

## Knowledge and Attitudes of Expectant Fathers on Breast Feeding

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### Abstract

**Introduction:** Fathers' knowledge and attitudes on breast feeding, influence its quality and quantity to a great degree, though they are given a lesser concern.

**Objectives:** To assess the knowledge and study the attitudes regarding breast feeding of expectant fathers who accompany their partners to the Antenatal clinics of the De Soysa Maternity Hospital from 02.10.2006 to 02.11.2006.

**Method:** A descriptive cross sectional study was conducted among 142 subjects selected from a cluster of fathers attending the clinic on 15 randomly selected days. Each subject was given a self administered pre-tested questionnaire followed by a session of health education. Data was processed using SPSS 15.0 and the variations of the knowledge and attitudes in relation to various demographic parameters of age, ethnicity, marital status, duration of marriage, number of children, pregnancy being expected or unexpected, duration of pregnancy, living conditions were analyzed.

**Results:** A statistical significance ( $P=0.03$ ) with a positive relationship was detected only with the knowledge and the educational level of expectant father. A statistical significance ( $P=0.03$ ) with a negative relationship was detected with the knowledge and the increasing age of expectant father. Other socio-demographic parameters did not affect the knowledge significantly. None of the parameters affected the attitude-score significantly.

**Conclusion and Recommendations:** Knowledge and attitudes towards breast feeding were unsatisfactory among expectant fathers. It is recommended that formal health education sessions for fathers conducted in relation to the antenatal clinics at De Soysa Hospital for Women, be resumed.

### Introduction

Breast Feeding has been accepted as an important aspect in childcare worldwide. Very correctly, the "Mother" is considered the main person responsible for breast-feeding. Yet recently the role of the "Father" is also being appreciated. In fact a recent study (1) has shown that fathers' knowledge significantly influenced breastfeeding rates. Children whose fathers knew more, had a 1.76 higher chance of being exclusively breastfed at the end of the first month.

This role is mainly governed by the knowledge as well as the attitudes of the father gained through his experiences.

Although the fathers' role is accepted as important, knowledge and attitudes of expectant fathers regarding breast feeding are not given adequate emphasis.

It will be interesting to study this area as:

1. Health education sessions that were conducted for the expectant fathers in relation to the antenatal visits, at the De Soysa Hospital for Women were discontinued due to lack of space. No alternative arrangements were made to continue them.
2. There may be myths prevalent among male partners regarding breast feeding.
3. We have come across fathers who thought that formula feeds have better nutritional values when their prices were high.

### Objectives

#### General objective

To assess the knowledge and study the attitudes of expectant fathers on breast feeding.

### **Specific objectives**

1. To assess the knowledge on basic issues of breast feeding
2. To study the attitudes on basic issues of breast feeding
3. To describe the association between the knowledge, attitudes and
  - i. Age of the father
  - ii. Ethnicity of the father
  - iii. Marital status
  - iv. Duration of living together
  - v. Number of children
  - vi. Status of pregnancy
  - vii. Duration of pregnancy
  - viii. Living status

among expectant fathers accompanying their partners to the antenatal clinics of the De Soysa Hospital for Women during 02.10.2006 to 02.11.2006.

### **Literature Review**

In a study done in Texas explored the attitude and the knowledge of expectant fathers regarding breast feeding (2). Cluster sampling was used and all subjects belonged to middle to upper middle socio-economical classes. They used a self administered questionnaire containing demographic and attitudinal portions. Assessment of knowledge was not done. They concluded that the group deciding to breast feed was more likely to believe breast-feeding was better for the baby ( $p < 0.001$ ) when compared to the group deciding to formula-feed.

In a controlled trial to investigate whether teaching fathers how to prevent and to manage the most common lactational problems would result in more women breastfeeding (3) there was a 10% increase in the number of wives exclusively breast feeding at 6 months and an 8% increase at 12 months when the father was given an input pre-natally.

In another case control study (4) done in order to study fathers' knowledge on breast feeding and its relationship with paternal factors, fathers of 92 breast feeding and 89 non-breast feeding newborns were compared. This study suggested that fathers had a poor knowledge on breast feeding in general while the situation was worse for the fathers of the bottle-fed children.

