



# International Journal of Current Research and Academic Review

ISSN: 2347-3215 (Online) Volume 6 Number 8 (August-2018)

Journal homepage: <http://www.ijcrar.com>



doi: <https://doi.org/10.20546/ijcrar.2018.608.007>

## Case Study of Male Partner Involvement on Initiation and Sustainment of Exclusive Breast Feeding Among Women

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### Abstract

The aim of this study was to investigate male involvement in Exclusive Breastfeeding, which is a child feeding practice applicable to infants between 0-6 months of age whereby an infant receives breast milk only from his/her mother for the first 6 months of life from birth and no other liquids or solids, unless these have been prescribed by a medical doctor (Kamaloni, 2016). This was a descriptive study that used convenient sampling technique for the selection of participants, having a sample of 36 participants (18 males and 18 females) who had infants below 6 months of age and stayed with their spouses. Data was collected through Focus Group Discussions. Participants were grouped into two groups males and females. The results of the study showed that mothers who have a supportive and encouraging partner are more likely to exclusively breastfeed and breastfeed for a longer duration. Women generally, indicated that men are not helping them with house hold chores so as to lessen the work load for them to have time for breast feeding. As a recommendation, the Ministry of Health and Child Care should ensure the integration of males in Exclusive Breastfeeding into the already existing Maternal and Child health and Nutrition programs in the community.

### Article Info

Accepted: 04 July 2018

Available Online: 20 August 2018

### Keywords

Exclusive;  
complimentary;  
Breastfeeding; infant;  
Milk

### Introduction

In the African tradition society a women's place is believed to be in the kitchen (Ajala, 2016). Women do house chores and tilting of the land amongst other duties. Due to these heavy workloads which result in tiredness and pressure, women barely have time to practice Exclusive Breastfeeding thus they resort to mixed feeding which has become a common practice in infants below 6 months and at times breastfeeding is stopped for infants of this age group. At times these infants undergo breast milk starvation so the child feels hungry and eats solids with ease. Forced feeding is also a common

practice, where the caregiver firmly closes the nose of the child forcefully pouring down food using the palm so that the child eats, these are practices carried out and at times supported by the father of the child (Mukurai, 1999).

Geographical locations and cultural norms have a great impact in influencing the behaviors of men particularly looking at their participation in Exclusive Breastfeeding. In the recent years there has been a change in the family dynamics, trends and man roles within the family, these dynamics and trends vary by continent, country, religion and race (Oláh *et al.*, 2018). A move towards increased

participation by some men in the upbringing, support, care and feeding of their children has been noticed; this change has been brought about by increase in education attainment, gender sensitivity and urbanization among other factors this is as stated by (Department of Economic and Social Affairs, 2011).

Child feeding behaviors such as Exclusive Breastfeeding alongside with care work has in most instances been attributed to women. These women also have to bear the brunt of heavy workloads in the fields and in the household. These are cultural norms that are common in the Ndebele, Khalanga and Shona tribes of Zimbabwe. The main focus of this study was on the Khalanga tribe in Zimbabwe that is found in a rural community in Bulilima District, Matabeleland Province. This community shares more or less the same views, traditions and believes with those of the Ndebele people. The study intended to investigate the involvement of males of this community in Exclusive Breastfeeding.

## **Materials and Methods**

The study design was qualitative and descriptive in nature. Participants in this study were drawn from Solusi village in Bulilima district. The total population was 373 people (191 Males and 182 Females) and there were 80 households. From this population couples who stayed together and had an infant 0-6 months of age were drawn for the research. Convenient sampling technique was used. Participants qualifying for the study were divided into two groups according to gender.

The segregation by gender was to make each member feel free to express themselves without fear of their spouse. Sample size of 36 participants (18 male & 18 females) who had infants below 6 months of age and lived with their partners were selected. Focus group discussion was used to solicit information. The interviewer guided the group based on set questions.

