



Knowledge and paternal attitudes about the importance of breastfeeding

Conhecimento e atitudes paternas acerca da importância do aleitamento materno

Conocimiento y actitudes paternas sobre la importancia de la lactancia materna

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ABSTRACT

Objective: to analyze the father's knowledge and his attitudes about breastfeeding. **Method:** a descriptive cross-sectional study, with a quantitative approach, carried out with 220 men-fathers of infants aged 30 days to six months, experiencing or not experiencing the breastfeeding process and living in the same household as the mother-child binomial. The data were processed using IBM SPSS software version 23.0 for Windows®, and univariate and bivariate analyzes were performed. A questionnaire was used as an instrument, and the association of variables was used for processing and statistical analysis. **Results:** of the men-fathers studied, 36.4% were unaware of the benefits of breastfeeding, 48.6% did not accompany the pregnant women in prenatal consultations and the parents who exercised paid activity, 68.2% reported helping the woman-mom in breastfeeding performing domestic activities or taking care of other children. **Conclusion and implications for practice:** the father's absence in prenatal consultations and weakened knowledge about breastfeeding were evidenced, necessitating the development of studies that demonstrate their insertion and the creation of strategies by health professionals so that this process is experienced satisfactorily by the mother-father-son trinomial.

Keywords: Breast feeding; Father; Knowledge; Prenatal care; Infant.

RESUMO

Objetivo: analisar o conhecimento e as atitudes paternas acerca do aleitamento materno. **Método:** estudo descritivo transversal, de abordagem quantitativa, realizado com 220 homens-pais de lactentes com idades entre 30 dias a seis meses, vivenciando ou não o processo da amamentação e residindo no mesmo domicílio que o binômio mãe-filho. Os dados foram processados através do *software* IBM SPSS versão 23.0 for Windows®, sendo realizadas análises univariadas e bivariadas. Utilizou-se como instrumento um questionário, e para processamento e análise estatística a associação de variáveis. **Resultados:** dos homens-pais estudados, 36,4% não tinham conhecimento sobre vantagens da amamentação, 48,6% não acompanharam as gestantes nas consultas de pré-natal e dos pais que exerciam atividade remunerada, 68,2% relataram auxiliar a mulher-mãe no aleitamento realizando atividades domésticas ou no cuidar de outros filhos. **Conclusão e implicações para a prática:** evidenciou-se a ausência paterna nas consultas pré-natais e o conhecimento fragilizado quanto ao aleitamento, necessitando o desenvolvimento de estudos que evidenciem sua inserção e a criação de estratégias pelos profissionais de saúde para que esse processo seja vivenciado de maneira satisfatória pelo trinômio mãe-pai-filho.

Palavras-chave: Aleitamento materno; Pai; Conhecimento; Pré-natal; Lactente.

RESUMEN

Objetivo: analizar los conocimientos y actitudes del padre sobre la lactancia materna. **Método:** estudio descriptivo y transversal con enfoque cuantitativo, realizado con 220 padres de lactantes de 30 días a seis meses de edad, que experimenten o no el proceso de lactancia materna y vivan en el mismo hogar que el binomio madre-hijo. Los datos se procesaron con el *software* IBM SPSS versión 23.0 para Windows® y se realizaron análisis univariados y bivariados. Se utilizó un cuestionario como instrumento y se empleó la asociación de variables para el procesamiento y análisis estadístico. **Resultados:** de los padres estudiados, el 36,4% desconocía los beneficios de la lactancia materna, el 48,6% no acompañaba a las gestantes en las consultas prenatales y de los padres que realizaban alguna actividad remunerada, el 68,2% refirió ayudar a la mujer-madre en la lactancia, realizando actividades domésticas o cuidando a otros niños. **Conclusión e implicaciones para la práctica:** se demostró la ausencia del padre en las consultas prenatales y el conocimiento reducido sobre la lactancia materna, por lo que es requiere el desarrollo de estudios que evidencien su inserción y la creación de estrategias por parte de los profesionales de la salud para que este proceso se viva de manera satisfactoria por el trinomio madre-padre-hijo.

