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A systematic review of men's views and experiences of infant feeding: implications for midwifery practice

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ORIGINAL

It is understood that men can perform an important role with respect to infant feeding, although questions remain as to how significant this role might be. In addition, much of the research on men and infant feeding is information gathered from women, rather than from the men themselves. In order to explore these issues further, a systematic review of the qualitative research in infant feeding has been carried out, focusing only on studies that have sought to elicit men's own views and experiences. Evidence was identified through a variety of search strategies including database searching and manual citation searches, as well as searching the grey literature for unpublished data. A total of 20 research papers were included in the review and each study was summarised and analysed thematically to produce a synthesis. Five major analytical themes were identified: men's knowledge of infant feeding; men's views of health promotion; men's role in infant feeding; men's positive views on breastfeeding; and men's negative views on breastfeeding. This paper explores these themes in the context of what the research implications might be for midwives and their practice.

Introduction and background

The World Health Organization (WHO) has endorsed global targets designed to improve the nutrition and well-being of infants, young children and mothers (WHO 2014), recognising that current standards of nutrition are sub-optimal. In particular, WHO aims to increase rates of exclusive breastfeeding in the first six months of life by at least 50%. Current rates of breastfeeding are much lower than this. In low- and

middle-income countries, the rate of exclusive breastfeeding to six months was 37% in 2013 (Rollins *et al* 2016). In high-income countries, the rate of breastfeeding to 12 months is known to be 20% although there is considerable variation between countries. In the United Kingdom (UK), for example, the rate of exclusive breastfeeding to 12 months is less than 1% (Victoria *et al* 2016).

Although it is widely recognised that breastfeeding is advantageous for mothers and babies, the UNICEF Baby Friendly Initiative standards clearly state that women should be able to choose their infant feeding method and that they should be supported in their choice of feeding (Royal College of Midwives (RCM) 2014). Supporting mothers to breastfeed or bottle feed their infants successfully is a fundamental aspect of good postnatal care. However, recent reports indicate that midwives and maternity support workers do not always have the time to support women effectively in their chosen method of infant feeding (RCM 2014).

Previous research has indicated that men can be influential with respect to infant feeding decisions (Bar-Yam & Darby 1997, Earle 2002, Rollins *et al* 2016), although many studies have drawn on the views and experiences of women rather than men. Given the potential significance of men's role in infant feeding and in supporting women, it is important to explore their role more fully. The aim of this review was to explore men's views and experiences of infant feeding, drawing on original qualitative research from data elicited only from men (ie husbands and partners including biological and non-biological fathers). The paper concludes by considering the implications of these findings for midwifery practice.

Methods

Identification of studies

A systematic review of the qualitative research on men's views and experiences of infant feeding was carried out between April and August 2016 using a combination of search strategies using the Centre for Reviews & Dissemination's (CRD) (2009) guidance. Database searching using keywords, titles and abstracts was conducted via four databases (CINAHL, Cochrane, PubMed and Scopus). Manual searches were also carried out using citations from the selected studies. The grey literature was also searched using Google (first 100 hits), as well as a number of specialist sites.

Selection of studies

Papers were selected for inclusion if they discussed men's views and experiences of infant feeding and if they reported original qualitative data elicited from men. Studies were only included where direct quotations from men were given (Noyes & Lewin 2011). For pragmatic reasons, the systematic review was restricted to studies published between the 1st January 2000 and 30th March 2016. Studies published in languages other than English and Spanish were also excluded as were papers that drew on secondary data analysis or literature reviews.

Author 2 (RH) conducted the database searches and manually searched citations. Both authors conducted the manual search of other sources. RH screened

paper titles and abstracts and identified papers that did not meet inclusion criteria and removed duplicates; Author 1 (SE) checked titles and abstracts independently and agreed whether papers met criteria for inclusion. Eligible papers were shortlisted and both authors individually assessed full-text articles separately and then met to discuss their reasoning. There were no differences in judgment.

A total of 121 records were identified through database searching and an additional 85 through other sources. After removing duplicates, 176 records remained and were screened using keywords, title and abstract. Following screening, 39 full-text articles were read to assess for eligibility. Of the 39 articles assessed, 20 met the criteria for inclusion.

