Factors Influencing a Mother’s Decision to Breastfeed

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Factors Influencing a Mother’s
Decision to Breastfeed

Chanel Spillar
Carroll College
This thesis for honors recognition has been approved for the Department of Nursing.

[Signature]
Director

[Signature]
Reader

[Signature]
Reader

Date: 4/11/07

To my professor, Joni Walton

Thank you for inspiring me to go above and beyond, guiding and encouraging me the whole way. I could not have finished this project without you.

And to the Mothers whom I interviewed

You were a vital component of this project. Thank you for being willing to open up and share your experiences with me.
Dedication

To my husband-to-be, Jonathan

I know I can always count on you for support and encouragement in whatever I aspire -

for that I am forever grateful
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>APPRECIATION</td>
<td>3</td>
</tr>
<tr>
<td>DEDICATION</td>
<td>4</td>
</tr>
<tr>
<td>TABLE OF CONTENTS</td>
<td>5</td>
</tr>
<tr>
<td>ABSTRACT</td>
<td>7</td>
</tr>
<tr>
<td>CHAPTER I</td>
<td>8</td>
</tr>
<tr>
<td>FACTORS INFLUENCING A MOTHER’S DECISION TO BREASTFEED</td>
<td>8</td>
</tr>
<tr>
<td>THEORETICAL FRAMEWORK</td>
<td>8</td>
</tr>
<tr>
<td>PBT Applied to Barriers to Breastfeeding</td>
<td>9</td>
</tr>
<tr>
<td>Personal attitude</td>
<td>9</td>
</tr>
<tr>
<td>Subjective norms</td>
<td>9</td>
</tr>
<tr>
<td>Perceived behavioral control</td>
<td>10</td>
</tr>
<tr>
<td>Demographics</td>
<td>10</td>
</tr>
<tr>
<td>Implications</td>
<td>11</td>
</tr>
<tr>
<td>Research Question</td>
<td>11</td>
</tr>
<tr>
<td>Summary</td>
<td>11</td>
</tr>
<tr>
<td>CHAPTER II</td>
<td>13</td>
</tr>
<tr>
<td>REVIEW OF RESEARCH</td>
<td>13</td>
</tr>
<tr>
<td>Barriers to Breastfeeding</td>
<td>13</td>
</tr>
<tr>
<td>Maternal employment</td>
<td>13</td>
</tr>
<tr>
<td>Lack of support</td>
<td>14</td>
</tr>
<tr>
<td>Breastfeeding complications</td>
<td>15</td>
</tr>
<tr>
<td>Maternal smoking</td>
<td>16</td>
</tr>
<tr>
<td>Influencing Factors</td>
<td>16</td>
</tr>
<tr>
<td>Breastfeeding knowledge and confidence</td>
<td>16</td>
</tr>
<tr>
<td>Information and counseling</td>
<td>17</td>
</tr>
<tr>
<td>Promotion of lactation programs</td>
<td>18</td>
</tr>
<tr>
<td>Maternal age</td>
<td>18</td>
</tr>
<tr>
<td>Level of income</td>
<td>19</td>
</tr>
<tr>
<td>CHAPTER III</td>
<td>21</td>
</tr>
<tr>
<td>METHODOLOGY</td>
<td>21</td>
</tr>
<tr>
<td>Research Question</td>
<td>22</td>
</tr>
<tr>
<td>Sample</td>
<td>22</td>
</tr>
<tr>
<td>Confidentiality</td>
<td>22</td>
</tr>
<tr>
<td>Data Collection</td>
<td>23</td>
</tr>
<tr>
<td>Analysis</td>
<td>23</td>
</tr>
<tr>
<td>Rigor</td>
<td>23</td>
</tr>
<tr>
<td>Personal Bias</td>
<td>23</td>
</tr>
<tr>
<td>CHAPTER IV</td>
<td>24</td>
</tr>
<tr>
<td>RESULTS</td>
<td>24</td>
</tr>
</tbody>
</table>
Factors Influencing

Core Category ................................................................. 24
Bonding .............................................................................. 24
Supportive Categories ..................................................... 25
Health benefits .................................................................. 25
Support systems ................................................................. 26
Cost-effectiveness ............................................................... 27
Convenience ....................................................................... 27
Coping ................................................................................. 28
Negative Factors ............................................................... 28
Culture ............................................................................... 28
Returning to work ............................................................. 28

CHAPTER V ............................................................................. 29

DISCUSSION ....................................................................... 29
Bonding .............................................................................. 29
Health Benefits ................................................................. 29
Culture ............................................................................... 30
Implications to Nursing ..................................................... 31
Future Research ................................................................. 31
Conclusion .......................................................................... 32
REFERENCES ...................................................................... 33
Abstract

Breastfeeding has many proven health benefits as well as economical and environmental advantages. Although breastfeeding rates are increasing in the United States, the percentage of mothers who breastfeed for a full year is 17% to 20%, compared to approximately 79% globally. The purpose of this paper is to discuss barriers to and influencing factors of breastfeeding. This paper will utilize the Planned Behavior Theory as a theoretical framework to guide the interview questions. The core category of this study was bonding. The supporting categories that emerged through the research were the presence of support systems, cost-effectiveness, health benefits and convenience. Negative factors that were present in the experiences of the participants were their negative perceptions of the value culture correlates with breastfeeding, as well as returning to work.

