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Paediatrics

PATERNAL ATTITUDE AND SUPPORT TOWARDS BREASTFEEDING AMONG FIRST-TIME MOTHERS IN A TERTIARY CARE CENTER

KEY WORDS: Lactation, Parenting, Breastfeeding support, Breastfeeding attitude, Paternal behavior

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ABSTRACT

Introduction: A neonatal first natural food is mother`s milk that provides the energy and nutrients required to sustain initial few months of life. Initiating and sustaining breastfeeding is the most important. Research on breastfeeding mostly investigate maternal factors. Hence, this study aimed to determine the associations of father's attitude and support with the duration of exclusive breastfeeding among new parents. **Methods:** The study involved 100 new parents in hi tech medical college, Bhubaneswar Odisha who were admitted in postnatal ward. Parents were interviewed using pre structured questionnaire within 48hours of delivery of their first child. Fathers' breastfeeding attitude was measured using Iowa-Infant-Feeding-Attitude-Scale, whereas paternal support using Subjective Norms and Paternal-Breastfeeding-Influence-Scale questionnaires. Mothers were asked about breastfeeding practice. **Results:** Exclusive breastfeeding duration rates at six months was 35%. Whereas 38% and 35% of fathers had knowledge of colostrum feeding and timing of first feed initiation respectively. The average score for paternal attitude on breastfeeding was 56.0 ±6.3, indicating father's positive attitude towards breastfeeding. The mean score of paternal breastfeeding supports for subjective norms surrounding breastfeeding and overall support score were 4.3+0.6 and 4.06+0.6, respectively, demonstrating frequent paternal engaging and support in breastfeeding. Duration of exclusive breastfeeding were positively associated with the paternal attitude (=0.23, p=0.027) and overall mean score for breastfeeding support (=2.046, p=0.032), but negatively associated with support strategies score (= -2.203, p=0.026). **Conclusion:** Overall, paternal support and positive attitude were associated with breastfeeding duration. It is important to increase public awareness on the important roles of fathers during the breastfeeding process. This will go a long way in decreasing malnutrition, morbidity and mortality in children

INTRODUCTION

A neonate's first natural food is human milk, which provides them with all the energy and nutrients they require during their first few months of life(1). The best breastfeeding practices include exclusive breastfeeding (EBF) for the first six months of life, early breastfeeding beginning within the first hour of life, and continuing breastfeeding until or past two years of age (1). Comprehensive studies showed that exclusive breastfeeding not only protect the infants against respiratory and gastrointestinal infections, but it also improves the birth spacing and protects women from chronic diseases such as ovarian cancer, breast cancer and type 2 diabetes mellitus (2,3).

In the 21st century, the exclusive breastfeeding rate in most countries was below 50% and the duration of any breastfeeding was only moderate (3). India has the highest rate of infant mortality in the world and is responsible for 20% of the 5.9 million child fatalities worldwide [4]. According to United Nations Children's Fund (UNICEF) India Statistics 2015, India's infant and under-five mortality rates are 48 and 38 per 1,000 live births, respectively, and nearly 50% of these deaths are caused by malnutrition [5]. As per UNICEF India figures from 2015, only 65% of infants who are six months old are exclusively breastfed, and only 45% of infants undergo timely initiation of breastfeeding.(5,6) World Health Organisation WHO 2017 & UNICEF 2017 recommends initiation of breastfeeding within the first hour after birth; exclusive breastfeeding for the first six months; and continued breastfeeding for two years and beyond, together with safe, nutritionally adequate, age appropriate, responsive complementary feeding starting in the sixth month(7).

Exclusive breast feeding for the first six months of life is now considered a global public health goal that is linked to reduction of infant morbidity and mortality, especially in the developing world WHO 2011. (8) .Many people have thought that breastfeeding decision is ultimately held by the mother. However, the support, assistance and the perceived influence of other people's views (subjective norms) especially the partner or husband was one of the factors that associate with breastfeeding practices (9,10). Increasing evidence showed that fathers have a significant influence on mothers' breastfeeding decision (11,12,13). However, research on breastfeeding support and practice mostly involved mothers, and less involve fathers directly in the study, although the partner/husband also plays an important role in infants feeding practice. In Malaysia particularly, only two studies assessed paternal breastfeeding knowledge and attitude, but none has investigated the influence of paternal factors on breastfeeding duration or exclusivity (14,15)). Both studies found that many fathers had good knowledge of breastfeeding benefits, but the practical aspects or attitude and direct supports are still needed to be improved. Paternal breastfeeding support includes the behaviours, involvement and engage in providing support to mothers during the lactation duration (1)

MATERIALS AND METHODS

This cross-sectional study involved first-time parents attending hospital over a period of one year which started from January 2023 to January 2024. The inclusion criteria were first-time mothers and fathers with healthy full-term newborn infants within 48 hours of delivery in a tertiary care center. Respondents were excluded if they were, illiterate

parents, on medication or have an illness which may have interfered breastfeeding practice. Total of 100 parents were enrolled in the study. Once enrolled, both fathers and mothers were given self-administered questionnaires to complete at the time of data collection, consent was taken.

