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# **“A systematic review of international qualitative research of men’s views and experiences of infant feeding”**

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# Background

- Breast feeding (**BF**) seen as having beneficial **short & long-term health** for **mother & infant** wherever they live. (Victora et al 2016)
- World Health Organisation (2016a) global targets for improving infant, young child and maternal nutrition: ‘increase the rate **of exclusive breastfeeding (EBF)** in the first 6 months up to at least 50%’: ‘**to achieve optimal growth, development and health.**’ (WHO, 2016 c)
- Rate of **EBF to six months** in low and middle-income countries was 37% in 2013 (Rollins *et al.* 2016: 491)
- Rate of **BF to 12 months** for **high-income countries** a tentative **20%**: Norway **35%**; USA 27%; Sweden 16%; **UK <1%**. (Victora et al 2016)
- A **UNICEF-UK** study reported that **75% of babies** in the UK receive **no breastmilk** at all (Renfrew *et al.* 2012: 17)
- Poor women in **low- and middle-income** countries **breastfeed for longer than rich women in those countries**:
- **pattern** is reversed in **high-income** countries. (Victora *et al.* 2016)

# Influences on breastfeeding

- **BF behaviours & decisions vary over time** and include: **historical, cultural and socio-economic factors** (Britton, *et al.* 2007; Rollins *et al.* 2016)
- **Attitudes of partners and female relatives** are likely to **affect IF** decisions (Bar-Yam & Darby 1997; Earle 2002; Morrison *et al.* 2008; Rollins *et al.* 2016)
- **Fathers' support or not on BF** seen as **influential on intention, engagement, and continuance.** (Giugliani *et al.* 1994; Hoffman 2011; Sherriff *et al.* 2014)
- **Problem 1: many studies are quantitative** in nature and measure a **particular intervention** at a particular time and with a **specific population.**
- **Problem 2: few qualitative** studies on views & experiences of infant feeding.
- **Problem 3: the majority draw on the views & experiences of women: not directly with men/fathers.**
- Roll and Cheater's (2016) **lit., review** of the factors that influence expectant parents' views on infant feeding: only **one study briefly mentioned fathers.**

# Method

- **Inclusion criteria:**
  - Discussed **men's views** and **experiences** of Infant Feeding.
  - Descriptive, **qualitative** data elicited **from men**.
  - Only **English** and **Spanish** papers included (other languages could not be translated by the project team).
  - **Published** between **2000 – March 2016**
  - **Excluded: Men's experiences** and views **elicited** from **women**.
- **Databases** used: **CINAL, Cochrane, PubMed** and **Scopus**.
- **Manual** searches were also carried out using the citations of the selected studies to identify further papers.
- **Grey literature** was also searched using **Google (first 100 hits)** and **specialist websites**: La Leche League, The Breastfeeding Network, The Fatherhood Institute, National Childbirth Trust and UNICEF: The Baby Friendly Initiative).

# Search terms used

("bottle feeding" OR bottle-feeding OR "breast feeding" OR breastfeeding OR breastfeeding OR "infant feeding" OR "infant nutrition" OR lactation)

AND (fathers OR husband OR men OR partners OR paternal)

AND (advantages OR attitude OR barrier OR behaviour OR behaviour OR belief OR disadvantages OR experience OR knowledge OR perception OR views)

AND (descriptive OR "focus group" OR interview OR interviews OR "mixed methods" OR qualitative)



# Screening & appraisal process

- **Screening**
  1. **RH screened paper titles and abstracts** and identified papers that did not meet inclusion criteria and **removed duplicates. SE checked independently.**
  2. **Eligible papers assessed independently** followed by review meeting and discussion. **39 papers selected.**
- **Quality appraisal & summary:** joint procedure using **Walsh and Downe's (2008):**
  1. scope and purpose of study; study design; sampling strategy; analysis;
  2. issues relating to reflexivity; issues relating to ethics;
  3. study relevance & transferability; a narrative summary of the study quality
- **Analysis:** Inductive **thematic analysis** (Nvivo 11) of the selected studies: **65 codes:** reviewed & collapsed to **48 categories:** reviewed and formed **5 main themes:**
  1. ***Learning about breastfeeding***
  2. ***Men's role in infant feeding***
  3. ***Facilitators to breastfeeding***
  4. ***Barriers to breast feeding***
  5. ***Men's health promotion and support needs***



# 1. Learning about breastfeeding

- **17 studies** referred to the way men learnt about BF: **books, health promotion materials (e.g. posters & pamphlets), the internet and classes.**
- Men reported **finding information out for themselves** and **seldom** reported receiving information **directly** from **health professionals**: professional advice tended to be in **very specific contexts.**
- Men greatly valued **experiential knowledge**: their **own**, their **partners** or **family and friends.**
- **Some** men **valued** advice more from **health professionals** that also possessed **personal experiential knowledge** of raising children.
- **Many** men **learned** about BF **directly** from **their partners.**
- **Women** were **seen** to be **better informed** and more **knowledgeable** about infant feeding **than men.**

