Adolescent fathers: Knowledge of and involvement in the breast feeding process in Brazil

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Abstract

Objective: to understand the ways in which adolescent fathers participate in the breast feeding process in the family environment in North-eastern Brazil.

Methods: a descriptive, exploratory, qualitative study was undertaken involving 10 couples with infants aged 6–8 months living in a single community in Recife, Pernambuco, Brazil. Data were collected using semi-structured interviews with questions to guide the interviewer. Data were analysed using thematic content analysis, and interpreted under the theoretical reference of being an adolescent father within the context of breast feeding.

Findings: from the data collected, three themes were identified: knowledge of the benefits of breast feeding for the child’s health; discontinued participation of the father in breast feeding during the pregnancy–childbearing cycle; and exclusion of the adolescent father from the breast feeding process. The adolescent fathers knew about the benefits of breast feeding in terms of the child’s health, but did not mention benefits for the mother, the family or society. For some adolescent fathers, their participation in the breast feeding process started during pregnancy, whereas for others, it was only initiated after the infant was born. One of the fathers was prevented, by his wife and mother-in-law, from participating in the breast feeding process.

Conclusions: the involvement of adolescent fathers in the breast feeding process oscillated during the pregnancy–childbearing cycle. This may be due to the patriarchal cultural heritage, Brazilian paternity laws, and the fact that these fathers were adolescents. This study showed that adolescent parents were knowledgeable about breast feeding. Finally, fathers want a new model of parenting in which the man participates in child care.

Keywords: Fatherhood Adolescence Breast feeding Qualitative study

Introduction

In contemporary society, a wide variety of family configurations and changes in the fatherhood role can be found, especially in urban areas. In these new family arrangements, the father is involved to a greater extent in child care, emphasising the importance of a loving relationship between father and son (Cabrera et al., 2000; Tao et al., 2010).

The number of pregnancies among adolescents is increasing in Brazil (Costa et al., 2005; Carvalho et al., 2009; Meincke and Carraro, 2009). Studies in Brazil and across the world have shown that adolescent fatherhood is a reality (Bunting and McAuley, 2004; Gilkman, 2004; Schelemberg et al., 2007). The lack of involvement of these young men with their partners in this phase of their lives is perhaps founded on the assumption that an adolescent father is more of a teenager than a father. Therefore, young fathers are calling for greater participation in the pregnancy and childbearing period, despite the fact that health services tend to overlook them (Amato, 1998).

In Brazilian society, certain characteristics and stereotypes are still associated with being a teenager, including the belief that becoming a father in adolescence is always undesirable and detrimental. On the other hand, when this occurs in adulthood, it is always seen as the result of decision making and family planning on the part of the couple (Orlandi and Tonelli, 2005). If the young man’s family and partner provide support, this can help him to become more involved in the process of pregnancy and childrearing, including breast feeding (Harner and McCarter-Spaulding, 2004).

Breast feeding reduces child morbidity and mortality, and breast milk has no substitute as an ideal source of infant nutrition.
It helps the infant to grow adequately, is cost-saving for the family and society, and provides greater mother–child interaction. These advantages are especially significant in developing countries due to the scarcity of resources and more frequent exposure to infectious agents. Furthermore, breast feeding is identified as a factor in optimising the child's neurological development. Another significant aspect is the benefit to the breast feeding mother, such as lower incidence of breast and ovarian cancer, and faster uterine involution with consequent reduction in postpartum bleeding and anaemia (World Health Organization, 2000; Labbok, 2001; Feldman et al., 2003; Rea, 2004; Andrieu et al., 2006).

