

## Literature Review

### Fathers support infant and young child feeding: Their contributions to better outcomes

#### Summary of main points

- Few studies have been done to gain an understanding into fathers' roles in infant and young child feeding (IYCF).
- Fathers have generally been overlooked in IYCF interventions. Including fathers in IYCF promotion efforts may reposition IYCF from being a concern limited to mothers and make it the concern of entire communities.
- IYCF efforts to include fathers must take into account culture-specific norms related to gender roles.
- Fathers can be encouraged to take specific actions that support improved feeding practices, such as exclusive breastfeeding and providing nutrient-dense complementary foods for young children.

Fathers can play a key role in child health and survival. Infant and young child feeding (IYCF) promotion efforts have largely targeted mothers, and to a lesser extent, grandmothers, but fathers have often been overlooked. Experience in the field suggests that failure to include fathers in IYCF behavior change interventions may limit efficacy and effectiveness.

Breastfeeding promotion efforts typically aim to affect behavioral determinants, or key factors that lead to behavior change, such as mothers' knowledge, attitudes, beliefs, intentions, and self-efficacy related to breastfeeding, which may be associated with improved

This literature review is part of Alive & Thrive's case study kit, "*Dads can do that! How to involve fathers in child feeding.*" ([aliveandthrive.org/fathers](http://aliveandthrive.org/fathers))

The literature review explores the academic literature on fathers' involvement in child feeding. Learn what studies reveal about fathers' current roles. Read about the fathers' interventions that have been evaluated.

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rates of early initiation and exclusive breastfeeding. Less targeted are fathers' actions that directly and indirectly influence mothers' ability to follow breastfeeding recommendations.

Similar to breastfeeding promotion, efforts to improve complementary feeding practices usually target women and may emphasize feeding older infants and young children animal-source foods (milk, meat, and eggs), as well as fruits and vegetables. Because of their high nutrient needs for growth and development but relatively low energy intakes from complementary foods, children 6 to 24 months of age need the most nutrient-rich foods available in the household. However, it is common in low-income populations for households to prioritize feeding the preferred family foods, which tend to be the most nutrient-dense, to male adults, and provide the leftovers to women and children. It is also likely that animal products are a source of income for a household (often under the husband's control) and end up in the marketplace rather than in a child's bowl. Thus, informing and involving fathers in complementary feeding may facilitate improvements in dietary quality for their young children.

This literature review explores the potential for increasing uptake of recommended IYCF practices through greater involvement of fathers in IYCF programs. Its objectives are to assess the quantity and quality of information on fathers' current and potential actions to support improved IYCF and to highlight examples of interventions designed to involve fathers as a way to improve IYCF practices.

## Methodology

A survey of peer-reviewed literature was conducted using the PubMed search engine with the following search terms: fathers, breastfeeding, child feeding, infant feeding, complementary feeding, and child survival. Studies published prior to 1990 were excluded because none identified prior to that date was conducted in low-income countries, and the research in high-income countries had progressed substantially since that time. Representative articles from high-income countries that addressed low-income populations were included. In total, 27 published articles form the basis for this review.

Undoubtedly, a number of other studies conducted in support of program design include qualitative – and perhaps even quantitative – studies with fathers, but searching the gray literature was beyond the scope of this literature review. Nonetheless, findings from several of Alive & Thrive's formative research studies and baseline surveys are included in this paper.

## Results

Research on men's roles in child feeding is limited. Many studies reviewed were descriptive assessments undertaken to inform the design of an intervention to involve fathers and/or the community to improve IYCF. Of the 27 studies included in this review, 15 were descriptive studies focused on men's current knowledge, attitudes, and practices related to IYCF, while the other 12 described the results of interventions intended to improve fathers' involvement in either IYCF or child survival activities. Most studies included in this review involved fathers as study participants. Some also asked mothers and health workers about fathers' actions and experiences.

The studies were generally conducted in a limited district or region of the countries included. All of the studies documented breastfeeding practices, whereas only four reported on complementary feeding practices. All of them explored men's IYCF knowledge, but very few assessed men's willingness to take specific supportive actions.

## Findings: Results of Formative and Descriptive Research

Of the 15 publications in this category (formative and descriptive research), two were review papers, 9 reported on studies conducted in low-income countries (six in Africa, two in Latin America, and one in Asia) and four were based on studies in high-income countries (the United Kingdom, the United States, and Australia).

