

ALEITAMENTO MATERNO: PERCEÇÃO DO PAI SOBRE SEU PAPEL

BREASTFEEDING: FATHER PERCEPTION ABOUT HIS ROLE

LACTANCIA MATERNA: PERCEPCIÓN DEL PADRE SOBRE SU PAPEL

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RESUMO

Objetivo: compreender de que modo o pai percebe seu papel em relação ao aleitamento materno. **Método:** pesquisa descritiva, de natureza qualitativa, realizada em uma maternidade da região noroeste do Paraná. Os dados foram coletados por meio de entrevista, no mês de julho de 2017. Os depoimentos foram submetidos à análise de conteúdo, modalidade temática. **Resultados:** Surgiram duas categorias: percepção do pai sobre aleitamento materno; e o apoio paterno como facilitador disso. Os 14 pais reconhecem a importância do aleitamento materno para a saúde da criança, para prevenção de doenças, e a existência de dificuldades nesse processo. Observou-se também que os pais percebem seu papel de apoio e incentivo durante a realização de diferentes tarefas que facilitam o processo de aleitamento materno. **Conclusão:** compreendeu-se que o envolvimento paterno no processo de aleitamento materno constitui estratégia essencial para o enfrentamento das dificuldades vivenciadas e para manutenção dessa prática.

Descritores: Relações familiares; Aleitamento materno; Pessoal de saúde; Pai.

ABSTRACT

Objective: to understand how the father perceives his role in relation to breastfeeding. **Method:** descriptive research, of qualitative nature, performed in a maternity hospital in the northwestern region of Paraná. The data were collected by means of an interview, in the month of July, 2017. The testimonies were submitted to content analysis, thematic modality. **Results:** Two categories emerged: father's perception of breastfeeding and his support as a facilitator of it. The 14 fathers recognize the breastfeeding importance for the child health, for disease prevention, and the difficulties existence in this process. We also observed that fathers perceive their support role and encouragement during the different tasks that facilitate the breastfeeding process. **Conclusion:** we understood that father's involvement in the breastfeeding process is an essential strategy to confront the experienced difficulties and for this practice maintenance.

Keywords: Family relations; Breastfeeding; Health staff; Father.

RESUMEN

Objetivo: comprender de qué modo el padre percibe su papel en relación a la lactancia materna. **Método:** investigación descriptiva, de naturaleza cualitativa, realizada en una maternidad de la región noroeste de Paraná. Los datos fueron recolectados por medio de entrevista, en el mes de julio de 2017. Los testimonios fueron sometidos al análisis de contenido, modalidad temática. **Resultados:** Surgieron dos categorías: percepción del padre sobre lactancia materna; y el apoyo paterno como facilitador de eso. Los 14 padres reconocen la importancia de la lactancia materna para la salud del niño, para la prevención de enfermedades, y la existencia de dificultades en ese proceso. Se observó también que los padres perciben su papel de apoyo e incentivo durante la realización de diferentes tareas que facilitan el proceso de lactancia materna. **Conclusión:** se comprendió que la participación paterno en el proceso de lactancia materna constituye una estrategia esencial para el enfrentamiento de las dificultades experimentadas y para el mantenimiento de esa práctica.

Descriptorios: Relaciones familiares; Lactancia materna; Personal de salud; Padre.

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INTRODUCTION

Breastfeeding is scientifically recognized as unique and sufficient nutritional option for babies up to six months of life. In addition to own properties that strengthen the immune system, the breastmilk favors the mental and physical development of the baby and stimulates the bond between the mother and the newborn, bringing them stimuli of love and comfort. This bond is not something automatic and immediate, needing to be built gradually, so that the baby make yourself if desired and loved, even before his birth⁽¹⁾.

Although breastfeeding is proven to be the most effective way to meet the initial needs of the newborn, verifies the existence of some factors that imply early weaning, such as: the return of the mothers to work; the emergence of complications during breastfeeding as, for example, the pain, the breast engorgement, the fissures and mastitis; the difficulty in breastfeeding due to the lack of circulation and support of partner, among others. These factors reduce the pleasure of the mother with relation to breastfeeding and the influences in the search for other options of food for your baby⁽²⁾.

In this way, emphasizes the essential role of the family in stimulating and encouraging breastfeeding⁽³⁾, once the family support is considered one of the primary components of health care⁽⁴⁾. Reiterates that breastfeeding is an essential element for the promotion and protection of child health and which, when it occurs, unfavorable outcomes are provided for child health. In this context, the father must be valued and included along the prenatal care in order to promote the actions of care with the binomial⁽⁵⁾.

