Breastfeeding needs assessment in southern Vietnam: Preparing for scale-up of a father involvement intervention

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INTRODUCTION

Father involvement in the lives of infants can improve infant health and development.

In the Saving Brains: Father Involvement in Vietnam community-based intervention (L. Rempel, J. Rempel, T. N. Khuc & N. Vui, 2017; J. Rempel, L. Rempel, Hoa, Vui & Long, 2018) commune health workers (CHWs) in one district in Vietnam were trained to engage fathers as collaborative, supportive members of the parenting team to enhance the infant’s health.

CHWs encouraged fathers to identify their own unique ways to support breastfeeding and interact with and care for their infants.

Intervention components included:
1. Prenatal group sessions
2. Prenatal follow-up home visit
3. Guided father-infant interaction at birth facility
4. Postpartum home visits at 1, 6, and 15 weeks
5. Brochure about supporting breastfeeding
6. Father-Infant Relationship Calendar about developmentally appropriate ways to engage directly with their infants
7. Poster hung in commune health centres
8. Weekly commune loudspeaker broadcasts
9. Fathers’ club for ongoing fathering peer interaction organized in association with commune health centres and youth and women’s unions
10. Father contest

Intervention fathers supported their wives to breastfeed more exclusively, were more attached to their infants right from birth, interacted more with their infants than fathers in control communities and their infants were developmentally more advanced.

A community in southern Vietnam is considering scaling-up this intervention.

The objective of this current study was to obtain regional breastfeeding and father breastfeeding involvement needs assessment data.

METHODOLOGY

Participants
355 mothers of infants less than 1 year old
Age: 16 - 45 years; M = 28.8 years (SD = 5.0)
Education: 28% primary school; 59% middle school or high school; 7.6% illiterate
Income: 58% earned 3-7 million dong/month (US$130-300); 11.5% earned < 3 million dong / month
Household composition: 90% in typical family of 2 or more generations; 42% first child

Infant characteristics: 56.6% male; 25.6% caesarean delivery; 97% born in hospital

Data Collection
• 4 trained commune health workers interviewed all eligible, consenting mothers from 4 communities
• Interviews at maternal home

Measures
Partner Breastfeeding Influence Scale (Short form)
• Adapted from 25-item scale (Rempel et al., 2018)
• 14 behaviours that fathers could use to support breastfeeding
  • Savvy - breastfeeding knowledge
  • Helping - doing household tasks so mother can breastfeed
  • Responsiveness - being sensitive to the type and amount of support that the mother wants and needs
  • Mothers rated frequency in last month (0 = never to 4 = frequently)

Breastfeeding
• Timing of initiation
• Feeding colostrum
• Skin to skin care
• Exclusivity
  • Whether formula milk or water were given during first days
  • Second introduction of formula or water
• Duration of any breastfeeding

RESULTS

Father breastfeeding support behaviours
• Overall scale: M = 2.2, SD = 0.77
  • Sometimes to regularly provided support
  • Helping: M = 2.46, SD = 0.79
  • Savvy: M = 2.01, SD = 1.07
  • Responsiveness: M = 2.16, SD = 0.75

• When fathers provided more overall breastfeeding support
  • Mothers were more likely to feed colostrum
  • Mothers were less likely to stop breastfeeding in the first year.

DISCUSSION

Overall rates of breastfeeding are very high.
Rates of breastfeeding exclusivity in the first days are low and some mothers discard colostrum
Father breastfeeding support could increase exclusivity and breastfeeding success.
Results have been communicated to local health authorities to support a proposal to integrate a father-involvement intervention into the community health system as part of regular postpartum care.
Propose to adapt the Saving Brains intervention by training lay health workers to counsel new fathers

REFERENCES