Fathers were asked to answer three questionnaires, which were on sociodemographic, breastfeeding attitude and breastfeeding support to mothers. Paternal infant feeding attitude levels were measured using Iowa-Infant-Feeding-Attitude-Scale (IIFAS) consisting of seventeen attitude questions with 5-point Likert Scale (16). IIFAS comprised 17-items, which to be rated on a 5-point Likert-scale from strongly disagree (scale-1) to strongly agree (scale-5). The minimum score of 17 indicating favourable towards formula feeding whereas the maximum score of 85 indicating favourable towards breastfeeding. Hence, the result will be reported as one value of overall mean breastfeeding attitude score. Paternal breastfeeding support were measured based on 11 items on 'subjective norms' surrounding father's involvement in infant feeding practice, and also fathers involvement in supporting and helping mothers in breastfeeding using the Paternal-Breastfeeding- Influence-Scale (PBIS), measuring paternal support and involvement in breastfeeding such as, appreciation, helping and responsiveness, and breastfeeding savvy on a 32-items. The subjective norms in this context is defined as the perceived social pressure in performing or demonstrating supporting behaviour to breastfeeding mothers (17). These questionnaires were measured on the frequency scale from 1 (not-at-all) to 5 (very often/strong). The higher mean of all items score (from 1 to 5) indicating better support received from the father. These tools have been tested for reliability with Cronbach's alpha values of 0.85 (18,19). Questionnaires were available in English and Odia version.

Mothers were asked about their breastfeeding practice in the past months, before infants starting complementary feeding, using an adapted questionnaire. The infant feeding practice questions were asked to determine the mean breastfeeding duration, and the rate of exclusive breastfeeding duration up to four and six months. According to WHO, the exclusive breastfeeding definition is the practice of infant being fed only breast milk, hence have not been fed any other milk or liquid or food such as infant formula, water or any solid food, in the range of the first-six months of infant life.

Data analysis were done using IBM SPSS version-22, which the statistical level significance was set at $p < 0.05$. The results were presented as frequencies and percentages for categorical variables such as sociodemographic categories and breastfeeding rates. Whereas the results for continuous variables were presented as means and standard deviation, which are the overall IIFAS mean score for breastfeeding attitude, overall mean score for questionnaires on subjective norms, and overall and subscale of breastfeeding support of PBIS questionnaire. Pearson correlation coefficient was used to test the associations between paternal mean scores for each questionnaire and exclusive breastfeeding duration. Further analysis was done using multiple linear regression to seek significant predictor(s) of exclusive breastfeeding duration at 6 months.

RESULTS

Subjects comprised first-time fathers and mothers with mean ages of 29.4+4.2 years and 23.9+3.8 years, respectively. Majority of the subjects were odia (89.6%). More than half of the respondents were uneducated with 59% of fathers and 76% of mothers had pursued their studies under matriculation. More than half of the employed fathers (64.4%) and mothers (33.3%) were working in private sectors. Meanwhile 28% of parents earned more than 50000 rupees as monthly income, 51% earned between 20000 to 50000 rupees and only 21% had income below 20000rs per month.

Table 1: Socio-demographic characteristics of respondents (n=100)

Variables	Fathers (n=100)		Mothers (n=100)	
	n (%)	Mean±SD	n (%)	Mean±SD
Age		29.4.+4.2		23.9+3.8
Family type				
Joint	64(64)			
Nuclear	36(36)			
Education levels				
No formal education	59 (59)		76 (76)	
Graduate	41(41)		24(24)	
Occupation				
Public sector	34(34)		26(26)	
Private sector	19 (19)		25(25)	
Business	47 (47)		1 (1)	
Unemployed	0 (0.0)		60 (60)	
Monthly household income				
RS 20000	21(21)			
Rs20001- Rs49999	51 (51)			
Rs 50000 and above	28 (28)			

The mean exclusive breastfeeding (EBF) duration was 19 ±4 weeks. Mothers who exclusively breastfed their infants up to 4 months were 44%, whereas 35% mothers able to exclusively breastfed their infants for a six-month duration and 21% were exclusively breastfed up to a range of four to six months. About 38% fathers were aware of that colostrum should be given to the babies immediately after birth. 30% father had knowledge of timing of first feed within 1st hour of birth. The average score for father's breastfeeding attitude was 56.0±6.3, indicating a positive attitude result towards breastfeeding. Consistently, mean score of father's breastfeeding supports for subjective norms surrounding breastfeeding and overall PBIS score were 4.6+0.6 and 4.09+0.6, respectively, which both were close to the maximum mean score of 5, demonstrated frequent paternal engagement in supporting breastfeeding.

