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Young mothers and the infant feeding decision : participation in a postpartum breastfeeding support group

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ABSTRACT

This study explored whether young mothers who attend a postpartum breastfeeding support group are likely to breastfeed for six months and beyond. A focus group was conducted with twelve mothers ranging in age from 15 to 22 and included their children. The women were asked about their experience in the support group and their breastfeeding behaviors. They were also given a demographic questionnaire. The findings indicated that participants did find the support group to be helpful and most of the participants had chosen to breastfeed for at least six months. Discussion of the difficulty in conducting a focus group with the children present as well as implications for further studies of young mothers and breastfeeding behaviors are highlighted.

YOUNG MOTHERS AND THE INFANT FEEDING DECISION: PARTICIPATION IN A POSTPARTUM BREASTFEEDING SUPPORT GROUP

A project based upon an independent investigation, submitted in partial fulfillment of the requirements for the degree of Master of Social Work.

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CHAPTER I

INTRODUCTION

According to the World Health Organization (WHO, 2002), infants should be exclusively breastfed for the first six months of life and then breastfed with supplemental food and drink for at least two years and beyond. In its publication on breastfeeding, the World Health Organization states, “Breastfeeding is an unequalled way of providing food for the healthy growth and development of infants; it is also an integral part of the reproductive process with important implications for the health of mothers” (p. 5). Likewise, the American Academy of Pediatrics (AAP, 2010) recommends “exclusive breastfeeding for a minimum of four months but preferably for six months, and then gradually adding solid foods while continuing breastfeeding until at least the baby’s first birthday.” Despite these recommendations, breastfeeding rates in the United States are less than universal, especially among adolescents. The Centers for Disease Control and Prevention (CDC, 2010) report that in 2006, 74% of children were breastfed when born, but only 43.5% of children were being breastfed at six months. In Massachusetts, those numbers are 77.5% and 44.2%, respectively. Among mothers under 20 years old, the national numbers go down to 58.4% and 21.7% respectively. These numbers suggest that young mothers are either choosing not to breastfeed or are unable to breastfeed.

The purpose of this exploratory study is to examine the breastfeeding behaviors of young mothers in one city in Western Massachusetts. These young mothers belong to a support group whose purpose is to support them in their efforts to breastfeed. It is directed at parents under the age of 23. The group meets on a weekly basis for peer support, support from the Internationally

Board-Certified Lactation Consultants (IBCLC), and an opportunity for the babies to play. The group is part of a Teen to 23 initiative started by a non-profit organization called Berkshire Nursing Families. This non-profit organization is supported in part by the local hospital and the IBCLCs have an office located within the hospital. The purpose of this non-profit is to provide free services to all families with children born at the hospital who need breastfeeding support. Their website states, "Our mission is to enhance the life-long health of our community through the promotion and support of breastfeeding" (Berkshire Nursing Families [BNF], n.d.). The particular emphasis on young families is the backdrop for this study. By conducting a focus group with the young mothers targeted by the Teen to 23 program, this study intends to answer the question: Does participation in a postpartum breastfeeding support group help adolescent mothers to extend breastfeeding duration to six months and beyond?

As outlined above, breastfeeding rates in the United States are lower than recommended by both WHO and the AAP. These rates are lowest among the youngest mothers and these low rates have repercussions in a number of areas important to social work. The first area is that of the health of the mother and the infant. Social workers can be instrumental in educating young mothers about the health benefits of breastfeeding. While involvement in education about the health benefits of breastfeeding is important for social workers, social work as a profession is not just concerned about the effects of a particular behavior on health outcomes. Social work is concerned with issues of social justice and with the person in his or her environment.

In the case of breastfeeding, social justice issues as well as environmental issues are of particular interest to this researcher. One of the social justice issues around breastfeeding involves the freedom to make the decision to breastfeed for the duration of one's choosing. While this may not be the case for all, mothers who are able to stay at home may have the most