The findings reveal the crucial role nurses have in the promotion and support of breastfeeding through educating their clients. Future nursing research is needed to form a better understanding of factors influencing the perceptions of mothers, fathers, and employers in relation to breastfeeding.
Factors Influencing a Mother's Decision to Breastfeed

Breastfeeding has many proven health benefits, along with economical and environmental advantages. Although breastfeeding rates are increasing approximately 2% per year in the United States, the percentage of mothers who breastfeed for a full year is substantially less than many other nations (Ryan, Wenjun, & Acosta, 2002). “Globally, 79% of infants are breastfed for 12 months,” but in the United States the percentage drops to 17% to 20% (James & Dobson, 2003, ¶4). This thesis will utilize the Planned Behavior Theory (PBT) as theoretical framework in relation to the initiation and duration of breastfeeding, including personal attitudes, subjective norms, and perceived behavioral control.

Theoretical Framework

The model of PBT, developed by Icek Ajzen, is a revision of the Theory of Reasoned Action (Theory of Planned Behavior, 2005), which Ajzen originally theorized with Martin Fishbein. The objective of PBT is to study various influences of a specific behavior and identify relevant interventions to support behavior change. According to the PBT (2002), the success of a planned behavior is influenced by (a) the personal attitude relating to that behavior, (b) subjective norms (e.g., the perception of others’ opinions of the behavior), and (c) perceived behavioral control (e.g., if the behavior is perceived as uncomplicated). In summary, “the more favorable the attitude and subjective norm, and the greater the perceived control, the stronger should be the person’s intention to perform the behavior in question” (Wikipedia, 2006, ¶4).
Factors Influencing

*Personal attitude.* Although personal attitude may not always be detrimental in the decision process of breastfeeding, at times it may present as a barrier. For example, a woman with a negative personal attitude towards breastfeeding is more likely to bottle-feed. However, one of the most common reasons women give for choosing to bottle-feed as opposed to breastfeed is the uncertainty of the quantity of her milk supply (Arora, McJunkin, Wehrer, & Kuhn, 2000). For instance, the amount of intake when bottle-feeding an infant may be easily measured by observing the remaining formula in the bottle after the infant stops feeding; on the other hand, a woman who is breastfeeding does not have evidence of the exact quantity of breast milk consumed. According to a Health Scotland Research Report (n.d.), additional reasons affecting a woman’s decision to breastfeed is the perception that her lifestyle will be considerably restricted if she does so. If a woman maintains an occupation, she may be apprehensive about the mechanics of breastfeeding after returning to work, as well as the need to take breaks to breastfeed or use a breast pump.

*Subjective norms.* Barriers to breastfeeding extend from personal perceptions to the perception of others’ opinions of the behavior (subjective norms). For instance, Swanson and Power (2004) researched subjective norms in relation to a mother’s decision to breastfeed. Their research gathered data from questionnaires regarding “infant feeding intentions, feeding behaviour at birth and follow-up, behavioural beliefs and subjective norms for both breastfeeding and bottle-feeding,” which were provided to new mothers (p. 272). Their findings revealed that an important aspect affecting a mother’s decision to breastfeed is her perception of other views, including those of “women’s
Factors Influencing 10

partners and health care professionals” (p. 272). An additional research study of subjective norms found that a mother’s perception of overall breastfeeding support is correlated with “an increase in the duration of exclusive breastfeeding” (Ekström, Widström, & Nissen, 2003, ¶1). The findings of these studies have an important implication for health care professionals as they reveal the importance of societal norms in breastfeeding promotion and support.

Perceived behavioral control. According to the PBT, perception of the behavior is thought to be uncomplicated. One of the most common reasons that bottle-feeding is chosen is that a woman perceives complications with breastfeeding after returning to work (Arora et al., 2000). In application to breastfeeding barriers, a woman’s perceived behavioral control may include “that breastfeeding can be painful and uncomfortable,” which would decrease the likelihood and duration of breastfeeding (Health Scotland Research Report, n.d., ¶1). A woman may also be more apt to bottle-feed if she perceives that potential complications of breastfeeding, like nipple pain, the let-down reflex, and engorgement and leaking of the breasts, are likely to occur (“Breastfeeding vs. Bottle Feeding,” n.d.).

