Couples' Relationships and Breastfeeding: Is There an Association?

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Abstract

One hundred fifty-three Brazilian families with 4-month-old infants—51 cases (breastfeeding had ceased) and 102 controls (breastfeeding maintained)—were recruited to verify if a problematic couple relationship is associated with early breastfeeding termination. The relationships of the 118 cohabiting couples were assessed by clinical interviews and the Global Assessment of Relational Functioning and Beavers-Timberlawn scales, examining marital and parental functions, parents' satisfaction with the quality of care each partner provided to their infants, mothers' opinions of paternal breastfeeding support, and interviewers' assessments of paternal breastfeeding support and involvement in the infants' care. The quality of a couple relationship was not associated with the interruption of breastfeeding before 4 months postpartum. However, a good couple relationship was associated with more paternal breastfeeding support ($P < .01$) and involvement in the infant's care ($P < .0001$).

Keywords: Breastfeeding, parents, marriage, infant **PLS. CONFIRM: ADDITIONAL KEYWORDS?**

Support to a nursing mother encourages breastfeeding. A systematic review[1] published in 2002 of 20 studies carried out in 10 different countries with 23,712 mother-infant pairs randomly or quasi-randomly selected concluded that all types of "extra support" to breastfeeding contributed to extending its duration. Recently, 2 reviews[2,3] focusing specifically on the father's role noted his positive influence on the decision, establishment, and maintenance of breastfeeding. One of the reviews[3] mentioned that sometimes, fathers support mothers' decisions to breastfeed without being fully aware of the consequences of breastfeeding on their wives' lives and later start to feel excluded from the mother-infant relationship. Bick et al[4] interviewed 906 women to identify the factors that influence the early cessation of breastfeeding and reported that being a single mother constitutes a predisposing factor; however, the authors did not assess the quality of couples' relationships. Several other studies[5-20] based on information provided by mothers have shown an association

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between paternal support to breastfeeding and its maintenance. We found no publications associating fathers' opinions and support of breastfeeding, in their own views, with methodologically sound assessments of marital relationships. Gorman et al,[18] for example, interviewed fathers of Mexican origin living in the United States, but only to discover their opinions about breastfeeding.

Some studies[21-25] focusing on couples' relationships in the perinatal period have reported an association between the quality of care provided to an infant and a couple's relationship; however, they do not mention breastfeeding. Those studies showed an association between a good couple relationship and paternal involvement in an infant's care, maternal well-being, and an increased maternal ability to respond to the infant's needs.[21-23] Two articles[24,25] found a positive association between good-quality paternal care and a couple's happiness. On the other hand, 4 longitudinal studies[26-29] observed deteriorating marital relationships following children's birth, because parents started to focus on the infants' care and neglected attention to their partners.

A couple's relationship involves 2 basic functions[30]: (1) the couple function, which implies the satisfaction of a couple's objective and subjective needs, with the provision of mutual support aimed at personal development (friendship), partnership in daily responsibilities and tasks (fellowship), and an affective and sexual relationship (love relationship); and (2) the parental function, which involves the couple's functioning as a team whose main task is to take care of its child (in accordance with the developmental needs of the child). In most couples, the quality of functioning in both areas (couple and parental functions) is associated.[28]

The present study was designed to test whether a problematic couple relationship is associated with the early termination of breastfeeding.

Methods

We performed a case-control study of families with 4-month-old babies: in 51 families (cases), babies were no longer being breastfed, and in 102 families (controls), babies were being breastfed (exclusively or not). The age of 4 months was defined as the cutoff point for early weaning. This is a cutoff point often used in the literature, including local studies.[11,31,32] The research was designed to study the influence of psychosocial factors on the early interruption of breastfeeding.

