

Male involvement in breastfeeding promotion and protection: an assessment of male undergraduates' views in Sagamu, southwest Nigeria

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Submitted: 28th April 2021

Accepted: 10th June 2021

Published: 30th June 2021

Abstract

Objective: Breastfeeding is a cost-effective and evidence-based public health intervention for the control of childhood malnutrition and its consequences. Partners' support and attitude towards breastfeeding is an important determinant of breastfeeding initiation, continuity, and outcome. This study assessed the perception of breastfeeding and its support among male students in Sagamu, Nigeria.

Method: A cross-sectional study was carried out among 300 male undergraduate students in Sagamu, selected via systematic sampling. Data were collected with the aid of a structured, self-administered questionnaire and analyzed using SPSS 21.0, with results presented as frequencies and proportions.

Result: The mean age of respondents was 20±3.5 years. All respondents felt it was important for women to breastfeed their infants; 42% of respondents felt breastfeeding interfered with work; 20% felt women should be entitled to paid maternity leave; 85% will support efforts to promote breastfeeding in public; 95% will encourage their partners to breastfeed while working outside the home; 92% will assist their breastfeeding partners with household chores.

Conclusion: Respondents had a good perception of breastfeeding and were willing to support its practice at home, work, and in the community. Adequate engagement of men in nutrition education activities will be most effective in promoting and protecting breastfeeding.

Keywords: breastfeeding, male, young, adult, perception, support, Sagamu.

Plain English Summary

Breastfeeding is an evidence-based preventive strategy for addressing childhood malnutrition. Male involvement and partner support are essential for promoting and sustaining breastfeeding. This study assessed the views of male undergraduates in Sagamu, Ogun State. All participants viewed breastfeeding as a positive and necessary activity. They were willing to support their partners throughout breastfeeding and also get involved in its promotion in the larger society.

Introduction

In recent years, malnutrition has been viewed as an economic, social, and developmental issue in addition to its traditional health-based focus. Considerable evidence exists on the impact of adequate nutrition on socio-economic

and human capital development (1). Optimal nutrition in childhood is the main strategy for combating some of the challenges threatening child survival in many parts of the developing world including sub-Saharan Africa and Southeast Asia. This has necessitated a

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renewed focus on infant and young child feeding, as well as other aspects of childhood nutrition by the United Nations and other stakeholders (1).

The significant childhood morbidity and mortality recorded in sub-Saharan Africa, which has remained a cause for concern, is partly preventable by adequate nutrition and feeding practices, including optimal breastfeeding. The importance of nutrition in the first one thousand days of life to the overall quality of life of individuals has been well documented in the medical literature (2, 3). Optimal breastfeeding and complementary feeding are the fulcrum of adequate infant and young child nutrition in the first two years of life. Breastfeeding is an evidence-based, cost-effective public health intervention for the overall wellbeing and survival of children (4). There is overwhelming evidence of its benefits to both mother and child, including increased intellectual capacity, reduction in the episodes of acute respiratory infections, diarrhea, otitis media, and other childhood illnesses (5). Despite the outlined evidence-based benefits, breastfeeding rates have remained sub-optimal all over the world, with wide disparity across and within regions (6). The prevalence of exclusive breastfeeding in sub-Saharan Africa has been low. In Nigeria, only 29% of infants were exclusively breastfed in contrast to Ethiopia, where 59.9% of infants were exclusively breastfed (5, 7). Several reasons have been given for this including maternal occupation, household chores, pressure from grandmothers and other relatives as well as very little support from husbands or partners (7, 8).

Initiation and sustenance of breastfeeding have been strongly linked to having adequate partner support. When not involved, a good number of men felt left out of the breastfeeding process (9). The attitude and actions of fathers have been demonstrated to affect women's intentions and actual breastfeeding practices, including duration and form (mixed, predominant, or exclusive) (10, 11). Furthermore, there is scientific evidence of the role of paternal support as the main predictor of exclusive and optimum breastfeeding (12). Fathers who identify their roles as very important and contributory to the overall wellbeing of mother and baby are more likely to provide the needed enabling environment for their wives to breastfeed and carry out other child care activities (13, 14).

