

Beliefs Related to Expectant Father's Support for Exclusive Breastfeeding in Nigeria

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Abstract

Fathers are an essential element in the social context of breastfeeding. This study identified salient beliefs about expectant fathers' support for 6 months Exclusive Breastfeeding. A purposive sample of 39 expectant men aged 33.67 ± 7.02 years resident in Ikenne LGA Nigeria participated. An open-ended theory of planned behaviour based questionnaire was used to collect data. Thematic content analysis followed by a frequency count was used to identify the modal salient beliefs. The salient beliefs were 30: twelve behavioral, 12 normative, and 6 control. Behavioural modal beliefs were that support of 6 months exclusive breastfeeding would motivate a brainy (56%), strong (41%) and generally healthy child (38%). Normative modal beliefs were that grandmothers (26%), family (26%) and health workers approve, while friends (21%) disapprove. Control modal beliefs were time (21%) and nature of work (21%). Beliefs influencing expectant fathers support are similar to those influencing mothers breastfeeding decisions. These can be used in the development of father-focused breastfeeding promotion interventions.

Keywords: Beliefs, breastfeeding support, breastfeeding promotion, exclusive breastfeeding, fathers Nigeria

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1 BACKGROUND

Breastfeeding remains the best recommended food for the newborn to survive and thrive. It contains all the required nutrients necessary for the proper growth and development of an infant (WHO, 2019). It is further recommended that a newborn is fed only breastmilk for up to 6 months with the exception of medications where indicated, after which the infant can be weaned onto other foods (WHO, 2019).

Exclusive breastfeeding (EBF) as described above, remains a challenge despite global knowledge of its benefits. Globally, only 41% of infants 0 to 6 months are fed according to general recommendations (WHO and UNICEF, 2018). In Nigeria, breastfeeding is also common, however EBF rates are still very low at a national rate of 29% (NPC and ICF, 2018).

Several factors have been implicated in the decision to breastfeed and breastfeed exclusively for up to 6 months. These factors include personal and social factors amongst which are knowledge, attitudes, traditions problems related to lactation and formula promotion (Mukuria, 1999). All these factors can potentially increase or decrease the duration of EBF.⁵ Of all the social influence, the infants' father is overriding (Abbass-Dick et al, 2015). Several researchers (; Brown and Davies, 2014; Mannion et. al, 2013; Sheriff and Hall, 2011; Sheriff et.al, 2014; Hansen et. al, 2018), have recognized the essential role fathers can play in promoting optimal breastfeeding through several mechanism of support (Mitchell-Box and Braun, 2012; Sheriff et. al, 2014).

The focus of breastfeeding promotion is increasingly being targeted at fathers since evidence is accumulating on their relevance in breastfeeding outcomes, but have often times been neglected in the promotion of breastfeeding (Abera et.al, 2017; Stycos, 1996). As key decision makers in all facets of life (Stycos, 1996), it is therefore imperative to begin to engage men more actively in breastfeeding decisions as they can strengthen a woman's self-efficacy (Mannion et. al, 2013) and positively influence the woman's decision to exclusively breastfeed for longer (Flacking et.al, 2010; Rempel and Rempel, 2011).

Fragments of father-focused breastfeeding promotion interventions exist, albeit still infantile, in Nigeria (Kaaluu, 2019). Moreover, no empirical nor theoretically based interventions have been implemented. Behavioural change theories help in deciphering behaviours leading to more effective and innovative interventions (Rothman, 2004).

