



The participation of fathers in the breastfeeding process: experiences, knowledge, behaviors and emotions

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Abstract

Objective: To identify the experiences, knowledge, behaviors and emotions of fathers with relation to the process of breastfeeding.

Methods: This is a descriptive, explorative and qualitative study involving 17 couples resident in a favela in the city of Recife, PE, in the Northeast of Brazil, whose most recent child was aged between 6 and 8 months. A semi-structured interview employing leading questions was used for data collection. These data were analyzed in the light of theoretical references, the historical, social and cultural construction of fatherhood, by means of thematic content analysis.

Results: Four themes emerged from this analysis: faint/ambiguous memories of breastfeeding during childhood; knowledge about breastfeeding is focused on the child's health, mother's responsibility and savings for father; breastfeeding-related behavior of father during his participation in the pregnancy-childcare cycle; and interconnected feelings of fragility when breastfeeding.

Conclusions: The knowledge and emotions involved in fathers' participation in breastfeeding are the products of socialization of both men and women, centered on the biological body and reinforcing the belief that breastfeeding is the preserve of women.

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Introduction

The results of research demonstrate that the median duration of exclusive breastfeeding (EBF) and overall breastfeeding in Brazil, which are 23.4 days and 10 months respectively,¹ do not correspond with those recommended by the World Health Organization (WHO).^{2,3}

The causes of this situation may originate in the experience that breastfeeding is seen merely as a technique, without taking into consideration the historical, social and cultural

context, or the fact that this is a process that involves feelings and emotions.^{4,5} Studies have indicated that the participation of the father is important to the success of this practice.^{4,6-10} However, Brazilian society delegates responsibility to the man for being the financial provider, marginalizing him and excluding him from participating in the upbringing and care of children, in the context of reproductive health, during the pregnancy-childcare stages of the cycle and, consequently, from participating in breastfeeding. It is as though

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all of this, almost exclusively, belongs to the woman's world.¹¹⁻¹⁵

Based on these observations, in order to contribute to increasing the duration of breastfeeding, it appears necessary to uncover, from the prenatal period onwards, which factors are facilitating and which factors are preventing fathers from participating in nursing their children. Therefore, the objective of this study is to identify the experiences, knowledge, behaviors and emotions of fathers with relation to the process of breastfeeding.

Methods

This is a descriptive, explorative and qualitative study,¹⁶ carried out in a favela (a favela is a specific type of shanty-town found in Brazil) in which the Family Health Program (FHP) is being implemented, located in the city of Recife, PE, in the Northeast of Brazil.

The number of participants was determined by discourse saturation, i.e. when the participants repeated the same subjects and no new data was appearing,¹⁶ resulting in a total of 17 couples. The selection criteria demanded that each couple have a child aged 6 to 8 months (irrespective of breastfeeding status), be living under the same roof, have been living together for at least 1 year and be the biological parents of the most recent child, who in turn must have been born at full term (with birth weight $\geq 2,500$ g, free from pathologies and/or abnormalities at birth).

Before data collection, we held meetings with the FHP nurses and community health agents (CHA) to explain the methodological procedures and the importance of the study. The CHA arranged for the researcher to visit each couple. At this preliminary visit the research provided the necessary explanations about the research and requested permission to interview the couple.

After signature of free and informed consent forms, each partner was interviewed individually, on separate occasions, on a day chosen by them, at the couple's home and without an interval that would give them the opportunity to discuss the content before the second partner was interviewed. The interviews were recorded and then transcribed in full. We decided to use a semi-structured interview for data collection, using leading questions. We asked the father the following questions:

What has been your experience of breastfeeding, since your childhood to becoming a father? Based on your own knowledge, can you tell us what you know about breastfeeding and breastmilk? How has your participation in the breastfeeding process gone, from before your child was born, when he/she was born and since his/her birth? What do you think/feel when you see your child being breastfed by its mother?

The mother replied to the following:

How has your partner's participation in the breastfeeding process gone, from before your child was born, when he/she was born and since his/her birth? With relation to your partner, what do you think/feel about his behavior while you are breastfeeding?