The study was carried out in Porto Alegre, a city with a population of 1.36 million located in southern Brazil. The chosen area included about 18 000 inhabitants and was served by 3 outpatient services administered by a large public hospital called Grupo Hospitalar Conceição. The population under study was economically heterogeneous, consisting of mostly lower middle-class families. All households had running water and electricity. Only the poorer houses were not served by a sewage disposal system and garbage collection. All streets were paved, except for a few alleys, where public safety was a serious problem. This sample is similar to many other Brazilian urban populations, including in relation to breastfeeding practices. In Brazil, almost all women start breastfeeding, and about 70% are still breastfeeding at 4 months postpartum.[33]

The sample size was calculated to be 150 families, with $\alpha = 0.05$, $\beta = 0.2$, case controls ratio = 1:2, prevalence of couple relationship problems in the exposed population (cases) = 60%, and prevalence of couple relationship problems in the nonexposed population (controls) = 30%. This calculation took into consideration the prevalence of family relationship problems in the only available study on the subject in Porto Alegre.[34]

The selection of families followed a rigorous methodology. Through the investigation of birth records from all hospitals in the city from March 1999 to May 2000, all families with infants living in the chosen area were identified every month. When an infant reached 4 months of age, a medical student visited its family's household to obtain identification data, check the inclusion criteria, and obtain permission to carry out a family interview. Seven families refused to talk to the medical students. All the other families gave information. Of the 215 families that met the inclusion criteria, 62 did not finish the study because of a lack of available time (mainly for the men) or because they were not found after 3 consecutive visits. Sixteen infants were excluded from the study (3 pairs of twins, 6 children born to HIV-positive mothers, 2 who died, 1 because of the use of a nasogastric tube, and 1 because of the use of medication with contraindications to breastfeeding). All families from the chosen area with 4-month-old babies were visited until the number of participants necessary for the study was reached.

Both parents of each family signed an informed consent form agreeing to participate in the study. Then, a home visit was scheduled. The interview was performed by 2 family therapists and filmed by a medical

student. The interviewers were blinded to the central hypothesis of the study. The 2 interviewers changed with every visit to prevent evaluation biases.

The interviews were semistructured and lasted about 2 hours. During this time interval, in addition to data collection, the behaviors and interactions of the family members were observed. Each interview consisted of an initial open conversation with all family members, often including grandparents, other relatives, and friends. The second part was performed only with the couple (often in the presence of the child), and the third part was carried out individually with each of the parents. In 120 of the 153 families included in the study, the mother cohabited with the infant's father. Of these, only 2 fathers were not interviewed, because they worked out of town. Therefore, the analysis presented in this article included the 118 couples that cohabitated and were examined together. The couples included 33.9% legal marriages and 67.1% common-law marriages.

The first part of each interview focused on the infant's birth and its impact on the life of the family and the parents, infant feeding, paternal participation in the infant's care, and paternal breastfeeding support to the mother. This part also investigated the breastfeeding support provided by the parents' families and their social network. These questions were investigated again individually with each parent.

In the second part, the couple's interpersonal relationship, the care provided to the infant, and the couple's relationship with its social network were discussed. A genogram was drawn for each couple, including previous marriages and children from other relationships and a description of both parents' families, their medical and psychiatric histories, and similarities and differences in the way the couple and their families functioned.

In the third part, each therapist held an individual conversation with one of the parents. It started with an open conversation and moved on to questions about the pregnancy and delivery processes, the interviewee's relationship with the infant and his or her partner, the couple's sexual life, and their conflict resolution strategies, including questions about domestic violence, relationships with relatives, friends, their social network, and the health care system. Questions also covered topics related to personal histories (of both the interviewee and his or her partner), medical and psychiatric symptoms, alcohol and drug abuse, psychiatric hospitalizations, the past and present use of psychotropic drugs, and involvement with the justice system.

Two functions of each couple's relationship were assessed: (1) the couple's relationship itself (couple function), in terms of friendship, fellowship, and romance; and (2) the parental function, that is, the care provided by the couple to the infant.

