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Caroline Okumdi Muoghalu

ORCID ID: 0000-0001-8151-545x
Obafemi Awolowo University (Nigeria)

Friday Asiazobor Eboiyehi

ORCID ID: 0000-0001-5113-1199
Obafemi Awolowo University (Nigeria)

The role of men in promoting breastfeeding in Nigeria

ABSTRACT. Globally, breast milk has been recognized as the best nutrient for newborns and infants. It is also known to be very nutritious in providing all the necessary elements needed for infants' health during the first six months of their lives and thereafter, essentially for their growth and survival. Recently, the high morbidity and mortality rates of babies and infants in Nigeria have re-awakened this interest of scholars; health practitioners as well as the general public who started the agitation for exclusive breastfeeding for babies at least for six months. While mothers play their part in providing breast milk to their babies, the role of men (fathers) role as one of the strongest influences on the success of breastfeeding among mothers has been overlooked. In Nigeria, it is still believed that breastfeeding is an exclusive responsibility of the nursing mothers alone. It has been found that father's support has a strong influence on a mother's decision to initiate and continue breast feeding in the developed countries. Though mothers recognize fathers as a primary source of support for the continuance of breast feeding in Nigeria; little is known about the nature of this support. This is because fathers are poorly informed and educated about the role they should play in successful breastfeeding of their children. There is need therefore; to document the extent their role can affect successful breastfeeding in their women in Nigeria. This paper describes the role men (fathers) should play in promoting successful breastfeeding in Nigeria. It suggests that men (fathers) should support their wives by providing assistance during pregnancy and after the baby is born. It also proposes that men (fathers) should encourage their pregnant wives to feed well, help in carrying babies while the mother is resting, look after the older children as well as providing assistance in domestic chores. The paper concludes that playing such supportive roles will go a long way in making breast-feeding campaign successful.

KEYWORDS: Men's Role, Breastfeeding, Promotion, Under-Five Mortality, Nigeria

Introduction

Adequate breastfeeding support for mothers could save many young lives (Kaalu, 2019, p. 1). If father has a sound knowledge base around the health benefits of breastfeeding for both mother and baby and understands the necessity of mother and baby needing to be together, he is more likely to prioritise the activity and give breastfeeding a strong endorsement (Neifert, 1998, p. 656–675).

In every human society, the importance of children cannot be over-emphasized. In many developing countries; particularly those in sub-Saharan Africa, having children after marriage is considered to be the greatest thing that could happen to any couple. In Nigeria where much value is placed on children, parents ensure that they are well nurtured, taken care of and provided with necessary support until they are old enough to take care of themselves. In other words, such family does all within its powers to ensure their protection and survival to adulthood. It is therefore, not surprising that traditionally, Nigerian mothers would continue to breastfeed their babies until they were ready to have other children.

Breastfeeding is one of the age long practices ever known to man that safeguard or guarantee the survival of children. It is also one of the major characteristics of mammals. Breastfeeding is so critical that the World Health Organisation acknowledged that it is exceptionally vital in sustaining the growth, health and survival status of the newborns (WHO, 2003). According Okafor, Olatona and Olufemi (2014), it is the most inclusive nutritional source for infants because of the essential fats, carbohydrates, proteins and immunological factors it contains that the infants need to thrive and resist infection in the formative first year of life. Breastfeeding is so important that World Health Organisation (WHO) and the United Nations Children Fund (UNICEF) recommend exclusive breastfeeding until a child is six months old. They further recommend that breastfeeding should continue for at least 12 months, and afterward, for as long as the child mutually desired (ACOG Committee, 2007; WHO, 2001).

Although breastfeeding remains the exclusive sphere of women, evidences have also demonstrated that the role of others, particularly the practical and emotional support from men (fathers) is an essential ingredient to successful breastfeeding, as their role will enhance the

mother's confidence and assist her to maintain sufficient milk supply. Gill, Reifsnider & Luck (2007) also argue that fathers (husbands) have a role to play as their strong influence on wife's (mother's) decision to start and continue breastfeeding cannot be over-emphasized. Other studies have further established that apart from the mother, father is the key source of support for the continuance of breastfeeding (Sheriff, Hall & Pickin, 2009). However, in spite of the enormous benefits of breastfeeding poor breastfeeding practices have been widely documented in Nigeria particularly among the urban employees. Similarly, little is known about the men's (fathers') role in breastfeeding in Nigeria.