Palabras clave: Lactancia materna; Papá; Conocimiento; Atención prenatal; Lactante.

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INTRODUCTION

Breastfeeding is a process that goes beyond nourishing the child; it involves deep interaction between mother and child, which will bring repercussions on the nutritional status of the infant, his ability to defend himself from infections, in his physiological state and cognitive and emotional development, also promoting implications on the physical and mental health of the mother.¹ In addition, Breastfeeding (BF) is a phenomenon that goes beyond the desire and autonomous decision of lactating women, being possible to identify other factors that interfere in this process.²

Regarding the influence on quality of life, breastfeeding is seen as a positive point, since breastfed children fall ill less frequently and need less medical care, as well as fewer hospitalizations and drugs. Its performance can also influence the reduction of relative expenses for both family and government, as well as the reduction in parents' absenteeism in the work environment and stressful situations for the family and society.³

In this context, it is pertinent to consider the data from the II Breastfeeding Prevalence Survey in Brazilian capitals and the Federal District, conducted in 2008, which showed an increase in the mean duration of exclusive breastfeeding (EBF) compared to 1999, which showed 23.4 days compared with 54.1. Despite this increase, the result is still below the expected target of 180 days,⁴ being necessary to develop strategies aimed at reducing aspects that interfere with breastfeeding continuity.

Among the factors pointed out in the literature for the low prevalence of EBF, there is the lack of support for women by family members and especially by the father. The BF rate is increased according to the fathers' involvement in this process and the mothers' satisfaction with their participation, directly assisting breastfeeding effectiveness.⁵ However, their participation in the context of breastfeeding is surrounded by difficulties and uncertainties, since the focus of assistance is centered on the mother-child binomial, excluding the paternal performance of pregnancy-puerperal monitoring and, consequently, promoting fragility regarding knowledge and assistance in breastfeeding.⁶⁻⁸

The literature also shows that paternal participation allows for greater knowledge on the changes that occur in this period, encouragement for their cooperation in caring for the child, support for the puerperal woman to continue breastfeeding and reduction of anxieties and encouragement to overcome obstacles that may hinder the continuation of EBF.⁹

It is also noticeable that the desire to know and bring real experiences for the fathers helps in the development of strategies for insertion and paternal support in this process, making it possible to ratify or substantiate the importance of their participation in breastfeeding, in addition to developing a differentiated perspective for family, health professionals and general society regarding their participation.¹⁰

Given the above, understanding the importance of paternal participation in the breastfeeding process, the objective was to analyze the knowledge and paternal attitudes on breastfeeding.

METHOD

This is a cross-sectional and descriptive study with a quantitative approach, which used secondary data¹¹ coming from the database of the doctoral thesis entitled: "Paternal factors influencing the Interrupted Breastfeeding Nursing diagnosis", developed in a city in the inland of the Northeast region.

Such database used for this study was elaborated from data collected from the mother-father-child trinomials with home/family registration in units of the Family Health Strategy (FHS) in the municipality of Juazeiro do Norte, Ceará, from June to December 2017. It is worth mentioning that, for this study, data collected from fathers were exclusively used by applying a specific questionnaire to the father figure.

From the original file, an *ad hoc* database was generated to meet the objectives inherent to this study, from which the socioeconomic variables were retrieved, which sought to characterize the profile of the participants; as well as those of knowledge related to BF and its importance; and those of attitudes that concern paternal behaviors of incentive and support to breastfeeding.

Data was provided by fathers of infants aged 30 days old or more and less than or equal to six months old, who were experiencing the BF process or not and who lived in the same household as the binomial.

Fathers with cognitive or psychiatric disorders were excluded, as well as those of premature infants who were born younger than 37 weeks of gestation, and in cases of maternal or infant contraindications for breastfeeding.