For the assessment of each couple's interpersonal relationship, the mother and father were requested to evaluate the quality of their relationship, their sexual life, and the frequency and types of conflicts between them. Each answer was classified into one of the following categories: (1) husband and wife get along well, (2) they get along more or less well, and (3) they do not get along well. A couple was considered to have a good relationship when the answer corresponded to category 1. After the collection of all observations and information, the Global Assessment of Relational Functioning (GARF) Scale from the *Diagnostic and Statistic Manual of Mental Disorders* (fourth edition)[34,35] was used by each interviewer to assign a score to the couple's functioning.

The GARF Scale divides the degree to which a family, or a couple, fulfills the individual affective and operational needs of its members into 5 levels, according to several areas of functioning: (1) problem solving (the ability to negotiate objectives, rules, and routines; adaptability to stressing situations; the ability to communicate; and the ability to resolve conflicts); (2) family structure (the ability to maintain the interpersonal roles and limits of the subsystems; leadership system; and coalitions and distribution of power, control, and responsibility); (3) affect expression between a couple (affective climate; the quality of care, empathy, involvement, and commitment; similarity of values; interpersonal affective responses and respect; and the quality of sexual functioning). The scale assigns a global score to families or couples, ranging from 1 (the relational unit is functioning in a satisfactory way according to the report of participants and the perspective of interviewers) to 5 (the relational unit has become too dysfunctional to guarantee the continuity of contact and boundness). In our analysis, groups were classified as "without important difficulties" (scores 1 and 2) or "with moderate to severe difficulties" (scores 3-5).

The Beavers-Timberlawn (BT) Assessment of Relational Functioning Scale[36] was used by the therapists to independently score some important aspects of each couple's functioning in terms of the development of healthy, adaptive, and creative individuals. These aspects may be summarized as follows: (1) an egalitarian power balance between the parents; (2) the adequate

individualization of family members; (3) the acceptance of separations and losses; (4) the ability to talk about the family's reality; and (5) predominantly caring, optimistic, and trusting affect exchange, including the presence of a sense of humor. In the present study, only 5 of the 14 BT Scale subitems were used. The subitems power balance, intimacy, clearness of communication, the ability to negotiate and solve problems, and affective exchange were chosen because they were considered more objectively verifiable in the interviews. Cutoff points were defined according to the original scale description, as follows: (1) power balance: 1 to 3, power tends to be equally divided between the parents; 3.5 to 5, the relationship is evidently characterized by dominance and submission; (2) intimacy: 1 to 3.5, interpersonal limits between the individuals are amorphous or indistinct; 4 to 5, there is respect for individual limits; (3) clearness of communication and thoughts: 1 to 2, without or with minor difficulties; 2.5 to 5, with difficulties; (4) problem solving: 1 to 3, efficient; 3.5 to 5, inefficient; and (5) predominant affective exchange: 1 to 1.5, affective, with humor and optimism; 2 to 5, from polite to hostile and cynical.

In terms of each couple's functioning as parents, the following aspects were assessed: (1) mother's satisfaction with the care that the father provided to the infant, (2) the satisfaction of the father with the care that the mother provided to the infant, (3) the father's opinion about the importance of breastfeeding, (4) positive paternal support to breastfeeding, and (5) paternal involvement in the infant's general care. The mother's satisfaction regarding the care provided by the father to the infant and vice versa was categorized as follows: 1 = satisfied, 2 = partially satisfied, and 3 = not satisfied. The father's opinion about breastfeeding was classified as follows: 1 = very good, 2 = good, 3 = indifferent, and 4 = "I would prefer my partner not to breastfeed." The amount and quality of support to breastfeeding offered by the father was rated by the mother first in the couple's interview and later individually; she was asked to describe the kind of support that she received and to classify it in one of the following categories: 1 = gives much support, with words and attitudes (taking the baby to the mother, protecting the mother-infant dyad while breastfeeding, etc); 2 = gives some support; 3 = variable; and 4 = does not give support. Finally, the active involvement of the father in the general infant's care, based on the interviewers' observations and on the information provided by both parents, was categorized as follows: 1 = the father is actively involved and participates in the care of the infant (consoling, playing, feeding, bathing, or in other ways), either spontaneously or when asked by the partner; 2 = the father gives support to the mother, but does not take part in the infant's care; 3 = the father is not involved at all; and 4 = the father troubles the infant's care. Category 1 of all these variables was compared with the others by bivariate analysis.