Demographics

Although the decision of breastfeeding versus bottle-feeding must be made by all expecting mothers, research has found commonalities in mothers who are more likely to breastfeed. Research by James and Dobson (2003) revealed that mothers who have a college degree are more likely to breastfeed. The same authors also found that mothers who are not participating in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) were more likely to breastfeed exclusively and not provide
supplemental formula, as opposed to those who were participating in WIC (James & Dobson, 2003). The authors did not speculate further into reasons why WIC, a government program, would be associated with decreased rates of breastfeeding.

Implications

The physical, economical, and socio-cultural implications of breastfeeding are intertwined. According to the World Health Organization (2004), physical benefits of breastfeeding are proven for both the infant and the mother. The economical effect of these health benefits include by increasing financial resources for both the family and the nation. According to the American Dietetic Association (n.d.), the “USDA estimates that at least $3.6 billion could be saved in health care costs if breastfeeding rates were increased from current levels to those recommended by the US Surgeon General” (¶ 17). Lastly, the socio-cultural advantages of breastfeeding stem from physical benefits as demonstrated by a report by the Australian Breastfeeding Association. This report reveals that breastfeeding leads to fewer absences needed to take care of a sick child (2002).

Research Question

The research question for this thesis is: What factors influence a mother’s decision to breastfeed in the United States population?

Summary

The PBT is utilized to study various influences in relation to a specific behavior. In application to breastfeeding, barriers include a woman’s personal attitude towards breastfeeding, her perception of others’ opinions of breastfeeding, and viewing breastfeeding as uncomplicated. Research of the barriers of breastfeeding has revealed the crucial role of nurses in the promotion and support of breastfeeding. Those who are
more likely to breastfeed include women who have a college degree and mothers who are not participating in WIC. The implications of breastfeeding are intertwined, and include physical, economical, and socio-cultural aspects.
Chapter II

Review of Research

There are many beneficial aspects of breastfeeding for both the infant and the mother. However, breastfeeding rates in the United States remain substantially less than many other nations (James & Dobson, 2003). Aspects negatively associated with breastfeeding include maternal employment, lack of support, complications, and maternal smoking. Although there are many barriers to breastfeeding, there are also many influential factors that positively affect breastfeeding rates. Factors associated with higher breastfeeding initiation and duration include breastfeeding knowledge and confidence, available information and counseling, lactation programs, older maternal age, and higher family income. Following is the discussion of these barriers and influential factors in greater detail.

Barriers to Breastfeeding

Maternal employment. Breastfeeding initiation rates are comparable among working mothers and those who stay at home, but the duration of breastfeeding is significantly less among mothers who are employed (Biagioli, 2003). According to research by Wyatt (2002, ¶1), “many women stop breastfeeding soon after they return to work because of lack of preparation and support.” The author suggests that a method to promote breastfeeding among working mothers “is to develop a lactation program for the work setting” (Wyatt, 2002, ¶1).

The success of lactation programs in the work setting is demonstrated through research by Ortiz, McGilligan, and Kelly (2004). These researchers found that among the 462 participants enrolled in an employee-sponsored lactation program, 57.8% continued
breastfeeding for at least 6 months. Additionally, 98% of those who initiated milk expression at work were successful. The purpose of this retrospective study was to determine the duration of breastfeeding among mothers participating in a lactation program sponsored by their employer. The programs were comprised of “(a) a class on the benefits of breastfeeding; (b) services of a certified lactation consultant; and (c) private room in the workplace with equipment for pumping” (p. 111). The sample of this study included women from five different companies, each enrolled in an employer-sponsored lactation program, during which lactation behaviors and experiences were recorded and then reviewed to gain results. There are many strengths of this study, including “its duration (the births occurred over 4.5 years), its large sample size (462 women), and the real-world setting at five companies with different work environments” (Ortiz, McGilligan, & Kelly, 2004, p. 117). A weakness of this study is that it does not include all new mothers in the participating companies; it includes only the mothers who participated in a corporate lactation program. Therefore, the rates of the mothers who did not participate in the program are unknown. Nursing implications of this study include educating new parents that breastfeeding can be maintained even after a mother returns to work and promoting employer-sponsored lactation programs, emphasizing that research has shown that these programs yield positive results in employee attendance.

Lack of support. A barrier to breastfeeding that is as equally important as mothers returning to work is the lack of support they may receive. Mothers who chose to bottle-feed self-reported that family support would have influenced their decision in support of breastfeeding (Arora, McJunkin, Wehrer, & Kuhn, 2000). The method of gathering data involved surveying 245 mothers. According to the investigator’s findings, the decision to
breastfeed is affected primarily by the mother’s perception of the father’s opinion of breastfeeding. Furthermore, the mother’s perception of the father’s opinion of breastfeeding is a large pillar affecting a mother’s decision to bottle-feed (Arora et al., 2000).