The study sample consisted of 220 fathers of infants aged 30 days to six months of life who met the inclusion criteria and were distributed among the 32 Basic Health Units (BHUs) of the municipality in question.

The database was tabulated and organized using the *Excel*[®] software, version 2013. As for data processing and statistical analysis, the IBM SPSS version 23.0 for Windows[®] software was used, which enabled the association of study variables. As for the analyses, descriptive and simple frequency analyses were performed expressed in table forms, including absolute values, percentages and measures of central tendency.

This study meets the ethical and legal requirements of research involving human beings. Therefore, the original project from which this study results, entitled "Paternal factors influencing the Interrupted Breastfeeding Nursing diagnosis" was forwarded to the Research Ethics Committee of the Regional University of Cariri (*Comitê de Ética em Pesquisa-Universidade Regional do Cariri*, CEP - URCA), in compliance with the recommendations of Resolution No. 466/12, regarding research conducted with human beings,¹² receiving favorable opinion under No. 2,081,313 on May 25th, 2017 and CAAE: 64031417.1.0000.5055. In addition to that, authorization was requested from the Municipal Health

Secretariat of Juazeiro do Norte – CE to carry out the research and copies of the project and the CEP opinion were forwarded. Data collection took place upon the fathers' signing of the Free and Informed Consent Form (FICF).

RESULTS

To characterize the sample, data was obtained regarding the participants' marital status, age, family income and number of members per family. Regarding marital status, 58.6% of the interviewees stated that they were married, with a mean age of 29 years old, and a median family income of R\$ 1,200.00. The median for the number of family members variable was 4 people.

Crossings of variables were carried out, in order to clarify questions on the father's knowledge on the importance of breastfeeding, identification of attitudes to encourage BF and

the relationship between the importance of his support and the continuity of the breastfeeding process.

In Table 1, the relationship between the full years of study of the father and his knowledge regarding the advantages of breastfeeding was established, where it was obtained that a total of 140 fathers knew the advantages of breastfeeding; of these, 57, 1% had between 8 and 10 years of study and 36.4% corresponded to the category of 11 to 14 years, totaling 73.5% of the fathers with 8 to 14 years of study. Lack of knowledge on the benefits of breastfeeding was reported by 36.4% of the participants, with a higher prevalence in the stratum between 8 to 10 full years of study, making up 41.3% of the fathers, 4 to 7 years of study, corresponding to 27.5%, and 11 to 14 years of study, making up 22.5% of the fathers who were unaware of the benefits of breastfeeding.

Table 1. Relationship between the father's knowledge of the advantages of breastfeeding and years of study (n = 220). Crato, CE, Brazil, 2020.

Full years of study	Paternal knowledge on the advantages					
	Yes		No		General	
	N	%	N	%	N	%
None	1	0.7	1	1.3	2	0.9
1-3 years of study	2	1.4	6	7.5	8	3.6
4-7 years of study	24	17.1	22	27.5	46	20.9
8-10 years of study	52	37.1	33	41.3	85	38.6
11-14 years of study	51	36.4	18	22.5	69	31.4
15 or more years of study	10	7.1	0	0.0	10	4.5
Total	140	100.0	80	100.0	220	100.0

Source: Study database

Table 2. Paternal accompaniment in the prenatal consultations, beliefs and attitudes on breast milk (n = 220).

Belief that breast milk is sufficient	Accompanied their wife in prenatal care					
	Yes		No		General	
	N	%	N	%	N	%
Yes	63	55.8	66	61.7	129	58.6
No	50	44.2	41	38.3	91	41.4
Total	113	100.0	107	100.0	220	100.0
Liquids encouraged/offered						
Breast milk	107	94.7	99	92.5	206	93.6
Water	32	28.3	15	14.0	47	21.4
Tea	14	12.4	6	5.6	20	9.1
Artificial milk	52	46.0	39	36.4	91	41.4
Others	10	8.8	5	4.7	15	6.8

Source: Study database.

