Dads can do that! : Fathers' Involvement in Breastfeeding in Viet Nam

1. Background

Overview: Early Initiation and Exclusive Breastfeeding

While the majority of mothers in Viet Nam with children under the age of two report to have breastfed their children (Bich, et.al. 2016; Tuyen et. Al 2010), rates of early initiation of breastfeeding, exclusive breastfeeding for the first six months and adequate complementary feeding remain of concern. Nationally representative data on breastfeeding practices in Viet Nam are outdated, however, alarming trends have been observed with early initiation rates and exclusive breastfeeding rates tending to decline from 2000 to 2011 (Quyen, et. al. 2016).

A strong body of research has shown that early initiation of breastfeeding and exclusive breastfeeding[1] during the first 6 months of life confer myriad health and developmental benefits to children and significantly increase their likelihood of surviving to adulthood. A systematic review of breastfeeding practices conducted in 2011 identified many individual and ecological barriers to optimal breastfeeding in Viet Nam (Nguyen, et. al. 2011). While breastfeeding itself was common, relatively few women reported early initiation of breastfeeding and exclusive breastfeeding for the first six months. (Quyen, et. al. 2016) Data reported by Thu et. al. in 2012, revealed that the proportion of both of these key practices was below 50% in babies born between 2008 and 2010 although, overall 98% had breastfed their children. It has been demonstrated that early initiation of breastfeeding has long-term effects associated with the continuation of breastfeeding (Nakao et al. 2008*)*. Further, it has been observed that children under the age of 2 in in Viet Nam were often introduced to complementary foods too early and were not receiving adequate dietary diversity. Meal preparation has also been observed to occur at regularly scheduled family meal times rather than in accordance with infant and young children's special needs. (Quyen, et. al. 2016)

Sociocultural determinants of early initiation and exclusive breastfeeding practices in Viet Nam

In this section, we will look at the sociocultural determinants impacting issues of concern surrounding early initiation of breastfeeding and exclusive breastfeeding in Viet Nam through a socio-ecological lens considering the following levels of influence: socio-political environment; health care providers/ service provision; community/family; and mothers/caregivers. Much of the information in this section was synthesized from the aforementioned systematic review that took place in 2011. (Nguyen, et. al. 2011)[2]

At a socio-political level:

- Aggressive marketing of infant formula in hospitals and maternal wards. Despite government progressive policies, a lack of compliance and enforcement with the code of marketing breast milk substitutes has been observed.

[1] Exclusive breastfeeding is defined as providing only breast milk, and no food, formula, water, or other supplementation.

[2]

- Mothers are frequently approached by milk companies in prenatal and postpartum period. (Nguyen, et. al. 2011)

At a health-care providers/service provision level:

- The quality of health staff counseling.
- Milk-companies reportedly provide a commission from health workers who recommend their product. (Nguyen, et. al. 2011)
- High rates of cesarean sections (36% in 2010) which typically separates mothers from their infants for more than an hour after birth. After receiving antibiotics for the pain, some mothers refuse to breastfeed out of fear of side effects from the antibiotics affecting the child. (Quyen, et. al. 2016)
- Of the 29% of women to exclusively breastfeed in a study in 2002, 86% gave birth in a facility and 14% gave birth at home. (Derden, et. al. 2002)

At a community-level:

- Traditional beliefs around babies needing lemon juice or honey to clean their intestine before they are breastfed and a traditional herb to protect children from diarrhea.
- Husband and senior family members can provide vital physical and emotional support. (Nguyen, et. al. 2011)
- Discarding colostrum and providing pre-lacteal feeding and premature complementary foods is strongly related to traditional and cultural practices.[3] (Bich, et. al. 2016)

At an individual level:

- After a cesarean section, babies are taken away and mothers are provided antibiotics. There is a common fear that a mother's milk will be contaminated by the use of antibiotics resulting in mothers commonly refusing to breastfeed.
- Lack of proper information about breastfeeding and early initiation.
- The belief that colostrum may bring bad luck or cause diarrhea.
- The belief that formula is better than breast milk.
- A mothers' lack of confidence about their capacity to produce milk right after birth.
- their perceived inability to produce enough milk later on, appears to lead to suboptimal practices. (Nguyen, et. al. 2011)