The design of IYCF interventions is often based on behavioral theories developed in high-income countries where decisions are more likely to be made by individuals, but analysis of the social context in low income countries suggests that IYCF decision making is a cooperative effort. For example, results of FGDs on postpartum practices in Pakistan conducted separately with men and women were initially examined within each gender group, but were later combined when it became apparent that decisions were made collectively among mothers, fathers, mothers-in-law and traditional birth attendants.<sup>1</sup>

Similarly, in a review of the literature related to the roles of grandmothers in IYCF, Aubel describes how the family system is corporately responsible for IYCF decision making in low-income countries.<sup>2,3</sup> A separate review by Aubel touched on fathers' involvement in IYCF and identified the provision of resources, including food, as the primary role fathers play in IYCF.<sup>3</sup> Other IYCF behaviors among men were generally limited. Men were not typically considered to be valuable information sources on topics related to broad maternal and child nutrition and health issues. The studies reviewed here reflect

a continuum of roles that fathers may assume depending on the degree to which they strictly follow tradition, ranging from less hands-on support (more typical in rural settings) to active IYCF participation (observed more frequently in urban settings). The concept of a cultural continuum arose from formative research conducted among rural and urban couples in Botswana, where couples' practices reflected varying combinations of traditional and contemporary behaviors and beliefs.<sup>4</sup>

The descriptive studies suggest that many fathers traditionally give little thought to infant and young child feeding practices, and their preferences are often determined by cultural norms (e.g., "it's the mother's responsibility") and the practices of their own mothers and other female relatives.<sup>2, 5, 6</sup> FGDs among mothers, fathers, and grandmothers in communities in rural eastern Uganda suggested that mothers had greater knowledge of optimal child feeding practices than fathers and grandmothers, but fathers had greater authority over decision-making, which limited mothers' capacity to adopt improved practices.<sup>7</sup> FGDs and semi-structured interviews conducted separately with health providers and men and women of childbearing age as well as community elders revealed strong maternal intentions to breastfeed and good overall knowledge of the benefits of breastfeeding.<sup>8</sup> Social pressures, however, often overrode mothers' intentions to exclusively breastfeed, leading to mixed feeding in the early postpartum period. Among the social pressures was a taboo noted in other sub-Saharan African studies against sexual intercourse during the breastfeeding period, attributed to a belief that intercourse would spoil the milk.<sup>9, 10</sup> This taboo may increase pressure on mothers to terminate breastfeeding earlier than they would otherwise.

In high-income countries some fathers express a preference for using breastmilk substitutes because they feel that bottlefeeding offers them an opportunity to bond with the infant, while in some cases breastfeeding is perceived as an obstacle to bonding with the baby as well as the mother.<sup>11, 12</sup> In both high- and low-income settings, a father's positive beliefs and knowledge about breastfeeding are associated with increased maternal intentions to breastfeed as well as successful breastfeeding initiation and increased breastfeeding duration.<sup>13, 14, 15</sup> Increased knowledge and positive beliefs may translate to emotional and tangible support when a father is aware of the positive benefits of breastfeeding and also accepts his newborn child as a part of his self-identity.<sup>15</sup>

Fathers and grandmothers in the eastern Uganda study associated exclusive breastfeeding with poverty, believing that families with the means to feed infants complementary foods ought to do so beginning as early as 3 weeks postpartum. The same study corroborated FGD results from Mozambique and Zambia, revealing societal expectations that mothers breastfeed (though not necessarily exclusively), and social sanctions for mothers who were able but had chosen not to breastfeed.<sup>10, 16</sup>

Research conducted among fathers in urban areas reveals a different set of IYCF constraints and opportunities than those identified among men living in more rural and traditional communities. The opinions and experiences of low-income fathers in suburban Dar es Salaam, Tanzania, suggest that migration and globalization influence fathers' perceptions of infant feeding choices.<sup>9</sup> Reactions to breastfeeding were generally supportive, but similar to North American fathers, these Tanzanian men viewed the feeding of breastmilk substitutes as an opportunity for father-child bonding.<sup>11</sup>

