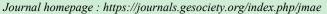
#### Journal of Medical Advances and Education

Vol. 1 No. 1 (2025): 43-54





# Model of Husband's Bonding Behaviour for the Success of Exclusive Breastfeeding in Rural Sumatra

Yunardi Yunardi<sup>a</sup>, Mudjiran Mudjiran<sup>b</sup>, Masrul Masrul<sup>c</sup>, Nur Afrainin Syah<sup>d\*</sup>

<sup>a</sup> Department of Health Policy, Universitas Efarina, Pematang Siantar, Indonesia
<sup>b</sup> Department of Instructional and Educational Psychology, Universitas Negeri Padang, Padang, Indonesia
<sup>c</sup> Department of Nutrition, Universitas Andalas, Padang, Indonesia
<sup>d</sup> Department of Medical Education, Universitas Andalas, Padang, Indonesia

**Abstract.** The success of exclusive breastfeeding is not only a matter for the wife but also requires the involvement of the husband. Husbands have a very decisive role in the success of exclusive breastfeeding. This study aimed to explore the husband's bonding behaviour model towards the success of exclusive breastfeeding in rural communities of Sumatra Island. This study applied a qualitative study design. The informants were divided into three groups: support providers, support receivers, and expert informants. Data collection was conducted using semi-structured interviews. A multilevel coding strategy was applied for data analysis, consisting of meanings, categories, themes, and concepts. Data collection and analysis were conducted using an iterative process. The findings identified four husbands' bonding behaviours for the success of exclusive breastfeeding. The behaviours are encouraging with affection, unstressing advice, helping sincerely, and being responsible. These behaviours are significantly influenced by the husbands understanding of the benefits of exclusive breastfeeding and their obedience to religious orders. The findings indicated that the success of breastfeeding is not only determined by maternal factors but also by paternal involvement. Husbands' bonding behaviours could be improved by increasing knowledge about breastfeeding and religious beliefs. Thus, both health workers and religious leaders play an important role in the success of exclusive breastfeeding in rural Sumatra. **Keywords:** Exclusive breastfeeding; husband's bonding behavior; eastern culture; Islamic

teaching

Type of the Paper: Regular Article

## 1. Introduction

Breastfeeding is the best food for infants because of its nutritional content, enzymes, hormones, and immunological substances. WHO has recommended the golden standard of infant feeding, namely exclusive breastfeeding, from the first day of birth to the age of six months. Exclusive breastfeeding has a significant impact on reducing under-five mortality rates by 13% compared to other public health interventions. Efforts for increasing exclusive breastfeeding practice in Indonesia have been carried out for a long time, supported by several government policies, but the rate of exclusive breastfeeding has not yet reached the WHO minimum target of 50%.[1] The exclusive breastfeeding policy and practice implemented were not comprehensive. Interventions on exclusive breastfeeding were only focused on breastfeeding mothers.[2]

43

Family support greatly determines the behavior of mothers in giving exclusive breastfeeding to their babies. Support from husbands to maximize exclusive breastfeeding is important because the husband is the closest family member to the mother.[3] Husbands have a very decisive role in the success of breastfeeding because their positive and active supports increase self-efficacy and ability to breastfeed of breastfeeding mothers. Support provided by the husband was proven to be a strong predictor of maternal confidence to keep breastfeeding. Hence, maternal confidence was not associated with their previous breastfeeding experiences and the age of their babies. [4] In addition, educational interventions on breastfeeding for the husbands were effective to increase the success rate of exclusive breastfeeding.[5]

The active support provided by the husband will construct a bonding between mother, baby and husband. Thus, bonding in breastfeeding activities is not only a relationship between mother and her baby, but also the father. The father becomes an important part in the breastfeeding process so that he no longer has the feeling of being eliminated.[6] It is proven that the most effective breastfeeding support has to be delivered by a loving and coordinated work (bonding) between mother and father that is responsive to the needs of the breastfeeding mother.[7]

Unfortunately, it is found in many communities that husbands' bonding behavior in a family is often not optimal in supporting mothers for exclusive breastfeeding. [3,4] In addition, there is a belief in Indonesian community that breastfeeding is merely a mother's business. However, there are limited theoretically informed studies exploring the model of husband's bonding support for breastfeeding in Indonesia. This study aimed at exploring model of the husband's bonding behaviors for the success of exclusive breastfeeding in Indonesia, especially in rural Sumatra.

