

The relationship of father's knowledge and support as a breastfeeding father on exclusive breastfeeding in the working area of Public Health Center Batanghari Hospital East Lampung

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ABSTRACT

Background: Exclusive breastfeeding coverage in Lampung Province in 2020 was 70.1%, yet it still did not meet the expected target. Many factors influenced the success of exclusive breastfeeding. In providing breast milk, the father played a major role for the success. Father's knowledge and support in breastfeeding issues were the first thing the fathers needed to have to support breastfeeding practices. The fathers' support for the breastfeeding process was still lacking as society believed that breastfeeding was only the mother's duty. The support that a father could provide as a Breastfeeding Father could be in the form of helping with child care, helping with household chores, and providing food or other needs related to the breastfeeding process. Preliminary studies showed a lack of support from fathers for breastfeeding mothers at the Batanghari Lampung Community Health Center

Objectives: The purpose of this study was to determine the relationship between the knowledge and the father's support as a breastfeeding father towards exclusive breastfeeding.

Methods: This research was conducted in the Work Area of the Batanghari Inpatient Health Center, East Lampung in January - February 2023. The sample used was the fathers of infants aged 6-12 months in the Work Area of the Batanghari Inpatient Health Center, East Lampung, as many as 63 respondents obtained using accidental sampling technique. This research was a quantitative study using the Cross Sectional Study approach, analyzed by using the chi square test ($\alpha=0.05$) for bivariate analysis.

Results: The results of this study indicates that there was a real relationship between the father's knowledge as a breastfeeding father and the father's support as a breastfeeding father on exclusive breastfeeding in the Work Area of the Batanghari Inpatient Health Center, East Lampung with p-values of 0.038 and 0.010.

Conclusions: There is a significant relationship between father's knowledge and the father's support as a breastfeeding father and exclusive breastfeeding in the Batanghari Inpatient Health Center, East Lampung working area.

Keyword: breastfeeding fathers; support; knowledge; exclusive breastfeeding

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INTRODUCTION

Breastfeeding is a physiological process, in which the mother can principally breastfeed and provide breast milk for her baby. Babies should only be given exclusive breast milk without any additional food or other drink during the early stages of birth until the age of 6 months. Since breastfeeding is important, the world health bodies such as the International Children's Fund of the United Nations (UNICEF) and the World Health Organization (WHO), recommend exclusive breastfeeding for babies aged up to 2 years or more (1).

Exclusive breastfeeding in Lampung Province reached 70.1% in 2020. The obtained percentage was categorized as not reaching the target for breastfeeding which was around 80% (2). In the East Lampung Regency, the breast milk coverage data shows a percentage of 51.1%. Meanwhile, the breast milk coverage data for Puskesmas working areas in the East Lampung area such as Bumimas Health Center was 81.46% and Sekampung Health Center was 79.58%. These figures were higher than the percentage of the Batanghari Community Health Center which only showed a figure of 74.15%. Father's knowledge and support are fundamental as the fathers have the most important role in helping women in raising and feeding their babies. The father's role in supporting EBF was included in the World Health Organization's Global Breastfeeding Promotion Strategy

but it was not included in the original ten steps to successful breastfeeding addressed explicitly in revised version of the Ten Steps. Since the father's role is considered important in a family, the partner's or wife's perception of the father's attitude can change his subjective criteria regarding exclusive breastfeeding. Future initiatives should target new mothers and their partners to see how the partners can provide the most beneficial assistance to them. The main focus should be on targeting newly married couples. The father's support and knowledge play an important role in supporting exclusive breastfeeding. Therefore, it is expected that all fathers can participate as breastfeeding fathers. A "Breastfeeding Father" is a father who plays a role in providing motivation and support to breastfeeding mothers psychologically, mentally and materially. The support can be provided in the form of accompanying the wife and caring for the baby (3).

