



Knowledge of man about breastfeeding

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ABSTRACT. The male participation in the process of breastfeeding needs to be encouraged as it can contribute significantly to the prevention of early weaning. In this sense, this research aimed to identify a parent's knowledge about breastfeeding. This is an exploratory and descriptive study with a qualitative approach, performed in the Family Health Strategy in Bom Jesus, Rio Grande do Norte State, Brazil. Data were collected through semi-structured interview with the guiding question: what is your understanding of breastfeeding? The population was 15 men with aged over 18 years old and preserved mental faculties, who lived with his wife and the child under one year of age and performed development and growth consultations in the Family Health Strategy. The interviews were conducted in place previously defined parent. The information was organized as content analysis Bardin, giving rise to two categories and analyzed according to the symbolic interactionism. It was observed that parents of participating antenatal clinics have more knowledge about it and recognize the benefits of breastfeeding in this way can encourage their wives in order to exclusive breastfeeding.

Keywords: breastfeeding, father, nursing, primary health care.

Conhecimento do homem sobre aleitamento materno

RESUMO. Participação do homem no processo da amamentação pode colaborar de forma significativa para a prevenção do desmame precoce. Esta pesquisa teve o objetivo de identificar o conhecimento do pai sobre o aleitamento materno. Trata-se de um estudo exploratório e descritivo, com abordagem qualitativa, realizado em uma Unidade de Saúde da Família, em um município do interior do Rio Grande do Norte, Brasil. Os dados foram obtidos por meio de entrevista semiestruturada, com a seguinte questão norteadora: qual o seu entendimento sobre a amamentação? A população foi composta por 15 pais, com idade acima dos 18 anos e faculdades mentais preservadas; que residiam com a esposa e o filho menor de um ano de idade; e que realizavam a consulta de puericultura na Unidade Básica de Saúde. As entrevistas foram realizadas em local previamente definido pelo genitor. As informações foram organizadas segundo Bardin, dando origem a duas categorias e analisadas de acordo com o Interacionismo Simbólico. Observou-se que a maioria dos entrevistados tem conhecimento sobre o assunto e reconhece os benefícios da amamentação, desta forma conseguem incentivar suas esposas com vistas ao aleitamento materno exclusivo.

Palavras-chaves: lactente, pai, enfermagem, atenção primária à saúde.

Introduction

Breastmilk is a complete food because it has all the essential nutrients for the healthy development of the babies, and meets their immunological and psychological needs. Thus, breastfeeding is very important to reduce infant mortality (Monteiro, Nakano, & Gomes, 2011). Also, breastfeeding implies economic advantages for the family, to reduce the demand and cost of physical effort for the production of substitute foods (Caminha et al., 2014).

Given this recognition, the Ministry of Health (MOH) is investing in public policies to support

this practice. In 1974, it created the Mother and Children Program, which aimed to reduce the number of deaths from causes related to childbirth, but breastfeeding was approached superficially and, in the case of breast milk insufficiency, recommended the distribution of milk powder (Brasil, 1974).

In 1981, created the National Program to Encourage Breastfeeding, interventions designed to reverse early weaning board was: training of health professionals, development of educational materials for professionals and mothers, education stock incentive in pre- natal, delivery and postpartum (Brasil, 1993).

It is noteworthy that other strategies have been established over the years to encourage breastfeeding. In addition to the ten steps to successful breastfeeding, the Ministry of Health also recently launched the network Breastfeed Brazil aimed at training of health professionals in intensifying the actions and support strategies, protection and promotion of breastfeeding (Brasil, 2013).

However, despite all the measures taken for the promotion of breastfeeding, early weaning rate is still high, and this implies the emergence of many diseases including the death of children under one-year-old. Thus, it is necessary to encourage family presence in this matter, because the woman may be influenced by the opinions of relatives. Moreover, they should seek the participation of the father at all times of pregnancy and childbirth because man needs to interact with his wife and son so that he does not feel left out and may contribute to continued breastfeeding (Brito & Oliveira, 2006).

Thus, it is suggested to stimulate the participation of the father to support women, especially in the psychological aspect, for achieving the success of this practice. However, the man is still seen only as the financial provider in the child creation. This reality makes the same move away from child care, contributing to the abandonment of breastfeeding because women need to be encouraged and feel safe (Paula, Sartori & Martins, 2010).