3

“Dad's can do that!” A program involving fathers’ in breastfeeding in Viet Nam

The potential for fathers to play a role in supporting mothers’ breastfeeding practices has been a largely unexplored area of study and practice. In 2010, Alive and Thrive tested a quasi-experimental community-based C4D study design aimed at increasing fathers’ involvement in breastfeeding. The “Dads can do that!” intervention integrated group and individual counseling for fathers and expectant fathers into existing routine healthcare services. Mass media and social mobilization components that sought to change knowledge, attitudes, norms, and practices were also included in the campaign (Bich, et. al. 2016). The intervention was implemented in a region in Northern Viet Nam, and was just one component of the broader Alive and Thrive program in Viet Nam. Alive and Thrive have pioneered approaches to increase a father's supportive role in breastfeeding in other countries, notably Ethiopia and Bangladesh.

This intervention was carried out thanks to funding from the Bill and Melinda Gates Foundation through FHI 360's Alive and Thrive Small Grants Program. Hanoi School of Public Health in Viet Nam designed and managed the study, analyzed the data, and published the results. The District Health Center of Chi Linh and the Local Farmer Association (Viet Nam) implemented the study’s interventions. The program worked in close collaboration with the Ministry of Health, National Institute for Nutrition, the Women's Union, the General Confederation of Labor, the Institute of Legislative Studies, provincial authorities and UNICEF.

2. Goals and Objectives

The goal of the “Dads can do that!” intervention was to promote fathers’ involvement in supporting their wives’ practice of early initiation of breastfeeding and exclusive breastfeeding for their children’s first 6 months of life, in order to improve infant nutrition and health outcomes.

In particular, this intervention allowed for dialogue on why early initiation and exclusive breastfeeding for the first six months are important practices; how soon a baby should initiate breastfeeding; what colostrum is, that it is of limited supply and why a baby will benefit from it’s properties; when the appropriate time for complementary feeding would be; how breastfeeding is a shared parental responsibility; how housework can be shared to give a woman more time to breastfeed; and how a husband should help his wife or the mother of his child in the night when she has to wake up to breastfeed.

3. C4D Strategy

In an innovation brief published in 2012, Alive and Thrive provide 3 criteria they considered when choosing to engage with fathers as a suitable component for their program in Viet Nam. First, they

recognized that fathers within the community could play a stronger role in deciding how the baby is fed. Second, the fathers were willing to take simple action in support of breastfeeding and third, the channels selected made them easy to reach. In developing the "Dad's can do that!" program, they appealed to the emotions of fathers; dispelled stereotypes; chose the channels which would have the greatest penetration; provided specific, clear actions the fathers could take; allowed them to practice these actions; and made it clear that these actions were within the best interests of their family.

The intervention was carried out for one year, from September 2010 to December 2011 in 7 communes and townships in Chí Linh district of Viet Nam's Hai Duong region. A Baseline KAP study was conducted and in order to gauge the impact of the intervention a KAP was also conducted in 7 comparable communes and townships in Thanh Ha district as a control group, receiving no treatment. Each district had a population of around 160,000 at the start of the intervention in 2010. The program included 251 fathers in the intervention group and 241 in the control group. Follow-up surveys with fathers were conducted a few months after the birth of their babies. Mothers were surveyed about their breastfeeding practices once they were home after delivery, and at 4 and 6 months. (Bich, et. al. 2014; 2016; 2017)

a. Participant Groups /Target Audiences

The primary target audience for the intervention was men with expectant wives between 7 to 30 weeks pregnant and health workers. All participants were from rural communes and semi-rural townships in Hai Duong Province in northern Viet Nam.

SEM Level	**Expected outcomes**
Policy/Enabling Environment Hanoi School of Public Health in Viet Nam; Ministry of Health; National Institute for Nutrition; the Women's Union; the General Confederation of Labor; the Institute of Legislative Studies; provincial authorities; and UNICEF.	1. Greater awareness of the harms associated with formula milk substitutes.