In the process of breastfeeding, in particular, the father is configured as an essential point to that there is adherence to breastfeeding and continuation, in accordance with Ministry of Health recommendations. In addition to the type of relation and structure that the couple has, dialog is a necessary tool that sometimes presents difficulties for historical and cultural issues. Some situations still fall at the time that the paternalism was not seen qualitatively, because the father was concerned with the supply of material sons and the psychosocial part was desired. It is expected to promote the link between mother, father and son since the beginning of the pre-Christmas until the postpartum period. With the active presence and

approval of the Father, in preparation for motherhood, can encourage the mother, being a factor for the success of breastfeeding⁽⁵⁾.

In this scenario, the family-centered care, which is the theoretical reference of this study, directs to the understanding that the family is regarded as a fundamental element in the care of their members and establishes a network of support required.

This philosophy of care has as assumptions: dignity and respect the choices and perspectives of the patient and the family; the knowledge, values, beliefs and culture of the patient and family incorporated into the planning and provision of care; information shared; participation and collaboration⁽⁴⁾.

In addition, the father, in particular, can perform simple actions that favor the establishment of a tranquil and cozy so that women can breastfeed, offer physical and emotional support to the puerpera, assist in positioning the baby so comfortable to her mother and talk about possible situations/reasons which lead to anxiety and insecurity during this process⁽⁶⁻⁸⁾. In this thinking, known as the father realizes its role in the context of breastfeeding and the potential barriers to this process may subsidize the implementation of strategies that promote breastfeeding.

Thus, the objective of this study was to understand how the father realizes its role in relation to breastfeeding.

METHOD

A descriptive study of a qualitative nature carried out among the companions of puerperal women in a maternity ward in a city in the northwest region of Paraná. The motherhood, which meets users of SUS and private offers 22 beds, being three rooms with four beds and five with two beds, all with joint lodging.

The participants were selected by adopting the following inclusion criteria: father with age greater than or equal to 18 years and who have daily contact with the companion and the RN. Soon, the parents were discussed at the time of the visit at the maternity unit and invited to answer the following question: Tell me how do you see your role in the process of breastfeeding. Two issues were also used to support: 1. Talk about the factors that you believe may facilitate or impede the breastfeeding; 2. Talk about what you believe you can do (or could) to help that breastfeeding happen/stay.

The data collection occurred in motherhood itself, in the month of July 2017, by means of an individual interview in a doctor's office, being recorded and then transcribed in full. The search for information occurred up to the moment in which the objective of the study was reached.

It was used as a theoretical framework, the assumptions of Family-Centered Care⁽⁴⁾ for base and guidance in conducting the analytical process. The data were submitted to thematic content analysis⁽⁹⁾, according to the stages of pre-analysis, exploration of the material, handling the results and interpretation. In pre-analysis was performed exhaustive reading of the statements to raise relevant points forward to the goal proposed by the study. In the phase of exploration of the material, the raw data has been processed and aggregated into units. In the last phase, the categorization (classification of elements according to their similarities and differentiation, with the subsequent family reunification on the basis of common characteristics.

The study was developed in line with the guidelines regulated by Resolution n° 466 of 12 December 2012, of the National Health Council (NHC), after approval by the hospital institution and approved by the Standing Committee on Ethics in Research with Human Beings at the State University of Maringá (CAAE 67083517.1.0000.0104). All participants signed the Informed Consent Form in two tracks and were identified with the letter P, indicative of father, followed by the number of interview and the number of children, Ex: (P1, 1st son). There is no conflict of interest in this study.

RESULTS AND DISCUSSION

Characterization of the subject

The majority of infants (71.4%) born of cesarean birth and the average number of children per couple was one. Among the 14 participating parents, seven accompanied the current delivery. More than half (57.1%) of them were from the municipality of location of the institution under study; 42.8% of the white race, 35.71% 21.42% were mulattoes and blacks; 82% had at least six years of study; and the average age of parents was 30 years (minimum of 18 and maximum of 39 years).

The analysis of the data of a qualitative nature, emerged the following categories: (a) The perception of the Father about breastfeeding;

and (b) The parental support as a facilitator of this.

Perception of the father on breastfeeding

We observed that the recognition of parents with regard to the importance of breastfeeding. The purpose and duration of breastfeeding were also clearly evidenced, as it depicts the statements below: "It is important for the development of it, for health" (P10, 2nd son). "I think that is good for the health drink because it prevents many diseases" (P2, 2nd son). "Because it is healthier breastmilk from the mother than these milk tin" (P4, 1st son). "The longer, the better. It is certain until about two years" (P1, 1st son).