## 2. Materials and methods

This study applied a qualitative design in Bungo District, Jambi, Indonesia. Bungo is a rural area in Sumatra Island with a population density of 77 people per square kilometer. The livelihoods of the Bungo community are mostly in the agricultural or plantation sector (70%). The education level of the community is mostly secondary education (63%). Most people are Muslim (98.6%).

Ethics approval was obtained from The University of Andalas, where the first author undertook his doctorate. The informants in this study were categorized into 3 groups, namely the support providers (husbands who have exclusive breastfeeding experience both successful and unsuccessful), the support receivers (the breastfeeding mothers), and the expert informants (health cadres, midwives, community and religious leaders). The informants were purposively sampled. Health cadres helped in finding informants who meet the characteristics.

Semi-structured interviews were applied for data collection in October to December 2018.

The interviews were conducted by the first author in Bahasa Indonesia and local language ranging between 30 to 70 minutes, audio-taped with informants' consent, transcribed, and de-identified. Informants were asked to describe husband's bonding behaviours that can support the success of exclusive breastfeeding and how the behaviours relate to local beliefs, norms and culture.

Data was analyzed using a thematic analysis method.[8] The analysis began with listening and reading the transcript of the interview repeatedly. Then, the transcripts were coded manually by the first author using a panel review in Microsoft words to mark phrases and sentences that were meaningful to explain the phenomenon of husband's bonding behavior. The collection of phrases and sentences were grouped in stages based on their semantic relationships starting from the category, then the theme and then the concept. The draft concept was then re-tested whether it matched the data by re-reading the interview transcript. The fourth author coded two interview transcripts separately, compared and discussed the codes with the first author. Any similarities and differences in codes developed by the first and fourth author were discussed together with other authors to achieve an agreement.

Data collection and analysis were conducted simultaneously and iteratively. Data collection stopped when data was saturated. During the research process, the first author notes all important phenomena and ideas that arise related to data interpretation and analysis. The researcher returned to the field to confirm the results of data interpretation and analysis to the informants.

#### 3. Results and Discussion

There were 22 informants involved in this study consisting of 9 support providers (husbands of the breastfeeding mothers), 9 support receivers (the breastfeeding mothers, spouses of the support providers), and 4 expert informants (health cadres, midwives, community and religious leaders). Among the 9 pairs of husband and wife interviewed, there were 5 pairs successful and 4 pairs not successful in giving exclusive breastfeeding to their babies. Most of them had secondary education.

Our data illustrates four main characteristics of husbands' bonding behaviours that could facilitate the success of exclusive breastfeeding. The behaviors are encouraging with affection, unstressing advice, being sincere and being responsible. These behaviours could be developed if the husband has a good understanding of the benefits of exclusive breastfeeding. Knowledge is a very important domain for behavior. When the husband understands the importance of breastfeeding, he will become an effective trigger and supporter of his wife's action for breastfeeding. Another factor that could facilitate the development of those behaviours is the

husbands' understanding of their religious values. The husbands behave in such a way in order to carry out their religious guidance.

# **Encouraging with affection**

Both husbands (support providers) and wives (support receivers) agreed that the ways a husband motivates his wife to breastfeed their baby significantly determine the willingness and passion of the breastfeeding mother to carry out breastfeeding activities. The willingness and passion increase when the husband motivates his wife with love (affection). Affection makes the home atmosphere happier and alive, resulting in fun breastfeeding. Informants, both husbands and wives, explained that affection can be shown in many ways such as listening to the wife's complaints, not burdening the wives, and creating comfort.

Informants believed that listening to their wives' complaints can prevent contention and help them to find out what kind of affection their wife wants. As quoted by the interview with the informant:

"I must understand what my wife likes and doesn't like, what are her taboos, if we eat taboos (allergen-ed), can got inflamed, I have to be patient". (A1.02)

"We have to know what she wants, for example, if she likes to be massaged, I massage her, she is happy". (A1.05)

Furthermore, the mother group members (support receivers) expressed that they will be happy in breastfeeding their babies if their husbands are not demanding too much.

