Original Article

Do the fathers matter? Paternal perspective of exclusive breastfeeding practices: A community-based cross-sectional study in urban slums of Bhubaneswar, Odisha

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Abstract

Introduction: Although various policies have been framed to improve exclusive breastfeeding outcomes in India, the father's role in breastfeeding is grossly ignored. Gender inequalities are still predominant in several parts of India. Fathers' involvement in breastfeeding decision-making plays a significant role in improving the outcome. However, till now, this domain has been neglected in India. Henceforth, we aimed to see the knowledge and attitudes of fathers regarding breastfeeding in a community setting. **Methods:** It was a community-based cross-sectional study done in the urban slums of Bhubaneswar, Odisha. One hundred seventy-one fathers with their children between six months and one year were recruited by simple random sampling. Knowledge was assessed with a semi-structured questionnaire, and attitude was measured with the Iowa Infant Feeding Attitude Scale (IIFA). **Results:** In the present study, 1.18% of fathers had good knowledge regarding breastfeeding. 46.2% had average knowledge regarding breastfeeding, and 57.3% had positive attitudes toward formula feeding. **Discussion:** We have found that most fathers had a positive attitude toward formula feeding, and very few fathers had good knowledge of breastfeeding. Henceforth, further focus in this area is required to improve breastfeeding outcomes.

Keywords: Attitude, breastfeeding, exclusive breastfeeding, fathers, knowledge

Introduction

Undernutrition is associated with 45% of child deaths.[1] Breastfeeding within an hour of birth could prevent 20% of newborn deaths. Infants who are not breastfed are 15 times more likely to die from pneumonia and 11 times more likely to die from diarrhea than children who are exclusively breastfed, which are two leading causes of death in children under five years of age.[2] About 44% of children aged 0–6 months old are exclusively breastfed. Few children receive nutritionally adequate and safe complementary foods; in many countries, less than one-fourth of infants in the age group of six months to two years meet the dietary diversity and feeding frequency criteria appropriate for their age. Over 820,000 children's lives could be saved every year among children under 5 years, if all children 0–23 months were optimally breastfed.[1]

Breastfeeding protects the mother from the development of – breast cancer, ovarian cancer, osteoporosis, cardiovascular

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disease, obesity, and other serious diseases or manifestations. In the child, it protects from diarrhea, vomiting, sudden infant death syndrome, obesity, cardiovascular diseases, etc.[3] Breastfeeding improves intelligence quotient (IQ) and school attendance and is associated with higher income in adult life. According to the American Academy of Pediatrics, for babies who consume only breast milk for about the first six months, there is no need to give any formula or other sources of nutrition to the infant. Beyond six months, breastfeeding should be supplemented with formula feeding.[4] The Infant Milk Substitutes Feeding Bottles, and Infant Foods (Regulation of Production, Supply, and Distribution) Act, 1993, as amended in 2003, has been enacted in the counter to protect, promote, and support breastfeeding and ensure proper use of infant foods.[5]

Breastfeeding is a family affair. It takes time, practice, patience, and teamwork. Fathers can offer support and encouragement and be involved in every step of the breastfeeding journey. There are various challenges in the breastfeeding journey such as sore nipples, plugged ducts, engorgement, low milk production, inverted nipples, infection and breast abscess, exhaustion, etc., Mothers may experience ups and downs and feelings of accomplishment and frustration, but your support and encouragement can help them meet their breastfeeding goals.[6] Despite efforts to increase breastfeeding initiation and continuation rates, inequities persist. The factors that influence an individual's desire and ability to breastfeed are varied and include individual parent considerations, practitioner influences, hospital barriers, societal factors, such as workplace and parental leave policies, access to lactation support, and social support of their breastfeeding goals. A multidisciplinary approach that involves community, family, parents, and healthcare professionals will strengthen support for parents and help them achieve their breastfeeding goals.[7] Psychological intimate partner violence increases the avoidance of breastfeeding. Patients with a history of sexual trauma may choose not to breastfeed, but those who do often report positive bodily connections while breastfeeding and feelings of empowerment from their choice to do so. So a partner's role is very crucial to the continuation of breastfeeding.[7]