In Table 2 it was possible to associate paternal accompaniment in the prenatal consultations, the fathers' beliefs and attitudes with regard to breast milk being sufficient to nourish their child until the sixth month of life, and if there was a paternal incentive for other types of food besides breast milk during this period.

Of the total fathers interviewed, 51.4% accompanied their wife during the prenatal consultations; of these, 55.8% stated believing that breast milk is sufficient for adequate nutrition until the sixth month of life, and 44.2% of the fathers reported that exclusive breastfeeding was not enough to meet their child's nutritional needs.

The fathers who did not accompany their wives during the consultations totaled 48.7%, of whom 61.7% reported that breast milk is sufficient for their child's adequate nutrition and 38.3% reported that offering only breast milk is insufficient for the newborn's adequate nutrition.

As for the incentive on offering food to the child, breast milk was the most mentioned among the participants, which was indicated by 94.7% of the fathers who accompanied their wives in the prenatal consultations, and by 92.5% of the fathers who did not accompany their wives during these visits. Immediately after, incentives for other types of food were reported, such as artificial milk, water, tea and other types such as fruits, vegetables and baby food, among others, with artificial milk and water being the most reported, with 46% and 28.3%, respectively, for those who accompanied their wife in the prenatal consultations.

According to the data presented in Table 3, 201 fathers engaged in paid work; of these, 68.2% reported helping their partner with domestic activities or taking care of other children, and 31.8% reported not helping the puerperal woman so that breastfeeding was possible. In contrast, 8.6% of the fathers were unemployed, of which 84.2% contributed to this stage and 15.8% did not perform activities in order to assist the women in the BF process.

DISCUSSION

By conducting the research, it was possible to highlight some aspects that are still little discussed for the success of breastfeeding, which is paternal knowledge and participation in the BF process. In addition, the results obtained can support the activities of the professionals who work with the trinomial to strengthen this process, as well as subsidies for the development of more studies that encompass not only the mother-child binomial, but also the father.

It was possible to highlight that the father's full years of study are important to their knowledge on the benefits of breastfeeding. Aspects associated with clarification on the management of breastfeeding and the schooling level of the participants were also expressed in another study, where these and other factors favored the harmony, bonding, assiduity and effective participation of the interviewees.¹³

The intermediate school levels in the research in question obtained a higher percentage referring to the lack of knowledge on the advantages of BF, making it evident that not always the higher the schooling level, the greater the understanding of the theme since, of the parents with 11 to 14 years of study, 18 (22.5%) did not know the advantages related to breastfeeding. It can be understood that paternal knowledge can be associated with other factors and not only schooling.

It was also evidenced that the fact of having accompanied the pregnant women during prenatal consultations did not influence the belief that breast milk is sufficient for the adequate nutrition of the infant until the sixth month of life, as recommended.¹⁴ Most of the fathers who did not accompany prenatal care (n = 107, 48.63%) believed that breast milk was sufficient to properly nourish their children (n = 66, 61.7%), which can lead to understand that their absence at the consultations did not influence their belief on breast milk.

Therefore, it is essential to ask what breastfeeding promotion actions are developed during the prenatal consultations by the professionals and what measures are taken to encourage the insertion of the partner, since the Partner's Prenatal Guide for Health Professionals - PNAISH recommends as one of the important actions the orientation of how the father can stimulate

Table 3. Paternal paid work and fathers' participation in helping the women with household chores or caring for other children so that they can breastfeed (n = 220).

Fathers who helped women so that they could breastfeed	Paternal paid work					
	Yes		No		General	
	N	%	N	%	N	%
No	64	31.8	3	15.8	67	30.5
Yes	137	68.2	16	84.2	153	69.5
Total	201	100.0	19	100.0	220	100.0

Source: Study database

the puerperal woman to breastfeed, besides helping in the domestic tasks and in taking care of the child.¹⁵

It is also noted that, although the fathers who participated in the consultations (n = 113, 51.36%) believed that breast milk is sufficient for nutrition (n = 63, 55.8%), a large part encouraged the offer of breast milk, but also other types of food, such as tea, artificial milk, water and other types of nutrients, which attests to inconsistency.