Conversely, a 2003 study showed that mothers were less likely to terminate breastfeeding by 12 weeks postpartum if they received support from a doctor, nurse, or breastfeeding consultant (Taveras et al., 2003). This finding implies an important nursing implication: nurses employ a vital role in the success of breastfeeding initiation and duration. Nurses must provide support for their clients and their clients’ families in order to increase the duration of breastfeeding.

**Breastfeeding complications.** There are many complications of breastfeeding, including “engorgement, sore nipples, bacterial and fungal infections, stasis, mastitis, difficulty latching on, [and] separation” (Carpenito-Moyet, 2004, p. 131). Of these complications, nipple pain was a common reason why mothers may choose to cease breastfeeding before the recommended duration (Morland-Schultz & Hill, 2005). These findings were a result of the authors’ review of literature gathered from Medline, Pre-Medline, CINAHL, and the Cochrane Library; however they conflict with additional research by Kong and Lee (2004).

Kong and Lee found, through their data gathered by interviewing 230 primiparous mothers, that physical discomfort influenced less than half of the study participants’ decisions to breastfeeding. Of those interviewed, only 35.2% agreed that physical pain associated with breastfeeding influenced their decision to breastfeed, while 50%
Factors Influencing breastfeeding duration disagree and 14.8% did not agree or disagree (Kong & Lee, 2004). Further research is suggested to gain conclusive results.

Maternal smoking. Maternal smoking increases the risk to terminate breastfeeding before the recommended duration, according to research by Horta, Kramer, and Platt (2001). The authors of this study used a meta-analysis to review the literature regarding maternal smoking and breastfeeding duration. The databases and journals used to gather data included Medline, Scientific Citation Index, Pediatrics, Journal of Pediatrics, New England Journal of Medicine, and Lancet (Horta, Kramer, & Platt, 2001). Additional research supports the previous findings as it found that mothers who smoke cigarettes are “less likely to intend to breastfeed, less likely to initiate breastfeeding, and likely to breastfeed for a shorter duration than nonsmokers” (Amir & Donath, 2002, ¶1). The authors of this study analyzed the physiological effect of smoking on breastfeeding. This study was originally directed at examining the physiological effect of smoking and breastfeeding, of which nicotine is thought to be associated with suppressed levels of prolactin leading to decreased milk supply (¶1). However, the analysis of their research revealed otherwise: there is not a physiological association between the duration of breastfeeding and maternal smoking, but there is a correlation between a decreased rate of breastfeeding initiation and duration among the smoking population (Amir & Donath, 2002).

Influencing Factors

Breastfeeding knowledge and confidence. There is a strong correlation between breastfeeding knowledge and breastfeeding confidence affecting the actual duration of breastfeeding, according to a study published in 2003 (Chezem, Frisen, & Boettcher, ¶6).
Factors Influencing

This study was designed to examine relationships between “breastfeeding knowledge, breastfeeding confidence and infant feeding plans and their effects on feeding practices in first-time breastfeeding mothers” (¶1). The sample included 74 first-time pregnant women who intended to breastfeeding after giving birth. A prospective descriptive design was utilized as telephone interviews were “conducted prenatally and at 6 weeks, 3 months, and 6 months post-partum” (¶3). The researchers found that the duration of breastfeeding is positively influenced by breastfeeding confidence; however, the duration of breastfeeding decreases with maternal planning of combination feeding (Chezem, Frisen, & Boettcher, 2003). A weakness of this study is that the participants were mostly Midwestern Caucasian primiparous women who were well-educated.

*Information and counseling.* In a 2000 study of women in Slovenia, Hoyer and Horvat found that mothers who receive written instructions for breastfeeding, in addition to individual counseling, have better breastfeeding practices. The sample size included 203 pregnant women in their third trimester. Each woman was visited by a field nurse eight times during the first year following birth, and then every three months following for those who were still breastfeeding at that time, until lactation ceased. The researchers reported that the “women who received proper information and guidance during their pregnancy and throughout the postpartum period are breast-feeding longer and weaning slower than those that have not had such a program” (Hoyer & Horvat, 2000, p. 1164). A strength of this study is that it is subsequent to a previous research study of the same subject with 881 subjects, while data from the current study was gathered in Slovenia. The nursing implications of this article support the importance of health care providers to counsel their clients in regards to breastfeeding. Additionally, nurses must be educated
and enthusiastic as to the importance of breastfeeding in order to provide mothers with current information.