Even with the introduction of various programs like Mothers Absolute Affection (MAA) and laws on breastfeeding (Infant Milk Substitute Act), according to national family health survey (NFHS-V), the exclusive breastfeeding rate is only 63.7% in India; in Odisha it is 72.9%. There are various studies worldwide and even in India to see mothers' knowledge and attitude toward breastfeeding. In India, where gender inequalities are still predominant, the decision-making power of women in the family is 88%, and 29.3% of the women are still subjected to domestic violence. The father's attitude becomes an integral part of exclusive breastfeeding.[8] Most of the time, the father's role is overlooked due to the socio-cultural norms of society. There are very few studies in India; one study in Maharashtra and another in Karnataka have assessed the knowledge and attitude of fathers regarding breastfeeding. However, until now, no study has been done in Odisha. Therefore, exploring the father's perspective on breastfeeding is needed as geographical and cultural differences are present across different regions, and focusing light on this unexplored domain can uplift the proportion of exclusively breastfeeding children in India in the future.

Objectives

The aim of the study was to assess the knowledge and attitude of the fathers of infants aged six months to one year regarding breastfeeding and to find the factors associated with the duration of continuing exclusive breastfeeding.

Methodology

The community-based cross-sectional observational study was conducted in an urban slum in Bhubaneswar, Odisha. The proportion of fathers with good knowledge of exclusive breastfeeding is 74%.[9] The confidence interval was taken as 95%, and the absolute precision was 7%. The total sample size was calculated as 151. Taking a 15% non-response rate, the sample size was calculated as 173, and data were collected for 171 fathers. The fathers of the children, who were six months to one year old, were selected by simple random sampling. A semi-structured questionnaire was administered to assess the socio-demographic variables of the study participants as well as the knowledge of the fathers regarding breastfeeding. Ethical clearance was obtained from the Institutional Ethics Committee of AIIMS Bhubaneswar. The quantitative data were analyzed using SPSS software version 22.0.

Knowledge, attitude and practices (KAP) assessment: For a total of 15 questions, the answer was divided as "yes," "no," and "don't know" and scored "0" (incorrect answer and don't know) or 1 (correct answer). The total score was calculated and transformed into the mean 'percent score' by dividing the score by the possible maximum score and multiplying it by 100. Scores for knowledge were categorized as poor knowledge [0 to ≤30%], average knowledge [>30% to ≤70%], and good knowledge [>70%].[9] Attitude was measured with the Iowa Infant Feeding Attitude Scale (IIFAS).[10] The IIFAS consisted of 17 questions to assess the attitude of the fathers toward breastfeeding, where eight questions were favorable toward breastfeeding and the other nine were favorable toward formula feeding. It is designed to cover various dimensions of breastfeeding. The total score ranged from 17–85 as it was measured on a 4-point Likert Scale. The median attitude score was calculated. The score above the median score was taken as a positive attitude toward breastfeeding, and the score below the median was taken as a positive attitude toward formula feeding.

Results

Most of the fathers, that is, 50.3% were in the age group of 25–30 years. Around 73.7% had a secondary level of education, followed by 14% who had a higher secondary level. Only 4.15% were graduates. As per occupation, the majority were semi-skilled

and unskilled workers, that is, 34.5% and 39.5%, respectively, and only 1.3% were professionals. Of most of the fathers, 86.5% were from the upper lower socio-economic status. Moreover, 88.3% earn less than Rs. 20,000 per month. The children from the nuclear family were only 36.8%, and 38% had less than or equal to four members in the family. Most of the fathers, that is, 55.6% are having single children. One hundred and fifty-seven fathers are having one under-five child. [Table 1]

One hundred and thirty-eight (80.7%) of the children were delivered at term. In our study, institutional delivery was 77.2%, and 19.9% were delivered in private hospitals. Of the total, 62 (36.3%) were delivered by cesarean section. Five children, that is, 2.9% were delivered at home. Eighty-five children (49.7%) started breastfeeding late, that is, more than 1 hour after delivery. In our study, exclusive breastfeeding for six months was done for only 90 (52.6%) children. Although problems in breastfeeding were present in 70 participants, around 40.9%, of the majority were having lactational failure, that is, 42 out of 70 individuals, followed by difficulty in sucking in 25 children, 14.6%. Thirty (17.5%) children had done exclusive breastfeeding for less than one month. [Table 2].