Table 2: knowledge regarding feeding.

Knowledge of	Percentage of father
Colostrum feed	38% (38)
Timing of first feed	30% (30)

The IIFAS breastfeeding score was positively correlated with paternal breastfeeding support total score of PBIS ($r=0.204$, $p=0.04$) and subjective norm surrounding paternal involvement in breastfeeding practice ($r=0.298$, $p=0.02$). This indicates that husbands who scored higher for IIFAS questionnaire (indicating a positive attitude toward breastfeeding) tend to also provide greater breastfeeding support to their partner, breastfeeding mothers. A significant positive correlation was shown between paternal attitude (IIFAS) and exclusive breastfeeding duration ($r=0.214$, $p=0.039$) (Table 3). However, the duration of exclusive breastfeeding were not correlated with two pa.subjective norm surrounding paternal involvement in breastfeeding practice and also overall paternal breastfeeding support of PBIS score (all $p > 0.05$) (Table 3).

Table 3. Correlation between exclusive breastfeeding duration and paternal attitude and breastfeeding support variables (n=100).

Variables	Exclusive breastfeeding duration	
	r	p-value

Paternal infant feeding attitude (IIFAS)	0.214	0.039*
Breastfeeding support		
Subjective norm surrounding paternal involvement in breastfeeding process	0.1	0.334
PBIS total score Breastfeeding savvy Helping Appreciation	0.001	0.989
Breastfeeding presence Responsiveness	-0.059	0.572
	0.011	0.918
	0.001	0.992
	0.022	0.835
	0.142	0.169

*Correlation is significant at level $p < 0.05$;

PBIS = Paternal-Breastfeeding-Influence-Scale for breastfeeding support subscales.

Nevertheless, after controlled for sociodemographic variables, the linear regression results showed that longer duration of EBF (weeks) was significantly associated with higher IIFAS score ($=0.28, p=0.039$), lower total support score ($=-2.09, p=0.032$), and higher overall mean score for breastfeeding support ($=2.04, p=0.032$) (Table 3). These factors predicted 14.0% of the variance in the duration of EBF (weeks). Total support score is the accumulated scores of all subscales, whereas overall mean score is the average score of all subscales in PBIS, hence the number of items in each subscales is controlled.

Table 4: Multiple linear regression analysis of factors contributed towards duration of exclusive breastfeeding (EBF) (n=104)

Model	Unstandardized Coefficients	Standardized Coefficients	95% CI		p-value
			Lower bound	Upper Bound	
	B	Beta			
	-16.46		38.52	5.597	0.142
(Constant)					
IIFAS total score	0.3	0.28	0.03	0.58	0.039
Total support score	-1.01	-2.04	-1.94	-0.09	0.032
Mean score for breastfeeding support	31.4	2.07	2.47	60.33	0.034

Multiple linear regression model: $R=0.388, R^2=0.150, F=2.198, p=0.042$; Confounders has been controlled for sociodemographic variables: household income, parental education lev-els ($p>0.05$)

DISCUSSION

This study found that the rate of exclusive breastfeeding at six months was 35 % and at four months was 44 %. These were relatively lower as compared to the national prevalence of exclusive breastfeeding at six (54.9%) (20) and four months (47.4%) west Bengal was documented that 52.3% of its under 6 month old infants were exclusively breastfeed.(21)In neighbouring states like Odisha and Jharkhand reported a mean duration of breastfeed as 4 months.(21)

A recent systematic review (22) supported that father's involvement during antenatal and postnatal periods improve EBF at 4 and 6 months. The increasing support indirectly prolonged the duration of breastfeeding due to the father's exposure to the benefits of breastfeeding (22). Nevertheless, research regarding paternal perspective on breastfeeding is limited. Most studies were predominantly focused on maternal factors, and usually included only mothers as the

respondents in the study. This includes asking mothers regarding their perspectives of their father's involvement in helping or supporting breastfeeding. To our knowledge, only few studies in India assessed paternal knowledge, attitude and support in breastfeeding, but none has studied the relationship with breastfeeding outcomes, such as duration or exclusivity (23). Hence, there is lacking of studies that involve fathers directly in assessing their engagement or involvement in supporting and helping mothers, and also the influence on breastfeeding outcomes. Hence, the strength of the present study was being able to assess the paternal breastfeeding attitude and support and its association with exclusive breastfeeding duration.