One of such theories that has been shown efficacious in understanding the dynamics of breastfeeding is the theory of planned behavior (TPB). It has been used across different cultural settings to predict breastfeeding practices (Dodgson et.al, 2003; Kavanagh et al, 2012; Mutuli and Walingo, 2014). A meta-analytic procedure by Guo CHES et al (2016), found intention to be a strong predictor of breastfeeding behavior. Intention is in turn influenced by attitude, knowledge, exposure, subjective norms, and perceived behavioral control. The antecedents of attitude, subjective norm and PBC are corresponding beliefs, reflecting the underlying cognitive structure (Armitage and Conner, 2001). An understanding of the aforementioned factors and the context-specific determinants of infant-feeding decisions is very important for the development of more effective "breastfeeding-friendly programs and informing adequate policies" (Hamade et. al, 2013). In designing of TPB-based interventions, Francis et al (2004), suggest that an elicitation survey is conducted to collect salient beliefs which

will be used in implementing the intervention administered pre and post-test. Underpinned by this theory and the critical need at this time to begin engaging with men, this study sought to collect salient beliefs about fathers support of EBF in a sub-urban community in South-West Nigeria. This study reports findings from the first phase in the development of a quasi-experimental study focused on determining the effect of a breastfeeding programme on fathers' intention to support EBF.

2 METHODS

2.1 Aim

To identify salient beliefs of expectant men about support of 6 months Exclusive Breastfeeding through the collection of data on the attitudes, normative beliefs and control beliefs.

2.1.1 Study Design

A cross sectional exploratory study was carried out amongst expectant male partners. This was done to be able to conduct an elicitation survey used to elicit behavioural outcomes that can aid the construction of a questionnaire to be used in a main study [26].

2.1.2 Sample/Sampling technique

Thirty-nine expectant males were purposively selected over a period of 2 months using a snowballing approach by those considered to be community-based recruitment experts as they had worked in several similar capacities [27]. According to Francis et al [25], a minimum sample of about 25 people from the same study population is required. However, the main study is a community-based study across 4 towns of one local government. It was therefore deemed appropriate to extend the requirement and provide a larger number enough to cover all areas (areas were grouped into 2 based on proximity)

2.1.3 Ethical approval

Ethical approval was obtained from a Health Research Ethics committee situated within the study area. Permission was also sought from the Local Government office of the study area. All participants gave verbal consent following an explanation of the purpose of the study.

2.1.4 Data collection and analysis

Data were collected using an open-ended beliefs elicitation 13-item questionnaire as described by Francis et al [25] Questions related to the behaviour were outlined and questionnaires were either self-administered or interviewer administered based on literacy level [28]. Either methods were deemed appropriate since similar estimates of health status can be obtained [29], [30]. The 13-item questionnaire asked questions on the socio-demographic characteristics of respondents and beliefs which included (1) the advantages of supporting 6 months EBF (2) disadvantages of supporting 6 months EBF (3) any other thoughts regarding 6 months EBF (4) any individuals/groups who would approve of their supporting 6 months EBF (5) any individuals/groups who would disapprove of their supporting EBF (6) any factors or circumstances that would make it easy or enable support of 6 months EBF (7) any factor or circumstances that would make it difficult or prevent one from supporting 6 months EBF.

Data on beliefs were analysed using content analysis, while demographic profile of respondents was analysed using SPSS Version 25. Simple descriptive statistics was computed to derive frequencies of the demographic variables.

The beliefs were analysed as follows. Each of the three broad categories (Behavioural beliefs, Normative beliefs and Control beliefs) were sub-categorized into themes drawn from the related questions. This allowed for ease of identifying frequent responses. Each response sheet was then schemed and words related to the subcategories were thus listed beneath. A frequency count was used to identify the occurrence of responses as has been applied by St. Quinton & Brunton.³¹ To ensure reliability of counts, results were cross checked by a second author. No gaps were found and a 100% agreement was reached.

3 RESULTS

Thirty-nine expectant fathers took part in the survey (Table 1). The average age of participants was 33.67±7.21 years. Most respondents were artisans (35.9%). Secondary level education was the highest attained (46.2%) while the least attained was a bachelors (12.8%). Most (46.2%) of the respondents were first time fathers whose partners were pregnant for the first time during the study period. Most (69.2%) indicated that they would want their partners to breastfeed exclusively for 6 months, while the least (2.6%) desired duration of EBF were 2 months, 4 months and more than 6 months.

Regarding behavioural beliefs towards supporting EBF for up to 6 months, 12 beliefs were mentioned related to the advantages and disadvantages of supporting 6 months EBF. The most frequently cited advantages as seen in Table 2 were enabling the infant to be strong (41%), promoting good brain development (56%) and good health (38%). Others less cited were that supporting EBF would promote the prevention of disease, having an outspoken child, promoting child spacing, strong immunity and that EBF would cost less.