Knowledge of the father regarding breastfeeding

Only 5.3% of fathers said that pre-lacteal feeding was required. However, 63 fathers do not know about it. One hundred twenty fathers, that is, 70.2% of fathers know about the importance of feeding colostrum. However, 46.2% of fathers, that is, 79 out of 171, know that breastfeeding is not sufficient in the first six months. Not only that, but 23.4% do not know that. Only 62 fathers have knowledge about the right time to introduce complementary feeding to the child. Most (84.2%) of the fathers said that the child should be breastfed on demand. Only nine of 171 fathers know about the ideal frequency of breastfeeding. Also, 80.2% (137 out of 171) of fathers do not know until what age the child should continue breastfeeding. Only 11.7% (20 out of 171) of the fathers know that breastfeeding benefits both mothers and babies. 25.1% (43 of 171) of fathers think that there cannot be any problem during breastfeeding. [Table 3]

In this study, only two fathers, that is, 1.18% had good knowledge regarding breastfeeding. Moreover, 46.2% (79 fathers) had average knowledge regarding breastfeeding. The majority, 90 fathers (52.6%) had poor knowledge regarding breastfeeding. Abhinaya *et al.*[11] in their study, classified the knowledge. More than 70% of correct answers are considered good knowledge. Less than 30% of questions are correct as poor knowledge, and 30–70% of questions are correct questions as average knowledge. The total no of questions was 15. A score was given as 0 (for incorrect answers or answered as do not know), and a score of 1 was taken if they answered correctly. The median attitude score was 5 [Figure 1].

The median attitude score of the fathers was 58. We have divided the category into two groups: more than 58, which is a positive attitude toward breastfeeding, and less than or equal to 58, which is a positive attitude toward formula feeding. In the study, 98 fathers out of 171, that is, 57.3% had a positive attitude toward formula feeding [Figure 2].

In the present study, we have seen the association of different socio-demographic variables with the father's knowledge

Table 1: Socio-demographic characteristics of the fathers [*n*=171]

Variable	*n* (%)
Age	
19–24 years	20 (11.7)
25–30 years	86 (50.3)
>30 years	65 (38.0)
Education	
Illiterate	6 (3.5)
Primary level	8 (4.7)
Secondary level	126 (73.7)
Higher secondary level	24 (14.0)
Graduate	7 (4.1)
Occupation	
Unemployed	3 (1.8)
Unskilled	68 (39.8)
Semi-skilled	59 (34.5)
Skilled	23 (13.5)
Clerical	15 (8.8)
Professional	3 (1.8)
Monthly family income	
≤10,000	18 (10.5)
10,000–20,000	133 (77.8)
>20,000	20 (11.7)
Socio-economic status	
Lower	2 (1.2)
Upper lower	148 (86.5)
Lower middle	16 (9.4)
Upper middle	3 (1.8)
Upper	2 (1.2)
Type of family	
Nuclear	63 (36.8)
Joint	37 (21.6)
Extended	71 (41.5)
Number of family members	
≤4	65 (38.0)
>4	106 (62.0)
Total number of children	
1	95 (55.6)
2	66 (38.6)
>2	10 (5.8)
Number of under-five children in the family	
<2	157 (91.8)
≥2	14 (8.2)
Addiction of the father	
Yes	82 (48.0)
Tobacco	38 (46.4)
Alcohol	44 (53.6)
Both	13 (15.8)
No	89 (52.0)

Table 2: Characteristics of the child [*n*=171]

Variable	Frequency (*n*)
Time of delivery	
Term	138 (80.7)
Pre-term	33 (19.3)
Mode of delivery	
NVD	109 (63.7)
CS	62 (36.3)
Place of delivery	
Home	5 (2.9)
Govt.	132 (77.2)
Private	34 (19.9)
Time of starting breastfeeding	
≤1 h	86 (50.3)
>1 h	85 (49.7)
Duration of EBF	
<6 months	81 (47.4)
<1 month	30 (17.5)
1–<3 months	27 (15.8)
3–<6 months	24 (14.0)
≥6 months	90 (52.6)
Problem in breastfeeding	
Present	70 (40.9)
Baby not able to suck	25 (14.6)
Breast diseases	3 (1.8)
Lactational failure	42 (24.6)
Poor health of the mother	1 (0.6)
Absent	101 (59.1)

regarding exclusive breastfeeding. The age of the father, education, occupation, type of family, and monthly family income were taken into account in the bi-variate analysis. However, none of the variables came out to be significantly associated with the knowledge of the father on breastfeeding except the education of the father (*P* value = 0.023) [Table 4].

