

UNDERSTANDING FATHER'S AWARENESS ON BREASTFEEDING: QUESTIONNAIRE ANALYSIS FROM TERTIARY CARE CENTRE, KADAPA

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Received : 29/06/2024
Received in revised form : 17/07/2024
Accepted : 30/07/2024

Keywords:

Breastfeeding Awareness, Maternal Health, Paternal Involvement, Paternal Education.

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DOI: 10.47009/jamp.2024.6.4.50

Source of Support: Nil,
Conflict of Interest: None declared

Int J Acad Med Pharm
2024; 6 (4); 246-249



Abstract

Background: Breastfeeding is a critical aspect of infant care, often focusing on the mother's experience. However, fathers play a significant and supportive role that is vital yet sometimes overlooked. By exploring fathers' knowledge, the research aims to identify gaps and areas for improvement in educational efforts and to encourage behaviors among fathers that support breastfeeding mothers. The objective is to measure fathers' current knowledge and understanding of breastfeeding benefits, techniques, and challenges through a structured questionnaire. **Materials and Methods:** This is a cross-sectional survey study done including 304 fathers from postnatal wards of GGH, Kadapa. **Result:** Only 23.7% of them received prior counseling about breastfeeding. 77.6% of fathers think that mothers should follow dietary restrictions. 31.5% think that the baby feeds for less than 10 min and 39.4% think that the baby sleeps for more than 2 hours after adequate feeding. Almost 26.3% have no idea about the duration of each feed and the duration of sleep after each feed. 93.4% of fathers know that breast milk is superior. 84.2% know the importance of colostrum. **Conclusion:** The study highlights significant gaps in fathers' knowledge and awareness about breastfeeding. Educational interventions targeting fathers using IEC materials may be crucial to improve their supportive role and enhance breastfeeding practices. A dedicated space for fathers within delivery facilities can empower them to become more involved in the breastfeeding journey.

INTRODUCTION

Breastfeeding is widely recognized as the optimal method of providing nutrition to newborns, offering numerous health benefits for both infants and mothers. However, the successful initiation and continuation of breastfeeding often depend on the support system surrounding the mother, with fathers playing a pivotal role. Traditionally, the focus on breastfeeding has primarily been on the mother-infant dyad, but recent research highlights the critical impact that fathers can have on breastfeeding outcomes.

Fathers can significantly influence breastfeeding success by providing emotional support, helping with household responsibilities, and encouraging and affirming the mother's efforts. Their involvement can alleviate the mother's stress, boost her confidence, and foster a positive breastfeeding environment. Moreover, fathers can serve as advocates for breastfeeding within the community, promoting its

benefits and helping to dispel common myths and misconceptions.

In the context of evolving family dynamics and increasing recognition of shared parenting responsibilities, understanding and enhancing the role of fathers in breastfeeding support is essential. By doing so, we can improve breastfeeding rates and ensure better health outcomes for both mothers and infants. This introduction explores the multifaceted contributions of fathers to breastfeeding, emphasizing the need for inclusive breastfeeding education and support programs that engage both parents.

Objectives of the Study

To measure fathers' current knowledge and understanding of breastfeeding benefits, techniques, and challenges through a structured questionnaire. To pinpoint specific areas where fathers lack information or hold misconceptions about breastfeeding.

To explore fathers' attitudes towards breastfeeding and their perceptions of their role in the breastfeeding process.

MATERIALS AND METHODS

Study Design: Cross-sectional survey study

Study Population: Fathers of newborn infants in postnatal wards of GGH, Kadapa

Sample Size: 304

Sampling Method: Convenience sampling, targeting fathers available and willing to participate during the study period

Data Collection Procedure: Fathers were explained about the purpose of the study and verbal consent was obtained from them. Sociodemographic data and data regarding the awareness of fathers on breastfeeding were obtained via face-to-face interviews with the fathers with the use of a pre-designed questionnaire.

