

A Hospital Based Study of Knowledge and Attitude of Expectant Fathers Regarding Breast-Feeding

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Abstract

Method: this study conducted in 1000 expectant fathers, who were accompanying their wives in the antenatal clinic and labour room and Well Baby Clinic (Under Five Children) at Department of Pediatric medicine in S. P. Medical College, Bikaner, Rajasthan, India constituted the material. The expectant fathers were interviewed in relation to their knowledge and attitude regarding breast-feeding. All the expectant fathers whether they were expecting their first child or already had one or more children were included in this study. The questions were explained to them in their local language.

Aims and Objectives - this study was undertaken with the following aims and objectives. 1. To find out the knowledge and attitude of the expectant fathers regarding breast-feeding. 2. To compare the attitude of fathers of the first expected child with the fathers having one or more children. 3. To find out the impact of socio-economic factors (religion, education socio-economic status, type of family and number of previous children) on attitude of expectant fathers regarding breast feeding.

Conclusion-The decision regarding breast feeding and weaning is influenced by various cultural, socio-economic and psychological variables. Understanding of expectant fathers and attitude is one of the most important variables influencing the child rearing practices. Father is a strong unit of family to promote a positive attitude in mother for breastfeeding. If father has knowledge about breast feeding and benefits of breastfeeding for both mother and baby, this will promote positive attitude in mother for breast feeding. As the Government is providing incentives to the mothers for the child care, like wise Government should provide some incentives to fathers for proper care of their child as paternity leave and paid money etc.

Key words: Breast feeding, Breast milk, Expectant father, Father, Infant, Mother.

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I. Introduction

Breast-feeding is best way of feeding and caring for young infants. Human breast milk provides the ideal food for the human infant. Breast milk contains the proper mixture of protein, carbohydrate, fat, vitamin and minerals that provide ideal nutrition for the baby. Without any supplementation (not even water) provides the ideal complete healthy diet for the first six months of life of baby [1]. There are various factors that affecting a woman's decisions to breast-feed or bottle-feed her baby are education level of parents, socio-economic status, family support etc. The influence of husband regarding decision of feeding method is also important. Fathers should educate about benefits of breast feeding. But they are usually kept away from most of the antenatal breast feeding education and knowledge.

II. Discussion

The breast feeding and weaning reflect a strong interlocking influence of cultural, religious, geographical and socio-economic factors. Many studies have been done in the recent past to know the knowledge and attitude of mothers and different groups of people. This study was conducted in

antenatal clinic, labour room, and Well Baby Clinic (Under Five Children) in S.P Medical College, Bikaner, Rajasthan with the aim of getting a view in depth of knowledge, attitude and practices of expectant fathers regarding breast-feeding and weaning.

In this study, 1000 respondents were interviewed which comprised all ages, religions, educational status, occupation and socio-economic groups. Most of the respondents were in the age group of 26–30 years (49.20%), followed by 21–25 years (25.90%) (Table-1). Most of the respondents were Hindus (94.80%), followed by Muslims (4.90%); which correspond well with census 2001 (Table-2). The educational status of respondents varied from illiteracy (18.10%) to University level (29.80%) (Table-3).

The respondents belonging to all types of occupation were included in the study, the maximum number being of businessmen (29.30%), followed by Govt. Servants (21%). Farmers and labourers comprised 19.60% of the respondents. Four of the respondents (0.40%) were unemployed (Table-4). A relatively higher number of respondents (61.10%) belonged to joint or three generation family. The respondents belonging to nuclear family were 38.90% (Table-5). Most of the respondents fell under socio-economic group II (38.40%), followed by III (27.30%). The number of respondents in socio-economic status IV and V were only 17.30%, meaning, whereby, that these classes of people still prefer to have home delivery rather than hospital delivery (Table-6).

Out of 1000 respondents, 43.30% were expecting their first child. Rest 56.70% of them already had one or more children. By this observation, it is evident that persons already having children are more, indirectly indicating that method of family planning is not being observed by these fathers (Table-7). Discussion with wife about feeding plan of the expected newborn in the present study, 34.20% of expectant fathers discussed the feeding plan of the expected newborn with wife (Table-8). This is in contrast to the study of Freed et al (1992) who observed that 90% of expectant fathers discussed feeding plan with spouse. The study undertaken by Freed et al was from the western world and the difference in response about the discussion with spouse may be due to the differences in the socio-cultural environment and literacy of the two areas [2].