The World Health Organization (2008) recommends exclusive breast feeding, whenever the infant demands it, for the first six months post partum, and the continuation of breast feeding as a complement for solid food until the child is two years old or more. However, not even widespread promotion of the positive effects of breast feeding has been able to ensure that breast feeding is continued for at least the first six months of life. According to the latest Brazilian survey conducted by the Ministry of Health in 2008, the average duration of exclusive breast feeding was 54.1 days, and the median duration of breast feeding was 341.6 days. In the state of Pernambuco, North-eastern Brazil, the median durations of exclusive breast feeding and breast feeding were 49.6 days and 293.1 days, respectively, demonstrating that a large number of infants are weaned within the first few days of life (Ministério da Saúde, 2009). This situation is worse among teenage mothers who smoke during pregnancy, do not have antenatal examinations, are diagnosed with depression in the first six months post partum, and do not have a support network (Shakespeare et al., 2004; Baghurst et al., 2007; Foster and McIachlan, 2008; Barona-Vilar et al., 2009).

Studies have shown that adolescent mothers are less likely to begin and continue breast feeding than adult women. Their willingness to do so is hindered by returning to school, fear of pain, embarrassment and lack of self-confidence. However, when they are given appropriate assistance and are encouraged to breast feed, they are just as capable of breast feeding as adult women (Hannon et al., 2000; Westdahl, 2006; Almeida et al., 2010).

Among teenage mothers, the decision to initiate and continue breast feeding takes into consideration various aspects such as the practical benefits for the child's health, support from professionals, family history of breast feeding success, partner's knowledge of breast feeding, and support given by the partner (Brown et al., 2009).

Thus, it is necessary to identify factors that facilitate or hinder the participation of adolescent fathers in the breast feeding process in order to develop ways to involve them in this process. The present study aimed to understand how adolescent fathers participate in the breast feeding process in the family environment from the experience of couples in Recife, North-eastern Brazil.

Methods

This was a descriptive, exploratory study with a qualitative approach. Qualitative research essentially focuses on the universe of meanings and perceptions, aspirations, motives and attitudes, contributing to a critical reflection of the everyday practices of individuals (Matheus and Fustioni, 2006). These meanings are understood when people talk about their lives or life situations, as qualitative research is not concerned with representative samples and statistical tests (Thomas and Harden, 2008). In total, 10 couples participated in this study, which was performed in Cafesópolis (population 2500) on the outskirts of Recife, Pernambuco, Brazil. The community consists of low-income families with a low level of education, and poor infrastructure and sanitation services.

The sampling was purposeful and the number of participants was established by theoretical saturation. The investigation was performed by way of a continuous process of analysis of statements, from the first interview onwards, until no further information could be elicited (Fontanella et al., 2011).

Participants’ selection was based on the following inclusion criteria: being the biological adolescent father; living with a partner of whatever age for at least one year; and having an infant aged 6–8 months, regardless of the manner in which the infant was being fed at the time of the interview. The infant age group of 6–8 months was selected based on the World Health Organization’s recommendation for exclusive breast feeding (World Health Organization, 2008).

In order to identify and recruit couples, the authors sought help from community health agents at the family health unit. This is a public health unit of the Brazilian Government that provides primary care. During home visits to eligible couples, the community health agents explained the study objectives. An interview date was scheduled for couples who agreed to participate.

The researchers used a standardised semi-structured interview to collect data with the aid of guidance questions. The adolescent father was asked: What do you know about breast feeding? How have you been involved in the breast feeding process? The mother was asked: To what extent has your partner participated in the breast feeding of your infant from the time that he discovered he was going to be a father until today?

The couples also provided information relating to their age, education level, income, occupation, age of the infant, duration of exclusive breast feeding, and how the infant was being fed at the time of the interview.

The father and mother were interviewed separately at home by one of the researchers according to their availability, and were not allowed any contact with each other between the two interviews. The interviews were recorded and later transcribed in full.

The couples’ statements, following the guidelines of Bardin (2011), were subjected to content analysis under thematic modality, consisting of successive readings of the transcribed interviews to identify themes, which are the units of meaning representative of this study and for the guiding question. After this identification, themes were coded based on their similarities for the construction of the subcategories. Through the encoding process, three categories or themes were originated, which are the key ideas on the studied subject, drawn from the statements of the couples participating in this study (Table 1).

The themes were interpreted in the light of the theoretical framework on adolescent fatherhood in the context of breast feeding, built by constructs, and anchored by several authors (Badinter, 1980; Dupuis, 1987; Carvalho, 2003; Pontes et al., 2009), which shows the clear separation of sex roles in housework and child care that can hinder the father’s participation in the breast feeding process.

