

Father's knowledge and attitude towards breast feeding

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Abstract

Introduction: A father's knowledge and attitude towards breastfeeding are very important for the success of breastfeeding practices. There is no uniform practice of including them in the education sessions in our country. **Objectives:** To assess the knowledge and attitude towards breastfeeding among fathers of infants aged 6 months to 2 years attending well baby clinic. **Material and Method:** A cross sectional study with convenient sampling was conducted on 93 fathers. A self-administered, pretested and pre-validated questionnaire with regards to breastfeeding practices was then distributed among the fathers. **Results:** 93 respondents completed this study. 70 fathers (75.3%) had babies exclusively breast fed between 4-6 months of age. 54 fathers (58.1%) had knowledge about breastfeeding before baby's birth and 68 (73.1%) were keen to get more information after baby's birth. 90 fathers (96.8%) felt that they got required information, but only 34 (36.6%) had received education from health care providers. Knowledge regarding exclusive breastfeeding (n=84), breast milk superiority, (n=86), emotional bonding created by breastfeeding (n=70) was adequate in most. Father's age, education status, occupation, family type had no influence on knowledge or attitude. Father's whose child was born by caesarean section or had co morbidities in neonatal period had better knowledge and positive attitude. Fathers with better knowledge had positive attitude towards breastfeeding, but this had no influence on duration of exclusive breastfeeding. **Conclusion:** Father's knowledge was positively affected by health care exposure and education. Fathers with good knowledge had positive attitude towards breast feeding. Hence they should be included in discussions regarding breastfeeding in antenatal counselling.

Keywords: knowledge, Fathers, Breastfeeding

Introduction

The World Health Organization [WHO] recommends exclusive breastfeeding [EBF] till six months of age [1]. In spite of many initiatives to promote EBF, the rates continue to be low in India [2]. The influences of factors like maternal education, socioeconomic status and antenatal services have been studied in detail. [3, 4, 5]. However, a woman's decision is often influenced by her partner's attitude [6]. There is very little data available about Indian fathers' knowledge and attitude towards breastfeeding.

Methodology

A cross sectional, observational study was conducted in

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May - June 2016, as a part of MBBS Undergraduate Summer research fellowship program in our university. Fathers of children aged 6 months to 2 years, coming for well-baby check-up were interviewed with a structured pre-validated questionnaire.

Tools: KAP questionnaire: The questionnaire had five sections: Section 1 on baby's and parents socio-demographic details, Section 2 on baby's details like birth and feeding details, Section 3 to evaluate fathers knowledge about breast feeding and Section 4 to evaluate attitude of fathers towards breastfeeding.

A 5 point Likert scale was applied [strongly agree = +2, agree = +1, neutral=0 disagree = -1, and strongly disagree = -2] for the knowledge questions valued as positive and [strongly agree = -2, agree = -1, neutral=0

disagree = +1, and strongly disagree = +2] for the knowledge questions valued as negative. Similar scales were applied for the statements used to test attitude.

The total score was calculated and was transformed into mean 'percent score' by dividing the score with possible maximum score and multiplied by 100. Scores for Knowledge was categorized as poor [0-<=30%], moderate [>30 %-< =70%] and high [>70%]. Scores for attitude was categorized as negative [0-<=30%], neutral [>30 %-< =70%] and positive [>70%].

Results

A total of 93 respondents completed this study. The demographic details of the participants and their baby details is shown in Table 1-3. Majority babies had been exclusively breast fed for 4-6months of age. [n=70,75.3%] The mean knowledge score was 11.247 [SD=6.79] and the mean attitude score was 16.151[SD=7.52].

Table-1: Demographic variables of fathers.

	Number	Percent
Age group		
21 to 30	37	39.8
31-40	55	59.1
more than 40	1	1.1
Education		
Profession	8	8.6
Graduate	44	47.3
Post High School Diploma	9	9.7
High School	24	25.8
Middle School	5	5.4
Primary School	3	3.2
Working status		
Profession	16	17.2
Semi-profession	25	26.9
Clerical/shop owner / farmer	4	4.3
Skilled worker	27	29.0
Semi-skilled worker	15	16.1
Unskilled worker	6	6.5
Family type		
Nuclear	44	47.3
Joint	49	52.7
Residence		
Hut	1	1.1
Flat	26	28.0
Independent house	66	71.0

The study was done with the approval of the Institution's Ethics Committee and informed consent of parents.