In this study, more interest in discussing the feeding plan of the expected newborn was found amongst the fathers who were expecting their first child (48.27%) as compared to fathers who already had children (23.46%) (Table-8). The difference is statistically significant ($p < 0.0001$). Many respondents, who did not discuss the feeding plan, were of the opinion that this is the job of ladies of the family, not of men. Many expectant fathers of breast-feeding group, who already had children, said that their previous children were given breast-milk, so the expected newborn will also receive the same. The expectant fathers without any children were more anxious and interested to discuss feeding plan with spouse probably because they were of younger age group and more educated and more anxious.

Knowledge about superiority of breast milk in this study, majority (96.40%) of the expectant fathers had correct knowledge that breast-milk is the best milk for an infant (Table -9). This observation was similar to the study carried out by Freed et. Al (1992), in which 96% expectant fathers of breast-feeding group and 62% expectant fathers of formula feeding group, believed that breast-feeding is better for the baby [2]. Knowledge of the respondents, in our study, about superiority of breast-milk over other milks is in accordance with the knowledge of paramedical, workers (Singhal PK et al 1989), (Kapil U et al 1989), young lady teachers and adolescent girls (Kapil U et al 1990), as shown in the respective studies[3,4,5]. In our study, education status showed no impact on the knowledge about superiority of breast-milk, as even in the illiterate group, 90.06% of the respondents had correct knowledge that breast-milk is best for an infant. They acquired this knowledge from elders of the family (Table-10).

Majority (98.60%) of respondents favour breast-milk for the expected newborn (Table-11). This preference for breast milk was much higher than in the study under taken by Freed et al (1992), in which 58% of expectant fathers planned to breast-feed exclusively, 15% planned to formula-feed and 27% planned to do both [2]. Only five respondents (0.50%) had the incorrect knowledge that powder-milk is superior to breast-milk, but they preferred breast-milk for their expected new born as it is economical and within the approach.

Breast milk, a natural feed - In the present study, majority (97.40%) of respondents recognized breast-milk as a natural feed for the infant and 2.60% respondents could give no specific answer (Table-12). The response was similar in the two groups of respondents the respondent with no children (97.46%) and the respondents with children (97.35%) (Table-12).

Protective effect of breast milk against disease - A large number of respondents (86.40%) in our study correctly knew that breast-milk protects the baby from diseases (Table-13). This knowledge of expectant fathers, in present study, is almost similar to the knowledge of expectant fathers in the study carried out by Freed et al (1992) in Houston; 79% respondents of breast-feeding group and 47% of formula feeding group believed that breast-feeding protects the infant from diseases[2]. In the present study, the knowledge about the protective effect of breast-milk against diseases had a strong relationship with the educational status of the respondents. As evident from Table no. 14, 53.59% respondents of illiterate group had no idea about the protective effects of breast-feeding against diseases as compared to 2.01% respondents in the University group.

Better emotional bonding between breastfed baby and Mother - Majority (92.00%) of respondents of present study had the correct knowledge that breast feeding helps in emotional bonding of baby with the mother (Table-15). This finding of our study is similar to the findings of study by Freed et al (1992) 48, in which, 92% of expectant fathers of breast-feeding group and 53% expectant fathers of formula-feeding group believed that breast feeding helps with infant bonding [2]. This knowledge of respondents of present study also corresponds with the contrary to that of paramedical workers (Singhal PK et al 1989), adolescent girls (Kapil U et al 1990), knowledge and attitude of young lady teachers (Singh H et al 1990), (Kapil U et al 1992), in the respective studies [3,5,6,7].

First feed of the baby after birth - In the current study, 13.10% of the respondents knew nothing about the type of first feed for the newborn. A good number (67.30%) favoured breast-milk as the first feed of the baby (Table-16) which corresponds, though in smaller proportion, to the observation of (Sharma and Lahori 1977) and several other workers (Bahl L, et al 1982), and contrary to some workers who reported a negative attitude (Awasthi NN et al 1983) [8, 9,10]. In our study, jaggery, honey and Janam Ghutti were favoured by 5.80%, 6.00% and 5.90% respondents respectively (Table-16). Common use of these substances as first feed corresponds to the observations made by many other workers in their studies on knowledge, attitude and practices of women (Arora AK et al 1985)[11].

