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Attitudes, Roles, and Community Perspectives Regarding Male Involvement in Breastfeeding in Juba, South Sudan

Tobijo Denis Sokiri Moses[1*], Kamaruzzaman Zaman[2]
[1]*Department of Public Health, Upper Nile University, Juba, South Sudan*
[2]*Department of Communications, Iain Lhokseumawe University, Aceh, Indonesia*

Abstract

There is growing awareness that fathers' infant-feeding preferences may influence mothers' intentions to breastfeed and help promote optimal breastfeeding. Despite this understanding, fathers are not part of most breastfeeding promotion strategies such as 'mother-to-mother' support groups. This study examined male partners' breastfeeding attitudes, roles, and community views on male involvement through quantitative and qualitative methods. We interviewed 275 fathers of children aged <2 years, 15 key informants, and five focus groups to learn from the community. The data were analyzed using SPSS version 28.0; and thematically to generate frequency tables, median, interquartile range, and repeating patterns. Above 70% of fathers agreed that breastfeeding did not harm marriage or reduce women's attractiveness. Breastfeeding in public is also accepted, and responsibilities are shared. The study also found support for >80% of the critical roles, including housework, baby care, and holding and watching the mother breastfeed. Education level was significantly associated with breastfeeding attitudes ($r=-0.207$ $p=0.001<0.05$) and roles ($r=0.308$, $p=0.001<0.05$). Employment status was also significantly associated with attitudes ($r=0.184$, $p=0.003<0.05$) and roles in breastfeeding ($r=-0.155$, $p=0.007<0.05$). However, there was no significant association between hours of work and the attitudes/roles of male partners in breastfeeding ($r=-0.074$, $p=0.125>0.05$ and $r=0.049$, $p=0.224>0.05$, respectively). The key barriers that emerge included challenging patriarchy, gender role segregation; Sexism; false beliefs; and work-related, social, economic, and personal factors. The major cultural hurdles that emerged signify the need to develop context-specific strategies to dispel myths about male breastfeeding involvement and promote supporting practices.

Keywords: *Attitudes, Breastfeeding, Community, Involvement, Male, Perspectives, Roles.*

Introduction

This study aimed to generate knowledge on male partners' attitudes toward breastfeeding, roles in breastfeeding, and community perspectives regarding their involvement. It addressed gaps in male breastfeeding beliefs, perceptions, and opinions as drivers of actions and community views as motivators or barriers to male participation in the breastfeeding process.

The United Nations Sustainable Development Goal (SDG) 3, target 3.2, aims to end all preventable deaths of new births and reduce mortalities under five years to at least 12 deaths per 1000 live births by 2030 [1]. In 2020, South Sudan had a relatively high under-five mortality rate of 99 per 1000 live births and infant and neonatal mortality rates of 64 and 40 per 1000 live births, respectively [2].

Breastfeeding is associated with GD 3 and other Sustainable Development Goals, including SDG 2; 'improves nutrition'; SDG 4 supports; 'cognitive development and education. Adequate breastfeeding, including

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****Corresponding Author: tdmssokiri@gmail.com***

early initiation, exclusivity, and sustainability, reduces half childhood illnesses, such as diarrhea, acute respiratory infections, and malnutrition [3].

South Sudan's exclusive breastfeeding rate in 2019 was 74%; however, there are no data on early initiation and continuality/sustainability [4]. Despite achievements in exclusive breastfeeding rates, 75% of all childhood mortalities in 2019 resulted from diarrhea, pneumonia, and acute respiratory infections (ARIs) [5].

Male involvement in breastfeeding is associated with improved exclusive breastfeeding rates and child survival outcomes from 27.2% to 96.5%% in Ethiopia over five years, 67.1% to 73% in Uganda over four years, and 13.8% to 73.7% in Kenya over four years [6].

