



ORIGINAL RESEARCH – QUALITATIVE

Fathers' and co-mothers' voices about breastfeeding and equality – A Swedish perspective

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ABSTRACT

Background: Breastfeeding has benefits for mother and child and the partner's support influences the decision as well as the duration of breastfeeding. The aim of this study was to describe partners' knowledge and feelings regarding breastfeeding and how they reason about equality and involvement during the lactation period.

Methods: A qualitative study using semi-structured interviews with 7 male and 2 female partners (labelled co-mothers) of breastfeeding mothers. The interviews were transcribed and analysed using a phenomenological approach.

Results: The main theme Wish for the child to be breastfed/get breast milk described the informants' desire that their child was breastfed and this desire was based on knowledge of benefits of breastfeeding but also on intuitive feelings of breastfeeding as something natural. The main theme Effect of breastfeeding on fathers/co-mothers described how breastfeeding affected the informants and their relationship to the child and the mother in different ways. The main theme Adaptation and acceptance described how informants accepted the impact that breastfeeding had and/or adapted to it and continued to wish for the child to receive breast milk.

Conclusion: The informants desired that their children be breastfed/get breast milk. Breastfeeding affected the informants in different ways, which they handled by adapting to and accepting the situation, and they expressed a continued desire that their children be breastfed/get breast milk. Parental classes should include both parents to be and address how breastfeeding can be successfully performed and supported without threatening the equality between the parents.

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1. Introduction

Breastfeeding has both short- and long-term benefits on the health of children and mothers.¹ Breastfeeding mothers have a reduced risk of developing, for example, breast cancer,² ovarian cancer,³ and hypertension.⁴ Children fed with breast milk are at a lower risk for increased systolic blood pressure,⁵ obesity,⁶ gastrointestinal infections, and endogenous eczema.⁷ From an international perspective, breastfeeding is important to improve children's chances of survival. Breastfeeding also provides emotional bonding,

a sense of security, and favourable conditions for children in terms of personal and psychosocial development.⁸

The World Health Organization (WHO) recommends exclusive breastfeeding for the first six months after birth. Thereafter, partial breastfeeding is recommended, supplemented by other food up to the age of two years.⁹ Several internationally recognised organisations such as the United Nations Children's Fund¹⁰ and the American Academy of Paediatrics¹¹ endorse the WHO recommendations. In Sweden, the National Food Agency, the Ministry of Health and Social Affairs, the Expert Group on Pediatric Nutrition, and the National Board of Health and Welfare have developed a joint position statement¹² based on the WHO recommendations.

Despite the progress in recent years, only 38% of children under the age of six months are exclusively breastfed in developing countries.¹³ The breastfeeding rate in Sweden is fairly high by international standards. In Sweden, 97% of the children born in 2009 were exclusively or partially breastfed at the age of one week, 65% at the age of six months, and 16% at the age of 12 months.¹⁴

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Historically, the breastfeeding rate has been influenced by societal factors such as the institutionalisation of childbirth (during the 1930s), changing maternity-routines, legislation on parental leave, and the introduction of knowledge-based recommendations.¹⁵

A gradual change towards a more caring father role can be observed in Sweden during the second half of the 1900s.¹⁶ Since 1974, men have been entitled to the same compensation for childcare as women, and the number of parental leave days taken by fathers has increased.^{17,18} Research indicates that fathers/partners represent one of the most significant factors for the breastfeeding outcomes. Fathers/partners influence the decision to breastfeed the child,^{19,20} and their support affects the experiences and the duration of breastfeeding.^{19,21} The lack of support from the fathers/partners increases the likelihood of using formula milk.^{19,21}

It has been suggested that a couples' commitment to gender equality may contribute to adopting formula feeding as the preferred infant feeding method.¹⁵ There are several definitions of gender equality. According to the ILO, it means that women and men have equal conditions for realising their full human rights and for contributing to, and benefiting from, economic, social, cultural and political development. It is based on women and men being full partners in their home, their community and their society.²² In this study gender equality in terms of equal participation in parenting was the focus.