Time of Initiation of Breastfeeding - In this study, 27.80% of the respondents had no knowledge about the right time of initiation of breast-feeding (Table-17). This observation is in contrast to the study undertaken by Kapil and Manocha (1989), to determine the knowledge and attitude of auxiliary nurse midwives (ANMs), where all the respondents had the correct knowledge about the age of initiation of breast-feeding (Kapil U et al 1989)[4]. This is also contrary to the knowledge of well-to-do adolescent school girls in the study carried out by Kapil U et al (1990) where 76% of the respondents had correct knowledge about the age of initiation of breast-feeding. This may be due to the reason that it is usually considered that breast-feeding is a domain of women and our study is in males [5]. Out of a total of 1000 respondents 68 (6.80%) favoured initiation of breast-feeding after 24 hrs of birth. The reason for delaying initiation of breast-feeding in all of them was the belief that milk flow starts only after 24 hours.

Duration of breast-feeding - Majority (62.30%) of respondents of present study were found to be correct opinion that breast-feeding should be continued as long as the mother is lactating. 27.50% of the respondents opined to continue breast-feeding up to 1 year (Table-19). These observations correspond to the observation of timularao et al (1957) where 100% mothers breast-fed their children up to 1 year and a few children were even breast-fed up to 5 years of age. This observation of the present study also corresponds with the attitude of women teachers in a study carried out by Kapil and Bhasin (1992) where 61% of the respondents mentioned that breast-feeding should be continued as long as possible[7].

The knowledge related to the duration of breast-feeding in respondents of our study was in contrast to the respondents of a study carried out by Gupta et al (1990) which revealed that knowledge

of students of class X, XI and XII and nursing students was seriously deficient regarding desirable duration of breast-feeding [12].

In this study, is no significant difference was found in the knowledge regarding duration of breast-feeding in expectant fathers with no children and expectant fathers with children, as depicted in the Table no.19. Breast-feeding and natural contraception - In this study, only 29.60% of the respondents had the correct knowledge that breast-feeding provides partial natural contraception (Table-20). This knowledge of association of breast-feeding with natural contraception of respondents of our study was in contrast to the knowledge of women teachers in a study undertaken by Kapil and Bhasin (1992) where 60% of the respondents knew that lactation provides protection against pregnancy during first 4 months [7]. In our study, the knowledge about association of breast-feeding with natural contraception was significantly more in the expectant fathers having children (35.10%) than in expectant fathers having no children (22.40%) ($p < 0.0001$). This can again be explained on the basis of previous experience.

In this study, as evident from Table-21, knowledge about association of breast-feeding with natural contraception had a direct relationship with the educational status of the patients. Only 12.71% respondents of illiterate group had this knowledge as compared to 51.68% respondents of the University group ($p < 0.001$). Acceptance of breast-feeding in Public-27.70% of expectant fathers of present study opinion that breast-feeding was not acceptable in public (Table-22). Majority of respondents (71%) of breast-feeding group and 78% of formula feeding group indicated that breast-feeding was not acceptable in public. As clear from Table-22, there was no significant difference in attitude about acceptance of breast-feeding in public in the two groups of respondents; 70.21% acceptance in expectant fathers with no children and 73.90% acceptance in expectant fathers with children.

In our study, a strong relationship was observed between the acceptance of breast-feeding in public and educational status of the respondents. The acceptance of breast-feeding in public was significantly high (88.29%) in lower socio-economic status (i.e. III+IV+V) as compared to higher socio-economic status (i.e. I+II) where the acceptance was 44.42% ($p < 0.0001$). This could be explained on the basis that respondents of lower socio-economic groups are less educated and are less shy as compared to respondents of higher socio-economic group who are more educated, more cautious and shyer.

Breast-feeding and interference with sexual act - In the current study, 4.80% of the respondents were of the view that breast-feeding interferes with sexual act (Table-23). It is opposite to the response of respondents of a study carried out by Freed et al (1992) where 24% of expectant fathers of breast-feeding group and 72% expectant fathers of formula feeding group were of the view that breast-feeding interferes with sex[2]. As shown in table no.23, a large number (75.06%) of fathers who were having no children could give no response to this question, the reason being that the expected newborn was going to be first such experience for them.