When analyzing the replies, we chose the thematic content analysis, a method proposed by Bardin.¹⁷ The themes thus compiled were then interpreted in the light of theoretical references on the historical, social and cultural construction of fatherhood, relying on several different authors.¹⁸⁻²¹ One of these references includes an analysis of the implications that this construction implies for the model of fathers' participation in the breastfeeding process.²²

This study was approved by the Research Ethics Committee at the Universidade Federal de Pernambuco (UFPE). In observance of Resolution 196/96, the participants' names have been changed for fictitious names, with the addition of a number (1 to 17) to identify each couple.

Results and discussion

The personal characteristics of the couples and aspects related to the breastfeeding of their children are shown in Table 1.

Four thematic categories emerged from the analysis: faint/ambiguous memories of breastfeeding during childhood; knowledge about breastfeeding is focused on the child's health, the mother's responsibility and savings for father; breastfeeding-related behavior of father during his participation in the pregnancy-childcare cycle; and interconnected feelings of fragility when breastfeeding. The subcategories within these themes are described in Table 2.

Theme 1 - Faint/ambiguous memories of breastfeeding during childhood

When we analyzed the participants' speech, we perceived that their memories of breastfeeding from when they were children, based or not on information originating from their mothers, translated into scenarios antagonistic to this age-old practice:

My mother said I only breastfed up to 2 months (...) I only ate nothing but porridge (...) (João2); (...) I remember her giving me her breast to suck (...) I remember drinking from a bottle, I drank milk, but not from the breast, no! (Pedro1); My mother said I was quick to give up on breastmilk, in the first months (...) (Tomé17).

These scenarios were repeated when it was suggested that school was a source of information about breastfeeding:

At school they talked about it a lot, in the fourth, fifth grades (...) (André9); We didn't talk about breastfeeding at school, no (Vitor8).

Table 1 - Characteristics of the couples and their children (Recife, PE, Northeast Brazil, 2005)

| Couples | | | Children | | | | |
|---------|-------|-------------|-------------------|--------------|-----|-----------------------------------|------------------------------------|
| Nº | Name | Age (years) | Educational level | Age (months) | Sex | Exclusive breastfeeding* (months) | Duration of breastfeeding (months) |
| 1 | Pedro | 38 | SSS | 7 | F | Never | 4 |
| | Maria | 26 | GSS | | | | |
| 2 | João | 23 | GSS | 8 | M | 6 | Is still breastfeeding |
| | Lea | 34 | NPS | | | | |
| 3 | José | 26 | NPS | 8 | M | 3 | Is still breastfeeding |
| | Rita | 25 | NPS | | | | |
| 4 | Raul | 25 | GPS | 8 | F | 5 | 6 |
| | Joana | 25 | GSS | | | | |
| 5 | Igo | 30 | GPS | 8 | M | 3 | 3 |
| | Aline | 31 | NPS | | | | |
| 6 | Davi | 40 | NPS | 6 | M | 5 | Is still breastfeeding |
| | Nara | 36 | GSS | | | | |
| 7 | Rui | 41 | GSS | 7 | M | Never | Is still breastfeeding |
| | Carla | 36 | GSS | | | | |
| 8 | Vítor | 29 | SSS | 7 | F | 2 | 3 |
| | Inez | 23 | NPS | | | | |
| 9 | André | 19 | NPS | 8 | M | Never | 1 |
| | Sônia | 24 | NPS | | | | |
| 10 | Diogo | 28 | SSS | 7 | M | 6 | 6 |
| | Alice | 23 | NPS | | | | |
| 11 | Luiz | 32 | EM | 6 | F | 5 | Is still breastfeeding |
| | Vânia | 30 | NPS | | | | |
| 12 | Nilo | 32 | GSS | 6 | M | 1 | 3 |
| | Rosa | 25 | SSS | | | | |
| 13 | Tiago | 37 | NPS | 7 | M | Never | Never breastfed |
| | Ana | 37 | NPS | | | | |
| 14 | Artur | 46 | SSS | 6 | F | 2 | 3 |
| | Luzia | 36 | SSS | | | | |
| 15 | Lucas | 19 | NPS | 6 | M | 1 | Is still breastfeeding |
| | Dalva | 20 | NPS | | | | |
| 16 | Simão | 22 | NPS | 8 | M | 3 | Is still breastfeeding |
| | Júlia | 15 | NPS | | | | |
| 17 | Tomé | 35 | SSS | 8 | F | 6 | Is still breastfeeding |
| | Lívia | 15 | NPS | | | | |

GPS = graduated primary school; GSS = graduated secondary school; NPS = did not graduate primary school; SSS = started, but did not graduate, secondary school.