Ethical aspects

This study was approved by the Research Ethics Commission of the Agamenon Magalhães Hospital, as required by Resolution 196/96 of the National Health Council, which regulates research involving human beings in Brazil. All participants signed an informed consent form before their interview, and were given fictitious names to preserve their anonymity. The couples were numbered 1–10 for the purposes of identification.
Table 1
Analysis categories and subcategories that emerged from couples' statements.

<table>
<thead>
<tr>
<th>Subcategories</th>
<th>Categories (themes)</th>
</tr>
</thead>
<tbody>
<tr>
<td>– The father has knowledge about breast feeding from the child’s perspective</td>
<td>Theme 1. Knowledge of the benefits of breast feeding for the child’s health</td>
</tr>
<tr>
<td>– The father knows the recommended breast feeding period</td>
<td></td>
</tr>
<tr>
<td>– The father did not participate in the breast feeding process during pregnancy</td>
<td>Theme 2. Discontinued participation of the father in breast feeding during the pregnancy–childbearing cycle</td>
</tr>
<tr>
<td>– The father participated in the breast feeding process after the birth of the child despite encouraging early weaning</td>
<td></td>
</tr>
<tr>
<td>– The father participated in the breast feeding process after childbirth</td>
<td></td>
</tr>
<tr>
<td>– The father showed interest in breast feeding and participated in the breast feeding process throughout the pregnancy–childbearing cycle</td>
<td></td>
</tr>
<tr>
<td>– The woman did not allow her partner to participate in the breast feeding process</td>
<td>Theme 3. Exclusion of adolescent fathers from the breast feeding process</td>
</tr>
<tr>
<td>– Conformity of the father in relation to their exclusion from the breast feeding process</td>
<td></td>
</tr>
</tbody>
</table>

Findings

The characteristics relating to the couples and the infants are presented in Table 2. In seven cases, the adolescent father's female partner was also an adolescent, whereas in three cases, the female partner was older. The educational level of the fathers tended to be higher than that of the mothers. The fathers had a variety of different occupations, and seven of the mothers were housewives. The average monthly income of the couples was US$247.00, equivalent to Brazil's minimum wage. The average duration of exclusive breast feeding was 3.3 months. Breast feeding was more likely to occur and to persist longer among couples where the father had a higher level of education and the mother did not work outside the home.

Analysis of the couple's statements gave rise to the following thematic categories: knowledge of the benefits of breast feeding for the child's health; discontinued participation of the father in breast feeding during the pregnancy–childbearing cycle; and exclusion of the adolescent father from the breast feeding process.

Theme 1. Knowledge of the benefits of breast feeding for the child's health

All the adolescent fathers were familiar with breast feeding, were aware of its benefits for the child, and understood that breast milk was the most nutritious food:

- Breast milk is what provides all the nutrients that make a child strong and healthy. (José, Couple 1)

- Breast milk is the best way to feed a baby. It has everything a child needs. Vitamins and etc., is a strong food. (Zacarias, Couple 2)

- The fathers were also aware of the recommended period for exclusive and continued breast feeding, and the ill effects of giving the infant other types of solid and liquid food before six months of age:

  - I saw on the TV that you shouldn't give a child a baby bottle before they're 6 months old, and if you don't breast feed correctly the milk will make the breast swollen. (Joaquim, Couple 3)

  - The baby doesn't need any other food, or drink juice until they're 6 months old, and they (the child) can be supplementary breast fed until they turn 2, because mother's milk supplies all the nutrients they need for their development. (Davi, Couple 9)

- However, fathers were only aware of breast feeding benefits for the child:

  - Milk is fundamental for a child. It prevents the flu; it makes it less likely the child will get sick. It helps to protect the child's organism. (Jaco, Couple 6)

  - The milk prevents diseases. When a child is breast feeding, he less likely to get sick. (Adão, Couple 7)

  - A child only needs mother's milk to grow up strong and healthy. Children have got to breast feed. I think it even makes them smarter. (Boaz, Couple 10)