In many African climes, men are traditionally in positions of leadership and influence at home, the larger community, and the workplace. Therefore, it is very important to address any

misconceptions and negative attitudes towards breastfeeding and infant feeding, among them (15). Breastfeeding and other aspects of infant feeding are mostly taught to mothers and women of reproductive age at various healthcare facilities, with little or no education provided for the expectant fathers (9). The Innocenti Declaration encourages a multi-sectoral and holistic approach to promoting, protecting, and sustaining breastfeeding. It recognizes the potential benefits of adequate engagement of all stakeholders in advocating for optimal breastfeeding and infant feeding (16). The breastfeeding situation in Nigeria needs significant improvement, with a need for a multi-pronged approach, if the global target of 50% exclusive breastfeeding rate is to be attained (1, 17). A lot of interventions have targeted women of reproductive age, often forgetting the significant others. It is therefore imperative that issues bordering on men's commitment to breastfeeding be brought to the fore. Most male undergraduate students are young adults who are yet to experience fatherhood but may hold several views on the importance or otherwise of breastfeeding, which may influence their future decisions on infant feeding. To the best of our knowledge, no study has sought the views of young men on breastfeeding and its promotion in southwest Nigeria. This study assessed the perception of breastfeeding and support for its promotion, among young adult males in Sagamu, southwestern Nigeria.

Methodology

Sagamu Township is an urban area located within the larger Sagamu Local Government Area (LGA) of Ogun State, southwestern Nigeria. The LGA consists of fifteen wards and has a population of about 360,000 people, as at the 2006 population census. It is a heterogeneous society, with people of diverse ethnic groups and vocations. The predominant language spoken is Yoruba, particularly the Ijebu (Remo) dialect. Obafemi Awolowo College of Health Sciences, a campus of Olabisi Onabanjo University, and its affiliated teaching hospital (Olabisi Onabanjo University Teaching Hospital) is located within the township. The Sagamu campus houses three faculties of the university namely – Pharmacy, Basic Medical Sciences, and Clinical Sciences. These faculties have at least six departments in each of them, with students at various levels of study.

A cross-sectional descriptive study was carried out among male undergraduate students of the faculties of pharmacy and basic medical

sciences on the Sagamu campus, between February and March 2018. Only male returning students in their third and fourth years, without children of their own, were recruited into the study. Using the sample size determination formula for descriptive studies (17), with a prevalence of 29% from a previous nationwide survey (7), a sample size of 300 was calculated, allowing for 10% non-response. Respondents were selected using a multi-stage sampling technique. It involved stratification of the study population into the two levels (third and fourth years) to be recruited. This was followed by a proportionate allocation of the sample to each faculty and the respective levels of study. For students in the Faculty of Basic Medical Sciences, the proportionate allocation was made to represent the four departments. Respondents were finally selected by systematic sampling. Data were collected with the aid of a semi-structured, self-administered questionnaire made of three sections – socio-demography; perception of breastfeeding; and willingness to support breastfeeding. It was pretested in another public university in southwest Nigeria, following which necessary adjustments were made to the study instrument. Data analysis was carried out using the statistical package for social sciences (SPSS) version 20.0. Frequencies and proportions were calculated and presented. The perception was assessed on a 16-point scale. Positive responses (those supportive of breastfeeding) were awarded one point (+1) each while inappropriate responses scored zero. Scores below 8 (50%) were categorized as poor, while those from 8 and above were graded as good.

Results

Socio-demographic characteristics of respondents

One hundred and twenty (40%) respondents were aged 16-20years; 117 (39%) were aged 21-25years; while 63 (21%) were aged 26 - 30years. The mean age of respondents was 20±3.5 years. Students of Yoruba ethnic extraction constituted 272 (90.7%) of respondents; 180 (60%) respondents were Christians; 210 (70%) had fathers with tertiary education and a majority (95%) of respondents were single.

Perception of breastfeeding and work

Forty-five (15%) respondents thought that women who intended to practice exclusive breastfeeding should not work outside the home; 90% of respondents believed breastfeeding women should be provided additional breaks at work and it should be an institutional policy; 20% of respondents thought women should be allowed paid maternity leave; the majority (90.3%) of respondents felt breastfeeding breaks should be an institutional policy for concerned mothers; 66.7% of respondents believed that exclusive breastfeeding should attract a longer period of paid maternity leave. Provision of facilities for promotion of breastfeeding at the workplace was seen as something unwarranted by 47.7% of respondents; 42% were convinced that breastfeeding negatively influences productivity at work, and 90.3% thought that women should ask potential employers if breastfeeding breaks are allowed or supported in the organization (Table 1).

