



Male-Focused Breast-Feeding Promotion Programs: A New Route for Child Survival Programming Worldwide

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Abstract

American Academy of Pediatrics, World Health Organization (WHO), and United Nations International Children's Emergency Fund (UNICEF) recommend exclusive breast-feeding for the first six months of an infant's life and continuation for a year or more. However, data from World Health Organization (WHO) shows that over the period of 2007-2014, only 36% of infants 0-6 months were breastfed exclusively with 45% of annual child deaths are associated with under-nutrition. These statistics suggest the need to invest in breast-feeding promotion programming.

Mothers and infants have been the traditional focus of breast-feeding promotion programs. A systematic review of the impact of male partner focused interventions on breast-feeding initiation, exclusivity, and continuation found that only 13 out of 535 breast-feeding promotion studies reported on male partner-focused interventions. However, current literature on breast-feeding promotion indicates that male engagement in promoting and supporting exclusive breast-feeding has a significant impact on the rates of breast-feeding initiation and continuation by the mother.

Current breast-feeding promotion policies and programming must leverage this potential to create interventions that focus on increasing male knowledge, positive attitudes, behavior adoption and change, to promote best practices that enhance breast-feeding initiation, exclusivity and continuation outcomes. A thorough examination of existing breast-feeding promotion interventions suggests that an employer sponsored male-focused lactation program at workplace provides a sustainable way of increasing breast-feeding initiation, exclusivity, and continuation rates because of its focus on breast-feeding education and support services. Employers must ensure that these male oriented breast-feeding support programs are tailored to the needs and availabilities of its male employees. While this commentary highly recommends that current breast-feeding policies incorporate male focused workplace lactation programs as a way to promote rates of breast-feeding initiation, exclusivity, and continuation, further research and piloting, using controlled designs and consistent outcome indicators, is needed to develop a complete understanding of the effect of employer sponsored male focused lactation programs at workplace on engaging men in promoting rates of breast-feeding initiation, exclusivity and continuation.

Keywords: Breast-Feeding Promotion Programs; Employer Sponsored Male Focused Lactation Programs At Workplace

Background

Child survival depends on two main factors, nutrition intake and immunity against infections. Exclusive breast-feeding up to six months of age, accompanied by nutritionally-adequate complementary solid foods at six months, and continued up to two years of age or beyond has been empirically proven to enhance chances of child survival by providing major required nutrients and building immune systems against infectious diseases. However, data from World Health Organization (WHO) shows that over the period of 2007-2014, only 36% of infants 0-6 months were breastfed exclusively. This data also indicates that 45% of annual child deaths are

associated with under-nutrition. These statistics suggest the need to invest in breast-feeding promotion programming.

Mothers and infants have been the traditional focus of breast-feeding promotion programs. A systematic review of the impact of male partner focused interventions on breast-feeding initiation, exclusivity, and continuation found that only 13 out of 535 breast-feeding promotion studies reported on male partner-focused interventions.

The mother's decision to breast-feed is often influenced by her partner. A review of literature from 11 studies identified fathers'

knowledge and attitudes about breast-feeding as factors affecting the fathers' decision about breast-feeding. Research suggests that male partners' concerns about breast-feeding in terms of losing attention of the new mother, feeling left out of the mother-baby relationship, and reduced sexual relations with the mother have a negative influence on breast-feeding initiation and continuation by the mother.

However, current literature on breast-feeding promotion also shows the positive impact of male engagement in promoting and supporting exclusive breast-feeding. Male-targeted education has empirically proved to be effective in increasing rates of breast-feeding initiation and continuation. Many male partners prefer breast-feeding and perceive it as a natural and healthy decision for the mother and infant.

Current breast-feeding promotion policies and programing must leverage this potential to create interventions that focus on increasing male knowledge, positive attitudes, behavior adoption and change, to promote best practices that enhance breast-feeding initiation, exclusivity and continuation outcomes.

Issue statement

There is a need to revise breast-feeding promotion interventions to be more male focused in order to increase rates of breast-feeding initiation, exclusivity, and continuation.

Options

The following three options are proposed after a careful examination of the current literature on breast-feeding promotion interventions. These alternatives focus on increasing male knowledge, positive attitudes, behavior adoption and change around breast-feeding.

- Identifying and recruiting peer dads to lead information sessions on breast-feeding awareness
- Encouraging husbands and fathers to cultivate supportive environment that normalizes breast-feeding at home and in public
- Creating employer sponsored male-focused lactation program at workplace.