  - It’s important for strengthening children’s bones, preventing all sorts of future diseases. (Moisé, Couple 8)

  - The advantages of breast feeding for women, the family and society were not mentioned by the study participants. Only one father mentioned that this practice provides an emotional connection between mother and child:

    …unites even more the mother to her child, as the child spends more time with her this brings them closer together. (Isaac, Couple 5)

Theme 2. Discontinued participation of the father in breast feeding during the pregnancy–childbearing cycle

Some adolescent males participated as soon as they knew they were to be fathers, and they accompanied their partners during antenatal consultations. During this period, the fathers supported breast feeding through conversations:

- He [the partner] gave me a lot of support. He even came to the prenatal clinic with me and we went to lectures about breast feeding there. (Sara, Couple 4)

- I went to the prenatal clinic once or twice only because I work and the doctor said that mother’s milk was the best food for a child. (Abraão, Couple 4)

- He [the partner] kept telling me that I should breast feed, when I found out that I was pregnant. (Raquel, Couple 6)

- I’ve told her (his partner) since the pregnancy that it is good to breast feed. (Jacob, Couple 6)

- However, it can be seen from the statements made by the couples that this was viewed as something imposed on the mother as part of her duty to meet her child’s needs:

  - He used to say when I was still pregnant that I had to breast feed because it was good for his [the infant’s] health. (Eva, Couple 7)
I used to say when she was pregnant, that she had to have milk for him [the infant]. I was sure that she was going to breast feed. (Adão, Couple 7)

He [the partner] kept telling me that I should breast feed the kid. He was always saying that, even before he [the infant] was born. (Rute, Couple 10)

I kept saying, from the time she found out she was pregnant, that she had to breast feed our baby. It’s her duty. If I work, she [the partner] should breast feed. (Boaz, Couple 10)

On the other hand, some fathers did not participate in antenatal appointments, as there are no labour laws in Brazil that allow men to take time off work to accompany their partners during antenatal consultations. Furthermore, others did not talk about breast feeding during pregnancy, as this conversation was only seen as appropriate after the birth of the infant:

He (partner) only began to participate in breast feeding after the baby was born. (Izabel, Couple 2)

We never talked about that when I was pregnant. (Betsabeia, Couple 2)

I didn’t [mention breast feeding] because she [the partner] knows as well as I do. So, there was no need to say anything. (Davi, Couple 9)

Before she [the infant] was born, he [the partner] did not say anything. (Sêfora, Couple 8)

I didn’t say anything because I hadn’t been to the prenatal clinic, because I was working. So I left it [talking about breast feeding] until she [the infant] was born. (Moisés, Couple 8)

I didn’t say anything. I didn’t know what to say before she [the infant] was born. (Joaquim, Couple 3)

I didn’t participate in anything… I also didn’t say anything about breast feeding, because I do not know how to help. (Isaac, Couple 5)

I didn’t have much to say, I couldn’t go to prenatal care because I work all day. (Boaz, Couple 10)

In this study, the involvement of fathers proved to be significant after the birth of the infant, confirmed by the words of their partners and also by adolescent fathers themselves. This reveals that adolescent fathers consider breast feeding to be a positive practice, encouraging it through words and gestures, although they only see the advantages from the child’s perspective:

He is very participatory and he would also breast feed if he could. (Maria, Couple 1)

At the beginning, it was [he] who helped me to put the baby on my breast, he (partner) said to hold it right, straightened her little head and little body. (Ana, Couple 3)

[I] washed, ironed, held him [infant] when he was crying and put him to sleep and even helped with his bath. (Boaz, Couple 10)

Participation was more intense post partum, but this was not spontaneous because the mother had to ask for assistance:

But then he began to work and she [the infant] started eating other things (after 2 months) as well. So this period of him taking care of her, doing the household and feeding her milk was short. (Sara, Couple 4)

Even during post partum I had to do the household. So I went and told him… there are diapers to wash and rinse, the house has to be swept and he did everything. (Rachel, Couple 6)

I helped her at home, for she could not do (domestic tasks)… because of the post partum she could make no effort. (Adão, Couple 7)

