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RESEARCH ARTICLE

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FATHER'S PERCEPTION ABOUT BREASTFEEDING IN JOINT ACCOMMODATION UNIT

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ABSTRACT

The objective was to verify the father's perception of breastfeeding in a rooming-in unit. This is a descriptive, qualitative research carried out in a maternity hospital in Fortaleza-CE, Brazil. Twenty parents of newborns who had started breastfeeding were interviewed. The study was approved by the Research Ethics Committee. The average age of the parents was 33 years old, they lived in the capital, and had 1 to 3 children; the newborns were mostly female and were born with good vitality, and breastfeeding started in the first hours of life. The speeches showed adequate knowledge of parents about breastfeeding, its benefits, and challenges involved in this process; positive perception about their participation, contribution, and influence during breastfeeding; interest and motivation to obtain adequate information and participation in health education actions related to the subject, however, there was no participation during prenatal care or postpartum period. The study is intended to contribute to the effective awareness of health professionals, especially nurses, about the influence of the role of fatherhood in health promotion during breastfeeding, to encourage and maintain breastfeeding.

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INTRODUCTION

Breastfeeding (BF) offers several benefits to the newborn (NB), its family, and the environment. The mother's role in the breastfeeding process is widely discussed, but little is discussed about the importance of the father's role, and who can and should contribute to this process using strategies to strengthen, encourage and support BF. Among the main benefits of breastfeeding, it is mentioned: a decrease in the infant mortality rate, and physical improvement, mental and psychological health of the child. Considered a natural strategy of bonding and affection, it transmits security and protection between mother and child, enabling the transmission of nutrients necessary for the development of the newborn (Brasil, 2015 and Cruz et al., 2018). For the mother, it is estimated that BF prevents about 20,000 deaths from breast cancer each year (Alves et al., 2018). The encouragement

and stimulation of the BF process by people who are significant to the mother/woman become fundamental for facing this moment, which is often considered new, uncomfortable, and challenging for the mother and NB. Therefore, the role of the father/partner stands out, since father involvement is considered a strong source of breastfeeding support. The father's active participation, and his positive attitude and knowledge about the benefits of breastfeeding, can influence the beginning and even the duration of breastfeeding (Pinto et al., 2018). Studies show that parents, despite recognizing the importance of BF for the health of the NB, often do not talk about it with the mother due to a lack of security in the information (Barbosa et al., 2016). It is believed that the father who is well-informed about the practice of breastfeeding can be an important element in reducing early weaning, as well as the reduction of fear, insecurity, stress, and different challenges experienced by the mother and the newborn, especially in the first postpartum days. Given this context, the objective was to verify the father's perception of breastfeeding in a rooming-in unit.

MATERIALS AND METHODS

Descriptive research, with a qualitative approach, was carried out in a rooming-in unit (RU) of a tertiary health facility, of high complexity, in the city of Fortaleza-CE, Brazil. It has an obstetrics and neonatology unit, accredited by the Brazilian Ministry of Health as a Baby-Friendly Hospital, becoming a reference in BF with a humanized and holistic look at women and newborns, seeking to encourage the family support network. Twenty parents of newborns who were hospitalized in the AC unit, aged 18 years or older, participated in the study and who were participating in the visit to the mother-child binomial. The parents received the alphanumeric coding corresponding to P1, P2, P3,..., P20, whose "P" stands for the acronym for the participant and the numbering defined from the number of interviewees and the interview order. Data collection took place between April and May 2019. A semi-structured interview was carried out, consisting of closed and open questions, which contained identification data and guiding questions about the parents' perception and information regarding BF. This moment was carried out after the visit, in a calm and restricted environment, to minimize the risks and respect the ethical and legal aspects provided for in Resolution 466/2012 of the National Health Council. The study was approved by the Research Ethics Committee under Opinion No. 3,189,527. Information from sociodemographic and clinical data were analyzed using descriptive statistics, with mean and relative frequency (f), organized in the Microsoft Excel program and presented in tables and figures. The participants' speeches were recorded and transcribed, maintaining the language and originality with content analysis through categorization and separation into themes, according to Bardin (2011), and discussed in the light of the literature relevant to the theme.