The present study found a significant correlation between paternal infant feeding attitude and exclusive breastfeeding duration. This was consistent with a longitudinal study in Canada as they reported that fathers' positive attitudes were more likely to strengthen mother's breastfeeding intention and influenced duration that mothers intended to breastfeed (19). A study in Malaysia stated that the mothers acknowledged their partners played important role in their decision to breastfeed (24). Another study reported mothers practiced exclusive breastfeeding when their partners were supportive(25). Nevertheless, paternal breastfeeding education could remain crucial as a recent intervention study in Turkey has shown that providing breastfeeding education to fathers during the postpartum period was not only effective in increasing the EBF rates but also strengthens the father-infant bonding (26).

Overall, the result from the present study shows that fathers perceived their knowledge of involvement in the breastfeeding from their surroundings. Our findings showed that for every 1 score increase in the overall mean score for breastfeeding support was associated with 2.18 SD increase in the duration of exclusive breastfeeding.

.This is consistent with experimental studies (27) showing the positive impact of paternal roles and support to their partner in breastfeeding on longer breastfeeding duration. Although there are many ways to support mothers, studies suggested that the husbands shall also be more responsive towards their wives need during the postnatal period, as coordinate teamwork approach between the husband and wife was suggested to likely being the most effective method to support mothers breastfeed for longer (19).

Although the majority of fathers in the present study reported to often engage in overall breastfeeding support, accumulated or mean subscales scores were correlated with exclusive breastfeeding duration. However, after adjusted for sociodemographic variables, duration of EBF was predicted to decrease by 2.22 SD (week) for every 1-point increase in support total score. Breastfeeding savvy subscale has most items than the other subscales in the questionnaire, contributed to the accumulated total score. From the univariate analysis, breastfeeding savvy was found to have a negative trend association with breastfeeding duration, although the result was non-significant (Table 3). Strategies that involve in breastfeeding savvy include sharing and practising the breastfeeding knowledge, such as able to handle breast pump. This subscale behaviour among fathers was also reported to be less influence towards breastfeeding (19). The study also reported that other subscale such as appreciation, was associated with shorter breastfeeding duration. The behaviour includes fathers who reported being present and express direct appreciation (appreciation subscales of PBIS) during the breastfeeding process, which in some case was considered could increase the risk of earlier breastfeeding cessation (19). The study stated that this might be due to some women may feel stressed and begin to feel that the breastfeeding experience was not authentic to them. This is especially when fathers were highly motivated to be

present during the breastfeeding process (17).

Therefore, apart from being present during breastfeeding, it would be very important to inform and educate fathers on various ways to support mothers during breastfeeding, including learning to be more sensitive towards mother's need during the early breastfeeding period, such as offer help and care to a newborn infant (19). A study involves a focus group among first-time mother-father dyads (28) found that paternal emotional and practical support such as sharing the experience of childbirth and early breastfeeding, could help mothers to boost their confidence, hence help to maintain breastfeeding. The fathers also expressed wanting to learn more about breastfeeding and gain knowledge on nursing, hence making them feel more competent of being a new parent (28,29). Overall, the influence of different types of behaviours (or different subscales of support) on breastfeeding outcomes highlights the importance to understand support strategies that shall be practiced among fathers in different populations in different parts of world. This further could be helpful for breastfeeding mothers, which could positively influence breastfeeding outcomes, such as lengthen breastfeeding duration or sustain the exclusive breastfeeding in the first six months.

Our study examined only first-time parents showing less experienced first time parents. However, there are several limitations which required to be acknowledged in the present study. First, all data were obtained by using a self-administered questionnaire where there was a tendency to recall bias. Second, the findings of this result could not be generalized for the whole population of first-time parents in Odisha as most of the fathers were uneducated. The sample size of the population is also small hence future studies with a larger sample size with a more heterogeneous population is suggested. Nevertheless, this present study highlights the needs of future research to determine the long-term relationship between the paternal factors and breastfeeding success. Future intervention is also suggested to include the implementation of paternal breastfeeding perspectives and support on breastfeeding outcomes such as exclusive at six month and long duration of breastfeeding.

CONCLUSION

In conclusion, the paternal knowledge regarding breastfeeding in many aspects and efforts is lacking. In this study infant feeding attitude and breastfeeding support were significant predictors of exclusive breastfeeding duration. Therefore, it is important to increase public awareness regarding roles of fathers during the initiation and continuation of breastfeeding process and provide appropriate educational programs on breastfeeding to new parents. This includes acknowledging that, besides health care professional, and also as part of the community, husband is an important active member of the team to help mothers sustain and prolong breastfeeding. Future research is suggested to identify the types of breastfeeding support required by mothers during the breastfeeding process so that fathers can be more sensitive or aware towards their partner's needs and provide the exact or efficient support needed to improve breastfeeding practices. Hence, it is important to build the paternal awareness and sensitivity towards mothers, especially the first-time fathers, and to emphasize that the mothers are likely to value and appreciate the fathers' involvement as a team to nurture and care their infant. This will go a long way in decreasing malnutrition, morbidity and mortality in children.

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