Practical paternal support revolves around physical and emotional care. For example, in Kenya's neighboring country, fathers help provide food, feed babies, assist with household work, and take care of other children [7]. In Ethiopia, paternal support includes breastfeeding appreciation and responsiveness [8]. Some men support their breastfeeding partners in Tanzania by sharing chores, particularly cooking [9]. There is no published literature on male involvement in breastfeeding in South Sudan. However, some studies suggest that fathers' attitudes and roles in breastfeeding correlate with education, employment, income, traditional values, and beliefs [10]. In Uganda's neighboring country, fathers with more knowledge, formal education, and higher incomes were more supportive than their less-privileged counterparts.

In Canada, 24% of low-income families stopped breastfeeding at one month compared to 6.9% of advantaged parents [11]. In India, breastfeeding knowledge was a driving factor for male involvement, as 55.4% of optimistic fathers viewed breast milk as the ideal food for their babies, and nearly half knew that breastfeeding improves mother-to-child bonding [12].

The main barriers to male involvement in breastfeeding relate to gender role segregation associated with rigid culture. For instance, in South Sudan, communities view domestic work related to childcare as feminine [13]. In Ghana, men interested in supporting their breastfeeding partners faced community rebukes associated with the division of labor and space [14].

Gender stereotyping and Sexism present an opposing force to breastfeeding on demand, including in public, such that extreme fathers discourage their partners from breastfeeding in the open [15].

Methods

Study Design

This cross-sectional and descriptive study used quantitative and qualitative methodologies. Scheduled interviews and a structured questionnaire helped collect quantitative data. With the help of key informant interviews (KIIs) and focus groups, a nanostructured questionnaire gathered views on male breastfeeding participation (FGDs). We randomly chose fathers of children under two years old living in Juba for quantitative interviews and community leaders, women's groups, and people of interest for KIIS and FGDs.

Study Setting

The study was conducted in Juba, the capital city of South Sudan, with 54,439 people and a mixed population of foreign nationals from Uganda, Kenya, Ethiopia, and Congo. The adult (men and women) literacy rate is 27%. Moreover, 66% of the population lives below the poverty line of <$1 per day, and 15.1% are unemployed [16].

Sample Size Estimation

Quantitative sample size estimation was performed using Cochran's formula with a desired level of precision (e) of 0.05, a

proportion of the attribute present in the population (p) of 0.74, and a Z score at a 95% confidence level of 1.96, yielding a sample size of 295 fathers/parents.

Cochran's Formula

$$n_0 = \frac{Z^2 PQ}{e^2}$$

e, is the desired level of precision (margin of error)=0.05, p is the (estimated) proportion of the population with the attribute in question=0.74, q is 1 – p=1-0.74=0.26, Z value found in a Z table (at 95% confidence level, Z value is 1.96).

The qualitative sample consisted of 15 key informant interviews (KIIs) and five focus group discussions (FGDs) due to time, geographic coverage, and financial constraints (FGDs).

Data Collection Tool

The instrument was derived from Abu-Abbas [17], and section A collected participant demographic data. Section B identifies attitudes, and Section C records male partners' roles in breastfeeding, scored 1-7. One signifies strong disagreement, four neutrality, and seven strong agreement. During data analysis, agreeing, neutral, and disagreeing were combined. The simple key informant interview and focus group discussion guides addressed male involvement in breastfeeding attitudes, opinions, behaviors, and beliefs.

Data Collection Process

The quantitative participants were picked via a lottery. The principal investigator planned interviews with chosen participants at home or work. A total of 275 male parents responded to the call, a 93.2 percent response rate. The KII and FGDs included a diverse group of participants chosen for their age, sex, occupation, education, and other socioeconomic features. For clarity, all interviews were conducted in Arabic and English. All discussions were recorded on a smartphone and saved with unique codes for later download.

Ethical Approval and Consent to Participate

The Directorate of Research and Planning, Ministry of Health, Republic of South Sudan, approved this work for publication. Volunteers got an information sheet outlining the research and their duties. Participants were informed that their personal information would be securely maintained and password protected. Participants could opt out of the study at any time. Participants' relationships with the researcher are unaffected by their participation in the study. Participants signed a consent form to take part.