## **Results and Discussion**

Conferring to the results on table 1 and 2, the highest population (55%) of the women were unemployed, Most of these women spent their time working in the field and doing house chores 39 % were self-employed as vendors and they would engage in what they call piece jobs involving clearing of land, and fetching firewood or water for other people amongst other things. The least represented was the formally employed group with 6%. Unlike men, only 39% of men were unemployed and

44% were self-employed and 17% of men were formally employed. Table 3 shows the age distribution of babies whose mothers participated in the survey, 50% of the infants aged between 4-6 months, 33% aged between 2-4 months and 17% aged between 0-2 months of those infants (56 %) were breastfed immediately after birth. This could be influenced by results showing that most of the people get Exclusive Breastfeeding knowledge from the Village Health Workers and the Lead Mothers and some getting the knowledge from the nurses.

Table 4 shows that 56% of the women breastfeed soon after giving birth while 44% indicated that they breastfeed 6 hours later, after giving birth.

Table 5 shows that 17% of males and 23% females got the information on exclusive breastfeeding from the doctors and nurses, 22% males and 33% females got the information from the village health workers while 33% of both males and females got the information from the care group. From the study 28 % males and 11 % females did not get information from anywhere.

According to Figure 2 only 17 % of the women know that infants below 6 months should not be given anything to eat besides breast milk and medicine prescribed by the doctor only. The larger percentage from the women's group believed that apart from breast milk infants can be given plain water, oil, traditional medicine and solid foods like thin porridge.

Males also indicated their duties to ensure women exclusively breastfeed their infants, 6 % of the males helped with cooking while the mother breastfeeds, 22 % would chat with the mother while she breastfed to make her feel relaxed. Another 22 % did not do anything to help ensure the mother exclusively breastfeeds. Some males 11 % played with the other children while the mother breastfeeds and they also chat with the mother while she breastfeeds to make her feel relaxed. Another 11 % of the males helped with cooking while the mother breastfeeds and also chat with the mother while she breastfeeds to make her feel relaxed. Another 17 % males fetched water and firewood in bulk so that the mother's workload is reduced, 11 % fetched water and firewood in bulk and helped with cooking while the mother breastfeeds. Male involvement in maternal and child health has a positive effect on the health and nutritional status that of the child and the mother this is supported by Kamaloni (2016) and Tan (2011) (Fig. 1-4).

**Table.1** Employment status for women

	Frequency	Percentage
Valid Formally employed	1	6
Self employed	7	39
Unemployed	10	55
Total	18	100

**Table.2** Employment status for males

	Frequency	Percentage%
Valid Formally employed	3	17
Self employed	8	44
Unemployed	7	39
Total	18	100

**Table.3** Age of child

Age groups	Frequency	Percentage %
0-2 months	3	17
2-4 months	6	33
4-6 months	9	50
Total	18	100

**Table.4** Breastfeeding initiation

	Frequency	Percentage %
Immediately 0mins/ Hours later	10	56
	8	44
Total	18	100

**Table.5** Source of information on exclusive breastfeeding

	Males		Females	
	Frequency	Percentage %	Frequency	Percentage %
Doctor/ Nurse	3	17	4	23
Village Health Worker	4	22	6	33
Lead Mother/ Care Group Volunteer	6	33	6	33
No where	5	28	2	11