All scores were individually assigned by each interviewer. Then, the interviewers discussed the evaluation and tried to reach a common score. If there was disagreement, the case was discussed with the principal investigator (OGF) until a consensus was reached. Whenever necessary, the video recording was examined again.

The team contributed to the final version of the questionnaire. After the intensive training of the team of interviewers, a pilot study was carried out with 10 families. Two investigators (OGF and CLCF) conducted interviews during the process, each paired with different interviewers, to ensure information reliability.

The outcome variable under study was the maintenance of breastfeeding at 4 months. The main independent variables were the quality of the couple's relationship (classified in 2 categories: "without important difficulties" and "with moderate to severe difficulties") and the paternal support of breastfeeding (classified in 2 categories: "gives much support" and "other"). The statistical analysis was composed of mean and frequency calculations, and for the comparison of groups, chi-square tests and odds ratios were used. The significance level was set at .05. All analyses were carried out with the Statistical Package for the Social Sciences (SPSS), version 8.0, for Windows (SPSS Inc, Chicago, IL).

The study project was approved by the Research Ethics Committee at Grupo Hospitalar Conceição and Hospital de Clínicas, Porto Alegre, Brazil.

Results

A comparative study was performed between the families that were not interviewed by the family therapists and those that were included in the study, in the search for a possible selection bias. The following characteristics were analyzed: mother's and father's age, schooling, skin color, and occupation; whether the mother and father lived together; the type of delivery, the length of gestation, the sex of the infant, birth weight, and hospitalizations; and household conditions

Table 1. General Characteristics (N = 118 families in which parents cohabited)

Characteristic	*Not Breastfeeding at Four Months (n = 38)* Mean	SD	*Breastfeeding at Four Months (n = 80)* Mean	SD	P*
Age (y)					
Mother	27.8	6.9	24.9	6.2	.024
Father	32.7	10.0	29.5	8.3	.074
	No. (%)		No. (%)		*P***
Schooling (y)					
Mother					
Up to 4 years	7 (18.4)		18 (22.5)		
5-11 years	29 (76.3)		61 (76.3)		.400
12 years or more	2 (5.3)		1 (1.3)		
Father†					
Up to 4 years	8 (22.2)		17 (21.5)		
5-11 years	27 (75.0)		58 (73.4)		.856
12 years or more	1 (2.8)		4 (5.1)		
Skin color					
Mother					
White	27 (71.1)		42 (52.5)		.056
Nonwhite	11 (28.9)		38 (47.5)		
Father†					
White	28 (73.7)		44 (55.0)		.052
Nonwhite	10 (26.3)		36 (45.0)		
Current employment					
Mother					
Yes	9 (23.7)		13 (16.2)		.333
No	29 (76.3)		67 (83.8)		
Father†					
Yes	31 (81.6)		61 (76.3)		.514
No	7 (18.4)		19 (23.8)		
Monthly family income (in MW‡)					
Up to 3	15 (39.5)		33 (41.8)		
4-10	20 (52.6)		41 (51.9)		.938
More than 10	3 (7.9)		5 (6.3)		
Household conditions					
Good or regular	35 (92.1)		75 (93.7)		.740
Bad	3 (7.9)		5 (6.3)		
Number of children					
Up to 3	30 (78.9)		71 (88.7)		.157
4 or more	8 (21.1)		9 (11.3)		
Prenatal follow-up†					
5 or more visits	35 (94.6)		68 (85.0)		.137
4 or fewer visits	2 (5.4)		12 (15.0)		
Baby's sex					
Female	19 (50.0)		41 (51.2)		.899
Male	19 (50.0)		39 (48.8)		
Birth weight					
≥ 2500 g	36 (94.7)		72 (90.0)		.388
< 2500 g	2 (5.3)		8 (10.0)		
Birth order					
Firstborn	13 (34.2)		33 (41.2)		.464
Other	25 (65.8)		47 (58.8)		
Type of delivery					
Normal	35 (65.8)		63 (78.8)		.131
Cesarean	13 (34.2)		17 (21.2)		