"...Husband does not ask many things (want to be served), I enjoy breastfeed my baby". (B1.10)

Both husband and wife group members agreed that any efforts made by the husband to comfort the mother in breastfeeding adds to the mother's motivation to well breastfeed her baby. Comfort can be created by the husband by accompanying the mother while she is breastfeeding her baby, providing sufficient time for her and not rushing, having a convenient place, making jokes and smiling.

"The situation at home should be created as comfort as possible, mmm in a harmony". (A1.01)

## **Unstressing advice**

Informants discussed 4 attributes of unstressing advice that husbands can do for their wives to succeed in exclusive breastfeeding. The attributes were finding the right time to convey advice, choosing appropriate ways, avoiding compelling discussion, being eager to learn together.

Husbands must be good at finding the right time to convey advice to their wives because their wives will be easier to accept advice when their moods are happy. As quoted by the following informant:

"The wife if she is happy, she will be eager to listen to us..." (A1.05)

Furthermore, it is important for the husbands to find and use appropriate ways to deliver their advice on exclusive breastfeeding for their wives. Some informants from wive group suggested that the use of positive phrases or sentences and praising things that have been done well creates positive feelings and enthusiasm for the wife to listen and obey to her husband words.

"Yaa, my husband encouraged me (smiling and happy face), eee ... so I became more confident and motivated about giving breast milk to my baby." (B1.10)

Husband group members added that it is not worthed telling their wives what they already know about exclusive breastfeeding. In the case of their wives have been informed, the way of delivery advice is slightly different that is just by a reminder and showing attention.

Some informants from the husband group reminded that it is important to avoid a compelling discussion with their wives when their wives reject their advices. The uncomfortable discussions will significantly affect their baby breastfeeding process. Husbands need to find another time to discuss and improve the way they give advise. Usually the wife does not like to receive advice in the form of instructions from her husband. This often results in rejection and contention.

"If she doesn't like it, I must be patient. I am so, so that it is safe ... the important thing is smooth and safe ..." (A1.02)

Finally, the husband informants highlighted that when husband shows strong commitment to learn about exclusive breastfeeding, indirectly this will trigger his wife to breastfeed her baby exclusively. Hence, giving examples and showing interest are very strong ways of advising.

## **Being Sincere**

Sincerity shown by the husbands is important to motivate and facilitate the mothers to well breastfeed their babies. The informants, both husband and wife group members, discussed some form of husbands' sincerity, such as helping sincerely, being willing to spend time with his wife and baby, showing attention to his wife's and baby's condition, and not criticizing his wife's household work. As quoted by the following informant:

"I am happy if my husband in my side if I need him". (B1.10)

"If I am not at home, I call my wife, I ask how it is at home, has she had breakfast, lunch or dinner, this is a good thing". (A1.01)

Among the various forms of sincerity discussed by the informants, helping sincerely has the

most important influence on the success of exclusive breastfeeding. Informants defined helping sincerely as a husband who helps his wife spontaneously without being asked and without feeling burdened. Husbands help their wives in household chores, looking after their children including the newborn, and fulfilling their wives' needs. According to the informants, helping sincerely is different to helping when being asked. Helping sincerely not only eases the mother's work but also makes them happy. As a result, mothers have sufficient time and energy for breastfeeding activities in a happy mood.

"That is...(happy face - ed), he even woke up earlier than me and was busy taking care of the children and home....I was easily fall asleep while breastfeeding, but he kept awake". (B1.12)

Informants identified that a husband will be able to help sincerely if he knows the needs of his wife and baby. To understand the needs of a breastfeeding mother and her baby, the husband has to learn. For example, a husband must know what to do if his wife's breasts are swollen, as quoted below.

"Mmm ... that was once ... my breasts were swollen, the baby didn't want to suckle, he helped compress them with warm water. I sometimes don't think about it (don't have idea what to do – ed)..I surprised he could help." (B1.13)

Another component of sincerity told by the informant is not criticizing what the wife is doing. Husbands can accept the limitations possessed by their wives and do not make these limitations as a source of conflict. The informant believed that a conflict will disrupt the process of breastfeeding.

"The important thing is to maintain good relationships, not to be angry (a lot of criticism)..". (A2.06)

## **Being Responsible**

Being responsible was defined by informants as awareness of having an obligation to take care of his family, especially his breastfeeding wife and their baby. Informants' stories explained that being responsible is an important scaffolding factor for the husband to have 3 other bonding characteristics discussed before for the success of exclusive breastfeeding, ie. encouraging with affection, unstressing advice, and being sincere. Moreover, informants discussed that for being responsible, a husband needs to have 3 characteristics. The characteristics are understanding his role as a household leader, obeying his religion guidance, and having commitment to have harmonious family and nurture healthy and intelligent children.