This shows how much is needed health professionals encourage the participation of the father from the prenatal care so that they can have the essential guidance on this technique (Pontes, Alexandrino, & Osorio, 2008). Thus, this study assumes that stimulate the father's presence in the prenatal process, delivery and postpartum period can collaborate with breastfeeding. However, for this to list strategies to encourage the parent to participate actively, they must first identify what the father knows about breastfeeding.

This study aims to identify the father's knowledge about breastfeeding. It is justified this research to seek help with the subjective and practical aspects necessary for the nurse to encourage and support breastfeeding as taking action based on the mother-father-child relationship.

Material and methods

This is an exploratory and descriptive qualitative study carried out in a Basic Health Unit (BHU) in a city in the interior of Rio Grande do Norte state. It was attended by 15 fathers who met the following

inclusion criteria: being over 18 years old; reside with his wife and son younger than one year that performs childcare to monitor the growth and development (CD) in BHU; have cognitive and emotional conditions to answer the questions. Parents who were not located during the period intended for data collection were excluded.

The fathers were selected as follows. First the conference was held in schedule books of Development Growth consultations (CD) Health Unit and sought the registration of children under one-year-old. With the aid of Community Health Agents, such parents were contacted, those who agreed to participate indicated the most convenient time for the researcher could conduct the interview at home.

Study participants underwent a semi-structured interview, through a previously prepared script containing demographic membership data to characterize them as well as a guiding question to include the subject of research: what is your understanding of breastfeeding? This step took place in August and September 2014. Each interview was held at the place chosen by the parent, the majority of these in the residence, lasting on average 15 min. The interviews were recorded with the permission of respondents. The collection was terminated from the moment that occurred data saturation. It was considered the saturation moment the researcher realized that there was repetition in the speech, that is, no new information was being added to search (Thirycherques, 2009).

The statements were treated as the technique of Bardin Content Analysis. This method of qualitative data analysis comprises the steps of: material exploration, identification of units of meaning, coding and categorization (Bardin, 1977). Then, the themes identified were analyzed and interpreted according to the theoretical reference of Symbolic Interaction.

This is a reference to its roots in sociology. It argues that to achieve understanding of a social process, it is necessary to take possession of experience in a particular context (Carvalho, Borges & Rego, 2010). It also refers to the human being as an active agent, while engaged in processes and not as passive recipients of larger forces involved structures. Thus, individuals interact with each other and develop a reflection on their actions so as not instinctively respond to stimuli (Charmaz, 2009).

Thus, choosing the theoretical principles of Symbolic Interaction enabled the understanding of the processes established in the breastfeeding relationship in the specific context of family support

of parents interviewed, as well as their relationship with the health system and specifically with nursing.

The study was approved by the Ethics Committee of the UFRN, CAAE: 30409614.4.0000.5537.

Results and discussion

The study was conducted with 15 men aged 19-51 years old, with children between seven days and 11 months. Of these parents, two had completed higher education; seven had completed high school; two have not completed high school, and four did not finish elementary school. It was observed that the group with less knowledge on the subject corresponded to parents with elementary education. Concerning marital status, eight lived in a consensual union and seven were married.

Regarding the participation of father during pregnancy and childbirth, it was found that five parents said they had participated in prenatal consultations, two were present at birth, and found that their children were breastfed in the first hours of life. The others said they did not accompany their wives on the mentioned times. It is noteworthy that of the 15 respondents, only one father received guidance on the management of breastfeeding while in the maternity nine reported having helped his wife in the breastfeeding period and six attended the consultations of growth and development (CD) of the child.

The statements gave rise to two categories: parental knowledge about breastfeeding and participation of the father in the breastfeeding process.

Parental knowledge about breastfeeding

Discussing the perception of parents about breastfeeding can assist in the planning of nursing interventions to be implemented, targeting especially the interaction with the family to promote exclusive breastfeeding until the sixth month of the baby. Overall the survey participants said they recognize this information, as evidenced in a few lines:

Breastfeed the child until six months and after that, I might add supplementary feeding (Father 1).

Breastfeeding is the main food of the child up to six months (Father 15).

Thus, it can be said that fathers recognize the exclusive breastfeeding period. However, it is believed that more information on the benefits should be shared. For example, the ratio of nurses to parents through educational actions that could

deepen the issue, saying that is the only food that the infant needs for the first six months of life, it is food that is always ready and the ideal temperature for consumption (Brasil, 1993).

Furthermore, the three main stages of breast milk could be clarified: the colostrum (milk and many nutritional antibodies), transitional milk (nutritional undergoes gradual change) and mature milk (around the 25th day). Human milk contains nutrients in proportions that accompany maturity of the digestive system and the nutritional needs of the baby, so he grows and develops properly (Brasil, 1993).