The lack of father involvement may be basically caused by the hierarchical structure of leadership in the household. Because of this hierarchical aspect, a partner or father can significantly influence a mother's choice of parenting properly. Doing house chores, giving child care for children, ensuring the well-being of their partner, preparing food, recognizing the newborn's hunger cues, burping, and changing the baby's diaper after breastfeeding indirectly support the mother

in initiating and maintaining child breastfeeding. The father's important role in the breastfeeding process is often not carried out well due to the society's assumption saying that the father's job is merely to earn a living. This fact can subsequently hinder the father's involvement and support in the breastfeeding process. The lack of father's support can be caused by the father's lack of knowledge. The fathers actually want to support their partners in breastfeeding, but they do not know about the breastfeeding process and what they can do to support partners who are breastfeeding. (4).

Based on the description of the importance of father's knowledge and support for the success of exclusive breastfeeding, unfortunately until now there has been no research regarding this at the Batanghari Lampung Community Health Center considering that in this province the coverage of exclusive breastfeeding is only 70-74%. The results of interviews conducted with breastfeeding mothers with 5 breastfeeding mothers as respondents indicate that 4 mothers stated that they did not receive support from their husbands for breastfeeding. Based on the preliminary study above, the researcher wants to examine more deeply with regard to "The Relationship of Father's Knowledge and Support as a Breastfeeding Father to Exclusive Breastfeeding in the Working Area of the Batanghari Inpatient Health Center, East Lampung".

MATERIALS AND METHODS

The research was conducted in the quantitative research with an analytic survey model, a correlation test approach using an accidental sampling technique taken on the basis of the availability of existing population members at the time of the study (5).

This study involved 153 fathers who had babies aged 6-12 months in the Working Area of the Batanghari Inpatient Health Center, East Lampung. The number of the samples was 67 respondents. The inclusion criteria in this study were fathers of babies aged 6-12 months, living at home with the mother and baby, domiciled in the working area of the Batanghari Lampung health center, and not having more than 1 baby who was receiving exclusive breast milk at the same time. The exclusion criteria in this study were fathers of babies aged 6-12 months who suffered from hereditary or congenital diseases, and were not willing to be the respondents. The data were obtained from the Batanghari Inpatient Health Center Register, East Lampung from January to July 2022. The data collection technique used was a questionnaire.

The knowledge questionnaire in this research was adapted from Amirudin's research, 2019. The questionnaire was stated as valid and reliable with the results of a validity test which could be declared valid if the calculated $r > r$ table with a significance level of 5% (0.05) r table was 0.381 and the reliability test obtained alpha

0.755. The questionnaire used a multiple-choice scale with the alternative answers having a, b, c answers. The Breastfeeding Father Support Questionnaire in this study was adapted from Wahyu Widayana's research, 2020. The questionnaire had been said valid and reliable with the results of the validity test which could be declared valid if $r \text{ count} > r \text{ table}$ with a significance level of 5% (0.05) $r \text{ table}$ equal to 0.361, and the reliability test obtained an alpha of 0.783. The questionnaire used a Likert scale.

The data obtained were analyzed by using the chi square test ($\alpha=0.05$) for univariate and bivariate analysis (6). The characteristics of the respondents included father's age, the father's education, the father's occupation, the number of children,

exclusive breastfeeding, the father's knowledge and father's support.

RESULTS AND DISCUSSION

RESULTS

Characteristics of Breastfeeding Fathers in the Batanghari Inpatient Health Center Working Area, East Lampung

Based on **Table 1**, it shows that the majority of respondents aged 20-35 years were 54 respondents (80.6%). The respondents with higher education were 53 people (79.1%), while the rest was the ones with low education. Of the 67 respondents, the majority of respondents worked as laborers as many as 25 respondents (37.35). The majority of respondents had 2-3 children, which was 44 people (65.7%).

