

Social Support Indicators that Influence Breastfeeding Decisions in Mothers of North Florida

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Abstract

To examine whether a mother's social support system influences decision to breastfeed, pregnant women and women who had children, from six north Florida counties, were asked to participate in this study. Women were recruited from local lactation support groups and agencies serving mothers and children. Participants were administered a 34-item questionnaire that asked about motivation, social support and intention. Mothers breastfed because they believed breast milk was healthier for the baby. These mothers identified the baby's fathers as being most supportive, but felt they needed more support from the fathers. Interestingly, most women strongly agreed that whereas the support system was important, the decision to breastfeed was still ultimately theirs. The decision to discontinue breastfeeding was not due to lack of support, but because of the need to return to work or school. Breastfeeding interventions should focus on social support networks that include the father.

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Introduction

Previous studies have indicated that breastfeeding is not a common practice, for a number of reasons. These reasons include nipple soreness, breast disfigurement (Wieman, DuBois, & Berenson, 1998), embarrassment (Hannon, Willis, Bishop-Townsend, Martinez, & Scrimshaw, 2000; Wambach & Cole, 2000), time missed from work or school (Hannon, Willis, Bishop-Townsend, Martinez, & Scrimshaw, 2000), restrictions from lifestyles, physical discomfort (Ryser, 2004), and the lack of social support for breastfeeding (Mahoney & James, 2000; Yalom, 1997). This study focuses on the influence of social support on breastfeeding. To increase breastfeeding rates, members of the mother's social support system should be included in breastfeeding promotion campaigns (Mahoney & James, 2000). Specifically, low-income women reject breastfeeding because of social and cultural beliefs (Ryser, 2004). If the mother does not feel support from the people around her to breastfeed, then she most likely will not breastfeed. Those social and cultural beliefs include the fact that the father's attitude and involvement is a strong indicator of whether a woman chooses to breastfeed and how long she will continue the practice (Stremler & Lovera, 2004). According to the African American Breastfeeding Alliance, Inc. (AABA) and the U.S. Department of Health and Human Services (DHHS) Guide, if the father is educated in advance about breastfeeding's health, emotional and financial benefits, he should be there to support her decision (AABA & DHHS, 2001). Compared to other ethnic groups, African-American women have a low rate of breastfeeding. The Department of Health and Human Services (DHHS) reports that 71.5% of white women breastfeed, whereas 70.8% of Hispanic women and

50.8% of African-American women engage in breastfeeding activities (DHHS, 2002). Coincidentally, a 2000 press release from the DHHS and the American Public Health Association indicates the infant mortality rate among African Americans is 2.5 times higher than for whites. Moreover, sudden infant death syndrome (SIDS) is the third leading cause of infant mortality in the United States, and is 2.4 times higher in the African-American community than in the white community (Matthews, Menacker, & MacDorman, 2002). Breastfeeding is proven to decrease the development of such diseases and increase the health of babies. Regardless of the benefits to their babies, some women still choose not to breastfeed. This study attempts to identify factors that influence a mother's decision to breastfeed.

Methods

Sample

The study sample consisted of pregnant women and women who had children in six north Florida counties (Leon, Duval, Wakulla, Escambia, Gadsden, and Madison). Women who had no children and mothers less than 18 years of age were excluded from the study. After approval from the Florida A&M University Institutional Review Board, women were recruited through local lactation consultants and maternal and child health agencies. The Black Women Breastfeeding Group, the Pregnancy Help and Information Center, local breastfeeding taskforce meetings, Women, Infant and Children offices and local lactation support group meetings across north Florida were used to reach the targeted participants. These groups were contacted by e-mail, by telephone, or in person, to request permission to administer a survey at their meetings.

Instrumentation

The survey was developed to measure the intentions, values, support systems, and demographics of mothers and women of child-bearing potential. It consisted of 34 questions and took approximately 15 minutes to complete. Four-point Likert-type scales were used in two of the four sections, and responses included “strongly agree,” “agree,” “disagree” and “strongly disagree.” An informed consent form was included to explain the purpose of the study, the study procedure, and the benefits, risks and confidentiality procedures. The data collected from the survey were compiled into SPSS (version 11.0), and descriptive statistics were calculated for each variable. Cross-tabulations and frequencies were used to determine if responses would vary within the racial/ethnic groups.

Results

Demographics

One hundred and seventy-five surveys were administered throughout the north Florida region, and 123 were completed. Table 1 represents the demographics of the mothers who participated in the study. The majority of participants were either African American (44%) or White (48%). Other racial/ethnic groups included Hispanic/Latino (5%), Asian/Pacific Islander (2%), and American Indian/Native Americans (1%). The mean age of participants was 29 years. One-third of the participants had a baccalaureate degree and had an annual income ranging from \$20,000 to \$29,999 (21%) or \$30,000 to \$39,999 (20%). The majority of the participants (67%) were married.