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Table 2

<table>
<thead>
<tr>
<th>Couple</th>
<th>Age (years)</th>
<th>Level of education*</th>
<th>Occupation</th>
<th>Income</th>
<th>Age of infant (months)</th>
<th>Exclusive breast feeding (months)</th>
<th>Current infant feeding</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. José</td>
<td>19</td>
<td>SSC</td>
<td>Gas station attendant</td>
<td>1 minimum wage</td>
<td>8</td>
<td>3</td>
<td>Family food and artificial milk</td>
</tr>
<tr>
<td>Maria</td>
<td>19</td>
<td>SSI</td>
<td>Housewife</td>
<td>&lt; 1 minimum wage</td>
<td>8</td>
<td>2</td>
<td>Family food and artificial milk</td>
</tr>
<tr>
<td>2. Zacarias</td>
<td>18</td>
<td>SSI</td>
<td>Student</td>
<td>None</td>
<td>7</td>
<td>5</td>
<td>Breast feeding</td>
</tr>
<tr>
<td>Isabel</td>
<td>20</td>
<td>PSC</td>
<td>Maid</td>
<td>None</td>
<td>7</td>
<td>5</td>
<td>Breast feeding</td>
</tr>
<tr>
<td>3. Joaquim</td>
<td>17</td>
<td>PSI</td>
<td>Student</td>
<td>None</td>
<td>7</td>
<td>5</td>
<td>Breast feeding</td>
</tr>
<tr>
<td>Ana</td>
<td>18</td>
<td>PSI</td>
<td>Student</td>
<td>None</td>
<td>7</td>
<td>5</td>
<td>Breast feeding</td>
</tr>
<tr>
<td>4. Abrão</td>
<td>19</td>
<td>SSI</td>
<td>Painter</td>
<td>1/5 minimum wage</td>
<td>6</td>
<td>2</td>
<td>Breast feeding</td>
</tr>
<tr>
<td>Sara</td>
<td>23</td>
<td>SSC</td>
<td>Saleswoman</td>
<td>1 minimum wage</td>
<td>7</td>
<td>4</td>
<td>Breast feeding</td>
</tr>
<tr>
<td>5. Isaac</td>
<td>19</td>
<td>SSC</td>
<td>Transport worker</td>
<td>1 minimum wage</td>
<td>7</td>
<td>4</td>
<td>Breast feeding</td>
</tr>
<tr>
<td>Rebeca</td>
<td>18</td>
<td>PSC</td>
<td>Housewife</td>
<td>1 minimum wage</td>
<td>8</td>
<td>3</td>
<td>Family food and artificial milk</td>
</tr>
<tr>
<td>6. Jacó</td>
<td>18</td>
<td>PSC</td>
<td>Newspaper seller</td>
<td>1 minimum wage</td>
<td>8</td>
<td>3</td>
<td>Family food and artificial milk</td>
</tr>
<tr>
<td>Raquel</td>
<td>16</td>
<td>PSC</td>
<td>Housewife</td>
<td>1 minimum wage</td>
<td>8</td>
<td>3</td>
<td>Family food and artificial milk</td>
</tr>
<tr>
<td>7. Adão</td>
<td>17</td>
<td>PSI</td>
<td>Painter</td>
<td>1 minimum wage</td>
<td>6</td>
<td>2</td>
<td>Artificial milk only</td>
</tr>
<tr>
<td>Eva</td>
<td>17</td>
<td>PSC</td>
<td>Housewife</td>
<td>2 minimum wages</td>
<td>7</td>
<td>4</td>
<td>Breast feeding</td>
</tr>
<tr>
<td>8. Moisés</td>
<td>19</td>
<td>SSC</td>
<td>Freelance</td>
<td>Family food and artificial milk</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Séfora</td>
<td>22</td>
<td>HEI</td>
<td>Housewife</td>
<td>None</td>
<td>8</td>
<td>3</td>
<td>Family food and artificial milk</td>
</tr>
<tr>
<td>9. Davi</td>
<td>17</td>
<td>PSI</td>
<td>Student</td>
<td>None</td>
<td>8</td>
<td>3</td>
<td>Family food and artificial milk</td>
</tr>
<tr>
<td>Betsabeia</td>
<td>18</td>
<td>PSI</td>
<td>Student</td>
<td>None</td>
<td>8</td>
<td>3</td>
<td>Family food and artificial milk</td>
</tr>
<tr>
<td>10. Boaz</td>
<td>19</td>
<td>SSI</td>
<td>Packer</td>
<td>None</td>
<td>7</td>
<td>5</td>
<td>Breast feeding</td>
</tr>
<tr>
<td>Rute</td>
<td>18</td>
<td>SSI</td>
<td>Housewife</td>
<td>None</td>
<td>7</td>
<td>5</td>
<td>Breast feeding</td>
</tr>
</tbody>
</table>