freedom when it comes to breastfeeding for the longest duration. Having access to one's child at any time encourages continued breastfeeding. For women who must return to work, those whose places of employment have flexible policies concerning maternity leave and pumping at work may also have a high level of freedom concerning the choice to breastfeed for an amount of time determined by the mother. However, for mothers who must return to work or to school or who are from low-income backgrounds, current family and social welfare policies remove some of that freedom. Young mothers who do not have the freedom to stop working are bound by the policies surrounding motherhood and employment such as maternity leave and policies on pumping at work. These inequalities are issues of social justice that are important for social workers to examine. Hurst (2007) calls on social workers to pay closer attention to these inequalities and to work to try to remedy them. She writes about the difficulties mothers have when they have to combine employment with breastfeeding. She writes that "subsistence needs may push poor women back to work before their breastfeeding is well established" (p. 208). In addition to returning to work because of a need for money, young mothers who are on public assistance also may have to return to work because of the welfare reform policies enacted in 1996. These policies put an emphasis on going to work in order to get public assistance and may force young, low-income mothers to return to work before they are ready and before they have established breastfeeding in such a way that they can maintain it with pumping. The WHO report on Infant and young children nutrition (2002) defines the rights of mothers in this way, "Women, in turn, have the right to proper nutrition, to decide how to feed their children, and to full information and appropriate conditions that will enable them to carry out their decisions" (p. 4). The current welfare policies in the United States are not designed to provide women with the

appropriate conditions to make an informed decision about the best way to feed their babies. These policies will be examined more closely in the Literature Review.

In addition to the ways in which social policies affect breastfeeding rates, a young mother's social environment has an impact as well. Young mothers are influenced by peers, partners and parents, with whom the young mother may still live. In the Literature Review, these social influences on breastfeeding will be examined. It is important for social workers to know what kinds of environmental influences have the greatest effect on a young mother's decision to breastfeed. Knowledge of environmental factors combined with efforts to influence social policy will help social workers to provide young mothers with more options and more opportunities to gain the freedom to make the feeding decision that is right for them and their babies. Social workers may be able to interact with young mothers and offer support through groups like the one in this study. Through this study, social workers can gain a better understanding about how groups like this might help young mothers to find additional ways to continue breastfeeding for at least six months, and hopefully more.

CHAPTER II

LITERATURE REVIEW

This chapter will review the literature on breastfeeding as it pertains to mothers in general and adolescent mothers in particular. First, current breastfeeding recommendations and relevant statistics will be reviewed including a review of the literature on social policies that influence breastfeeding behavior. The literature on breastfeeding intentions will then be reviewed, followed by a review of the literature on the influences on breastfeeding duration. Finally, the literature that is specific to adolescents and breastfeeding behavior will be reviewed. While community-based interventions for teenagers have not been studied extensively, the few studies that have some relevance will also be reviewed.

Current Breastfeeding Rates and Social Policies Relevant to Breastfeeding

According to the World Health Organization (2002), infants should be exclusively breastfed for the first six months of life and then breastfed with supplemental food and drink for at least two years. In its publication on breastfeeding, the World Health Organization (2002) states, “Breastfeeding is an unequalled way of providing food for the healthy growth and development of infants; it is also an integral part of the reproductive process with important implications for the health of mothers” (p. 5). According to the WHO, these health implications for both infants and mothers are significant. In a series of studies conducted by researchers for the World Health Organization (Horta, Bahl, Martines, & Victora, 2007), they found that:

> The available evidence suggests that breastfeeding may have long-term benefits. Subjects who had been breastfed were found to have lower mean blood pressure and lower total

> cholesterol, and showed higher performance on intelligence tests. Furthermore, the prevalence of overweight/obesity and type-2 diabetes was lower among breastfed subjects. All effects were statistically significant, but for some outcomes their magnitude was relatively modest (p. 40).

Despite these recommendations, breastfeeding rates in the United States are less than universal, especially among adolescents. The Centers for Disease Control and Prevention (2010) report that in 2006, 74% of children were breastfed when born, but only 43.5% of children were being breastfed at six months. Among adolescents, those numbers go down to 58.4% and 21.7% respectively. These rates for adolescents suggest that they are either unable to breastfeed longer or are encountering barriers to their decision to breastfeed.

The barriers that adolescents encounter when making the decision on what to feed their child may come from a number of sources. Acs and Koball (2003) compiled data from the National Longitudinal Survey of Youth-1997 and found that almost 80% of teenage mothers were on some form of public assistance (food stamps, WIC, housing, welfare). Given this high rate of participation in public assistance, teenage parents and their decisions about breastfeeding can be heavily influenced by the policies behind the assistance programs and the ways in which these programs are implemented. The two programs that have the most relevance to this study are welfare (TANF) and WIC.

