

Paternity and breastfeeding: mediation of nurses

Paternidade e amamentação: mediação da enfermeira

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Abstract

Objective: To identify how fathers perceive their contribution to the support and encouragement of breastfeeding based on learning, and see how their partners understood this participation.

Methods: Qualitative study with eight families interviewed before and after the completion of four group meetings and in follow-up during home visits in the postpartum period. Data were analyzed to understand the content of the couples' speeches based on the attachment theory.

Results: The fathers show satisfaction in providing care to children, and support the breastfeeding for their partners' contentment.

Conclusion: The fathers demonstrated to be true participants, especially when their efforts are valued by their partners and nurses. The expansion of support activities to couples is recommended since the prenatal period and after childbirth in a systematic way on the public health care network.

Resumo

Objetivo: Identificar como o pai percebe sua contribuição no apoio e estímulo à amamentação com base no aprendizado e verificar como a companheira compreendeu esta participação.

Métodos: Estudo qualitativo, participaram oito famílias, entrevistadas antes e após a realização dos quatro encontros grupais, acompanhadas em seus domicílios no puerpério. Os dados foram analisados com compreensão dos conteúdos manifestos dos discursos dos casais, fundamentados por meio da teoria do vínculo.

Resultados: Evidenciou-se que pais demonstram satisfação em prestar cuidados aos filhos e apoiar a amamentação para contentamento de suas companheiras.

Conclusão: Os pais revelam-se verdadeiros partícipes, principalmente quando suas iniciativas são valorizadas por parte da companheira e pela enfermeira, sendo recomendada ampliação de atividades de apoio a casais, desde o pré-natal e após o nascimento do filho de forma sistematizada na rede pública de atenção à saúde.

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Introduction

Breast milk is recognized as the best food for the child, with benefits to the child, woman, father, family, society, country, ecology and the planet.⁽¹⁾

In recent years, the concept of father has suffered changes resulting of transformations in the world, especially in the political, economic, scientific and cultural fields. The paternal place used to be associated with the function of provider of the family material needs and the person who ensured order in the micro system of families. Men are still slaves of the male stereotype determined by identity figures such as the superman. In everyday life, this translates into the protector father and material provider. In today's society, they are eccentric figures given the contingency function they have assumed culturally of responsibility for the family support.⁽²⁾ Currently, men have new roles, such as companions, caregivers and protectors, among others.

The appreciation of parental participation since the prenatal period is known to break barriers of adaptation and care to the child and puerperal women, and contributes to the management of breastfeeding, avoiding early weaning.⁽³⁾

Faced with this new structured approach to fathers, we sought to identify how the father understands his contribution to the support and encouragement of breastfeeding, and the perception of their partners in relation to the care provided.

Methods

This qualitative study used the technique of action research, part of a dissertation of the Postgraduate Program in Nursing at the *Universidade Federal do Ceará*.

Note that action research uses techniques in which researchers and participants interact during the study to reflect, work and decide about practical changes. In this type of research, it is usually possible to run a project of transforming a reality and producing information and effective knowledge to solve the current world challenges.⁽⁴⁾

For the selection of participants, the researcher approached pregnant women (accompanied or not) after the obstetrical consultation in a prenatal clinic of a district maternity hospital, secondary level, reference in the municipality of Fortaleza (state of Ceará - CE). After informing that participation would be linked to the partners' participation, pregnant women aged 18 years and over were invited to participate. However, of the 21 women invited, only eight managed the adherence of their partners.

The activities with participating couples were initiated when mothers were seven months pregnant. At that time they were interviewed, their knowledge about breastfeeding was assessed, and their desires and interests in relation to care for their child were identified.

Before childbirth, there were four group meetings on Saturdays or Sundays because the fathers' presence was easier during these days.

Given the proposal of follow-up after the baby's birth, home visits (HV) were held, with an average of 20 meetings. The variation in number of visits was in accordance to specific complications: cracked nipples, engorged breasts, child's pathology, maternal insecurity (especially in the first pregnancy), and negative influences of family and community.

