

Low-income Inner-City Fathers and Breastfeeding—Where’s the Program for Us?

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Dear Editor:

BREASTFEEDING IS THE GOLD STANDARD for infant feeding, with benefits for both infants and mothers.¹ Although current U.S. breastfeeding rates do not meet Healthy People 2020 goals, rates are even lower for women with specific risk factors.^{2,3} Studies across socioeconomic groups have shown that fathers play a central role in a women’s choice to breastfeed, and mothers report that partners play an important role in providing emotional and tangible breastfeeding support.^{4,5} Conversely, mothers who believe the baby’s father has a negative attitude about breastfeeding or no feeding preference are more likely to formula feed.⁶

Most previous studies regarding fathers’ breastfeeding attitudes interviewed the mother, not the father, and few included inner-city African-American fathers. We conducted focus groups to directly engage fathers/partners of high-risk inner-city African-American women to identify barriers to their involvement in breastfeeding support.

We enrolled men residing in Cleveland, OH who were current partners of expectant or delivered high-risk women. The study was approved by the University Hospitals Case Medical Center Institutional Review Board. Two audiotaped focus groups were conducted at a local health center (June and July 2009); an experienced male facilitator (S.K.) moderated the groups. Raw data included the audiotapes and a facilitator summary; detailed notes-based transcripts were created from the audiotapes by student researchers (E.B. and Candice Maietti). Comments were assigned to domains and subdomains, which were reviewed with the senior author (L.F.) and moderator (S.K.) to assure fidelity of interpretation. We used a previously derived analytic model called “Factors Influencing Beliefs” (FIBs).^{7,8}

Each group included five men, with both expectant and experienced fathers. Nine participants self-identified as non-Hispanic African-American; one was Hispanic African-American. Results are described with example quotes within the main FIBs domains.

Comments in the Risk Appraisal domain revolved primarily around stereotyped beliefs/misconceptions and lack of information/misinformation about breastfeeding. The men lacked knowledge about technical aspects of breastfeeding and also more generally about safe behaviors and health

choices while breastfeeding. Even comments about breastfeeding benefits included some misinformation:

With breastfeeding how often do you breastfeed the child to make sure you have enough calories? At what point do you introduce other stuff? Breast milk is just water and chemicals...the child has to live off of solid food...

There were few comments in the Self Perceptions domain. The subdomains Self-esteem and Self-efficacy were best represented, and participants’ comments generally reflected low self-efficacy with respect to breastfeeding and fathering. Some had learned parenting skills from female family members, but few reported male role models. Fathers expressed great joy with feeling trusted by their children and from involvement in their lives, yet wondered about the role of breastfeeding:

I’m a Similac baby myself, so would it have been a difference if I was on mamma’s breast, would I have been a better person? Would I not have gotten into trouble?

The Relationship Issues and Social Influence domain had the highest number of comments, with more focus on relationship issues and less on breastfeeding. Men were disappointed with a lack of programming and support for themselves and frustrated with trying to establish themselves in the father role. They had concerns about the mothers’ social and behavioral choices and also about their own feelings of being unable to influence her health choices. Men cited pain during breastfeeding as a barrier to discussions: if the mother experienced pain, she would not want to talk about continuing breastfeeding or even permit her breasts to be touched. Comments describing support for breastfeeding were relatively superficial; however, the men seemed open to discussing breastfeeding with their partners. They described breastfeeding as “natural” and “beautiful” but also communicated their difficulty with separating the sexuality of a woman’s breast from the act of breastfeeding.

In today’s society a man ain’t a man unless he has paper in his pocket...[There are] no programs for us to help us do what we need to do. They have all these programs for women but nothing to help us. It’s frustrating. It hurts. Where’s the

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program for us since we're trying to do our best? It's like we almost deleted.

Within the Structural and Environmental Issues domain, fathers discussed their perception that the public receives conflicting information on breastfeeding. The Special Supplemental Nutrition Program for Women, Infants and Children was cited as a pro-breastfeeding resource. Participants discussed their personal lack of knowledge about infant feeding and wanted to know more about formula feeding and breastfeeding to make an informed feeding decision. One father reported that physicians told his partner her breasts were "too big to breastfeed."

Why all of the sudden now do they support breastfeeding? Is it because it's criminal to the baby that's not breastfed? A lot of times they give info that's like ok breastfeed! Then they say Similac! So why now all of the sudden they encouraging us to breastfeed?

This research adds a unique perspective to the literature because few breastfeeding studies include high risk, inner-city African-American men. We identified new themes such as relationship issues and navigating blended families that have not been previously noted. Participants were very interested in breastfeeding but felt left out of the decision-making process, suggesting that fathers are an underutilized breastfeeding resource. Men may feel un-empowered because they lack specific breastfeeding knowledge, are unsure of their role in breastfeeding, or have difficulty navigating relationship issues, which impacts initiation of these discussions. Participants believed there is insufficient programming for them, suggesting a need for father-centered interventions focusing on the father's role, including education about breastfeeding basics and practical ways fathers can troubleshoot common breastfeeding challenges. Participants were concerned about the impact of smoking on breastfeeding, the content of formula and breastmilk, and the effect of breastfeeding on intelligence and behavior. Future research should focus on identifying issues that resonate with fathers, so programming will be relevant to them. Relationship issues and communication with partners must be addressed to maximize effectiveness of any intervention. Additional studies with inner-city African-American men are needed to better understand the complexities of barriers to providing breastfeeding support from differing male perspectives.

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