Data Analysis

We used SPSS 28.0 to examine quantitative data. A table and graph were created using the 'Analyze' field in the SPSS window. Frequencies, median (Mdn), and interquartile range (IQR) were used to describe the distribution of variables and their central tendency (IQR). Using Spearman's rank correlation, the following research hypothesis was tested:

Hypothesis 1:H_0: There is no significant association between educational level and male partner attitudes and roles in breastfeeding.

H_1: There is a significant association between educational level and male partners' attitudes and roles in breastfeeding.

Hypothesis 2: H_0: There is no significant association between employment status and male partner attitudes and roles in breastfeeding.

H_1: There is a significant association between employment status, male partner attitudes, and breastfeeding roles.

Hypothesis 3: H_0: There is no significant association between work hours and male partner attitudes and roles in breastfeeding.

H_1: There is a significant association between work hours and male partners' attitudes toward and roles in breastfeeding.

Based on the principle of the compelling pattern, the thematic content technique was used to identify and code themes. The codes

were sorted into themes and subthemes to generate a thematic framework and narrated accordingly. The coded transcripts were double-checked for consistency and errors to enhance rigor.

Results

Sociodemographic Characteristics of Quantitative Sample

Over half, 144 (52.4%) of the respondents reached the tertiary level of education, 77 (28%) had secondary education, and 46 (16.7%) stopped at primary school. A total of 155 (56.4%) and 80(29.1%) participants had part-time jobs, respectively, and 17(6.2%) did not report any formal employment. About half: 126(45.8%), worked for 8 hours, 91(33.1%) worked for <8 hours, and only 27(9.8%) worked for >8 hours (Table 1).

Sociodemographic Characteristics of the Qualitative Sample

On invitation, 63 people responded 15 to key informant interviews, and the rest to five focus groups in Groups 5-8. Fifty women and 13 men participated in the study. Fifty were married, and 13 were single parents. Tertiary education was the most achieved with 56 participants, followed by secondary and primary education. Only five participants lived in the city, 33 in towns, and 25 in villages.

Attitudes of Male Partners on Breastfeeding

200 (73%) participants knew about the benefits of breastfeeding for their mothers. Positively, 224 (82%) participants did not believe breastfeeding could harm marriage, and 217 (79%) did not think breastfeeding women would lose their attractiveness. In addition, 215 (78%) participants disagreed with the statement' fathers feel left out as the mother breastfeeds.' Similarly, 224 (82%) participants thought breastfeeding was a shared responsibility, not solely the mother. A total of 247 (90%) participants denied that a mother could not breastfeed outside the home, and 258 (94%) were comfortable when an unfamiliar woman breastfed before them (Table 2).

Roles of Male Partners in Breastfeeding

A total of 265 participants (96%) (Table 3) agreed to roles such as discussing with the wife how to solve breastfeeding problems, and 258 (94%) decided on how long to continue breastfeeding. Another 254 (92%) smiled, watched, and held their mothers as they breastfed, and 249 (91%) allowed their wives to breastfeed while visiting others. Essentially, 243 (88%) provided the necessary support for breastfeeding, and 236 (86%) responded to the baby's cries and bathing the child. Furthermore, 235 (85%) agreed to take care of other children or other housework responsibilities, and 233 (85%) supported the mother in taking care of the baby to allow her to sleep. In comparison, 223 (81%) parents did not have problems with their mothers if they did not do other housework when breastfeeding, and 218 (79%) respected their wives desire to stop breastfeeding.

