

Fathers' perspectives and assessment of breastfeeding at a private maternity center in the City of Buenos Aires. A qualitative study

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ABSTRACT

Introduction. The evidence about the effectiveness of fathers' or partners' involvement in breastfeeding interventions to promote initiation, duration, and exclusiveness rates has increased in recent years.

Objectives. To identify the perspectives and assessments of breastfeeding among partners of breastfeeding women and develop information to create adequate interventions that favor the inclusion of fathers in care spaces and in the support of breastfeeding.

Materials and methods. Qualitative study with a grounded theory design. Four focus groups were held with fathers. Data were processed defining free flow analysis units, coded in 2 levels, an open code, with emerging categories, and such categories grouped into 5 main topics.

Results. A total of 16 fathers participated. Five main topics were identified: fathers' knowledge about breastfeeding, feelings towards breastfeeding, partner's involvement in breastfeeding, development of the concept of fatherhood, breastfeeding in society.

Breastfeeding was positively assessed. Although breastfeeding support was considered a shared family responsibility, there were not enough co-participation actions identified. Participants expressed their desire to play a more involved fatherhood role; however, they stated that these transformations are not supported at workplaces.

Conclusion. The evidence showed a positive assessment of breastfeeding, adequate knowledge, and concern about difficulties. Breastfeeding support was considered a shared responsibility, but not enough specific co-participation actions were mentioned.

Key words: breastfeeding, fatherhood, motherhood, gender perspective, child care.

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INTRODUCTION

The evidence about the effectiveness of fathers' involvement in breastfeeding interventions, i.e. coparenting support, to promote breastfeeding has increased in recent years.^{1,2} Different educational approaches including psychosocial factors with an effect on breastfeeding, offered to fathers and fathers and mothers jointly, showed an improvement in initiation, duration, and exclusiveness rates.³⁻¹¹ Likewise, these interventions also resulted in a higher emotional support to mothers,^{5,7,11,12} as well as a greater involvement of fathers in child care and household chores.⁸

In turn, the interventions that showed a greater effect on the success of breastfeeding were those conveyed individually, those that were culturally adequate,¹³ those that provided information about specific actions that fathers could take to support breastfeeding,² and those designed based on the needs and characteristics of the target group.¹⁴

In this setting, this study intended to explore the bonding context of breastfeeding mothers according to the assessment of breastfeeding stated by their male partners at a private maternity center in the City of Buenos Aires.

OBJECTIVES

- To identify the perspectives and assessment of breastfeeding among the partners of breastfeeding women.

- To develop information to create adequate interventions that favor the inclusion of fathers in care spaces and in the support of breastfeeding.

PATIENTS AND METHODS

This was a qualitative study with a grounded theory design.

During October, November, and December 2019 and March 2020, 4 45-minute long focus groups were held. The non-pregnant partner of couples admitted to the rooming-in area of the Department of Neonatology was invited to participate in a meeting where questions would be asked about their knowledge, feelings, and perception of breastfeeding. No meetings were held during January and February, and meetings were discontinued in April due to the saturation of the experience.

Trigger questions are detailed in the *Annex*. Fathers' participation was spontaneous; meetings were moderated by the group coordinators: 2 of the principal investigators, trained on qualitative data collection, who were physicians working at the joint rooming-in area and in teaching and research settings.

Audio recordings of all meetings were obtained with the authorization of participants. Recordings were transcribed verbatim and were later coded.

It is worth noting that no LGBT couples were included because the problems related to breastfeeding in these families entail different peculiarities. In addition, the authors state their position in terms of gender perspective and understand that breastfeeding is a right of mothers and infants that should be warranted with specific support actions, both from direct family members and from society in general.

Data analysis

Data were processed defining free flow analysis units, then coded in 2 levels. First of all, an open code, which implied developing the categories emerging from the defined unit analysis. If 2 units had similar qualities, they were grouped into the same category; if a unit responded to a different concept or idea, a new category was introduced. Once all units were categorized, they were scanned to check that all relevant categories had been included. A second level analysis was performed afterwards to compare categories and look for potential relationships and group them into topics.

Ethical considerations

The consent to record the meeting and to use the data collected from them for academic purposes was obtained. Confidentiality was warranted by replacing participants' names with fake names.