Advantage of exclusive breast feeding - In the current study, a large number of fathers (92.40%) had knowledge of advantage of exclusive breast-feeding (Table-24). Most of the respondents (94.71%) with children believed that exclusive breast-feeding reduces the chance of ARI, diarrhea, HT and health cost for family. Garg P et al (2006) also reported that among mothers who started artificial food than exclusive breast-feeding, average cost spent was Rs.15 per day [13].

Although, majority of the expectant fathers of present study had correct knowledge about the superiority of breast-milk, we wish that all the boys (the prospective fathers) should be imparted correct knowledge about breast milk and breast-feeding right from the beginning at schools and their misconceptions about the adverse effects of breast-feeding on mother should be ruled out. Encouragement to expectant fathers is also expected from health care professionals so that expectant fathers may offer support to their partner regarding decision to breast-feed. Prenatal education to mothers and fathers on breast-feeding is an important way to enhance the breast feeding [14].

III. Conclusion

In our study, we concluded that the expectant fathers who having previous children, of higher socioeconomic status and from literate families found to have more knowledge regarding breast feeding and weaning than the expectant fathers without children, lower socioeconomic status and

illiterate families. Father are equally important as mother regarding the child rearing practices in the community. So, we should educate the fathers accompanying their wives at antenatal visits, well baby clinic and postnatal ward through health education by means of mass media, health magazines and newspapers. Although most expectant fathers were quite concerned regarding their expected baby and had correct knowledge regarding child rearing practices. Some areas of concern also emerged from this study. These include lack of awareness regarding correct time of initiation of breast feeding and introduction of weaning, type of top milk and weaning food. The knowledge gaps should be plugged by providing education to expectant parents regarding child rearing practices.

IV. Key conclusion

Father is a strong unit of family to promote a positive attitude in mother for breastfeeding. If father has knowledge about breast feeding and benefits of breastfeeding for both mother and baby, this will promote positive attitude in mother for breast feeding. As the Government is providing incentives to the mothers for the child care, like wise Government should provide some incentives to fathers for proper care of their child as paternity leave and paid money etc.

Table – 1 Distribution of respondents according to age

Age of expectant father (in Years)	Number	Percentage
<=20	22	2.20
21 - 25	259	25.90
26 - 30	492	49.20
>30	227	22.70
Total	1000	100.00

Table – 2 Distribution of respondents according to religion

Religion of Expectation father	Number	Percentage
Hindu	948	94.80
Muslim	49	4.90
Christian	3	0.30
Total	1000	100.00

Table – 3 Distribution of respondents according to education

Education	Number	Percentage
Illiterate	181	18.10
Literate -		
Class 1-5	209	20.90
Class 6-12	312	31.20
University	298	29.80
Total	1000	100.00

Table – 4 Distribution of respondents according to occupation

Occupation	Number	Percentage
Professional	132	13.20
Govt. Servant	210	21.00
Skilled Worker	165	16.50
Businessman	293	29.30
Farmer	75	7.50
Labourer	121	12.10
Unemployed	4	0.40
Total	1000	100.00

Table – 5 Distribution of respondents according to the type of family

Type of Family	Number	Percentage
Nuclear	389	38.90
Joint or three generation	611	61.10
Total	1000	100.00

Table – 6 Distribution of respondents according to socio – economic status

Socio – Economic Status (Updated B.G. Prasad’s classification)	Number	Percentage
I	170	17.00
II	384	38.40
III	273	27.30
IV	110	11.00
V	63	6.30
Total	1000	100.00

Table – 7 Distribution of respondents according to number of previous children

Number of previous children	Number	Percentage
No previous children	433	43.30
with previous children	567	56.70
Total	1000	100.00

Table – 8 Discussion by expectant fathers with wife about the feeding plan of the expected new born

Response	Expectant fathers with no children	%	Expectant fathers with children	%	Total	%
Yes	209	48.27	133	23.46	342	34.20
No	224	51.73	434	76.54	658	65.80
Total	433	100.00	567	100.00	1000	100.00