Promotion of lactation programs. Research at Boston Medical Center during the implementation of the Baby-Friendly Hospital Initiative (BFHI) showed increased breastfeeding initiation rates “from 58% (1995) to . . . 86.5% (1999)” (Philipp et al., 2001, ¶3). Additionally, “infants exclusively breastfed increased from 5.5% (1995) to . . . 33.5% (1999),” and breastfeeding “Initiation rates increased among US-born black mothers in this population from 34% (1995) to . . . 74% (1999)” (Philipp et al., 2001, ¶3).

The BFHI (2004) is a program of evidence-based interventions that encourage and enable clients to breastfeed (e.g., do not provide supplemental feeding, avoid the use of pacifiers). This policy also promotes the education of health care personnel, providing them with the skills to support breastfeeding among their clients (BFHI, 2004).

Additional research of the BFHI, performed by individuals from federal agencies, found that mothers who did not participate in any of the BFHI steps were eight times more likely to terminate breastfeeding before six subsequent weeks following birth, compared to mothers who participated in five of the BFHI steps (DiGirolamo, Grummer-Strawn, & Fein, 2001). Likewise, the rates of breastfeeding continuation rose with exposure to each additional step. These findings cannot be generalized to meet the total population because research was conducted through consumer mail surveys (DiGirolamo, Grummer-Strawn, & Fein, 2001).

Maternal age. Another factor affiliated with increased duration of breastfeeding is older maternal age, according to a study performed in Hawaii of multiethnic groups
Factors Influencing

(Novotny, Hla, Keiffer, Park, Mor, & Thiele, 2000). The participants included 2011 mothers who responded to mail-in questionnaires. The participants’ ages ranged from 15 to 52. Although this study included a large sample size, a weakness is that the data was collected in 1989, and it retrospective (Novotny et al., 2000). However, subsequent research by Callen and Pinelli (2004) supported the previous results as they also found a correlation between an increased rate of breastfeeding initiation and duration and older maternal age.

In relation to maternal age, the findings of a Canadian study suggest the importance of encouragement in relation to breastfeeding teens, even more so than adult mothers (Nelson & Sethi, 2005). The participants of this research study included eight Canadian teenage mothers, aged 15 to 19. The authors compared the teen experiences to adult experiences through interviews and demographic questionnaires. They found that although the experiences of both age groups were similar, teenage mothers may necessitate additional breastfeeding support. A weakness of this study is the limited number of participants who were mostly Caucasian, age 16 or older, and living with their partner at the time of birth (Nelson & Sethi, 2005). This research implied an essential aspect to nursing practice: nurses must recognize the need for additional support among the younger generation of breastfeeding mothers in order to cater to their needs in providing additional encouragement.

Level of income. Lastly, higher family income level was correlated to increased rates among breastfeeding (Callen & Pinelli, 2004). Further researchers found that women are at higher risk to not breastfeed if they qualify as lower-income, according to a study published in 2004 (Mitra, Khoury, Hinton, & Carothers). The participants of this
Factors Influencing

study included lower-income Mississippi women who qualified for WIC. This study analyzed data from questionnaires completed by 656 eligible participants. The findings of this study help nurses distinguish those at higher risk of not breastfeeding, enabling healthcare providers to be more conscious of those who need additional support and education (Mitra et al., 2004).
Chapter III

Methodology

Qualitative research is an appropriate methodology to utilize when researching barriers to breastfeeding. Opposite from quantitative research, which requires large numbers in data collection, qualitative research focuses on a smaller number of participants to provide an empathic personal perspective of a specific phenomenon (Fain, 1999). For instance, this study analyzed data regarding factors influencing a mother's decision to breastfeed; the data was collected from a small number of mothers who have breastfed a child. Methods used in qualitative research include “participant observation in-depth interviews, case studies, ethnographies, and narrative analyses” (Fain, 1999, p. 6).

Grounded theory, a method of research developed by Glaser and Strauss (Fain, 1999), was the methodology utilized in this thesis. While qualitative research focuses on the participant’s feelings and perspectives, grounded theory is “the discovery of theory from data” (Glaser and Strauss, 1967, p. 1). Both types of grounded theory methods—inductive and deductive—are used by the researcher to develop a theory. Through the method of inductive research, the researcher develops a theory, which is then tested through deductive analysis. Furthermore, grounded theory is applicable to this specific study because the goal is to develop a substantive theory, “developed for an empirical area of inquiry,” (Fain, 1999, p. 266) regarding how mothers are influenced in their decision to breastfeed. Constant comparative analysis is an important aspect of grounded theory. It involves both simultaneous data collection and analysis. Additionally, “the constant comparative method is designed to aid the analyst... in generating a theory that
is integrated, consistent, plausible, close to the data—and at the same time is in a form
clear enough to be readily . . . operationalized for testing in quantitative research” (Glaser

Research Question

What factors influence a mother’s decision to breastfeed?