Recommendation

Creating employer sponsored male-focused lactation program at workplace is recommended to improve rates of breast-feeding initiation, exclusivity and continuation. Research has shown that availability of breast-feeding support services at workplace leads to lesser infant healthcare expenses and maternal stress, higher productivity at work, lesser absenteeism at work, and improved employee retention rates. However, most of the employer sponsored lactation programs focus on female employees. Workplace lactation programs should be expanded to male employees given the critical role that male partners play in a mothers' decision to breast-feed.

Rationale

Identifying and recruiting peer dads to lead information sessions on breast-feeding awareness

These programs can increase participation rates of male partners of breast-feeding mothers because the information sessions are led by fathers of breast-fed infants and follow an open discussion format. Male breast-feeding education programs are empirically effective in increasing rates of breast-feeding initiation and continuation.

However, the process of identifying, recruiting, and retaining peer dads who are willing to commit to these information sessions can be difficult. Increasing knowledge alone cannot ensure consistent involvement of males in breast-feeding practices. Such programs may not have an effect on rates of exclusive breast-feeding. The outreach of this program may be limited to male partners of breast-feeding females.

Encouraging husbands and fathers to cultivate supportive environment that normalizes breast-feeding at home and in public

Enhancing social support has been identified as one of the main approaches to increasing rates of breast-feeding. Theoretical frameworks such as Social Cognitive Theory can be used to create programs to encourage fathers and husbands to cultivate supportive environments that normalize breast-feeding at home and in public. Such frameworks can incorporate attitude and behavioral intent factors that affect husbands and fathers' involvement in creating supportive culture at home and in public. Social support programs aimed can potentially increase rates of breast-feeding initiation.

Fostering positive attitudes among males in itself is not sufficient to promote rates of breast-feeding exclusivity and continuation. Encouraging male partners to create a supportive culture alone may not be sufficient to encourage breast-feeding in public. These programs will need to account for possible discomfort among mothers regarding breast-feeding in public. The availability of nursing spaces in public will also determine the effectiveness of such programs. It may be difficult to develop causal associations between these programs and rates of breast-feeding initiation without consistent indicators measuring supportive environments.

Creating employer sponsored male-focused lactation program at workplace

An employer sponsored male-focused lactation program at workplace provides a sustainable way of increasing breast-feeding initiation, exclusivity, and continuation rates because of its focus on breast-feeding education and support services. The facilitation of group breast-feeding education classes, individual lactation counseling, breast pumps and double-pumping breast pump kit for their partner's use can be helpful in male behavior adoption and behavior change to promote rates of breast-feeding by the mother. The in-

involvement of independent pediatricians and lactation consultants ensures accuracy of information shared on breast-feeding.

An employer sponsored lactation program will require considerable funding as it depends on independent pediatricians and lactation consultants to hold education sessions and lactation counseling. Such expenses might be difficult to justify at the time of piloting. Hosting these programs can prove to be a logistical inconvenience for the employer in terms of time and resource allocation [1-21].

Conclusion

American Academy of Pediatrics, World Health Organization (WHO), and United Nations International Children's Emergency Fund (UNICEF) recommend exclusive breast-feeding for the first six months of an infant's life and continuation for a year or more.

Current literature demonstrates benefits of breast-feeding on employers, children, mothers and families. Employers must consider implementing male oriented breast-feeding support programs. An employer sponsored male focused lactation program at workplace can prove to be an effective method of promoting breast-feeding practices among males. These programs must be tailored to the needs and availabilities of the male employees by providing them group education sessions, individual lactation counseling, breast pumps and double pumping breast pump kits for their partner's use. Employers must use outreach strategies that appeal to the diversity of male employees in the workplace. These strategies must also aim to reduce possible discomfort among males with the topic of breast-feeding by concentrating on health benefits for infants instead of dwelling on the subject of breasts.

An employer implemented breast-feeding support program should teach male employees the health benefits of breast-feeding on the infant, mother, and family, their role in effective breast-feeding initiation and continuation, and ways to support breast-feeding. An additional focus of these programs should be on developing male employees with infant comfort skills and ways to facilitate mother's comfort while breast-feeding. In order to increase participation rates, these programs must specify different milestones and provide incentives to the participants for attaining these milestones. This memo highly recommends that current breast-feeding policies incorporate male focused workplace lactation programs as a way to promote rates of breast-feeding initiation, exclusivity and continuation.

Although these programs can prove to be costly in the short run, the benefits are sure to outweigh the costs in the long run. More research and piloting is needed to develop a complete understanding of the effect of employer sponsored male focused lactation programs at workplace on engaging men in promoting rates

of breast-feeding initiation, exclusivity and continuation. Such piloting endeavors must include controlled designs and consistent indicators to measure outcomes on breast-feeding initiation, exclusivity, and continuation rates.

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