Table 1. Sociodemographic Characteristics of Participants

Variable	N	%
Age group		
10-20	1	0.4
21-30	84	30.5
31-40	147	53.5
41-50	41	14.9
51-60	1	0.4
>70	1	0.4

Level of education		
Primary	46	16.7
Secondary	77	28.0
Tertiary	144	52.4
Employment status		
Full time	155	56.4
Part-time	80	29.1
Not employed	17	6.2
Hours of work		
>8 hours	27	9.8
8 hours	126	45.8
<8 hours	91	33.1

Table 2. Attitudes of Male Partners on Breastfeeding

Variables	**Disagree**		**Neutral**		**Agree**	
	N	**%**	**N**	**%**	**N**	**%**
A mother cannot breastfeed her baby and works outside the home	247	90	2	1	26	9
Breastfeeding could negatively affect the marital relationship	224	82	9	3	33	12
The Woman losses her attractiveness because of breastfeeding	217	79	6	2	50	18
Breastfeeding is beneficial to a mother's health.	56	20	13	5	200	73
Breastfeeding is the mother's responsibility, and the father has no role in it.	224	82	6	2	43	16
Breastfeeding will tie a mother down and interfere too much with her social life.	224	82	6	2	43	16
I am embarrassed when a woman I do not know breastfeeds in front of me.	258	94	2	1	14	5
Fathers feel left out if a mother breastfeeds	215	78	3	1	57	21

Table 3. Roles of Male Partners in Breastfeeding

Variables	**Disagree**		**Neutral**		**Agree**	
	N	**%**	**N**	**%**	**N**	**%**
Discussed with your wife about how long to continue breastfeeding	8	3	9	3	258	94
Make it easy for your wife to breastfeed while visiting others.	12	4	11	4	249	91
Discussed with your wife ideas for trying to solve breastfeeding problems	7	3	3	1	265	96
Took care of other children or other house responsibilities while your wife breastfed	22	8	17	6	235	85
Helped your wife with house works and taking care of other baby's tasks like responding to the baby's cries and helping in bathing the baby	28	10	9	3	236	86

Agreed with your wife's desire to stop breastfeeding.	26	10	10	4	218	79
Gave your wife a break from the baby, like taking care of the baby while she can sleep.	24	9	9	3	233	85
Got upset if the other housework was not done during the breastfeeding period	223	81	10	4	41	15
Showed pleasure and satisfaction while your wife was breastfeeding (smile, watch and hold her)	7	3	8	3	254	92
Provided your wife with the benefits that breastfeeding has for her or her baby	8	3	11	4	243	88

Hypothesis

Hypothesis 1: Education level is significantly associated with attitudes (r=-0.207, p =.000<0.05) and roles in breastfeeding (r=0.308, p=.000<0.05).

Hypothesis 2: Employment status is significantly associated with attitudes (r=.184, p=.003<0.05) and roles in breastfeeding (r=-0.155, p=0.007<0.05).

Hypothesis 3: There is no significant association between hours of work and attitudes/roles of male partners in breastfeeding (r=-0.074, p=0.125>.05) and (r=0.049, p=0.224>0.05) (Table 4).

Table 4. Spearman's Rank Correlation for Attitudes/ roles with Education Level, Employment Status and Hours of Work

Correlations			**Attitudes**	**Roles**	**Education level**	**Employment**	**Hours of work**
Spearman's rho	Attitudes	Correlation Coefficient	1	-0.454**	-0.207**	0.184**	-0.074
		Sig. (1-tailed)		0.001	0.001	0.002	0.125
		N	275	275	267	252	244
	Roles	Correlation Coefficient	-0.454**	1	0.308**	-0.155**	0.049
		Sig. (1-tailed)	0.001		0.001	0.007	0.224
		N	275	275	267	252	244
	Education level	Correlation Coefficient	-0.207**	0.308**	1	-0.135*	-0.280**
		Sig. (1-tailed)	0.001	0.001		0.017	0.001
		N	267	267	267	247	240
	Employment	Correlation Coefficient	0.184**	-0.155**	-0.135*	1	-0.379**
		Sig. (1-tailed)	0.002	0.007	0.017		0
		N	252	252	247	252	242
	Hours of work	Correlation Coefficient	-0.074	0.049	-.280**	-.379**	1
		Sig. (1-tailed)	0.125	0.224	0.001	0.001	
		N	244	244	240	242	244
**. Correlation is significant at the 0.05 level (1-tailed).							