RESULTS

The sociodemographic details of the father are tabulated in [Table 1]. Majority of the fathers are above 30 years of age which constituted 42.1% (n=128) followed by 34.1% (n=104) in the age group between 27-30, 17.1% (n=52) in the age group between 23-26, and only 6.7% (n=20) between 19-22 years of age. Of the 304 fathers, 61.8% (n=188) belonged to the Hindu religion, 25% (n=76) were Muslim and 13.2% (n=40) were Christian. When education was taken into consideration 40.7% (n=124) completed secondary education, 30.3% (n=92) were graduates, 21.2% (n=64) completed primary education and 7.8% (24) were illiterates. Out of the 304 fathers who participated in the study 208 (68.4%) belonged to the nuclear family while the rest 96 (31.6%) were from joint families. 63.2% (n=192) belonged to rural area while 36.8% (n=112) were from urban area. While socioeconomic status was taken into consideration, 9.8% (n=30) belonged to class 2, 30.3% (n=92) to class 3, 36.8% (n=112)

to class 4, and 23.1% (n=70) to class 5. Only 23.7% (n=72) received prior counseling about breastfeeding through Anganwadi workers.

Table 2 shows the attitudes of the father to various breastfeeding practices. Majority of the fathers in the study group comprising 42.2% (n=128) were aware that breastfeeding must be initiated within one hour of delivery while 15.8% (n=48) had no idea of the timing. Breast milk was considered superior to any other milk by 93.5% (n=284). 84.2% (n=256) felt that colostrum must be given while 34.2% (n=104) felt the need for prelacteal feeds.

When the father was enquired about the frequency of feeds to be given in a day, only 46.3% (n=140) felt that feeds are to be given 10-12 times in a day, 17.1% (n=52) felt 6-8 times would be sufficient, 31.5% (n=96) felt the need of 8-10 times of feed per day while the rest 5.2% (n=16) had no idea. 88.2% (n=268) knew that feeding must be given sitting, 93.4% (n=284) knew about burping, and 76.4% (n=232) were comfortable letting their wives breastfeed in public places.

Regarding the amount of water to be consumed by the mother, 23.6% (n=72) answered > 4 litres, while 46.2% (n=140) mentioned 3-4 litres, 27.6% (n=84) answered 2-3 litres, while the remaining 2.6% (n=8) mentioned 1-2 litres would suffice. A majority comprising 77.6% (n=236) felt the need for dietary restrictions in mothers.

31.5% (n=96) of the fathers felt that the baby should be fed < 10 min every feed, 17.3% (n=52) for 10-20 min, 18.4% (n=56) for 20-30 min, 6.5% (n=20) for > 30 min and 26.3% (n=80) had no idea. Similarly, when the time the baby should sleep after adequate feeding was asked, 39.4% (n=120) of the fathers felt > 2 hours would be ideal, while 25% (n=76) felt 1-2 hours, 9.3% (n=28) felt < 1 hour while the remaining 26.3% (n=80) had no idea. Almost 67.2% (n=204) had no idea about exclusive breastfeeding, and only 23.6% (n=72) mentioned that exclusive breastfeeding needs to be given for 6 months.

Table 1: Sociodemographic details.

| Sociodemographic details | | Number (n=304) | % |
|--------------------------|------------|----------------|------|
| Age of the father | <18 | 0 | 0 |
| | 19-22 | 20 | 6.7 |
| | 23-26 | 52 | 17.1 |
| | 27-30 | 104 | 34.1 |
| | >30 | 128 | 42.1 |
| Religion | Hindu | 188 | 61.8 |
| | Muslim | 76 | 25 |
| | Christian | 40 | 13.2 |
| Education | Illiterate | 24 | 7.8 |
| | Primary | 64 | 21.2 |
| | Secondary | 124 | 40.7 |
| | Graduate | 92 | 30.3 |
| Family type | Nuclear | 208 | 68.4 |
| | Joint | 96 | 31.6 |
| Residence | Rural | 192 | 63.2 |
| | Urban | 112 | 36.8 |
| Socioeconomic status | Class 1 | 0 | 0 |
| | Class 2 | 30 | 9.8 |
| | Class 3 | 92 | 30.3 |
| | Class 4 | 112 | 36.8 |

| | | | |
|---|---------|-----|------|
| | Class 5 | 70 | 23.1 |
| Received prior counseling about breastfeeding | Yes | 72 | 23.7 |
| | No | 232 | 76.3 |