$\chi^2 = 67.1601$ p value = < 0.001

Table – 9 Knowledge of expectant father about superiority of various types of milk

Response	No children	%	With children	%	Total	%
Breast Milk	411	94.92	553	97.53	964	96.40
Powder Milk	2	0.46	0	0.00	2	0.20
Cow's Milk	0	0.00	2	0.35	2	0.20
Goat's Milk	3	0.69	1	0.18	4	0.40
Don't know	17	3.93	11	1.94	28	2.80
Total	433	100.00	567	100.00	1000	100.00

$\chi^2 = 9.42$ p value = < 0.01

Table – 10 Relation of knowledge of expectant fathers about the superiority of breast milk with education

Response	Illiterate	%	Class 1-5	%	Class 6-12	%	University	%	Total	%
Breast Milk	163	90.06	201	96.17	306	98.08	294	98.66	964	96.40
Powder Milk	0	0.00	0	0.00	0	0.00	2	0.67	2	0.20
Cow's Milk	0	0.00	0	0.00	0	0.00	2	0.67	2	0.20
Goat's Milk	2	1.10	1	0.48	1	0.32	0	0.00	4	0.40
Don't know	16	8.84	7	3.35	5	1.60	0	0.00	28	2.80
Total	181	100.00	209	100.00	312	100.00	298	100.00	1000	100.00

$\chi^2 = 32.94$ $p \text{ value} = < 0.001$

Table – 11

Preference of expectant fathers for the type of milk for the expected newborn

Response	Expectant fathers with no children	%	Expectant fathers with children	%	Total	%
Breast Milk	427	98.61	559	98.59	986	98.60
Powder Milk	0	0.00	5	0.88	5	0.50
Cow's Milk	0	0.00	0	0.00	0	0.00
Goat's Milk	3	0.69	3	0.53	6	0.60
Don't know	3	0.69	0	0.00	3	0.30
Total	433	100.00	567	100.00	1000	100.00

Table – 12 Opinion of expectant fathers about breast milk being a natural feed

Response	Expectant fathers with no children	%	Expectant fathers with children	%	Total	%
Yes	422	97.46	552	97.35	974	97.40
No	0	0.00	0	0.00	0	0.00
Don's know	11	2.54	15	2.65	26	2.60
Total	433	100.00	567	100.00	1000	100.00

Table – 13 Opinion of expectant fathers about protective effect of breast milk against diseases

Response	No children	%	With children	%	Total	%
Yes	381	87.99	483	85.19	864	86.40
No	2	0.46	11	1.94	13	1.30
Don's know	50	11.55	73	12.87	123	12.30
Total	433	100.00	567	100.00	1000	100.00

$\chi^2 = 4.70$ $p = < 0.05$

Table – 14 Relation of knowledge of expectant fathers about Protective Effect of Breast feeding with education

Type of Milk	Illiterate	%	Literate				%	Total	%	
			Class 1-5	%	Class 6-12	Number				University
Yes	82	45.30	121	57.89	277	88.78	291	97.65	771	77.10
No	2	1.10	3	1.44	3	0.96	1	0.34	9	0.90
Don't know	97	53.59	85	40.67	32	10.26	6	2.01	220	22.00
Total	181	100	209	100	312	100	298	100	100	100

$\chi^2 = 179.99$ $p = < 0.0001$

Table – 15 Opinion of expectant fathers about better emotional bonding between breasts fed baby and mother

Response	Expectant fathers with no children	%	Expectant fathers with children	%	Total	%
Yes	403	93.07	517	91.18	920	92.00
No	3	0.69	8	1.41	11	1.10
Don's know	27	6.24	42	7.41	69	6.90
Total	433	100.00	567	100.00	1000	100.00

$\chi^2 = 1.73$ $p = >0.05$

Table – 16 Opinion of expectant fathers about the type of first feed for the newborn

Response	No children	%	With children	%	Total	%
Colostrum (Breast Milk)	267	61.66	406	71.60	673	67.30
Honey	27	6.24	33	5.82	60	6.00
Glucose water	8	1.85	11	1.94	19	1.90
Jaggery	11	2.54	47	8.29	58	5.80
JanmGhoonti	26	6.00	33	5.82	59	5.90
Don't know	94	21.71	37	6.53	131	13.10
Total	433	100.00	567	100.00	1000	100.00

