



Engaging and supporting fathers to promote breast feeding: A concept analysis[☆]

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ABSTRACT

Objective: Empirical evidence demonstrates that fathers have a strong influence on a mother's decision to initiate and continue breast feeding. However, no clear delineation of what behaviours and attributes constitute father support or differentiate it from other kinds of support is provided in the current literature. The purpose of this study was to analyse the concept of 'father support' in relation to maternity services and broader health settings, thereby clarifying meaning to enable comprehension and application in practice, education, and research.

Design: A concept analysis combining the evolutionary model of concept development with the inter-related theoretical, fieldwork and analytical phases of the hybrid model of concept development.

Setting: Children's Centres in East and West Sussex in Southern England.

Participants: Repeated qualitative research over two phases with 16 parents of breast fed infants through seven focus groups and five telephone interviews.

Measurements and findings: CINAHL, PsycINFO, AMED, MEDLINE, OVID and EMBASE databases were searched for articles published in English between 1999 and 2013 using the keywords breast feeding, father, and support. Seven same-sex focus groups and five individual interviews were also conducted over two research phases with the parents of breast fed infants to expand and exemplify, and then validate the analysis of the literature search. Five main attributes of father support in relation to breast feeding were identified: (1) knowledge about breast feeding; (2) positive attitude to breast feeding; (3) involvement in the decision-making process; (4) practical support; and (5) emotional support. Multiple antecedents and consequences to these attributes were also identified.

Key conclusion: This study has contributed to clarifying the meaning of father support in relation to breast feeding and provides an important starting point for the development of a theoretical and practical model of optimal breast feeding that takes into account father support.

Implications for practice: Identification of attributes, antecedents, and consequences of father support may assist practitioners to reflect on current working practices and service delivery models, and offer important educational opportunities for the training of student midwives and other health professionals.

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Introduction

Despite recent challenges to the optimum length of exclusive feeding for infants in developed countries (Fewtrell et al., 2011) there is clear evidence that breast feeding has positive health benefits for both mother and baby in the short and longer term (WHO/UNICEF, 1990; World Health Organisation (WHO), 2003,

2009; Horta et al., 2007; Department of Health, 2008). However, although the latest Infant Feeding Survey (McAndrew et al., 2012) indicates that UK mothers are breast feeding for longer than in 2005 (Bolling et al., 2007), only 34% are breast feeding at six months and of these only 1% are exclusively breast feeding as recommended by the UK Department of Health.

Father support has been demonstrated empirically to have a strong influence on a mother's decision to initiate and continue breast feeding (e.g. Arora et al., 2000; Swanson and Power, 2005; Britton et al., 2007). For instance, research with mothers identifies fathers as a primary source of support for the continuance of breast feeding; however little is known about the nature of this support (Sherriff et al., 2009). Indeed, although the importance of the father's role in supporting breast feeding has been known for

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some time, our own research shows that in practice little has changed in the intervening years (Sherriff and Hall, 2011). There are few studies that actually involve fathers directly in breast feeding research, and fewer still that draw out the specific aspects and determinants of, a father's supportive role in the breast feeding process. It is important to understand more fully the role of a father's support in the breast feeding process as it is, arguably, unlikely that any intervention designed to increase rates of breast feeding will be successful without taking this into account. This is particularly important when trying to address inequalities between different socio-economic groups.

Defining the concept of support underpinning a father's role in supporting breast feeding is complex as use of the term is ambiguous and not fully understood by parents or health professionals. Concept analysis is therefore a useful method of primary research for refining such ambiguous concepts so that everyone who subsequently uses the term will be speaking about the same thing (Walker and Avant, 2010). Such clarification can be particularly important in maternity services and broader health and social care settings. The purpose of the present study therefore was to analyse the concept of 'father support' in relation to breast feeding and maternity services as well as other health settings, aimed at clarifying its meaning to enable comprehension and use in practice, education, and research.

