and herbs when she had stomach ache.

Like the men, many of the women also did not have clear information about exclusive breastfeeding. The information they got from the health center did not give them enough insight on how to do it and what its basic importance to the infants was. They stopped practicing it starting from three months. Many of them did not critically understand what exclusive meant and associated it only with breastfeeding a child for six months. They did not think that giving additional liquids was not recommended while breastfeeding till six months. As understood from health professionals, a child should be breastfed in a consistent time interval and mothers are supposed to waken up the child regularly for breastfeeding. However, though mothers claimed that they knew the importance of exclusive breastfeeding, they mentioned that they never followed a regular interval to breastfeed their child. They fed their baby when he or she cried or when they felt it was time to feed. This emanates

from lacking enough and clear knowledge about EBF and lack of attention to every detail. Mame, a mother of a one-year old baby girl, believed that she was practicing exclusive breastfeeding, but she was not doing that; she said:

> *I feed my baby when she is hungry and crying; she does not have much sleep. Till she was six months old, I only gave her my breast milk, but when she felt thirsty, I gave her water. When there was no enough milk in my breast, I gave her boiled Mirinda. I did not trust unboiled one. Sometimes, I gave her Atmit (oats).*

As experts in the health sector put it, if the mother does not feed her child regularly, the amount of milk production decrease and the child might not get full. Similarly, those mothers who gave birth to a baby at home did get information about exclusive breastfeeding through extension workers. However, they reported that they breastfed their children in a traditional manner, i.e., though they did not start solid food at early age, they never hesitated to give the infants water, fenugreek (*abish*), sesame, herbs and cow's milk. For instance, Zewdie said,

> *I gave birth at home, but extension workers came and told me to exclusively breastfeed until [my baby turned] six months. I never followed their advice because I do not believe in the idea. First of all, breastfeeding, by itself, is not enough. In addition, I mostly go to far places and my child can not wait till I came back. Therefore, I started to give [it] cow's milk starting from 3 months.*

Some men and women informants also thought that feeding exclusively breastmilk for six months was not helpful for the infant. For instance, Muna, a 23-year-old daily labourer in a flower farm, mentioned that though she breastfed her baby for eight months, she used to give him additional like butter, tea, water and different kinds of herbs starting from the first week. She said giving exclusive breastfeeding led to constipation and it had to get soften using different herbal drinks. She also used to give tea when he had flu. She got this information from her mother. For her, though breastfeeding was helpful, exclusive breastfeeding was not enough. FGD participant fathers also mentioned that they knew about breastfeeding from their childhood, but did not have enough information about exclusive breastfeeding for six months. This finding is in line with previous literature that shows breastfeeding is a cultural practice in which practice and

messages provided throughout generations influence mothers way of breastfeeding their babies (Hoddinott *et al.* 1999; Henderson *et al.* 2000).

Senedu, 28, said, "I gave birth at health center and the health officer told us not to give even water. I did not give anything, except tea, when he feels thirsty. I give him tea to keep him from being thirsty, because mothers mostly do not know when their children feel thirsty". This shows that despite the knowledge that mothers have, they doubt the sufficiency of breastmilk to keep children healthy and satisfied. Supporting this argument, the study of Tewodros *et al.* (2009) on determinants of breastfeeding in Ethiopia, found out that most of the mothers fed their children water because they thought that breast milk was inadequate; breast milk was seen primarily as food, and water was required to satisfy the needs of the child.

On the other hand, the current study reveals that, among many reasons, mothers who consider themselves as economically poor practice exclusive feeding. They exclusively feed because they cannot afford additional liquid food. Selam mentioned that she learned about EBF in the health center. However she wished she could feed her baby daughter with cow's milk after three months but it was expensive for her to get cow's milk. So she was forced to breastfeed. *"I am very poor and cannot buy cow's milk or formula. Breastfeeding decreases children's appetite; therefore, I will start additional food when she will be six months of age"*. In congruence with this finding, the study of Gugsa *et al.* (1999), undertaken in a slum area in Addis Ababa, showed that the practice of exclusive breastfeeding (between four and six months and even beyond) was a common occurrence among the low-income households. This would suggest that households with low income might use prolonged exclusive breastfeeding as a coping strategy of failure to afford additional liquid food.

