

KNOWLEDGE AND ATTITUDE AMONG FATHERS ABOUT BREASTFEEDING

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Abstract

Objective: To assess the knowledge and attitude about breastfeeding among fathers in a tertiary care hospital and help those fathers with lesser knowledge to attain a clearer perspective about the same.

Methods: A Community based cross sectional study was carried out in the paediatric outpatient department of the Saveetha medical college and hospital.

INTRODUCTION

Breastfeeding is the process of feeding of an infant with breast milk directly from female human breasts. It confers short-term and long-term benefits for both child and mother, which also includes protection of children against a range of acute and chronic disorders [1]. Breast feeding is an age-old practice that has been followed by the people from many years before, breast milk happens to be the first intake of the baby. As per the world health organization's (WHO) guidelines, breast milk has the complete nutritional requirements that a baby needs for its healthy growth and development [2].

The immune system of the neonates is a developing immune system, which is very different from adults as a result of initially living in a semi-allogeneic and sterile environment after that being exposed to a microbe-rich surrounding, renders the newborns to highly susceptible infections due to the new pathogens around. To supplement this period of immune immaturity and reduce the risk of infection, the mother transfers passive protection to the child, mainly in the form of antibodies.

Five million infants die in the first year of life, 1.5 million of these deaths are due to infections [3]. Most common causes include diarrheal and respiratory infections. There are no known vaccines that cater to the neonatal needs with respect to the various infections found. The various immunoglobins and antibodies passed onto the baby through breast milk is the only source of nutrition that helps prevent these infections. India is a country that is diverse with various types of organisms that cause various kinds of infections and since neonates are the ones with a weaker immune system that is usually end up unable to fight off the infections, they succumb to these infections very easily. While this country is well known for the diversity in various organisms, it is also well known for its rich heritage of healthy practices in breastfeeding. While the women of our society are quite familiar with the several aspects of this topic, the men are not quite acquainted with the importance and the need for breastfeeding. Talking about it and discussing the significance is still considered a taboo in many parts of the country, while its rather the opposite. Fathers who have access to breastfeeding

information have the potential to be better prepared to make informed decisions and be supportive to the mother with greater consistency [7].

METHODOLOGY

Study Design:

This is a community based cross-sectional study.

Study Area And Population:

The rural field practice area of Saveetha Medical College, Mappedu, Tamil Nadu is the study area. The fathers attending the outpatient department of the paediatrics department of the Saveetha Medical College and Hospital is the study population.

Study Duration:

The study was carried out from June 2021 to August 2021.

Sampling Method:

Simple random sampling method was used in this study.

Sample Size:

The sample size for the study is determined using the following the formulas and data.

Sample size for infinite population is calculated using;

$$N = \frac{Z^2 * p * (1-p)}{M^2}$$

Where,

N, is the Sample size for infinite population.

Z, is the Z score

p, is the population proportion

M, is the Margin of error

Therefore the sample size selected for this study is 100.

Inclusion Criteria:

Fathers with children who were attending the outpatient department of the paediatrics department of the Saveetha Medical College and Hospital, who were willing to participate in the study by giving informed oral consent were included in this study.

Exclusion Criteria:

Fathers not willing to participate in the study were excluded.

Study Tool And Data Collection Method:

A semi-structured pretested questionnaire was used to interview the subjects in this study. Demographic details of the individuals were all noted down, whether the fathers knew the basic information about breastfeeding and with various hypothetical scenarios to know whether they had the awareness, if not they were also educated based on the necessary ones. The participating subjects were given the questionnaire.

Informed Consent:

Informed oral consent in the local language i.e. Tamil and Hindi were obtained from the participants involved in this study before administering the questionnaire

Statistical Analysis:

The data were analysed using Microsoft Excel. The descriptive statistics were depicted using frequency tables and graphs. Factors associated with the study variables were analysed by calculating the significance using Chi-square and P value.