Exclusive breastfeeding and knowledge and attitude of fathers: In our study, 47.6% of children were taking formula feeding. Most of them started within one month of their delivery. We have found a significant association between the attitude of the fathers toward breastfeeding and the duration of exclusive breastfeeding (*P* value 0.002). However, our study did not find any association between the knowledge of fathers and the duration of exclusive breastfeeding. The other factors found to be significantly affecting the duration of exclusive breastfeeding were time of starting breastfeeding (*P* value 0.044) and problems in breastfeeding (*P* value < 0.001) [Table 5]. The children who had any problem with breastfeeding were found to have a 70 times higher chance of discontinuing exclusive breastfeeding early.

Discussion

It has been described well how fathers play a significant role in the initiation and duration of breastfeeding mainly by impacting four different domains: the breastfeeding decision, assistance during breastfeeding initiation, duration of breastfeeding, and risk factors for artificial feeding.[1] Breastfeeding knowledge

Table 3: Knowledge of the father regarding breastfeeding [*n*=171]

Variable	Frequency (*n*)
Feeding of pre-lacteal liquid is required	
Yes	9 (5.3)
No	99 (57.9)
Don't know	63 (36.8)
First yellow thick breastmilk has to be discarded	
Yes	2 (1.2)
No	120 (70.2)
Don't know	49 (28.7)
Initiation of breastfeeding should be done within 1 h	
Yes	73 (42.6)
No	5 (2.9)
Don't know	93 (54.5)
Only breastmilk is sufficient in the first 6 months	
Yes	52 (30.4)
No	79 (46.2)
Don't know	40 (23.4)
Introduction of water to the infant	
Before 6 months	6 (3.5)
6 months and above	55 (32.2)
Don't know	110 (64.3)
Introduction of complementary foods	
Before 6 months	2 (1.2)
6 months and above	107 (62.6)
Don't know	62 (36.2)
Night feeding is required	
Yes	167 (97.7)
No	0 (0.0)
Don't know	4 (2.3)
Frequency of feeding a child	
2–3 hourly	9 (5.3)
4–5 hourly	5 (2.9)
On demand	144 (84.2)
Don't know	13 (7.6)
Can there be any difficulty in breastfeeding	
Yes	71 (41.5)
No	43 (25.1)
Don't know	57 (33.3)
Cessation of breastfeeding by the mother	
12 months	24 (14.0)
24 months	10 (5.8)
Don't know	137 (80.2)
Benefit of breastfeeding	
Only to the mother	0 (0.0)
Only to the baby	90 (52.6)
Both mother and baby	20 (11.7)
Don't know	61 (35.7)
Breastfeeding can prevent diseases in the mother and child	
Yes	3 (1.8)
No	58 (33.9)
Don't know	110 (64.3)
Can there be any harmful effect of breastfeeding	
Yes	0 (0.0)
No	63 (36.8)
Don't know	108 (63.2)