Table 1: Respondents' views on breastfeeding and the world of paid work

Statement	Response	
	Yes F (%)	No F (%)
It is important for a woman to breastfeed her baby	300 (100.0)	0 (0.0)
Breastfeeding mothers should not work outside the home	45 (15.0)	255 (85.0)
Women should not express milk or breastfeed at work	141 (47.0)	159 (53.0)
Breastfeeding decreases productivity at work	126 (42.0)	174 (58.0)
Breastfeeding breaks should be an institutional policy	271 (90.3)	29 (9.7)
Women are entitled to paid maternity leave	60 (20.0)	240 (80.0)
Exclusive breastfeeding should attract longer maternity leave	200 (66.7)	100 (33.3)
Women should ask if breastfeeding is allowed at work	271 (90.3)	29 (9.7)
The provision of a feeding room at work is a waste of resources	60 (20.0)	240 (80.0)
Breastfeeding at work taints the image of an organization	143 (47.7)	157 (52.3)

Perception about breastfeeding and the society

All respondents believed it was important for a woman to breastfeed her infant; 47.3% thought it should not be done in public for a few reasons,

such as it is embarrassing to passersby 46%; indecent exposure 11.2%. The majority (90.3%) of respondents thought that males should encourage women who desire to breastfeed; 70% felt men should assist their

breastfeeding partners or other mothers in expressing breast milk; 80.3% of respondents opined that male community leaders should actively support breastfeeding at every given opportunity. All respondents (100%) believed

that government policies and programs should protect, promote and support breastfeeding (Table 2). Respondents' perception of breastfeeding: 66% of participants had a good perception of breastfeeding.

Table 2: Respondents' views on breastfeeding and the larger society

Statement	Response	
	Yes F (%)	No F (%)
Men should encourage women willing to breastfeed	271 (90.3)	29 (9.7)
Men should assist partners in expressing breast milk	210 (70.0)	90 (30.0)
Men should assist nursing mothers with household chores	240 (80.0)	60 (20.0)
Government policies should promote and sustain breastfeeding everywhere	300 (100.0)	0 (0.0)
Male community leaders should support breastfeeding	241 (80.3)	59 (19.7)
Women should not breastfeed in public	142 (47.3)	158 (52.7)
Reasons why women shouldn't breastfeed in public	n=142	
It is unattractive and unsightly	61 (42.8)	
It is an embarrassment to passers-by	65 (46.0)	
It constitutes indecent exposure	16 (11.2)	

Support for breastfeeding and its promotion

Two hundred and fifty-two (84%) respondents expressed willingness to support their partners to breastfeed their children; 95% will encourage their partners to breastfeed while working outside the home; 90% will assist their partners to express breast milk for their baby; 92% will assist their partners or significant other with household chores. As many as 90% of respondents were willing to support community-based breastfeeding promotion

programs; 85% will gladly support efforts to promote breastfeeding in public places; 91% of respondents will support women to breastfeed in the workplace.

One hundred and eighty-five respondents (61.7%) will only encourage their partners to work for organizations with breastfeeding facilities; 42.7% will have their partners interviewed for jobs only at companies that allow breastfeeding at work (Table 3).

Table 3: Respondents' views on support for Breastfeeding

Statement	Response	
	Yes F (%)	No F (%)
Assist significant other to breastfeed a child	252 (84.0)	48 (16.0)
Encourage partner to breastfeed while working outside the home	285 (95.0)	15 (5.0)
Assist partner to express breast milk for our baby	270 (90.0)	30 (10.0)
Allow partner work in only organizations with breastfeeding room	185 (61.7)	115(38.3)
Partner will only interview for positions in offices where breastfeeding is allowed	128 (42.7)	172(57.3)
Will support women to breastfeed in the workplace	273 (91.0)	27 (9.0)
Support efforts to promote breastfeeding in public places	255 (85.0)	45 (15.0)
Support community-based breastfeeding programs	270 (90.0)	30 (10.0)
Assist partner with household chores while breastfeeding	276 (92.0)	24 (8.0)

Discussion

The overwhelming evidence of the immense benefits of breastfeeding to maternal and child wellbeing in the medical literature is an opportunity for result-oriented and sustainable interventions (18, 19). While it is important to encourage and empower mothers to optimally breastfeed their infants and young children, the influence of others in the community must be taken into consideration. The roles played by significant others (including spouses or

partners) in breastfeeding decision-making, initiation, and sustenance have been well documented in literature over the years (9, 20, 21).

