



Knowledge, Attitude and Involvement of First-Time Fathers in Infant and Young Child Feeding and Care Practices

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Abstract

Father's role is as important as a mother's in the early years of life to ensure optimum growth and development of the baby. But in most societies, it is often linked with just earning money for the child and the entire family. The present study was undertaken to assess the knowledge, attitude and involvement of first-time fathers in infant and young child feeding and care practices, and their relationship with each other. The influence of select personal and family factors of the fathers was also studied on these aspects. A total of 60 first-time fathers having only one child in the age group of 6 months to 3 years residing in the National Capital Region of India constituted the study sample. A questionnaire schedule was administered to gather information on general and family characteristics, child's profile, and knowledge, attitudes and involvement of the fathers in infant and young child feeding and care practices. Findings revealed that the total knowledge scores of maximum fathers (43%) were 'average'. Nearly 60% and 38% fathers respectively had 'very good' and 'good' total attitude scores. High percentage of fathers had 'good' (43%) and 'very good' (30%) total involvement scores related to their infant/young child feeding and care practices. A weak but significant positive correlation was found only between knowledge and involvement scores of the fathers ($r=0.277$, $p<0.05$). Attitude scores of the fathers were found to be influenced by their occupation while their involvement scores were influenced by their age, and monthly family income. The study indicated that even though the knowledge of the first-time fathers regarding infant and young child feeding practices was average, their attitude regarding these aspects was good, and they also showed a good involvement in these practices. The existing knowledge gaps need to be catered to through suitable timely interventions in order to ensure that fathers can also proactively contribute towards the feeding and care of their infants and young children.



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Introduction

The foundations for optimum growth and development across the life span are established during the first 1000 days of life, which is a critical period between a woman's pregnancy and her child's second birthday.¹ It is documented that South Asia has a large rate of mortality which occurs in children below 5 years of age. In 2019, India had an under-5 mortality rate (U5MR) of 34, with 824 thousand children under-5 years of age dying annually.² The National Family Health Survey 2019-21 (NFHS-5) carried out recently in India has reported the infant mortality rate (IMR) and U5MR as 35.2 and 41.9 respectively.³

Newborns are vulnerable and require special attention from parents and the health personnel as they are the future of the country.⁴ Poor breastfeeding and complementary feeding practices of mothers increase the risk of malnutrition in the first 2 years of life.^{5,6} The NFHS-5 has reported that 63.7% children in India under age 6 months are exclusively breastfed, 45.9% children aged 6 – 8 months receive solid or semi-solid food along with breast milk, 11.3% children aged 6 – 23 months receive an adequate diet; and 35.5%, 19.3%, 32.1% and 67.1% children under 5 years are stunted, wasted, underweight and anaemic respectively.³

Mothers are considered the primary caregivers for infants and young children. Due to traditional thinking of most societies related to parental roles, the responsibility of a male member of the family is to help financially for the household activities and food, whereas women are responsible for looking after the household and managing the daily chores along with raising children and taking care of their nutrition and health.^{7,8} Men are not involved in child feeding because they do not have significant knowledge and thus, they do not view themselves as authoritative advisors or are not even viewed by any other members of the family as children's caregivers.⁹ Many studies also show that fathers believe that breastfeeding is not their responsibility.¹⁰⁻¹⁴ Fathers consider breastfeeding as a challenge for them and child caring issues are also thought as being outside of fathers' domains.¹⁵

But from the last few decades, despite the old beliefs there is a change in the societal roles of parents, as now the mothers with young children have started

working outside their homes and are becoming the bread winner for their families and fathers have been increasingly shown to be the contributors to the overall development and well-being of the child.^{16,17} Studies show that higher involvement of the father in a child's life result in improved receptive language skills as well as cognitive skills in the child.¹⁸ For the preterm infants there is a higher weight gain.¹⁹ There is an improved social and adaptive behaviour, higher academic achievement, fewer behavioural problems and a lower likelihood of neglect in such children.²⁰ It has also been reported that positive attitude, involvement and support of fathers highly influences mothers' breastfeeding decision and commitment, makes them feel more confident and capable about breastfeeding, and is associated with high breastfeeding rates and duration.^{21,22} Fathers' involvement in parenting is associated with better father-infant relationship, and also his relationship with the child's mother leading to overall individual and family well-being.²³