Welfare reform is one social policy that may influence a teen's decision to breastfeed. Since the passage of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA, 1996), researchers have been studying how this policy has affected breastfeeding rates. Before reviewing the studies, it is important to note the sections of the Act

that are most relevant to breastfeeding mothers. The PRWORA (1996) has provisions that address teen parents specifically. As noted above, the WHO and AAP recommend breastfeeding for at least six months. At the same time, however, in order to receive welfare, a teenager who is a parent and whose child is at least twelve weeks old must either be working or be back in school. In addition, in order to receive welfare, a teenage mother has to be living with an adult. These provisions of the Act were meant to interrupt the cycle of poverty by ensuring that teenagers remained in school and were in a supervised environment. However, these provisions may have had the unintended consequence of making it more difficult for teenagers to breastfeed given the requirements. States were given some level of autonomy in how they implement these decisions and could at their discretion not require an individual to work or return to school if that individual were a single custodial parent caring for a child under one year old (PRWORA, 1996).

This autonomy among the states has given researchers a way to compare states and their application of the Act. Haider, Jacknowitz and Schoeni (2003) grouped states by how stringently they enforced work requirements. The most stringent states required that mothers of 6-month-olds work, had the highest hour requirements for work (32-40) and imposed sanctions for non-compliance. The least stringent states did not require mothers to work, had no hour requirements and no sanctions. The researchers then looked at the change in breastfeeding rates in those states before and after the implementation of welfare reform. “The states that adopted a stringent work policy did not experience the increase in breastfeeding that was enjoyed by those states that did not adopt a stringent policy” (p. 487). Their results “imply that if welfare reform had not been adopted, national breast-feeding rates six months after birth would have been 5.5% higher than they were in 2000” (p. 495). It is important to note that this study did not examine the breastfeeding rates of change among welfare recipients, but instead among all mothers in the

state. While they did have data from women who were receiving WIC, they still could not report for sure whether it was welfare recipients returning to work who were responsible for the lower levels of breastfeeding rates.

Other studies did not address participation in welfare per se, but their attention to factors that influence cessation of breastfeeding is important for teenage mothers receiving welfare. In their examination of factors influencing breastfeeding cessation in low-income women, Racine, Frick, Guthrie and Strobino (2009) found that the most influential factor in cessation of breastfeeding was the return to work or school. They found that as the number of work hours increased for mothers, the percent risk of discontinuation of breastfeeding increased as compared to nonworking mothers.

Rojjanasrirat and Sousa (2010) and Stolzer (2010) studied WIC participants in Midwestern cities. Rojjanasrirat and Sousa (2010) conducted a focus group of pregnant WIC participants. Focus group questions were centered on the women's feelings regarding breastfeeding and returning to work. Stolzer (2010) surveyed WIC participants to examine their reasons for bottle-feeding versus breastfeeding. In both studies, the researchers found that women found the return to work to be a barrier in their efforts or intention to breastfeed. Rojjanasrirat and Sousa (2010) found that while the women expressed an interest in continuing to breastfeed because of the health benefits to their babies, they also expressed concern that they would not receive the support necessary to continue to breastfeed after returning to work. These low-income women were concerned with their co-workers' perception of their breastfeeding, their bosses' perception of their breastfeeding, the additional costs involved in pumping, and the lack of financial freedom to take enough leave to establish breastfeeding (Rojjanasrirat and Sousa, 2010). Stolzer's (2010) survey respondents listed return to work or school as the most

prominent reason for their decision to bottle-feed. If welfare laws require women to go back to work or school after twelve weeks, the women receiving welfare will experience the same barriers as the women in the above studies.

In addition to participation in welfare, participation in the WIC Supplemental Nutrition Program is indicated as a factor affecting the breastfeeding decision of low-income women. This governmental program is meant to help supplement the nutritional needs of low-income women and their children. Ryan and Wenjun (2006) used data from the Ross Laboratories Mothers Survey to examine the differences between breastfeeding rates among WIC participants compared to non-WIC recipients. They found that "For breastfeeding at 6 months of age, participation in the WIC program was the strongest negative determinant compared with other demographic statistics" (p. 1143).

There is disagreement among researchers about why participation in WIC is associated with lower rates of breastfeeding. As noted above, some researchers attribute the lower rates with the accessibility of free formula to mothers enrolled in WIC. For another perspective, Jiang, Foster, and Gibson-Davis (2010) used data from the Child Development Supplement of the Panel Study of Income Dynamics to examine the effects of WIC participation and breastfeeding. Their analysis involved removing the confounding variables that could be contributing to the relationship between WIC and lower breastfeeding rates that may not have anything to do with the WIC program. Examples of these confounding variables are mother's age at birth of the child, mother's educational level, family income level, mother's marital status and others. The researchers found that while WIC participants do have lower rates of breastfeeding, these lower rates are due to the confounding factors rather than the WIC program itself. Given the number of

confounding factors that may influence the breastfeeding decision outside of social policies and programs, it is important to review the factors that influence breastfeeding intention.