In general, though the majority of men informants heard about EBF either from health centers or through radio, they did not clearly understand what exclusive meant and what their role was in achieving EBF in their household. This was seen to negatively affect the effective implementation of EBF. In this regard, the study identified that fathers interfered to stop exclusive breastfeeding by associating body weight loss of their wife and

children with EBF. They explained that over-breastfeeding exposed their wife to different health problems and it decreased their body weight. On the other hand, those men informants who tried to implement EBF mentioned how difficult it was to implement it in their society. For instance, Telahun mentioned that he had got information from radio that cow's milk was not good for baby's intestine in the first few months and was insisting on his wife to keep exclusive breastfeeding. However, his idea was accepted by neither his wife nor his neighbours who instead called him 'crazy' and his wife also failed to believe in his words. Rather, she said he insisted on exclusive breastfeeding because he did not want to spend money to buy supplemental food for the baby. The mother was not willing enough to continue exclusively breastfeeding because the idea was not accepted by her and the neighbour. When mothers perceive social disapproval, their interest to continue breastfeeding may decrease (Riordan 2005; Ryan *et al.* 2002).

Husbands, whose wives gave birth at home, were generally found to be ignorant of the matter. Some said they heard about EBF through radio but they did not think that it was practical. They doubted how a mother could spend the whole six months attached to the baby; she had to go to market and other places, in which case she was supposed to leave the child attended by others. When asked about why they did not cover their wife's responsibility at home when necessary, to give mothers opportunity to exclusively breastfeed their children, they mentioned they did not understand the relevance of EBF and they never watched their mothers and neighbours did this.

> *I know that many new ideas come every day, but how could my wife afford to only breastfeed my child for six months. My child will die of hunger and my wife will also be weak. If the mom simply breastfeeds for six months, she will face a problem. Once the child starts another food, there is no use for continuing breastfeeding and it will be a relief for her. I don't understand the relevance of this idea at all*. (Lemessa).

Those fathers, whose wives did have antenatal care in the health center and gave birth at the health center, were seen having relatively better information. This chance enabled them, at least, to understand the importance of exclusive breastfeeding. However, since the education did not specifically focus on the necessity of husband's support at any time for

effective EBF, fathers were found putting very limited effort for the effective implementation of EBF. In support of this argument, key informant from the health center mentioned that the center never organized a session for men alone about EBF, but there were cases that husbands also took lessons while they came together with their wives. However, very few men accompanied their wives to the health center. Nonetheless, the study identified that, those few husbands who accompanied their wives during prenatal care, found the consultation as informative and a means to support their wives in due course.

3.3. Initiating breastfeeding and support

The study identified that those who had given birth previously had better understanding of initiation of breastfeeding. However, those who were experiencing childbirth for the first time had difficulty in understanding how to breastfeed. Some of them also argued that, though there was no one who had consulted them on how to breastfeed, they did it based on what they had seen previously from others. Mothers exerted different efforts to initiate and produce more milk. All of the interviewees believed that, at least, taking rest and eating balanced diet helped to increase the amount of breastmilk, and some did this while many others faced several problems to fulfil this. In most parts of Ethiopia, taking at least two to three months of complete rest after birth with the support of mother or close family member is a tradition. Postpartum care, traditionally, is given in the first few months when mothers are confined at home, creating an opportunity to exclusively breastfeed their child. (Tewodros *et al.* 2009). Among the people who help new mothers to initiate breastfeeding are neighbours, health workers, mothers and, sometimes, relatives. Ingram *et al.* (2002) also identified the presence of dramatic associations between the role of a supportive partner, baby's father, baby's grandmothers and close relatives and community health professionals in initiating and helping mothers to continue to breastfeed. Similarly, informants in the current study identified that the support they got from their family members helped them to successfully breastfeed in the first few months. For instance, Muna pointed out that, when she gave birth to her first baby, she did not have knowledge about breastfeeding. However, the nurse in the health center thought her how to do it and her mother and

neighbours also supported her on the technique. For those who had their mothers nearby, the automatic support they were given eased the effort exerted to initiate and exclusively breastfeed the baby. Similarly, Kebe mentioned how the support of family members was essential to initiate and continue breastfeeding.

