

## A Study of Knowledge and Attitude of Expectant Fathers Regarding Breast Feeding

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### ABSTRACT

**INTRODUCTION:** A father's knowledge and attitude towards exclusive breastfeeding are very important factors that contribute to the success of exclusive breastfeeding practices.

**MATERIALS AND METHODS:** A descriptive cross sectional study was carried out among n=200 purposively selected first time expectant fathers attending antenatal clinics along with low risk term primigravidae at a tertiary care corporate maternity hospital, Jemshedpur from February 2017 to January 2018. 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:

**CONCLUSION:** The findings show that expectant fathers had favourable attitude toward breast feeding, willing and enthusiastic to support their partners to initiate and continue breastfeeding. However, men wanted consistent support, encouragement and men friendly evidence-based breastfeeding information from the health personnel and wished to be recognised as important advocates to support their partners to begin and continue to breastfeed to meet the current WHO recommendations.

**KEY WORDS:** Breast feeding, Iowa Infant Feeding Attitudes Scale, Declaration of Helsinki.

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### I. Introduction:

Breast feeding is the normal way of providing young infants with the nutrients they need for healthy growth and development. Breast milk has just the right amount of fat, sugar, water, and protein that is needed for a baby's growth and development. 1 Childhood under-nutrition in our country mostly originates from inadequate and faulty practices of feeding newborns and children, coupled with exposure to contaminated environment. The low prevalence and duration of exclusive and partial breastfeeding increase the risk of infant and childhood morbidity and mortality in both developed and developing countries. 2 Worldwide, suboptimal breastfeeding still accounts for deaths of 1.4 million children aged less than five years .The timely introduction of complementary feeding can prevent almost 6% of under-five mortality.<sup>3</sup>

In India, Breastfeeding is almost universal, but the Exclusive Breast Feeding rate is quite low. Third National Family Health Survey (NFHS III) from India reports Exclusive Breast Feeding rates of 46.3% at 5 months<sup>4</sup>. Though various factors are there which can influence the practice of breast feeding, lack of adequate knowledge can be considered as one of the vital factors. With this background the present study was conducted to assess the knowledge and attitude of expectant fathers regarding breast feeding.

### II. Material And Methods:

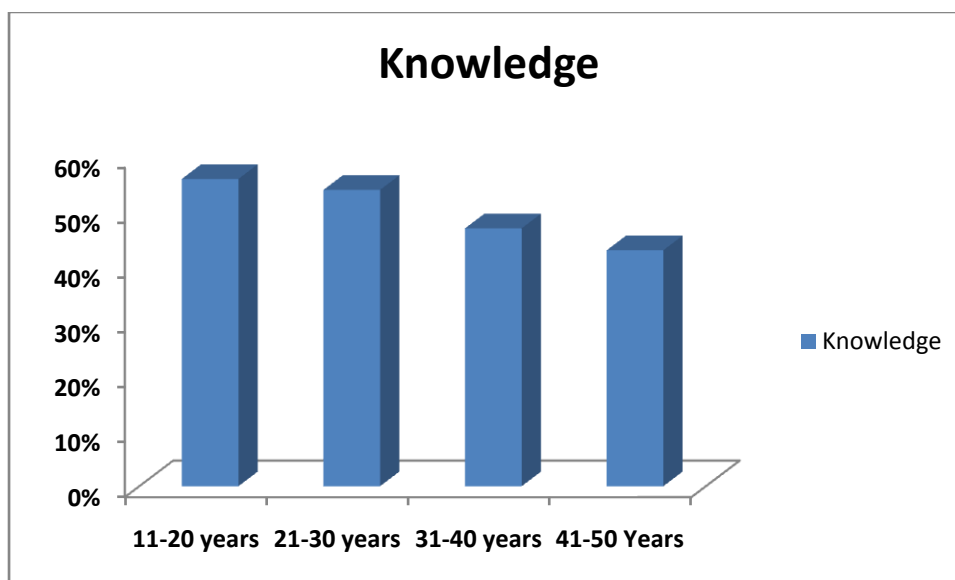
This descriptive cross sectional study was conducted at the antenatal clinic of the obstetrics and gynecology, MGM medical college during a time period of one month extending from February 2017 to January 2018. The study population consisted of 200 expectant fathers who accompanied their partners to 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. 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.