Influences on Breastfeeding Intention

Dyson, Green, Renfrew, McMillan, and Woolridge (2010), Giles, Connor, McClenahan and Mallet (2010) and Persad and Mensinger (2008) all used the Theory of Planned Behavior to study breastfeeding intentions among women. This theory is based on the assumption that beliefs influence intentions which influence behaviors. In all of the studies, the authors hypothesized that beliefs about breastfeeding would influence the mothers' intention to breastfeed, thus influencing their decision to do so after the birth of their child. Dyson et al. (2010) studied teenagers specifically and found that the teenagers they interviewed saw formula feeding as the moral choice. The authors state, "Indeed, the depth of negative moral judgment that appeared to be associated with breastfeeding seemed to create a culture of resistance against those mothers who wished to breastfeed, or even one of hostility in which breastfeeding women were overtly criticized and judged" (p. 145). Giles et al. (2010) also studied adolescents and their intentions toward breastfeeding. They found that "attitudes to breastfeeding, social support and self-efficacy, together with the variable 'having been breastfed as a child', contributed most significantly to the prediction of intention" (p. 291). Persad and Mensinger (2008) also studied breastfeeding attitudes and intent and found that a more positive attitude toward breastfeeding led to an increase in intent. Of note, they found that "For every one unit increase in breastfeeding attitudes…the odds of reporting breastfeeding intent were increased by 26.4%" (p. 56). These studies show that positive attitudes toward breastfeeding as well as support for breastfeeding are predictors of intention. While these studies implied that intentions would lead to behavior, they did not actually include those outcomes in their results.

Influences on Breastfeeding Behaviors

do Espirito Santo, de Oliveira, and Giugliani (2007) and Flower, Willoughby, Cadigan, Perrin and Randolph (2008) did study the influences on breastfeeding behaviors after birth and for the first six months. do Espirito Santo et al. (2007) collected data at five points in time and found that there were four factors that were significant in the cessation of exclusive breastfeeding during the first six months – mothers younger than 20, fewer than six prenatal visits, using a pacifier within the first month and trouble with latching during the first month. In this study, adolescent mothers were significantly more likely to cease exclusive breastfeeding during the first six months. Flower et al. (2008) combined quantitative and qualitative data to study factors that contributed to breastfeeding initiation as well as continuation after birth. They found that women who returned to work within two months of giving birth and women who were receiving WIC were mostly likely to stop breastfeeding by six months postpartum.

Kervin, Kemp and Pulver (2010) studied professional support received by breastfeeding mothers and found that participating in prenatal classes was significantly associated with intentions and help with breastfeeding shortly after birth was significantly associated with exclusive breastfeeding at two weeks postpartum. They found that only a small number of women were referred to a postpartum breastfeeding support group and therefore were unable to show any significant association between a support group and breastfeeding at two weeks postpartum.

Adolescents and Breastfeeding

Reviewing the literature on adolescents in particular gives a clearer picture of the unique influences on and issues for this population. Studies have focused on perceptions and attitudes among adolescents as well as the influences on them as they make their infant feeding decision.

Hannon, Willis, Bishop-Townsend, Martinez and Scrimshaw (2000) studied adolescents who were African-American and Latina and lived in Chicago. Nelson (2009) also studied the attitudes about breastfeeding among adolescents who were mostly African-American and Latina. Both studies used focus groups as their method with Hannon et al. (2000) adding ethnographic interviews as well. Both studies reported that adolescents believed that breastfeeding was beneficial to the health of the baby and that it helped to create a bond between the mother and the child. Both studies also found that teenagers had a number of concerns about breastfeeding. The perception of breastfeeding being painful was one theme in both studies. In addition, though the teenagers reported that breastfeeding would increase the bond between mother and child, in both studies some of the teenagers also reported that the bond created might make the baby too attached to the mother. Hannon et al. (2000) found that the influences on breastfeeding cited by the teenagers covered three themes: "(a) their perceptions of the benefits of breastfeeding, (b) their perceptions of the problems with breastfeeding, and (c) influential people" (p. 401). The researchers found that influential people were a very important component. They write, "When someone had taken the time to acknowledge the barriers of breastfeeding and provide realistic and concrete suggestions for dealing with them, teens were more likely to plan to breastfeed or try breastfeeding" (p. 406).