Table 2: Attitudes of the father regarding breastfeeding practices

| ATTITUDE | | Number (n=304) | % |
|--|---------------|----------------|------|
| When should breastfeeding be initiated? | Within 1 hour | 128 | 42.2 |
| | 1-6 hrs | 32 | 10.5 |
| | On 1st day | 96 | 31.5 |
| | No idea | 48 | 15.8 |
| Is any other milk superior to breast milk? | No | 284 | 93.5 |
| | Yes | 20 | 6.5 |
| Do you feel that colostrum should be given or discarded? | Given | 256 | 84.2 |
| | Discarded | 48 | 15.8 |
| Should babies be given prelacteal feeds? | Yes | 104 | 34.2 |
| | No | 200 | 65.8 |
| How frequently should the baby be breastfed in a day? | 6-8 times | 52 | 17.1 |
| | 8-10times | 96 | 31.5 |
| | 10-12 times | 140 | 46.3 |
| | No idea | 16 | 5.2 |
| In what position should the baby be breastfed? | Sitting | 268 | 88.2 |
| | Sleeping | 36 | 11.8 |
| Should the baby be burped after every feed? | Yes | 284 | 93.4 |
| | No | 20 | 6.6 |
| Are you comfortable letting your wife breastfeed in public places? | Yes | 232 | 76.4 |
| | No | 72 | 23.6 |
| Amount of water to be consumed by mother per day | 1-2 L | 8 | 2.6 |
| | 2-3 L | 84 | 27.6 |
| | 3-4 L | 140 | 46.2 |
| | >4 L | 72 | 23.6 |
| Should mothers follow any dietary restrictions during breastfeeding? | Yes | 236 | 77.6 |
| | No | 68 | 22.4 |
| How much time should the baby be fed during every feed? | <10min | 96 | 31.5 |
| | 10-20 min | 52 | 17.3 |
| | 20-30 min | 56 | 18.4 |
| | >30min | 20 | 6.5 |
| | No idea | 80 | 26.3 |
| How much time should the baby sleep after an adequate feed? | <1hr | 28 | 9.3 |
| | 1-2hr | 76 | 25 |
| | >2hr | 120 | 39.4 |
| | No idea | 80 | 26.3 |
| Do you know about exclusive breastfeeding? | Yes | 100 | 32.8 |
| | No | 204 | 67.2 |
| Until what age should the baby be exclusively breastfed? | <6m | 52 | 17.3 |
| | 6m | 72 | 23.6 |
| | 6-12m | 48 | 15.8 |
| | 1-2yr | 96 | 31.5 |
| | >2yr | 36 | 11.8 |

DISCUSSION

Our questionnaire analysis revealed that 42.2% of fathers knew about the initiation of breastfeeding within the first hour of life. A study done in Chennai on 93 fathers showed that 36.6% of fathers knew about breastfeeding initiation in the first hour of life.^[1] 93.5% of fathers in our study knew that breast milk is superior to other types of milk, which is similar to findings from Abhinaya et al study of 92.5%.^[1] Furthermore, 76.4% of fathers in our study were comfortable letting their wives breastfeed in public places, compared to 93% in another study by Crippa et al.^[2]

65.8% of fathers knew that prelacteal feeds should not be given, which is low compared to the Chennai study where 84.9% of fathers knew about this. Our study also revealed that fathers lack knowledge regarding the mother's diet during breastfeeding and about the proper initiation of breastfeeding, frequency, and duration.^[1]

WHO recommends exclusive breastfeeding until 6 months of age.^[3] According to the goals of the World Health Organization (WHO), the rate of exclusive breastfeeding should be increased to at least 60% by 2030.^[4] According to the NFHS-5 survey, exclusive breastfeeding (EBF) rates in India are 63.7%,^[5] and in Andhra Pradesh, EBF rates are 68%.^[6] This data highlights a positive trend in exclusive breastfeeding practices in India, aligning well with global health targets and emphasizing the importance of continued support and education to sustain and improve these rates. But in our study, only 23.6% of fathers knew about exclusive breastfeeding until 6 months of age. Other studies found that 75.3% and 76.5% of fathers knew about exclusive breastfeeding.^[1,2] This indicates a significant disparity in awareness about exclusive breastfeeding among fathers in different studies.

A review article on male participation in projects in low- and middle-income countries indicated that male involvement in supporting expecting mothers

significantly improves EBF rates.^[7] However, there is a scarcity of studies exploring the role of fathers or spouses in supporting mothers with infants regarding EBF. Existing studies suggest that the involvement of fathers can significantly enhance the mother's breastfeeding quality.