Sample

Participants were recruited through purposive sampling. This method of
participant selection involves the researcher choosing participants “who are thought to
best represent the phenomenon being studied and to be typical of the population” (Fain,
1999, p. 116). The sample was recruited through a convenience sampling, in which the
researcher collects data from individuals known to have breastfed. Participants included
six women who have breastfed a child at some point in their lifetime, which provided
ample evidence of saturation of the findings. Women who breastfed a child after a
previous child was formula-fed were allowed to participate. The participants were able to
contact the researcher via phone and e-mail. A mutually agreed upon time and location
was set up for interviews. Interviews occurred at coffee shops and on-campus locations.
The average length of the interviews was 30 minutes. Informed consent was obtained
prior to data collection.

Confidentiality

The Institutional Review Board approved of the research study and method before
the study was launched. Signed informed consents were acquired from all participants.
Personal information of participants remained confidential; participating women chose
pseudonyms to be used in reporting and analyzing data. Field notes and interview data were kept in a locked facility.

*Data Collection*

Data was collected through in-person interviews, field notes, and theoretical memos.

*Analysis*

Constant comparative method of data analysis was utilized to analyze data and develop a theory. This method of research analysis involves comparing the results of data to observe for similar concepts in a coding process (Fain, 1999).

*Rigor*

Grounded theory analysis was followed throughout the research study. A faculty member reviewed the results and compared them with the data to assure validity. The participants’ experience was considered to be valid.

*Personal Bias*

Through review of the present research of factors influencing a mother’s decision to breastfeed, the researcher has presuppositions of specific factors influencing a mother’s decision to breastfeed. The researcher believes that breastfeeding is the prominent source of nutrition for infants, as well as being beneficial for the mother. To prevent this bias from skewing the results, the researcher used open-ended questions during interviews and did not ask questions that directed a participant towards a specific influencing factor. Additionally, the researcher made a conscious decision to be aware of the present bias and strive to set it aside, viewing the data objectively.
Chapter IV

Results

The purpose of this study was to determine factors that influenced a mother’s decision to breastfeed. The core category of this study was bonding. The supporting categories that emerged through the research were the presence of support systems, cost-effectiveness, health benefits and convenience. Negative factors that were present in the experiences of the participants were the perception of the culture’s negative opinion of breastfeeding, as well as returning to work.

The sample population consisted of six women who had breastfed at least one child. The participants were of all ages. Participants were recruited through purposive sampling, where the researcher chose participants “thought to best represent the phenomenon being studied and [who were] typical of the population” (Fain, 1999, p. 116). The sample was recruited through a convenience sampling, in which the researcher collected data from individuals known to have breastfed. Participants will include three to four women who breastfed a child at some point in their lifetime. Women who previously formula fed a child were allowed to participate. Participants were initially contacted by the researcher via phone or e-mail. A mutually agreed upon time and location was arranged. Informed consent will be obtained prior to data collection.

Core Category

Bonding. An additional theme that emerged from the interviews was the positive impact breastfeeding had in maternal-infant bonding. After returning to work, Patricia breastfed at night, a time she referred to as an “evening ritual.” She did not continue to breastfeed at night for nutritional benefits; instead, she described it as “my quiet time . . .
my sanity... my time to myself.” Hannah described her experience when her baby first breastfed after being born as “special.” Watching her baby grow and develop from drinking her breastmilk was “a gift.” She mentioned how men cannot provide that nourishment, and said “it’s so cool that I’m able to provide that.”

This theme continued through Lynn’s interview. She said “anyone can breastfeed;” but since she knew her son was her last child, she was determined to breastfeed him. She said “it was encouraging” to herself because “there was so much more to breastfeeding.”

Another participant, Elizabeth, whose fourth child had an uncoordinated suck, said that it would have been easier to switch to bottle feeding, but she would have felt “emotionally distanced” from him. She described breastfeeding as “such a warm, cuddly time,” and stated that she had a positive image of breastfeeding from her mother.

Supportive Categories

Supporting categories to bonding included the presence of health benefits, support systems, cost-effectiveness, convenience, and coping.

Health benefits. A major theme that emerged from the interviews is the health benefits of breastfeeding. Although all of the participants mentioned that the health benefits influenced their decision to breastfeed, they did not describe in detail these benefits. Anne stated that she knew breastfeeding was associated with the decreased prevalence of allergies. Elizabeth stated that she knew there was less risk for ear infections when she chose to breastfeed her first child; by the time she had her fourth child, she had read about more benefits of breastfeeding but did not describe these benefits in detail expect for stating that diapers of breastfed babies are much less foul than those of formula-fed babies. Patricia stated that it gave the baby immunity, but did not mention specifically of
what it protected against. Hannah, a registered nurse, stated that she had read studies about the benefits of breastfeeding and how it was best for the baby. Lastly, Lacy made a general statement that her husband wanted her to breastfeed for the health benefits. Related to the health benefits for the mother, both Patricia and Hannah stated that breastfeeding helped them lose weight gained during their pregnancies.