RESULT

The study population included 100 fathers in total. The sociodemographic details of the participants are included in table 1. Out of the 100 participants, 2% of the father's age was less 25, and 59% of them between the age 25-29 remaining 39% belonged to the age group between 30- 35. About 2% of the fathers have finished primary schooling, 34% have finished secondary schooling, 28% have finished higher secondary, the highest being about 35% of the fathers who have finished their undergraduates and least being 1% who has finished his postgraduates. About 56% of the fathers pursue skilled professions while 36% pursue unskilled professions and the remaining 8% are professionals. Most of the family type in the study was found to be Nuclear type (67%) and the remaining being joint families (33%). Female babies (63%) were more in number when compared to the male babies (37%). Majority of the babies were 2nd born (57%) when compared to the 1st born (41%) and the 3rd born (2%).

Table 1

Parameters	N (%)
1) AGE OF FATHERS:	
<25 years	2(2%)
25-29 years	59(59%)
30-35 years	39(39%)
2) PARTICIPANTS EDUCATIONAL QUALIFICATIONS:	
Primary	2(2%)
Secondary	34(34%)
Higher Secondary	28(28%)
Undergraduate	35(35%)
Postgraduate	1(1%)
3) PARTICIPANT'S PROFESSION:	
Unskilled	36(36%)
Skilled	56(56%)
Professional	8(8%)
4) FAMILY TYPE:	
Nuclear family	67(67%)
Joint family	33(33%)
5) GENDER OF THE BABY:	
Male baby	37
Female baby	63
6) BIRTH ORDER OF THE BABY:	
1st born	41
2nd born	57
3rd born	2

The table given below is the interpreted information gathered from the participants through the questionnaire given to them. This table further gives us an insight into the knowledge, awareness and the practices followed by the participants.

Table 2: Knowledge About Breastfeeding

This table helps us understand the knowledge possessed by the participants about the various aspects of breastfeeding. Common parts being about the first feed, duration of breastfeed, exclusive feeding, extended feeding, frequency of the feeds and the benefits of feeding to the mother, baby and the family on the whole.

Parameters	N (%)
INITIATION OF BREASTFEEDING WITHIN HOW MANY HOURS OF BIRTH	
Within 1 hour	100 (100%)
1-4 hours	0
4-24 hours	0
DURATION OF EXCLUSIVE BREASTFEEDING	
<=4 months	43(43%)
4-6 months	47(47%)
>6 months	10(10%)
HOW LONG SHOULD THE BABY BE BREASTFED?	
< 6months	23(23%)
for 6 months	63(63%)
for a year	14(14%)
WHAT IS THE DURATION OF EXTENDED FEEDING?	
<6months	0(0%)
6 months to 1 year	1(1%)
6 months to 2 years	28(28%)
> 2years	71(71%)
HOW DOES BREASTFEEDING BENEFIT THE FAMILY?	
Bonding b/w mother and baby increases	64(64%)
mother is prevented from acquiring diseases such as breast cancer	3(3%)
baby is provided with important nutrients which helps prevent infections	29(29%)
all the above	4(4%)
FREQUENCY OF FEEDING?	
every half an hour	6(6%)
every 1 hour	1(1%)
every 2 hours	2(2%)
whenever the baby cries	91(91%)
when mom wants to feed the baby	0(0%)
WHAT ARE THE BENEFITS OF BREASTFEEDING FOR THE CHILD?	
Helps healthy wt. gain	8(8%)
Builds strong immune system	68(68%)
Increases IQ	2(2%)
Rich in fat	22(22%)
WHAT ARE THE BENEFITS OF BREASTFEEDING IN A MOTHER?	
Protection against pregnancy during lactational amenorrhea	29(29%)
Reduces risk of breast and ovary cancer	6(6%)
All the above	65(65%)

Table 3: Awareness about breastfeeding

This table further gives us an insight into the level of awareness that the participants have about various other aspects other the usual practices and norms.