Studies have shown that in Nigeria, breastfeeding practices have over the years continued to fall well below the WHO/UNICEF recommendations for developing countries (Okafor, et al., 2014). Furthermore, available evidences have shown that in Nigeria many children die every year of different illness such as diarrhoea, pneumonia and malaria before reaching age 5. Malnutrition is also identified as one of the underlying contributing factors in about 45% of all child deaths, making children more vulnerable to severe diseases (UNICEF Report, 2013). Consequently, Millennium Development Goal 4 (MDG 4) calls for reducing the under-five mortality rate by two-thirds between 1990 and 2015. SDG 3 also calls for increasing life expectancy, reducing maternal and child mortality and fighting against leading communicable disease. Although many countries in both the developed and developing world have made substantial progress in this regard by reducing the under-five mortality rate by 47%, from 90 (89, 92) deaths per 1,000 live births in 1990 to 48 (46, 51) in 2012 (UNICEF Report, 2013), the same cannot be said of Nigeria as historical trends have showed that progress for Nigeria has been too slow and was unable to achieve MDG 4, with an average annual rate of reduction of 3.9% (WHO, 2015). With this current trend, it is also doubtful that Nigeria will be able to achieve health for all by 2030. According to the maternal and child health survey by the UNICEF in 2013, Nigeria loses about 2,300 under-five years old in a day, making it the second largest contributor to the under-five mortality rate in the world.

To address the issue of death due to malnutrition among the under-5 infants, the Baby Friendly Hospital Initiative (BFHI), also known as Baby Friendly Initiative (BFI), a worldwide programme of the World Health Organization and UNICEF was launched in 1991 (UNICEF, 2011; WHO, 2011) following the adoption of the Innocenti Declaration on breastfeeding promotion in 1990 (UNICEF, 1990). The initiative is a global effort

for improving the role of maternity services to enable mothers to breast-feed their babies for the best start in life. Its aim is to improve the care of pregnant women, mothers and newborns at health facilities that provide maternity services for protecting, promoting and supporting breastfeeding, in accordance with the International Code of Marketing of Breast Milk Substitutes. Breastfeeding was recognized as one of the important strategies in ensuring child survival and promotion of child health (Kramer et al., 2001) as it is considered to be highly nutritious (Population Reports, 1975; Jimoh, 2004). The UNICEF, the World Health Organization and many other national government health agencies recommend that babies be breastfed exclusively for their first six months of life. Studies have also shown that breastfed babies are less likely to suffer from serious illnesses, including gastroenteritis, asthma, eczema, and respiratory and ear infections (Agency for Healthcare Research & Quality, 2012; Greer, Sicherer & Burks, 2008; Mahr, 2008; Thorax, 2008). The BFHI aims to increase the numbers of babies who are exclusively breastfed worldwide, a goal which the WHO estimates could contribute to avoiding over a million child deaths each year, and potentially many premature maternal deaths as well (WHO, 2011; Schwarz et al., 2009; Bartick et al., 2013).

While efforts are made to achieve successful breastfeeding, the role of men (fathers) should play was underplayed if not totally ignored. Researchers at Brunel University and the Mother and Infant Research Unit at the University of York have found that in many of the Western countries, fathers perceive breastfeeding to be 'natural' but problematic. They assumed that breastfeeding involves excessive exposure and attracts unwanted male attention. Thus, bottle feeding is seen to be convenient and safe (Brunel University, 2011). Renfrew, Fisher and Arms (1990), also argue that in Western culture, many men do not accept their partners to breastfeed in public. They also stress that some men feel jealous by the closeness of mother and baby and feel excluded and thus advise their wives to bottle-feed so that he can also form bonding and others feel that the breast is only a sexual object (Castello, 1990). However, studies by Australian Government National Health and Medical Research Council (2012) found that mothers who have the support of the infants' fathers are more likely to initiate breastfeeding and breastfeed for longer period of time.