**III. Results:**

VARIABLE	FREQUENCY	PERCENTAGE
Age (years)		
Less than 28	125	62.5
28 and above	75	37.5
Education		
Technical	53	26.5
Graduation/Post graduation	147	73.5
Occupation		
Private sector	165	82.5
Self employed	18	9
Govt sector	17	8.5
Income per month		
Below 40,000	139	69.5
Above 40,000	61	30.5

**Table 1: patient demographic characteristics**



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

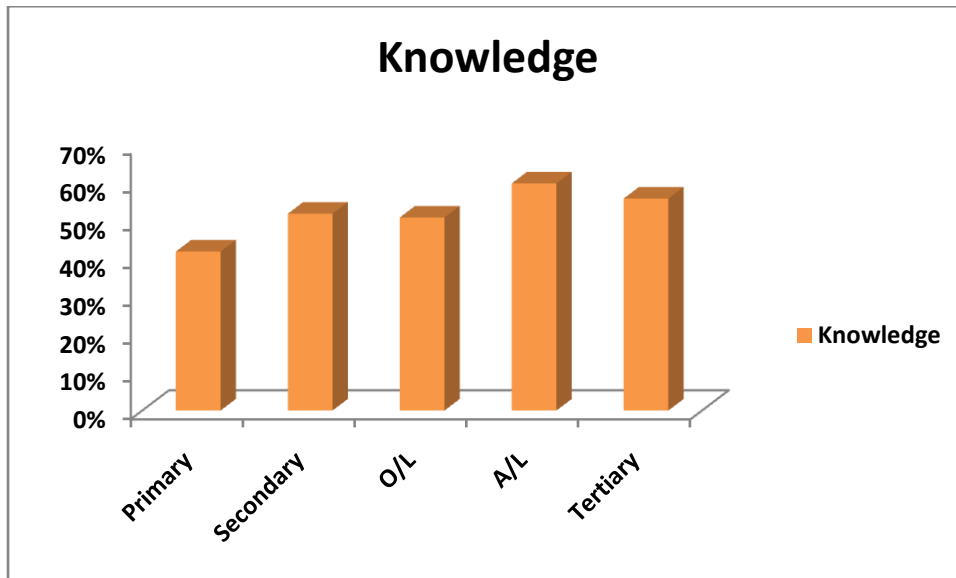


Figure 3: Distribution of knowledge scores according to education level

Statement to test knowledge	Percentage who knew the correct answer (%)
1. Cleaning the breasts prior to each feed is necessary	8.7
2. Twins can be breast fed	20.3
3. Inverted nipples can be manipulated	19
4. A baby's crying is always due to inadequate feeding	32
5. correct method of breast feeding	32.8
6. A minor illness of the mother does not affect the baby	31.6
7. there will be intrauterine growth retardation if the mother conceives while continuing to breast feed	35.8
8. Boys need more breast milk than girls	38
9. The value of colostrum	48.9
10. exclusive breast feeding for 6 months is recommended	39
11. drinking milk by the mother would increase their milk secretion	37
	42.8

Table 2: Knowledge on breast feeding

#### IV. 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.

## **V. Conclusion:**

The findings show that expectant fathers had favourable attitude toward breast feeding, willing and enthusiastic to support their partners to initiate and continue breastfeeding. However, men wanted consistent support, encouragement and men friendly evidence-based breastfeeding information from the health personnel and wished to be recognised as important advocates to support their partners to begin and continue to breastfeed to meet the current WHO recommendations.

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