The ways health care providers treat fathers may affect their knowledge and support for breastfeeding. In several cases, fathers sensed that they were unwelcome when they attempted to accompany their wives to clinic visits. In the study in Eastern Uganda mentioned above, males complained that they "had learnt nothing" about early and exclusive breastfeeding because they felt the healthcare system neglected them. In Tanzania, fathers were often expected to wait outside while their wives gave birth inside clinics, and were frustrated by inadequate knowledge and conflicting advice on IYCF from respected elders and health professionals.<sup>9</sup> FGDs conducted in South Africa to explore increasing the involvement of men in maternity services showed that cultural as well as institutional barriers made men's involvement challenging.<sup>17</sup> In the community where the FGDs occurred, low marriage rates and widespread polygyny made men wary of being seen by another partner in a public space with a pregnant woman. Men's involvement in perinatal health appointments was additionally limited by a cultural belief that being present at the birth of a child would cause a man to lose his strength. Exceptional health clinics were also noted: a supportive health worker in the Tanzania study publicly praised a father's commitment to his wife when he accompanied her to prenatal visits.<sup>9</sup>

Formative research conducted by the A&T Ethiopia country office and corroborated by an "insight mining" exercise by a marketing and communications firm showed that misperceptions about appropriate child feeding, growth, and development are pervasive in the A&T target regions.<sup>6, 18, 19</sup> Baseline data and market research indicated that mothers have limited decision-making power within their households: 49 percent could decide independently to buy small amounts of rice, vegetables, and beans, and only 27 percent of those interviewed indicated that they had the authority to buy foods especially for their children. Although mothers generally possessed greater knowledge of positive IYCF practices, compared to fathers, husbands acted as "resource managers" and "information providers," thus limiting mothers' ability to implement positive practices. Mothers, fathers, and grandmothers all displayed limited awareness of the contribution of adequate nutrition to growth and physical and intellectual development. There was a fatalistic view that outside forces determine the survival and intelligence of children. The Ethiopian respondents voiced a common misperception that breastmilk was inadequate to meet a child's nutritional needs and that water needed to be provided in addition to breastmilk, particularly in hot weather. A&T decided to target fathers and others who influence them,

such as religious leaders, in communications campaigns, while focusing community-level interventions on the mother, who will likely still be the individual implementing IYCF behaviors.

In Viet Nam, semi-structured interviews were conducted with fathers as a component of formative research to assess their current involvement in IYCF.<sup>20</sup> Fathers generally accompanied their wives to antenatal visits and attended the births of their children. Second to grandmothers and health workers, fathers had a significant impact on whether infants were fed on demand, and they frequently reported that their wives produced inadequate quantities of breastmilk. Also noted was a belief common among fathers that continued breastfeeding would negatively affect a woman's physical appearance.

Fathers participated in FGDs in Bangladesh in both rural and urban settings.<sup>21</sup> In urban areas, 24 percent of the mothers listed their husbands as the most reliable source of IYCF information, tied with doctors' advice, but only 10 percent of rural mothers interviewed listed their husbands as the most reliable source of information. Men were generally responsible for buying the food, and women recommended foods they should buy.<sup>22</sup> Even in low-resource households, processed snack foods were frequently purchased for children and considered to be healthy, suggesting a need to encourage families to reallocate the money spent on these less nutritive foods to purchase animal-source foods and fruits and vegetables for young children.<sup>22</sup>

## Findings: Interventions designed to involve fathers in child feeding

Few IYCF behavioral interventions in low-income countries have intentionally included fathers. Of the 12 reports on interventions specifically designed to involve fathers in child feeding, seven took place in low-income countries (three in Africa, three in Latin America, and one in Europe/Eurasia) while five studies were conducted in high-income countries and targeted low-income fathers (in the United Kingdom, the United States, and Australia). Eight of the studies addressed breastfeeding, while two addressed complementary feeding and another two addressed more general behaviors to promote child growth in the context of a child survival intervention.

These interventions provided fathers with breastfeeding knowledge and examples of actions they could take to support breastfeeding mothers, including helping with housework and childcare. Some of the interventions built fathers' understanding of lactation management, including how to assess milk sufficiency, cope with sore nipples, improve milk supply through frequent feedings, and safely express milk. Activities also improved communication skills in order to better meet family needs for support.

The types of methods used to measure the programs' reach and effectiveness included:

- Pre- and/or post-intervention tests with participants, evaluating knowledge, attitudes, and behaviors
- Pre- and/or post-intervention in-depth interviews and focus groups conducted with participants, exploring reactions to interventions as well as knowledge, attitudes, and behaviors

Indicators used included:

- Self-reported measures of breastfeeding and complementary feeding practices
- Child growth measurement as a proxy for improved feeding practices

## Theater

In Zimbabwe, a roadshow intervention used theater as a medium for promoting optimal breastfeeding practices in rural communities where access to other media was limited.<sup>23</sup> Men in the intervention area were not likely to attend prenatal or postpartum clinic visits, where women received breastfeeding education, but they were eager to attend the roadshows (a form of "edutainment," which is defined as a medium that educates and entertains the participant). Although the impact on breastfeeding practices was not measured, evaluation results showed that even individuals who did not see the roadshow first-hand gained awareness of its content through social interactions with attendees.