RESULTS

Among all summoned fathers, 19 were invited to participate. Only 3 fathers refused to participate; the reasons were related to newborn baby or partner care. All participants were males, fathers of newborn babies with a middle and high socioeconomic level. Only 2 participants were foreigners and had been living in the City of Buenos Aires for more than 10 years. During group discussions, no cultural differences were evidenced among participants. The characteristics of focus groups are described in *Table 1*.

Five main topics were identified: knowledge about breastfeeding, feelings towards breastfeeding, partner's involvement in breastfeeding, development of the concept of fatherhood, breastfeeding in society.

Tables 2-6 summarize topics 1-5, respectively.

1. Fathers' knowledge about breastfeeding

Knowledge regarding the importance of breast milk in nutrition, immunity development, and bonding was mentioned.

Although women continue to be the bearers of knowledge and the ones responsible for receiving and conveying it, fathers stated that they had participated in different types of training and mentioned its importance. However, they highlighted the need for specific information targeted to fathers so that they are able to have an adequate participation.

The role of childcare specialists in knowledge transmission and emotional support for the family was also prioritized.

2. Feelings towards breastfeeding

Participants acknowledge the difficulties, fatigue, and stress associated with breastfeeding and perceived their commitment to find solutions. Some groups discussed the pressure women may feel to comply with breastfeeding goals.

They made a positive assessment of breastfeeding women and the effort it implies. However, the persistent idea is that women have a special biological skill that makes them capable of fulfilling such task.

In terms of criticism, questions were raised

about certain aspects of breastfeeding; for instance, prolonged breastfeeding (longer than 3 years). There were also ambiguous views on mothers' demands regarding caregiving activities, such as breastfeeding, versus the apparently greater demands of fathers at their workplaces.

3. Partner's involvement in breastfeeding

Participants agreed that childrearing is a shared responsibility and that they should support breastfeeding. However, although some fathers mentioned a rearrangement of the family organization, it was also evident that traditional gender roles persisted. In fact, some participants described that many decisions about what their partner should do or stop doing were

TABLE 1. *Characteristics of interviewed fathers*

	Group 1	Group 2	Group 3	Group 4
Number of participants	5	3	5	3
Average age in years (range)	36 (31-40)	38 (35-41)	34 (31-41)	31 (26-34)
Number of participants who were first-time fathers*	4	1	5	1
Number of participants with complete tertiary or university education	5	3	5	3
Argentine nationality	4	2	5	3

*Among those who were not first-time fathers, only 1 in group 2 had 2 previous children; the rest, only 1.

TABLE 2. *Topic 1: Fathers' knowledge about breastfeeding*

Categories	Examples (analysis units)
Adequate knowledge about the benefits of breast milk	"Breast milk is key, the most important for the baby, as opposed to infant formula. It warrants that the baby will be protected for the first 6 months". (Agustín, 31 years old)
Although to a lower extent than women, fathers state that they participated in training and recognized the importance of breastfeeding.	"I attended 3 training courses". (Leonardo, 40 years old) "I feel a bit of guilt. There are so many books and talks, but I haven't read much and I didn't attend any. And I think that's important information". (Adolfo, 41 years old)
The role of women as authority and responsible for the information	"She (referring to his wife) read everything and we discussed it". (Andrés, 38 years old) "My wife's the one who tells me everything...". (Juan, 41 years old)
Prioritization of the role of childcare specialists in knowledge transmission and emotional support for the family	"The childcare specialist comes in all calm and quiet [...] she makes you feel safe. There should be a childcare specialist available all night, it's very important". (Adolfo, 41 years old) "Last night I had a meltdown, he (the baby) wouldn't stop crying until the childcare specialist came in and taught us the magic trick with the finger". (Leonardo, 40 years old)
Need and request for more training targeted at fathers during antenatal classes	"I was lucky to attend the antenatal classes; I found them essential, but I think they should provide a little more information to fathers, in addition to the fact that the mother is the one that breastfeeds [...] to give the baby the bottle I had to call the Nursery office [...] although they didn't explain that either... They told us how to breastfeed, that was explained in detail, and she's doing great, but they didn't tell me how to bottle-feed... (He wished to give his twin babies a bottle of breast milk so that his wife could rest for one feeding during the night)". (Gabriel, 31 years old) "It's very important [...] I think they should all put the emphasis on baby care. I think there's very little information [...] at least in my opinion. I even have friends who had babies and didn't know what it implied". (Adolfo, 41 years old)