Exposure, Motivations, and Support

The participants were asked a series of questions that reflected their exposure to practices and motivations about breastfeeding. Table 2 illustrates the mother’s social support system and whether it was influential in her decision to breastfeed. In terms of exposure, 36.6% of participants first heard about breastfeeding from their mothers, whereas 30.9% of them received the most support to breastfeed from the baby’s father. Although the father gave the most support to breastfeed, 24% of survey participants reported the father was also the one they needed more support from. The majority of the participants (68.3%) reported that their main reason for breastfeeding was because it is healthier for the baby. Consequently, the majority (81.3%) also felt that breastfeeding is the right thing to do. When asked their reason to discontinue breastfeeding, 20.3% of the participants reported they had to return to school or work, whereas only 3.3% felt it was because of a lack or support.

Table 3 reports *who* (the baby’s father, the participant’s mother, or the participant’s support group) provided the most support for breastfeeding. Most women reported receiving the majority of support from the baby’s father (43% of whites, 66% of Hispanics/Latinos, and 100% of American Indians/Native Americans). In contrast, 25% of Blacks/African Americans reported that their *mothers* provided the majority of their support. Interestingly, Asians/Pacific Islanders reported that they received support equally from their mothers and their support groups.

The data in Table 4 show the level of support received from the baby’s father by race/ethnicity. Overall, 18% of Blacks/African Americans, 11% of Hispanics/Latinos, and 3% of American Indians/Native Americans reported receiving the majority of support for breastfeeding from the baby’s father. Conversely, 68% of whites reported receiving the most support to breastfeed from their baby’s father.

Social Support Assessment

A series of questions were asked pertaining to the social support system and its effectiveness. As shown in Table 5, the same percentage of participants (46.3%) strongly agreed that the nurses and the baby’s father encouraged them to breastfeed their babies. Conversely, 34% of participants strongly agreed that their mother encouraged them to breastfeed their babies. Approximately 36% strongly agreed that they attended a support group where they were encouraged to breastfeed. Interestingly, 62.6% of the participants strongly agreed that their support system does not matter and that it is ultimately their decision to breastfeed. This finding is of note because the focus here is to determine how influential a mother’s support system is when she is deciding whether to breastfeed.

Attitudes and Intentions

The survey also included statements designed to determine selected breastfeeding attitudes and intentions. As reported in Table 6, 84% of participants strongly agreed that breastfeeding helped build their baby’s immune system, 82% strongly agreed that it strengthened the bond between mother and baby, and 80% strongly agreed that breastfeeding was important. In addition, 67.5% intended to breastfeed if they had more children. Interestingly, although 48% of the participants strongly agreed that they would *recommend* that all women breastfeed their children, only 38% strongly agreed that all women should breastfeed.

Discussion

These results suggest that important factors exist in a mother's social network. However, whereas this support is important to the mother in her decision to breastfeed, it is not more important than her perception of the benefits for the baby. A mother's support system is an essential part of her decision to breastfeed. This support system includes the baby's father (Stremler & Lovera, 2004), family members, the health care professionals and others. There were differences in responses when examining the source of most support for breastfeeding between the racial/ethnic groups. White, Hispanic/Latino and American Indian/Native American participants reported that they received most of their support to breastfeed from the baby's father, whereas the African American participants received most of their support from their mothers. Asian/Pacific Islander participants reported their mothers and the support groups they attended provided the most support for breastfeeding.

This study illustrates the important role of nurses, the baby's father, the woman's mother, other breastfeeding mothers, and the participant's support groups in providing encouragement for breastfeeding. The participants strongly believe that breastfeeding is important; it strengthens the bond between mother and baby; it builds the immune system. The participants agreed that they would recommend that all women breastfeed their children, and felt that if they had more children, they would breastfeed them.

A significant finding from this study is that mothers chose to breastfeed because of the benefits for the baby. Another important finding was that her decision to discontinue breastfeeding was not due to a lack of support to continue, but because she had to return to school or work. This point is consistent with reasons mentioned by Hannon et al (2000).

Our study also indicated that the "support system" and the "benefits to the baby" are important factors in a mother's decision to breastfeed. However, this study is unique because it determined that, regardless of her social support system and its components, whether a mother would breastfeed her baby or not is still ultimately her decision.

Limitations

This study had notable limitations. This study required information from participants in various geographic locations. Therefore, the completion of the surveys and consent forms heavily depended on contacts in the various counties across north Florida. As a result, there were no guarantees that the importance of the study was being communicated to participants and that the participants' information was accurate. In addition, the majority of the surveys

and consent forms were either direct mailed or e-mailed to contacts and participants for completion. This procedure meant that in some cases, the forms had to be duplicated and were lost. As a result, only six counties returned the surveys. Lastly, accurate inferences about any other counties in Florida, or between other racial/ethnic groups were difficult to make because the majority of the participants were from two of the counties (Leon and Duval), and were either white or African American.

Recommendations for Future Interventions

When designing interventions to increase breastfeeding, a mother's social support system, including the baby's father and other family members, should be incorporated into the health promotion materials. These interventions should encourage the establishment of a breastfeeding peer support network and be culturally sensitive. Most importantly, future interventions should be designed to recognize that breastfeeding is ultimately the woman's decision.