## Postpartum Education

In Brazil, an intervention that included both fathers and mothers in postpartum breastfeeding education yielded mixed results.<sup>24</sup> Subjects were sequentially recruited into three study arms: no intervention (control, n=201), education for mothers only (n=192), and education for mother-father pairs together (n=193). The educational intervention was provided postpartum to couples or mothers prior to hospital discharge and consisted of a counseling session and a film that discussed breastfeeding and touched on ways that fathers could support their partners to breastfeed successfully. At 6 months postpartum, breastfeeding rates were approximately 50 percent in the mothers-plus-fathers intervention group, compared to 46 percent in the control and 60 percent in the mothers-only intervention group (p=.006). Paternal educational level appeared to modify the effect of the intervention: among fathers with more than 8 years of education, breastfeeding rates did not differ significantly between the mothers-plus-fathers group and the mothers-only group, but among fathers with less than 8 years of education, prevalence of breastfeeding was nearly 15 percentage points lower in the mothers-plus-fathers group than in the mothers-only group. The authors suggest that the educational materials

were not well received by the fathers with less education, and that some of these fathers were put off by the advice to support the mother's ability to breastfeed by assisting with domestic activities such as washing dishes, cooking, and cleaning.

## Discussion Groups

Some programs attempt to involve fathers by addressing the cross-cutting themes of gender-based roles, IYCF, and economic development. For example, the ongoing Soils, Food and Healthy Communities (SFHC) project in northern Malawi uses participatory methods to address issues related to household conflict, gender inequality, cropping systems, and child growth.<sup>25</sup> Intergenerational discussion groups are a core component of the project, where trained facilitators elicit dialogue that values traditional knowledge in addition to providing new information.<sup>26</sup> Participants report improved intra-household relationships and less conflict between spouses and mothers-in-law/grandmothers of young children.<sup>27</sup> In Kenya's Western Province, PATH developed a curriculum intended to improve fathers' involvement in IYCF and is currently evaluating the impact of this series of guided discussions implemented in male-only groups.<sup>28</sup> Similar to the SFHC project in Malawi, fathers of 6-9 month old children discussed IYCF issues in relation to gender roles and other social norms. Formative research suggested that fathers consider it their responsibility to provide for the food and nutrition security of their family members.<sup>29</sup> Fathers expressed a strong interest in gaining more information related to IYCF. Those participating in the intervention set their meeting times to ensure their availability, and selected from within their group a facilitator who was then trained and now leads the meetings. IYCF knowledge and practices as well as results of 24-hour and 7-day recalls among the intervention families will be compared with data gathered from control families, where only mothers received IYCF counseling.

Promising preliminary results from the PATH study suggest that in the fathers' intervention group, the mothers reported increased number of meals fed to children, improvements in the nutrient density of foods fed to children, and increases in the percentage of children fed animal source and/or flesh foods 3 or more days in the past 7 days. Men's knowledge of how long babies should be exclusively breastfed and how HIV-positive women should feed their babies also improved in the fathers' intervention group when compared to the comparison group.

## Fathers' Clubs

The Haitian Health Foundation fosters fathers' groups as a means to involve men in the health of their families. FGDs conducted with fathers' group members produced findings contrary to a widely held perception that Haitian fathers are distant and uninvolved:

participating fathers reported being involved in childcare in partnership with mothers, and taking responsibility for the health of others in the community.<sup>30</sup> IYCF-related outcomes also indicated that fathers' clubs had positive impacts on some behaviors: compared to vaccination rates before the intervention, children of fathers' club participants were more likely to be vaccinated and to participate in weight monitoring.<sup>31</sup> Child weights and mortality rates, however, remained unchanged.

## Prenatal Classes

A workplace-based pilot initiative to provide parenting education to Turkish expectant fathers provides a promising example for reaching men at locations they find to be convenient.<sup>32</sup> Although control and intervention worksites were not matched and participation was voluntary, the results showed that early initiation of breastfeeding was 2.4 times more likely among infants whose fathers participated in the intervention, and that intervention fathers were 22.8 times more likely to make infant decisions in cooperation with the mother. Exclusive breastfeeding and age appropriate introduction of complementary foods were also significantly improved among intervention families.