TABLE 3. *Topic 2: Feelings towards breastfeeding*

Acknowledgment and assessment of the bond	<p>"I think the bond is what matters the most". (Esteban, 32 years old)</p> <p>"Love. I believe the mother and baby bond is unique, it doesn't happen in other relationships". (Pablo, 38 years old)</p>
Acknowledgment of difficulties	<p>"We're having a hard time". (Andrés, 38 years old)</p> <p>"The baby is not suckling well. Her nipples are cracked". (Ernesto, 39 years old)</p> <p>"... What happened to me the first and second nights is that... My poor wife, she's spending so many hours without sleeping. I feel bad for her... Besides, she had a C-section and didn't sleep at all and is now breastfeeding and hanging on". (Adolfo, 41 years old)</p>
Social representation of women as having a greater ability to overcome difficulties	"I have no doubts that the mother is capable, that something in her body helps her go on without sleeping, but we don't have that". (Matías, 31 years old)
Perception of pressure on women to breastfeed	"My wife had a lot of knowledge and felt a lot of pressure, and I didn't know how to help her. I believe she was suffering, she seemed nervous. Some of her family members are health care providers, so she had a lot of information and that was a major pressure on her, I think. She wouldn't tell me, but I noticed it (referring to the experience with their 2-year-old daughter)". (Juan, 41 years old)
Criticism of breastfeeding by their partners and prolonged breastfeeding	<p>"When my child was 3 and a half, she interrupted breastfeeding because we lost that pregnancy (he said that a friend of them, an obstetrician, told them that the miscarriage might have been related to breastfeeding). On the one side, it's better because I didn't know how long it was going to last. I didn't want her to breastfeed for 6 years. She was a big girl (referring to their daughter). She would be at a party and stick her hand under her clothes to reach for her breast. My friends would say: 'She's 2 years now. Why does she keep breastfeeding?'". (Lucas, 33 years old)</p> <p>"I think it's a matter of freedom. I would take my son out and she would call me to ask me to go back because her breasts were hurting. [...] If it's just a matter of attachment, it has to end at some point. Because such attachment doesn't let you move on". (Leonel, 34 years old)</p>
Ambiguous and mixed feelings about household chores and outside activities	"I think my wife's reality while breastfeeding that baby (their 3-year-old daughter) focused on her and nothing else. I had lots of problems in my head and with my job and she was only focused on her things with the baby and breastfeeding. The Twin Towers could've fallen down and she wouldn't even have noticed it". (Lucas, 33 years old)

TABLE 4. *Topic 3: Partner's involvement in breastfeeding*

Shared responsibility with the mother	"It's not the mother's responsibility [...] Parents make up a team. Both share the same responsibility. Each one has to contribute". (Agustín, 31 years old)
Rearrangement of the family organization	<p>"Women used to do everything; it's different now". (Andrés, 38)</p> <p>"Now I realize that the father has to help at home. I didn't know to what extent help was needed. Not to mention if there is a complication". (Adolfo, 41 years old)</p>
Presence of fathers in care spaces fighting for a leading and management role not entirely agreed upon with their partners	"I would come home and had a list this long (makes a gesture with the hands expressing a large size) of things I had to do. When I asked her if she thought it was fair, she would look at me, holding out her hands with her palms up, and would say: 'We're a team.' [...] Anyway, I think she wasn't good at organizing her time with our girl (3-year-old daughter). If our girl slept 3 hours, I would tell her to sleep too, but she wouldn't. Then she said she was tired and I would answer: 'But you've been wasting your time, I saw you online.' (Referring to her online status in social media [Whatsapp, Facebook, Instagram])". (Lucas, 33 years old)
Persistence of traditional gender roles	"It'd be great if she stayed home and I worked... but it's not financially possible". (Pablo, 38 years old)
Shared decisions about their partner's situation	<p>"I told her she couldn't eat anything fried (referring to his wife's diet during pregnancy and breastfeeding)". (Andrés, 38 years old)</p> <p>"We decided she should take an additional leave (in relation to her wife going back to work outside the house). At first she didn't know what to do, but I know she'll want to stay at home". (Esteban, 32 years old)</p>
Lack of specific participation actions. Only general elements were mentioned.	<p>"With food. Get the mother to eat". (Agustín, 31 years old)</p> <p>"Home-made meals. Nutrition is fundamental". (Andrés, 38 years old)</p> <p>"I don't know, I can tell you in the future. I don't know if I can help with breastfeeding. I could get her a glass of water, help her relax...". (Federico, 35 years old)</p>

made by both. The description of male roles in household chores seemed to be undefined. Although fathers mentioned their intentions to position themselves as coordinators or leaders,

not entirely in agreement with their partners, no clear statements of operational management came up.