Perspectives on Male Involvement in Breastfeeding

The following thematic framework is used to frame male partners' involvement in breastfeeding (Table 5). The main topics explored were public and community opinions, prevalent behaviors and beliefs, and cultural and other impediments.

Table 5. Thematic Framework for Perspectives on Male Involvement in Breastfeeding

Perspectives on male involvement in breastfeeding			
Breastfeeding in Public		**Barriers to male involvement**	
Common practices	**Common beliefs**	**Cultural barriers**	**Other barriers**
Move out from people	People's eyes make the baby stop breastfeeding	The mother smells milk	Work far away
		Breastfeeding is the role of the woman.	Sleep at the workplace
		The Woman cares for the kid and spouse	Work stress
		Breast is sexual	Lacks money
		Breastfeeding in public is inappropriate	Drinking alcohol
		Father not to share a room with the mother	Lacks knowledge
Cover the breast and child's mouth with a cloth	Women should not expose their breasts in public	Baby will fall	Short temper
		House smells blood	Lack of respect from the mother
		Feelings of shame	Peer influence
		Head of the family	Polygamy
		Looks for food, and money; responds to sickness	Playing Ludo/games
Just breastfeed; no fear		Bad advice from other family members	Education
		Education	Extramarital affairs
		Dowry	The child makes noise in the house, moves away
		Man is useless	
		Lost manhood	
		Some men listen to their parents	

Breastfeeding in Public

Common Practices of Breastfeeding in Public

The reported public breastfeeding practices included stepping away from people to breastfeed, covering the child's mouth and breasts with a cloth when breastfeeding around people, and breastfeeding openly. As the FGD members split evenly between the three opposing opinions, they were deemed equally relevant. Male participants agreed that mothers should move out and breastfeed their babies if they had the space. Some female participants argued that societal and cultural pressures led them to breastfeed discreetly.

'What I usually do is to move out of people and breastfeed, but if I cannot move out, I will cover my breast and mouth of the baby with a piece of cloth while breastfeeding' (Female, 25 years, FGD).

And also when I am giving the baby bottle milk, I will cover the bottle and mouth of the child so that people will not see' (Female, 25 years, FGD).

'Many people say that women should not breastfeed among people, but I do not believe in what people say; I just breastfeed in public because the baby wants to breastfeed anytime as the baby depends on milk' (Female, 31 years, FGD).

Common Beliefs on Breastfeeding in Public

The prevalent belief that prevents mothers from breastfeeding in public is that the gaze of others would cause the infant to quit breastfeeding and that displaying the breast in public is unacceptable.

While female participants brought up these concerns, fathers concurred that such views existed in the community.

'People believe that breastfeeding in public is sometimes not good because people's eyes will make the baby leave the breast' (Male, 33 years, FGD).

'People believe that breastfeeding in public/exposing your breast will make other people feel bad about you' (Male, 30 years, FGD).

Barriers to male Involvement in Breastfeeding

Cultural Barriers to Male Involvement in Breastfeeding

Cultural impediments linked with the community's collaborative cultural forces include patriarchal ideals, gender role segregation, Sexism, and false beliefs (Figure 1).

Patriarchal Values

Patriarchy is the exercise of masculine authority over females. Men retain power over many facets of society in South Sudan, including leadership and property ownership. The majority of males believe it is the responsibility of women to care for their spouses and infants. The mother should respect the male as the family's head, making women fearful of seeking support from their husbands during breastfeeding.

'The family used to say that the man is the head of everything at home and is not to do domestic work' (Female, 28 years, KII).

'A woman has to work any kind of work because the man paid dowry and she has to work and pay back that money by giving birth to a baby and other work' (Male, 25 years, KII).

'Sometimes, the women are very stubborn, which angers their husbands not to support them during breastfeeding' (Male, 36 years, KII).