Fathers should be an active part of the infant and young child feeding and care process. It is well recognized that to improve maternal, infant and young child nutrition, health structures must support fathers; as fathers can provide emotional support to the mothers and children.²⁴ There are very few interventions which involve men as the agents of positive change; although research has shown that men themselves and also their partners would prefer them to have a more active role, even though the societal and health system norms may not always support this.²³

Male involvement in infant and young child feeding and care has not been a frequent topic of research studies. But the role of a father in a young child's life cannot be denied. This area needed to be explored more and, therefore, the present study was carried out to assess knowledge, attitude and involvement of the first-time fathers in infant and young child feeding and care practices. An attempt was further made to identify the relationship between knowledge, attitude and involvement of first-time fathers in infant and young child feeding practices.

Materials and Methods

Sample Size and Selection

The present cross-sectional study was conducted among 60 first-time fathers having only one child

in the age group of 6 months to 3 years, and residing in the National Capital Region (NCR) of India. Purposive sampling technique was used for selecting the study sample.

Tools and Techniques

A questionnaire schedule was prepared on Google Forms, keeping in mind the important and relevant topics that needed to be included to meet the study objectives. It was pretested and suitably modified, after which the link for the Google form was generated and sent to the subjects through a WhatsApp message to get their responses. The questionnaire included different sections to gather information on general profile and family characteristics of the subjects, their child's profile, and their knowledge, attitudes and involvement in infant and young child feeding (IYCF) and care.

The section on knowledge about IYCF and care contained 38 questions with 4-5 options, on topics such as breastfeeding, complementary feeding, prelacteals, immunization, hygiene, and care during illness and different activities of child. Of these, 35 questions were scored for their correctness i.e., the correct answer was given a score of 1 and incorrect response was scored as 0. The scores obtained by the subjects on each of the 35 questions were summed up to obtain a total knowledge score. A few questions related to source of knowledge, information received before or after birth of the child etc. were also asked.

For assessing the attitudes of subjects towards breastfeeding, complementary feeding, prelacteals, maintenance of hygiene, immunization of the child etc., 11 statements were included in the questionnaire. The subjects were asked to indicate the extent to which they agreed or disagreed with those statements on a 5-Point Likert scale, where a numerical value was assigned to each choice, i.e., Strongly Agree (5), Agree (4), Neutral (3), Disagree (2) and Strongly Disagree (1). Total attitude score of the subjects was calculated by summing up the numerical values based on their degree of agreement on each of the 11 statements.

In the section aimed to assess the involvement of subjects in IYCF and care practices, a total of 14 questions based on the frequency of father's involvement in his child's life, like decision making

while feeding, providing support to mothers etc. were included. The scoring was done for 12 of these questions as Always = 3, Often = 2, Sometimes = 1, and Never = 0. Total score for involvement of fathers in IYCF and care was calculated by summing up the scores obtained by them on these questions.

Statistical Analysis

Data obtained from the subjects were analyzed using appropriate statistical methods. Frequency and percentages were calculated for all parameters included in the different sections of the questionnaire. Total scores were calculated for knowledge, attitude and involvement of the subjects in infant and young child feeding and care practices. Based on their total knowledge, attitude and involvement score, the subjects were grouped into 5 categories, which were: 'Very good' (subjects scoring 90% and above), 'Good' (subjects scoring 75% - 89%), 'Average' (subjects scoring 50% - 74%), 'Poor' (subjects scoring 25% - 49%) and 'Very poor' (subjects scoring below 25%). To determine the influence of select personal and family factors on the knowledge, attitude and involvement of first-time fathers in IYCF and care practices, chi-square test was applied. Pearson's correlation coefficient was used to identify the relationship between knowledge, attitude and involvement of first-time fathers in IYCF and care practices. MS-Excel and IBM Statistical Package for Social Sciences (SPSS) Statistics 27.0 was used for the analysis of data. Level of significance used in the present study was $p < 0.05$.