The importance attached to breastfeeding by all participants in this present study reflects the age-long premium placed on breastfeeding in many African societies, where it is considered an essential cultural practice (21, 22). This is consistent with findings from previous studies among men and several other members of

various communities within and outside sub-Saharan Africa (13, 24, 25). It is also in support of several international and national documents that state explicitly the importance of breastfeeding to both mother and child health while encouraging health workers to promote the same (5, 19, 26).

Although a majority (85%) of the respondents felt working mothers could practice exclusive breastfeeding, the proportion who held on to the disturbing view of the inability to combine paid employment and exclusive breastfeeding was worrisome. This is more so because such opinions may negatively influence women's decisions on infant feeding. Mothers may therefore not be adequately motivated to breastfeed their infants exclusively for the full duration of six months if their significant others held on to such views (11, 12). It however contrasts with findings from a study among males in a tertiary institution in southwest Nigeria, where only 21.8% felt it was possible to carry out exclusive breastfeeding (25). The observed disparity may be due to a difference in population characteristics since this study was conducted entirely among undergraduate students who are mostly single in contrast to that from Ibadan which was among male staff, many of whom were experienced in infant feeding as fathers. It is very important to note that the demands of work are a major reason for the discontinuation of breastfeeding by many mothers in developing countries like Nigeria (20, 27). Availability of paid maternity leave, paid breastfeeding breaks and child care facilities, provided by the employer at the workplace, encourage mothers to practice exclusive breastfeeding and sustain it optimally until two years and beyond (4). However, the proportion of study participants who felt women were entitled to paid maternity was very low (20%). The implication of this has been documented in a previous study in north-central Nigeria in which the absence of paid maternity leave was a barrier to exclusive breastfeeding (27).

A major accomplishment of the International Labour Organization (ILO) over a century ago, was recognition of the peculiar needs of nursing mothers (28). However the responses of a significant proportion of study participants concerning breastfeeding at work, the productivity of breastfeeding mothers, and the impact of breastfeeding on an organization's image, were clearly at variance with the ILO convention and the detailed work of UNICEF & WHO (19, 28). The viewpoints expressed by some respondents were reflective of the negative pressure women face at work after

returning from their maternity leave, particularly when colleagues are uncooperative and insensitive (27, 29). Women have called for an enabling work environment that promotes breastfeeding, stating that work productivity will improve rather than decrease, with adequate support, as perceived by over 50% of our study participants (29, 30, 31). The Innocenti Declaration (1990) along with the follow-up declaration fifteen years later, on infant and young child feeding, clearly calls for the elimination of all obstacles to successful breastfeeding in the health system and workplace, through adequate stakeholder engagement (32).

Cultural influences play a role in breastfeeding promotion or otherwise in many traditional societies. In some settings, men still believe that breastfeeding is strictly the business of mothers and that they play no role in the decision-making process regarding infant feeding (10, 15, 20). This study, however, shows a very large proportion of respondents being of the view that women should be encouraged to breastfeed and men should assist their partners in every way they can, including with household chores. This is in agreement with previous works on male involvement in breastfeeding (13, 14, 25). In line with our findings, a study from Tanzania reported how fathers highly valued breastfeeding and put in great effort to make it easy and successful for the whole family.¹¹ Men may need only a little encouragement from healthcare providers to be more interested in the baby's feeding and wellbeing so that decision-making concerning the baby is a joint venture (9, 14).

The public image of breastfeeding has left more controversies than answers regarding its acceptance or otherwise. While it is most desirable for women to use designated feeding rooms when outside the home, some form of breastfeeding will inevitably happen in public. A situation in which almost half of our respondents felt it was inappropriate for a woman to breastfeed in public reflects the negative perception of the art in society. It buttresses findings from previous studies in which males would rather have ladies expose some parts of their breasts than a woman breastfeeding in a public space (23, 32). It is similar to the views expressed by fathers in a previous study, in which many were uncomfortable with mothers' public display of breastfeeding (10). The perception of breastfeeding as unsightly, embarrassing, or indecent exposure is consistent with findings from a previous study among young men in the

United States (24). However, young men have also been documented to have positive attitudes towards breastfeeding after observing two or more women breastfeed their infants (33). The Innocenti declaration calls for the reinforcement of breastfeeding culture in all communities, thereby necessitating coordinated efforts to assist women to become self-confident and efficient in all aspects of breastfeeding, even when in public (32). The perception of study participants towards breastfeeding was good in contrast to findings from Ibadan, southwest Nigeria where less than a quarter of respondents had a positive perception towards infant feeding. The observed difference may be because participants in this study were mostly unmarried undergraduate health sciences students and therefore had little or no practical experiences as fathers or partners compared with the married, working-class in Ibadan (25).