Gender Role Segregation

Segregating gender roles entailed defining what a woman and a man should do in the community.

The findings suggested that men prioritize food, money, and medical treatment above immediately assisting breastfeeding women. While most men concurred, some women believed that men could do more to support their nursing spouses. Though other males admitted to taking on chores that women were incapable of, most women admitted to doing so by default, spending more time with their children than their fathers.

'The role of breastfeeding is only for women, not for men, washing clothes in our society is the role of the woman; once you do it, they say you have failed responsibility' (Male, 36 years, KII).

'The role of the man is to find food for the family and take care when someone is sick, not that a man should do domestic work' (Male, 35 years).

Sexism

A fascinating aspect of Sexism that surfaced during the debate was men's perception of the breast as sexual and the mother exposing her

breast as inappropriate. Much as most mothers disagreed with the relationship between a mother's breast and sexuality, others said breastfeeding mothers occasionally felt embarrassed to reveal their breasts before their spouses for similar reasons.

'Breast is sexual, and the sight of the baby feeding at the breast is inappropriate' (Male, 41 years, KII).

'When I gave birth to my first baby, I was having that fear of breastfeeding my baby when he is looking at me, and that makes him not to be inside when I am breastfeeding' (Female, 27 years, KII).

False Beliefs

When a woman is breastfeeding, some men think her milk smells, and the house smells of blood, especially in the first week after birth. On the other hand, women said that men didn't know how to carry the baby and were afraid it would fall from their hands.

'A man is not supposed to be near a breastfeeding woman because of the belief that she smells' (Male 30 years, KII).

'It is not encouraged for the father to carry the baby in some cultures because of the belief that the baby will fall from the man's hands' (Female, 36 years, FGD).

'There is a belief in my culture that a man should not sleep in the same room with a woman that has given birth because the house smells blood' (Male, 30 years, FGD).

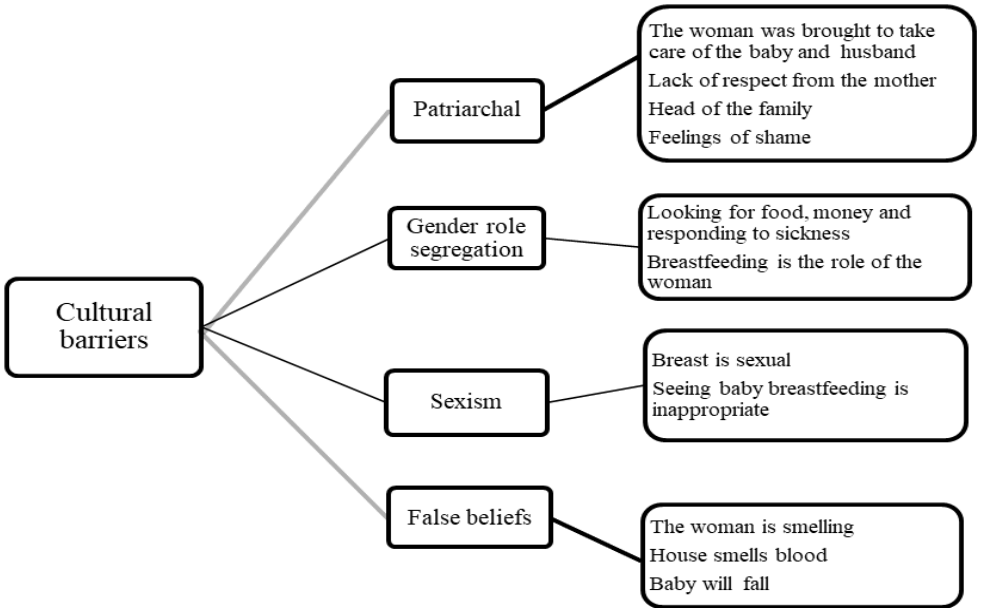

Figure 1. Cultural Barriers to Male Involvement in Breastfeeding

Other Barriers to Male Involvement in Breastfeeding

Other impediments to male contribution emerged but are not part of common cultural activities, such as occupational, social, economic, and personal constraints.