Lizarraga, Maehr, Wingard and Felice (1992) as well as Spear (2006) studied adolescent attitudes and their intention to breastfeed. Brownell, Hutton, Hartman and Dabrow (2002) studied the barriers to breastfeeding among African-American adolescents in Florida. Lizarraga et al. (1992) found that adolescents who had experience with breastfeeding – by being breastfed themselves or by witnessing breastfeeding – were more likely to intend to breastfeed. They also found that older adolescents were significantly more likely to intend to breastfeed than younger

adolescents. Spear (2006) found that school and work responsibilities made it difficult for those who intended to breastfeed to do so for an extended period of time. Barriers found by Brownell et al. (2002) were “inconvenience, pain, embarrassment, and fear of breast damage” (p. 671).

Breastfeeding Support Programs and Groups

The current study is based on the question of whether a breastfeeding support group contributes to longer duration of breastfeeding among adolescent mothers. There has been some previous research on the subject of support programs and breastfeeding. Pugh, Milligan, Frick, Spatz and Bronner (2002) conducted a randomized clinical trial during which they placed women in one of two groups – those receiving usual care and those receiving extra support for breastfeeding including extra home visits as well as extra supportive phone calls. They found that mothers in the intervention group breastfed longer and the children in the intervention group were sick less than the children in the control group.

Peer counseling programs have been studied by a number of researchers including Schafer, Vogel, Viegas and Hausafus (1998), Shumei, et al. (2010), Anderson, Damio, Young, Chapman and Perez-Escamilla (2005), and Shaw and Kaczorowski (1999). Shaw and Kaczorowski (1999) studied two groups of women – those who had access to peer counselors in the hospital and those who didn’t. They found that significantly more women who saw peer counselors initiated breastfeeding and were breastfeeding at discharge. Anderson et al. (2005) randomly assigned women to two groups – one with peer support and one without. They found that the group assigned peer counselors exclusively breastfed at significantly higher rates across time. Schafer et al. (1998) also divided the women into two groups – those who received the services of a one-to-one peer counselor and those who didn’t. They found that when compared to those women in the control group who did initiate breastfeeding, the women in the intervention

group were breastfeeding at significantly higher rates from 2 weeks to 12 weeks. Shumei et al. (2009) compared breastfeeding rates at WIC agencies that used peer counselors with those that did not. They also compared those who received peer counseling prenatally versus those who received counseling postnatally. The only significant finding was that those who received peer counseling prenatally initiated breastfeeding at higher rates than those in the postnatal groups or the non-peer counseling group.

Pobocik et al. (2000) studied a specific intervention program for adolescents in Guam. They performed an experiment that compared a control group to an intervention group. The members of the intervention group were provided with a lesson plan to cover the benefits of breastfeeding as well as to explain healthy eating habits. They found that participation in the experimental group increased the likelihood that someone would breastfeed. In addition, they found that the more classes a student attended, the greater the odds that she would initiate breastfeeding.

A review of the literature reveals that there are many factors that could contribute to the infant feeding decision for adolescents. Social policies and programs like welfare and WIC have an influence because mothers may rely on these government programs to help them keep their babies healthy. If they have to return to work or school within the first twelve weeks of their child's life, it makes it difficult for them to establish breastfeeding and to maintain it given the costs of breastfeeding after returning to work or school. These costs include the time it takes to pump when away from the child and the economic costs involved in obtaining a pump and the necessary accessories. Attitudes toward breastfeeding are also very important in the initiation of breastfeeding rates and sufficient education is necessary to help mothers to make the decision to breastfeed. Knowledge comes from a number of places, including peer counselors and the

studies showed that peer counseling does make a significant contribution to the initiation of breastfeeding. Finally, adolescents are a unique population and must be studied in more detail. Their development is ongoing and adolescent brain development may contribute to the influences on the adolescents' behaviors. In addition, adolescents must contend with returning to school and breastfeeding. This combination of factors may lead to embarrassment and discontinuation of breastfeeding. Reviewing this literature was important for this study because it helps to frame the questions for the focus group.

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CHAPTER III

METHODOLOGY

This study's research question is: Does participation in a postpartum breastfeeding support group help adolescent mothers to extend breastfeeding duration to six months and beyond? A review of the literature revealed that there has been little research in this area of study. Therefore an exploratory study was conducted. A qualitative method of data collection in the form of a focus group was utilized for this study. A focus group was chosen because it would provide descriptive data from those women participating in the support group and would give a picture of the issue directly from the perspective of the young mothers involved. In addition, because this study is examining a support group in particular, a focus group allows the participants to interact as they may in the support group itself and this may yield additional data about the group dynamic and about whether the women feel supported.