Table 1. The Characteristics of the breastfeeding fathers in the batanghari inpatient Health Center Working Area, East Lampung

Characteristics	Frequency (n)	Percentage (%)
Father's age		
<20 years	3	4.5 %
20-35 years	54	80.6 %
>35 years	10	14.9 %
Father's Education		
Higher Education (High School, Bachelor)	53	79.1 %
Low Education (SD, SMP)	14	20.9 %
Father's occupation		
Civil servants	3	4.5 %
Private employees	24	35.8 %
Trader	15	22.4 %
Laborer	25	37.3 %
Number of children		
1	20	29.9 %
2-3	44	65.7 %
>4	3	4.5 %

Father's Knowledge of Breast Milk

The table below presents the frequency distribution data from 63 respondents regarding to the father knowledge as a breastfeeding father in the Batanghari Community Health Center, East

Lampung. Based on **Table 2**, it shows that majority of fathers (77%) had less knowledge as breastfeeding fathers. Based on Table 2, the majority of fathers have less knowledge, 52 people (77.6%).

Table 1. knowledge of breastfeeding fathers in the work area of the batanghari inpatient Health Center, East Lampung

Father's Knowledge	Frequency (n)	Percentage (%)
Good	15	22.4 %
Not enough	52	77.6 %

Breastfeeding Father's Support

Table 3 presents the frequency distribution data from 63 respondents related to the father support as a breastfeeding father in the Batanghari Community Health Center, East Lampung. From the **Table 3**, it can be concluded that majority of fathers (58.2%) gave such a high support as a breastfeeding father.

Table 2. Support of breastfeeding fathers in the batanghari inpatient Health Center Work Area, East Lampung

Father's support	Frequency (n)	Percentage (%)
High	39	58.2 %
Low	28	41.8 %

Exclusive breastfeeding

Based on **Table 4**, the percentage of exclusive breastfeeding for babies in the Batang Hari Community Health Center, East Lampung, was very low as there was only 56.7% of the babies

received exclusive breastfeeding.

Table 4. Exclusive breastfeeding in the working area of the batanghari inpatient Health Center, East Lampung

Exclusive breastfeeding	Frequency (n)	Percentage (%)
Yes	29	43.3 %
No	38	56.7 %

The Relationship between the Father's Knowledge as a Breastfeeding Father and Exclusive Breastfeeding

Based on **Table 5**, it shows that fathers with a good level of knowledge on average, as many as 10 respondents (34.5%) were given exclusive breastfeeding. Fathers with less knowledge level on average children who were not given exclusive breastfeeding were 33 respondents (86.8%) with a p-value of 0.038 (≤ 0.05) so that father's knowledge was related to exclusive breastfeeding.

Table 3. The relationship between the father's knowledge as a breastfeeding father and exclusive breastfeeding in the working area of the batanghari inpatient Health Center, East Lampung

		Exclusive breastfeeding				p value
		Yes		No		
		N	%	N	%	
Father's Knowledge	Good	10	34.5 %	5	13.2 %	0.038
	Not enough	19	65.5 %	33	86.8 %	
Total		29	100%	38	100%	

The Relationship between the Father's Support as a Breastfeeding Father and Exclusive Breastfeeding

Based on **Table 6**, it shows that fathers with high support on average children given exclusive breastfeeding

were 22 respondents (75.9%). Fathers with low support, on average, and not given exclusive breastfeeding were 21 respondents (55.3%), with a p-value of 0.010 (≤ 0.05), so that father's support was related to exclusive breastfeeding.

Table 6. The Relationship of the father's support as a breastfeeding father to exclusive breastfeeding in the working area of the Batanghari Inpatient Health Center, East Lampung

		Exclusive Breastfeeding				p value
		Yes		No		
		N	%	N	%	
Father's support	Tall	22	75.9 %	17	44.7%	0.010
	Low	7	24.1 %	21	55.3%	
Total		29	100%	38	100%	

DISCUSSION

The Characteristics of Respondents in the Work Area of the Batanghari Inpatient Health Center, East Lampung
The Father's Age

Based on the research results, it shows that the majority of respondents aged 20-35 years were 54 people (80.6%). The age range of 20-35 years is a good age for the reproductive period since the people in that age have a tendency to have sufficient knowledge, high motivation, rational thinking, and ability to carry out busy activities for their strong energy. Meanwhile, below 20 years old, it is

considered to be a psychologically vulnerable age for fathers as they are generally not ready to become a father (7).