Still on the benefits, only two participants have demonstrated knowledge about the benefits for the baby. These fathers highlighted the nutritional benefits that help in the growth and development process as well; they said that is a factor of prevention and protection against diseases:

I believe that for breastfeeding of the child, she is paramount, the question of colostrum, the issue of immunity for children. Finally, the nutrients (Father 11).

Because breast milk is the most suitable milk for child's growth. The child gets stronger. Less risk of disease (Father 6).

Breast milk protects the baby against infection and allergies. It is rich in antibodies and white blood cells. Certain immune cells in human milk are phagocytes that attack microbes directly. Another group produces chemicals that strengthen the child's own immune response. Artificial milk does not have these immune components that are present in breast milk; they make you more susceptible to bacterial contamination, which may cause neonatal deaths due to *Salmonella* infections, among other microorganisms. This milk is not sterile, only pasteurized (Brito & Oliveira, 2006). One of the fathers interviewed reported this fact: "[...] These milk today is contaminated with bacteria, many things. Nobody knows (Father 6)".

Another aspect that needs to be clarified during the interactions of nurses with men is on the mother's diet because of several elements that relate directly or indirectly to suckle; there was the diet of the nursing mother. Two statements recognized the importance of women's power in this period:

[...] I even guide my wife to nourish well, using vitamins, minerals for the child to absorb the milk nutrients, she absorbs in your food (Father 11).

[...] She cannot eat certain things, certain foods that also leads to child right? (Father 2).

The breastfeeding is the source of nutrients for optimum milk production. It is important to

consume all food groups in the optimal amount so that the infant will have a favorable health condition. Thus, it is important that the relationship of the family with the mother of the newborn manages knowledge on this subject, since all the people who live with her feed in the same way (Oliveira, Gomes, Bando, & Gonçalves, 2011).

Concerning the act of breastfeeding, the positioning and the correct breastfeeding should be adequate to prevent the occurrence of nipple trauma. It is essential that these guidelines are given while nurses interact with parents in antenatal clinics and maternity. Some of the respondents said they had obtained this information during prenatal care:

They talked about the position to receive the child, put him in the chest to get the areola, not just the tip, more things like that (Father 14).

[...] Some ways of how to breastfeed the child right? Belly to belly, something like that (Father 3).

Although this practice is instinctive and biological, the woman needs guidance, and the father and the family should know how to help at this stage. Thus, it is clear the importance of the relationship that must exist between the health professional and family trying to explain to the couple how to position the baby at the time of breastfeeding, and also give information about issues that permeate this act, demystifying ideas about this, and explaining how the mother must act in times of difficulty. From this, it appears that a prenatal care quality is essential to the success of breastfeeding because the guidelines given help to avoid many problems in the future (Zorzi & Bonilha, 2006). However, despite the recognition of this importance, some testimonies revealed the lack of parental knowledge of the subject studied: "This, then I do not understand anything. I am the father of 4 children, but I never monitor (Father 5)".

It is worth mentioning that the father was not present at antenatal consultations, this fact affirms the importance of the appearance of a man, so he can receive the necessary guidance of the health team and maintain an approach to this it, if necessary, answering questions. We know that there is still a lack of information on the subject, and some testimonies demonstrate that professionals do not interact with the father at the time of consultation. This makes them feel dispensable in the process helping to increase early weaning. We can see in the following speech: "These specific guidelines were to monitor and my wife (Father 2)".

As a woman, one must awaken in man's interest in acting at the time of breastfeeding to reduce the

possible difficulties, adaptation between mother and child, nutritional advantages for growth and development of the baby, handle and position. The absence of such attention can make them feel excluded and believe that mothers are the ones responsible for the success of breastfeeding (Paula et al., 2010). This fact is confirmed in the following statement:

Because the mother already has a natural connection. What is pregnancy, nine months with her, everything develops there with her, right? The father is only a spectator. Does he watch it? (Father 2).

The study shows that in the prenatal visits, health professionals focus the guidelines during pregnancy, making the father a spectator. It is necessary that the team members promote the host of this man at the facility to provide conditions for the same interact with his wife (Oliveira et al., 2009). Thus, the lack of information on the subject causes parents relate this support provision of artificial milk. Some respondents to be asked, attribute meanings their experiences from the collaboration for the use of baby bottles and other types of milk: "So she took some things, for example, as needed the milk, because the girl was not taking the breast anymore... (Father 8)".