As a leader, the husbands have responsibility for the wellness of people they lead, including

meeting family needs, protecting family members, and helping in solving family problems, as quoted by the following informant.

"Buying something is not a gift (for her - ed) but it's my duty". (A1.01)

"In my opinion, giving the best according to my ability. The practice ... yes, how she could be happy, and can be grateful". (A1.05)

Furthermore, informants highlighted that the commitment of the husbands to obey their religious teachings is an important factor for them to be able to carry out their roles well. Awareness of their duties as the household leader is not enough for them to be good supporter of exclusive breastfeeding. This fact is also supported by expert informants as quoted below.

"Men (husbands) are considered good (Islamic perspective) are those whose have a lot of kindness to their wives (honest, indulgent, fulfilling needs)". (F.22)

According to the expert informant, husbands are obliged to always treat their wives as well as possible, maintain and protect them and fulfill all their needs. Husbands may not delegate all household matters to their wives, such as washing, cooking, taking care of babies, and so on. Husbands must help household chores so that their wives have enough time and energy to care for their babies including giving exclusive breastfeeding.

Finally, the informants believed that healthy and intelligent children will grow from a harmonious family. They described a harmonious family as a family that is sakinah (peace of soul), mawaddah (loving) and rahmah (kindness). The husbands' commitment to have harmonious family and nurture healthy and intelligent children was identified by informants as another driving factor for the husbands of being responsible, including for the success of exclusive breastfeeding.

Bonding is a process of forming an attachment using emotional glue between two or more individuals that is unique, specific and long lasting.[9,10] Our informants describe four main husband bonding behaviours that could facilitate the success of exclusive breastfeeding, ie, encouraging with affection, unstressing advice, being sincere and being responsible. Figure 1 illustrates the model of husband's bonding behaviour for the successful of exclusive breastfeeding.

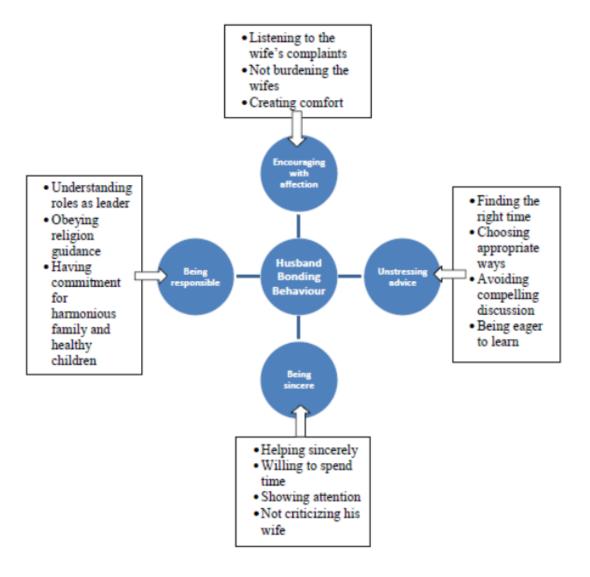


Figure 1. Husband bonding behaviour model for the success of exclusive breastfeeding

Encouragement with affection is the first part of the husband's bonding behaviour model consisting of listening to the wife's complaints, not burdening her and creating comfort. These husbands' behaviours could encourage breastfeeding mothers to breastfeed their babies exclusively because the breastfeeding mothers feel loved. Triangular theory of love from Sternberg (1997) could explain this phenomenon. According to Stenberg, love has three components, ie. intimacy, passion and commitment.[11] These three components are important for the process of effective breastfeeding. If the husband can present these three components in interacting with his wife, then the wife will be influenced and participate in presenting these three components when interacting with her baby in the process of breastfeeding. Passion makes breasfeeding mother to have strong feeling of enthusiasm or excitement for breastfeeding her baby. Intimacy is defined as the feeling of closeness that eases someone to do something for others. The final component is

commitment which is a component that can guarantee that the mother will continue to breastfeed her baby because of her promise.

