



Original Research Article

FATHER'S PERSPECTIVE ON KNOWLEDGE, ATTITUDE AND PRACTICE TOWARDS BREAST-FEEDING; ITS IMPACT ON EXCLUSIVE BREAST FEEDING AND INITIAL WEIGHT LOSS OF NEONATES IN FIRST 10 DAYS OF LIFE

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ABSTRACT

Background: Breastfeeding is the foundation of a newborn's nutrition. Breastfeeding needs to be initiated and promoted, and awareness should be created. The family members, mainly the husband, may play a central role in the quality of breastfeeding the baby receives. Fathers' psychological and practical support influences initiation and duration of breastfeeding.

Materials and Methods: This is a prospective questionnaire based study involving fathers of babies who are born in Cloudnine hospital Jayanagar, Bengaluru. On day 3 of life, fathers were given prestructured, self administered questionnaire involving knowledge, attitude and practices towards breast feeding. Babies were followed up in outpatient department for weight loss exclusive breast feeding.

Results: In our study, we had total 215 participants. It was apparent in our observation that larger portion of our study population had good knowledge, positive attitude and right practices towards breast feeding. Exclusive breast feeding was 83.3% and significant weight loss (10%) was only 6.0%. We found that good knowledge, attitude and practice of father towards breast feeding was shown to influence exclusive breast feeding with a p value of <0.05. While good attitude was associated with reduced significant weight loss with a p value of <0.05.

Conclusion: Good knowledge attitude and practice of father towards breast feeding had positive influence on exclusive breast feeding. While positive attitude of father towards breast feeding showed to be associated reduced significant weight loss.

Keywords: Exclusive breast feeding, Father's perspective, Significant weight loss in neonates.

INTRODUCTION

Breastfeeding is the foundation of a newborn's nutrition. For the first six months of a baby's life. Two organizations, the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF), suggest it as the exclusive method of feeding the newborn due to its well-known advantages for the mother, child, and society in the short and long term.^[1] Golden hour breast feeding and exclusive breastfeeding are excellent ways of increasing the number of children who live to

adulthood worldwide. Exclusive breastfeeding means feeding babies between the ages of 0 - 6 months only human breast milk (and minerals, oral rehydration solution, or drops/syrups of vitamins or medicines as needed) without providing any other nutrition or water.^[2] Breast milk is not only a good and safe nutritive source for the developing infant but also gives a rich source of immunity such as antibodies, leukocytes, growth factors, cytokines, and antimicrobial substances which support the

immature immune system of the newborn till immunological maturity is attained.^[3]

Worldwide Suboptimal breastfeeding contributes to 45% of neonatal infectious deaths, 30% of Diarrheal deaths, and 18% of acute respiratory deaths among under five years of age children in developing countries.^[4,5]

Breastfeeding needs to be initiated and promoted, and awareness should be created. The family members, mainly the husband, may play a central role in the quality of breastfeeding the baby receives. Previous research has shown, on a global scale, that family members (such as a mother, husband or grandparents) do not only single-handedly impact a mother's wish to begin and endure breastfeeding but also play a noteworthy part in the early termination of appropriate breastfeeding in the initial period after delivery. Family members impact a mother's choice to induct and endure breastfeeding.^[2]

Fathers' attitudes have a significant impact on mothers' breastfeeding decisions.^[6] Fathers' psychological and practical support influences initiation and duration of breastfeeding,^[7] at the same time acting as a confidence booster for mothers, who develop a higher self-efficacy if they feel supported by their partners.^[8] Supportive actions are heterogeneous in nature,^[9] but what drives them is the awareness of the importance of breastfeeding.^[10] The more a father knows about breastfeeding benefits and management, the more likely he is to influence its initiation and continuation.⁶ Moreover, according to a recent meta-analysis, targeting fathers in breastfeeding promotion in prenatal and postnatal settings improves exclusive breastfeeding rates at 4 and 6 months.^[11] Therefore, it has been advocated that healthcare professionals favor a more meaningful engagement of fathers in their new born well-being, especially focusing on their key role of breastfeeding support.^[12]

MATERIALS AND METHODS

This is a prospective questionnaire based study involving fathers of babies who are born in Cloudnine hospital Jayanagar, Bengaluru. On day 3 of life, fathers were given prestructured, self administered questionnaire involving knowledge, attitude and practices towards breast feeding. Based on their responses they were given scores. Babies were followed up in outpatient department for weight loss, babies whose weight loss of more than 10% in first 10 days was taken as significant. Also they were assessed for exclusive breast feeding. Significant weight loss and exclusive breast feeding was compared with the questionnaire score.