Ethical Considerations

Approval for conducting the present study was obtained from the Institutional Ethics Committee of Institute of Home Economics, University of Delhi. Subjects were explained the details of the study and informed consent was taken from them for participating in it.

Results and Discussion

General Profile and Family Characteristics

Age of the subjects and their spouses ranged from 22 – 41 years, and 95% of them had a postgraduate/professional degree or were graduates. With respect to the occupation, 52% subjects were employed in private sector jobs, and 40% were self-employed. Spouses of 52% subjects were home-makers. Nearly 60% subjects each had been married for about 2 – 5 years, and lived in a joint family.

About 73% subjects had a monthly family income of Rupees (Rs.) 1,00,000/- and above and 18% were in the income bracket of Rs. 50,000/- to 99,999/-. About 73% subjects also had plans to have another baby.

Child's Profile

About 73% subjects had a child in the age group of 1 - 3 years, and 55% of them had a male child. Their child's health was perceived as 'good' or 'very good' by about 95% subjects although children of 67% subjects fell ill 1 - 3 times in past

6 months. About 92% subjects reached out to a doctor, and about 7% consulted either their mother or mother-in-law when their child fell ill.

Knowledge About Infant and Young Child Feeding and Care Practices

Distribution of subjects according to correct responses given by them on questions on knowledge about various aspects of infant and young child feeding and care practices has been presented in Table 1.

Table 1: Distribution of subjects (N=60) according to their knowledge (correct responses) on various aspects of infant and young child feeding and care practices

| Aspect/Question | n (%) |
|--|---------|
| Time to start breast feeding the child after normal delivery | 29 (48) |
| Time to start breast feeding the child after caesarean section delivery | 26 (43) |
| First food for a newborn baby | 56 (93) |
| Colostrum should be fed to the infant | 55 (92) |
| Colostrum acts as the first immunization for the babies | 47 (78) |
| Breast milk is the best natural food for babies | 58 (97) |
| Suckling milk from mother's breast helps to produce more breast milk | 46 (77) |
| Meaning of exclusive breast feeding | 52 (87) |
| Age till which a child should be exclusively breastfed | 34 (57) |
| Age till mother should continue breast feeding the child | 21 (35) |
| When should mother should stop breast feeding the child | 39 (65) |
| Frequency of feeding a new born | 15 (25) |
| At 4 months, infants need water and other drinks in addition to breast milk | 33 (55) |
| 0 – 6-month-old baby needs water in addition to breast milk in hot climate | 29 (48) |
| Most correct option to feed the baby in mother's absence | 37 (62) |
| Meaning of complementary feeding | 42 (70) |
| Meaning of complementary foods | 26 (43) |
| Types of complementary foods recommended | 42 (70) |
| Age when foods other than breast milk should be introduced in child's diet | 49 (82) |
| First food given to baby should have consistency of breast milk | 47 (78) |
| Oil/fats added to foods given to young children make foods energy-rich | 35 (58) |
| 6- to 24-month-old child should not be given animal foods | 30 (50) |
| Unsuitable infant food among dal, semolina gruel, spinach gruel, rice water | 8 (13) |
| Family foods can be modified suitably and given to the child | 52 (87) |
| Green leafy/other vegetables should be added to food given to young child | 52 (87) |
| Only one new food should be introduced in the child's diet at a time | 46 (77) |
| Child should not be fed forcefully if she/he refuses to eat a particular food | 52 (87) |
| A sick infant should be breastfed more frequently | 27 (45) |
| Child should not be fed, if he/she is ill | 43 (72) |
| ORS should be given to the child if he/she is suffering from diarrhoea | 51 (85) |
| Child's birth weight should increase threefold by the age of one year | 48 (80) |
| Poor child feeding in early life harms growth and brain development | 48 (80) |
| Malnutrition during early years increases risk of various diseases later in life | 44 (73) |
| Infant food if not prepared/stored in hygienic conditions can cause infections | 53 (88) |
| Importance of immunization in preventing children from various diseases | 52 (87) |