Parameters	N (%)
CAN A TUBERCULOSIS INFECTED MOTHER BREASTFEED?	
Yes	0(0%)
No	79(79%)
Don't know	21(21%)
CAN A HIV INFECTED MOTHER BREASTFEED?	
Yes	0(0%)
No	83(83%)
Don't know	17(17%)
CAN A MOTHER WITH BREAST CANCER BREASTFEED?	
Yes	2(2%)
No	27(27%)
Don't know	71(71%)
CAN A MOTHER WITH HIGH FEVER BREASTFEED?	
Yes	0(0%)
No	28(28%)
Don't know	72(72%)

Table 4: Practices in breastfeeding

The table below helps us further understand how the different practices are being followed in many houses.

Parameters	N (%)
WAS THERE AN EARLY INITIATION OF COMPLIMENTARY FEEDS?	
If yes, why?	
a) Not enough milk	1(1%)
b) family influence	8(8%)
c) Others	6(6%)
No	85(85%)
DO YOU WAIT TILL YOUR BABY BURPS AFTER FEED BEFORE LAYING IT TO REST?	
Yes	91(91%)
No	9(9%)
WHAT IS THE RIGHT POSITION OF THE MOTHER DURING FEEDING?	
leaning on her baby	9(9%)
sit/lie down with her back well supported	77(77%)
both a) and b)	8(8%)
none of the above	6(6%)
RIGHT POSITION OF THE BABY WHILE FEEDING?	
Only the neck and shoulder should be supported	9(9%)
Head and body supported such a way that the neck can twist	0(0%)
Body turned opposite to mom	26(26%)
Baby's nose at the level of nipple	65(65%)
WOULD YOU ENCOURAGE OTHER WOMEN TO BREASTFEED?	
Yes	100(100%)
No	0 (0%)

DISCUSSION

Breastfeeding seems to be a very common aspect in our everyday lives. Every newborn is breastfed at least once. But there are grey areas that none of us know and are not yet discussed about. The fathers also play an important role in the enforcement of certain important practices at home to support the well-being of the mother and the child, which mainly includes the right practices of breastfeeding. It is important to note that this study was conducted in a rural area and the amount of exposure to the outside world is limited in terms of mass media.

It is noted that the fathers that accompany with their wives during their antenatal visits to the doctors are more aware of the importance of the right practices of breastfeeding. It was noted in a study done in Sri Ramachandra Medical College and Hospital, Chennai that fathers exhibited positive attitude towards breastfeeding, when they had a baby delivered by Caesarean section or when the baby was hospitalized for comorbidities most probably due to the exposure to health care professional and health education [8]. The spouse plays an important role in the support of the woman while she is in her lactational period. Some authors have suggested that the baby's father is considered to be one of the most significant persons to the mother decisions and actions, and that he can act as either be a key supporter or a deterrent to the breastfeeding process [4]. During pregnancy, both the parents need to start preparing to enhance their knowledge on breastfeeding, e.g., good positioning, latch [5,6].

In this study the fathers with who have educational qualifications more than secondary schooling have better knowledge about the various aspects of breastfeeding rather than the fathers who have completed their primary or secondary schooling only. Previous studies have shown that if fathers are well educated and involved in feeding decisions making, the rates of exclusive breast feeding will positively increase [9].

In terms of knowledge, the fathers in this study have quite sound knowledge when it comes to certain important areas that are commonly in question for parents. In terms of awareness the participants are not aware of certain parts that are always in a dilemma among the people of the society. When it came to practice, some fathers preferred to stick to their beliefs and practices that were passed down their families since many generations. The fathers were further educated if they were unaware of certain aspects that were essential.

CONCLUSION

Breastfeeding is so common at the same time considered so insignificant to be learnt right. Men of the society do not completely understand the crucial role they play in the feeding decisions during the initial days of the neonate. A father's support is so essential during the process of breastfeeding for the family's welfare. It is important for the men to know the facts right when it comes to this instead of following age-old practices that might even be dangerous for the baby, at the same time being responsible people in the society, they are also required to know the other information that concerns today's world and make efforts to implement them. One of the biggest obstacles faced by fathers could be the taboo faced when one tries to help them out with this matter. It should be understood that the more ignorant the society is, the more unsafe it can be for other families who are still left in the dark with no insight into this issue.

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