Families were visited daily in the twelve consecutive days after childbirth, period in which breastfeeding was established. The visits were then spaced to once a week in the following two months, and every two weeks until the children completed six months of age.

When children were five months old, there was a meeting with the couples to assess the changes. Interviews with average duration of 15 minutes were recorded under informed consent of participants and transcribed for analysis of their speeches. The couples chose fictional names for themselves and their children.

The attachment theory was chosen as theoretical framework. It is defined as specific and unique relationship between two people that lasts over time.⁽⁵⁾

The results were obtained through thematic analysis.⁽⁶⁾ Initially, the material was gathered to perform a detailed and comprehensive analysis of testimonies. Later, the behaviors and actions of

study participants were analyzed using the material from interviews, and observation of the bonding relationships between fathers, mothers and children during home visits to understand the meanings, reasons and justifications in the couples' speeches.

The following categories were organized: The father's perception regarding his contribution to the support and encouragement of breastfeeding based on learning; The partner's understanding regarding the father's participation in breastfeeding based on the knowledge developed in group meetings and home visits; The father as a participant in caring for the child and the partner promotes breastfeeding.

This study was approved by the *Comite de Ética em Pesquisa da Universidade Federal do Ceará* - COMEPE within the regulations governing research on human beings, the National Council of Health - Ministry of Health Resolution No. 196 of October 10, 1996 and complementary, approved the above project at the meeting of 31 January 2008.

Results

Profile characterization of participating couples

The profile of the eight interviewed couples showed that five fathers have complete and four have incomplete primary education, five have complete and two have incomplete high school education. The average age was 24 years. Three out of the eight children were first children, four were the second, and only a child was the third child of the couple.

Three out of the eight couples have been married for two or more years. The average time of common-law marriage was four years, five have lived together for more than two years, and a couple for ten years.

All children lived under the same roof of their biological parents and enjoyed the company of the father and the mother. Parents were informed about the importance of bonding for the formation of a healthy personality of the human being before the birth of their children.

Regarding religion, thirteen fathers were Catholics and four were Protestant. Only a father reported no religion, but baptized his child at two months of life, and his partner defined herself as Catholic. The average monthly income was R\$ 600.00.

Following are the categories identified in the contents of participants' speeches.

The father's perception regarding his contribution to the support and encouragement of breastfeeding based on learning

The fathers demonstrate satisfaction in providing care to children, especially when they notice the recognition and appreciation their efforts and attempts of doing it properly from their partner and/or health professionals. They mentioned the advantage of a learning oriented by the nurse:

"She (the nurse) has taught many things we didn't know in practice. How to bathe and what to do with her (wife) when the breasts were swollen". "Her presence was very important" [...] "I learned to bathe the child and about the general cleaning of the child's body" (Paz). "I am very grateful to have participated of the group" [...] "if he (son) wakes up at two in the morning, she (wife) gives him to me and I stay with him in the hammock until he falls asleep" (Shell).

Every father has mentioned the importance of continuing this type of initiative, evoking its expansion to other couples. One of them emphasized that this kind of educational practice should be expanded not only around the state of Ceará, but throughout Brazil. The need of sharing pleasant experiences with friends, neighbors and family seems to be inherent to human beings, hence, knowledge is multiplied.

The desire to share pleasant experiences is clear in the speeches of Bruno and Prisioneiro:

"I realized what she (nurse) told us really made sense [...] It is a kind of knowledge I can pass to a brother, to somebody I know" [...] (Prisioneiro). "We knew the negative consequences of the bottle [...] It was all great, I learned a lot [...] It should continue not only in Ceará, but throughout Brazil [...] I think there would be a change in health in Brazil" (Bruno).

"Just fine, only good things, it was great. I realized that breast milk is the best, just it. Artificial milk,

sweetened, is not the same. I didn't have this knowledge. For me, both were the same. I think we cannot fail to do so [...] We must continue in the same path" (Visconde).

In the speeches of some participants, was evident the idea that the group meetings have provided security and approximation of couples, favoring the family unit. The statements of Rei and Visconde show some examples:

"It helped a lot! In her visits (nurse), she made me feel more secure and my participation as a father is this, to be with her (wife), help her. In a nutshell: to be really happy" (Rei).