However, some parents say that, during the pre-natal consultations that followed, have not received any guidance about breastfeeding, this fact presented in the statements below: "Nobody talked about breastfeeding in the pre-natal consultations" (P1, 1st son). "I do not recall having advised nothing about breastfeeding" (P11, 1st son).

The parents also reported the various difficulties which have arisen in breastfeeding, still in the maternity ward: "If this milk came down faster, would facilitate, because it gives the breast, the baby is crying, she is angry and has to give NAN for her" (P9, 2nd son). "She is complaining of pain in the belly, no position for he is good, it is bad for her to breastfeed" (P12, 2nd son). "She is nervous because she puts on chest, then he is with the mouth stop sleeping, she says that he is breastfed, but with the mouth without moving? That is why I speak: I think it is not! Then she told me to leave. I want to make sure that he is not going hungry, right? Because he does not know how to talk yet" (P1, 1st son).

The father support enablement of breastfeeding

For some respondents, the responsibility in performing different tasks at home or with the baby are important sources of encouragement for breastfeeding. The levy expressed as a preponderant factor for breastfeeding is notoriously declared in the statements below: "Continue helping her, even with the other children and the service of home, so she has more time for the baby" (P13, 3th son). "Take Care of the baby, change diapers, tidying the house, these things" (P11, 1st son). "Help her to take care of the baby, let sleep, rest a little because she is also tired" (P7, 1st son).

The presence of the father next to the puerperal woman and the newborn was also mentioned as a factor of support: "[...] we need to get closer to the woman and baby in those early days" (P6, 2nd son). "I understand that I am very important to help it because we are just the two of us [...]" (P5, 1st son).

In addition, it also identified the paternal support in attempts to alleviate the difficulties experienced during breastfeeding: "I have to encourage it, because in the beginning, it is difficult; the milk it seems that is not enough, and sometimes it is irritated with it" (P6, 2nd son). "I told her that it hurts because it is also the first day, said that she has to be strong and I'm taking care of him for her rest" (P12, 2nd son). "I'm talking enough with it, said that it is even so, that delay and that she has to stay calm that has already come down" (P9, 2nd son). "If the milk down faster, would help a lot, so I talk to her take enough liquid, I know that helps" (P5, 1st son). "I'm quite helping her with the baby [...] help she put in her chest, I don't know much, because I am also the father of first trip, but we're going to learn" (P14, 1st son). "Well, when I'm close, she gets more happy; not only I, but her mother as well. I think that she feels more security" (P13, 3th son). "I think so, because she likes that i stay together, I think that it is more secure" (P6, 2nd son).

Although breastfeeding is associated with proven benefits for the mother and the child, there are many factors that influence the mother's decision to breastfeed. Among these, we highlight the support and encouragement of the companion from the recognition of the importance of this process⁽¹⁰⁾.

To analyze the experience of the Father from the perspective of the family-centered care, it was possible to realize that there are times and situations in which the fatherhood represents a period of great responsibility in the life of a man who, at times, feels a little participatory during the process of pregnancy and puerperium, by the fact that the pregnancy be felt physiologic and anatomically only by women⁽⁶⁾. However, parents show satisfaction to accompany and support breastfeeding, since this process represents a remarkable experience by living area next to the woman, and of the Son and of accompany completely its development⁽¹¹⁾.

In this context, stresses the need of stimulus to the Father to experience and recognize how important and significant is its

presence and participation in breastfeeding support and in the life of the mother and the baby, as a source of affection and care⁽⁸⁾. This stimulus is opportunistic since the pre-natal consultations, which should involve the couple, so that the professionals perform guidance on breastfeeding and promote the knowledge about the benefits of breastfeeding and make it a desire shared by the family.

It proved, in the statements of some participants, the lack of orientation during the pre-natal consultations on breastfeeding, which helped to understand the situation and the difficulties involved in this process. Therefore, in the light of the family-centered care, it is acknowledged that the information shared can facilitate in decision-making, especially with regard to the respect and the need for the family to be welcomed and cared for with dignity⁽⁴⁾.

Furthermore, the Father longs to participate in the life of the baby to exercise their parental role and responsibility which legitimate its role with the newest member of the family. In this scenario, the health professionals need to become a reference to care and support for the family in order to help them over time.