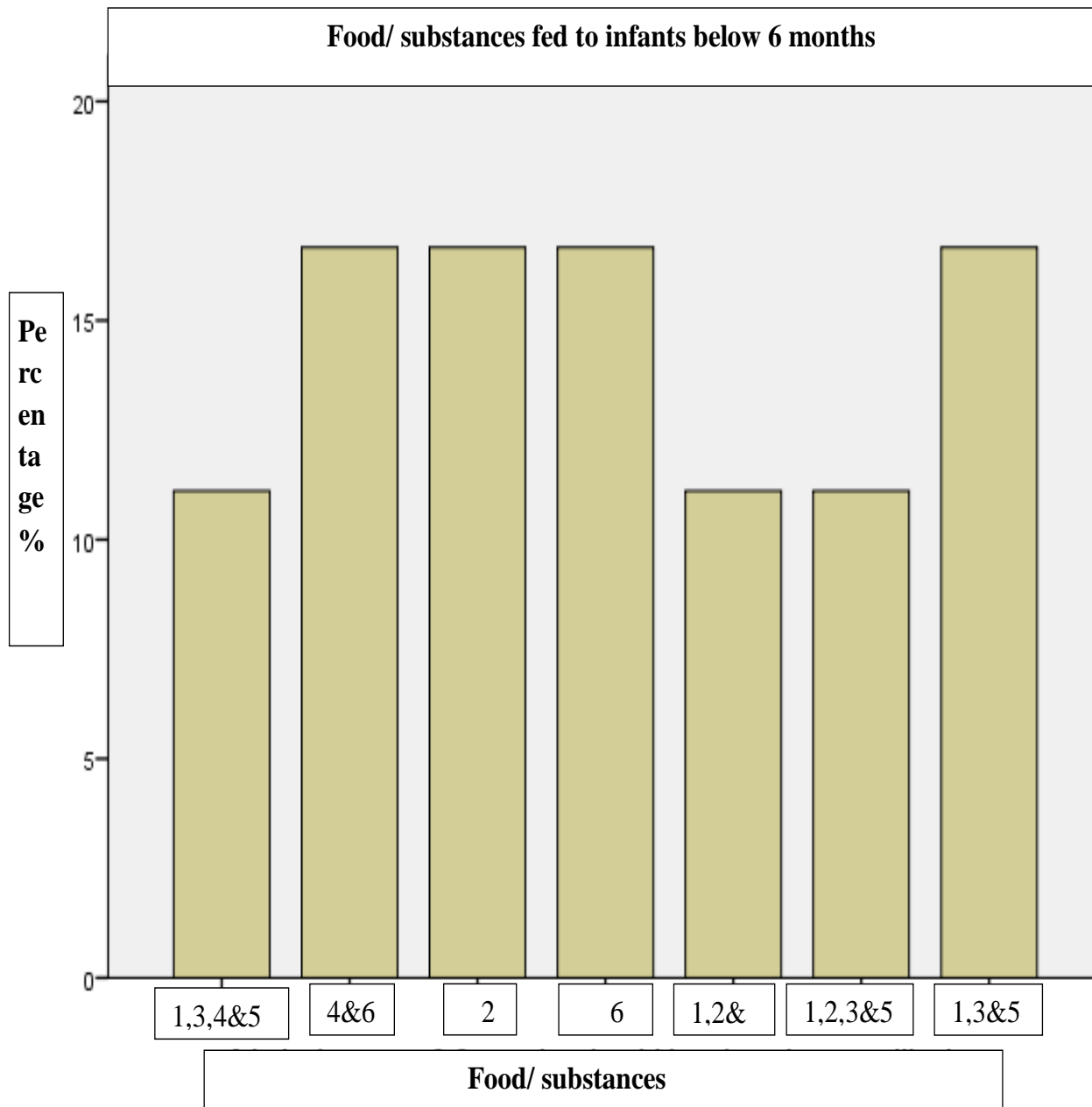
**Table.6** Level of support males offer to breastfeeding women

Responses	Males	Females
Too involved	11%	11%
Good level of involvement	28 %	11 %
Not involved at all	28 %	45 %

**Table.7** Sharing of exclusive breastfeeding information with spouse

	Males		Females	
	Frequency	Percentage %	Frequency	Percentage %
Yes	8	44	6	33
No	10	56	12	67