In relation to the responsibility taken in

TABLE 5. *Topic 4: Development of the concept of fatherhood*

Desire to practice a more active and involved fatherhood, unlike the experience with their own fathers	<p>"My dad had his store, he is a conservative sexist, he doesn't know how to cook or where his clothes are. I liked his company; he wouldn't do anything, but I always felt his eyes on me. I'd like to be as present as he was, but I don't want to be like him in the lack of help". (Juan, 41 years old)</p> <p>"I was raised by my grandmother and my mother; my father was always in the farms, he would come and give me a kiss every now and then, but that was it. He wasn't around on a daily basis. [...] My mother died, and now my father can't tell me any stories about my childhood... He tells some stories, but they're always the same ones (he laughs, makes a pause, and gets serious). We always talk about this with my brother. [...] As a father, I want to do everything I didn't get to do as a child. Playing football, going fishing...". (Andrés, 38 years old)</p> <p>"In the past, I think fathers suffered. And they regret having been absent. It's a topic that bothers them. If I tell him that he would never take me to the club, he gets upset. He acted differently with my younger siblings, he changed". (Leonardo, 40 years old)</p>
Deferral of personal interests due to fatherhood	<p>"Losing my personal time is not a sacrifice to me". (Agustín, 31 years old)</p> <p>"Being a father means stopping being yourself to be someone else... devoting your life to someone else". (Leonardo, 40 years old)</p>
Feelings of ambiguity. Absence of a leading role during this stage	<p>"I compare it with my first marriage. She didn't breastfeed because she had a drinking problem, so I took the responsibility and I had a closer bond to the baby. Things were different with my second child, she was breastfed so now she's a... how do you call it? A mama's girl". (He compared his experience with his previous child to that with his 2-year-old daughter). (Juan, 41 years old)</p> <p>"I would also like to calm him. (One of the physicians stepped in and said he will be able to calm his baby, so the participant answered the following.) Well, but I can't do it now, so you feel kind of frustrated and (smiling) well, you understand that there's no one like the mother. And then you understand why you love your mother much more than your father". (Santiago, 37 years old)</p> <p>"In my opinion, I think it is (referring to breastfeeding specifically)... like I have to adapt myself to the mother's and the baby's time, and I... (makes a pause and nods emphatically) feel like a satellite and sometimes I don't know what to do... like I have a GPS failure, but... I think it's one of the most important things, at least during this first stage after birth". (Matías, 34 years old)</p>

TABLE 6. *Topic 5: Breastfeeding in society*

Need for longer paternity leaves to become involved in care activities	<p>"In the past it was 3 days; but since 2016, it's 10 days, which is also little time compared to what a mother has to do". (Pablo, 38 years old)</p> <p>"I don't agree with how leaves are regulated. If I could take a 3-month leave from work, our team (referring to him and his couple) would work differently. [...] It's also a matter of competition. If you're a 25-year-old married woman, your potential employer will prefer to hire a man". (Agustín, 31 years old)</p> <p>"We want the company to grant a 2-week leave to men, regardless of the regulations". (Leonardo, 40 years old, Regional Director of a multinational company)</p>
Positive assessment of fatherhood among peers	<p>"I attended the first baby shower for a father at the company". (Leonardo, 40 years old)</p> <p>"My work partner told me I should have a longer leave: 'You don't experience this many times in your life'". (Agustín, 31 years old)</p>
Acknowledgment of women's difficulties to reconcile breastfeeding and their job	<p>I'm a xxx director at xxxxx. I was in charge of hiring new employees, and they "indirectly asked if the women outside the home we hired were planning to have children". (Lucas, 33 years old)</p> <p>"It's a reality: a woman's professional career is halted by motherhood". (Agustín, 31 years old)</p>

support of breastfeeding, although fathers mentioned they were willing to be actively involved, they mentioned no real and specific effective participation actions other than general suggestions.

4. Development of the concept of fatherhood

The ideas regarding fatherhood were related to the quality time fathers wished to share with their children and to the development of closer emotional bonds. They said that they had expected a greater presence of their own fathers in their upbringing and desired to amend such experience. All participants agreed that there was a change in how fatherhood was practiced at present and assumed the need to have more presence in family life.