Funding provided by Bill and Melinda Gates	
Organizational Health workers	1. Better trained health workers on recommended breastfeeding practices. 2. Better trained health workers on the role of family members and support groups.
Community	1. A more supportive culture surrounding breastfeeding and the involvement of fathers.
Household and Individual Expectant wives between 7 to 30 weeks pregnant	Improved Knowledge, Attitudes and Practices on: 1. recommended nutrition for pregnant women including consumption of iron and folic acid tablets and plenty of water. 2. recommended timing of breastfeeding initiation (one hour or as soon as possible for C-section babies). 3. the importance of skin-to-skin contact with your newborn. 4. the importance of colostrum, for its vitamin rich content, to help a baby fight infection and its limited availability. 5. the importance of early initiation for allowing breast milk to "come in" and the recommended quantity of breastmilk for the first two days. 6. that breastmilk is the perfect food for newborns, and within the first six months, provides optimal nutrition. 7. the importance of positioning for attachment. 8. the importance of the first 1,000 days. 9. Exclusive breastfeeding in the first six months - no water, no formula, no food. 10. How to pump breastmilk if you cannot breastfeed directly or need to produce more for when you work. 11. Increasing breastfeeding while child is sick. 12. Breastfeeding for up to two years continues to provide vital nutrients. 13. Introduction of complementary foods and feeding a child 6 to 8 months old. 14. Process of preparing complementary food. 15. Iron rich food, deworming, and vitamin A supplementation. 16. Proper hygiene. 17. Responsive feeding.

b. Delivery platforms and communication content

The communication channels used included mass media, interpersonal communication, and community mobilization.

Media:

- Local broadcast: twice a week, local community loudspeaker systems broadcast short entertainment pieces of 10 to 15 minutes about the benefits of exclusive breastfeeding and ways that fathers can support their wives' efforts to breastfeed. Mass Media is viewed as especially important to counter the overwhelming advertising and promoting of infant formula through a variety of channels. (Nguyen, et. al. 2017)

Community-based:

- Community game show: A Fathers' Contest, called "Who loves their wives and children more?" was held in front of a live audience to mobilize community support for involving fathers in exclusive breastfeeding. Teams of fathers were evaluated by a panel of judges on their breastfeeding-related knowledge, attitudes, and the supportive role of fathers could play in breastfeeding. T-shirts and mugs with the campaign slogan and illustration of a breast helped men get over their shyness to participate. Fathers on stage had to introduce themselves with a skit or song, answer factual questions about breastfeeding, and come up with solutions to breastfeeding-related obstacles. The obstacles were presented to the teams and audience as short video scenarios depicting a breastfeeding challenge with no solution. The teams then had to create a solution to the scenario. The contest helped show that participation in breastfeeding is masculine, and helped build men's confidence in their ability to take action by giving them an opportunity to practice how they would handle common breastfeeding challenges.

- Educational and promotional materials: posters, pamphlets, T-shirts, and mugs were distributed. These materials included information on optimal breastfeeding and its benefits, actions that fathers can take to help their wives breastfeed, and appeals to emotion, such as images of a loving family with the tagline "With a husband's help, your child breastfeeds more."

Service delivery-based:

- Group counseling at health centers: Trained health center staff provided group counseling to fathers at community health centers on the 25th of every month and integrated into routine immunization activities.

- Individual counseling at health centers and during home visits: Individual counseling for fathers was made available at health centers, was provided by trained village health workers during 1 pre-natal and 3 post-natal home visits. Fathers were also able to call a counselor on the phone for breastfeeding advice. These counseling sessions provided information on

pregnancy and newborn care, the benefits of exclusively breastfeeding in the first 6 months, and how fathers could help their wives to breastfeed.

Together, these communication components sought to increase father's knowledge about optimal breastfeeding practices; their belief in the benefits of these practices; their self-efficacy to speak up about and getting involved in breastfeeding; and their perception that early initiation of breastfeeding, exclusive breastfeeding, and fathers' involvement in supporting breastfeeding are social norms. (Bich, et. al. 2014; 2016; 2017)

c. Enabling Environment / Implementation Strategy

Group and individual counseling for fathers, conducted by local health center staff, was continuously available at commune health centers during the pre- and postnatal period. Group counseling sessions lasting 30-45 minutes were also offered at health centers on the 25th day of each month, timed to coincide with monthly vaccination days and other maternal health care services. The health workers provided 49 group counseling sessions for a total of 545 participants, along with 99 individual counseling sessions at the health center. Men received educational materials during these sessions.

Trained village health workers provided individual counseling for fathers during 4 home visits (the first visit during the last trimester, and next three visits post-partum). A total of 842 of these individual counseling home visits were conducted for 240 fathers. Men were also able to go to the health center or call the counselor at any time for individual counseling.

Local community loudspeaker systems broadcasted radio messages twice per week; the broadcasts were aired 150 times over the course of the year.