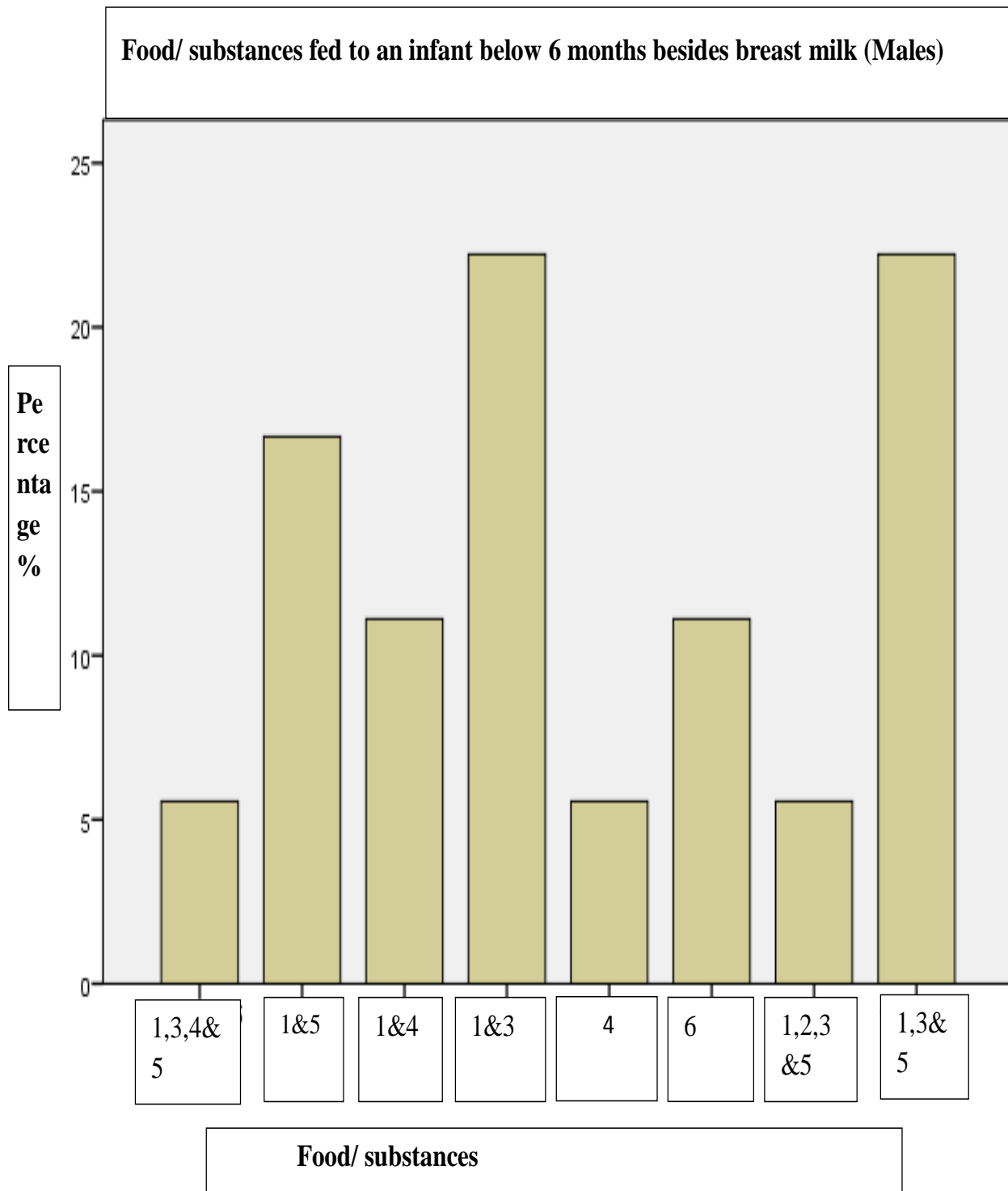
**Fig.1** Food/ substances fed to an infant below 6 months besides breast (Females response)



Key

1=Plain water	2=oil	3= Traditional medicine
4=Doctor's medicine	5=Solid foods porridge/sadza	6= nothing