Support systems. Many mothers mentioned the support-systems they had while breastfeeding, including family members, other breastfeeding women, health care providers, and the spouse or significant other. Anne’s mentioned that in-laws were supportive, while Patricia and Hannah both mentioned that they were able to talk to their own mothers about breastfeeding, as well as other mothers who had breastfed. Patricia’s mother gave her advice in natural remedies to breastfeeding complications, mainly cracked nipples.

Support from the spouse or significant other was also mentioned through the interviews. Anne said that her significant other was abusive; she sometimes thought that maybe the abuse was related to the jealousy because she was able to have special time with her baby while breastfeeding. Lacy said her husband wanted her to breastfeed because of the health benefits, although he was very modest and preferred that she not breastfeed in public places. She also received support from her boss who was very accommodating when it was time for Lacy to breastfeed or pump.

Lynn said that her health care provider was supportive in her decision to breastfeed, and both Elizabeth and Lacy contacted lactation consultants for help. Elizabeth’s child had an improper suck, which made it very difficult for her to breastfeed. The lactation
consultant that she contacted told Elizabeth how to get her baby to latch on properly, which enabled her to continue breastfeeding.

**Cost-effectiveness.** Almost all of the mothers interviewed mentioned the cost-benefit of breastfeeding. Lynn and Lacy were both in low-income households. Lacy said, “I was poor,” and qualified for WIC. Two mothers said that formula was expensive.

**Convenience.** Three of the individuals interviewed, Lynn, Hannah and Lacy, expressed the convenience of breastfeeding. Hannah stated that it is “always available,” while Lynn and Lacy commented on the fact that they did not have to heat bottles or formula.

**Coping.** Some of the women interviewed implied how breastfeeding was somewhat of a coping mechanism. In Anne’s situation, the father of her child was abusive towards her; however, when she breastfed her child she was able to remove herself from the situation. This theme continued through other interviews. Lynn described breastfeeding as an encouragement to herself, while Patricia described it as her “quiet time” and “sanity.” Hannah was not ready to discontinue breastfeeding when her child weaned himself because she felt a lack of control.

Elizabeth discussed the positive image of breastfeeding that she received from her mother. She described a picture in a magazine that she had seen of a woman breastfeeding in a rocking chair, gazing into her infants eyes with a slight smile; that was the image she had in her mind when she thought of breastfeeding, and mentioned how it seemed like such a peaceful picture.
Factors Influencing

Negative Factors

Culture. Although all of the individuals interviewed chose to breastfeed, some of them mentioned a lack of support from the culture. When Lynn made the decision to breastfeed, she said that the culture considered it “granola” and “dirty.” She described her perspective of society’s opinion of breastfeeding as it was unacceptable to “expose yourself.” Lacy mentioned a similar perspective as she stated that her husband was very modest, but she did not expand that in more detail. Patricia felt that society viewed breastfeeding as a “shameful” thing. She chose to breastfeed in public in an attempt to positively influence others’ opinions of breastfeeding and “to pass on acceptance.”

Returning to work. While Lacy received support from her boss upon returning to work, other individuals had a different experience. Anne, Patricia, and Hannah stated that when returning to work, breastfeeding became more scheduled and they would breastfeed only at night. Hannah believed that returning to work was a factor that influenced her child to wean himself. He could no longer suckle on demand, but instead he had to conform to her schedule.
Chapter V

Discussion

Bonding

Bonding between the mother and infant, which is the core category of this study, was of highest importance to participants. Although there is a large void of research regarding maternal-infant bonding, one research article stated that the "mother’s perception of closeness to their infants was greater among breastfeeders compared to bottlefeeders" (Jankowski, 2004, abstract). An additional article published in Breastfeeding Abstracts stated "breastfeeding benefits infants of psychologically healthy mothers by increasing bonding opportunities" (Jones, 2005, ¶5). This article suggested that the increased bonding may be related to the fact that "breastfeeding mothers touch their infants more frequently and that greater maternal-infant touching occurred during feeding as well as during a subsequent play interaction, suggesting that the relational benefits of breastfeeding extend beyond the feeding situation" (¶5). These findings are supported by substantial research concluding that kangaroo care is shown to be beneficial in "promoting parent-infant attachment" (Feldman, 2004, p. 145). Kangaroo care refers to skin-to-skin contact between the infant and parent, which occurs while a mother is breastfeeding her infant.