Method

The concept analysis was undertaken drawing on aspects of the evolutionary model of concept development (Rodgers, 1993) in combination with aspects of the hybrid model (Schwartz-Barcott and Kim, 1986, 1993). Rodgers' (1989, 1993, 2000) evolutionary approach is an inductive method of analysis which acknowledges that concepts develop over time and are influenced by the context in which they are used. Concepts are therefore perceived as dynamic and constantly undergoing development. In other words, concepts are not finite entities; instead, over time redefinition becomes necessary if the concept is to remain useful, applicable, and effective (Rodgers, 1993). Thus in the evolutionary approach, concept analysis can provide a useful basis for further inquiry in a continuing cycle of concept development (Endacott, 1997; Rodgers, 1993) rather than providing a static definition of a concept with rigid boundaries (see Rodgers, 2000; cf. Walker and Avant, 2010). The concept of 'father support' is likely to be multifactorial, being influenced by government policy such as paternity leave, maternity and child health service delivery models, societal and cultural norms, and also behaviours and beliefs of parents and health professionals. It is also fluid, changing over time in response to the infants move from exclusive breast feeding to taking solid food. The evolutionary approach to concept analysis, therefore, appears both congruent and suitable to address the many facets of father support in promoting breast feeding.

However, we wanted to situate the concept analysis in the reality of parents' experiences, and therefore we used it in conjunction with the hybrid model of concept development (Schwartz-Barcott and Kim, 1993) which clearly identifies empirical fieldwork as a separate entity to the theoretical phase (or literature search). This still allowed us to acknowledge the dynamic and developmental nature of concepts (see Fig. 1).

Data sources

Theoretical phase: literature search and analysis

The theoretical phase began with the identification and selection of the concept of father support in relation to breast feeding and a comprehensive review of the literature. CINAHL, PsycINFO, AMED,

MEDLINE, OVID, Maternity and Infant Care, and EMBASE, databases were searched systematically using the keywords with wild cards: breast feeding, AND father*, AND support*. Searches were conducted independently by the first and third author and cross-checked and verified by the second author. Inclusion criteria included: written in English, qualitative/quantitative, published between 1999 and 2013, and described or studied how fathers provided support to their breast feeding partner in any setting. Additional web-based searches were also conducted to capture further relevant papers (e.g. 'grey' literature). 4301 articles were identified through EMBASE, 145 through Medline (PubMed), and 86 via CINAHL. Once irrelevant papers and duplicates were eliminated, 452 abstracts were read. Of these, 51 contained substantive elements of or reference to 'father support'. The full papers were obtained, 40 of which were deemed particularly relevant and were analysed for sections of text that containing elements or an 'essence' of the concept of 'father support' in relation to breast feeding (Table 1). In doing so, attributes (characteristics of the concept that define and differentiate the concept), antecedents (events that must occur prior to the occurrence of the concept) and consequences (events that occur as a result of the occurrence of the concept) were extrapolated. Using QSR Nvivo 8, a preliminary coding structure was devised as emerging themes, ideas, and topics relevant to the concept were identified. This was an iterative process whereby continual reflection on the emerging categories lead to reordering and further re-categorisation until the conceptual features became more evident.

Primary data generation from fieldwork (Phases 1 and 2)

Seven focus groups and five telephone interviews were conducted in two phases with the parents of breast fed infants (Table 2). In the first phase, primary data was generated to both expand and exemplify the results of the literature search. For example to elaborate and provide detail on the themes that emerged from the thematic analysis of the literature, as well as provide the opportunity to explore illustrative examples (e.g. of antecedents) from parents' own experiences. In the second phase, primary data generated was used to validate the concept development.

As breast feeding rates differ by socio-economic status (Flacking et al., 2010; McAndrew et al., 2012), to ensure recruitment of a heterogeneous group, fathers and/or breast feeding groups were targeted in four Children's Centres located in different Lower Super Output Areas (LSOAs) across Sussex in the UK. LSOAs are ranked according to the Index of Multiple Deprivation (IMD; see Table 2). The IMD provides a score for the LSOA which represents an overall measure of deprivation based on various factors (e.g. income, employment, health etc.). A low score (e.g. 1) indicates great deprivation whilst a higher score indicates the least deprivation (e.g. 32,482). For the purposes of the present study, the IMD scores (ranging between 1 and 32,482) were categorised into four quartiles to give an overview of the kinds of areas in which the Children's Centres were located (Table 2).

Given most concept analyses adopting fieldwork draw on the views of healthcare practitioners in clinical settings (e.g. Ohlen and Segesten, 1998; Hermansson and Martensson, 2011), accessing parents through their attendance at social community groups is likely to bring a different dimension to the analysis; for instance compared to parents attending a health visitor appointment or other clinical settings. Parents were recruited if they were a mother or a father in a breast feeding couple within the past three years; over 18 years of age; able to give informed consent, and; able to understand and speak English coherently.

The first phase focus groups (four in total) lasted one hour on average and were conducted during October–November 2011. They comprised two single-sex groups of fathers (N=4) and two single-sex

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