It has been observed that in many Nigerian communities, men's opinion is an important factor in mothers' decision of whether to breastfeed

or bottle feed. Yet the perceptions of men have rarely been explored in Nigeria. Evidences have shown that in many households men make major decisions that affect the entire household. Thus, they are in the best position to decide whether a child should be breastfed or bottle-fed and thus in a better position as to whether to provide support to women (wives) who are breastfeeding (Otilie, 2007). However, previous studies on men's knowledge and attitudes towards breastfeeding have shown their poor knowledge about breastfeeding, especially those who do not attend prenatal classes to receive information on the subject by health personnel. Giuliani et al. (1994) cited by Otilie (2007), undertook a comparative study in the United Kingdom among 92 breastfeeding and 89 non-breastfeeding newborns to determine father's knowledge of breastfeeding, and to see whether they are prepared to encourage their partners to breastfeed. They found that fathers with previous breastfed children had attended antenatal classes and received information on the topic had better knowledge than their counterparts. The study suggests the need for fathers to be prepared during prenatal to assume their new role as breastfeeding supporters and to improve their knowledge of breastfeeding. Freed, Fraley and Schanler (1992) carried out a study among 268 men at five private hospitals in Houston, Texas to examine expectant father's attitudes and knowledge regarding breastfeeding and found that the majority of fathers had good knowledge and attitudes on breastfeeding and do even participate in decision-making in feeding option of the child.

Although breastfeeding initiation rates in Nigeria are high, with more than 83% of women leaving the hospital breastfeeding, Agho, Dibley, Odiase and Ogbonmwan (2011), found that only 16.4% of infants younger than 6 months postpartum receive exclusive breast milk, which falls short of the international guidelines for infant nutrition (ACOG Committee Opinion, 2007; American Academy of Pediatrics statement, 1997). Challenges that influence the duration of breastfeeding include community attitudes to breastfeeding (Hector, King, Webb & Heywood, 2005). The World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) both recommend exclusive breastfeeding until six months of age. Although they recommended that breastfeeding should continue for at least 6 months, and thereafter for as long as it is mutually desired (World Health Organization, 2001), breastfeeding trends in Nigeria have remained largely unchanged over the past decade (Amir & Donath, 2008).

Thus this paper, empirically demonstrated work of Arora, Mcjunkin, Wehrer and Kuhn (2000); Swanson & Power (2005) and Britton, McCormick, Renfrew, Wade and King (2007) that father's support in breastfeeding has been a strong influence on a mother's decision to initiate and continue breast feeding. Though researches with mothers have identified fathers as primary source of support for the continuance of breast feeding; little is known about the nature of this support (Sherriff, Hall and Pickin, 2009). There is therefore, the need to know and document how this role will affect successful breastfeeding in their wives in Nigeria. The main objective of this paper therefore is to discuss the role of men in successful breastfeeding. The specific objectives are to

- 1) examine the importance of breastfeeding to mother and child;
- 2) identify the roles men should play in successful breastfeeding and;
- 3) suggest what can be done to encourage men (fathers) to partake in successful breastfeeding in Nigeria.

Importance of breastfeeding to mother and child

The importance of breastfeeding as a determinant of infant nutrition, child mortality and morbidity has long been recognized and documented in the public health literature. Studies have shown that the breastfeeding relationship is not only the healthy choice for mother and baby; it also promotes a close, loving attachment between the mother and baby (Baldwin, Kenneth & Friedman, 1996). The mother's bond is born of biology. After spending nine months inside the mother's body, the baby continues to depend on mother for nourishment and protection after birth. It is not until the second six months of life that the baby even recognizes that he or she is a separate person from the mother. The more responsive a mother is, the more secure the attachment. Many experts have said that having a close relationship with a primary attachment figure is critical to a baby's health and well-being. Although there are some experts who argue that attachment needs are not all that crucial and that children are resilient and can bounce back from having no attachment figure or having a close bond disrupted, they all agree that ideally, every child should have this close primary attachment (Baldwin et al., 1996). Other scholars believe that when this bond is disturbed or not allowed to form, serious psychological disturbances in a child's development may result. In addition, the research indicates that the children

who do better later on in life are the ones who had secure attachments in the early years, and a significant factor in developing secure attachments is responsive parenting. Breastfeeding therefore, promotes responsive parenting, thus encouraging secure attachments. In order to be successful, breastfeeding requires the mother to be responsive to the baby's hunger, sleeping, and crying signals. Lengthy separations from the mother can seriously jeopardize the breastfeeding relationship when the baby is young. Given the potential health benefits to both mother and baby, continuance of this relationship should be a priority in family law cases (Baldwin et al., 1996).