Health Benefits

The health benefits of breastfeeding were a major theme that emerged from the interviews. None of the participants mentioned specific breastfeeding benefits, although they had a general knowledge that breastfeeding was beneficial for both the infant and the mother. These benefits are documented in an article published by the US Department of
Health and Human Resources, which include: (a) breastmilk is more easily digestible than formula, (b) infants who are breastfed may be less likely to be overweight in the future, (c) "premature babies do better when breastfed compared to premature babies who are fed formula" (2005, ¶4), and (d) "breastfed babies score slightly higher on IQ tests, especially babies who were born pre-maturely" (2005, ¶5). This same article also refers to significant health benefits, including that "babies who are not exclusively breastfed for 6 months are more likely to develop a wide range of infectious diseases including ear infections, diarrhea, respiratory illnesses and have more hospitalizations." (Health Risks of Not Breastfeeding, ¶1). Other benefits include a "delay of return of fertility, and weight loss for the mother" (Kramer and Kakuma, 2006), as well as a decreased "risk of breast and ovarian cancers, and possibly the risk of hip fractures and osteoporosis after menopause" (US Department, 2005, ¶8). Additionally, breastfeeding stimulates the release of the hormone oxytocin, which triggers the uterus to contract and reach its pre-pregnancy size more quickly (Breastmilk Production, n.d., ¶10).

Culture

The culture’s perception of breastfeeding is shown to influence a mother’s decision to breastfeeding, according to research by Hunt (2006). Hunt states that "breastfeeding rates are affected by public attitude,” which supports the results of the participants. Hunt relates the negative societal perception of breastfeeding to the fact that is it no longer a cultural norm (2006). The method of Hunt’s research involved a review of several reliable databases, including CINAHL, PsycINFO and ASSIA (2006). These findings confirm the participants’ feelings related to the cultures negative attitude towards breastfeeding. Patricia described culture’s view of breastfeeding as “shameful.” Lynn felt
like society considered breastfeeding “dirty” and “granola”; she stated that it was not acceptable to “expose yourself.”

Implications to Nursing

Of all of the literature reviewed, there was a common theme regarding the implication for nurses: patient education is a key component to successful breastfeeding. Consequently, nurses must be informed about the current research regarding breastfeeding practices and implications so they are able to teach their clients. An example of how nurses can promote the teaching of current information to health care providers is by advocating that their workplace implement the steps of the BFHI. Subsequently, if nurses are educated themselves, as in the BFHI, they will be enabled to educate their clients.

An additional nursing implication is that nurses must maintain the role of a client advocate, “encouraging employers to provide adequate facilities and time for breastfeeding or breast pumping in the workplace” (Peterson & Garman, 2004, p. 1). Research has shown the positive outcomes of employee-sponsored lactation programs (Philipp et al., 2001); therefore nurses must advocate that employees provide these benefits. Not only is it important for nurses to advocate for these programs for their clients, it is also important to advocate for these programs at hospital facilities as well, in order to promote breastfeeding rates among the health care population.

Future Research

There is substantial research regarding the benefits of breastfeeding for both the infant and the mother. Furthermore, there is a fair amount of research regarding how a mother’s decision to breastfeed is influenced. However, additional research in relation to
factors influencing (a) a father's perception of breastfeeding, and (b) an employer's
decision to implement an employer-sponsored lactation program, and (c) cultural barriers,
is needed to provide a broader understanding of factors influencing the decision to
breastfeed. Once the findings of research related to these factors are known, specific
interventions to promote breastfeeding among those populations is more likely to be
available. Additionally, further research of breastfeeding rates and WIC in order to know
what causes a correlation between this government program and decreased breastfeeding
rates. The findings would enable researchers to make suggestions for needed revisions
the WIC program, potentially increasing breastfeeding rates.

Conclusion

Although breastfeeding has been proven as beneficial, many barriers remain that
decrease breastfeeding rates. These barriers include maternal employment, lack of
support, complications, and maternal smoking. However, there are also many influential
factors that are associated with higher breastfeeding initiation and duration rates. These
factors include breastfeeding knowledge and confidence, available information and
counseling, lactation programs, older maternal age, and higher family income. Participant
interviews showed bonding as major factors influencing a mother's decision to
breastfeed. Supporting categories throughout the research included health benefits,
support-systems, cost-effectiveness, convenience, and coping. Negative factors included
culture and returning to work. Current research provides important nursing implications
to promote breastfeeding, including education and advocacy. Lastly, future research is
needed to provide a better understanding of factors influencing the perceptions of fathers
and employers in relation to breastfeeding, as well as cultural barriers.
Factors Influencing

References


*The Cochrane Library, 4.* [Electronic Version].


Factors Influencing 37


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