$\chi^2 = 57.78$ $p = <0.001$

Table – 17 Knowledge of expectant fathers about the time of initiation of breast feeding

Response	No children	%	With children	%	Total	%
Within 3 hours	96	22.17	115	20.28	211	21.10
4-12 hrs	74	17.09	197	34.74	271	27.10
13-24 hrs	95	21.94	77	13.58	172	17.20
>24 hrs	57	13.16	11	1.94	68	6.80
Don't know	111	25.64	167	29.45	278	27.80
Total	433	100.00	567	100.00	1000	100.00

$\chi^2 = 85.40$ $p = <0.001$

Table – 18 Relation of knowledge of expectant fathers about initiation of breast feeding with education

Response	Illiterate	(%)	Class 1-5	(%)	Class 6-12	(%)	Univer sity	(%)	Total	(%)
Within 3 hours	13	7.18	27	12.91	67	21.47	115	38.59	222	22.2
4-12 hrs	39	21.54	19	9.09	47	15.06	43	14.42	148	14.8
13-24 hrs	17	9.39	35	16.74	19	6.08	17	5.70	88	8.8
>24 hrs	7	3.86	11	5.26	4	1.28	7	2.34	29	2.9
Don't know	105	58.0	117	55.98	175	56.08	116	38.92	513	51.3
Total	181	100	209	100	312	100	298	100	1000	

$\chi^2 = 56.83$ $p = <0.001$

Table – 19 Knowledge of expectant fathers about duration of breast feeding

Response	No children	%	With children	%	Total	%
1 Month	0	0.00	0	0.00	0	0.00
3 months	5	1.15	7	1.23	12	1.20
6 months	37	8.55	33	5.82	70	7.00
1 yr	167	38.57	108	19.05	275	27.50
As long as mother is lactating (> 1yr)	211	48.73	412	72.66	623	62.30
Don't know	13	3.00	7	1.23	20	2.00
Total	433	100.00	567	100.00	1000	100.00

Table – 20 Opinion of expectant fathers about breast feeding as natural contraceptive

Response	No children	%	With children	%	Total	%
Yes	97	22.40	199	35.10	296	29.60
No	31	7.16	157	27.69	188	18.80
Don's know	305	70.44	211	37.21	516	51.60
Total	433	100.00	567	100.00	1000	100.00

$x^2 = 120.94$ $p = <0.0001$

Table – 21 Relationship of education of expectant fathers with the knowledge of breast feeding as natural contraceptive

Response	Illiterate	%	Class 1-5	%	Class 6-12	%	Univer sity	%	Total	%
Yes	23	12.71	47	22.49	94	30.13	154	51.68	318	31.80
No	21	11.60	39	18.66	61	19.55	32	10.74	153	15.30
Don't know	137	75.69	123	58.85	157	50.32	112	37.58	529	52.90
Total	181	100.00	209	100.00	312	100.00	298	100.00	1000	100.00

$x^2 = 77.81$ $p = <0.001$

Table – 22 Opinion of expectant fathers about acceptance of breast feeding by their wives in public

Response	Expectant fathers with no children	Percentage	Expectant fathers with children	Percentage	Total	Percentage
Yes	304	70.21	419	73.90	723	72.30
No	129	29.79	148	26.10	277	27.70
Total	433	100.00	567	100.00	1000	100.00

$x^2 = 47.23$ $p = <0.001$

Table – 23 Opinion of expectant fathers about breast-feeding and interference with sexual act

Response	Without children	%	With children	%	Total	%
Yes	5	1.15	43	7.58	48	4.80
No	103	23.79	493	86.95	596	59.60
Don't know	325	75.06	31	5.47	356	35.60
Total	433	100.00	567	100.00	1000	100.00

Table – 24 Distribution of the respondents regarding advantage of exclusive breast feeding

Response	Without Children	Percentage	With Children	Percentage	Total	Percentage
Yes	387	89.38	537	94.71	924	92.40
No	8	1.85	7	1.23	15	1.50
Don't know	38	8.78	23	4.06	61	6.10
Total	433	100.00	567	100.00	1000	100.00

$x^2 = 10.33$ $p = <0.01$

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