RESULTS AND DISCUSSION

The results and discussion are organized into two sections: I) characterization of the research subjects (Table 1); II) presentation of thematic categories: "Perception of BF for women, newborns, and family"; "Perception of benefits and challenges"; "Parents' contribution and influence to BF". Regarding the sociodemographic profile, it was shown that 95.0% (n=19) of the parents were aged between 21 and 45 years. They were from the capital (85.0%; n=17). Most (40.0%; n=8) considered themselves single; 80.0% (n=16) had between six and more than 11 years of study; 90.0% (n=18) had between 1 and 3 children. Regarding skin color, there was an exact division between those who considered themselves white and brown. The majority (55.0%; n=11) reported family income between 1 and 5 minimum wages, in which a value of R\$ 998.00 in that year was considered, and only 20.0% (n=10) reported using government aid. In the clinical profile of the newborns, females predominated (65.0%; n=3), 60.0% (n=12) were born at term (gestational age of 37 to 41 weeks), considered an adequate physiological factor for the development of better suction, with a view to the maturation of orofacial nerves contributing to greater effectiveness, increasing the success rates of the breastfeeding process (Sousa, 2021), 80.0% (n=16) were born by cesarean section, 85.0% (n=17) healthy and with good vitality at birth, that is, without signs of asphyxia or complications at birth. It is known that the physiological way of delivery favors the female body by releasing hormones that start in labor, favoring the let down of milk and better ejection, providing favorable conditions for breastfeeding. As for prenatal care, it was found that 95.0% (n=19) of mothers had at least three consultations. It was observed that 73.7% (n=14) had more than 7 consultations. It is noteworthy that with the best qualification of prenatal care, with guidance on labor, and care for the NB, the importance of breastfeeding for the binomial, contributes to the promotion of health and the encouragement of exclusive breastfeeding for 6 months, according to the guidelines of the World Health Organization (WHO) (Silva *et al.*, 2018). It is noteworthy that access to prenatal care was guaranteed and there was no pilgrimage in 85.0% (n=17) of the cases, reflecting the early capture of pregnancies, greater comfort for pregnant women, lower rates of abandonment of follow-up, and

strengthening the bond with the health team (Silva *et al.*, 2018 & Bicalho *et al.*, 2021).

Table 1. Clinical profile of the NB hospitalized in rooming-in. Fortaleza-CE, Brazil, 2019

NB data	f	%
Gender		
Male	7	35,0
Female	13	65,0
Gestational age		
< 37 weeks	7	35,0
37 – 41 weeks	12	60,0
> 42 weeks	1	5,0
Mother performed prenatal		
Yes	19	95,0
No	1	5,0
Prenatal consultation(n=19)		
< 3 consultations	1	5,3
4 - 6 consultations	4	21,0
> 7 consultations	14	73,7
There was pilgrimage		
Yes	3	15,0
No	17	85,0
Childbirth type		
Vaginal	4	20,0
Cesarean	16	80,0
1st Minute Apgar		
No asphyxia	17	85,0
Light Asphyxia	2	10,0
Moderate asphyxia	1	5,0
Total	20	100

Regarding BF, it was found that 95.0% (n=19) of the newborns were exclusively and that the mothers were willing and ready for exclusive BF until six months of age. Only one NB was using a supplement with formula milk. When asked about the guidelines given to parents, 60.0% (n=12) stated that they had received health education. Of these, only 35.0% (n=7) received guidance from the nurse and 10.0% (n=2) from the physician. The sociodemographic factors of the research subjects corroborate with the adherence or not to the practice of breastfeeding, based on the premise that breastfeeding is a social act, in addition to conferring numerous benefits to the binomial and income.