Quality appraisal

Quality appraisal of the selected studies was conducted by both authors using the approach and criteria described by Walsh & Downe (2006), which is suitable within a qualitative research tradition. None of the studies were excluded from the review based on quality appraisal although it was used reflexively to provide context for data analysis.

Data summary and synthesis

Two main approaches were used to analyse the data. Firstly, the studies were summarised (Table 1) and secondly, they were analysed using a process of inductive thematic analysis (Braun & Clarke 2006). There are many methods that can be used in the systematic review of qualitative studies (Barnett-Page & Thomas 2009); in this review, the findings of each paper and the primary data (quotes) were used to carry out a line-by-line coding. The qualitative data analysis software package QSR NVivo 11 for Mac was used in data analysis, which was conducted by both authors.

Findings

Twenty papers were included in the review and five major analytical themes emerged: men's knowledge of infant feeding; men's experiences of health promotion; men's role in infant feeding; men's positive views on breastfeeding; and men's negative views on breastfeeding. These themes are discussed and summarised in Table 1.

Men's knowledge of infant feeding

Most of the studies (n=17) were concerned with how men learn about breastfeeding (Table 1). Analysis of the data shows that men are not especially knowledgeable and do not consider themselves experts. Some men seek to inform themselves about infant feeding whereas others do not because they believe that women are the experts. For example, this sentiment was neatly expressed by one of the participants in Mitchell-Box & Braun's (2012:e44) study:

Table 1. A summary of the thematic analysis

Analytical research themes					
	Men's knowledge of infant feeding	Men's experiences of health promotion	Men's role in infant feeding	Men's positive views on breastfeeding	Men's negative views on breastfeeding
Study references					
Anderson <i>et al</i> (2010)	✓	✓	✓		
Avery & Magnus (2011)	✓		✓	✓	✓
Brown & Davies (2014)	✓	✓	✓	✓	✓
Datta <i>et al</i> (2012)	✓	✓	✓		✓
Engebretsen <i>et al</i> (2010)	✓		✓	✓	✓
Harwood (2011)	✓		✓		
Henderson <i>et al</i> (2011)	✓			✓	✓
Hoddinott <i>et al</i> (2012)	✓	✓		✓	✓
Mitchell-Box & Braun (2012)	✓		✓	✓	✓
Mithani <i>et al</i> (2015)	✓	✓	✓	✓	✓
Okon (2004)		✓	✓	✓	✓
Pontes <i>et al</i> (2009)			✓	✓	✓
Rempel & Rempel (2011)	✓		✓	✓	✓
Schmidt & Sigman-Grant (2000)	✓		✓	✓	
Sherriff <i>et al</i> (2009)	✓	✓	✓	✓	
Sherriff & Hall (2011)	✓	✓		✓	✓
Sherriff <i>et al</i> (2014)	✓	✓	✓	✓	✓
Smith <i>et al</i> (2006)	✓		✓		
Sweet & Darbyshire (2009)	✓		✓	✓	✓
Tohotoa <i>et al</i> (2009)	✓	✓	✓	✓	✓

'...she knows all that stuff... [I] let her deal with that part.'

When men do seek to inform themselves, the data suggest that men learn about feeding from many sources including searching the internet, reading books, attending antenatal classes and from other people:

'I went on the internet and did some reading myself.'
(Brown & Davies 2014:517)

Our findings indicate that men strongly value experiential knowledge and advice from their partners (Sweet & Darbyshire 2009), family members and friends (Schmidt 2000, Anderston *et al* 2010, Brown & Davies 2014):

'Not many of my friends had babies and they tended to bottle-feed. I wanted to know how other dads felt and whether they felt excluded or fed up.'
(Brown & Davies 2014:520)

Men seldom reported receiving information from health professionals, including midwives, (Sweet & Darbyshire 2009, Anderson *et al* 2010, Avery & Magnus 2011) although when they did, tended to value advice from professionals who had had their own children:

'[...] You know, like is this person telling me this and they probably don't even have any children?'
(Anderson *et al* 2010:527)

This review indicates that health promotion can play an important role in relation to men's views and experiences of infant feeding.