Reiterates that the lack of systematization of the guidelines, along the pre-natal care, by the health team, negatively influences the perception of parents about the actions and support played by the health service. This result corroborates a study carried out in Rio Grande do Sul, in which mothers reported to health professionals only as a source of information, seeking support in the face of difficulties encountered in breastfeeding along the family⁽¹²⁾.

It also highlights the importance of guidance by the health team and insertion of the family in care during the transition from hospital to home, considering that may arise new difficulties, among them, the maintenance of breastfeeding^(13, 14).

In this context, this study showed that the perception of mothers with relation to the inadequate supply of milk to babies is among the main barriers for continuance of breastfeeding at home⁽¹³⁾. Sometimes, this perception is influenced by the difficulty in the handle, by excessive crying baby and uncertainty with respect to the interval between feedings, as evidenced in the reports of P1, 9 and 12. In addition, the team of Primary Care has as function, review and demonstrate the guidelines offered during the pre-natal care, with a view to identify possible difficulties and

circumvent them, not allowing these are cause for interruption of breastfeeding.

Some parents revealed that the difficulties experienced by the puerpera during the first days of breastfeeding, as for example, the pain, the fissure and the difficulty with the correct handle can influence the early weaning and the desire to interrupt this process. This result highlights the importance of the guidelines offered during the prenatal period to the bed, turned to the preparation of the breasts for breastfeeding, which favors the prevention of nipple trauma and engorgement⁽¹²⁾. Furthermore, the incentive to breastfeeding needs to be a priority among the professionals in order to improve the health of mothers and babies⁽¹⁵⁾. The guidelines relating to the confrontation of difficulty(s) for breastfeeding need to be offered to the family, with a focus on stimulating the personal satisfaction in feeding, persistence and the advantages offered by the breastfeeding⁽¹⁶⁾.

We observed in the present study, parents recognize the importance of your support as facilitators of breastfeeding. This perception is also found in the maternal perspective, since the presence of the Father influences not only in the decision to breastfeed, but also to give continuity to the breastfeeding⁽¹⁷⁾.

In this sense, a study conducted in Hong Kong pointed out that the incentive of the Father to breastfeeding increased in 1.67, the total number of times the chance of the mothers breastfed up to six months, solely⁽¹⁵⁾. It is noteworthy that the lack of encouragement and support, many times, is a consequence of the restriction of information offered to the woman, without including other family members⁽¹⁸⁾.

The support offered by the father in the breastfeeding process can manifest concretely by means of aid in domestic activities, or even by means of care with the other children, thereby reducing the load on the puerperal women and leaving them more calm and quiet for breastfeeding, as observed in reports of P7, 11 and 13. It is worth noting that the division of domestic tasks, for example, causes the father to change their attitudes and their perception about the woman in relation to breastfeeding, going to support it and respect it in this period⁽¹⁹⁾. The satisfaction of parents in providing care to children is experienced, especially when you realize that your companion and/or health professionals recognize, valuing their initiatives and attempts to correct answers⁽²⁰⁾.

The recognition of parents about the importance of being "next" of the mother and the baby as a factor of breastfeeding support, as it is observed in the statements of P5 and 6, corroborates the results found in a study carried out among the infants, who pointed to the pursuit of these women for support in his companions in order to facilitate the process of breastfeeding, once they feel safe and quiet⁽¹⁹⁾. The presence of the companion was also important as support to alleviate the difficulties experienced by women during breastfeeding, especially in the beginning, when the same feels insecure with the milk letdown, for example.

It is necessary, therefore, that the healthcare professionals welcome the couple at the time of completion of the guidelines during the pre-natal consultations and use different strategies to underscore the importance of strengthening family bonds, so that the challenges experienced throughout the process of breastfeeding, are quell together.

FINAL CONSIDERATIONS

From this study, it was possible to understand that parents recognize the importance of their role of support and encouragement to mothers during breastfeeding. In addition, parents realize that this involvement can contribute positively to the child's health and prevention of diseases.

With the reflection on family-centered care, suggests the planning strategies for the health team, which can stimulate and encourage the effective participation and continuous the companion and the family in carrying out various tasks that facilitate the process of breastfeeding. It presents, as a limitation of the study, the absence of previous bond with the interviewees, which may have influenced the lack of confidence to verbalize other feelings and perceptions. However, it is believed that the results presented here contribute to expand the understanding of the paternal perception regarding its role in supporting and encouraging breastfeeding, and encourage health professionals to strengthen their own inclusion in care actions.

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