Work-related Challenges

Work-related barriers were important to all participants. Working in the field, sleeping at work, and work stress were all discussed. More women reported that their husbands only saw their wives once. However, men claimed that their jobs reduced their time with their families. For example, guards and Boda-boda worked nights. Boda-boda bikers arrive late and relax.

'My husband works far away in the field, making me alone in the house; that's why my husband does not participate in the breastfeeding process' (Female, 29 years, FGD).

'Some men are doing work like boda-boda; they wake up around 5 O'clock and return at

10 PM when they are tired, they cannot help even during the night-time' (Female, 26 years, FGD).

Social Factors

Social issues associated with the father's social life, such as alcohol usage, diminish the number of time mothers and infants spend with their fathers. Additionally, it heightens the anxiety that the father may hurt the infant.

'Some men spend most of the time-consuming alcohol, and when he returns home drunk, he ends up fighting the breastfeeding wife' (Female, 23 years, KII).

'Sometimes, the man is staying away, playing games, and drinking alcohol instead of helping their breastfeeding wife' (female, 30 years, KII).

Economic Problems

If the husband lacks the financial resources to contribute to breastfeeding, his capacity to provide for the family is limited. The discussants indicated that most men were affected by South Sudan's current economic predicament.

'The man lacks responsibility because he does not have money to support the breastfeeding wife' (Female, 35 years, KII).

'The husband may not support the wife because he has no money and is struggling hard to get money and has no time' (Male, 39 years, KII).

Personal Issues

Personal variables affect the father's bond with his mother and child. Some men were unaware of the benefits of breastfeeding for mothers and babies. Men with short tempers affected their breastfeeding mothers' communication abilities. Most mothers said some fathers listen to their colleagues who advise them negatively, while others prioritize their other families over their wives.

'Sometimes the man moves with bad friends who do not have wives and gives him wrong advice not to help the breastfeeding wife at home' (Female, 38 years, KII).

'My husband lacks knowledge of the importance of breastfeeding, so he cannot participate during the breastfeeding process' (Female, 31 years, KII).

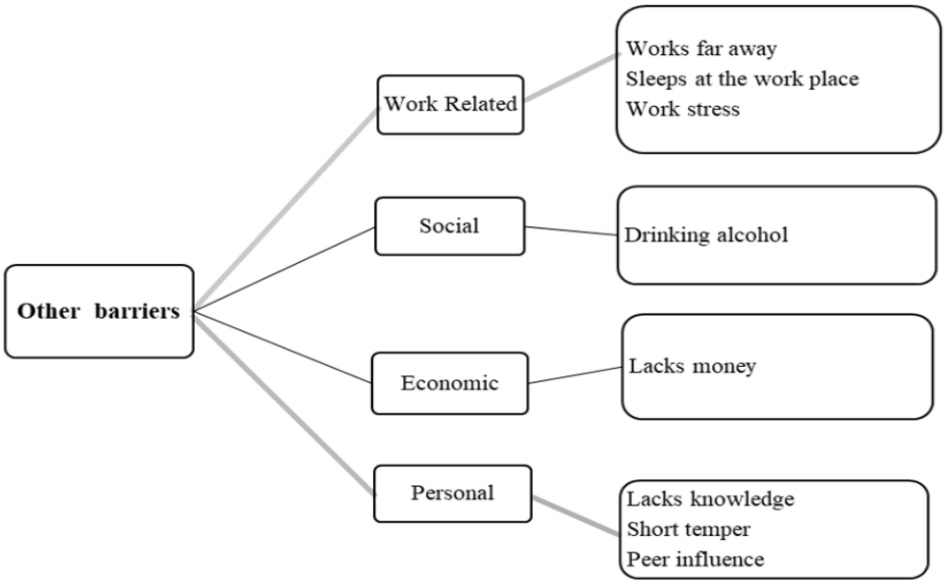

Figure 2. Other Barriers to Male Involvement in Breastfeeding

Discussion

The positive view of breastfeeding on marriage in over 80% of participants is consistent with findings in the United States of America (USA) that breastfeeding is not associated with fathers' intimate relationship quality [18].