Fonte: Authors (2019)

Picture 1. Cloud of words about BF according to the perception of parents of NBs hospitalized in rooming-in. Fortaleza-CE, Brazil, 2019

The inclusion of women in the labor market (by CLT) is a factor that weakens exclusive breastfeeding for 6 months, as, by CLT, mothers have maternity leave of 120 days or 4 months (Pereira *et al.*, 2021). It was evidenced from the speeches, the parent's perception of the knowledge, encouragement, and maintenance of BF, as well as the involvement and feelings in the face of the benefits and challenges of this process. It was possible to identify the strategies that can be used by the multidisciplinary team to guide the process of orientation, motivation, and behavior change for the encouragement and strengthening of BF and the psycho-affective and emotional bond between father-NB-mother. Picture 1 shows the cloud of words most related to the BF process when the parents' perception of this process and the mother-child-father relationship are investigated, with emphasis on: breastfeeding, important, in the baby's first days, father, woman, a gift from God and difficulty in having little milk.

Therefore, from the exhaustive analysis of the content of the recorded and transcribed speeches in full, four categories were found: "Parents' perception of knowing about BF", "Identification of the benefits and challenges of the BF process", "Contribution and influence on the act of breastfeeding".

Category 1: "Parents' perception of knowledge about BF"

Regarding the parents' knowledge about BF, it was found that they understood the definition of BF and how human milk can interfere in the NB's health-disease process. Therefore, it was evidenced that the majority 60.0% (n=12) reported that BF is the milk that comes out of the woman and that serves as food for the child. The speeches reflect the importance and need for this food to favor the growth and development of the NB; mention the presence of vitamins and nutrients in human milk and describe that BF positively influences health, as well as helps with family costs since it is free and does not need any resources for preparation when feeding the child. They also realize that it is a "gift from God", including spirituality in the face of care. As represented in the speech of P14. "Breastfeeding is the only food to feed all the child's needs, it does not generate costs and is important for the development of the newborn in general. It's a gift from God, perfect! It's the only thing he needs to develop well in the first days of life" (P14). Breastfeeding is a process that involves deep participation between father and child, fully meeting the nutritional, immunological, psychological, growth, and adequate development of the child in the first year of life, a period of greater vulnerability for health (Silveira; Barbosa & Vieira, 2016).

Category 2: "Identification of the benefits and challenges of the BF process"

Regarding the parents' knowledge about the benefits and difficulties of breastfeeding in a CA unit, it is noteworthy that the majority 55.0% (n=11) brought, in their speeches, the benefit of this process for the NB, nursing mother, and family. They also report that BF contributes to the NB's immunity, becoming a protective agent against many common childhood diseases. There was also the identification of one of the phases of human milk, called colostrum, as presented in the speech of (P13). "The benefits of breastfeeding are vital for the first few days. We know that in the first 72 hours if I'm not mistaken, colostrum is produced that transfers the antibodies from the mother to the baby, this period is decisive and very important for the baby. So, if he doesn't consume it, he may need it later on" (P13). Breast milk can meet the nutritional needs of the newborn during the first six months of life, in addition to being an important protection mechanism against possible infections, and allergic diseases, preventing the onset of cardiovascular diseases and obesity, as well as reducing infant morbidity and mortality (Da Fonseca Pinto *et al.*, 2018). When analyzing the speeches, it was found that most parents do not identify the difficulties during the breastfeeding process, other parents mentioned difficulties related to the fact that the mother works, the need for an adequate attachment of the NB, and the possibility of low production of human milk (HM), as presented in the speeches of P12 and P18. "I think that a mother who works a lot, has little time to give milk to her child, then it gets in the way, right?!" (P12). "The difficulty is in the way he takes the breast, if he has a nipple or not, the woman can also have little milk" (P18). Among the main factors that influence early weaning in Brazil, the following stand out: mothers' unpreparedness for this practice, little protruding nipples, nipple trauma, incorrect latching, breast engorgement, mastitis, insecurity regarding the quality of milk, or insufficient quantity of production, concern with the aesthetics of the breasts and returning to work outside the home (Boccolini; Carvalho & Oliveira, 2015).

