

A Descriptive Study to Assess the Paternal Knowledge and Attitude towards Exclusive Breastfeeding in a Selected Tertiary Care Setting, Kanchipuram District, Tamil Nadu, India

M. Abirami¹, B. Abishek¹, K. Gayathri¹, S. Amudha¹, P. Suvetha¹, Veena M. Joseph²

¹IIIrd Year B.Sc. Nursing Students, ²Prof., Guide & Co-investigator, Obstetrics and Gynecological Nursing Department, Chettinad College of Nursing, Chettinad Academy of Research and Education, Rajiv Gandhi Salai, Kelambakkam, Kanchipuram District, Tamil Nadu, India

Abstract

The study aimed at assessing the paternal knowledge and attitude towards exclusive breastfeeding using a descriptive research design. The sample size consisted of 125 fathers of children in the age group of ≥ 6 months to 2 years of age. A Convenient Sampling was used for selecting the fathers. The demographic profile of the fathers and infants was assessed through a structured interview. Paternal Knowledge and Attitude towards exclusive breastfeeding was assessed with the help of a self-administered Questionnaire and a self-administered Opinionnaire.

The Study findings revealed that nearly 74% of fathers had good knowledge on exclusive breastfeeding and nearly 69% of fathers had positive attitude towards exclusive breastfeeding. Study also revealed a positive correlation ($r=0.32$) between paternal knowledge and attitude towards exclusive breastfeeding. A statistically significant association was found between paternal knowledge and paternal age, family type and residence at $p<0.05$ and a statistical significant correlation was found between paternal attitude and paternal age, employment status, family type, NICU stay of infant and residence at 5% level of significance ($p<0.05$).

The study helped to conclude that fathers are aware about Exclusive breastfeeding and fathers with good knowledge had a positive attitude towards Exclusive breastfeeding. Hence fathers can be a source of great support to their partners and help to promote the culture of Exclusive breastfeeding.

Keywords: *Exclusive breastfeeding, Paternal, Knowledge, Attitude*

Introduction

“Breastfeeding is the cornerstone for an infant’s survival, nutrition and development”. Exclusive

breastfeeding is feeding the infants with only breast milk. This includes breastfeeding from a wet nurse and feeding from expressed breast milk **WHO 2016**¹.

WHO 2017² & **UNICEF 2017**³ 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.

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**⁴.

Corresponding Author:

K. Gayathri

III Year B.Sc., Nursing, Obstetrics and Gynecology Nursing Department, Chettinad College of Nursing, Chettinad Academy of Research and Education, Rajiv Gandhi Salai, Kelambakkam, Kanchipuram District, Tamil Nadu, India

e-mail: kgayathrigayu31@gmail.com

Phone Number: 9092767460

Exclusive breastfeeding is well known for the benefit of infant's health and optimization of development, benefit for Mother's health and economic benefits especially in poor and developing countries **Stanley L, Chung M 2007⁵; Gibney J 2008⁶.**

AAP 2012⁷, UNICEF 2015⁸ in their studies projected that early initiation of breastfeeding and exclusive breastfeeding helps in child survival; it accounts for healthy brain development, promotes cognitive and sensory performance and is noted for enhancing intelligence and academic performance in children.

Exclusive breast feeding in the first six months of life stimulates babies' immune system and protects them from diarrhea and acute respiratory infections **UNICEF 2006⁹. UNICEF 2017³** in a breastfeeding Campaign in 2013, termed the essence of breastfeeding as a "first immunization and an inexpensive life saver".

According to **UNICEF 2009¹⁰**, exclusive breastfeeding in India is a universal practice. India met the globally recommended target for exclusive breastfeeding in 2006 and the recent national survey estimates exclusive breastfeeding rates in the country to be about 55%. However, in the urban informal settlements (slums) from different parts of India have estimated much lower rates, ranging from 8 to 37%.

Practice of Exclusive breast feeding is still a challenge in both developed and developing countries even in countries with high rates of breast feeding initiation. Exclusive breastfeeding rates in infants less than six months of age varied from as low as 20% in Central and Eastern European countries to 44% in south **Asia A. Imdad, M. Y. Yakoob and Z. A. Bhutta, 2011¹¹.**

Worldwide, only 35% of infants are exclusively breastfed during the first four months of their life. According to **UNICEF, 2003¹²**. Globally, the exclusive breastfeeding rate is 38%, however the **World Health Assembly in 2012¹³** set a target to increase the rate of exclusive breastfeeding by at least 50% by 2025.