* The child is fed only on breastmilk (directly from the breast or pumped) and no other liquids or solids, with the exception of mineral or vitamin supplements.³²

Table 2 - Analysis categories and subcategories that emerged from the speech of the couples studied (Recife, PE, Northeast Brazil, 2005)

| Categories | Subcategories |
|--|--|
| Theme 1 – Faint/ambiguous memories of breastfeeding during childhood | Memories of breastfeeding lack definition or are even forgotten Duality of modes of feeding, when a child, and the information on breastfeeding received at school |
| Theme 2 – Knowledge about breastfeeding is focused on the child's health, the mother's responsibility and savings for the father | Importance of breastfeeding for the healthy growth and development of the child The advantages of the practice for the child alone Breastfeeding is a child's right and so the mother's obligation and responsibility Breastmilk creates savings for the father's pocket |
| Theme 3 – Breastfeeding-related behavior of father during his participation in the pregnancy-childcare cycle | Father was interested or had difficulty participating in prenatal, birth, childcare and breastfeeding. Did not take part in child's birth because health professionals prevented it Father's participation in breastfeeding demonstrated by a variety of behaviors: observer, authoritarian, comforting, affectionate, coercive, insistent, aggressive, encouraging, lazy, financial provider Active or passive participation Participation concerned with child's health, seeking external resources to help the mother produce milk Ambivalent : performs actions that encourage both breastfeeding and weaning |
| Theme 4 - Interconnected feelings of fragility when breastfeeding | Positive feelings Feelings of exclusion Behavior surrounded by silence, omission and apprehension |

We also found evidence that they may have had these experiences but can no longer remember them, as shown by the partners' speech:

I can't remember experiences from when I was small. I don't know if I was breastfed either. (Vitor8); (...) From the time I was a baby, from breastfeeding, I remember very little (...) I can't remember very much (Rui7).

Five of the male speakers quoted above were born before 1970. The remainder were born during the 1970s and 1980s. With the exception of Nara6, Carla7, Ana13 and Luzia14, their partners were born in the 1970s, 1980s or 1990s (Table 1). There were many pro-breastfeeding movements during these decades of the 20th century.² Nevertheless, we were able to perceive that, during the interviewees' childhood, at home and/or at school, the conversations they had about breastfeeding and the guidance they received were neither consistent nor substantiated. This is demonstrated by the fact that their speech revealed ambiguous or faded memories: one moment they couldn't remember anything; the next they were breastfed or given milk other than their mothers'; one

moment the school discussed the subject; the next, breastfeeding wasn't mentioned. We can infer that during adulthood the interviewees do not indulge in these type of reminiscing conversations, reinforcing their lack of memory, and that their partners do not encourage them to bring up their previous life history of breastfeeding. Therefore, these men express the view that breastfeeding belongs entirely to the world of women, because it is they who provide breastmilk.²³ This is a model that has been built up over the years of human evolution, during the social organization that is linked with the different types of families that can be observed.¹⁸⁻²¹

Theme 2 - Knowledge about breastfeeding is focused on the child's health, the mother's responsibility and savings for the father

Some of the fathers were able to provide correct information about breastmilk and breastfeeding:

Breastmilk (...) prevents infections (...) (Nilo12); (...) breastmilk's got everything (...) phosphorous, iron, vitamins, mineral salts (...) at the right doses, specific for the baby, yeah? For that particular baby, yeah? (Pedro1);

Breastfeeding is (...) start as soon as she (the child) is born (...) already has a right to be breastfed (Igo5); It's good to give children breastmilk (...) for 1 year, 2 years, as many years as you can (...) (Diogo10).