Although man shows interest and willingness to assist the women in breastfeeding, the absence and the scarce knowledge about the practical aspects of breastfeeding may influence the choice of use of bottles and artificial milk as an easier solution to the difficulties encountered (Piazzalunga & Lamounier, 2011). Some authors believe that it is extremely important to strengthen the ties between father and son so that he interacts with the child to generate a perception of care the baby needs. This attitude reduces feelings of exclusion it may exhibit (Oliveira et al., 2011).

Parent participation in the breastfeeding process

The second category obtained from the testimonies comes from his father's participation in the breastfeeding process. The statements of the respondents were different, but most of this reported help his wife in child care and household chores, as can be seen in the following statements:

Holding the child, holding the diaper the child does not get dirty. During the night picking up the child at her breastfeeding, taking the crib and putting back (Father 1).

I make dinner. I get the girl. Change the diaper (Father 12).

The man is a great partner in the decision and the success of breastfeeding because of the interaction of the couple, with each other and the health team provides confidence and safety to join the practice. There is the importance of addressing the issue in schools, to maintain a dialogue with the families, so be aware of the great importance of this process for the baby's health. Thus, we grow aware of the advantages of breastfeeding and would not consider the possibility of breastfeeding exclusion, as well as reduce the chances of early weaning (Montrone, Arantes, Lébeis, & Pereira, 2009).

Therefore, it is essential that health professionals are trained in this area, and can focus the educational activities to maintain a close relationship with the families that are involved in this temporary life context (Piazzalunga & Lamounier, 2011). Some fathers reported that their participation in the lactation period was through a relationship watered by support and encouragement:

Encourage breastfeeding for that earlier my wife had no milk. And she has patience because the boy wanted to suckle almost all the time (Father 3).

In the psychological issue, the question of power, support (Father 2).

These reports show that men are willing to assist their wives during this period, and his figure is very important to the success of exclusive breastfeeding. Nevertheless, it has been found that some parents are still characterized as a financial provider, just limited help in this regard. This may show that the structures of society in the traditional structure also influence the attitudes of some parents, so he finds himself in this way, while the woman stays at home taking care of children and household chores (Brasil, 1993). We note this fact in the following statement: "I help at all. Putting things in the house (Father 7)".

In addition to providing information on prenatal care, encouraging breastfeeding, it is necessary that health professionals deem continue this incentive, through home visits in the postpartum period. In these, they should realize that the baby is being breastfed and talk about the importance of exclusive breastfeeding during the first six months of life. Thus, the family will be led to reflect on their role in the breastfeeding process seeking a reduction in the chances of early weaning (Silva & Brito, 2010).

This reflexive action excludes the possibility of purely mechanical response to the instructions provided by the health team so that the individual would be conducted to solve the problem from subjective meanings. In this statement, there is the importance of visits to successful breastfeeding:

[...] I felt a lot of strong pain, then had to have a whole orientation, why even hurt right? The breast. So really we had a doctor's guidance, visited at home and everything. He spent some coordinates to facilitate the process (Father 2).

The inclusion of the father during pregnancy and childbirth can ensure transformative actions aimed at breastfeeding share. It has been seen the importance of the support of a man, then it is necessary that professionals create strategies to provide an environment that embraces the same on issues involving lactation (Pontes et al., 2008).

However, there are many difficulties and obstacles that prevent them attend the consultations. Some studies show that most men said that the time spent outside of your home, working, is that substantially hinders their participation (Piazzalunga & Lamounier, 2011). During the interviews some parents reported not accompany their wives for that reason: "No. When she goes, I go to work (Father 12)".

In general, fathers who did not participate in prenatal consultations had more difficulties in helping their wives during this period. This happens because they were not oriented properly and reflectively. The presence of the father figure should be encouraged by the woman so that their participation is encouraged. Studies show that the bond between parent and child occurs before birth, and this happens to the mothers (Silva & Brito, 2010).

Finally, it is emphasized that participants have basic knowledge about breastfeeding and demonstrate to be willing to receive guidance. However, it was realized that they did not participate in prenatal consultations. It is believed that this is due to lack of public policies for the quality of care provided to the father, his wife, and child. It is necessary to understand the importance of man in this context, to know the reasons that distance prenatal and later breastfeeding because it becomes easier to promote activities that integrate.

Fathers express positive views in the practice of natural lactation. Therefore, it is essential that the healthcare team, especially nurses, create strategies to interact throughout the pregnancy and childbirth, to contribute to the prevention of early weaning and breastfeeding promotion.