The Father's Education

The results showed that the majority of respondents having higher education were 53 people (79.1%). The father's education reflects a father who tended to find out more about new things by utilizing existing mass media to find information about the importance of providing exclusive breast milk for babies and other things related to the good of the baby in the future (8).

The Father's Occupation

Based on the research results, the majority of respondents worked as laborers, reached 25 respondents (37.35%). Father's work affected the income. On average, respondents had income from various types of work, such as workers, traders, private employees, civil servants and others. From the existing questionnaire data, the father's occupation did not have any influence on the father's role as a breastfeeding father and breastfeeding (9).

The Number of Children

Based on the results of the study, it shows that the majority of respondents having 2-3 children were 44 people (65.7%). Fathers who had a new role were more likely to focus on babysitting, paying attention to their wives, and taking part in carrying out their wife's role in taking care of household chores (10).

The Relationship between the Father's Knowledge as a Breastfeeding Father and the Exclusive Breastfeeding

The results of the research show that there was a relationship between father's knowledge as a breastfeeding father and exclusive breastfeeding in the work area of the Batanghari inpatient health center, East Lampung, with a p-value of 0.038 (≤ 0.05). This shows that fathers with good knowledge tended to be more supportive of mothers providing exclusive breastfeeding. Meanwhile, the fathers with less knowledge as breastfeeding fathers

tended not to support mothers in providing exclusive breastfeeding.

According to opinion (11), there was a correlation between knowledge of breastfeeding fathers and the success rate of exclusive breastfeeding in infants 6-12 in the Sungai Mesa Health Center work area in 2020 with a p-value = 0.000 < 0.05 which indicates that Breastfeeding Fathers supported exclusive breastfeeding with a total of 33 respondents (70.2%) from a total of 47 respondents.

In addition, the research conducted by (12) stated that knowledge had an influence on giving exclusive breast milk. The statistical tests obtained a p value of $0.015 < 0.05$ with 43 respondents having good knowledge, out of a total of 59 respondents, and those who gave exclusive breast milk were 60.5% (26 respondents) and those who did not give breast milk exclusive were 39.5% (17 respondents), while those with the lack of knowledge were 16 respondents. The respondents understood the importance of exclusive breastfeeding and the consequences if the baby was not breastfed. This assumes that the father's knowledge as a breastfeeding father had a significant influence on the exclusive breastfeeding.

The fathers who had good knowledge had more understanding about the benefits of exclusive breastfeeding than the fathers with less knowledge (13). The lack of knowledge about the role of being a breastfeeding father tended to be indifferent to exclusive breastfeeding. The father's

knowledge of being a breastfeeding father was influenced by several factors, including experience, education, age, and work environment (14). Parents with their first child usually have experience and can use it as a lesson in raising their subsequent children, but with a large number of children, the attention given to each new born child also decreases.

The fathers with less knowledge as breastfeeding fathers would have more roles, such as not providing support to breastfeeding mothers, not seeking further information about breastfeeding problems and the benefits of breast milk for future babies. They tended to pay more attention to themselves than to the mother and baby. They did not provide comfort to mothers and provide understanding of the myths circulating in society without knowing the truth (15). To contribute to successful breastfeeding, fathers must be considered clients of care (16).

The Relationship between the Father's Support as a Breastfeeding Father and the Exclusive Breastfeeding

The results showed that there was a relationship between father's support as a breastfeeding father and exclusive breastfeeding in the working area of the Batanghari inpatient health center, East Lampung, with a p-value of 0.010 (≤ 0.05). It means that fathers who had high support as father breastfeeding tended to support mothers to provide exclusive breastfeeding for their babies. Meanwhile, the majority of

fathers with low support as breastfeeding fathers did not support mothers to provide exclusive breastfeeding to their babies.