The few disadvantages mentioned (Table 2) were that it would be difficult to wean the child, the baby

would react to the breast milk, EBF would be stressful for the mother and it would be time consuming. These disadvantages were mentioned by only a few (6 people out of the 39 participants). Others did not mention any disadvantages.

Regarding normative beliefs, amongst those who would potentially approve of the men supporting up to 6 months of EBF in order of frequency were the grandmother (26%), family (26%) such as siblings and in-laws and the health worker (21%). The less frequently mentioned significant others were neighbours, religious leaders, health worker and the government. Those who would mostly disapprove were friends (21%). Others were neighbours (15%) and mothers (grandmother/mother in-law) (10%). Others less frequently cited were inexperienced parents, work colleagues, other family such as in-laws and “social women”- by implication women who regard their body image in higher regard and father of twins.

The most cited enabling and restraining factors that would promote or hinder support for up to 6 months of EBF were availability of sufficient funds (21%) and work status (21%). Although, financial status was the only modal belief (21%) enabling the support of EBF.

4 DISCUSSION

This study sought to explore beliefs about expectant fathers support for 6 months EBF in the context of the TPB. This study is a first in Nigeria and findings can potentially be used in the development of interventions geared towards understanding fathers' intention to support 6 months EBF. EBF remains a challenge within the country and fathers have been reported as potential strong influencers in promoting longer duration of breastfeeding, especially exclusive breastfeeding (Sholeye et. al, 2015). Measurement of intention requires measurement of its predictors which in the context of TPB is most commonly inferred from questionnaire responses about beliefs of the action.

Respondents mention of benefits of breastfeeding when asked about supporting 6 months of EBF showed that respondents view their supporting of EBF in terms of the generally acknowledged benefits. However, respondents related more to benefits for the infants and not the mother, suggesting that support was motivated by breastfeeding effects on the infant. Similarly, Hansen et al (2018), reported the same lack of absence of maternal benefits from fathers.

The most frequently cited positive subjective norm was the mother/mother in-law/grandmother. Indeed, women in the older generation continue to exert influence on breastfeeding behaviour, especially in low-and-middle income countries (Negin et. al, 2016). Albeit, results have been mixed. Emmot and Mace (2015) found a negative association between grandmother contact and exclusive breastfeeding practice. While, Mueffelmann et. al, (2015) reported higher breastfeeding intentions among women who perceived positive support from grandmothers.

Another interesting finding was that of a father with multiple gestation who would disapprove of EBF. Though one of the least mentioned, this finding raised an important and often neglected aspect of infant feeding practice. Mothers of multiple births continue to face challenges, particularly the decision to breastfeed and may require more specialized support (Whitford et. al, 2017). Mothers of multiple births have been reported to exhibit lower intentions to breastfeed (Lustiv et. al, 2013) and may be the case for many other fathers.

The restraining and enabling factors most related to EBF support were work and financial status. On the one hand fathers felt that having sufficient funds was key to supporting their partners as they would make more tangible provision, especially regarding feeding. The nature of work would also play a positive and negative role. If their nature of work allowed sufficient time to stay home, it would be beneficial. However, if the nature of work did not permit them to stay home to offer tangible support, it would serve as a restraining factor. A study by Flackling et. al, (2010) found that there was a significantly less likelihood of breastfeeding at 2,4,6, 9 and 12 months in households whose fathers had lower equivalent disposable household income even after controlling for maternal education. Moreover, workplace related factors have in time past (Johnston and Esposito, 2007) and in recent times (Dinour and Szaro, 2017; Valizadeh et. al, 2017) continue to impact on breastfeeding practice.