Analysis: Descriptive analysis was done to analyse the socio-demographic data and Pearson Chi square test analysis was used to compare the knowledge score with attitude score and to compare the knowledge and attitude scores with other variables.

Table 2: Demographic variables of baby details.

Baby details	Number	Percent
Sex		
Male	45	48.4
Female	48	51.6
Birth Order		
1 st born	62	66.7
2 nd born	24	52.8
3 rd born	6	6.5
4 th born	0	0
5 th born	1	1.1
Gestation age		
Term	83	89.2
Pre-term	9	9.7
Post-term	1	1.1
Birth weight		
<2.5kg	28	30.1
2.5-4kg	64	68.8
>4kg	1	1.1
Nicu stay in hours		
<24	89	95.7
24-72	4	4.3
Co Morbidities		
Absent	85	91.4
Present	8	8.6
Mode Of Delivery		
Vaginal	53	57.0
Assisted	4	4.3
Lscs	36	38.7

54 fathers [58.1%] had knowledge about breastfeeding before baby was born and 68 [73.1%] were keen to get more information after the baby was born.

90 fathers [96.8%] felt that they got required information about breastfeeding, but only 34 [36.6. %] of them had received education from health care providers. Knowledge regarding recommended duration of exclusive breast feeding [n=84, 90.3%], breast milk superiority over formula/cow's milk [n=86, 92.5%] and promotion of emotional bonding by breastfeeding [n=70,75.2%] was adequate in most fathers.

However, the knowledge that breast feeding reduces postpartum depression in mother [n=27, 29%] and weight gain [n=15, 16.1%] Also, knowledge that after LSCS also, mothers can produce enough milk [n=31, 33.3%] was inadequate. Majority fathers [n=51] felt that breastfeeding should be continued for more than a year.

Fathers in the age group of 31-40, had more knowledge than those in the age group of 21-30 but the difference was not statistically significant.

Attitude was neutral in the fathers of 21-30 age group, [n=18] and was positive in 31-40 age group, [n=26] but again the difference was not statistically significant.

Table 3: Feeding pattern of subject.

Feeding details	Number	Percent
Time of initiation of breastfeeding		
<= 1 hour	34	36.6
>1 - 4 hours	29	31.2
>4 - 24 hours	15	16.1
> 24 hours	15	16.1
Prelacteal feeds given		
No	79	84.9
Yes	14	15.1
Duration of exclusive breastfeeding		
< =4 months	17	18.2
4 - 6 months	70	75.3
>6 months	6	6.5
Early initiation of complimentary feeds		
Not enough milk	51	55.4
Inadequate milk	23	25.0
Family influences	17	18.5
Others	1	1.1
Duration of stay in maternal home		
<= 4 months	60	64.5
4 – 6 months	25	26.9
> 6 months	8	8.6

Fathers educational and work status and the family type did not have any influence on knowledge or attitude of breast feeding practices.

Birth order of the child had a negative influence, with knowledge and attitude declining with increasing birth order. Fathers whose child had co morbidities in the neonatal period or hospitalization in the neonatal period had more knowledge and a positive attitude. When the child was delivered by Caesarean section, fathers had good knowledge and positive attitude [Table 4].

Table-4: Fathers knowledge score and attitude score in comparison with variables.

Variable	Knowledge score in percent			Total	Significance
	less than 30	30-70	>70		
Age					
21 to 30	22	12	3	37	.047
31-40	18	35	2	55	
more than 40	0	1	0	1	
Education					
Profession	5	3	0	8	.157
Graduate	17	24	3	44	
Post High School Diploma	6	3	0	9	
High School	6	16	2	24	
Middle School	5	0	0	5	
Primary School	1	2	0	3	
Working status					
Profession	8	7	1	16	.019
Semi-profession	8	17	0	25	
Clerical/shop owner / farmer	1	1	2	4	
Skilled worker	13	12	2	27	
Semi-skilled worker	7	8	0	15	
Unskilled worker	3	3	0	6	
Family type					
Nuclear	20	21	3	44	.711
Joint	20	27	2	49	
Birth order					
1	23	34	5	62	.003
2	17	7	0	24	
3	0	6	0	6	
5	0	1	0	1	
Co morbidities in baby					
No	38	42	5	85	.525
Yes	2	6	0	8	
mode of delivery					
Vaginal	26	25	2	53	.115
Assisted	2	2	0	4	
LSCS	12	21	3	36	