Category 3: "Contribution and influence in the act of breastfeeding"

Regarding the contributions of parents to BF, most stated (70.0%; n=14) that it is essential to participate and support the mother, to get involved with all situations of care for the NB, as portrayed in the speech of P2. "So... I think the father's participation is very important.

Because he always has to be aware of the situation. Not only the woman, but the man has to know how to be a father and be present in everything" (P2). The importance of parents' participation in BF is understood, as they can better understand the needs of the mother/baby, contributing to the management of breastfeeding and preventing early weaning (Boof; Paniagua; Scherer; Goulart, 2015). Breastfeeding, as it is a moment of interaction between mother and child, can generate a feeling of uselessness in the father, as he does not actively participate in this process. However, the father needs to understand what his role is to motivate, support his wife affectively and assist in the care of the NB (Teixeira *et al.*, 2017). Concerning the father's influence on BF, 18 of the interviewees stated that to have this positive influence on the breastfeeding process, in the encouragement and maintenance, parents should be much more oriented by health professionals, from prenatal care even during maternity. They include getting closer to professionals such as nurses and community health agents in the sensitization process to make them aware and enable the transformation of knowledge, as in the words of P8. They mention the need to participate in explanations from the beginning of breastfeeding, which professionals also show them, through lectures, conversations, posters, among others, such as the speech of P10. "The professionals would have to explain more, because you asked me questions that I didn't even know, that they were supposed to have passed. And I would have answered better!" (P8).

"Having lectures guiding parents, right?" (P10).

Parents showed interest in learning and participating in the breastfeeding process, with a consequent influence on promoting the child's health, as well as favoring their role in parenting the child in a family environment. They reported an active desire to obtain adequate information and were motivated to participate in health education strategies, but they reported that they did not participate in such moments during prenatal care or postpartum period. Many parents reported that they did not obtain guidance during prenatal care or even at the health facility where the child was born, stated a desire to be actively involved, and considered that there was a need for guidance from the father on breastfeeding, even during pregnancy, to favor their role during the puerperium, as they will feel prepared for this new phase. Guiding the father during pregnancy about his role in the BF process is of fundamental importance, especially for the nursing professional, since he has an approximation during prenatal care and a longer period of time with this family during the puerperium. The success of the breastfeeding process also depends on the father, women who feel supported by their husbands/partners tend to play this role more confidently. It is necessary to guide the couple, especially the father, about the importance of mutual support after the birth of the NB during prenatal consultations, so that this new moment of countless discoveries is pleasant for parents and NB (Silveira; Barbosa and Vieira, 2016). Although the results presented in this study show that parents are poorly informed about their role in breastfeeding, it is essential that nurses seek to establish a relationship of trust with parents, always seeking to clarify their doubts and anxieties, so that they can act effectively. forming the nurse/family and family/child bond necessary for quality breastfeeding (Alves; Oliveira and Rito, 2018).

CONCLUSION

It is concluded that the parents of newborns, hospitalized in a rooming-in unit, perceive BF as nutritious food, with vitamins, and nutrients, which favors the mother-child affective bond and consider it the a gift from God, therefore involving breastfeeding as the physiological, psycho-emotional, and spiritual process. They consider the benefits and difficulties related to BF as a protective agent against diseases in early childhood and early weaning related to the mother's return to work activities. They consider that parents have a great contribution and influence in encouraging, maintaining and motivating BF, who must be informed so as not to generate demands or demotivating words that harm this process, as well as favoring the care and positive parenting of the family. Thus, the research was limited by the difficulty of generalizing the parents' perception about

the understanding of BF. The study aims to effectively contribute to the awareness of health professionals, especially nurses, regarding the relevance of providing information, guidelines and health education strategies to parents about breastfeeding and not only to the mother during pregnancy and/or post childbirth. Therefore, it is proposed to favor parents to be understood as participants and fundamental influencers of breastfeeding, thus strengthening BF as the guideline of the National Program for Incentive Breastfeeding, in addition to favoring health promotion, especially in the first six months of the child's life.

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