(continued)

Table 1 (continued)

Characteristic	*Not Breastfeeding at Four Months (n = 38)* Mean	SD	*Breastfeeding at Four Months (n = 80)* Mean	SD	P*
	No. (%)		No. (%)		*P***
Length of gestation†					
≥ 37 weeks	29 (76.3)		63 (79.7)		.672
< 37 weeks	9 (23.7)		16 (20.3)		
Mother-baby separation due to maternal hospitalization					
No	34 (89.5)		77 (96.2)		.145
Yes	4 (10.5)		3 (3.8)		
Rooming-in†					
Yes	33 (86.8)		74 (93.7)		.216
No	5 (13.2)		5 (6.3)		

*Student *t* test.
**Chi-square test.
†Numbers vary because of faulty information.
‡MW = minimum monthly wage in Brazil (about [US]$70).

and social class. The only significant differences found were a higher number of nonwhite men ($P = .016$), low birth weight infants ($P = .001$), and married fathers ($P = .016$) in the group that did not complete the study. However, none of these variables was significantly associated with breastfeeding at 4 months (Table 1).

This article presents the study of the 118 couples that cohabited and were interviewed d together. Single mothers were excluded from the analysis to better focus on the couples' relationships.

The mean maternal age in this study population was 26 years (range, 14-45 years). The mean paternal age was 31 years (range, 17-62 years). The mean period of schooling was 6.6 ± 2.9 years among mothers (range, 1-14 years) and 7.6 ± 7.4 years among fathers (range, 0-18 years). Most subjects in our sample were white by self-definition (62% of mothers and 64% of fathers). The mean number of children per family was 2.2, and the largest family had 8 children. Household conditions were adequate for 93% of the families; that is, they had electricity, running water, and a sewage system. Eighty percent of the mothers were not currently working; 79% of the fathers had jobs, and the others made livings doing odd jobs. The median family income was 4.5 (range, 0-16.9) minimum wages (about [US]$280 per month). Two families (1.7%) described themselves as having no steady income.

Ninety percent of the mothers had had 5 or more prenatal visits, which is considered adequate. The mean birth weight of the infants was 3240 g, 78% were born at term, and 72% were born by vaginal delivery. While in

the hospital, 90% of the infants and their mothers roomed in (in Porto Alegre, all major public maternities are Baby-Friendly Hospitals, so healthy mother-child dyads are expected to room in). Nine infants were later separated from their mothers because of maternal hospitalization.

A statistically significant association was observed between breastfeeding at 4 months and the mother being younger (Table 1).

Except for 2 mothers, all initiated breastfeeding. In the total sample, of the 80 breastfed infants, 21 (26.3%) were exclusively breastfed at 4 months (receiving only breast milk, no other liquid or solid). Of the infants who were no longer being breastfed, 13 (34.2%) were weaned in the first month of life and 17 (44.7%) and 8 (21.1%) in the second and third months of life, respectively.

According to the interviewers' and parents' opinions, most couples in both groups got along well together or had only minor problems that did not affect their routines (Table 2). There was no association between the quality of a couple's relationship (regardless of who was rating it) and infant feeding at 4 months.

Regarding the specific characteristics of couple functioning (BT Scale), according to the interviewers, 78% showed evidence that the power was equally divided between the couple, 64% exercised intimacy respecting the individual limits of the partners, 58% showed clarity in their interpersonal communication, 74% showed an ability to negotiate and solve problems, and 55% showed predominantly positive affect exchange. No differences were observed between the group that continued breastfeeding at 4 months and the group that interrupted breastfeeding (Table 2).