On various aspects related to breastfeeding and complementary feeding, about 48% subjects responded correctly that breastfeeding should be initiated within an hour after the birth of the child in case of a normal delivery, and 43% subjects reported that it should be initiated as early as possible in case of caesarean delivery. About 93% subjects knew that only breast milk is the first food a newborn should receive and a similar percentage of subjects (92%) knew that colostrum is the thick yellowish first milk secreted by the mother that should be fed to the infant. Almost all the subjects (97%) agreed that breast milk is the best natural food for babies. Gnyawali and Lamsal in their study in Nepal among fathers of first newborn baby reported that 93.3% fathers suggested that first feed should be given as soon as possible, however, 1.7% subjects were unaware on when to start. About 81% fathers correctly pointed out that newborn needed no other food besides the breast milk while 15% believed that other things besides breast milk, such as honey or water, should be given. They also reported contrasting findings as compared to the present study regarding colostrum feeding, where only 9% fathers stated that colostrum should be fed to the baby, and 33% subjects felt that colostrum should not be fed as it caused diarrhoea among infants and was believed to be harmful for them.⁴

The meaning of exclusive breastfeeding was known to 87% subjects, though only 57% subjects answered that it should be practiced from birth to 6 months, and 35% reported that breast feeding should continue up to 2 years. According to 22% subjects, breastfeeding needed to be discontinued if the mother was ill. About 62% subjects responded that babies should be given milk expressed from mother's breast which had been stored in a clean and covered bowl if the mother was working or was not available. As many mothers opt for breast milk substitutes when they need to resume work,²⁵ therefore, such responses were obtained from the fathers.

The meaning of complementary feeding was known to 70% subjects but not many subjects (56%) could give the correct explanation for complementary food and misunderstood it as supplementary or substitute food. Most of the subjects (70%) reported

that home cooked foods were the recommended complementary foods for the child while others opted for commercial baby foods. About 82% subjects knew that the right time to introduce such foods to baby was after 6 months of birth. Maximum subjects agreed that if the child refused to eat a particular food, he/she should not be fed that forcefully (87%), and that only one new food should be introduced in the child's diet at a time (77%).

Data on father's knowledge about child feeding practices during illness revealed that only 45% knew that a sick infant should be breastfed more frequently, and 85% subjects reported that oral rehydration solution (ORS) should be given to the child if he/she was suffering from diarrhoea.

Equal percentage of subjects (80% each) correctly knew that the child's birth weight should increase threefold by the age of one year and that poor feeding during the early years of life harms the growth and brain development of the child. High percentages of subjects reported that infants were prone to infections if their food was not prepared or stored in hygienic conditions (88%) and that immunization prevents children from various diseases (87%). Gnyawali and Lamsal too reported similar findings where on being asked about the importance of immunization, 91.7% first-time fathers reported that it prevents children from various diseases.⁴

Only 2% subjects self-rated themselves as having poor knowledge about infant and young child feeding and care practices. About 57% subjects gathered such information only after the birth of their child and 8% subjects reported that they never made any attempt or tried to gather such information. For most subjects, the sources of such information were family and friends (87%), followed by internet (67%) and doctor (67%).

Attitudes Related to Infant and Young Child Feeding and Care Practices

Distribution of subjects according to their attitude towards various aspects of infant and young child feeding and care practices has been presented in Table 2.

Table 2: Distribution of subjects (N=60) according to their attitude towards various aspects of infant feeding and care practices