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Table 1. Respondent Demographics

Demographics	% of Response
Racial/Ethnic Group	
White	48%
African American	44%
Hispanic/Latino	5%
Asian/Pacific Islander	2%
American Indian/Native American	1%
Age	
19 years and under	4%
20-29 years	35%
30-39 years	40%
40-49 years	12%
50+	9%
Income	
Less than \$10,000	8%
\$10,000 to \$19,999	10%
\$20,000 to \$29,999	21%
\$30,000 to \$39,999	20%
\$40,000 to \$49,999	13%
\$50,000 to \$74,999	16%
\$75,000 or more	12%
Education	
Less than high school	3%
High School/GED	7%
Trade/Voc/Tech School	5%
Some College, but no degree	15%
Associate degree	9%
Bachelor's degree	32%
Graduate study, but no degree	10%
Master's degree	17%
Doctoral degree	2%
Marital Status	
Married	67%
Widowed	1%
Divorced	5%
Separated	1%
Single, never married	20%
Living with Partner	6%
County	
Leon	46%
Duval	32%
Wakulla	8%
Escambia	5%
Gadsden	4%
Madison	5%

Table 2. Exposure to, Motivations for, and Support from Others as Reported by Women in Six North Florida Counties

Exposure	I first heard about breastfeeding from:	Percent
	Mother	36.6%
	Prenatal Classes	17.9%
	Friends	16.3%
	Health Care Professional	13.0%
	Other Sources (i.e. family)	7.0%
	Books and Magazines	5.7%
Motivation	I chose to breastfeed my baby because:	Percent
	Breast milk is healthier for baby	68.3%
	It is the best food I can give	6.0%
	Optimal choice for baby in terms of both nutrition and bonding	4.9%
	Breast milk is healthier for me	4.1%
	Because I was breastfed as a baby	3.3%
	It is easier	2.4%
	Breastfeeding is cheaper	1.6%
	I feel that breastfeeding:	Percent
	It is the right thing to do	81.3%
	Other reasons (“it’s the natural thing to do”; “its the right decision for my family”)	9.8%
	It is a good idea but I don’t do it	4.9%
	Breastfeeding is embarrassing	2.4%
	I discontinued breastfeeding my baby because:	Percent
	Return to school or work	20.3%
	Baby weaned itself from my breast	13.0%
	Insufficient milk supply	7.3%
	Medical reasons (i.e. cracked and bleeding nipples)	6.5%
	Mothers were still breastfeeding at the time of this study	4.1%
	Lack of support received	3.3%
	It was inconvenient	3.3%
Support	The person I received THE MOST support to breastfeed my baby was:	Percent
	Baby’s father	30.9%
	My mother	19.5%
	Lactation Consultant	16.3%
	Support group	9.0%
	Other family members and friends	7.3%
	Hospital nurse	7.0%
	In order to breastfeed, I needed MORE support from:	Percent
	Baby’s father	24.0%
	Other family members	17.1%
	Friends	13.9%
	Mother	9.8%
	Hospital nurse	6.5%
	Support Group	6.0%
	Others	4.9%
	Lactation Consultant	4.1%

Table 3. Women’s Perceptions of the from whom they Received the Most Support

Race/Ethnicity	Most Support Received	Percent
White	Baby’s Father	43%
Black/African American	Mother	25%
Hispanic/Latino	Baby’s Father	66%
Asian/Pacific Islander	Mother	50%
Asian/Pacific Islander	Support Group	50%
American Indian/Native American	Baby’s Father	100%

Table 4. Women’s Perceived Support For Breastfeeding from the Baby’s Father

Race/Ethnicity	Percent
White	68%
Black/ African American	18%
Hispanic/Latino	11%
Asian/Pacific Islander	0%
American Indian/Native American	3%

Table 5. Social Support Assessment of Influence on Breastfeeding Decisions of Women in Six North Florida Counties

Statement	Percent Strongly Agree
My support system does not matter; it is ultimately my decision to breastfeed my baby	62.6%
The nurses encouraged me to breastfeed my baby.	46.3%
My baby’s father encouraged me to breastfeed my baby.	46.3%
I attend a support group where I am encouraged to breastfeed my baby	35.8%
My mother encouraged me to breastfeed my baby.	34.1%
Statement	Percent Agree
Other moms encouraged me to breastfeed my baby.	50.4%
Other family members encouraged me to breastfeed my baby.	39%
Statement	Percent Disagree
If I had a better support system, I would breastfeed my baby.	32.5%
There is a convenient place at work to express my milk.	27.6%

Table 6. Attitudes of North Florida Women to Breastfeed

Statement	Percent Strongly Agree
I think that breastfeeding helps build my baby’s immune system.	83.7%
I think that breastfeeding helps strengthen the bond between mother and baby.	82.1%
I think breastfeeding is very important	80.5%
If I have any more children, I intend to breastfeed them.	67.5%
I would recommend that all women breastfeed their children.	48.0%
I think that all women should breastfeed their children	38.2%