In another study,⁹ the authors mention that the number of fathers who did not receive prenatal guidelines on breastfeeding is worrying, and that the active participation of the professionals responsible for prenatal care, especially nurses, is essential to promote breastfeeding and inclusion of the father in this process, requiring greater investments in educational and encouragement actions for the father's participation in an effective way, thus favoring the success of breastfeeding.

Although it is still a weakness, the progress in paternal inclusion is noticeable, as the father is developing actions not only in the material provision or family support, but also regarding the active participation of caring for the child, in addition to seeking to strengthen the bond and support to the partner and, for that reason, the encouragement to their participation is essential for the accomplishment of paternity.¹⁶

The participation of men in the consultations helps to improve the health conditions of the mother, the child and the father himself; however, instead of attracting these partners, the health services end up distancing them, either due to demand and non-recognition of values or to paternal possibilities. The act of placing another chair in the prenatal room for the companion should be a type of simple action, despite the fact that it makes all the difference in the health units and in the father's involvement in this process.¹⁷

In addition, it is necessary to reflect on the training of the health professionals since, during academic training, the topics addressed on breastfeeding relate only to the binomial, excluding the father from this process. This failure is also evidenced in the professional performance in the health services, where training is not developed to receive and assist parents, a situation that must be rethought in the development of policies for permanent and continuing education of the health services.¹³

Through the data obtained it was possible to perceive that, although most of the partners exercise some paid activity (n = 201, 91.36%), a large part of the interviewees helped the women so that they could breastfeed (n = 137, 68.2%), whether in carrying out domestic or care-related activities, factors that provide maternal empowerment and their desire to continue this process more smoothly with the father figure as an aid.¹⁸

The partner is shown as the main reference of the woman in the home environment, configuring himself as the closest person, consequently being the person she will count on to perform care in breastfeeding assistance; in this way, it is noticeable that men are increasingly acquiring an egalitarian position in caring for their children, as well as in the household chores.¹⁹

Therefore, the development of interventions related to BF that encourage the insertion of the fathers becomes necessary, since it promotes a significant increase in the initiation and durability of the breastfeeding process, and it is also important to develop studies that include the effectiveness of strategies aimed at including the father figure in this process.²⁰

CONCLUSIONS AND IMPLICATIONS FOR THE PRACTICE

It became evident that the fathers still have weak knowledge on the benefits of breastfeeding, and that their distance from participation in prenatal consultations further weakens the acquisition of essential information on the needs of the child as well as of the partner. Regarding the paternal attitudes to encourage the breastfeeding process, despite having an employment contract, most of the fathers contributed to encouraging breastfeeding, by helping with domestic activities when present in the home environment.

The need to develop more studies that show the insertion of the father in this stage is also highlighted, so that it is possible for the health professionals to create strategies, in an equitable manner so that this phase is experienced in a satisfactory way not only by the child, but by the trinomial.

As a limitation, this study displayed the impossibility of analyzing the maternal perception on the participation of the fathers in breastfeeding and their influence in the continuity of the process, since only fathers took part in this study, an aspect that prevented capturing the mother's vision.

AUTHOR'S CONTRIBUTIONS

Study design. Thaís Isidório Cruz Bráulio. Simone Soares Damasceno. Gleice Adriana Araújo Gonçalves.

Data collection or production. Thaís Isidório Cruz Bráulio. Simone Soares Damasceno. Gleice Adriana Araújo Gonçalves.

Data analysis. Thaís Isidório Cruz Bráulio. Simone Soares Damasceno. Gleice Adriana Araújo Gonçalves. Rachel de Sá Barreto Luna Callou Cruz. Maria de Fátima Esmeraldo Ramos de Figueiredo. João Marcos Ferreira de Lima Silva. Viviane Martins da Silva.

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