Men's experiences of health promotion

Half of the studies reviewed (n=10) discussed men's experiences of health promotion and support (see Table 1). The majority of men said that they felt either directly or indirectly excluded from health promotion:

'When we went to antenatal classes they did a session on breastfeeding. They sent all the dads down the pub that night.'
(Brown & Davies 2014:518)

Although the majority of studies did not refer to midwifery specifically, some men did also report feeling patronised by midwives:

'One midwife actually told me in front of my wife that breastfeeding was a good thing as it would make her breasts bigger. I'm not that shallow.'
(Brown & Davies 2014:519)

All the studies that explored health promotion sought to make recommendations for practice. In five studies, men said that health promotion needed to be more 'father-friendly', suggesting that classes should be arranged at appropriate times (for example, in the evenings) and that health promotion literature should show positive images of men and breastfeeding (Sherriff *et al* 2009, Sherriff & Hall 2011, Mitchell-Box & Braun 2012, Brown & Davies 2014, Sherriff *et al* 2014).

In addition to valuing advice and information based on experiential knowledge, the findings of this review indicate that men also value information that is factual and specific, as well as pragmatic and realistic.

Men were critical of health promotion that focused on the mantra ‘breast is best’ without explaining how and why this might be so:

‘I read somewhere that if you breastfed you saved £500 a year on formula and bottles and things and were saving the NHS money too. I like figures.’
(Brown & Davies 2014:518)

It was also important to men to receive information about infant feeding that would help them to support their partner:

*‘[I would prefer] a no b*****t idea of what to expect and how to help even if that means doing nothing but being there with her and the baby.’*
(Tohotoa *et al* 2009:9)

Men disliked information that was overly positive, idealistic or vague, instead valuing information that could be of practical use to them. This preference links very clearly to men’s perception of their role in infant feeding.

Men’s role in infant feeding

Thirteen of the selected studies reported men’s views and experiences on infant feeding decisions (Schmidt & Sigman-Grant 2000, Okon 2004, Sherriff *et al* 2009, Sweet & Darbyshire 2009, Anderson *et al* 2010, Engebretsen *et al* 2010, Avery & Magnus 2011, Harwood 2011, Rempel & Rempel 2011, Datta *et al* 2012, Mitchell-Box & Braun 2012, Brown & Davies 2014, Sherriff *et al* 2014). The data suggest that men consider themselves less knowledgeable about infant feeding than women and, thus, they tend to leave the decision making to women:

‘I’d like to see her face if I walked in and said, you know, “I’ve decided.”’ (Avery & Magnus 2011:151)

The studies reviewed indicate that only in exceptional circumstances do men exert a stronger influence (Engebretsen *et al* 2010, Rempel & Rempel 2011).

Many of the studies analysed (n=13) considered men’s role specifically in relation to breastfeeding (Schmidt & Sigman-Grant 2000, Okon 2004, Smith *et al* 2006, Pontes *et al* 2009, Sherriff *et al* 2009, Sweet & Darbyshire 2009, Anderson *et al* 2010, Avery & Magnus 2011, Harwood 2011, Rempel & Rempel 2011, Datta *et al* 2012, Sherriff *et al* 2014, Mithani *et al* 2015). The review highlights how men perceive their role as one where they provide either practical or emotional support to their partner. In terms of providing practical support, this often referred to taking on household chores, looking after other children, or maintaining breast-pump equipment:

‘She’s got two objectives: to look after the baby and to look after herself. My objectives are to look after everything else [...]’ (Datta *et al* 2012:7)

In relation to the provision of emotional support, men referred to needing to be patient and understanding during a ‘difficult time’ and taking on the role of

‘cheer-leader’ when women were tired and upset and felt like stopping breastfeeding. Men also spoke about trying to be encouraging and appreciative of their partner’s efforts:

‘[You] gotta let them know that they’re beautiful and what they are doing is beautiful.’ (Rempel & Rempel 2011:118)

In summary, men’s role in infant feeding is to provide practical and emotional support for women and not to make decisions regarding infant feeding.