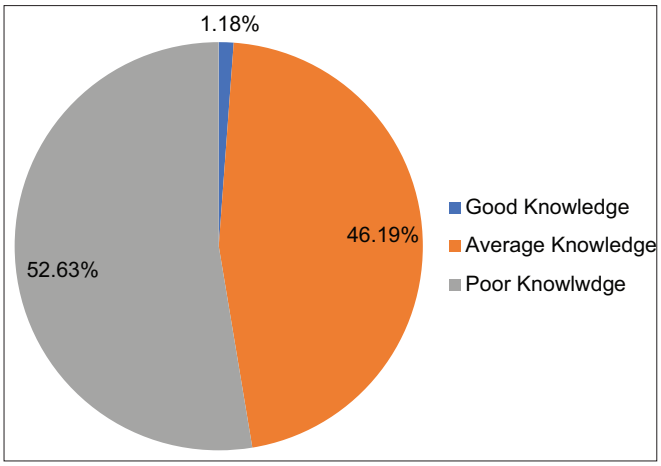

Figure 1: Knowledge of the fathers regarding breastfeeding

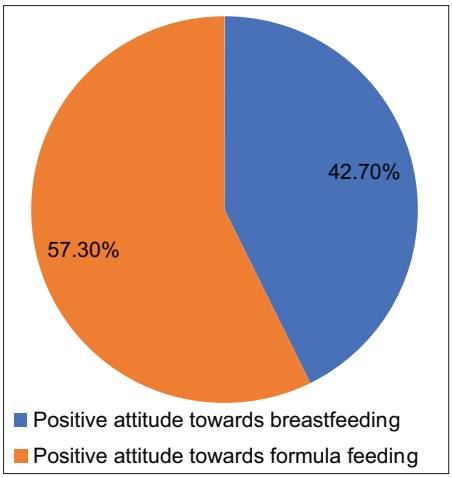

Figure 2: Attitude of the fathers regarding breastfeeding

among men is still a controversial issue; several studies have reported how it is often perceived by men as uncomfortable, embarrassing, and even distasteful, showing a correlation with socio-economic status and cultural background.[2] In our study, we found that the majority of fathers have poor knowledge regarding breastfeeding a baby. Another reason is our country's lower involvement of fathers in antenatal checkups. Even in a review, Sihota *et al.*[12] highlighted the importance of comprehensive antenatal support and education designated for fathers of breastfed infants. Other studies done in India also reported that after childbirth, only a few fathers get any information about breastfeeding from the health system or healthcare personnel.[13] A similar finding was found by K. Abhinaya *et al.*[11] in Chennai, where only half of the fathers attending the baby clinic had adequate knowledge. Lower knowledge in our study can be because of the community-based study which was done in the urban slums of Bhubaneswar, where fathers do not have good educational qualifications or socio-economic status. In our study, most fathers are first-time fathers (more than 50%), which can be a reason for less knowledge regarding breastfeeding. Another study by Soni Sachdeva *et al.*[14] also found that most of the fathers (43%) had average knowledge. But our findings differ from another study in Salem by Tamizharasi K *et al.*,[15] where they showed that most fathers attending pediatric Outpatient Department (OPD) had good knowledge regarding breastfeeding. In their study, 98.4% of fathers had fad favorable attitude toward breastfeeding. Another study by Samia Saud Ai Fauraikh found that the majority had favorable attitudes toward breastfeeding (mean attitude score 51.6, SD: 6.98) but could not identify specific benefits.[16] In our study, 57.3% of fathers had positive attitudes toward formula feeding. This can be because of poor knowledge and a lack of involvement in child-feeding decision-making. Another study by Sunil Karande *et al.*[10] in Mumbai saw the association between the attitudes of the mothers and fathers toward breastfeeding, where it was found that mothers' positive attitudes had a favorable outcome on the duration of exclusive breastfeeding. Fathers' attitude has an impact on building a supportive environment for breastfeeding but has no effect on the duration of continuing exclusive breastfeeding. Our study found a significant association between the father's attitude toward breastfeeding and the duration of exclusive breastfeeding ($P = 0.002$). There is evidence that a higher knowledge level about breastfeeding and complications management has a good impact on the increase in breastfeeding duration.[17] However, in our study, the father's knowledge was not associated with the duration of exclusive breastfeeding. It can be because of the dominant role of the mother in feeding decisions due to societal norms. Other

Table 4: Association of the knowledge of the fathers with socio-demographic variables

Variables	Knowledge of the Father (*n*)		Total (*n*)	Significance
	<30%	≥30%		
Age				
19–24 years	9	11	20	0.248
25–30 years	54	32	86	
>30 years	27	38	65	
Education				
Illiterate	5	1	6	0.023
Primary	7	1	8	
Secondary	65	61	126	
Higher secondary	11	13	24	
Graduate	2	5	7	
Occupation				
Unemployed	2	1	3	0.616
Unskilled	35	33	68	
Semi-skilled	27	32	59	
Skilled	16	7	23	
Clerical	9	6	15	
Professional	1	2	3	
Type of family				
Nuclear	34	29	63	0.735
Joint	21	16	37	
Extended	35	36	71	
Monthly family income				
≤10,000	10	8	18	0.297
10,000–20,000	74	59	133	
>20,000	6	14	20	