* HEI, higher education incomplete; PSC, primary school complete; PSI, primary school incomplete; SSC, secondary school complete; SSI, secondary school incomplete.

1 Exclusive breast feeding: when the infant only receives breast milk, directly from the breast or not, and no other liquids or solids, except drops or syrups containing vitamin, minerals and/or medicine (World Health Organization, 2009).

2 Breast feeding: when the child receives breast milk, directly from the breast or not, in addition to other solid or liquid food, including non-human milk (World Health Organization, 2009).

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The statements of one couple (Isaac and Rebeca, Couple 5) show that the father’s involvement in breast feeding was denied, and as he was not allowed to get involved in feeding his infant, he was excluded from this process. This restriction was made by his partner and her mother, which did not allow him to participate in the care of his infant. This refusal to let the father participate was also reported by his partner, who argued that breast feeding is a matter for women alone:

I wasn’t involved in it at all. She [the partner] and her mother said that I didn’t have a clue on how to hold [an infant]. (Isaac, Couple 5)

That [breast feeding] is women’s business. (Rebeca, Couple 5)

The excluded father did not seem to be bothered by the situation, as his statement shows no sign of attempting to change the attitude of his partner and his mother-in-law so that he could get involved in breast feeding:

I didn’t even mention breast feeding, because I didn’t hold him, I wasn’t allowed near him [the infant]. So I didn’t say anything. (Isaac, Couple 5)

Discussion

Breast milk has protective factors against infectious diseases and allergies, and promotes the recovery of children in unfavourable situations (premature babies, children of malnourished mothers). Its benefits are also associated with improved cognitive development, intelligence, increased intelligence quotient, prevention of obesity, hypertension and improved children’s behaviour (Kramer and Platt, 2008; Sullivan, 2008; Brodkman et al., 2009; Beyerlein and Von Kries, 2011; Brion et al., 2011).

The adolescent parents in the study had correct knowledge about breast feeding, citing its convenience, the benefits of breast milk for their child’s health, and awareness that breast milk is the best food for infants. They also knew about the recommended periods for exclusive and continued breast feeding. This knowledge may have contributed to the duration of exclusive breast feeding of their infants being higher than the Brazilian average (Ministério da Saúde, 2009).

Studies conducted in other countries have shown that men with breast feeding knowledge and experience offer more emotional support and help with household chores. This may help with the initiation and continuation of breast feeding (Goulet et al., 2003; Marrone et al., 2008; Spurles and Babineau, 2011).

However, the advantages of breast feeding for the mother (Uvans-Moberg, 1998; Matsushita et al., 2002; Lee et al., 2003; Sichieri et al., 2003; Chiaffarino et al., 2005) were not recognised by the fathers in this study. In addition, they did not mention the importance of breast feeding for the country and the family, given that breast feeding can reduce the infant mortality rate, prevent disease, and hence reduce the costs of child health for the government and the parents (Almeida et al., 2010).

The adolescent fathers in this study viewed breast feeding solely from the perspective of the child’s health. This is common and has been shown to be the case in studies from very different parts of the globe, such as Australia (Sweet and Darbyshire, 2008) and Brazil (Pontes et al., 2008). This perspective may be grounded by the historical attributes of patriarchy, which stress that a man must concern himself with providing for his offspring (Badinter, 1980; Dupuis, 1987). This may hinder the inclusion of the father in breast feeding (Pontes et al., 2008).