5 CONCLUSIONS

The factors that continue to influence maternal breastfeeding decisions also influence a father's breastfeeding decision. Findings in this study revealed the modal influences of a father's support for EBF, but have also revealed other areas of concern that require further action. Grandmothers/mother in-laws continue to be of concern. Hence, interventions still need to be focused on this population. Family-focused interventions are also encouraged and may be more beneficial. More research with fathers of multiple births needs to be carried out to be able to create specialized educational interventions targeted at building skills and knowledge around feeding of twins.

REFERENCES

Abbass-Dick, J., Stern, S., Nelson, L., Watson, W., & Dennis, C. (2015). Coparenting Breastfeeding Support and

- Exclusive Breastfeeding: A Randomized Controlled Trial. *Pediatrics*, 135(1), 102-110
- Abera, M., Abdulahi, M & Wakayo, T. (2017). Fathers' Involvement in Breast Feeding Practices and Associated Factors among Households having Children Less than Six Months in Southern Ethiopia: A Cross Sectional Study. *Pediatric Therapeutics*, 7(1), 306
- Ajzen, I. (2019). Behavioural Interventions Based on the Theory of Planned Behaviour. [online] Available: https://www.researchgate.net/publication/245582784_Behavioral_Interventions_Based_on_the_Theory_of_Planned_Behavior. [Accessed 15th August 2019]
- Armitage, C.J., & Conner, M. (2001). Efficacy of the Theory of Planned Behaviour: A meta-analytic review. *British Journal of Social Psychology*, 40(4), 471-499
- Brown, A., & Davies, R. (2014). Fathers' Experiences of Supporting Breastfeeding: Challenges for Breastfeeding Promotion and Education", *Maternal & Child Nutrition*, 10(4), 510-526
- Dinour, L.M., Szaro, J.M. (2017). Employer-based Programs to Support Breastfeeding among Working Mothers: A systematic Review. *Breastfeeding Medicine*, 12(3), 131-141
- Dodgson, J.E., Henly, S.J., Duckett, L., & Tarrant, M. (2003). Theory of Planned Behavior-based Models for Breastfeeding Duration among Hong Kong Mothers. *Nursing Research*, 52(3), 148-58
- Durant, L.E., & Carey, M.P. (2000). Self-administered Questionnaires Versus Face-to-Face Interviews in Assessing Sexual Behavior in Young Women. *Archives of Sexual Behaviour*, 29(4), 309-322.
- Emmot, E.H. & Mace, R. (2015). Practical Support from Fathers and Grandmothers is Associated with Lower Levels of Breastfeeding in the UK Millennium Cohort Study. *PLoS one*, 10(7), e0133547
- Flacking, R., F. Dykes, F., & Ewald, U. (2010). The Influence of Fathers' Socioeconomic Status and Paternity Leave on Breastfeeding Duration: A population-based Cohort Study. *Scandinavian Journal of Public Health*, 38(4), 337-343
- Francis, J., Eccles, M.P., Johnston, M., Walker, A. E., Grimshaw, M., Foy, R., Kaner, E.F.S., Smith, L., & Bonetti, D. (2004). *Constructing Questionnaires based on the theory of planned behaviour: A manual for health services researchers*, Newcastle upon Tyne, UK (pp. 2-36)
- Guo CHES, J. L., Wang, T. J., Liao, J.Y., & Huang, C.M. (2016). Efficacy of the Theory of Planned Behavior in Predicting Breastfeeding: Meta-analysis and Structural Equation Modeling. *Applied Nursing Research*, 29, 37-42
- Hamade, H., Chaaya, M., Saliba, M., Chaaban, R., & Osman, H. (2013). Determinants of Exclusive Breastfeeding in an Urban Population of Primiparas in Lebanon: A cross-sectional Study. *BMC Public Health*, 13(702) 1-10
- Hansen, E., Tesch, L., & Ayton, J. (2018). "They're born to get breastfed"- how fathers view breastfeeding: a Mixed Method study. *BMC Pregnancy*, 18(238), 1-7
- Johnston, M.L & Esposito, N. (2007). Barriers and Facilitators for Breastfeeding Among Working Women in the United States. *Journal of Obstetric Gynecologic & Neonatal Nursing*, 36(1) 9-20
- Kaalu, S. (2019). Supporting a breastfeeding mother. [online] Available from <https://www.unicef.org/nigeria/stories/supporting-breastfeeding-mother> (January 21, 2019)
- Kavanagh, K.F., Lou, Z., Nicklas, J.C., Habibi, M.F., & Murphy, L.T. (2012). Breastfeeding Knowledge, Attitudes, Prior exposure, and Intent among Undergraduate Students. *Journal of Human Lactation*, 28(4), 556-64
- Kenealy, T.W., Hao'uli, S., & Arroll, B. (2015). A qualitative Study of Recruiting for Investigations in Primary Care: Plan, Pay, Minimise Intermediaries and Keep It simple. *SAGE Open Medicine*, 3 (2050312115596649), 1-12
- Lustiv, O., Pullenayegum, E., Foster, G., Vera, C., Giglia, L., Chapman, B et al. (2013). Women's Intentions to Breastfeed: A Population-based Cohort Study. *BJOG: An International Journal of Obstetrics and Gynaecology*, 120(12), 1490-9
- Mahesh, P.K.B., Gunathunga, M.W., Arnold, S.M., Jayasinghe, C., Pathirana, S., Makarim, M.F., Manawadu, P.M., & Senanayake, S. (2018) Effectiveness of Targeting Fathers for breastfeeding promotion: Systematic review and Meta-analysis. *BMC Public Health*, 18(1140), 2-14
- Mannion, C.A., A.J. Hobbs, A.J., McDonald, S.W., & Tough, S.C. (2013). Maternal Perceptions of Partner Support During Breastfeeding", *International Breastfeeding Journal*, 8(4), 1-7
- Mitchell-Box, K., & Braun, K.L. (2012). Fathers' Thoughts on Breastfeeding and Implications for a Theory-based Intervention, *Journal of Obstetric Gynaecologic & Neonatal Nursing*, 41(6), E41-E50
- Mueffelmann, R.E., Racine, E.F., Warren-Findlow, J., & Coffman, M.F. (2015). Perceived Infant Feeding Preferences of Significant Family Members and Mothers' Intentions to Exclusively Breastfeed", *Journal of Human Lactation*, 31(3) 479-89
- Mukuria, A.G. "Exclusive Breastfeeding and the Role of Social Support and Social Networks in a Low-income Urban Community in Nairobi, Kenya" *PhD Dissertation*, School of Hygiene and Public Health., Johns Hopkins University, Bloomberg School of Public Health