The results of this study were in line with research conducted by Yanti (2020) showing that the support provided by fathers both during the intrapartum, antepartum and breastfeeding periods had been proven to be related to the success of exclusive breastfeeding (8).

Support was an effort given to other people, both mentally and physically, to motivate them to carry out activities. In this case support came from their husband. Husband's support greatly determined the success of breastfeeding because the influence of the family, especially the husband, had an impact on the mother's emotional state, so that it also indirectly influenced breast milk production (17).

Father's support given to mothers was able to improve breastfeeding outcomes in exclusive breastfeeding to babies as by involving the father in the breastfeeding process and ensuring the active participation, it would increase the rate of breastfeeding (13).

A father who provided insufficient support to the mother would have a negative influence on the condition of the breastfeeding mother. Fathers had to be able to respond to how to provide support to their wives to provide exclusive breastfeeding. Most fathers had a positive attitude towards breastfeeding. It is necessary to emphasize the importance of exclusive breastfeeding. Programs aimed at

educating fathers will help them become a source of support for their partners (18).

The fathers needed to provide emotional and practical support for mothers during breastfeeding through encouragement and affection and anticipate her needs so that they could convince her that breastfeeding a baby was a shared responsibility (between father and mother). Support includes providing practical support to the partner during breastfeeding, such as carrying out household activities, caring for older children, ensuring the partner's comfort, providing food, recognizing the baby's signs or hunger cues, burping, and changing the baby's diaper (19). The five main roles of husband's support are knowledge, positive attitude, participation in decision making, practical support and emotional support in breastfeeding. A husband's positive or negative attitude towards breastfeeding could influence the mother's behavior in breastfeeding. Negative attitudes influenced by sexual preferences, such as the fear that breastfeeding would damage the shape of the breasts, and could make breastfeeding unacceptable for husbands. Apart from that, the husband's positive attitude was also affected when family finances supported breastfeeding (20).

The specific and appropriate breastfeeding support from a partner could influence a mother's decision to start and continue breastfeeding in the early postpartum period. New mothers' verbal encouragement from their partners is the

most common form of support used to improve breastfeeding behavior. Other specific types of partner's supportive actions that lead to improved breastfeeding behavior include partner's sensitivity to the breastfeeding mother's needs, support in preventing and managing breastfeeding difficulties, breast feeding and help with housework and child care. Breastfeeding interventions for new mothers should consider partner involvement and their specific roles to maximize impact (21).

Family support could also increase a mother's self-confidence. A qualitative study conducted in Myanmar highlighted that mothers needed support from fathers since fathers could also help obtain information about breastfeeding, in addition to providing encouragement and encouragement (22).

There are several factors that affect father's support, such as age, occupation, education, number of children, and father's income (23). Age determines the physical and psychological maturity of most people. Age has something to do with one's experience. The experiences of others have a greater impact on recognizing family or peer values at a younger age. According to a study conducted in India, the number of children influenced the father's support for exclusive breastfeeding (24).

CONCLUSION AND RECOMMENDATION

Based on the research that has been conducted, it can be concluded that there was a significant relationship between the

Father's Knowledge as a Breastfeeding Father and the Exclusive Breastfeeding in the Batanghari Inpatient Health Center Work Area, East Lampung with a p-value of 0.038 and there was a significant relationship between Father's Support as a Breastfeeding Father on Exclusive breastfeeding in the Batanghari Inpatient Health Center, East Lampung working area with a p-value of 0.010.

It is expected that fathers will be more active in searching the latest information about breast milk so that fathers have better knowledge about their role as a breastfeeding father and the importance of exclusive breastfeeding and its benefits for babies. Health workers can motivate fathers to want to learn about their role as breastfeeding fathers by involving fathers during service at Integrated Healthcare Post or visiting other activities, as well as creating the latest media to attract fathers' attention in developing their knowledge as breastfeeding fathers.

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