There were no differences in this sample between those couples officially married or not with regard to the quality of their relationships, or specific aspects of them, according to the partners' (mother $P = .524$; father $P = .902$) and interviewers' ($P = .816$) assessments. Eighty-nine percent of the mothers and 95% of the fathers reported being satisfied with the involvement of their partners in the care provided to their infants, and no significant difference was observed between cases and controls (Table 3). Concerning fathers' opinions about their partners' decisions to breastfeed their infants, all gave positive answers. In the mothers' opinions, 74% of the partners gave effective support to the breastfeeding practice, with no differences between the groups. Finally, in the interviewers' opinions, 68% of the fathers were actively involved in the general care provided to the infants. There were no differences between the groups regarding the fathers' participation.

We observed that in couples with good relationships, fathers gave more support to breastfeeding and got more involved with the infants' care. Fathers who had good relationships with their partners showed a 3.2 times

Table 2. Association Between the Type of Infant Feeding at Four Months and Couple's Relationship, According to Mother's, Father's, and Interviewer's Opinions (N = 118 families)

	Not Breastfeeding at Four Months (n = 38), No. (%)	*Breastfeeding at Four Months (n = 80), No. (%)*	P*
Couple relationship			
According to the mother** (n = 153)			
Good	30 (81.1)	62 (77.5)	.660
With difficulties	7 (18.9)	18 (22.5)	
According to the father** (n = 120)			
Good	28 (75.7)	69 (86.2)	.158
With difficulties	9 (24.3)	11 (13.8)	
According to the interviewers† (n = 121)			
Without or with minor problems	30 (78.9)	60 (75.0)	.638
With moderate to severe problems	8 (21.1)	20 (25.0)	
Power balance between the couple‡ (n = 121)			
Tendency to balance	30 (78.9)	62 (77.5)	.859
Tendency to dominance/ submission	8 (21.1)	18 (22.5)	
Intimacy between the couple‡ (n = 121)			
With adequate limits	25 (65.8)	49 (61.2)	.634
Without adequate limits	13 (34.2)	31 (38.8)	
Clearness in interparental communications‡ (n = 121)			
Communications are clear	21 (55.3)	50 (62.5)	.453
Communications are not very clear	17 (44.7)	30 (37.5)	
Ability to negotiate and solve problems‡ (n = 121)			
Efficient	17 (44.7)	43 (53.7)	.360
Inefficient	21 (55.3)	37 (46.3)	
Predominant type of affect expression‡ (n = 121)			
Positive	22 (57.9)	43 (53.7)	.672
Negative	16 (42.1)	37 (46.3)	

*Chi-square test.
**n = 117 because part of the data for one family were lost.
†Global Assessment of Relational Functioning Scale.
‡Beavers-Timberlawn Assessment of Relational Functioning Scale.

Table 3. Association Between the Quality of Parental Function and the Type of Infant Feeding

	Not Breastfeeding at Four Months (n = 38), No. (%)	*Breastfeeding at Four Months (n = 80), No. (%)*	P*
Maternal satisfaction with the infant's care provided by the father (n = 153)			
Satisfied	36 (94.7)	67 (83.7)	.094
Not or partially satisfied	2 (5.3)	13 (16.3)	
Paternal satisfaction with the infant's care provided by the mother** (n = 120)			
Satisfied	35 (94.6)	77 (96.2)	.681
Not or partially satisfied	2 (5.4)	3 (3.8)	
Father's opinion about breastfeeding** (n = 120)			
Very good	34 (91.9)	70 (87.5)	.482
Good	3 (8.1)	10 (12.5)	
Paternal support to breastfeeding, according to the mother (n = 153)			
Much support	27 (71.1)	62 (77.5)	.447
Some or no support	11 (28.9)	18 (22.5)	
Active paternal involvement in the infant's care, according to interviewers (n = 153)			
Present	27 (71.1)	52 (65.0)	.514
Little or absent	11 (28.9)	28 (35.0)	

*Chi-square test.
**n = 117 because part of the data of one family were lost.