> *It is my mother who told and taught me about breastfeeding and I did not have any prenatal care when I gave birth to all my children, except the 4th one. My mom always gave me 'nefro' (steamed cereal composed of pea, wheat and bean) and 'atmit' (locally-made viscous oat porridge). Now, I have started my job but still eat as much as I can to produce enough milk. My mom never got tired of cooking atmit for me.*

In addition to mothers, there are also cases that in-laws support mothers to initiate exclusive breastfeeding to their baby. In some cases, in-laws are living with their son and provide help in taking care of the mother and child. For instance, Yeshi mentioned her mother-in-law was living with the family and supported them in many aspects. She helped her to initiate breastfeeding, carry the child, undertake household chores, and to rest when she wanted to. Similarly, Berehane, who gave birth in a hospital in Addis Ababa, mentioned that, even though it was in the hospital that she gave birth, it was her mother-in-law who showed her how to breastfeed and supported her to continue to breastfeed. As she mentioned, her mother-in-law used to take care of her baby and prepare her food.

Key informants in the study area also revealed that the practice of taking rest after delivery for some time, with the help of family member, was a long tradition. However, for those newly married couples who start their life far from their relatives, the probability of getting support from either their mother or close family members is very rare. Some of the informants mentioned this fact. Therefore, some of them, who could afford, said they hired a helping hand to undertake household chores. Unless the mother gets the support of her husband, she will be forced to start her household chore within a week after delivery and her work within very few months. The study identified that, those mothers who did not have enough rest and support in the household after delivery, did not show much effort to initiate and produce enough milk. However, those who could not afford to purchase

additional food and milk continue on breastfeeding. For instance, Leyu, a daily labourer in the flower farm, said,

> *After delivery, I did not have neither a maid nor my mother around me. I was responsible to take care of my newborn baby and my household chores, too. I could not get enough rest and produce enough milk. My baby was crying a lot because the breastmilk was not enough.*

Gebeyehu a farmer and a father of two said

> *"I know that, at the beginning, breastfeeding is a medicine and I believe in EBF. I used to support my wife in many aspects including bathing and changing clothes of our kid. However, she did not produce enough milk and breastfeed exclusively because she had work burden both in the house and at the farm."*

3.4. Involvement of fathers

Though studies and experiences show positive impact of fathers' involvement in EBF, the reality in the current study shows that there are some gaps that fathers are expected to fill in supporting exclusive breastfeeding. There are many reasons and rationales for this gap. According to this study, some mothers never thought that a husband had any role in breastfeeding. In addition, there were fathers who did not make themselves ready for the matter. From among the fathers, there were those who thought that feeding a baby, by itself, was very dangerous for the women, let alone exclusive breastfeeding. Most fathers also mentioned that exclusive breastfeeding was the responsibility of mothers but fathers were responsible in buying foodstuff requested by the wife. In addition, some of the male informants mentioned that taking the pregnant women to the hospital was the only responsibility of the father.

The study also found out that there was a deep understanding among fathers that, unless cow's milk was provided, the child might not be strong and they preferred to buy additional cow's milk than providing any other help. For example, Abebaw was paying 80 birr per month for ½ litre of milk for the last 15 months and he believed that his daughter was healthy and strong because of that. Some fathers also believed that children should get breastmilk till two years; but, they did not believe in exclusive breastfeeding. They believed all females did not produce equal amounts of

milk and breastmilk, by itself, was not a complete food. For instance, Tilahun mentioned that his wife fed breast milk only for three months and then she started to give additional liquids and food to the infant, like oat *atmit*, tea and bread with tea. Similarly, Alemayehu mentioned he had never insisted on his wife to exclusively breastfeed. As far as he remembered, his wife breastfed only for three months till she resumed her work. He mentioned that a woman stopped to produce milk when she did not have enough food intakes. Therefore, pushing her to keep breastfeeding would expose her to health problems and he never wanted to do this to his wife.