| Statement | Response | | | | |
|--|----------------|---------|---------|----------|-------------------|
| | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
| Breast feeding should be initiated by the mother within an hour of the child's birth. | 33 (55) | 21 (35) | 5 (8) | 1 (2) | 0 (0) |
| Only breast milk should be given to infants for the first six months. | 42 (70) | 14 (23) | 4 (7) | 0 (0) | 0 (0) |
| Breast milk can be expressed, stored and fed to the child in the absence of his/her mother. | 29 (48) | 14 (23) | 8 (13) | 9 (15) | 0 (0) |
| Prelacteals (honey, ghutti etc.) should not be given to infants. | 22 (37) | 11 (18) | 20 (33) | 7 (12) | 0 (0) |
| It is important to start giving other foods to the infants besides breast milk, after 6 months of age. | 32 (53) | 19 (32) | 9 (15) | 0 (0) | 0 (0) |
| Immunization prevents children from diseases. | 39 (65) | 14 (23) | 7 (12) | 0 (0) | 0 (0) |
| Maintaining personal as well as child's hygiene is very important. | 49 (82) | 7 (12) | 4 (7) | 0 (0) | 0 (0) |
| Husbands should support their wives in infant feeding and care. | 43 (72) | 14 (23) | 3 (5) | 0 (0) | 0 (0) |
| Fathers should get involved in activities like bathing, putting their child to sleep, etc. | 43 (72) | 12 (20) | 5 (8) | 0 (0) | 0 (0) |
| Fathers should actively participate in feeding and looking after their young children. | 43 (72) | 15 (25) | 2 (3) | 0 (0) | 0 (0) |
| Father's role is as important as mother's role in a child's life. | 46 (77) | 11 (18) | 2 (3) | 1 (2) | 0 (0) |

Figures in parentheses denote percentages

Several studies conducted all over the world have reported that fathers' attitudes act as a strong predictor for the process of breastfeeding.^{10,26,27} The present study revealed that 90% subjects 'strongly agreed' or 'agreed' with the statements that breastfeeding should be initiated by the mother within an hour of the infant's birth, and breast milk is the best and only food given to infants for the first six months of life. It was also seen that more than half of the subjects (55%) 'strongly agreed' or 'agreed' with the statement that prelacteals should not be fed to infants. In a study in Nepal, 85% of the fathers agreed that there is no other option for breast milk feeding, and other feeds are not digestible and are not good for the newborn's health.⁴

In developing countries, growth faltering is often associated with the period of complementary feeding.²⁸ Whether, infants are breastfed optimally

or not, they can become stunted, if they do not consume the appropriate quality and amount of complementary foods from the age of six months.²⁹ About 53% subjects in the present study 'strongly agreed' that it was important to initiate other foods or complementary foods besides breast milk after 6 months of age. Further, majority of the subjects were in agreement that husbands should support their wives in infant feeding and care (95%), and that they should get involved in child care activities like bathing, putting child to sleep, etc. (92%), and feeding and looking after the child (97%). Almost all the subjects either 'strongly agreed' (77%) or 'agreed' (18%) that father's role was as important as mother's role in a child's life. Similar results were obtained in a recent qualitative study conducted in South-Western Zimbabwe by Moyo and Schaay, which reported that most of the husbands support their wives in some way or the other so that their wives

can get enough time to prepare meals for both the child and the family.³⁰ The findings of a qualitative study conducted on fathers from Northern Ethiopia were contrasting, and they reported that only few fathers agreed that they were equally responsible as mother in child-care activities and most of them thought that routine child-care activities from morning to evening were mother's responsibility.³¹ A study conducted among the 346 households of Uganda also reported that only 51.5% males participated in child feeding while the other half (48.6%) did not.³²

An influence of the subject's occupation on their attitude towards infant and young child feeding and care practices was observed in the present study. It was found that out of 31 subjects who had a job in the private sector, 71% of them had a 'very good' attitude towards infant and young child feeding and

care practices, unlike the 60% and 38% subjects respectively who were employed in the government sector jobs or were self-employed.

Involvement In Infant and Young Child Feeding and Care Practices

In India, there is a challenge for women to breast feed as they often face certain barriers that could be because of the families, societal norms, or some past experiences and the male involvement here can help in attaining successful breast feeding. Other evidences also show that fathers' involvement could affect initiation and continuation of breast feeding.^{33,34} The subjects were asked to report their frequency of involvement in various activities related to infant and young child feeding and care practices and the distribution based on their responses has been presented in Table 3.