The second husband bonding behaviour for the success of exclusive breastfeeding constructed from the data is unstressing advice. As discussed before, the attributes of the unstressing advice are finding the right time to convey advice, choosing appropriate ways, avoiding compelling discussion, being eager to learn together. By posing these behaviours, the husband shows his trust and respect to the capability of his wife in taking care of their baby, including in the breastfeeding process. This trust and respect will increase the self-efficacy of the breastfeeding mother to breastfeed her baby. According to Bandura (1977), self-efficacy is one belief that he or she are competent of carrying out a specific task or of reaching a specific objective.[12] A study in Latino community in the New York City indicated that exclusive breastfeeding is significantly associated with breasfeeding mother's self-efficacy. Hence, breastfeeding self-efficacy was the single modifiable factor associated with the success of exclusive breastfeeding.[13] Thus, the Husbands must understand that negative feedback resulted from stressing advice on breastfeeding process carrying out by the breastfeeding mothers can decrease the mother's self-efficacy in continuing the breastfeeding process.[4,14]

As discussed before, being sincere is the third husband bonding behaviour identified by the informants as supporting behaviour for the success of exclusive breastfeeding. Being sincere means that the husband is being genuine in any help, attention, and respect given to his wife, without being asked and without feeling burdened. Based on attribution theory, Hoogervorst et al found that sincerity enables the development of stronger emotional connections between support providers and support receivers. The stronger emotional connection simultaneously increase "affect-based trust" among them. Then, "affect-based trust" will influence the support receivers' responses to the advice of support providers.[15]

A study in China found that wives felt happier when husbands provide support and have more time to participate in caring for babies, doing household chores, and helping any difficulties at home.[16] An American study suggested that the success rate of exclusive breastfeeding can reach 98.1% if the wife gets help and support from her husband, otherwise if not, the success of exclusive breastfeeding is only 26.9%.[17] Support provided by the husband for the breastfeeding mother in child caring and household works, as well as massaging her while feeling tired were some husband supports identified by a study in Jakarta.[18]

As illustrated in the model, being responsible is the fourth husband bonding behaviour for the success of exclusive breastfeeding. Being responsible is described by three characteristics, ie. understanding roles as a household leader, obeying religion guidance, and having commitment for harmonious family and healthy children. This fourth husband bonding behaviour can be understood by using the Role Theory [19], the norm of the Eastern culture and the Islamic teaching. Based on the norm of the Eastern culture and the Islamic teaching, husband has a role as a leader of the household. In rural areas of Sumatra, eastern cultural norms and Islamic teachings are still strongly held by the community. As a leader, a husband is responsible for the welfare of family members. However, he also has a right to determine policies in the household in partnership with his wife.[20] As a result, the husband could be an important supporter for the success of exclusive breastfeeding. To be an effective supporter, the husband has to pose some skills and knowledge related to breastfeeding.[21]

#### 4. Conclusions

The findings indicated that the success of breastfeeding is not only determined by maternal factors but also by paternal involvement. Bonding is a process of forming an attachment using emotional glue between two or more individuals that is unique, specific and long lasting. Our informants describe four main husband bonding behaviors that could facilitate the success of exclusive breastfeeding, ie. encouraging affection, unstressing advice, being sincere and being responsible. Husbands' bonding behaviours could be improved by increasing knowledge about breastfeeding and religious beliefs. Thus, both health workers and religious leaders play an important role in the success of exclusive breastfeeding in rural Sumatra. This qualitative study was conducted in a rural area on Sumatra Island and findings may not be considered generalizable to other settings. However, we suggest there are fundamental similarities in husband bonding behaviors on exclusive breastfeeding in other rural areas throughout Indonesia, as well as other rural areas in eastern community holding the Islamic teaching.

## Credit authorship contribution statement

Yunardi: Research ideas development, data collection, and analysis, writing, review and editing. Mudjiran: Data Analysis and discussion. Masrul Data analysis and discussion. Nur: Methodology, data analysis and discussion.

# **Declaration of Competing Interest**

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

## Acknowledgement

We would like to thank all participants who took part in our interviews, health cadre who

assisted us in identifying the participants, as well as health officers and district officers who facilitated this study.