Table 4. Association Between Couple's Relationship (interviewers' assessments using the Global Assessment of Relational Functioning Scale) and the Father's Opinion About Breastfeeding, Effective Paternal Support to Breastfeeding, and Paternal Involvement in the Infant's General Care

	Couple Relationship			
	Good or With Minor Problems, No. (%)	*With Moderate to Severe Problems, No. (%)*	P*	*Odds Ratio (95% confidence interval)*
Father's opinion about breastfeeding according to the father**				
Very good	81 (91.0)	23 (82.1)	.193	
Good	8 (9.0)	5 (17.9)		
Paternal support to breastfeeding, according to the mother				
Yes	73 (81.1)	16 (57.1)	.01	3.2 (1.3-8.0)
No	17 (18.9)	12 (42.9)		
Active involvement of the father in the infant's care, according to the interviewers				
Yes	68 (75.6)	11 (39.3)	.000	4.8 (2.0-11.7)
No	22 (24.4)	17 (60.7)		

*Chi-square test.
**n = 1178 because part of the data of one family were lost.

greater chance of supporting breastfeeding and a 4.8 times greater chance of being actively involved in their infants' care, when compared with the group with problematic relationships ($P = .024$) (Table 4).

When parents were requested to individually evaluate their current couple relationships in comparison with their prepregnancy situations, 87.7% of the mothers and 93.4% of the fathers reported that their relationships were the same or better, and no differences were observed between cases and controls according to mothers ($P = .224$) and fathers ($P = .521$).

Regarding the quality of their relationships with their social networks, 85.1% of the mothers reported that they could count on 2 people or more when they needed help, 73.8% said that they had good relationships with their families, 83% reported receiving emotional support from them, and 41% said that they could count on neighbors to help take care of their infants. When requested to assign a score, ranging from 1 to 10, to their satisfaction with their support networks, mothers assigned a mean score of 7.4.

Discussion

Little is available in the literature about the influence of a marital relationship on the duration of breastfeeding, using adequate methodology. The purpose of this study was to investigate this association. The study area, where starting breastfeeding is the expected norm, seemed to be a good setting for studying this issue.

In Brazil, the vast majority of women initiate breastfeeding (96%), and the median duration of breastfeeding is 10 months. The prevalence of breastfeeding in children between 9 months and 1 year of age is 32.8%. A study in Porto Alegre with a representative sample of all children under 1 year of age showed, among the 3-month-old and 4-month-old babies, a prevalence of breastfeeding of 71% and of exclusive breastfeeding of 22%.[36]

Contrary to the initial hypothesis of the study, and the available literature,[1-3] no direct association was found between a good couple relationship and the maintenance of breastfeeding at 4 months of age, according to the opinions of interviewers and parents.

Concerning the specific characteristics of couples' relationships, no differences were observed between the 2 groups studied in any of the categories, which confirms that couples' relationships were not directly associated with the maintenance of breastfeeding at 4 months.

The initial hypothesis—that a problematic couple relationship favors the early termination of breastfeeding—was not confirmed. The association between a good marital relationship and positive paternal support of breastfeeding did not translate into continued breastfeeding at 4 months because in this study, a father's support of breastfeeding was not associated with continued breastfeeding at 4 months. It is possible that the strength of the mother-infant bond contributes to a mother's ability to maintain breastfeeding at 4 months, even when experiencing a difficult marital relationship and/or counting on little paternal support, as evidenced in this study. In our experience, it is not uncommon to see mothers who feel lonely in their couple relationships getting closer to their children as compensation. In addition, most women in this population had other sources of support, mainly their own families, but also neighbors and friends, as well as easy access to and support from the public health care system. These findings are partially in accordance with the literature, which emphasizes the importance of the support of the social network in the duration of breastfeeding.[1] This leads to the conclusion that in this population, the broader context of a couple needs to be taken into consideration to understand to what degree the care provided by the father to the mother-infant dyad during this developmental period can be supplemented, and sometimes even replaced, by the support provided by the social network, resulting in the maintenance of breastfeeding. Possibly, this is also the reason behind the finding that in this population, younger mothers breastfed more. It was observed that adolescent mothers tended to stay within or very close to their families of origin.