The study also identified that there was a general assumption that male's ability to care for children was very poor. Both mothers and men agreed that men could not properly take care of newly born children. As it was seen from the study, very few men lent their hand to carry their new born children. As mentioned by male informants, in the first few months, babies needed only the care of their mom. Because, at this stage, children were very fragile and mothers knew best to take care of them. This study found out that, in most cases, men started to carry the child after three or four months. There was also a belief among mothers that men were not capable enough to take care of small children. Some mothers reported that their husband never had experience of caring for newborn children and did not have any interest to hold them till they grow up. In cases where mothers needed rest or time for any purpose, unless there was a daughter or female relative or neighbour, the chance of getting the help of their husband to take care of the infant was very remote. This, therefore, was seen as putting fathers as an outsider and limiting their contribution only to buying foodstuff to the mom. In support of this argument, Aster said that "*Breastfeeding is the responsibility of the mother. The father does not care; I never expect him to say something about breastfeeding; and he never does anything. The only responsibility he has is to pay for milk after six months."* Similarly, Zewedi stated that "*breastfeeding is my responsibility; it is me who always run to feed my baby. My husband does not stay at home in the day time. I never thought of help from my husband and I never claim his help*.'

The issue of associating breastfeeding with reproductive and mother's role is discussed in the literature that associates men's role as protector and provider (Figueroa- Perea 1998). All the way through evolution, men have been taught to be source of livelihood. That resulted in their absence from the domestic domain and child rearing. Consequently, gender labour division assigned the private space, home and family unit, to women, and the public one to men, in the role of economic provider (Engels 1972; Kraemer 1991; Figueroa- Perea 1998). Therefore, men have been excluded from the reproductive process, including breastfeeding, throughout history (Engels 1972) with a strong belief that breastfeeding belonged exclusively to women. That reality emerged from the mothers' statement in the present study. The fact that breastfeeding is the only issue of women was also mentioned by Ayelech as, *"I do not think that males really are capable of supporting exclusive breastfeeding and caring for their children. As I see from my husband, he never does anything except paying for cow's milk. I never expect anything from him, too, because I do not think that there is anything he can support to get his child exclusively breastfed."* Similarly, Yeshi said, *"I do not think that my husband has any role in supporting exclusive breastfeeding. I have never thought that his help would bring a change and he never supports or encourages me."*

On the other hand, some mothers and fathers in this research were found arguing whether both mother and fathers were responsible for breastfeeding. Other respondents believed that fathers' support of breastfeeding was essential. Even if the father could not physically involve strictly in the act of breastfeeding, mothers expected them to undertake many baby-care tasks to balance the time they allocated to the newborn baby, and to make it easier for the women to carry out breastfeeding. When they specifically allocated the role, they mentioned that fathers should support in provision of money and buying foodstuff for the mother and supporting with house chores. Asfaw argued that he used to encourage his wife not to give up exclusive breastfeeding because he had information from the radio and health extension workers that children who were breastfed were strong and in better health condition and his wife exclusively breastfed for three months. However, after three months he started to buy additional food because,

despite the information he had, he doubted that breastmilk alone was not enough for the baby. He learned from his neighbours that giving cow's milk as early as possible helped the baby to develop good appetite for the future. This argument is in line with what other workers noted in that the decision to breastfeed is largely influenced by friends and mothers (Baranowski *et al.* 1983; Hoddinott and Pill 1999; and Ingram *et al.* 2002).

Similarly, Berehane, whose last child was nine months old, mentioned how her husband was supportive of exclusive breastfeeding.

> *My husband knows about exclusive breastfeeding that he heard from the radio, He supports me as much as he can by buying me drinks, including soft drinks, and he does not want to see me get sick. I think, in the first place, breastfeeding is mother's responsibility, but the father is also responsible in provision of food, clothing', etc.… He sometimes takes care of our daughter, helps her to get sunlight. I can say he supports me well and I have a plan to continue breastfeeding until two years.*

This is supported by Ingram, *et al.* (2002) who showed the support provided by a partner, family members and health professionals encouraged a mother 37 times more to continue with breastfeeding than those mothers who did not get the advice. As the current finding showed, some fathers were seen buying some foodstuff to help their wife breastfeed, some buy *tela* and *kerare* (local bear), juice, oats, cow's milk, vegetables, and meat. Some fetched water and went to the mill house to protect their wife from going long distances and carry water.