Two interventions in industrialized countries achieved increases in rates of exclusive breastfeeding by offering prenatal breastfeeding classes to fathers in a clinic setting.<sup>33, 34</sup> A study in Baltimore randomly assigned fathers to participate in a class on either infant care only (control) or infant care and breastfeeding (intervention). Classes were led by a peer educator who employed informal participatory adult education techniques, and whose partner had breastfed. The breastfeeding initiation rate for infants whose fathers participated in the intervention group was 74 percent compared to 41 percent among those whose fathers participated in the control group. Similarly, in Italy fathers were recruited to participate in either a class providing lactation management skills and information or a class about infant care (control group). Infants of fathers participating in the 1-time intervention class were more likely to be fully breastfed at 6 months than those in the control: 25 percent vs. 15 percent.

An Australian study also employed fathers of breastfed children as peer educators.<sup>35</sup> Fathers participating in the intervention attended four prenatal classes and received mailings postpartum intended to reinforce messages from the classes. Fathers in the Australian study expressed a preference for the all-male learning group, while those in the Baltimore study were more likely to desire a class that included mothers and fathers, a difference that may reflect cultural differences in either the intervention populations or the two countries.

## Home Visits

In the UK, maternity care assistants (MCAs) provide support to midwives and conduct in-home visits to expecting and postnatal families, similar to the work of many frontline health workers. To pilot how MCAs might further support breastfeeding among low-income families living in communities where breastmilk substitutes were the norm, a team of researchers provided extra training to several MCAs who in turn led in-home breastfeeding sessions with participating couples.<sup>36</sup> In post-intervention in-depth interviews, couples provided positive feedback on the intervention and said they particularly enjoyed having the session take place in a personal setting rather than a group because they felt no question or concern was considered “silly.”

## Conclusions and Programmatic Implications

These experiences from around the world highlight an emerging understanding of the importance of including fathers in IYCF promotion. Lessons learned can be grouped into several themes. First, successful IYCF outcomes hinge on broadening the audience targeted with IYCF messages. This may include altering health system practices to include activities such as welcoming fathers’ participation in prenatal and/or postpartum visits at which IYCF messages are communicated. Health professionals must be sensitized to the importance of fathers’ contributions to IYCF and encourage their active participation. Changing these practices and outlooks may change the way communities view child feeding, moving it from being a concern relegated just to women to being a concern for the entire community.

Second, formative research is essential to understanding local perceptions of breastfeeding and complementary feeding as well as fathers’ existing roles in those activities. Barriers to fathers’ support for IYCF practices, including culture-specific gender roles, must be understood and may vary greatly from one context to another, even within the same country. Formative research also plays a key role in identifying the best locations, spokespeople, and communication channels for reaching fathers. Roadshows and workplace-based education are both examples of nontraditional settings for IYCF information sharing.

Two Alive & Thrive interventions have intentionally targeted fathers as a pathway for improving the uptake of positive IYCF behaviors. For summary descriptions of each of these Alive & Thrive programs and links to sample materials for involving fathers, see [aliveandthrive.org/fathers](http://aliveandthrive.org/fathers):

- *“Good to know”* campaign. How Alive & Thrive Ethiopia gets fathers involved in their children’s nutrition
- *“Who loves their wives and children most?”* An intervention study that encourages Vietnamese fathers to support breastfeeding

Lastly, messages created to influence fathers' knowledge, attitudes, and beliefs must address the specific, feasible actions a father could take. This basic tenet of health communication may be especially important among fathers, given their traditional role of not being involved in the feeding of their children in many cultures.

In summary, fathers have an important role to play in ensuring optimal child growth and development through appropriate IYCF, regardless of the cultural setting. Efforts to involve fathers in IYCF promotion have been limited, and many IYCF interventions may have inadvertently excluded fathers. Several recent projects have implemented innovative methods to reach fathers in culturally appropriate ways that both respect and challenge traditional gender roles. Initial results suggest that fathers' potential contributions to child health represent an untapped opportunity for realizing infant and young child nutrition goals and a healthy, productive future for resource-poor countries.

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## Learn more in Alive & Thrive's case study kit

The case study kit on involving fathers ([aliveandthrive.org/fathers](http://aliveandthrive.org/fathers)) offers insights, strategies, and sample materials for you to use to create program activities that get dads involved. Continue reading here – or download and share:

- Quick intro video
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- A closer look at real programs, with:
  - Inspired community activities
  - Strategic campaign materials
  - Sample interactive videos
  - List of possible fathers' actions for your community to adapt