Men’s positive views on breastfeeding

Most papers in this review (n=16) discussed men’s positive views on breastfeeding, associating this with a greater likelihood that women will initiate and maintain breastfeeding (Table 1). Our analysis highlights that men expressed positive views when breastfeeding is normalised.

In five of the studies, men specifically referred to the ideology of ‘breast is best’ (Sherriff *et al* 2009, Sweet & Darbyshire 2009, Henderson *et al* 2011, Sherriff & Hall 2011, Brown & Davies 2014). In other studies (n=13), men described breastfeeding as ‘natural’ or ‘healthier’ for babies in comparison with formula feeding:

‘I don’t know, it’s just a normal part of life, nature’s way of feeding the babies, so, yeah, it’s just the normal thing to do.’ (Sweet & Darbyshire 2009:545)

And in one study, breastfeeding is described as ‘a gift of nature’ (Mithani *et al* 2015:252).

The data also highlight that positive views of breastfeeding prevail in cultures where breastfeeding within the family (and in public) is acceptable, or even expected. For example, in Okon’s (2004) UK study, which included men from different ethnic backgrounds, normalised cultures of breastfeeding had a positive impact on the decision to breastfeed. One man said:

‘At home (Nigeria)... most of the time our parents did breastfeed.’ (Okon 2004:390)

In the Pakistani study by Mithani *et al* (2015) religious beliefs were seen to be a major facilitating factor for initiating breastfeeding, as one father commented:

‘...because I want to follow the guidance of the Quran... if God has given diet for the child, how can we human beings disrespect and devalue the child’s right[...]?’ (Mithani *et al* 2015:254)

Men held positive views on breastfeeding for other reasons too. This included the fact that breastfeeding was seen as transient (Pontes *et al* 2009), as well as cheap and convenient (Schmidt & Sigman-Grant 2000, Brown & Davies 2014). It was also thought to have a positive effect on women’s bodies (Henderson *et al* 2011). However, some men also expressed negative views on breastfeeding.

Men's negative views on breastfeeding

The findings of this review reveal that men sometimes held negative views on breastfeeding and that this was influenced by a number of factors but, in particular, men's feelings of embarrassment or exclusion (Table 1).

In cultures where breastfeeding was not the norm, men often expressed embarrassment about women breastfeeding in public, or at home in front of family members. Eight of the studies discussed men's worries about breastfeeding in public (Pontes *et al* 2009, Tohotoa *et al* 2009, Avery & Magnus 2011, Henderson *et al* 2011, Rempel & Rempel 2011, Mitchell-Box & Braun 2012, Brown & Davies 2014, Sherriff *et al* 2014). It was also clear from the data that the sexualisation of women's breasts was one aspect of this:

'I think it's the sight of somebody with their breasts out in public [makes me uncomfortable]. Not the actual act of feeding a child... but it's just more like seeing someone's breasts exposed in public, and that's always got sexual connotations as far as men are concerned.' (Henderson *et al* 2011:64)

In 13 of the studies reviewed, the data highlight how men can feel excluded from the process of pregnancy, childbirth or infant feeding, leading to negative views about breastfeeding (Schmidt & Sigman-Grant 2000, Okon 2004, Pontes *et al* 2009, Sweet & Darbyshire 2009, Tohotoa *et al* 2009, Avery & Magnus 2011, Harwood 2011, Rempel & Rempel 2011, Sherriff & Hall 2011, Hoddinott *et al* 2012, Mitchell-Box & Braun 2012, Brown & Davies 2014, Sherriff *et al* 2014). The data suggest that men feel excluded from bonding with their baby as well as excluded from their partner and the mother-infant dyad. In some instances, this led to considerable tension:

'I'm really ashamed at it now but I did take it out on my partner sometimes by being miserable with her or even shouting sometimes. I felt excluded and stressed but it wasn't her fault [...].' (Brown & Davies 2014:517)

The literature also shows that other factors can influence negative views on breastfeeding, eg where men regard bottle feeding as more convenient (Sherriff *et al* 2009, Sweet & Darbyshire 2009, Sherriff & Hall 2011, Hoddinott *et al* 2012, Mitchell-Box & Braun 2012) or believe that formula feeding is safer for babies (Mithani *et al* 2015). Men also reported feelings of helplessness and guilt in not being able to support their partners, which also led to negative views on breastfeeding (Avery & Magnus 2011, Brown & Davies 2014, Sherriff *et al* 2014).