The focus group was conducted as part of the weekly support group. It was conducted during the regularly scheduled time of the weekly support group. This timing was chosen so that the young mothers did not have to find a way to attend something that was out of the ordinary for them. The researcher acknowledged that these young mothers may not have the flexibility in their schedule to attend a focus group separate from their support group, so permission was granted from the group facilitator to conduct the focus group during the regular session.

Sample

The sample was a convenience sample made up of those group members who attended the support group on the day of the focus group. Potential attendees of the group were informed of the date and nature of the focus group in the weeks beforehand through verbal communication

by the lactation consultant who facilitates the support group as well as through distribution of a flyer informing them of the focus group (see Appendix A). The lactation consultant also distributed the Informed Consent Letter at these previous support group meetings (see Appendix B).

The following inclusion criteria were used for study participants – mothers who are under the age of 23 and are attendees of the breastfeeding support group. The age of 23 was chosen because the support group is for mothers who are under 23. Ability to speak and understand English was also a requirement.

The final sample consisted of twelve mothers aged 15 through 22. One participant chose not to identify her race; all of the others reported that they were white. Two participants chose not to identify their child's race while the others identified their children as white. Eight participants reported that they were staying at home with their children; three reported that they were in school and one reported that she was working. All but one participant reported that they were receiving WIC. Five participants reported that they were receiving food stamps and one reported that she was receiving some other type of assistance but did not specify what. Eight participants reported that their marital status was single. Two reported their marital status as married. Two did not choose to identify their marital status. Seven reported that the father of their child/children lived with them. Two reported that the father of their children participated but did not live with them. Two reported that the father was not involved and one reported that the father was involved some of the time.

Informed Consent Procedure

This research project was submitted to the Human Subjects Review Committee of the Smith College School for Social Work. The project was approved by this committee on January

18, 2011 (see Appendix C). At the beginning of the focus group, the potential participants were given an explanation of the study and the Informed Consent letter. They were given the opportunity to read the letter and decide whether they wanted to participate in the focus group. Those who arrived with the Informed Consent already signed were asked to hand in their letter. Participants who were minors signed their own consent forms. Massachusetts regards minors as emancipated and able to consent to their own medical care if they have given birth. While these minors were not consenting to medical care, they were consenting to speaking about a medical issue and therefore could be considered emancipated. The informed consent letter was written in language that could be understood by the range of ages represented in the group

Data Collection

Before the focus group began, participants were given the chance to go to another room rather than participate in the focus group. None of the women chose to take that option. A list of resources was available if participants felt that they needed additional support after the study. After signing the informed consent letter, participants were given a short demographic questionnaire (see Appendix D). The researcher then proceeded to ask open-ended questions about breastfeeding intent, attitudes and factors influencing the feeding decision (see Appendix E). The session lasted for an hour and a half and babies were present as well as mothers. The session was videotaped.

Data Analysis

Data was coded by the researcher. Formal content analysis was not conducted. Themes and representative quotes were coded by the researcher. .

CHAPTER IV

RESULTS

Breastfeeding behaviors and intentions were collected on the demographic questionnaire. Six of the mothers were breastfeeding at the time of the focus group. Four of the mothers were no longer breastfeeding and two of the mothers were pregnant at the time of the focus group. Of those who were still breastfeeding, four planned to continue breastfeeding until twelve months, one planned to continue until 18 months and one planned to continue until 2 years. Of those who were no longer breastfeeding, one breastfed for 2 days, one for 2 months, one for 5 months and one for 15 months.

Participants responded to open-ended questions asked by the researcher. When asked how she felt about breastfeeding before giving birth, one participant answered, “I read a lot of books. It’s not that they were pushing me to do it…To me it was a lot healthier and cheaper…” When asked about opinions from family and friends, participants answered that they heard a lot of different opinions. Some got negative feedback from family, including the family of the fathers of their children. Many participants mentioned that family and friends and even doctors expressed negative opinions about the mothers’ ages at the time of their child’s birth. Most of the participants nodded in agreement when one or two spoke about the lack of general support they got from others. Speaking about medical professionals in particular, one participant said, “They don’t think it’s right and all that stuff.”