Conclusion

It is concluded that research participants know the benefits of breastfeeding and its importance for the growth and development of the baby.

Fathers also shown to be willing to acquire new knowledge. However, they identified a deficit in the inclusion of fathers in the guidance and prenatal visits.

Therefore, this study serves as a warning to nurses working in prenatal can stimulate the participation of the father in the guidelines, to promote, among other things, breastfeeding, and avoid early weaning.

References

- Bardin, L. (1977). *Análise de conteúdo*. Lisboa, PT: Edições 70 LDA.
- Brasil. (1974). *Programa de saúde materno infantil*. Brasília, DF: Ministério da Saúde.
- Brasil. (1993). *Normas gerais para banco de leite humano*. Brasília, DF: Ministério da Saúde.
- Brasil. (2013). *Manual instrutivo das ações de alimentação e nutrição na Rede Cegonha*. Brasília, DF: Ministério da Saúde.
- Brito, R. S., & Oliveira E. M. F. (2006). Opinião do pai sobre o aleitamento materno. *Revista da Rede de Enfermagem do Nordeste*, 7(1), 9-16.
- Caminha, M. F. C., Azevedo, P. T. A. C. C., Sampaio, B. B., Acioly, V. M. C., Belo, M. P. M., Lira, P. I. C., & Batista, F. M. (2014). Aleitamento materno em crianças de 0 a 59 meses no Estado de Pernambuco, Brasil, segundo peso ao nascer. *Ciência & Saúde Coletiva*, 19(7), 2021-2032.
- Carvalho, V. D., Borges, L. O., & Rego, D. P. (2010). Interacionismo simbólico: origens, pressupostos e contribuições aos estudos em Psicologia Social. *Psicologia: Ciência e Profissão*, 30(1), 146-161.
- Charmaz, K. (2009). *A construção da teoria fundamentada: guia prático para a análise qualitativa*. Tradução Joice Elias Costa. Porto Alegre, RS: Artmed.
- Monteiro, J. C. S., Nakano, A. M. S., & Gomes, F. A. (2011). O aleitamento materno enquanto uma prática construída. Reflexões acerca da evolução histórica da amamentação e desmame precoce no Brasil. *Investigación y educación en enfermería*, 29(2), 315-321.
- Montrone, A. V. C., Arantes, C. I. S., Lébeis, N. M., & Pereira, T. A. C. F. (2009). Promoção da amamentação por crianças do Ensino Fundamental. *Interface – Comunicação, Saúde, Educação*, 13(31), 449-459.
- Oliveira, D. R., Gomes, P. R., Bando, A. M. N., & Gonçalves, S. R. (2011). Crenças alimentares no aleitamento materno. Um estudo entre gestantes e nutrízes atendidas em uma maternidade pública no município de São Paulo. *Arquivos Brasileiros de Ciências da Saúde*, 36(2), 67-71.
- Oliveira, S. C., Ferreira, J. G., Silva, P. M. P., Ferreira, J. M., Seabra, R. A., & Fernando, V. C. M. (2009). A participação do homem/pai no acompanhamento da assistência pré-natal. *Cogitare Enfermagem*, 14(1), 73-78.
- Paula, A. O., Sartori, A. L., & Martins, C. A. (2010). Aleitamento materno: orientações, conhecimento e participação do pai nesse processo. *Revista Eletrônica de Enfermagem*, 12(3), 465-470.
- Piazzalunga, C. R. C., & Lamounier, J. A. (2011). O contexto atual do pai na amamentação: uma abordagem qualitativa. *Revista Médica de Minas Gerais*, 21(2), 133-141.
- Pontes, C. M., Alexandrino, A. C., & Osorio, M. M. (2008). Participação do pai no processo da amamentação: vivências, conhecimentos, comportamentos e sentimentos. *Jornal de Pediatria*, 84(4), 357-364.
- Silva, F. C. B., & Brito, R. S. (2010). Percepção de gestantes acerca das atitudes do companheiro diante da sua ausência no pré-natal. *Revista da Rede de Enfermagem do Nordeste*, 11(3), 95-102.
- Thirycherques, H. R. (2009). Saturação em pesquisa qualitativa: estimativa empírica de dimensionamento. *Revista Brasileira de Pesquisa de Marketing, Opinião e Mídia*, 3(3), 20-27.
- Zorzi, N. T., & Bonilha, A. L. L. (2006). Práticas utilizadas pelas puérperas nos problemas mamários. *Revista Brasileira de Enfermagem*, 59(4), 521-526.

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