A wide range of other benefits of breastfeeding have been identified in the literature. For instance, according to CDC (2000) report, breastfed infants have lower risk of respiratory and gastro-intestinal illness as breast milk contains all the nutrients an infant needs for the first 4 to 6 months of life and more resistant to disease and infection early in life than formula-fed children. It concludes that they are also less likely to contract a number of diseases later in life, including juvenile diabetes, multiple sclerosis, heart disease, and cancer before the age of 15. Other studies have shown a number of important health benefits of breastfeeding to both the mother and child. Many of these studies have indicated that breastfeeding results in a reduced risk of infant mortality e.g., (Victoria, 1997), morbidity from infection (Huffman & Combest, 1990; Lucas & Cole, 1990), enhances infant immunity (Spady & Pabst, 1990), and reduces the risk of breast, uterine and ovarian cancer among women, lessens osteoporosis, benefits child spacing, promotes emotional health, postpartum weight loss and costs less to breastfeed (CDC, 2000). Thus, mothers who breastfeed have a reduced risk of Type 2 Diabetes and certain cancers such as breast cancer, may find it easier to return to what they weighed before they got pregnant and strengthen the bond with their children.

According to CDC (2000), babies who are breastfed are generally healthier and achieve optimal growth and development compared to those who are fed formula milk. If the vast majority of babies were exclusively fed breast milk in their first six months of life—meaning only breast milk and no other liquids or solids, not even water—it is estimated that the lives of at least 1.2 million children would be saved every year. If children continue to be breastfed up to two years and beyond, the health and development of millions of children would be greatly improved. Infants who are not breastfed are at an increased risk of

illness that can compromise their growth and raise the risk of death or disability. Breastfed babies receive protection from illnesses through the mother's milk. Huffman and Combest (1990) and Lucas and Cole (1990), also found that lack of breastfeeding is a risk factor for sudden infant death syndrome (SIDS). Other identified benefits are that breast milk helps keep newborns healthy, supplies all the necessary nutrients in the proper proportions, protects against allergies, sickness, and obesity and protects against diseases, like diabetes and cancer, protects against infections, like ear infections. Thus, the health benefits of breastfeeding for both mother and child are firmly established, making it a key public health issue globally (Dykes, Moran, Burt & Edwards, 2003). However, in modern societies, conditions of life and work do not favour breastfeeding. This is especially true of place where many women are engaged in industrial work away from home, long period of working hours and their day to day activities in general reduce the time that women could otherwise devote to infant care and breastfeeding. Infant food industry and marketing, the advertising and promotion of breast milk substitutes particularly in health facilities, many have contributed to the decline in breastfeeding.

In recognition of these benefits, the Nigerian government established the Baby-Friendly Hospital Initiative (BFHI) in Benin, Enugu, Maiduguri, Lagos, Jos and Port Harcourt with the aim of providing mothers and their infants a supportive environment for breastfeeding and to promote appropriate breastfeeding practices (Salami, 2006; Agho et al., 2011). Thus, a solution to improve child survival and reduce child mortality was proffered and implemented.

Until recently, breastfeeding is regarded as involving only the nursing mothers. It has been realized that men have great role to play for their wives to achieve successful breast-feeding. Interestingly, many men and women do not know that men can be very instrumental in successful breast-feeding. It is at this juncture one would ask, what are the roles of men in successful breast-feeding.

What role should men play in successful breastfeeding?