Meedya *et al.* (2010) stressed that women had positive and prolonged breastfeeding experiences when they had a strong desire to breastfeed for longer periods of time, when they were confident in their ability to breastfeed and were well supported by their family. This shows how the support from family, especially partner support, can bring a difference in the experience of women's breastfeeding. The experience of some of the mothers also strengthens this argument.

Emphasizing on the support provided by her husband, Gadise said:

> *My baby used to cry very much in the first six months and we started to give him herbs and additional liquid food. My health condition was not also well. My husband was very caring, he suspected that my pain was related to*

breastfeeding and bought me juice and butter to keep me healthy. He really felt that he was responsible for the family but he did not know how to care for babies. If he knew about it, he could have helped me more.

A study by Rosane and Elsa (2008), on the inclusion of fathers in breastfeeding in Brazil, also showed a similar result where most fathers (99.2%) said that they wished to help mothers during this period; but 21.5% did not know what they could do to help.

As a feeling of discharging their responsibility, without enough knowledge in the implementation of exclusive breastfeeding, fathers insisted that their children started additional food as early as three months. To this effect, they bought additional food and cow's milk for the newborn baby.

On the other hand, some fathers argued that they were not responsible for exclusive breastfeeding of their children. As Mamo mentioned, he never helped his wife during night-time; even all the family members, including their four sons, never woke up and helped their mother. He believed that there was no role that men could play for effective exclusive breastfeeding. According to him, men were responsible for outdoor activities, and the mother was responsible for food preparation and other household activity including breastfeeding. Similarly, Wossen mentioned, though he thought that he was responsible to take care of his baby, the presence of his mom eased the effort to support his wife. As he put it, "I believe in exclusive breastfeeding, but the ultimate responsible person is the mother. I support my wife through buying important foodstuff and insisting her to feed. My mother is living in our home and she is supporting the family in many aspects; if there is any problem related to breastfeeding, my wife consults my mother."

The focus group discussion with fathers on men's involvement in EBF showed that, in the study area, it was very rare to find infants who were exclusively breastfed for 6 months. Rather, most children started additional liquid or semi-solid food after three and four months. FGD participants argued that, all those children, who happened to start additional food at an early age, were found to be healthy and they did not see any problem with their health. They believed this refuted the argument about exclusive

breastfeeding they were learning those days. For instance, of the FGD participants, one mentioned that all his six children, except the last one, were born at home and all of them started additional food around their third month, and all are healthy and they had never encountered any health-related problem until now. Similar arguments were also presented by other informants. This showed how parents, who had knowledge on the matter, were resisting the EBF practice and how personal perception and experiences were difficult to tackle, though there were some efforts to enhance understanding of the concept and its implementation.

In addition to father's knowledge and willingness, awareness level of mothers also played a role in making husbands participate in exclusive breastfeeding. Some mothers who were literate, like Zeiba, mentioned that breastfeeding could not be successful without full participation of the husband. As she said, she herself was psychologically prepared to exclusively breastfeed her baby before she gave birth. Her husband used to have information about breastfeeding through the radio and they used to discuss it. After giving their first baby, they did not face a problem of initiating exclusive breastfeeding for six months. Her husband used to help her in provision of necessary foodstuff, bathing and soothing their child. Both mother and father knew what was expected from them and managed to feed their child breastmilk exclusively till she started work at the sixth month. Even after then, she kept on breastfeeding her child. This showed how understanding between the couples and the level of awareness among mothers determined initiation and duration of exclusive breastfeeding. As put by Chezem *et. al.* (2003), women who describe themselves as somewhat confident with regard to breastfeeding are three times more likely to discontinue breastfeeding during the first six months postpartum than are those who describe themselves as very confident.