With regard to the satisfaction with the infants' care provided by the partners, 95% of the fathers and 89% of the mothers reported being satisfied. The frequency of paternal participation in the infants' care was 68%, and the effective support to breastfeeding was 74%. These numbers show a rather high participation of the fathers, which is somewhat surprising because it is still common in Brazilian culture, mainly in the lower social classes, to believe that the mother should be responsible for the care of children.[37] It is important to emphasize that the evaluation of the interviewers showed less paternal participation than that of the mothers, who seemed to give answers according to lower expectations of involvement of the fathers.

A good couple relationship showed an association with paternal involvement in the care of the infant and support to breastfeeding. The association found in this study between a good couple relationship and the couple's ability to get involved within the care of its children as a team is frequently observed in clinical practice, and some studies carried out in developed countries have reported the same finding.[24,25] There are no studies explaining the direction of this association. This study's design did not allow any conclusions about whether it is a good relationship that influences a father to become more involved or his high investment with the child that improves the couple's relationship.

Another interesting finding is that most mothers and fathers independently reported that their relationships were at least as good when compared with the period preceding pregnancy. This seems to indicate that in this population, contrary to the findings of other studies,[26,27] the excess of care required by the infant was usually compensated for by the positive aspects of the infant's presence in the family.

Among the limitations of the present study, we include the high number of families that could not be included, although this is frequent in studies involving all family members.[26] However, this work had a case control design, so that losses were replaced. In addition, we believe that the results were not affected by this problem, because no significant differences were found in the general characteristics of case and control families in association with breastfeeding maintenance. With regard to the possible biases resulting from the subjectivity of the factors under study, these were minimized by the fact that 2 interviewers performed independent evaluations of the couples, both individually and together, asking questions about the interviewees and their partners.

The most important aspect of this study was the methodology employed. This is the first work to use clinical interviews with couples and each partner individually to assess the association between couples' rela-

tionship quality and breastfeeding maintenance. The fact that we interviewed all families having 4-month-old infants during the study period in the chosen area reinforces our results. Because the sample characteristics are very similar to those of other urban Brazilian communities, they may possibly be extended to other populations with similar social and cultural characteristics in the country. Because relationships, social networks, and breastfeeding culture can be different among different countries, any generalization to another country should be viewed with caution.

In sum, this study showed no relationship between the quality of a couple's interaction and the continuation of breastfeeding at 4 months. Nevertheless, it demonstrated an association between a couple's relationship and the father's participation in the infant's care. Thus, it seems important to emphasize that interventions aimed at infant care promotion should take into consideration the quality of couples' relationships, because fathers' involvement is important in later development. It is significant to emphasize that studies on infant psychiatry have repeatedly reported the great ability of parents to carry out personal changes in this phase of their infants' lives because of their increased sensitivity to the needs of their infants and the important personal reorganization that being new parents demands.[38] This suggests that with some training, health professionals who have contact with both couples and young children can help very much in the development of healthy family relationships.

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Resumen

Relación de pareja y lactancia: Es que hay una asociación?

Se evaluaron en Brasil ciento cincuenta familias con niños de 4 meses de edad- 51 casos (se suspendió la lactancia) y 102 controles (se mantuvo la lactancia materna)- para verificar si relaciones problemáticas de pareja se asocian a la terminación de la lactancia materna. La relación de las 118 parejas que cohabitaban se evaluaron por medio de entrevistas clínicas, escalas de GARF y Beavers-Timberlawn, inclusive funciones maritales y de crianza, satisfacción de los padres sobre la calidad del cuidado que cada uno le da a su hijo, la opinión de las madres sobre el apoyo paterno a la lactancia materna, y entrevistas para evaluar el apoyo paterno a la lactancia materna y su participación en el cuidado de los niños. La calidad de la relación de las parejas no esta asociada a la interrupción de la lactancia materna antes de los 4 meses postparto. Aun así, una buena relación de pareja estaba asociada con mayor apoyo a la lactancia por parte del padre ($P < .01$) y la participación al cuidado de los niños ($P < .0001$).