- Mutuli, L.A., & Walingo, M.K. (2014). Applicability of Theory of Planned Behavior in Understanding Breastfeeding Intention of Postpartum Women. *International Journal of Multidisciplinary and Current Research*, **2**, 258-265
- National Population Commission (NPC) [Nigeria] and ICF, (2018), Nigeria Demographic and Health Survey 2018 Key Indicators Report. 2018. [online] Available: <https://www.dhsprogram.com/what-we-do/survey/survey-display-528.cfm>
- Negin, J., Coffman, J., Vizintin, P., & Raynes-Greenow, C. (2016). The Influence of Grandmothers on Breastfeeding Rates: A Systematic Review”, *BMC Pregnancy Childbirth*, **16**(91), 1-10
- Rempel, L.A., & Rempel, J.K. (2011). The breastfeeding team: The role of Involved Fathers in the Breastfeeding Family. *Journal of Human Lactation*, **27**(2), 115-21
- Rothman, A.J. (2004). Is there nothing more practical than a good theory?: Why innovations and Advances in Health Behavior Change Will Arise if Interventions are Used to Test and Refine theory”, *International Journal of Behavioural Nutrition & Physical Activity*, **1**, 11, 1-7
- Sherriff N., & Hall, V. (2011). Engaging and Supporting Fathers to Promote Breastfeeding: A New Role for Health Visitors?. *Scandinavian Journal of Caring Sciences*, **25**(3), 467-475
- Sherriff, N., Panton, C., & Hall V. (2014). A New Model of Father Support to Promote Breastfeeding. *Community Practitioner*, **87**(5), 20-24
- Sholeye, O.O., Abosede, O.A., & Salako, A.A. (2015). Exclusive Breastfeeding and Its Associated Factors among Mothers in Sagamu, Southwest Nigeria. *Journal of Health Science*, **5**(2), 25-31
- St.Quinton, T., & Brunton, J.A. (2018). The Identification of Salient Beliefs Concerning University Students’ Decision to Participate in Sport. *Recreational Sports Journal*, **42**(1), 48-63
- Stycos, J.M. (1996). Men, Couples and Family Planning: a Retrospective Look. Working paper No. 96-12. Cornell University Population and Development Program, Ithaca. 1996 (Working paper)
- Valizadeh, S., Hosseinzadeh, M., Mohammadi, E., Hassankhani, H., Fooladi, M.M., & Schmied, V. (2017). Addressing Barriers to Health: Experiences of Breastfeeding Mothers After Returning to work. *Nursing & Health Science*, **19**(1), 105-111
- Vuillemin, A., Oppert, J.M., Guillemin, F., Essermeant, L., Fontvieille, A. M., Galan, P., A. M Kriska, A. M., & Hercberg, S. (2000). Self-administered Questionnaire Compared with Interview to Assess Past-year Physical Activity. *Medicine & Science in Sports & Exercise*, **32**(6), 1119-1124
- Whitford, H.M., Wallis, S.K., Dowswell, T., West, H.M., & Renfrew, M.J. (2017). Breastfeeding Education and Support for Women with Twins or Higher Order Multiples. *Cochrane Database Systematic Reviews*, 2CD0120032017)
- World Health Organisation. Questionnaire Design, [online] Available: https://www.who.int/foodsafety/publications/foodborne_disease/Annex_4.pdf
- World Health Organization & United Nations Children’s Fund, (2018), Global breastfeeding scorecard 2018: enabling women to breastfeed through better policies and programmes. [online] Available: <https://www.who.int/nutrition/publications/infantfeeding/global-bf-scorecard-2018/en/>
- World Health Organization, (2019), Breastfeeding. [online] Available: https://www.who.int/nutrition/topics/exclusive_breastfeeding/en/