#### References

- [1] Pusat Data dan Informasi Kementrian Kesehatan RI. Situasi dan Analisis ASI Eksklusif. Https://WwwKemkesGoId/Development/Resources/Download/Tabloid/Infodatin/Infodatin-AsiPdf 2014.
- [2] Handajani DO, Pamungkasari EP, Budihastuti UR. Effectiveness of Health Promotion by Indonesian Breastfeeding Association in Increasing Exclusive Breastfeeding Coverage in Surabaya City, East Java. Journal of Health Promotion and Behavior 2018;03:1–15. https://doi.org/10.26911/thejhpb.2018.03.01.01.
- [3] Henry BA NAAC et al. Socio-Cultural factors influencing breastfeeding practices among low-income women in Fortaleza-Ceará-Brazil. Enfermería Global 2010;19:1–13.
- [4] Mannion CA, Hobbs AJ, McDonald SW, Tough SC. Maternal perceptions of partner support during breastfeeding. Int Breastfeed J 2013;8:4. https://doi.org/10.1186/1746-4358-8-4.
- [5] Mitchell-Box KM, Braun KL. Impact of Male-Partner-Focused Interventions on Breastfeeding Initiation, Exclusivity, and Continuation. Journal of Human Lactation 2013;29:473–9. https://doi.org/10.1177/0890334413491833.
- [6] Abbass-Dick J, Dennis C-L. Maternal and paternal experiences and satisfaction with a co-parenting breastfeeding support intervention in Canada. Midwifery 2018;56:135–41. https://doi.org/10.1016/j.midw.2017.10.005.
- [7] Rempel LA, Rempel JK, Moore KCJ. Relationships between types of father breastfeeding support and breastfeeding outcomes. Matern Child Nutr 2017;13. https://doi.org/10.1111/mcn.12337.
- [8] Braun V, Clarke V. Using thematic analysis in psychology. Qual Res Psychol 2006;3:77–101. https://doi.org/10.1191/1478088706qp063oa.
- [9] Crouch M, Manderson L. The social life of bonding theory. Soc Sci Med 1995;41:837–44. https://doi.org/10.1016/0277-9536(94)00401-E.
- [10] Perry BD. Bonding and attachment in maltreated children 2001.
- [11] Sternberg RJ. A triangular theory of love. Psychol Rev 1986;93:119–35. https://doi.org/10.1037/0033-295X.93.2.119.
- [12] Bandura A. Self-efficacy: Toward a unifying theory of behavioral change. Psychol Rev 1977;84:191–215. https://doi.org/10.1037/0033-295X.84.2.191.
- [13] Glassman ME, McKearney K, Saslaw M, Sirota DR. Impact of Breastfeeding Self-Efficacy and Sociocultural Factors on Early Breastfeeding in an Urban, Predominantly Dominican Community. Breastfeeding Medicine 2014;9:301–7. https://doi.org/10.1089/bfm.2014.0015.
- [14] Rodrigues AP PSPCG LA. FACTORS THOSE INFLUENCE IN SELF-EFFICACY OF BREASTFEEDING: AN INTEGRATIVE REVIEW. J Nurs UFPE 2013;7:1522–30.
- [15] Hoogervorst N, Metz J, Roza L, van Baren E. How Perceptions of Altruism and Sincerity Affect Client Trust in Volunteers Versus Paid Workers. Nonprofit Volunt Sect Q 2016;45:593–611. https://doi.org/10.1177/0899764015597778.
- [16] Su M, Ouyang Y-Q. Father's Role in Breastfeeding Promotion: Lessons from a Quasi-Experimental Trial in China. Breastfeeding Medicine 2016;11:144–9. https://doi.org/10.1089/bfm.2015.0144.

- [17] Marinelli K. An Interview With La Leche League Founders Marian Tompson and Mary Ann Kerwin, JD. Journal of Human Lactation 2018;34:14–9. https://doi.org/10.1177/0890334417742855.
- [18] Februhartanty J BSSA. Problems During Lactation are Associated with Exclusive Breastfeeding in DKI Jakarta Province: Father's Potential Roles in Helping to Manage These Problems. Mal J Nutr 2006;12:167–80.
- [19] Biddle BJ. Recent Development in Role Theory. Review of Sociology 1986;12:67–92.
- [20] Daradjad. Psikologi praktis: anak, remaja dan keluarga. Jakarta: Cipta Loka; 2009.
- [21] Frisz JM. Breastfeeding Education for Fathers: an Intervention to Increase Breastfeeding Rates. 2016.