William *et al* (5) emphasized the expected role of a "dad" in child care and states that although fathers' cannot breastfeed by themselves they can

help the new mother to gain these skills. The conclusion was given as "let your partner know you approve of her breastfeeding. A woman is more likely to breastfeed successfully if she has her own cheer squad".

Another article (6) described how the father can influence the breast feeding. It emphasized some aspects in which father can help, for example by taking care of the child, being a cheer leader, and bonding with babies.

A research paper from our country based on World Fertility Survey data for Sri Lanka (7) also concludes that "there are significant socio-economic factors influencing breast feeding".

A study to determine the prevalence and significant correlates of exclusive breast-feeding among nursing mothers (8) was conducted in Tobago. The study found a significant relationship of exclusive breast feeding with years of schooling completed by the child's father.

### **Methodology**

This descriptive cross sectional study was conducted at the antenatal clinic of the De Soysa Hospital for Women, Colombo during a time period of one month extending from 02.10.2006 to 02.11.2006. The study population consisted of 142 expectant fathers who accompanied their partners to the antenatal clinics.

Fifteen days of a month were selected randomly and on each day the study units who accompanied their partners contributed to the sampling frame. From the cluster, with our invitation the first 10 who entered through the gate were selected as samples for the day. The study units were seated in the Health Education Unit and were administered a pre-tested questionnaire. This consisted of three sections in either Tamil or in Sinhala as chosen by them.

1st section - This was designed to obtain demographic data and included questions with responses they can select. They were asked to answer all questions.

2nd section - This was designed to assess the knowledge on basic issues of breast feeding. There were 25 statements and the study units were asked to select each of them as correct or incorrect or to omit when they were not sure of the answer. Each correct answer was awarded a score of 4.

3rd section - This was designed to explore the attitudes that would influence breast-feeding. There were 10 statements with Likert scales of responses bearing scores from 1 to 5. They were asked to answer all of them.

Study units were selected after informed verbal consent. The questionnaire itself provided the details and the purpose of the research. Anonymity was secured and confidentiality maintained by not disclosing the provided responses to a third party.

Once the questionnaires were administered the subjects were instructed on the expected ways of answering and were asked to fill it within 20

minutes. This was followed by a health education session on the content of the questionnaire by the nurse of the Health Education Unit to benefit the participants.

Section 2 was given a score out of a total of 100 whereas section 3 was given a score out of a total of 50. The statistical analysis was done with SPSS (13.0) and the significances were determined by Chi-square Test.

### Results

The socio demographic data of the sample are depicted in Table 1.

*Table 1: Socio-demographic data*

<i>Age</i>	Mean - 31yrs (SD-6.3)	
<i>Ethnicity</i>		
Sinhalese	115	(81%)
Others	27	(19%)
<i>Duration of living together</i>		
<3yrs	72	(51%)
3-4yrs	33	(23%)
>4yrs	37	(26%)
<i>No of children</i>		
None	100	(70%)
1	32	(23%)
>1	10	(7%)
<i>Pregnancy status</i>		
Expected	122	(86%)
Unexpected	20	(14%)
<i>Duration of pregnancy</i>		
<3 months	35	(25%)
3-6	49	(35%)
>6	58	(40%)
<i>Education level</i>		
Primary	15	(10%)
Secondary	53	(37%)
O/L	39	(28%)
A/L	23	(16%)
Tertiary	12	(9%)
<i>Living status</i>		
Couple alone	52	(37%)
with parents	87	(61%)
other	03	(2%)

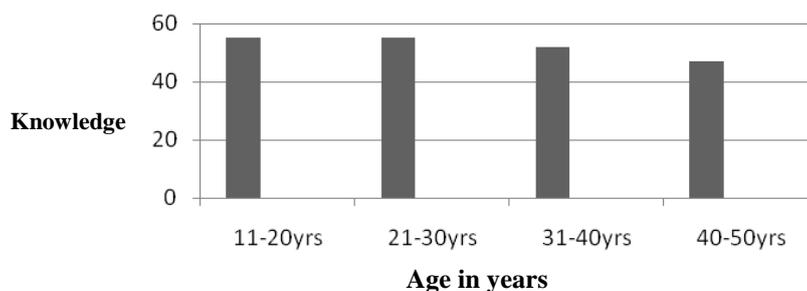
The results of the analysis for knowledge and attitudes for individual socio-demographic parameters are depicted in Table 2. A significance was observed for the “Age” and the “Education level” with the knowledge score. “Age” showed a

negative relationship with the knowledge as depicted in Figure 1. Educational level of father showed a relationship with the knowledge as shown in Figure 2.