A narrative study done in Wardha, Mumbai showed that fathers' education and knowledge about breastfeeding increased EBF rates.^[8] Another cross-sectional study done in rural Karnataka,^[9] also showed that EBF rates improved after educational interventions targeting fathers were performed. A meta-analysis of eight studies revealed that involving fathers doubles the likelihood of exclusive breastfeeding for six months.^[10]

A study conducted in Vietnam found that while fathers' support significantly enhances the success and continuity of breastfeeding, a major barrier to this support is their lack of adequate information about the importance of breast milk.^[11] Therefore, enhancing fathers' knowledge and involvement through targeted educational programs could potentially overcome these barriers and significantly improve exclusive breastfeeding rates.

CONCLUSION

This study reveals significant gaps in fathers' knowledge and awareness about breastfeeding. Although the majority recognizes the superiority of breast milk and the importance of colostrum, many fathers are still unaware of critical aspects such as the appropriate initiation time for breastfeeding, the frequency and duration of feeds, and exclusive breastfeeding practices. These findings emphasize the need for targeted educational interventions to improve fathers' understanding and supportive behaviors.

Limitations

Convenience sampling may limit the generalizability of the results, as the sample may not be representative of all fathers.

Self-reported data is subject to social desirability bias.

REFERENCES

1. K. Abhinaya, T. S. Arunprasath, L. N. Padmasani. Father's knowledge and attitude towards breastfeeding. *Int J Med Res Rev* 2016;4(10):1778-1785.doi:10.17511/ijmrr. 2016.i10.12
2. Crippa, Beatrice & Consales, Alessandra & Morniroli, Daniela & Lunetto, Flavia & Bettinelli, Maria Enrica & Sannino, Patrizio & Rampini, Serena & Zanotta, Lidia & Marchisio, Paola & Plevani, Laura & Gianni, Maria & Mosca, Fabio & Colombo, Lorenzo. (2021). From dyad to triad: a survey on fathers' knowledge and attitudes toward breastfeeding. *European Journal of Pediatrics*. 180. 10.1007/s00431-021-04034-x.
3. World Health Organization. *Global Strategy for Infant and Young Child Feeding*. Geneva, Switzerland: World Health Organization; 2003.
4. World Health Organization. *Infant and young child feeding: model chapter for textbooks for medical students and allied health professionals*. Geneva: World Health Organization; 2009.
5. National Family Health Survey (NFHS-5), 2019-21. Mumbai: International Institute for Population Sciences (IIPS) and ICF; 2021. A
6. Andhra Pradesh NFHS-5 Factsheet.pdf - IM4Change
7. Yourkavitch JM, Alvey JL, Prosnitz DM, Thomas JC. Engaging men to promote and support exclusive breastfeeding: A descriptive review of 28 projects in 20 low- and middle-income countries from 2003 to 2013. *J Health Popul Nutr*. 2017;36:43.
8. Agrawal, Jayesh & Chakole, Swarupa & Sachdev, Chetna. (2022). The Role of Fathers in Promoting Exclusive Breastfeeding. *Cureus*. 14. 10.7759/cureus.30363.
9. Kushwaha, Anupriya & Jacob, Ankeeta. (2024). Fathers' Attitudes Toward Mothers with Infants and its Association with Exclusive Breastfeeding in a Rural Community of Karnataka. *Indian Journal of Community Medicine*. 49. 433-437. 10.4103/ijcm.ijcm_422_23.
10. Mahesh, P.K.B. & Gunathunga, M. & Arnold, S. & Jayasinghe, Chintha & Pathirana, Sisira & Makarim, Mohamed & Manawadu, Pradeep & Senanayake, Sameera. (2018). Effectiveness of targeting fathers for breastfeeding promotion: systematic review and meta-analysis. *BMC Public Health*. 18. 10.1186/s12889-018-6037-x.
11. Bich, Tran & Cuong, Nguyen. (2016). Changes in knowledge, attitude, and involvement of fathers in supporting exclusive breastfeeding: A community-based intervention study in a rural area of Viet Nam. *International Journal of Public Health*. 62. 10.1007/s00038-016-0882-0.