Table 1: Demographic Characteristics of the participants in the study for each variable

Respondents in the study	
Variables	N-39
	Frequency (%)
Occupation	
Trader	3(7.7)
Teacher	1(2.6)
Civil Servant	7(17.9)
Health Worker	3(7.7)
Artisan	14(35.9)
Farmer	1(2.6)
Businessman	6(15.4)
Religious Leader	4(10.3)
Level of Education	
Primary	9(23.1)
Secondary	18(46.2)
Diploma	7(17.9)
Bachelors	5(12.8)
Number of current children	
None (0)	18(46.2)
1	14(35.9)
2-4	7(17.9)
Partner Gestation	
1-3 months	7(17.9)
4-6 months	13(33.3)
7-9 months	17(43.6)

Table 2: Modal salient behavioural, normative and control beliefs

	Categories	Belief	Total number of participants	Percentage of participants (%)
Behavioural	Advantages	Good brain development	22	56
		strong	16	41
		Healthy	15	38
		Strong immunity	3	8
		Outspoken	3	8
		Considerate	1	3
	Disadvantage	Cost less	3	8
		Stress	2	5
		Time	2	5
		Child reaction	1	3
		Difficulty weaning	1	3
		Dissatisfied child	1	3
Normative	Approval	Grandmother/mother	10	26
		Family	10	26
		Health worker	8	21
		Wife	5	13
		Friends	4	10
		Religious leader	3	8
		Neighbours	3	8
		Other experienced parents	1	3
	Disapproval	Government	1	3
		Friends	8	21
		Neighbours	6	15
		Grandmother/Mother	4	10
		In-laws	2	5
		Work colleagues	1	3
Control	Enabling factors	Social women	1	3
		Finance	8	21
		Time	2	5
		Family planning	1	3
	Restraining factors	Encouragement	1	3
		Work	8	21
		Finance	8	21
		Time factor	1	3
		Ill health	1	3

Note: the modal beliefs have at least a 20% citation