Breastfeeding is a vital approach in the promotion of child health. Support from others, especially from fathers, is a major factor affecting breastfeeding success. It is a fortunate baby that has a close, loving rela-

tionship with both of his parents (Laleche, 2014). A lot of fathers erroneously believe that breastfeeding is a role confined to mother and baby. Thus, they can feel excluded from breastfeeding, or may even feel they are a passive player. However, fathers play a very significant role in breastfeeding and are germane in order to make a successful family unit. Father is uniquely placed to promote a positive family attitude towards breastfeeding. If father has a sound knowledge base around the health benefits of breastfeeding for both mother and baby and understands the necessity of mother and baby needing to be together, he is more likely to prioritize the activity and give breastfeeding a strong endorsement. There is a difference between a partner who accepts his partner is breastfeeding and one that deliberately creates a successful atmosphere for this (Neifert, 1998).

Studies have shown that breastfeeding is hard work and can be physically and emotionally demanding (Laleche, 2014). Thus, all new mothers require help and support to allow them to achieve success with feeding, and to overcome doubts or fears that they may have. This in turn will encourage breastfeeding to continue. In the early days after birth when mother is lacking in sleep and coping with hormonal changes, fathers are ideally placed in order to provide encouragement when mother may be wavering with the breastfeeding approach (Laleche, 2014). During feeding times there is plenty a father can do to help mother. Providing mother with all the fluids she requires or making a snack for her are two important tasks he can do. Bringing pillows to help with positioning of the feeding is also important. Father can also take charge of winding baby between changing breasts and at the end of the feed. They can also change baby at the end of the feed and soothe him to sleep.

Laleche (2014) highlighted many activities that father can do in order to create a strong bond with his baby. Skin to skin contact is not an exclusive activity for mother and fathers can and should regularly undertake this e.g. allowing a full breastfed baby to lie on father's chest (Laleche, 2014). There is a huge body of research to suggest that human beings have a neuron-endocrine behaviour and depend of sociality and "bi-parental care". Research further suggests that babies that have regular skin to skin contact with both mother and father possess better resilience in later life both physically and psychologically. The value of a father to a baby's life is evident. Building a strong attachment with baby in the early days greatly improves the relationship between father and baby as the infant grows and has an impact upon the socio-emo-

tional development of a child. Health visitors should be encouraging a cohesive family approach to breastfeeding as part of the Healthy Child Programme, and providing support and encouragement to both mothers and fathers.

Studies have shown that in Nigeria where infant mortality rate is among the highest in the world due to high level of malnutrition. According to WHO (2008), infant and child mortality in Nigeria is 196 deaths per 1000 live births. This figure is worrisome compared to other smaller African countries like Togo, Botswana and Mauritius with lower infant mortality rates. Improving the nutrition of infants and newborns through breastfeeding should not be left alone for women.

The role of men in successful breastfeeding of newborns in the Nigerian society can therefore, not be overemphasized. Their role is as important as the mother's with regard to babies' growth and survival. According to Smith (2008), daddy's love is very important but attention is often focused on mothers when discussing breastfeeding. Smith argues that understanding men's role in breastfeeding will start with having some understanding of men's role in pregnancy, women's reproductive health and women's health generally. She concludes that male factor in breastfeeding is of significant importance within the broader area of reproductive health. Adewuyi (1999), observes that while women are the carriers of pregnancy, they contribute minimally to decisions on when they can be pregnant, and the number of children to have throughout their reproductive life. This is so because according to Bongaarts & Brude (1995), in sub-Saharan Africa, many women who do not want more children still do not use contraception because of opposition from their husbands. Many cases abound in Nigeria where, the husband's permission is required before a woman can take any step regarding her health (Murphy & Baba, 1981). Stock (1983) commented on the reluctance of some husbands to grant their wives permission to go to health centres particularly, if she has to go there unaccompanied. Stock (1983) is therefore, of the belief that in Nigeria and elsewhere in sub-Saharan African countries, understanding men's role in reproductive health and breastfeeding could go a long way in addressing the problem of unsuccessful breastfeeding. The author suggests that men should support their nursing wives by encouraging and praising them that by exclusively breastfeeding their babies, they have served good examples to other mothers in the community and as such contribute to cultural belief about breastfeeding.

Other scholars have argued that for successful breastfeeding, women need their husband's support. In her article titled "Daddy's Love", Smith (2002, p. 3) explains that she got encouragement from her husband to breastfeed their son. She states thus:

My husband supported me as I slowly worked up to nursing in public, he shared the same concern and trepidations for me; he has understood our son's nursing schedule and brings him to me to nurse early in the morning so I didn't have to get out of bed early in the morning on weekends. My husband reminded me every day if I had taken my vitamins and he always brought me water to make sure I stayed hydrated. The joy of my husband's support, encouragement and pride in our son being breastfed made me declare my husband an equal partner in providing our son with the best possible start in the world.