3.5. Termination of exclusive breastfeeding

Almost all women who initiate breastfeeding plan to continue for, at least, six weeks; however, one in every five women quits breastfeeding within the first days after delivery (Hall et al., 2002). This finding supports the option that two to four weeks postpartum is a vulnerable period for breastfeeding

cessation (Dennis 2002; Dewey *et al.,* 2003). Contrary to this, unless there was serious health problem, most of the current study informants continued exclusive breastfeeding till three months and breastfed for an average of eight month. The study also found out that the level of knowledge towards exclusive breastfeeding determined its early termination. For instance, those parents who believed that they had knowledge on exclusive breastfeeding were found terminating it for the mere reason that they did not clearly understand what exclusive breastfeeding was. For them, traditional use of herbs and some drinks, parallel to breast milk, was a healthy practice and did not affect EBF. For instance, Asfaw mentioned that he had heard, in the health center, that mothers should exclusively breastfeed their baby consecutively for six months, but he mentioned that they started to provide additional liquid food at three months. He thought that unless sugar or salt was not added on the liquid food, it did not affect the child and, thus, broke the rule of EBF.

The research found that there were fathers who took the lead to make mothers terminate exclusive breastfeeding and start additional food for the baby. Many men informants also agreed that if the mother exclusively breastfed for six months, she would face a health problem. As Mamo mentioned, his wife used to breastfeed their first child for one year. Their second child was born after a year and he was afraid that exclusively breastfeeding the second child for more than four months would affect his wife's health condition. He, thus, made her discontinue breastfeeding altogether. He also mentioned that his wife had serious gastric problem and he believed that the cause could be breastfeeding for long time. He also believed that, despite the information he had either from media or health center, he did not think that exclusive breastfeeding was enough to keep a child healthy.

> *I am responsible to keep the children safe, clean and healthy. However, my income could not meet the need of the children. I think, if the children simply depend on the mother's milk for six months, they may not be healthy. When my two children reached four months, it was me who decided to start food and bought baby's foodstuffs and cow's milk.*

Well-intentioned but wrong advice from family members and friends can affect maternal breastfeeding self-efficacy (Quinn *et al.* 1997). Even though informants in this study had some level of information about EBF, they bought cow's milk for their child. They said that, since they could afford to buy additional liquid food, there was no way to bother their wife. According to some focus group discussants, many women lost weight because of over-breastfeeding and, thus, they made their wife stop breastfeeding altogether.

According to Van Esterik (1989), exclusive breastfeeding serves as a challenge against the medical discourse of feeding babies. The natural way of women's feeding behaviour strengthens women's authority over their own body. However, this natural authority challenges the dominant medical discourse that many women experience routinely. This exposes many women to several comments about their body and health of their child (Van Esterik, 1989).

In relation to this argument, some men FGD participants pointed out that, though they were supportive of EBF, they also did not want their children to get 'starved' by feeding on only breastmilk. Therefore, they provided additional food to both their wife and children. In support of this, one FGD participant argued, "how could a father support the healthy growth of his child, unless he was ready to pay for milk and other necessary foods". Similarly, another FGD participant mentioned that he was responsible for the healthy growth of his children. As a way of discharging his responsibility, he started to buy cow's milk and baby food when his daughter turned three months old. He also mentioned that if he had not had financial problem, he could have bought additional supplements before the age of four months. As understood from men FGD participants, fathers were responsible for the safety and health of their children. They believed that they discharged such responsibility by providing additional foods to their newborn children. They doubted the health of their children would be compromised if they were exclusively breastfed. Therefore, despite the interest of the father to have his child exclusively breastfed for at least six months, the passion to show his commitment and capability to protect the health of the wife made him insist to discontinue EBF. In support of this argument, the research by Alive and Thrive (2014) indicated that

grandmothers and fathers played important roles in decisions about breastfeeding. Fathers, in many cases, are considered as the owners of family resources; and specifically, make most of the household-level decisions. For instances, the father decides on what to sell and what to consume from the household production. This shows how fathers influence what foods are available to the household members, including children. Fathers are also seen as a source of information. Any information he brings is considered valuable and important. If he does not believe or is not convinced on any new ideas, it might not even be considered as valuable by the family. This, directly or indirectly, affect the accessibility and implementation of new practices including change in feeding practices, despite the level of the mother's knowledge on the matter.

The issue of working outside the home was of most concern to mothers in terms of influencing duration of breastfeeding. As pointed out by Galtry (1997), expectations of, and possibilities for, each woman were clearly related to socio-economic status, job security and professional qualifications. Workload, either in the household or at work place, is another problem seen pulling back mothers to discontinue exclusive breastfeeding. Though some mothers and fathers have clear information regarding the importance of exclusive breastfeeding, it is seen that the mother stops EBF because of work-related reasons.