For the success of shared breast feeding, a study conducted in Canada (Rempel and Rempel, 2011) showed that breast feeding should also be viewed from the perspective of women, where some fathers mentioned that the couple should decide together about breast feeding the infant. Moreover, they recognised that this practice provides the affective bond between mother and child.

Recognition of the broad benefits of breast feeding should be included in routine health-care services, providing support to the couple on the management of breast feeding, and, more specifically, to the man on his power to influence his partner’s breast feeding practice (Shaker et al., 2004; Piscane et al., 2005; Moore, 2010).

However, in the Brazilian health-care services, professional guidance about breast feeding is only directed towards women (Carvalho, 2003). This is clearly shown in this study, as only a few fathers reported that they were involved with the breast feeding process from the time of antenatal care. Therefore, educational antenatal actions should be developed in order to include future fathers in the breast feeding process (Susin et al., 1999; Sherriff et al., 2009). Adolescent fathers in this study who accompanied their partners to antenatal consultations were involved in child care, provided emotional support and helped with housework. These actions were also observed in studies by Shaker et al. (2004), and Rempel and Rempel (2011).

Another impediment to the father’s involvement in antenatal care was the difficulty taking time off work, as there are no Brazilian laws to ensure or facilitate their participation in antenatal appointments. Brazilian law enables a father to be absent from work for five days after the birth of an infant (Carvalho, 2003).

Discontinued participation of the fathers in breast feeding from antenatal care to birth, and their exclusion from this practice by women (partner and mother-in-law in this study) is the result of Brazil’s historical, social and cultural processes (Tarnorwski et al., 2005). These underpin the asymmetry in relationships between men and women, and fathers and mothers, hindering the participation of men/fathers in situations related to child care: this has also been observed in Africa, North America and Europe (Bruning and Plantenga, 1999; Bulanda, 2004; Tarnorwski et al., 2005; Davis and Greenstein, 2009).

The father should be involved in the pregnancy as early as possible to enable the infant to recognise their father’s voice; early contact between father and infant will strengthen the bonding of the pair. The father’s active and regular engagement with the infant has a number of positive outcomes, such as reducing the frequency of behavioural problems in boys and psychological problems in girls, promotion of cognitive development, and reduction in child delinquency (Bornholdt et al., 2007; Fagerskiöld, 2008; Sarkadi et al., 2008).

Even with the proven benefits of paternal involvement in child care, some women still exclude the man in a demonstration of power – often the only one in their lives – which makes them feel unique and superior; as such, they do not share child care with their partner. Thus, the man is assigned a secondary role in this care, which gives rise to disillusionment and disappointment following the birth of their infant (Badinter, 1980; Goulet et al., 2003; Greene et al., 2003; Pontes et al., 2008).

The theory of a maternal instinct postulates that the mother is the only person capable of caring for the infant because she has been biologically prepared to fulfill this role. This instinct appears to be incorporated into women’s thinking when they refuse to delegate childcare duties to their partners, or even to listen to them. Therefore, under the same theory, men are not qualified to help with child care, child rearing and decisions regarding feeding (Badinter, 1992; Goulet et al., 2003).

Despite the fathers in this study being adolescents, their knowledge of breast feeding was good and they participated in...
the breastfeeding process. Some fathers cared for their infants, shared the household chores and supported their partners emotionally. However, their involvement was discontinuous during pregnancy and childbirth, which may be due to the standard patriarchal family legacy of Brazil’s population (especially in the North-east), Brazilian paternity laws, and the fact that they were adolescents. Nevertheless, this study found that these fathers were looking for a new model of fatherhood, where breast feeding, division of housework and child care are contemplated.

Breast feeding is a social decision and not just nutritional; the education of men and women can influence the construction of new practices related to breast feeding. Therefore, educational interventions aimed specifically at men, including young people who have not yet had children, can develop participatory attitudes about breast feeding once they become fathers.

Competing interests
None declared.

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