Objective

To know the association of knowledge attitude and practices of fathers towards breastfeeding with exclusive breast feeding.

To know the association of knowledge attitude and practices of fathers towards breastfeeding with initial weight loss of neonates.

Inclusion Criteria

- Person who is willing to participate in the study.
- Babies born at term gestation
- Singleton pregnancies
- Appropriate for gestational age babies

Exclusion Criteria

- Conditions where breast feeding is contraindicated like Galactosemia.
- Single parent.
- Fathers who cannot stay with mothers in first ten days of life
- NICU admitted babies
- Lack of followup

Statistical Analysis

Data were entered in MS-Excel and analyzed in SPSS V25. Descriptive statistics were represented with percentages for qualitative data, Mean with SD or Median with IQR for quantitative data. Shapiro wilk test was applied to find normality. Man-whitney U test was applied for comparison between medians. $P \leq 0.05$ was considered as statistically significant.

RESULTS

In our study, we had total 215 participants. Among 215 study participants partners, 64 (29.8%) of them delivered vaginally and 151 (70.2%) of them delivered through LSCS. 115 (53.5%) of them had male babies and 100 (46.5%) of them had female babies. 131 (60.9%) were primi parus and 84 (39.1%) were multi parus. About 194 (90.2%) accompanied their partners during antenatal visits. Also 194 (90.2%) of the fathers had accompanied their partners to the antenatal classes conducted by the hospital where breastfeeding is discussed at length including benefits. On analyzing education of our study participants we found that, 118 (54.9%) had professional degree, 90 (41.9%) were graduates 6 (2.8%) had completed their intermediate or diploma. Occupational background of our study participants, 142 (66%) were professionals, 10 (4.7%) were semiprofessionals, 63 (29.3%) were businessmen. About 149 (69.3%) participants had their paternity leave.

Table 1, 2 and 3 describes the response to the questionnaire in knowledge, attitude and practice domains respectively. Each correct response were awarded a score 1 and incorrect response was not awarded any score. Cumulative scores in each domain was calculated. Their mean score, standard deviation, median and inter quartile range was calculated and tabulated in Table 4.

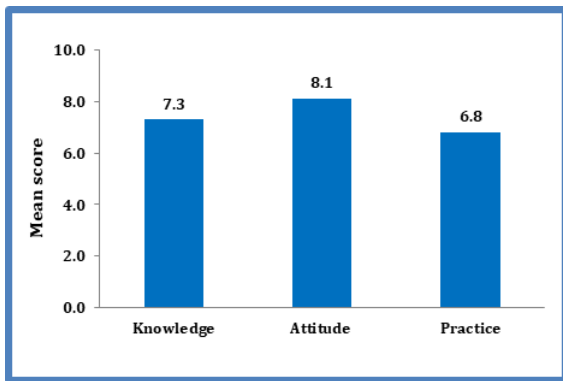


Figure 1: Mean scores of Knowledge, Attitude and Practice.

In our population exclusive breast feeding was seen in 179 (83.3%) babies and Significant weight loss seen in 13 (6.0%) babies. [Table 5]

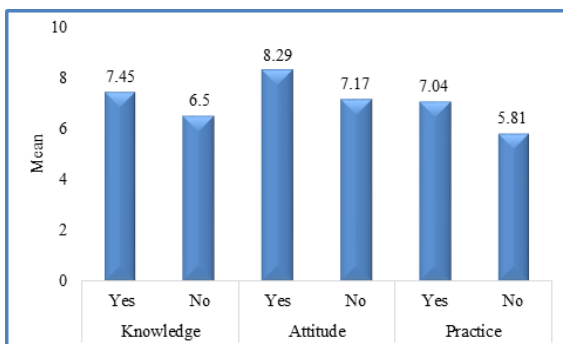


Figure 2: Comparison of Knowledge Attitude and Practice scores with Exclusive breast feeding

On comparing knowledge, attitude practice and total scores with exclusive breast feeding we found p value was <0.05, which was statistically significant. Indicating positive association of father's knowledge attitude and practice towards exclusive breast feeding. [Table 6 and Figure 2]