Table 3: Distribution of subjects (N=60) according to the frequency of their involvement in infant and young child feeding and care practices

| Involvement Practice | Frequency | | | |
|---|-----------|---------|-----------|---------|
| | Always | Often | Sometimes | Never |
| Encouraging wife to breastfeed the child | 48 (80) | 7 (12) | 3 (5) | 2 (4) |
| Supporting wife if she faces/faced any difficulty while breastfeeding the baby | 43 (72) | 12 (20) | 4 (7) | 1 (2) |
| Doing household chores if wife is busy feeding/looking after the child | 36 (60) | 14 (23) | 8 (13) | 2 (3) |
| Taking responsibility to feed or look after the child even when wife or any other caregiver is around | 30 (50) | 21 (35) | 8 (13) | 1 (2) |
| Looking after the child when wife is not around | 46 (77) | 12 (20) | 2 (3) | 0 (0) |
| Accompanying wife to a child health clinic | 49 (82) | 8 (13) | 3 (5) | 0 (0) |
| Interacting with the child while feeding | 24 (40) | 15 (25) | 16 (27) | 5 (8) |
| Scolding or punishing the child if he/she refuses to eat | 4 (7) | 1 (2) | 18 (30) | 37 (62) |
| Participating in any decision-making process for the child like when to feed, what to feed etc. | 20 (33) | 20 (33) | 17 (28) | 3 (5) |
| Involving in activities like bathing, putting the child to sleep | 30 (50) | 19 (32) | 10 (17) | 1 (2) |
| Playing or spending time with the child | 38 (63) | 18 (30) | 4 (7) | 0 (0) |
| Looking after the child when he/she is awake late at night | 30 (50) | 15 (25) | 13 (22) | 2 (3) |

Figures in parentheses denote percentages

About 80% of the subjects reported that they 'always' encouraged their wife to breastfeed. Moreover, if the wife was busy feeding/looking after the child, 60% subjects 'always' contributed towards the household chores. In a study conducted among fathers in Northern Jordan, it was found that majority of the fathers (81.3%) had a poor involvement in the breastfeeding process.³⁵

About 85% subjects 'always' and 'often' took responsibility to feed or look after the child even when the wife or other caregiver was around, while almost all of them (97%) did this when the wife was not around. Majority of the subjects (82%) reported that they 'always' accompanied their wives to a child health clinic. These results were in contrast with the findings of a study where only 9.8% husbands accompanied wives to the child health clinic for growth monitoring and 90.2% did not, and 47.1% of them provided money for the transport to the child health clinics.³²

On being asked about their frequency of scolding or punishing the child if he/she refused to eat, about 62% subjects reported that they 'never' scolded or punished the child, while 30% subjects reported that they did this 'always'. Half of the subjects (50%) 'always' involved themselves in the routine activities of their child such as bathing or putting the child to sleep; about 63% subjects reported that they 'always' played or spent time with their child; and 50% fathers reported that they 'always' looked after the child when the child was awake till late at night. Similar percentages of subjects reported that they 'always' (33%), 'often' (33%) or 'sometimes' (28%)

participated in any decision-making process for the child like when to feed, what to feed etc., while only 5% subjects did not participate in this process. A study in Uganda reported a low percentage of fathers participating in the decision-making process for the child, where only 19.4% fathers discussed and took decisions on exclusive breastfeeding, and 22.8% fathers decided when to start complementary feeding and what type of complementary foods could be given to the child.³²

Significant associations were observed in the subjects' involvement score categories and their age, and monthly family income. About 41% subjects in the age category of 32 – 36 years had a 'very good' involvement in infant feeding and child care practices as compared to 26%, 14% and none in the age categories 27 – 31 years, 37 – 41 years and 22 – 26 years respectively. Further, half of the sample having monthly family income of less than Rs. 50,000/- reported a 'poor' involvement as compared to negligible subjects from higher income brackets.

When the subjects were asked to rate themselves for their bonding with the child, majority of the subjects (88%) claimed to have a strong bond, and about 47% of them self-rated their involvement in feeding and looking after the child as 'very good' and 45% rated it a 'good'.

Relationship Between Total Knowledge, Attitude and Involvement Scores

Distribution of subjects on the basis of knowledge, attitude and involvement score categories has been depicted in Figure 1.