As pointed by Escriba` *et al*. (1994) and Galtry (1997), duration of breastfeeding greatly depends on socio economic status, job security and professional qualifications. Workload, either in the household or at workplace, is another problem identified as pulling back mothers to discontinue exclusive breastfeeding. According to Escriba` *et al.* (1994) and Galtry (1997), this shows that knowledge of mothers and fathers regarding the importance of exclusive breastfeeding does not guarantee practicing EBF. As Gebeyehu mentioned, his wife gave birth to his second son in the hospital and she initiated breastfeeding at the hospital. Though both he and his wife had the interest to continue exclusive breastfeeding, they stopped it at the third month and started to give the infant additional milk (cow's milk) because the mother could not produce enough milk after she continued her work at the flower farm. Though both the mother and father had enough

knowledge regarding exclusive breastfeeding, the demand for work to support the family pushed mothers to discontinue exclusive breastfeeding.

For instance, Kebe said that she worked as an expert in irrigation in a flower farm. She exclusively breastfed her baby for two months but started to give cow's milk after two months because she was supposed to go back to work. This showed that working mothers stopped exclusive breastfeeding when they went back to their work. Some also totally stopped breastfeeding when they noticed that the amount of breast milk they produced decreased. FGD participant mothers mentioned that, after their children started bottle-feeding, they refused to take breast milk. According to one FGD participant, since she was a worker in the farm, she could not take home rest for more than a month after delivery. She, thus, started bottle-feeding and her baby resisted breastfeeding thereafter. She suspected that this could be because of evil eyes and stopped trying to breastfeed. Another participant also mentioned that they experienced decrease in the amount of breastmilk when they started to go to their work place.

On the other hand, women without regular work or those who worked as daily labourers preferred to stop working in order to dedicate their time exclusively to motherhood. However, their low income did not allow them to continue without work. Thus, those mothers, who were supposed to be reinstated to their work after few months, were forced to stop breastfeeding their child exclusively. Mothers who wanted to exclusively feed their children on breast milk, had no other choice but to give up their job. This condition goes against the wellbeing of the family and the mother, as well. Low-income women are more likely than other women to return to work earlier and to have jobs that make breast-feeding difficult (Bronner *et al.* 1996).

An issue was raised regarding expressing milk (storing breastmilk for later use) and, except one, none of the informants had information regarding expressing milk. Some of them even considered it as an action against the norm. The option of expressing milk to maintain breastfeeding after return to paid employment was not considered as a smart option, because the

women believed that this practice was painful and involved certain hygiene concerns.

Absenteeism of husband was also seen as one of the problems that forced mother to discontinue exclusive breastfeeding. There were cases that fathers were away from home for short or longer period of time, and taking care of the newborn alone became a burden for mothers. Zeritu, a mother, gave birth to twins at eight months of pregnancy. Though she initiated breastfeeding in the hospital, she could not continue to exclusively breastfeed because she did not have help from her husband who was away. She could not get either emotional or economic support, and this forced her to stop breastfeeding and went back to her job as early as possible. Interview with key informants in the health centers also revealed that single mothers mainly stopped breastfeeding, let alone exclusive breastfeeding, as early as possible because of financial burden in the household.

In general, most of the mothers in the neighbourhood did not exclusively breastfeed for six months because of lack of enough rest and food for the mother and the level of fathers' knowledge on the type and role of fathers support towards breastfeeding.