At the same time, contradictory feelings about breastfeeding came up related to the displacement or lack of a leading role of fathers during this stage.

5. Breastfeeding in society

There was a general consensus about the need to have a longer paternity leave than what regulations establish currently, even the same as a maternity leave.

Fatherhood was positively assessed among peers in workplaces. On the contrary, participants described that women still face difficulties in these settings. Most participants indicated that women still have problems reconciling their job outside home with breastfeeding and motherhood.

DISCUSSION

Since the early publications about the new types of fatherhood by Bonino¹⁵ to date, there has been a growing body of evidence about the cultural transformations that promote coparenting.¹⁶⁻¹⁹ This is understood as fatherhood carried out in a “non-patriarchal” manner, exercising household power at the same level as the mother and sharing household chores and childrearing activities.¹⁷ However, as observed in this study, traditional structures related to bonding with their children and the distribution of household chores still persist in some sectors.^{18,19}

Specifically in relation to the support of breastfeeding, the findings of this study are consistent with those reported in other studies regarding the need for promotion activities and strategies adequately targeted at fathers.^{12,14,20,21} It was observed that participants were aware

that breastfeeding women have difficulties and were concerned about solving them. However, an idealized social representation of women, such as considering them “biologically more capable” to solve problems, was observed and this may clash with reality.²² Moreover, in spite of the efforts made by different society sectors to establish the relevance of care spaces,^{23,24} based on participants’ accounts, they had ambiguous opinions about the demand entailed by certain activities, such as breastfeeding, compared to the apparently greater demands they have at their workplaces.

In relation to new family organization structures, some studies pointed out that changes are mainly lip service and that, although some men practice fatherhood in a more committed manner,¹⁶⁻¹⁹ others have placed the emphasis on play, occasional care activities, and mostly supervision and consultation.^{17,25,26} The findings of this study are partially consistent with what has been reported in the bibliography. Although the methodological limitations of this study prevent us from analyzing whether such tendency is actually effective, fathers’ accounts about their previous experiences seem to corroborate that their greater involvement is real. Notwithstanding this, we observed a lack of participation in the operational management of household chores as well as an absence of specific activities mentioned as indicative of a shared responsibility in breastfeeding support. As in the study by De Montigny, we found that fathers perceived they played a support role in decision-making as stakeholders, rather than as enablers.²⁷

In relation to the concept of fatherhood, as observed in the bibliography,^{18,28} the model of an absent and distant father is questioned and condemned. In addition, although some studies mentioned limitations to support their partners in the continuity of breastfeeding, resulting from the social construct of masculinity,²⁹ in this study, participants appeared eager to practice new forms of fatherhood and stated that their peers in different social settings supported them.

Lastly, as reported in other studies,¹⁶ there was a direct relationship between the organizational culture of work settings prone to a committed fatherhood and its practice. Also, consistent with national and regional studies,^{30,31} the reality of women who attempt to reconcile their job outside the house and breastfeeding is still challenging. This information provides the foundation to support employment policies and cultural transformations that favor the practice

of a committed fatherhood and motherhood with the right to breastfeeding.

Limitations

The main limitation of this study is its external validity. Participants' accounts cannot be extrapolated to the experience of other men with different social and cultural realities.

Another limitation related to the methodology is that it was not possible to analyze whether the preference for breastfeeding translates into specific actions or remains lip service. In this regard, we believe it is worth conducting other follow-up studies that assess what actually happens at home and include mothers' perspectives and perceptions of the support they receive.

CONCLUSIONS

Breastfeeding was positively assessed by participants. An adequate knowledge and concern about difficulties in relation to practicing breastfeeding were noted. However, although breastfeeding was recognized as a shared responsibility, fathers did not mention specific actions demonstrating such commitment.

This information may be interpreted as a favorable scenario to continue including fathers in care spaces and in the support of breastfeeding through effective recommendations. ■

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ANNEX

Guiding questions during focus groups

1. What is your opinion or assessment of breastfeeding?
2. How do you feel about breastfeeding?
3. What do you know about breastfeeding?
Where did you learn that?
4. Do you have any prior experience? Do you have other children? How did you become involved in the experience? Was it what you expected? How would you have liked it to be?
5. How do you think you may help with breastfeeding?
Could you make a list of specific support actions?