"It was the most important thing, there should be someone like that in the first months [...] I was very happy and if we hadn't attended the meetings, he would not be breastfed [...] Every day I'm happy when I come back home to be near my wife [...] and this project has even approximated us, united the couple. [...] it's good to care for the child. I became closer to her, more affectionate, the life of the couple has improved" (Visconde).

The partner's understanding regarding the father's participation in breastfeeding based on knowledge developed in group meetings and home visits

The importance of the father in the breastfeeding process becomes visible. Health professionals must believe it, include the participation of fathers since prenatal care, and encourage the partners to appreciate the initiatives of these fathers.

Based on professional practice and results of this study, it became clear that some men try to participate in child care and breastfeeding, but at times, are discredited, discouraged and reprimanded by their partners, as shown in the lines of D. Benta and Finha:

"The nurse has taught how to bathe. When I got back from maternity hospital, in the first bath, I thought Visconde (husband) was going to drop my son in the tub, so I said 'careful not to drop my son' [...] and she (researcher and nurse) said 'he's doing well, we need to trust him'" (D. Benta).

"[...] Some nights I'm tired, and he gets 'Anjinho Curioso' and sings with him at night. He puts him to

sleep but always wakes me up to tuck him into the crib. I told him to wake me up at that time because he doesn't know how to tuck the baby into the crib" (Finha).

All women in this study agreed that the meetings and home visits contributed to the father's participation in care and breastfeeding. A woman emphasized that her partner liked to be called 'participant father':

"The meetings were very encouraging, he's asked many questions, was excited to help me. Then, he wanted to help me to show her (nurse) that he knew and was a participant father. I just laughed at him because he kept saying I'm a participant father, I'm a participant father [...]" (Finha).

The father as a participant in caring for the child and the partner promotes breastfeeding

All fathers contributed to their children's breastfeeding, seeking to provide peace and comfort to mothers. This fact may have contributed in part to the production and ejection of milk. Some of the participant fathers helped with household chores like washing clothes, home cleaning and meal preparation. This help was perceived with satisfaction by partners, as seen in the statements of both parents:

"[...] I do not leave any of his clothes dirty, I wash them all. It was a worthy experience, the first child. Now I have experience as a parent" (Shell).

"He washes all clothes, mine's and Leãozinho's, I don't worry anymore, it's already his task. Right now he's there in the laundry room [...]" (D. Benta).

"[...] before these meetings, he (reference to husband) only complained and saw flaws in everything [...] and now he does everything in the house" (AMOR).

As for activities and daily care with babies, all fathers carried the children on their lap to sunbathe. They performed body care several times and cleaned the umbilical stump, while others trimmed their children's nails, as described in the following speeches:

"He (husband) has participated in the care quite a lot, taking to sunbath, carrying the child, which he never did with the others [...]" He was afraid to drop

them [...] the other children he only carried after four months of age [...]” (Emilia).

“It’s the father who trims the nails (pauses and smiles...) I fear I’ll hurt the baby [...]” (Lisbela).

All mothers reported that their partners got juices or other liquids and brought spontaneously while they were breastfeeding:

“Sometimes I’m breastfeeding and when I least expect, there he comes with a glass of juice, water [...] He has never done it with the others [...] (reference to previous children)” (Emília).

“He cares a lot about my diet, has always cared and [...] Now, even more. He even remembers that poem (refers to poem presented at meetings) [...] I am a very boring eater” (Lisbela).

Discussion

In the literature, the action research demonstrates successful experiences when used according to well-established methodological criteria. Through this method, we sought to transform the participant group context through educational activities.

Fathers clearly became allies in breastfeeding, and the learning based on appreciation of prior knowledge and encouragement of critical reflection contributed to good breastfeeding levels. Another study also suggested that fathers with greater knowledge about breastfeeding had a more positive view of it.^(7,8)

In Brazil, the nursing profession plays an important role in encouraging health interventions for mothers, with the practice of breastfeeding as a common horizon. Thus, health professionals and fathers can interact, exchange experiences and knowledge for the promotion and protection of women and children’s health.⁽⁹⁾

Exclusive breastfeeding until six months had significant representation, as on this occasion, six out of eight participating women were breastfeeding exclusively, and one of them offered predominant breastfeeding. A child was weaned with the justification of work outside the home for a period longer than ten consecutive hours and use of pacifiers and porridge offered by bottles.