The public Fathers' Contest "Who loves their wives and children more?" was organized by the local Farmers' Association and District Health Center held in the district Cultural House on March 6, 2011, during the postpartum period. At the contest, 35 fathers (several from each commune) performed for an audience of 200 people.

4. Monitoring, Evaluation and Results

After intervention, early breastfeeding initiation rate was 81.2% in the intervention area and 39.6% in the control area ($P < 0.001$). Babies in the intervention area were more likely to be breastfed within the first hour after birth [odds ratio (OR) 7.64, 95% confidence interval (CI) 4.81–12.12] and not to receive any pre-lacteal feeding (OR 4.43, 95% CI 2.88–6.82) compared with those in the control area. Therefore, fathers may positively influence the breastfeeding practices of mothers, and serve as a resource for early childcare, they can be mobilized in programmes aimed at improving the early initiation of breastfeeding. (Bich, et. al. 2014; 2016; 2017)

The results of the intervention were extremely promising and suggest that the strategy of involving fathers in breastfeeding should become more widespread. Fathers in the intervention group demonstrated improvements in breastfeeding-related knowledge, attitudes, and practices. Mothers in

the intervention group were significantly more likely than mothers in the control group to practice exclusive breastfeeding at 4 and 6 months of age. (Bich, et. al. 2014; 2016; 2017)

Follow-up interviews found that fathers from the intervention group were significantly more likely than fathers in the control group to possess a breadth of knowledge around optimal breastfeeding practices, including the specifics of early initiation of breastfeeding and exclusive breastfeeding, along with other key facts, such as the importance of continuing to breastfeed when babies are sick. At the post-test, fathers in the intervention group were also more likely than those in the control group to have positive attitudes toward early initiation of breastfeeding, exclusive breastfeeding, and helping mothers breastfeed. (Bich, et. al. 2014; 2016; 2017)

Fathers in the intervention group were also much more actively involved in supporting breastfeeding. Compared to the control group, a significantly higher proportion of fathers in the intervention group took the following actions: encouraged family members to support breastfeeding, did not ask others to buy formula, helped out during breastfeeding, and encouraged mothers to breastfeed regularly.

The involvement of fathers had a significant impact on mothers' breastfeeding practices. Mothers from the intervention area were significantly more likely than mothers from the control district to initiate breastfeeding within 1 hour of an infant's birth (81.4% versus 39.4%, respectively). Mothers from the intervention group were significantly more likely to practice exclusive breastfeeding: 20.6% versus 11.3%, respectively, at the 4-month follow-up; and 6.7% versus 0.9%, respectively, at the 6-month follow-up. In other words, mothers in the intervention group were six times more likely than mothers in the control group to practice exclusive breastfeeding for the recommended 6 months. (Bich, et. al. 2016; 2017)

5. Lessons Learned

Challenges

In an interview conducted with Bich in June 2018, PCI Media staff asked about specific challenges faced during implementation. Bich reported recruitment and sampling to be a challenge, causing them to extend the gestation age to include families between 7 to 30 weeks rather than 9 to 28 weeks. The wider range of gestation period presented logistical challenges since mothers were giving birth at different times, however the strength of their network of village health workers and well established mobile phone systems in the community were considered to be assets in response to these challenges. Encouraging participating in the counseling sessions was somewhat challenging given the busy work schedules of fathers and/or geographical constraints. As a remedial measure, mobile phone numbers were collected from harder to reach fathers and individual counseling sessions were conducted by phone to decrease the burden of participation. Bich noted that there was still room for improvement of counseling and supervision of counseling activities at birth at the district/provincial/regional/central hospitals where the mother may come to give birth. Another notable challenge is that nationally representative data on breastfeeding in Viet Nam is heavily outdated.

Lessons Learned

This case study provides evidence that designing communication programs for fathers is an effective way of increasing their involvement in breastfeeding, and in turn, of increasing mothers' practice of optimal breastfeeding techniques. Infant nutrition programs should include an intervention component aimed at involving fathers.

Looking Forward

While this intervention used a quasi-experimental design, the findings were significant. A larger scale intervention could provide further evidence of the validity of the intervention model, helping to make the case for father's involvement in national breastfeeding programs. According to Bich, efforts have been made to carry this cost-effective model forward and integrate it into Alive and Thrive's national program. The model was also replicated with support from Grand Challenge Canada to include two additional components on father-child interaction and attachment; and quality spousal relationships aimed at improving early child development through a project called "Father's involvement:" Saving Brain in Vietnam."

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