Women need more calories when they are breastfeeding. They derive a substantial part of this calories from stores built up during pregnancy. Any increase in calories will help the breastfeeding mother retain her health, as such; a balanced diet including protein sources is highly desired during periods of breastfeeding. Nursing mothers also need vitamins, which should be supplied through diet or supplements (Worthington-Robert & Williams, 1989). According to Labbok (1991), if a woman is undernourished and breastfeeds, she may run the risk of energy depletion. Thus any intervention in the postpartum period should include feeding the mother during the period in which she is breastfeeding the infant. According to Riccitiello (1998, p. 1), providing food and drinks are great ways to help new mothers keep their milk supply up. Many new mothers are so busy with their babies that they don't take the time to eat properly and they don't realize that they are not drinking enough to allow their bodies to make adequate supplies of milk. Riccitiello (1998, p. 2), states further:

While I was breastfeeding, my husband would bring me water or juice and a book or magazine. Sometimes, we would just sit and talk, that was the best.

A woman who is breastfeeding also needs adequate rest. The husband can help by relieving her of certain duties at home so that she could conserve enough energy for her infant. According to Lisa cited in Riccitiello (1998, p. 2):

My husband would get up early with Tom and play with him for a while to give me extra sleep time.

Riccitiello (1998) suggests that first time fathers especially, need to be encouraged to hold and play with their newborns because they are often hesitant to hold the tiny babies. He also advises that there is need for men especially new fathers to know that the breast is also a purposeful and functional device to nurture infants and as such they should learn not to be embarrassed when their wives breastfeed in public. Cleary (1998) posits that a guy that becomes a father of a baby should insist on nursing 15 times a day. Nursing through the night, at meal times, most significantly nursing at bars, restaurants, planes, trains and other public places, they should realize that the breast of a breastfeeding mother is primarily a means of giving baby the best nutrition. Father's support is therefore critical especially if a mother is breastfeeding for the first time.

According to Riccitiello (1998), a surprising number of fathers are getting out of bed to get the baby and change a diaper before handing the hungry bundle to the mother. According to him, 'a dedicated breast feeder and mother of two described her husband as being great about picking up their child in the middle of the night and bringing him to her for breast feeding, changing his diaper and cuddling and holding him'. Unfortunately, many fathers are left out when it comes to breastfeeding. They cannot feed the baby themselves and they are helpless at the closeness the mother and the baby share when nursing. Some of them may object to their wives breastfeeding out of breast envy. They feel left out and useless because the mother is doing all the parenting. Though they may not realize it that their support often makes the difference in whether a woman sticks with nursing and succeeds or gives up before she really learns how. Without their partner's help, many women don't make it through sometimes—rocky first days and weeks of nursing.

It is observed that when a father makes the effort to encourage, and reassure the new mother, she tends to feel more confident in her choice of breastfeeding. It is the husband who is always with the nursing mother most that knows her the best. If he is enthusiastic, knowledgeable and supportive, it makes all the difference in the world as to whether or not breastfeeding will be successful and enjoyable for mother and baby (Riccitiello, 1998). Fleiss & Hodges (2005) corroborated this when they said that without the support of an informed and courageous husband, young mothers who want to breastfeed may find their efforts undermined.

To make breastfeeding successful, there is a host of other things that fathers must do. Supports in several forms received from a husband by a nursing mother can make a whole lot of difference in whether such a woman can achieve successful breast-feeding.

According to Riccitiello (1998), in trying to do so, some fathers use themselves as human shields to give their wives privacy while they nurse in public'.

Discussions

There is much that fathers can do to help with the baby. A baby has a vital need for his/her father to hold and caress him/her, sleep and walk with him/her, bathe and change diapers, sing to him/her and countless other demonstrations of fatherly love and devotion. The father can also perform vital role of caring for the baby while the mother showers and attend to her personal needs. Father can prepare meals, do housework and shopping, deal with the finances, take responsibility for the care of the older children and perform many other tasks that will earn him respect and fulfillment.