Table 5: Effect of different variables on duration of EBF (logistic regression)

Variables	OR (CI)	Significance
Age of the father		
>30 years	1.12 (0.38–3.31)	0.831
≤30 years	-	-
Duration of marriage		
>2 years	0.12 (0.00–54.63)	0.498
≤2 years	-	-
Socio-economic status (Mod. Kuppuswamy Scale)		
Lower, upper-lower	0.45 (0.07–3.15)	0.421
Lower-middle, upper-middle, upper	-	-
Addiction		
Yes	0.80 (0.27–2.39)	0.694
No	-	-
Number of family members		
>4	0.47 (0.08–2.96)	0.422
≤4	-	-
Number of under-five children		
<2	1.24 (0.19–8.05)	0.822
≥2	-	-
Time of delivery		
Pre-term	(0.00–7.80)	0.908
Term	-	-
Mode of delivery		
CS	3.49 (0.31–39.24)	0.312
NVD	-	-
Time of starting breastfeeding		
>1 h	0.12 (0.02–0.94)	0.044
≤1 h	-	-
Any problem with breastfeeding		
Yes	(0.00–0.02)	<0.001
No	-	-

significant factors in a child's duration of exclusive breastfeeding were the time of starting breastfeeding ($P = 0.040$) and problems in breastfeeding ($P < 0.001$). In our study, 47.4% of children had not done exclusive breastfeeding for six months, and in most of the cases, the main problem was lactational failure. It can be due to the high rate of cesarean delivery, 36.3% in the study, and lack of early initiation of breastfeeding. Our study had some limitations as most of the population was from an urban slum in Bhubaneswar, and the fathers were from a lower cadre of socio-economic status and eventually had low education. The sample size was small to see the further association between socio-demographic parameters and the knowledge and attitude of the fathers.

A study by Chen *et al.*[18] has shown lower quality of life scores in fathers of breastfed children compared to fathers of bottle-fed infants, primarily because of the perceived more limited bonding opportunities with the baby. Therefore, there appears to be an ever-growing need for father-focused interventions to teach fathers how to provide better help and support to their partners, thus expanding the classic mother-baby dyad to include them as part of the breastfeeding team. A study by Nigel Sherrif *et al.* has described the meaning of father support through the development of a theoretical and practical model of optimal breastfeeding.[19] The most important objective of nursing and midwifery care is the promotion of effective breastfeeding through counseling. To achieve the healthy growth and development of the child as well as improvement in breastfeeding outcomes, nurses and midwives have to implement interventions able to develop the capability of mothers and fathers' knowledge about breastfeeding, starting this learning process not only during pregnancy but also after delivery.

However, the main strength of our study was that it was probably the first community-based study in India to assess the knowledge and attitude of the fathers. Until now, no study has been done in Odisha. We have found a significant correlation between the attitude toward breastfeeding of the fathers and the duration of exclusive breastfeeding of the child, however, we could not find any association between the duration of exclusive breastfeeding and the knowledge of fathers toward breastfeeding. However, we also have several limitations; we have not seen the correlation between fathers' knowledge and attitude toward the mothers, which may have influenced the outcome. Most of the fathers had lower educational qualifications, which may have influenced the knowledge of the fathers.

Henceforth, we recommend that fathers be given health education and counseling on exclusive breastfeeding. No single program has incorporated fathers into improving breastfeeding attitudes and knowledge. Therefore, in the "MAA" program, the importance and role of fathers should be strengthened. Along with the mothers, fathers can also get involved in the regular village health and nutrition day sessions. During the breastfeeding week, Sneha Sivir, Poshan 2.0 celebration – fathers can also take part. During the home-based care for newborn (HBNC), ASHA can involve the fathers to assist the mothers in proper breastfeeding and its importance as fathers are the major decision-makers in the family. The Infant Milk Substitute, Feeding Bottles, and Infant Foods (IMS) Act should be more strictly implemented in India. Regular awareness programs to engage fathers at the community or village level will be highly beneficial. Strategies and policies can be implemented to reduce the perceived stigma of fathers knowing about breastfeeding. Further implementation and operational research can be done to assess the effectiveness of the involvement of fathers in the improvement of breastfeeding outcomes.

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Conflicts of interest

There are no conflicts of interest.

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