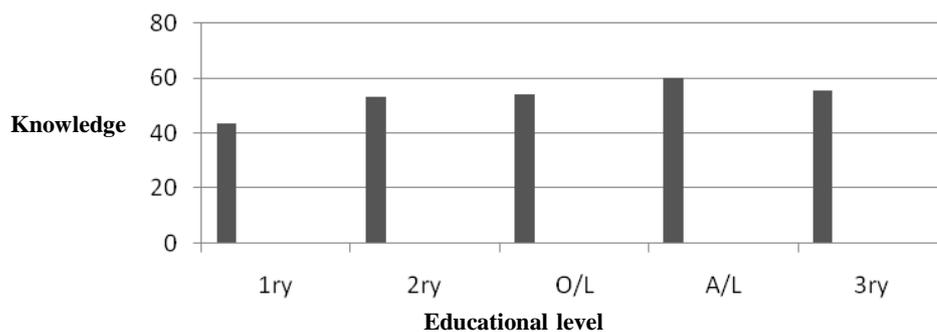
*Table 2: Knowledge and attitudes scores for socio-demographic parameters*

<b>Parameter</b>	<b>P Value for knowledge</b>	<b>P value for attitudes</b>
Age	0.03	0.82
Ethnicity	0.69	0.38
Duration of pregnancy	0.79	0.98
Parity	0.72	0.56
Status of pregnancy	0.38	0.58
Duration of pregnancy	0.48	0.69
Education level	0.03	0.36
Living status	0.26	0.76

*Figure 1: Distribution of knowledge scores among age groups*



*Figure 2 Distribution of knowledge scores according to education level*



Knowledge on some issues was alarmingly poor. For example, that the need for cleaning of the breasts prior to each feed was unnecessary, the fact that twins can be breast-fed and that inverted

nipples can be manipulated were not known by over 75% of the subjects. Further results are depicted in table 3.

Table 3: Knowledge on breast feeding

Statements to test knowledge	Percentage who knew the correct answer (%)
Cleaning the breasts prior to each feed is necessary	7.7
Twins can be breast fed	18.3
Inverted nipples can be manipulated	19
A baby's crying is always due to inadequate feeding	33.1
correct method of breast feeding	34.5
A minor illness of the mother does not affect the baby	37.3
there will be intrauterine growth retardation if the mother conceives while continuing to breast feed	35.9
Boys need more breast milk than girls	38
The value of colostrum	47.2
exclusive breast feeding for 6 months is recommended	38
drinking milk by the mother would increase their milk secretion	42.3

### Discussion

The results show that there is a decline of knowledge score with the fathers' age. It might be due to the more novel methods of education available to the younger generation and their fresh knowledge. The knowledge is more with the educational level of the father up to the GCE A/L. Yet there is a slight decline in those who have had tertiary education. Interestingly, the access to knowledge may be a factor for this advantage, where as the lack of time for concern, individual interests and the field specialization might be the cause for the decline in the group who had tertiary education.

Knowledge level was higher in fathers who have already had a child when compared to newly expectant fathers. This may be due to the previous experiences.

When the pregnancy was expected the knowledge was more as they may have been preparing for the event. However, when the couple were not legally married the knowledge scores decreased and it may be due to unpreparedness and the less responsibility the expectant father accepts.

When the couples live with their parents the knowledge scores were higher than when living alone. It may be due to the parental influence and teaching.

The knowledge among the expectant fathers regarding certain important aspects of breast feeding was very poor. Poorer scores were associated with age of the expectant father and the educational level.

The analysis of attitudes did not show any statistical significance. Yet issues such as breast feeding in public places (acceptable to 38%), mother given the responsibility with the whole decision making process during breastfeeding (acceptable to 46.5%), the myth of unsuitability of breastfeeding after visiting occasions like funerals (38.3%) suggest a substantial negative influence they would cause in the decision of breastfeeding.

### Recommendations

As knowledge and attitudes regarding breastfeeding were shown to be unsatisfactory, it is recommended that a similar study in a larger sample size be carried out to study the associations with various socio demographic factors.

It is recommended to recommence health education sessions for the expectant fathers who visit antenatal clinics.

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