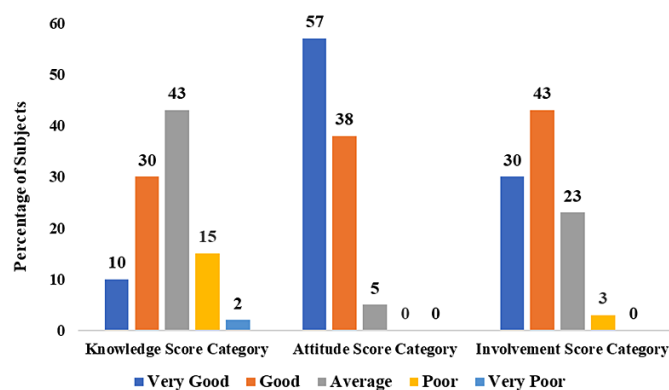


Fig. 1: Distribution of Subjects on the basis of Knowledge, Attitude and Involvement Score Categories

Based on the computation of total knowledge score of the subjects, 10% and 30% subjects were categorized as having 'very good' and 'good' knowledge about infant and young child feeding and care practices respectively. Maximum subjects (43%) were categorized as having an 'average' knowledge only. The reason for about 60% subjects not having good knowledge about these aspects could be attributed to the fact that the subjects were first-time fathers and had no prior experience which gave them the required knowledge about IYCF and care practices, and they also perhaps did not bother too much to gain this knowledge and relied on the knowledge of their wife and other female members in the family. These results were similar to the outcomes of the study by Khumujam and Jogdeo conducted on 100 subjects in Pune city, India, to assess the knowledge of fathers regarding the needs of the newborn. This study reported that about equal percentage of fathers (10%) had poor and good knowledge and about 80% subjects had average knowledge about the needs of newborn.³⁶

Subjects' total attitude scores regarding infant and young child feeding and care practices revealed that nearly 60% subjects had a 'very good' attitude, followed by 38% and 5% subjects having 'good' and 'average' attitude. None of the subjects was categorized as having 'poor' and 'very poor' attitudes regarding infant and young child feeding and care practices.

The total involvement score of the subjects showed that maximum subjects (43%) had a 'good' involvement in feeding and care of their infant/young child. About 30% subjects reported 'very good' involvement, followed by 23% subjects who had an 'average' involvement. Similar results were reported in a study from Ethiopia that assessed the involvement of fathers in breastfeeding practices (like encouraging and/or accompanying on health service utilization, encouraging for immediate initiation of breast feeding after birth, colostrum feeding, child care, indulging in household chores, etc.) where it was found that 72.4% of the fathers had good involvement and 27.6% had poor involvement in breastfeeding practices.³⁷

The relationship between knowledge, attitude and involvement scores of the subjects has been

presented in Table 4. A weak negative correlation between knowledge and attitude, and attitude and involvement of the subjects was observed, however, this was not statistically significant. Among all the three relationships, a weak but significant positive correlation was found only between knowledge and involvement of the subjects in IYCF and care practices.

Table 4: Relationship between Knowledge, Attitude and Involvement Scores of the Subjects

| Relationship | r-value | p-value |
|---------------------------|---------|---------|
| Knowledge and Attitude | -0.106 | 0.421 |
| Attitude and Involvement | -0.106 | 0.421 |
| Knowledge and Involvement | 0.277 | 0.032* |

*Significant at $p < 0.05$

Conclusion

The present study gave important insights about the knowledge, attitude and involvement of first-time fathers in infant and young child feeding and care practices. Based on these findings, it could be concluded that although knowledge of most first-time fathers regarding IYCF and care practices was average, their attitude regarding these aspects was good, and they also showed a good involvement in these practices. However, there are still several knowledge gaps, and there is a need for creating more awareness on various aspects to improve fathers' knowledge, attitude and involvement in IYCF and care practices. Targeting fathers in this study was a novel approach as these types of studies are mostly done on mothers and assessing fathers' knowledge, attitude and involvement in infant and young child feeding and care practices is an important prerequisite for planning any intervention in this field so that the fathers can also contribute proactively in taking care of their infants.

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Conflict of Interest

The authors declare that there is no conflict of interest.

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