This knowledge may be one of the factors that encourages the choice of breastfeeding and continuing to breast-feed.⁷ In this context, we identified another meaning, which permeates this knowledge: breastfeeding is strongly linked with children's health and economic savings for the father himself:

The advantage is obvious isn't it? (...) when the child's born, they force (artificial) milk on him, he's never going to be as healthy as a baby who breastfeeds until it's a year old (José3); Breastmilk (...) breastfeeding is important (...) for the health of the child (...) it protects them (...) from diseases that children get (...) (Artur14); Breastmilk saves a load, doesn't it? Saves the pocket! The guy's not got to buy milk (...). The boy's a problem when she (mother) takes it away. There's milk, porridge, you have to buy loads of stuff. It's terrible (Diogo10).

However, we perceived that the advantages of breastfeeding for the mother were not mentioned.²⁴ The lack of this focus in the men's speech may discourage their partners from continuing to breastfeed, bearing in mind that just eight of the 17 children were still being breastfed (Table 1). Furthermore, mixed in with this knowledge, and corroborating other studies,^{25,26} we detected the attitude that breastfeeding is entirely the woman's responsibility:

Breastfeeding? You can count me out. That stuff's more for the women, isn't it? Knowing about that kind of stuff (Diogo10).

Thus, these meanings that emerge from the fathers' knowledge about breastfeeding are guiding their behavior and, therefore, may also bring with them other attributes of the male chauvinist model,²⁷ making it difficult to maintain EBF for 6 months and to continue breastfeeding for 2 years or more. This hypothesis is corroborated by the breastfeeding practices of the people studied here (Table 1).

Theme 3 - Breastfeeding-related behavior of father during his participation in the pregnancy-childcare cycle

During pregnancy, some of the fathers began participating in the breastfeeding process very early on, attending prenatal consultations with their partners. During this period some fathers sought means of ensuring that their partners would produce milk and discussed the subject with their partners:

I went to the prenatal (...) I went to the lecture (...) I went to the consultations (...) (Pedro1); (...) He always went with me to the doctor (...) He always wanted to know more (...) (Maria1); (...) I bought lots of things (...) that they say bring

out the milk (...) (Tiago13); I spoke with her (...) so that she would eat well so she'd have lots of milk so our girl could feed as long as necessary (...) Drink lots of liquids, lots of juice, to make more milk (...) (Artur14); he used to stroke my belly (...) talked to me (...) (Vânia11).

In contrast, other men, for a variety of reasons, did not take part in the prenatal consultations and when they did take part, they weren't taken into consideration. Furthermore, there were no breastfeeding-focused actions at the service where women were cared for:

(...) I'm not really into this kind of stuff. I didn't go to prenatal, no (Lucas15); He wasn't interested. I used to go to prenatal on my own (...) he never wanted to go (...) said he couldn't be bothered (Dalva15); (...) He never came to prenatal no, because with him working, he couldn't, (...) (Livia17); I didn't think prenatal made any sense whatsoever, not even going there (...) (Simão16); (...) He came (prenatal), but he didn't ask a thing (...) just listened (...) They didn't talk about breastfeeding as far as I can remember, no (Joana4).

During the gestational period, although some fathers took part, others met with difficulties and/or were not encouraged to take part in prenatal care, which should include actions aimed at breastfeeding and at welcoming fathers.²⁸ Fathers' commitments to work have also been indicated, in a different study,²⁹ as one of the causes that may prevent men from taking part in prenatal consultations. These impedimentary factors prevent them from learning about breastfeeding, resulting in reluctance to take part in the breastfeeding process, as shown by the speech of one of the fathers:

(...) After the birth (...) I just (...) watched (...) I thought it was beautiful to watch him feeding (...) Everything was new (...) I was reluctant to say anything and instead of helping be causing problems (...) (Nilo12).