Support for breastfeeding in this study was predominantly good, with participants willing to promote policies, community efforts and carry out activities that will encourage women to breastfeed their infants. This is similar to findings from previous studies carried out in other countries, where men actively supported their partners in the breastfeeding process and advocated for community efforts towards the promotion and protection of breastfeeding (13, 14). A previous study reported more support for breastfeeding among younger men compared with the older study participants (15). The vital role played by fathers or partners in supporting their breastfeeding spouses is a determinant of positive breastfeeding outcomes. The confident father will more likely record greater success in breastfeeding promotion at home and the community (13).

With considerable evidence that lack of family support particularly from the husband or partner hurts breastfeeding intention, initiation, and duration (27), efforts towards male involvement in breastfeeding should be increased. Oftentimes attitudes towards breastfeeding are formed before men attain fatherhood, which may be due to cultural influences or even the messages delivered by the media (34). The Global Breastfeeding Collective, led by UNICEF and WHO is advocating for increased support for breastfeeding. In particular, the role of partners should be acknowledged employing a paternity leave, in addition to the established paid maternity leave and adequate community mobilization (35).

Apart from being the first survey among intending fathers in our region of Nigeria, this study presents a unique body of information on

the thoughts and commitment of young adult males to breastfeeding and its promotion. It further adds to the evidence that the breastfeeding narrative by the mainstream media may need to change to highlight the very important roles men play in the initiation, sustenance, and outcomes of breastfeeding. Nurses, doctors, and other allied health professionals need to empower women and men to adequately nourish their infants and young children as a health promotion strategy (3). The goals and objectives of the Innocenti Declaration remain relevant even after three decades. It is only when every member of the community is empowered to protect and support breastfeeding that the global target of 50% prevalence for exclusive breastfeeding, can be reached (35). As often as possible, health workers must try to involve men in all nutrition education and child care activities. Public health officials must be deliberate about male involvement in breastfeeding promotion and protection through policy and implementation guidelines.

Even though this is a cross-sectional study and it utilized only quantitative methods, the findings depict the views and intentions of young men on male involvement in breastfeeding and particularly among undergraduate students. The authors, therefore, suggest a more exploratory study among a larger sample of young men to fully probe their views on breastfeeding, its protection, promotion, and support in Nigeria. The authors firmly believe this study provides a body of evidence on which sustainable interventions for male involvement in breastfeeding can be built.

Conclusion

The perception of breastfeeding among young undergraduate male students in this study was good and the willingness to support breastfeeding and its promotion at the individual and community levels was also evident. However, a lot more can be achieved through adequate stakeholder engagement. Workplace policies on maternity protection should encourage optimal breastfeeding. There is a need for health workers to consciously engage fathers and other adult males in the various educational interventions at all healthcare facilities in Nigeria.

Declarations

Ethics approval

Participation was fully voluntary and respondents were free to withdraw at any point during the study. Written informed consent was

obtained from study participants. Strict confidentiality was ensured throughout the study. The study was entirely non-invasive and without any known potential to cause bodily or psychological harm to respondents. Approval was obtained from the health research and ethics committee of Olabisi Onabanjo University Teaching Hospital and affiliated medical school. We adhered strictly to the ethical guidelines of the Declaration of Helsinki.

Consent for publication

The authors hereby give consent for the publication of our work under the creative commons CC Attribution-Non-commercial 4.0 license.

Conflict of interest

The authors declare no conflict of interest.

Funding

No funding was received for the conduct of this study.

Authors' contributions

OOS conceptualized the study, OOS and POO designed the study, POO coordinated data collection and analysis, OOS and ITR drafted the manuscript. ITR read the manuscript for scientific cohesion. All authors approved the final draft of the submitted manuscript.

Acknowledgments

We appreciate greatly the assistance of Dr. Victor Animasahun and Dr. Korede Bankole Oyewole in the preparation of this manuscript.

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