However, there are many factors that militate against fathers being of much help to their breastfeeding wives. It has been highlighted that women do not participate in the decision-making concerning pregnancy and childbirth in spite of the fact that they are the ones that bear the burden. This corroborates Adewuyi (1999), that male factor in breastfeeding is of significance importance within the broader area of reproductive health; while women are the carriers of pregnancy, they contribute minimally to decisions on when they can become pregnant and the number of children to have throughout their reproductive life. This is an extension of women's powerlessness in the home because women do not participate in the decision making in other areas of family life. This subjugation of women is due to the patriarchal nature of our society, which relegates women to the background, and treats them as second-class citizens.

Furthermore, some men object to their wives' breastfeeding due the fear that the breast will sag, flop and look unattractive. This fear is totally untrue. According to CDC, 2000, it is not the breastfeeding that makes breast to sag rather; it is pregnancy that causes it. Also, the support of husbands of breastfeeding mothers is very essential especially in terms of providing adequately for the women so that their nutritional requi-

rements are met. This would go a long way in keeping the women and their babies healthy. According to Labbock (1991), if a breast-feeding mother is undernourished, she may be at the risk of energy depletion. Apart from this risk of energy depletion, the woman and her baby are vulnerable to diseases and infections and this is one of the causes of the high incidence of maternal and infant morbidity and mortality in Nigeria.

It is very important that men show understanding because of reduced attention from the wife as soon as the baby arrives. They should not complain rather, they should try to help the woman so that she can nurse the baby successfully. The hardest thing for many fathers is feeling left out in the first days and weeks of the baby's life. But that is the best time to jump in and learn to do other things that will bond them with their babies by singing to their babies, and bathing them. A great way for fathers to bond with their new born is to put the infant—dressed just in a diaper—on his bare chest so that baby can feel his warm skin and learns how his/her father smells. Many breastfeeding mothers are not encouraged by their husbands to breastfeed their babies. This means that the babies in this case may not be breast fed well there by exposing them to diseases and sometimes death. This corroborates Roccitielo (1998), that men do not realize that their support often makes the difference in whether a woman and succeeds or gives up before she really learns how to. Without their partners' support, many women do not make it through the rocky first days and weeks of nursing. Smith (2008), corroborated this and said that there is need to encourage women especially if they are doing it for the first time.

The issue of husbands' reluctance in granting permission to their wives to go to hospital is a very important one. The husband granting wife such permission is based on whether the husband regards the wife's complaint as serious enough to merit hospital attention. It will also depend on how much the husband loves the wife because if he loves the woman and would not want any harm to come to her, he would grant her the permission but if otherwise, she can as well die so that he would go and marry another wife. Murphy and Baba (1981) observed that in Nigeria in many cases, the husband's permission is required before a woman can take any step regarding her health.

It is equally very important for the husband to make the wife as happy as possible because the emotional state of the nursing mother affects her baby and has serious implications for successful breast-feeding. I wish to tell you about a personal experience I had with

breastfeeding and nursing mother's emotional state. When we were young girls, a friend of mine got married and had her first son. After the birth of the child, his father died. My friend was so bitter and angry and wept all the time. To our greatest shock, anytime she tried to breastfeed the baby, the baby would refuse until elderly women around told her to cheer up if she did not want her baby to die. When she managed to cheer up, the baby started breastfeeding again. This is an indication that babies easily notice when their mothers are not happy and it affects breastfeeding and the general well being of the child.

Conclusion

This study has corroborated empirical evidences that the father is a primary source of support to the breastfeeding mother and can influence and/or contribute to decision-making regarding initiation, continuance, maternal breastfeeding confidence, and weaning (e.g. Binns & Scott, 2002; Earle, 2002; Sherriff et al., 2009; Swanson & Power, 2005). The paper found that to date, there has been no attempt in the Nigerian literature describing what role fathers should play in promoting breastfeeding in Nigeria. This may be attributed to the fact that in Nigeria it is still culturally believed that breastfeeding is women's exclusive responsibility. Any man who tries to support his nursing wife is labeled. This paper has explored the concept of 'father role' in relation to maternity services and broader health settings, aimed at clarifying its meaning to enable comprehension and application in practice and research. From the foregoing discussion, it has been established that breastfeeding is very crucial in the survival, growth and development of a child as it gives a child the fortification he/she needs to fight infections and grow normally. Moreover, it was also found that breastfeeding brings about a stronger emotional bond between the parents and child. This paper has also highlighted so many important areas of supportive roles which husbands can play in order to help their wives attain successful breastfeeding. These range from provision of food, encouragement and help with home chores and older children, giving her permission to go to hospital and allowing her to participate in decision making.