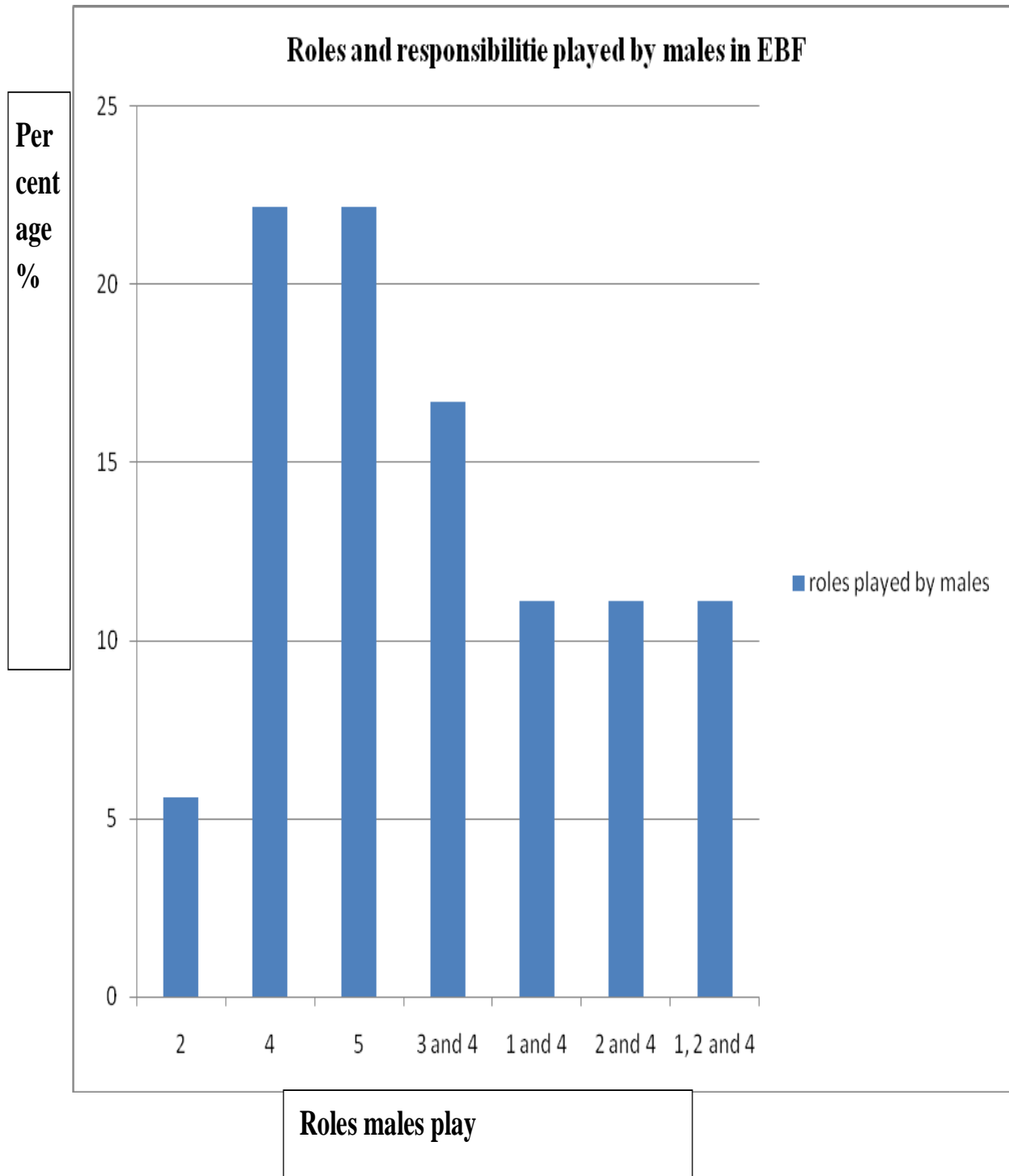
Fig.2 Food/ substances fed to an infant below 6 months besides breast milk (Males response)