Participants were asked how the support group has helped them. One answered, “Having other young moms in similar situations…they know what you are going through.” Another

answered, “This group is awesome.” One commented that the members of the support group have become her only friends. When asked to elaborate on how their friends without babies have reacted to their pregnancy and breastfeeding, many of the women commented. “You definitely don’t get to see your friends as much.” “They ignore you completely like and then in these awkward situations if you see them in the store they are like, ‘oh we should hang out’ and then they just ignore you completely after. Because I guess they don’t want to be associated with…because people think that you’re slutty or something if you have a kid young. They are just like, ‘Oh, I don’t want people to think that about me too.’ It’s just stupid.” One of the participants was supported by her former group of friends, “We do like lunch dates and stuff. They’re not uncomfortable with me whipping out my boob. So it works.”

Participants were also asked about public breastfeeding and whether that had any effect on their decision to breastfeed. “I don’t really care if they do [care].” “It shouldn’t matter…you shouldn’t have to feed your kid in the bathroom.” In the support group itself, participants were observed breastfeeding their children without leaving the room.

Additional quotes were collected about support from partners and families. These quotes came from women who were staying home with their children. Many of the participants nodded in agreement to these quotes. “It’s hard to know other people are supporting you.” “It definitely helps too, having his father support him so much because he really does, he helps a lot.” “Definitely, it can be a struggle…my family gives me a lot of support…sometimes I feel like I am being a burden on my boyfriend when it comes to money…you are doing it for your child.”

When asked about how other communities might be able to help young mothers, a number of participants mentioned that young mothers need help accessing support. Many of the participants nodded when one talked about how hard it was to access public assistance.

The most prominent themes related to this focus group were the importance of the peer group as support and the support a mother receives from family and friends – especially the father of the child. In this study, the participants found that their participation in the support group on a regular basis created for them a peer group of other young women who were going through a similar situation. In addition, the women talked about how the support of family and friends helped them to continue to breastfeed and take care of their children.

While themes were assessed, formal content analysis was not possible. The number of participants coupled with the presence of their children made it difficult to have an interactive conversation with the group. Questions were often repeated and participants were at times focused on their own children rather than on the questions being asked. In addition, there were a few women who were quite vocal when answering the questions while the majority seemed more comfortable nodding in agreement. The researcher attempted to elicit more detailed answers from the participants, but it was difficult given their primary focus on their own children.

This focus group was exploratory in nature and is not meant to be generalized. In addition, the lack of racial diversity of the group makes it difficult to generalize outside of the demographics of the group studied.

CHAPTER V

DISCUSSION

This study set out to explore whether a breastfeeding support group for young mothers influences their decision to continue breastfeeding for six months and beyond. The previous literature is not expansive and much of it has examined breastfeeding behaviors and intentions in general rather than breastfeeding support groups in particular. The results of this study are encouraging and show that such support groups should be studied further in order to gain a better understanding of how young mothers can be supported in their efforts to breastfeed.

Almost all of the participants in the focus group were participating in public assistance programs. They were either participating in WIC or in food stamps. While none commented specifically on how these programs affected their decision to breastfeed, the information on the demographic questionnaire indicates that the presence of public assistance has not deterred them from breastfeeding. Half of the participants plan to breastfeed for at least a year even with the availability of formula. So, while Ryan and Wenjun (2006) studied WIC participants and found their participation in this program to be a deterrent, perhaps participation in a breastfeeding support group can mitigate that effect. In addition, the confounding factors found by Jiang, Foster and Gibson-Davis (2010) could possibly be mitigated by participation in a breastfeeding support group. They found that mother's age was a confounding factor. The young mothers in the current focus group, however, found that the support of other young mothers has been an important part of their transition to motherhood and to breastfeeding.

The findings of previous literature have shown that there are several factors that influence the breastfeeding decision. Participation in a support group which provides social support as well as breastfeeding education helps to increase the factors that promote breastfeeding. As noted in the Literature Review, several authors found that social support and positive attitudes toward breastfeeding contribute to increased breastfeeding intention (Dyson et al., 2010; Giles et al., 2010, Persad & Mensinger, 2008). The findings of this focus group support those findings in that participants commented positively on the social support they receive and some consider the members of the support group to be their closest friends. In addition, the lactation consultant contacts the young mothers while they are still in the hospital and therefore begins the promotion of a positive attitude toward breastfeeding from the beginning. The young mothers in the support group have children of different ages and the ones who have been breastfeeding longer contribute to newer mothers encountering positive attitudes toward breastfeeding.