As stated earlier, in many Nigerian communities breastfeeding is still regarded as a child/mother relationship while the role of fathers' in attaining successful breastfeeding is disregarded. Recently, it has been

realize that a father has a great role to play in the development of his child and his role in breastfeeding is part of it. The role of practical and emotional support from fathers is an essential ingredient to successful breastfeeding, increasing the mother's confidence and enabling her to maintain an adequate milk supply. In-fact, what the father can do to help in breastfeeding is limitless. A father does not need to breastfeed his baby to form a close loving bond but he needs to spend time holding, loving, playing with and just being with his baby. A father who really wants to help can always discover ways of helping in the care of his baby.

Sometimes, men who want to be part of the parenting role need information and knowledge. This would give them the opportunity to synthesise the information and apply the knowledge to feel confident and competent in their new role as an involved parent. Interestingly, the review has revealed that many husbands are rising up to the occasion of helping their breastfeeding wives but most of these literatures are not Nigerian. As such, it is not yet clear what the Nigerian situation really is. A follow-up research on this issue in the Nigerian context needs to be carried out in order to know the role of men in promoting breastfeeding in Nigeria. In acknowledging the importance of paternal support for successful breastfeeding, scholars found that mothers would like more help from their partners, but were sometimes unclear what type of help they wished to receive (Scott, Landers, Hughes & Binns, 2001). They also found most fathers wanted to help mothers but did not know what they could do to help, which again reflects the fathers' views in the sub-theme "Learning the role" The sub-themes of "Encouragement to do your best" and "Being an advocate" were supported in the literature by Susin and Giugliani (2008) and Scott and Binns (1999), who identified the father as the most important support person to give encouragement and advocacy. Thus, unless fathers are included in breastfeeding education programmes and breastfeeding campaigns, to be made aware of benefits of breastfeeding, they will remain barriers to exclusive breastfeeding.

What can be done?

Based on the paper, the following recommendations are made:

1. In Nigeria where infant mortality rate is among the highest in the world due to high level of malnutrition, father's role in breastfeeding should be encouraged. Understanding the role men in

breastfeeding is therefore the first step to be taken as their roles in breastfeeding is very crucial. The paper recommends that the New Birth Visit is the perfect platform to discuss the ways father can contribute, what his role is and encourage a cohesive unit between mother and father.

2. It also recommended that a mass campaign be mounted to educate men and women to know that the role of men in breastfeeding is as important as breastfeeding itself and should be taken seriously by men. Like what obtains in Brazil, Nigerian male singers and male role models should be included in advertisement campaigns asking fathers to support breastfeeding.
3. There is also the need to involve fathers and educates them on benefits of breastfeeding. This is to be done at doctor's office, prenatal classes or in delivery room. Involving fathers in decision making of infant feeding, at least from early stage will also go a long way in changing their perceptions and attitudes towards breastfeeding.
4. Nigerian government should intervene by initiating the Baby Friendly Community programme in every community. Men should be included in the programme since they are the major actors in decision making in the homes. Involving mothers alone without the support of their husbands may not yield the desired result on exclusive breastfeeding.
5. The role of men (fathers) in successful breastfeeding campaign can be achieved if they allow their working wives to take their children to crèches, which are very important to exclusive breastfeeding. Establishment of crèches near a working place will enable nursing mothers to shuttle between crèches and their offices to breastfeed their babies from time to time. If this is achieved, there is no doubt that children and parents will be happier for it.
6. Finally, like what obtains in Sweden, fathers should be allowed to go on paternity leave so as to assist the nursing mothers and their newborns at least for the first three months. Doing so, will go a long way of reducing the stress on their wives.

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