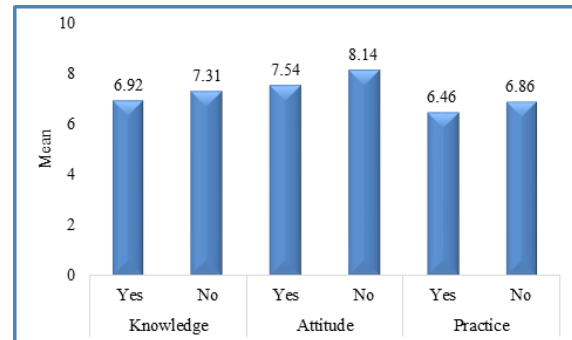


Figure 3: Comparison of Knowledge Attitude and Practice scores with Significant weight loss

On comparing knowledge, attitude practice and total scores with significant weight loss, we found statistical significance for only attitude score with a p value 0.023. While Knowledge score, practice score and total score did not show statistical significance, with a p value >0.05. Indicating positive association of father's attitude to influence significant weight loss in babies.

Table 1: Responses to the questions of knowledge domain

SI NO	QUESTIONS IN KNOWLEDGE DOMAIN	RESPONSES			
1	How soon after birth can a mother start breastfeeding?	Immediately after birth 201 (93.5%)	24 h after birth 10 (4.7%)	Only when the baby starts crying 4 (1.9%)	
2	For how long should a child drink ONLY breast milk (exclusive breast feeding)?	3 months 26 (12.1%)	6 months 147 (68.4%)	12 months 33 (15.3%)	I don't know 9 (4.2%)
		AGREE	NEUTRAL	DISAGREE	I DON'T KNOW
3	Breast milk increases baby's immunity.	210 (97.7%)	2 (0.9%)	1 (0.5%)	2 (0.9%)
4	Composition breast milk and Indian cow's milk is same	9 (4.2%)	3 (1.4%)	185 (86%)	18 (8.4%)
5	A baby of three months needs water and other fluids to prevent thirst during summer.	26 (12.1%)	14 (6.5%)	161 (74.9%)	14 (6.5%)
6	Formula feeds are better digested than breast milk by babies.	54 (25.1%)	37 (17.2%)	118 (54.9%)	6 (2.8%)
7	Breastfed babies are healthier than formula-fed babies are.	204 (94.9%)	5 (2.3%)	4 (1.9%)	2 (0.9%)
8	Breast feeding helps in mothers weight loss	161 (74.9%)	16 (7.4%)	24 (11.2%)	14 (6.5%)
9	Breast feeding protective role against cancer in mother	180 (83.7%)	3 (1.4%)	9 (4.2%)	23 (10.7%)

Table 2: Responses to the questions of attitude domain

SI NO	QUESTIONS IN ATTITUDE DOMAIN	AGREE	NEUTRAL	DISAGREE	I DON'T KNOW
1	Breastfeeding makes breasts look ugly	4 (1.9%)	8 (3.7%)	194 (90.2%)	9 (4.2%)
2	Breastfeeding separates the baby from the father.	1 (0.5%)	2 (0.9%)	211 (98.1%)	1 (0.5%)
3	Formula feeding is more convenient than breastfeeding.	14 (6.5%)	28 (13.0%)	169 (78.6%)	4 (1.9%)
4	Breast feeding in public should be encouraged	147 (68.4%)	31 (14.4%)	33 (15.3%)	4 (1.9%)
5	I feel neglected when my partner is breastfeeding the baby.	0 (0.0%)	0 (0.0%)	213 (99.1%)	2 (0.9%)
6	Mothers should give more breast milk to a boy child as compared to a girl child	0 (0.0%)	5 (2.3%)	206 (95.8%)	4 (1.9%)
7	Breastfeeding mothers should be granted maternity leave during the first six months of a baby's life.	207 (96.3%)	2 (0.9%)	2 (0.9%)	4 (1.9%)
8	Fathers should use their paternity leave days to assist with breastfeeding the baby.	208 (96.7%)	4 (1.9%)	0 (0.0%)	3 (1.4%)
9	Fathers should be directly involved in supporting mother during breastfeeding activity.	187 (87.0%)	20 (9.3%)	4 (1.9%)	4 (1.9%)

Table 3: Responses to the questions of practice domain

SI NO	QUESTIONS IN PRATICE DOMAIN	YES	NO
1	Did you attend antenatal classes with your partner about breast feeding?	182 (84.7%)	33 (15.3%)
2	When the baby wakes up did you carry the baby to mother for feeding?	195 (90.3%)	20 (9.3%)
3	Were you present during the breastng feeding to hold the baby or incase mother needed assistance to help her?	201 (93.5%)	14 (6.5%)
4	Did you hold the baby when mother is taking shower or eating?	207 (96.3%)	8 (3.7%)
5	Did you encourage your partner to express milk, so that you can feed when she is sleeping?	178 (82.8%)	37 (17.2%)
6	Did you recognize hunger cues in baby, so that you can remind mother to feed the baby?	169 (78.6%)	46 (21.4%)
7	Did you change diaper, so that mother can take rest and feed the baby later?	164 (76.3%)	51 (23.7%)
8	Did you burp the baby after completion of breast feeding?	173 (80.5%)	42 (19.5%)