Key

1=Plain water	2=oil	3= Traditional medicine
4=Doctor's medicine	5=Solid foods porridge/sadza	6= nothing

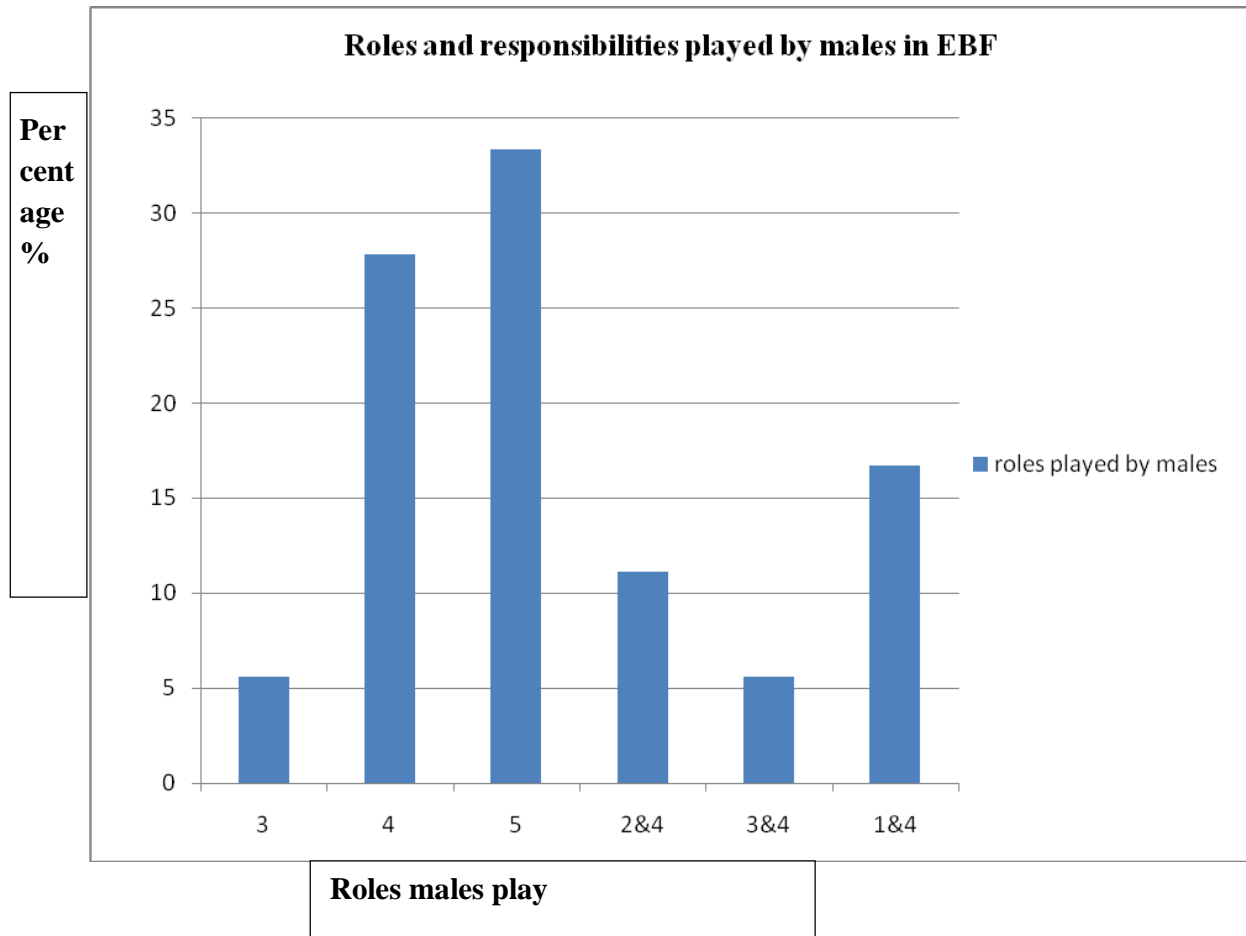
**Fig.3** Roles males play in ensuring women exclusively breastfeed (males results)