With relation to prenatal care, despite the recommendations of governmental organizations²⁸ and the fact that the community studied here is being assisted by the FHP, we noted that the professionals have had difficulties providing an environment favorable to welcoming fathers in issues of breastfeeding. As the pregnancy-childcare cycle continues, with the exception of one father, none of the men in the study took part in their children's births:

No he didn't have the courage to be there at the birth (Aline5); I couldn't be there at the birth, could I? Because I was having problems at work (...) (Luiz11); I was stopped at the door (maternity unit) (...) I had to wait outside waiting for the kid to come into the world (Raul4).

These men lost the opportunity to witness breastfeeding during the first hours of life. Indeed, this was no different for the only father who was present at the birth of his child. He didn't see any actions aimed at promoting breastfeeding, which are an important step to successful breastfeeding:³⁰

I know they should be breastfed as soon as they are born, even at the time of the birth she (his partner) asked to feed him (...) I complained to her doctor, because when he was born she didn't put him straight away on his mother's breast (...) I was there during the surgery (...) Afterwards I asked why, and she (the doctor) came up with some kind of an excuse that I couldn't understand (...) (Rui7).

Once more, although they are also protagonists, the fathers were excluded from the phases of reproductive health, ruling out any possibility of their involvement with the breastfeeding process. This exclusion is part of the principles of patriarchy, which, over time and by means of culture itself, naturalized what is proper to men and what is proper to women.³¹ Were men to be included in the prenatal and delivery, transformative actions could be carried out aimed at sharing the breastfeeding experience.

Faced with the discontinuity or nonexistence of actions, during the prenatal and delivery, which would provide fathers with a foundation on the breastfeeding process, we observed a range of different behaviors during their children's breastfeeding, some of which exhibited active, encouraging participation intermingled with tenderness, care and comfort:

I used to watch my daughter feeding (...) it was me that used to bring her to the breast. When she (his partner) was tired (...) I'd take her (the daughter) and I'd clean her breast (his partner's) (...) and put her (Artur14); (...) He always comes with me when it's time to feed (Nara6); He helped me breastfeed lots (...) encouraged me a lot (...) he would give me massages to stimulate the milk. He used to buy (...) things to stimulate (...) the milk for the baby. He'd be like that, watching me breastfeed (...) he used to bring the boy to where I was working so that he could feed (...) (Rosa12).

Other behaviors manifest participation aimed at pressuring women, including authoritarianism and aggression:

All the time I tell her that he's (their son) crying because he wants the breast, then she complains, it's his right, it's his right (...) (Davi6); (...) All time he'd be: I think he's hungry (...) sometimes the boy wasn't even hungry, "****he wants the breast," he would say, even so. Straight away: "Oh, the boy wants your breast, go on, go on" (Lea2); (...) Sometimes I don't want to feed and he says: "You've got to breastfeed him for a least 1 year," sometimes it stresses me, having to feed him all the time over and again, (...) (Livia17); He used to complain, you've got to give her the breast, you've got to give her your milk (...) but if she (the daughter) doesn't want it, I've still got to give it her (...) (Inez8).

We also observed participation that takes only the child's requirements into consideration, excluding the partner's needs:

(...) breastfeeding (...) was really hard (...) right from the beginning my doctor told me I hadn't got nipples. So you've got to make nipples (...) I wanted him to take part in that (...)

but he was embarrassed and said they're just for the baby, I'm not touching them (...) I had lots of problems (...) dried up milk deposits (...) I cried lots, I got depressed, but all of this on my own because my husband was only interested in the boy. So I went 3 days without being able to shit, then, when I was on the toilet, at the moment when I was going to be able to do it, he said he's crying, it's time for the breast, the breast, the breast (...) it was always the breast. I couldn't have a piss, I couldn't have a shit, I couldn't do anything. My husband's participation (...) with breastfeeding was very unhappy. I was very unhappy (at this point the interviewee cried) (...) he was watching me breastfeed (...) Then he said, he only really likes the breast (Carla7).

Passive participation, due to lack of knowledge, was described in Raul4's speech:

(...) help, I couldn't do much really, I didn't know how to advise her, you know? (...) I didn't express my opinion much, so as not to say the wrong thing (...) I didn't have much to say, I don't have any experience (...).