Table 4: Mean Median and inter quartile range of Knowledge, Attitude and Practice scores

SCORE	Mean	SD	Median	IQR
Knowledge score	7.3	1.4	8.0	2.0
Attitude score	8.1	1.1	8.0	1.0
Practice score	6.8	1.5	7.0	2.0
Total score	22.2	2.9	23.0	3.0

Table 5: Percentage of exclusive breast feeding and significant weight loss

SI NO	OUTCOME	YES	NO
1	Exclusive breast feeding	179 (83.3%)	36 (16.7%)
2	Significant weight loss	13 (6.0%)	202 (94.0%)

Table 6: Comparison of Knowledge Attitude and Practice scores with Exclusive breast feeding

	Exclusive breast feeding	Mean	SD	Median	IQR	p-value
Knowledge score	Yes	7.45	1.32	8.00	1.00	0.002
	No	6.50	1.73	7.00	3.00	
Attitude score	Yes	8.29	0.86	8.00	1.00	<0.001
	No	7.17	1.65	7.50	1.00	
Practice score	Yes	7.04	1.17	7.00	1.00	0.001
	No	5.81	2.16	6.00	4.00	
Total score	Yes	22.78	2.08	23.00	3.00	<0.001
	No	19.47	4.54	19.00	6.75	

Table 7: Comparison of Knowledge Attitude and Practice scores with Significant weight loss

	Significant weight loss	Mean	SD	Median	IQR	p-value
Knowledge score	Yes	6.92	1.80	8.00	3.00	0.568
	No	7.31	1.41	8.00	2.00	
Attitude score	Yes	7.54	1.20	8.00	1.00	0.023
	No	8.14	1.10	8.00	1.00	
Practice score	Yes	6.46	2.70	8.00	2.50	0.482
	No	6.86	1.34	7.00	2.00	
Total score	Yes	20.92	4.91	22.00	4.50	0.528
	No	22.31	2.74	23.00	3.00	

DISCUSSION

Fathers' infant feeding preferences are an important determinant of women's infant feeding decisions. This is probably the first study of this kind from this part of the world. It is apparent in our observation that larger portion of our study population had good knowledge, positive attitude and right practices towards breast feeding (Table 1, 2 and 3). This knowledge attitude and practice had positive influence on exclusive breast feeding. But, on significant weight loss knowledge and attitude did not show any significance, while positive attitude showed to be associated reduced weight loss.

Similar study done by Ouyang et al,^[13] found that, breastfeeding knowledge in father enrich his attitude to offer support for exclusive breast feeding to the mother and consequently the enhanced positives attitude result in practical support offered by a father to his partner. This ultimately resulted in adherence to exclusive breast feeding.

Study done by Hansen E et al,^[14] found that, Fathers in their study valued breastfeeding and saw it as healthy and natural for babies. However, many of the fathers saw their partners struggle with breastfeeding, as a result some also viewed breastfeeding as a potentially harmful practice for mothers.

Study done by Mabele OM et al,^[15] found that there was a suboptimal level of knowledge on EBF in men and most men had positive attitudes and reported good practices in relation to EBF. Also participants who accompanied his partner to the antenatal clinic were associated with adequate knowledge, positive attitudes and good practices in relation to EBF.

CONCLUSION

Our study revealed that the study population had good knowledge, positive attitude and right practices towards breast feeding. We saw higher exclusive breast feeding percentage 179 babies (83.3%) and lower significant weight loss percentage 13 babies (6.0%). This knowledge attitude and practice of father towards breast feeding had positive influence on exclusive breast feeding. We have found in our research (yet unpublished) that majority of the mothers are aware of benefits of breastfeeding but about 30% of mothers fail to seek help from the lactation consultants or the obstetricians, for various reasons including probably feeling shy, guilt among all other factors. Probably KAP among fathers help in such mothers to actively seek help. But, on significant weight loss knowledge and attitude of father towards breast feeding did not

show any significance, while positive attitude of father towards breast feeding showed to be associated reduced significant weight loss.

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