## 2. Men's role in infant feeding

- **13 studies** reported **men's views** and experiences on IF decisions:
- **majority** of men **leave** decisions-making to **women**:
- **Some men** felt that their **views** were **taken-up** concerning feeding decisions. Men **seldom** reported **making decisions jointly** with their **partner**. **Very rarely** men felt that they **were entitled** to exert a **stronger influence**.
- **Culture**: a study in **Eastern Uganda** found the decision **not to breastfeed** is perceived as a **neglect** of **maternal responsibility** and **carry sanctions**:
- The **majority** of men described how they **provided practical support**: **taking on** more of the **household chores & caring** for other children.
- **6 papers** reported men's **keenness & pleasure** with **involvement** in supporting **breast pumping/bottle feeding**
- **10 studies** discussed **emotional support** provided **by men**: **patience, understanding, 'cheer-leader,' & encouragement** when **women** felt **tired, upset** or felt like **'giving up' breastfeeding**.
- **2 studies** reported **men as advocates** for their **breastfeeding partner**.

# 3. Facilitators to breastfeeding

- **Facilitated** where the **cultural norm** is to **BF**. Okon's (2004) **UK** study, a culture of breastfeeding had a **positive impact** on **infant-feeding decisions**:

*"At home (Nigeria)...most of the time our parents did breastfeed." (Okon, 2004: 390)*

- A study in Pakistani found that **religious beliefs** were seen to be a **major facilitator** for **initiating BF**:

*"...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)*

- **5 studies** men viewed **BF** as **'Breast is best'/natural/healthier** although some men **unsure** where their **belief originated**.

*"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)*

- **BF** Seen as **cheaper** and more **convenient** than **formula feeding** (Brown & Davies 2014); having a **positive impact** on **women's bodies postnatally** (Henderson et al. 2011) and as a **transient phase** (Pontes et al. 2009).

# 4. Barriers to breast feeding

## 5 main factors:

1. 8 studies reported men's discomfort about BF in public this included: in front of **family** and **friends**, and in the **private space** of the **home**. Henderson *et al.* (2011) found a **tension** between the **sexualisation of women's breasts** and their role in infant feeding for **younger men** and **potential fathers**.
2. 5 studies found a lack of support from wider family: families can **undermine efforts to breastfeed** and/or **encourage** the use of **formula milk**.
3. 13 studies indicated men felt exclusion from BF: BF seen as a **barrier to men's opportunities to 'bond'** with their babies. **Feelings of exclusion** lead to **tensions** in their relationships.
4. Concern for partners: when BF was **difficult** to establish, when **problems** occurred, or when **partners** were feeling **tired or upset**. Men felt **'helpless'** & **'guilty'** because they **could not help** to solve the **problem**
5. 7 studies observed some men believed that formula feeding more convenient than BF. When BF was **not 'easy/natural'** **bottle-feeding** was the **solution**. **Formula-feeding** was often introduced when **women returned to work**. This **pragmatic approach** was often a **barrier to breastfeeding**.

# 5. Men's health promotion and support needs

- Men felt **directly** or **indirectly excluded**:

*“The information was all aimed at my wife. What she could eat, do, experience etc., I know she was the key player here but I felt that it was nothing to do with me. 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)*

- **Patronised by professionals**: often felt the **odd one out** when included
- 5 studies found there was a **demand** for ‘**Father-focus**’ in **health promotion literature/media**
- Preference for ‘**factual**’ & ‘**specific**’ & ‘**realistic**’ information
- **Pragmatic & realistic advice** to help **support partners**
- **Some men** would **welcome peer education** and **support** (Brown & Davies 2014)
- **Generally**, studies showed **men** wanted to be **included more** in **health promotion** material. **Men** wanted their **feelings** to be **supported & acknowledged**.

# Summary

- **Infant feeding** was **synonymous** with **breast feeding**: reflection of policy promotion of **EBF** feeding by WHO (2016b;c) and other policy makers?
- *Previously*: men were seen as **important** in **infant feeding decisions**...
- *We found*: *men are not the decision makers*: men see their role as supporting the women's decisions regarding infant-feeding
- Men are *significant* in the *decision to continue BF*: as per previous work
- *We found*: men play *a significant role in supporting* women via: *advocacy, practically* and *emotionally*
- Men *are instrumental in the discontinuation of BF*: in response to **perceived problems**
- Men *are mostly excluded* from the business of IF
- Men *feel excluded* from **BF**: **bottle** and **breast-pumping** provide **involvement** and **bonding** opportunities
- Men often *learn about IF/BF from their partners*: not clinical sources
- Men valued *experiential knowledge*

# Key points:

## infant feeding health promotion for men

- Men *are mostly excluded* from the business of infant feeding
- Men *feel excluded* from breast feeding:  
**bottle and breast-pumping give involvement & bonding prospects**
- Men often *learn about IF/BF from their partners:*  
**not health professionals/promotions**
- Men value *experiential knowledge* over idealistic or theoretical
- More *targeted* health promotion for men concerning **IF/BF** that is both:  
***Factual, specific, practical and experiential*** yet:
- Address men's ***emotional needs and acknowledge:***
- Potential feelings of ***anxiety, helplessness*** and ***exclusion***

Thank you for listening!  
Any questions?

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