3.6. Turning a father into a breastfeeding supporter

The statements of some men and women informants showed that, despite the fact that fathers could not directly breastfeed their children, they might still care for their children by providing the necessary emotional environment to their nursing wives, to their baby, and by looking for success in breastfeeding:

> *My husband sometimes asks me what to buy for me when he goes to the city; he buys me drinks like honey, juice and others, which, he thinks, stimulate breast milk production.* (Kebe)

> *I am responsible in the provision of foodstuff both for the mother and the baby. And I used to do these when my wife gave birth to our two children.* (Tedela)

> *I have never discussed the issue of breastfeeding with my husband. My one-year baby is very cool and does not have a habit of waking up at night, but, in case he is sick or I need any help, my husband never hesitates to support me.* (Mame)

According to Castelain-Meunier (2002), positive practice of some fathers concerning breastfeeding needs to be carried out by all fathers. Men should challenge the stereotypes and be ready to provide emotional support both for their wives and children, starting from the conception of their children. One of the mechanisms to challenge the traditional attitude of fatherhood and breast-feeding may be to give attention to the words of men and women who have prior experience or may come to experience. The sense of understanding the feeling, meaning, aspirations, and values, attitude of both men and women help to create a favourable environment for children where both mother and father discharge their responsibility of parenthood and contribute well for exclusive breastfeeding. By doing this, it is possible to make fathers exclusive breastfeeding allies.

> *The matter of discussion about EBF in the household is very limited. We need to share ideas, not only about breastfeeding, but regarding our day to day matter.* (Mamo)
>
> *I feel both my wife and I are responsible for the growth of our children. However, I do not know or specifically understand what my role is in terms of supporting her in breastfeeding. I spend most of my time outside home. I think open discussion among the partners is essential to clearly identify expectations and the gap* . (Tilahun)
>
> *I can say that one of the solutions for making a father a good supporter of breastfeeding is through the provision of information. In most cases, they are far from information related to breastfeeding, they never consider it as their issue; therefore, a lot of educational forums for fathers are expected from health-related intuitions.* (Health Officer in Menagesha *Woreda* Health Center).

4. Conclusion

This study identified and analysed factors that affected fathers' involvement in exclusive breastfeeding and fathers support. In the current study, the typical exclusive breastfeeding duration was found to be three months. This is associated with the general and traditional assumption that a baby is capable of taking additional liquid food at three months despite WHO's recommendation of six month of exclusive breastfeeding. The study produced evidence that there was a clear gender division of labour in terms of breastfeeding a child and there was a positive impact on duration of breastfeeding when fathers showed emotional and financial support.

However, lack of clear information on what exclusive breastfeeding is and lack of appropriate platform to implement it hinders most men to provide their maximum effort. The study also identified that fathers considered themselves, in terms of child feeding, as guardian or responsible for the survival of the mother and child and providing supplement liquid foods as early as possible. The study also showed how defining nursing merely as a reproductive function affected the effective implementation of EBF. Women were more likely to exclusively breastfeed when they had a relative social and financial stability and support from their family members, especially from their husbands. In addition to lack of knowledge, laws related to maternity leaves and unfavourable working environments are playing a role against exclusive breastfeeding. This shows how work environments that disregard breastfeeding have, therefore, been identified as a main cause for termination of breast-feeding promotion. This, therefore, calls for breastfeeding as productive work, so that we can respect mother's place in the workplace and society.

5. Recommendation

Knowledge about the concept and importance of EBF and the need for fathers' involvement as part of the intervention among mothers and fathers are found to be very minimal. This shows how health centers and extension workers need to address the knowledge gap to bring a needed change. They not only should increase mothers' knowledge but also have to give attention to how to address husbands in this regard. Therefore, a change in approach of health workers is needed to create awareness and develop interest of support among the different stakeholders. As observed from the research, men have more access to the media. Therefore, focusing on mass media could be the other means to bring sustainable change on the matter.

Though traditional norms, like a long-time rest with the support of other family members, is found as a very good way to initiate breastfeeding, lack or reduction of support in present days degrades the traditional support and the duration of breastfeeding. Understanding this matter, enabling men or fathers to take over the support part, is a fundamental issue to keep children get exclusive breastfeeding at least for reasonable period of time.

Therefore, provision of continuous teaching about the benefits of exclusive breastfeeding for both mothers and babies and the importance of involvement of fathers in antenatal health education are areas for further consideration. Great importance of family members, especially fathers support and extended maternity leave, job sharing, part time options, pumping facilities, and break time child care options should be promoted as a way forward, but its disadvantages and possible impact on job security and feminization of poverty must be considered. In addition, for those women and men who are living far from health centers, and who do not get prenatal services and give birth at home, extension services need to target and provide them with better quality professional support.

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