A lack of exclusive breastfeeding during the first six months of life contributes to over a million avoidable child deaths each year **Weimer J 2001¹⁴.**

Giugliani 2015¹⁵ reported that father's opinion about breastfeeding was the most important factor

related to breastfeeding. In addition, father knowledge regarding breastfeeding found to be associated with higher rates of full breastfeeding at 6 months.

Partners of mothers who had a good level of knowledge and a good attitude towards breast feeding had longer duration of exclusively breastfeeding **Juherman Y., Pengetahuan., Kemal sari, 2008¹⁶.**

There is a paucity of information on whether fathers in India play a significant role in influencing exclusive breastfeeding practice among mothers. Therefore this research was undertaken to assess the paternal knowledge and attitude towards exclusive breastfeeding.

Materials and Method

Research Approach and Design: A Quantitative research approach with a descriptive research design was used in the study

Research Setting: The study was conducted in the immunization clinic, well baby clinic and pediatric OPD, Chettinad Hospital and Research Institute, Kanchipuram District, Tamil Nadu, India.

Population: Population included all the fathers attending the immunization clinic, well baby clinic and pediatric OPD, Chettinad Hospital and Research Institute, Kanchipuram District, Tamil Nadu, India.

Sample: The fathers of children who fulfilled the sampling criteria were the samples for this study.

Criteria for Sample Selection:

Inclusion Criteria:

- Fathers of a singleton full term child
- Fathers of children in the age group of ≥ 6 months to 2 years of age.

Exclusion Criteria: Fathers not willing to participate in the study.

Sample Size: According to Open Source Epidemiologic Statistics for Public Health **Schaefer RL¹⁷.**

Population Size (N) = 180

Hypothesis% frequency (P) = 50% +/-5

Confidence limits (d) = 5%

Design effect (DEFF) = 1

Sample Size (n) for 95% confidence level = 123

Sampling Technique: The sample was selected by using a convenient sampling technique.

Research Tool: The research tool consisted of three sections.

Section-1: Consisted of

Part A- A structured interview to assess the demographic profile of the fathers

Part B- A structured interview to assess the demographic profile of infants.

Section-2: A self-administered structured questionnaire to assess the paternal knowledge on exclusive breastfeeding.

Scoring: The structured questionnaire on knowledge consisted of 11 questions. Each right answer was given one mark and wrong answer zero.

Maximum score was 11

Categorization of level of knowledge on exclusive breastfeeding

Level of knowledge on exclusive breastfeeding	%
Poor knowledge	0-30%
Moderate knowledge	> 30%-70%
Good knowledge	>70%

Section-3: A self-administered structured opinionnaire was used to assess the paternal attitude towards exclusive breastfeeding. It was a five point likert scale (strongly disagree, disagree, not sure, agree, strongly agree)

Scoring: The opinionnaire consisted of 15 statements of which 6 were positive statements and 9 negative statements.

Positive statements was scored in the forward direction as (strongly disagree=1, disagree=2, not sure=3, agree=4, strongly agree=5). The negative statements scored in the reverse direction as (strongly disagree=5, disagree=4, not sure=3, agree=2, strongly agree=1)

Maximum score was 75.

Categorization of level of attitude towards exclusive breastfeeding

Level of attitude towards exclusive breastfeeding	%
Negative attitude	0-30%
Neutral attitude	>30%-70%
Positive attitude	>70%

Reliability of the questionnaire and opinionnaire was 0.897 and 0.982 respectively as determined by cronbach’s alpha reliability coefficient test. The research tool was pretested among ten fathers attending the immunization clinic, well baby clinic and pediatric OPD, Chettinad Hospital and Research Institute, Kanchipuram District, Tamil Nadu, India and necessary modifications were made before starting the main study. Data collection was carried out for a week (1.4.2019 to 6.4.2019).

Data Analysis: Descriptive and Inferential statistics was used to analyse and interpret the data. Descriptive analysis was done to analysis the socio demographic data. Karl Pearson correlation co-efficient analysis was used to correlate the paternal knowledge score with paternal attitude score. Pearson chi square test was used to compare the knowledge and attitude scores with other variables.