Key

1=Help with cooking while the mother breastfeeds
2= Fetching water and firewood in bulk so that the mother’s workload is reduced
3= Play with the other children while the mother breastfeeds
4= Chat with the mother while she breastfeeds to make her feel relaxed
5= Nothing

Fig.4 Roles males play in ensuring women exclusively breastfeed (Females results)



Key

1=Help with cooking while the mother breastfeeds
2= Fetching water and firewood in bulk so that the mother’s workload is reduced
3= Play with the other children while the mother breastfeeds
4= Chat with the mother while she breastfeeds to make her feel relaxed
5= Nothing

Some of the males during the Focus Group Discussion stated that they are decision makers as they are the ones who provide food and other things for the family. Fathers indicated that their main role in Exclusive Breastfeeding is to provide food and support emotionally the nursing mother.

From the males Focus Group Discussion it was established that males believe chatting with the nursing mother while she breastfeeds is enough involvement in Exclusive Breastfeeding as some man felt that is all they can do. However as the discussion proceeded some man realised that helping with house chores reduced workloads for the women thus giving the woman ample time to exclusively breastfeed.

Contrary to that, 32 % women reported that males do not help out at home, 28 % of the males were reported to chat with the mother while she breastfeeds, 6 % of the males were reported to play with the other children while the mother breastfeeds. Some males 11 % fetched water and firewood in bulk so that the mother’s workload is reduced. Some males, 6% were reported to play with the other children while the mother breastfeeds and chat with the mother, 17% males would help with cooking while the mother breastfeeds and would chat with the mother. However, some women felt that men should also engage in house hold chores and child care work so as to reduce the woman’s workload. The results also indicated that females felt males are not involved in Exclusive Breastfeeding at all as most men believe that provision of

food, financial and emotional support are the most important ways of participating and safeguarding good Exclusive Breastfeeding practices. Men tend to have a basic knowledge about Exclusive Breastfeeding but key messages but lack in depth knowledge, Bernard *et al.*, 2016.

Table 6, shows that 11 % both males and females felt some males are too involved in supporting women in practising Exclusive Breastfeeding, 28 % males and 11 % females indicated that males have a good level of involvement, 33 % both males and females felt males are not involved enough and 28% males and 45 % females stated that males are not involved at all in supporting their spouses in ensuring that they practise Exclusive Breastfeeding. Female participants through the Focus Group Discussion were for the idea that despite the fact that most men would not support fathers who are too involved in Exclusive Breastfeeding this should not discourage the supporting fathers but they should do this for their children's wellbeing. Socio- cultural barriers include cultural norms and gender roles and that define roles men play in infant feeding (Nkuoh, 2010). Male involvement in Exclusive Breastfeeding may be affected by traditional perceptions traditional perceptions culturally men are not allowed in places like the labor wards and antenatal clinics during check-ups this is because these places are perceived to be women only places (Nguni, 2013). As seen in table 7, 44% males and 33% female discuss Exclusive Breastfeeding with their spouses while 56 % males and 67% females do not discuss about Exclusive Breastfeeding issues with

The researcher concluded that most of the mothers have information on Exclusive Breastfeeding although they continue to practice mixed feeding. Another observation was that most men have general knowledge about Exclusive Breastfeeding while others do not have a clue what Exclusive Breastfeeding is all about. Generally, majority of women indicated that their male counterparts do not support them during breastfeeding so as to get time to exclusively breastfeed.

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### How to cite this article:

Chinofunga, D., P. Mageza, T. Usai, I. Matiringe and Serere, J.H. 2018. Case Study of Male Partner Involvement on Initiation and Sustainment of Exclusive Breast Feeding Among Women. *Int.J.Curr.Res.Aca.Rev.* 6(8), 67-74.  
doi: <https://doi.org/10.20546/ijcrar.2018.608.007>