Variable	Attitude score in percent			Total	Significance
	less than 30	30-70	>70		
Age					
21 to 30	8	18	11	37	.348
31-40	7	22	26	55	
more than 40	0	1	0	1	
Education					
Profession	2	3	3	8	.629
Graduate	6	21	17	44	
Post High School Diploma	3	4	2	9	
High School	2	10	12	24	
Middle School	2	1	2	5	
Primary School	2	1	2	5	
Working status					
Profession	3	8	5	16	.932
Semi-profession	2	12	11	25	
Clerical/shop owner / farmer	1	2	1	4	
Skilled worker	4	10	13	27	.468
Semi-skilled worker	4	6	5	15	
Unskilled worker	1	3	2	6	
Family type					
Nuclear	7	20	17	44	.968
Joint	8	21	20	49	
birth order					
1	9	28	25	62	.468
2	6	11	7	24	
3	0	2	4	6	
5	0	0	1	1	
Co morbidities in baby					
No	15	38	32	85	.107
Yes	0	3	5	8	
Mode of delivery					
Vaginal	9	24	20	53	.648
Assisted	0	3	1	4	
LSCS	6	14	16	36	

Father's knowledge regarding breast feeding had no influence on the practice of giving prelacteal feeds or duration of exclusive breast feeding [Table 5].

Table-5: Father’s knowledge score and attitude score influencing duration of exclusive breastfeeding

Variable	Duration of exclusive breastfeeding			Total	Significance
	less than 4months	4-6months	more than 6months		
Knowledge score in percent					
less than 30	6	31	3	40	.451
30-70	9	37	2	48	
>70	2	2	1	5	

Variable	Duration of exclusive breastfeeding			Total	Significance
	less than 4months	4-6months	more than 6months		
Attitude score in percent					
less than 30	1	13	1	15	.617
30-70	7	31	3	41	
>70	9	26	2	37	

Table-6: Knowledge affecting the attitude towards breast feeding

Attitude percent score	Knowledge percent score			Total
	less than 30	30-70	>70	
less than 30	14	0	1	15
30-70	16	23	2	41
>70	10	25	2	37
Total	40	48	5	93

Significance = .001

Fathers with better knowledge had positive attitude towards breastfeeding and it was statistically significant [Table 6].

Discussion

Fathers in our study were keen to get information about breastfeeding, similar to fathers in other studies [7] but only half of them had adequate knowledge about breastfeeding before birth of baby. This may be because of limited involvement of fathers during antenatal checkup in our country. As reported in earlier studies from India, after child birth, only a few fathers got information about breastfeeding from healthcare professional [8]. As a routine, fathers are not involved in infant feeding education decisions in our setting.

As reported earlier, most fathers knew that breast milk was superior to formula [9] and that it increased emotional bonding between mother and baby [10]. In contrast to other studies, fathers education status had no influence on knowledge or attitude towards breast feeding [11] probably due to the influence of the family structure in our country. Neither nuclear nor joint

family type had an influence on knowledge and attitude of the fathers in our study suggesting non involvement of fathers in infant feeding decisions in our setting.

As reported earlier, fathers in our study exhibited positive attitude towards breastfeeding, when they had a child delivered by Caesarean section or when the baby was hospitalized for comorbidities [12] probably due to exposure to health care professional and health education. Even fathers with moderate knowledge and positive attitude, could not influence the duration of exclusive breast feeding and this finding is reported by Karande [13], while study done by Susin [14] reports otherwise. This difference may be attributed to family dynamics in our setting and dominant role played by females in decision making strategies of infant feeding. Previous studies have shown that if fathers are educated and involved in infant feeding decisions making, the

rates of exclusive breast feeding will definitely increase [15]. In our study fathers with good knowledge had a positive attitude towards breastfeeding even though they did not have antenatal classes or postnatal involvement in infant feeding

Conclusion

Father's knowledge was positively affected by health care exposure and education. Fathers with good knowledge had a positive attitude towards breast feeding. If fathers are educated by health care professionals the rates of exclusive breastfeeding will improve.

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