In the speech of one of the couples, we detected behaviors that were ambivalent towards the breastfeeding process, i.e., sometimes participation encouraged breastfeeding, sometimes weaning:

(...) he wanted me to breastfeed (...) told me to drink lots of juice, to eat sweet things (...) stimulated (...) to produce milk (Ana13); When I went to the maternity unit, since I already knew she didn't have any milk (...) I took a baby bottle filled with fennel tea (...) I went in with it (the bottle) hidden in my pocket (...) then I calmed him (the baby) down, he drank it and was quite (...) When she brought him home she gave him porridge (...) and he's still eating porridge now (Tiago13).

During the pregnancy-childcare cycle, the majority of fathers involved themselves with breastfeeding in the way they have learnt culturally. These participative behaviors continue to be based on an attribute inherited from patriarchy, which is power, guaranteeing the continuation of the paternal lineage.¹⁸⁻²² Within this context, we noted that the participation of the fathers of those children who were still breastfeeding was motivated by some type of pressure on their partners (Lea2; Rita3; Nara6; Carla7; Vânia11; Livia17). Therefore, we need to reflect on the extent to which this behavior may have contributed to the duration of breastfeeding. How could this participation have contributed to the practice of breastfeeding, bearing in mind that just two children have been exclusively breastfed for 6 months and, maintained supplemented breastfeeding after this point (Table 1), in line with WHO recommendations?³⁰

Theme 4 - Interconnected feelings of fragility when breastfeeding

The majority of the couples' speech demonstrated that the fathers' behavior in response to the experience of witnessing

breastfeeding is molded by feelings of happiness, joy, love, affection, pleasure, emotion, pride, and others:

He likes it (...) loves it (...) He feels very happy (...) (Rita3); We feel an emotion (...) (Artur14); I see in him joyfulness (...) (Luzia14); I felt (...) pride to see my first son being breastfed by his own mother (André9); (...) my husband watched (...) all dopey(...) (Sônia9).

We also noted a disagreement in the expressions of emotion of one couple:

(...) I think it's normal, I don't see it that way at all (Simão16); (...) he has good feelings (...) he kisses both of us (Júlia16).

These feelings flow from the day-to-day experiences of the father, and are guided by real images (mothers breastfeeding), illustrating that the mother, through this practice, is guaranteeing his child's survival, keeping the procreator's genetic load alive, showing the world concrete and visible proof of his sexuality and virility: his son. The father therefore proves his condition as man, adult and heterosexual.²⁷

We also observed feelings of exclusion on the part of the men, and also behavior expressed by their silence as a form of blunting their emotions and/or of absenting themselves from what is happening in this world that belongs to women:

(...) I became a little distant, he even complained, because like that I only had time for her, (the daughter) (...) forgetting about him a little (Joana4); (...) He keeps quiet (...) (Dalva15); he didn't make a fuss, (about weaning) didn't even speak, nothing (Alice10); I think I was being left out, you know? When she was feeding the boy we can't even get close (...) Then I'd get up and go out (Lucas15).

The meanings permeating the speech that generated the themes constructed in this study reveal behaviors, both on the part of the men and the women, which exclude fathers from the breastfeeding process, and which can lead to fragilities in the development of practice. These behaviors may be products of the social, cultural and historical process of fatherhood, which have been internalized by society right up to the present, naturalizing over time, and through culture itself, that which belongs to men and that which belongs to women, thereby distancing men from women's tasks, with breastfeeding still being entirely the responsibility of the woman.^{22,31}

In this study, we have observed that the knowledge, behaviors, experiences and emotions that are involved in fathers' participation in the breastfeeding process are the result of the socialization of both men and women, centered on the biological body, registering that breastfeeding belongs to women.

Therefore, it is necessary that actions be implemented by all segments of society, demystifying the attributes of men and women, constructed throughout the history of humanity, and thereby seek other guiding principles which can raise

awareness and internalize the message that the practice of breastfeeding should be centered on the conjugality and completeness of all members of the family, thus involving the father in the breastfeeding process.

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