There are few studies on how fathers/partners reason about gender equality in parenting and involvement in breastfeeding.^{23,24} One cross-sectional study investigated attitudes towards breastfeeding during pregnancy among couples in Finland.²³ Partners who were knowledgeable on breastfeeding were less prone to view breastfeeding as an obstacle to gender equality. A qualitative study performed in 2002–2003 in Sweden showed that fathers' attitude towards breast-feeding was ambiguous; it was a matter of necessity, but made them feel insignificant.²⁴ Hence, there is a need for further studies and this paper investigates the knowledge and feelings of fathers/partners related to breastfeeding as well as how they reason about gender equality and involvement in breastfeeding.

2. Methods

A qualitative descriptive design guided by Husserl's descriptive phenomenology was used incorporating in-depth interviews with fathers and two female partners (defined as co-mothers in the following).²⁵ The descriptive form of phenomenology uses three analytical phases: reduction, description, and searching for the essence.

Seven fathers and two co-mothers participated in the study. Inclusion criteria were: being the father or a co-mother to a child not older than one year at the time of the inclusion. Participants were recruited through posters advertised at seven daycare centres in a southern suburb of the capital city. After nine interviews, saturation was achieved and recruitment was stopped.

The directors of the daycare centres gave their consent to display the posters. The poster briefly described the aim of the study, inclusion criteria, the interview procedure, and contact details of the investigators. It was clearly emphasised that the participation was voluntary, that it had no connection with the child's care at the daycare centre.

Those partners who contacted the investigators received additional information and if they agreed to participate, the time and place for the interview was decided. The interviews were conducted by one of the two first authors, who are both nurse-midwives. Prior to the first interview, a pilot interview was conducted in order to test the procedure and achieve coherence in how to perform the upcoming interviews. The interviews lasted between 25 and 45 min and took place in a setting chosen by the

interviewee, such as in the participant's home, in a library, in a park, or in a quiet corner of a café. The interview started with a reminder of the ethical principles of the study, specifically, informed consent and the right to withdraw from the study at any time. Then the interviewer posed some ice-breaking questions about age, number of children, occupation, and marital status. All interviews were audio-taped and transcribed verbatim. In addition, the interviewer took brief notes regarding the non-verbal communication. The interview took its starting point from an interview guide with three open questions:

When you think about breastfeeding, what are your feelings?

What do you know about breastfeeding?

How do you reason about equal involvement in parenting and breastfeeding?

2.1. Data analysis

Data were analysed in four steps, according to Giorgi.²³ First, the two first authors read all the transcripts and shared personal perceptions of each interview based on the notes taken. Then, both read all the material several times to get acquainted with the data and obtain a sense of the whole, which is central in a holistic phenomenological perspective. Secondly, we first worked separately and then together to identify all the meaning units related to the aim of the study.

Thirdly, we examined and labelled the meaning units using post-it notes. These notes were then organised and reorganised several times and finally resulted in 12 central themes. During this step the entire research group continuously discussed the emerging themes. If we had different opinions, we went back to the aim of the study and to the initial transcript for clarification.

In parallel with the emergence of the 12 central themes, we worked with a fourth step to create a structure with three main themes consisting of three, four, and five central themes, respectively that then became subthemes under the main themes. We saw these three main themes as the essence of the study. They became the cornerstones that could be related to all the interviews, while the 12 subthemes displayed the variation within each of the main themes (Fig. 1). Finally, we formulated the findings in a verbal description. Since the main themes were inter-related, we also presented them in an illustrating figure (Fig. 2). Our findings are accompanied with illuminating quotes in order to enhance the trustworthiness. The names presented are pseudonyms and not the real names of the informants.

According to Swedish law, no ethical approval is required for this type of study. All participants volunteered to participate and received oral and written information about the study. They approached the investigators themselves and their participation was regarded as an informed consent. They knew that their interviews were to be used solely for the purpose of this research, they were granted confidentiality, and that they could withdraw from the study at any time.

3. Findings

3.1. Wish for the baby to be breastfed/receive breast milk

This main theme described that the informants wanted their children to be breastfed and/or receive breast milk. This opinion was based partly on the spontaneous, positive, feelings about breastfeeding as well as on an intuitive/unreflective feeling that breastfeeding is something natural and partly on the knowledge about the health benefits of breastfeeding for the child and the mother.

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