Findings

The study findings are organized under the following sections.

Section A – Assessment of demographic variables

Part A: Demographic variables of fathers

Part B: Demographic variables of infants

Section B – Assessment of paternal knowledge on Exclusive breastfeeding

Section C – Assessment of paternal attitude towards Exclusive breastfeeding

Section D – Correlation between paternal knowledge and attitude towards exclusive breastfeeding

Section E – Association between paternal knowledge on exclusive breastfeeding with selected demographic variables

Section F – Association between paternal Attitude towards exclusive breastfeeding with selected demographic variables

Section A—Assessment of demographic variables

Part A- Demographic variables of fathers:

Majority of the fathers nearly 49% were in the age group of 31- 35 years. The educational levels of fathers nearly 28% were higher secondary level. With regard to employment status nearly 90% were employed, Nearly 74% of fathers were Hindus, around 64% of the fathers belonged to Nuclear family and majority of fathers nearly 63% were from an urban setting. Nearly 52% of the fathers belonged to lower income group as their monthly family income was in the range of Rs 10830-21659. 42% of respondents received information on exclusive breastfeeding from health professionals.

Part B- Demographic variables of infants: The sex of the Infants was found to be equally distributed as 50% female and 50% male. Majority of infant's birth weight, nearly 58% was ≤ 2.5 kg. Nearly 87% of the infants had NICU Stay of ≤ 24 hours. Nearly 68% of the infants were breastfed ≤ 1 hour of birth, although, majority of the respondents infants nearly 75% were not exposed to prelacteal feeds, 100% of the respondents breast fed their babies, of which nearly 59% of the respondents children were exclusively breastfed for ≤ 4 months.

Section B – Assessment of paternal knowledge on Exclusive breastfeeding

Table 1: Distribution of fathers by their level of knowledge on exclusive breastfeeding

Level of knowledge	Range (%)	Frequency	Percentage
Poor knowledge	0-30%	0	0
Moderate knowledge	>30- 70%	33	26%
Good knowledge	>70%	92	74%

Majority of fathers nearly 74% had good knowledge on exclusive breastfeeding while the remaining 26% had moderate knowledge on exclusive breastfeeding.

Section C – Assessment of Paternal Attitude towards Exclusive Breastfeeding

Table 2: Distribution of fathers by their Level of Attitude towards Exclusive Breastfeeding

Level of attitude	Ranges in %	Frequency	Percentage
Negative attitude	0-30%	0	0
Neutral attitude	>30-70%	39	31%
Positive attitude	>70%	86	69%

Majority of the fathers nearly 69% had a positive attitude towards exclusive breastfeeding while 31% had a neutral attitude towards exclusive breastfeeding.

Section D – Correlation between paternal knowledge and attitude towards exclusive breastfeeding

A positive correlation between paternal knowledge and attitude towards exclusive breastfeeding was found (Pearson's correlation, $r = 0.32$). The finding indicates that the father with good knowledge on exclusive breast feeding is more likely to have a positive attitude towards exclusive breastfeeding.

Section E – Association between paternal knowledge on exclusive breastfeeding with selected demographic variables

A statistically significant association was found between paternal knowledge with paternal age, family type and residence at 5% level of significance ($p < 0.05$).

Section F – Association between paternal Attitude towards exclusive breastfeeding with selected demographic variables

A statistically significant association was found between paternal attitude with paternal age, employment status, family type, NICU stay of infant and residence at 5% level of significance ($p < 0.05$).

Conclusion

This study was carried out to assess the level of paternal knowledge and attitude towards exclusive breastfeeding as they are responsible to provide support and encouragement to their partner to promote the culture of exclusive breastfeeding. The Study findings revealed that nearly 74% of the fathers had a good knowledge on exclusive breastfeeding. Nearly 69% of fathers had a positive attitude towards exclusive breastfeeding. There was a positive correlation ($r = 0.32$) between paternal knowledge and attitude towards exclusive breastfeeding. The Study concluded that fathers with good knowledge had a positive attitude towards exclusive breastfeeding.

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Conflicts of Interest: No conflict of Interest.

Source of Funding: Self

Ethical Clearance: The Study was done with the approval of the institutional Ethics Committee. Informed consent was obtained from the fathers, who were assured of strict anonymity and confidentiality during this survey.

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