The importance of making fathers aware through education in the prenatal period became evident to continue the exclusive breastfeeding up to six months.^(10,11)

Nursing mothers stated that sharing child care with relatives and receiving help for everyday chores contributes to the success in maintaining exclusive breastfeeding for longer.⁽¹²⁾

The clarification about management of breastfeeding and the opportunity of freedom for decision associated with educational level, reasonable per capita income and all participants having a belief, were identified as aspects favoring harmony, bonding, attendance, interest, punctuality and effective participation of couples during life together.

In this study, we observed that among other reasons, the group work and systematic monitoring of families through home visits have provided visibility to the category of nurses by the study participants.

The mediation of bonding was a concern throughout the study, emphasizing its benefits for breastfeeding and the family. The conquest of bonding is possible when breastfeeding is not related to an obligation to be fulfilled⁽¹³⁾ but perceived as a right of the child and the mother, who is responsible for the choice of her child’s food, an option that must be respected by family members and the social environment. Correspondingly, in a study, the valorization of bonding for the success of breastfeeding was found through the speeches of participants.⁽¹⁴⁾

For the mothers’ guidance in decision making, nurses should give them opportunities to talk about their fears and difficulties, contribute so they know their children and their needs, think beyond technical care, be aware of the uniqueness of each mother-baby relationship, and not turn the breastfeeding obligation as the only form of care.⁽⁹⁾

The fathers evidently looked at their babies with admiration and pride. Through nonverbal communication or with words, they showed willingness to participate in the care and help to put children in their partners’ arms at the time of breastfeeding. Fathers and mothers around the world embrace, caress

and rock the children in their arms naturally using various touches to comfort them. Data from another study showed that parents are interested in breastfeeding and want to be involved in the preparation and support of breastfeeding, and are interested in practical issues that demonstrate how to participate in the care, providing support to their partners.⁽¹⁵⁾

Fathers and mothers are similar in their sensitivity to the child and experience the successful breastfeeding. Anxiety is a common feeling for parents. It can be decreased with guidelines that provide increased knowledge, skills and attitudes, and the exposure of ways for fathers supporting breastfeeding.⁽¹⁰⁾

The experience of this study showed that the figure of a distant man, just the provider of authority and financial support of the family, is transforming into an effective caregiver as fathers feel valued by health professionals and their partners. Men are in search for a resizing of their lives. The model played by a generation used to be of an absent and affectively distant father, and is gradually being replaced by men seeking to start the exercise of contact and expression of their emotional needs.⁽²⁾

The father should be remembered and included in all the reproductive process, nursing consultations, hospital and home care, because breastfeeding is an inherent part of this unique stage of family life.

Conclusion

In this study, the testimonials clearly showed how parents perceive their contribution to the successful breastfeeding, and the satisfaction they demonstrate in caring for their children, especially when their wives appreciate such initiatives. They look at the newborn child with pride, and by nonverbal communication or with words demonstrate willingness to participate in the care and help to put the child in their partners' arms at the time of breastfeeding.

Some women realize and demonstrate satisfaction when their partners collaborate in the

care with their children and themselves. On one occasion, the researcher had to alert the woman that the father was providing care effectively with a view to appreciate his success attempts. The father can be an important ally and a true partner in children's education and breastfeeding therefore, the stimulation of their participation is essential. The father should be remembered and included in all the reproductive process, nursing consultations, hospital and home care, because breastfeeding is an inherent part of this unique stage of family life.

Collaborations

Rêgo RMV collaborated with the study stages of design, analysis, data interpretation, article writing, relevant critical review of the intellectual content and final approval of the version to be published. Souza AMA, Rocha TNA and Alves MDS declare their contribution with writing the article, relevant critical review of the intellectual content and final approval of the version to be published.

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