The understanding that breastfeeding is beneficial to mothers' health, expressed by >70% of male partners, indicates that male partners in Juba, South Sudan, are knowledgeable about the importance of breastfeeding for mothers' wellbeing.

The overwhelming support for breastfeeding in the open, exceeding 90%, supports the global view that, as barriers exist, breastfeeding in public is still a common practice in geographic and cultural dimensions [19].

The tremendously supportive roles averaging >85% in practices, such as taking care of other children helping with domestic work, respect, and support, are related to similar patterns in the neighboring countries; Kenya and Uganda, where 94% of male partners provide food, feed the baby, and help the mother with household work, giving money to the breastfeeding mother, and 83% growing food [20].

It is also possible that this study was conducted in an urban setting with high employment and education rates.

The positive correlation between education and attitudes/roles in breastfeeding indicates that education sets the ground for better understanding, critical thinking and analysis, and knowledge acquisition. In Ethiopia, a related study confirmed associations between fathers' involvement in breastfeeding and educational status [21].

Similarly, the weak association between employment and attitudes/roles in breastfeeding suggests that fathers' current employment status does not meet the household requirements.

The lack of an association between hours of work and attitudes/roles in breastfeeding presents a divergent view from the common literature and, therefore, requires further investigation.

Qualitative discussions on breastfeeding in public or open spaces showed that mothers would take all opportunities to allow their babies to breastfeed on demand, even if others feel bad about it. Women covering their breasts and babies' mouths with a piece of cloth while breastfeeding in public provide evidence of deeply rooted negative beliefs and cultural values.

The association of gender with childcare and domestic work revealed false beliefs, indicating that fathers were culturally protected from their domestic roles.

Importantly, the negative association of smell and blood with postpartum women reveals social sensitivity toward women who have given birth and may explain why some cultures in South Sudan discourage the father from sleeping in the same room as the breastfeeding mother for two years.

The assertion that work-related stress, the nature of work, and distance from home are barriers to male involvement in breastfeeding suggests that men in South Sudan work hard to bring food to the table for the mother and child, thus presenting a positive view from a distance.

However, the prominence of social factors, such as drinking alcohol and playing games, as important barriers also means that men's hard work under the pretext of bringing food for the mother and baby burns off in their lifestyle.

The finding that lack of money, lack of knowledge, quick temperament, and peer influence negatively drive paternal attitudes toward childcare underscores the importance of personal responsibility among men in childcare, consistent with findings that work, food security, living arrangements, and alcoholism affect breastfeeding in urban settings in Kenya [22].

Conclusion

This study established a generally favorable attitude toward and role of male breastfeeding engagement. It imposed various impediments to male involvement in the process. These findings corroborate general conventional ideas and practices affirming the existence of numerous barriers to male participation. It's also worth noting that the study's urban location may have contributed to its optimism,

as evidenced by the quantitative results. These sentiments could result from their knowledge and exposure, which may vary in rural areas.

Limitations of this Study

This study was conducted in Juba, the capital city with limited geographic coverage. Therefore, readers may not apply the exact values of these results to rural settings.

Recommendations

Based on the findings of this study, we recommend the following:

1. The Ministry of Health should consider strategies for male involvement in infant and young child feeding promotions.
2. There is a need to design context-specific models to dispel misinformation about male breastfeeding participation and expand standard supportive practices.

Acknowledgments

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Declaration of Conflict of Interest

This article's authors certify that they have no financial interest (such as funds/grants or other financial connections) that might influence an individual's thinking and affect the research outcome. They further declare that they have no relationship with the editor or reviewers of the journal.

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