Discussion and implications for midwives

This review has examined the qualitative literature on men's views and experiences of infant feeding and five main themes were identified. In contrast to previous research, which had indicated that men are involved

in making decisions about infant feeding, this review shows that men are rarely involved in decision making. The review indicates that men are, however, involved in supporting women's decisions.

Interestingly, while this review sought to focus on infant feeding, in many of the studies reviewed, infant feeding was synonymous with breastfeeding. This emphasis is likely to reflect policy and practice concerns with the promotion of breastfeeding, even though supporting women's choice of infant feeding, regardless of how she chooses to feed her baby, is most important. It is also interesting to note that in the 20 papers included in this review, only five referred to midwives or midwifery. In three of these (Engebretsen *et al* 2010, Hoddinott *et al* 2012, Brown & Davies 2014), midwives are referred to in passing within the data but no implications for midwifery are drawn. In the fourth paper (Rempel & Rempel 2011) reference is made to men accessing professional breastfeeding support (eg from midwives) and in the fifth paper (Sherriff & Hall 2011), there is a fleeting mention of midwives within the context of a discussion of how health visitors could best engage with men. Although this review did not originally seek to focus specifically on midwifery, it is very surprising that there is so little discussion within the literature of the role of midwives in relation to men's involvement in infant feeding.

This review has highlighted how men learn about infant feeding from a variety of sources. The data also suggest that they value experiential knowledge as well as that which is factual, practical and specific, rather than theoretical or idealistic. However, men rarely learn about infant feeding from health professionals, such as midwives. Many men indicate that they feel excluded from health promotion and would like to be more involved by health professionals; this would indicate that there is a potential gap in service provision that could be addressed by midwives.

Overall, the review suggests that men consider themselves less knowledgeable about infant feeding than their female partners and therefore they tend to leave the decision making to women. Only very rarely, and in some very culturally specific contexts, do men impose their views on women. On the whole, men see themselves as having a supporting role. The data suggest that this support takes a variety of forms ranging from the provision of emotional support, looking after other children in the household, dealing with housework, or helping to clean bottles and breast pumps. Considering men's reported preference for knowledge and information that is practical and specific, midwives can enable men to feel confident by providing them with concrete ideas on how they can support their partners.

Many of the papers reviewed the issue of breastfeeding as synonymous with infant feeding and focused on the significance of men's views on

breastfeeding. In the studies that explored this issue, men's positive views on breastfeeding were associated with the likelihood that women would initiate and maintain this practice. The data indicate that men are more likely to be positive about breastfeeding when it is normalised within their culture. When breastfeeding is normalised it is more likely to be regarded as 'normal', 'natural' and, therefore, desirable.

Conversely, the studies reviewed indicate that when men hold negative views of breastfeeding then this is likely to be a barrier to women's initiation and continuation of breastfeeding. Men who report negative views on breastfeeding tend to be embarrassed by it and describe themselves as feeling excluded. They also tend to report feelings of frustration in not being able to support their partners when breastfeeding problems occur. Men report feeling excluded from health promotion and some men feel excluded from the process of infant feeding. Midwives can play a role in ensuring that whatever method of infant feeding women choose, men have practical strategies at their disposal, and therefore feel empowered to support women. These findings also suggest that midwives can play an important role in normalising breastfeeding within their communities.

This review has a number of limitations including the fact that only studies published in English or Spanish between January 2000 and March 2016 were included. It is also important to note that the studies in the review were quite homogenous in so far as they had recruited men to the research with partners who were either already involved in breastfeeding or planning to breastfeed in the future. Future research in this area could aim for greater heterogeneity and should seek to involve men that are more involved with women formula feeding, bottle feeding or using mixed feeding methods. Future studies should also be cautious not to conflate infant feeding with breastfeeding. Given the evident lack of focus on men's involvement in breastfeeding and midwifery, future research could also seek to examine the relationship between these issues more fully.

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