The issues specific to young mothers were also highlighted in this focus group. Breastfeeding perceptions were studied by Hannon et al., (2000) and Nelson (2009). Both of these studies found that young mothers' perceptions of breastfeeding influenced their breastfeeding behaviors. Attending a support group is one way to change perceptions about breastfeeding. Problems with breastfeeding may be addressed through consultation with the lactation professionals as well as through conversations with peers who are experiencing similar issues. Regular contact with peers and professionals who are able to provide a realistic picture of breastfeeding is one important component of this support group. The finding of Lizarraga et al. (1992) that witnessing breastfeeding is an important component of an adolescent's decision to breastfeed is also supported by this focus group. The young mothers in the focus group were observed breastfeeding in the room and continuing to participate in the activities of the group.

New young mothers and pregnant women are able to witness mothers more experienced at breastfeeding and are able to make a more informed decision about the length of time that they choose to breastfeed.

As expressed in the introduction, this study will be important to the study and practice of social work for a number of reasons. Promoting the health and welfare of all mothers and infants is important to the social work ideals of addressing societal issues through a biopsychosocial lens. This focus group was an initial effort at exploring the ways in which a support group for young mothers could influence their decisions to breastfeed given the barriers to breastfeeding and the lower rates of breastfeeding among young mothers. Such a support group can be effective in addressing those barriers by providing young mothers with access to education and professional support as well as support from peers who are also young mothers. In this way, the support group provides biological support through education and the weighing of babies, psychological support through the support of peers and lactation professionals and acknowledgement of the societal barriers to young mothers by giving young mothers a safe space in which they can address the negative reactions of the culture at large and in which they can support each other as they navigate the barriers to breastfeeding that they encounter.

Additionally, this study was conducted to explore the ways in which social work can address the social justice issues encountered by young mothers. The mothers in this focus group expressed that it had been difficult for them to access services and supports, especially such things as food stamps. If these things are difficult to access, it might also be difficult to access support around breastfeeding. As outlined in the Results section, many of the women in the focus group expressed their discomfort with feeling that they are being “supported” by their partners or their family. The current welfare policies reinforce this discomfort by making it difficult to be a

stay-at-home parent and still receive benefits. Instead of the choice to stay at home being a right, it is the privilege of those who are wealthy enough to have a one-income household without government support. As addressed in the Literature Review, the welfare reform efforts that occurred in 1996 have forced young mothers to return to work or to school twelve weeks after the birth of their child. This return to work or to school may decrease the likelihood that these young mothers are able to breastfeed until six months. Schools and low-income jobs may not be equipped to allow these young mothers to pump or to take breaks to feed their children. If the CDC is going to recommend that infants be exclusively breastfed for the first six months of life, governmental policies about work and school should enable mothers to do that. Social workers can work to change policies so that young mothers have a greater opportunity to follow the recommendations of the CDC and the AAP.

It is important to note the limitations of this study. It was decided that the focus group would be conducted during the regularly scheduled support group. This was in an effort to ease the burden on the young mothers to get to the focus group. If they were used to going to this group, they would not have to find childcare or make plans that were not part of their normal schedule. When the focus group started, however, it was apparent that this decision would make it difficult to collect the most fruitful data. There were twelve participants, ten of whom had at least one child in the room. The children were playing and some were mobile enough to need the constant attention of their mothers. This made it difficult for the mothers to attend to the questions of the researcher and therefore made it difficult for there to be a conversation that was participatory and collaborative. In addition, the noise levels in the room made it difficult to hear all of what the mothers were saying when the videotape was replayed. Follow-up interviews were not conducted but perhaps could have been to clarify some of the answers to the questions.

An additional limitation has to do with the self-selected nature of this focus group. The support group itself is facilitated by a nonprofit whose purpose is to promote breastfeeding. Attendance at these support group meetings is voluntary and therefore it is those who are interested in the support who are likely to attend. Attendees were told beforehand that the study would be about their breastfeeding behaviors and that information may have influenced who came to the focus group that day. However, not every community has such a support group and therefore the sheer presence of such a support group may contribute to an increase in breastfeeding behaviors among young mothers.

This exploratory study raised a number of questions that could be studied further to gain more detailed information about the benefit of a breastfeeding support group for young mothers. The participants in the focus group, while confirming that the support group is supportive, did not elaborate on how the support group has changed their breastfeeding intentions, if at all. A study that compares prenatal breastfeeding intentions with postnatal breastfeeding behaviors would be useful in answering that question. In addition, since the sample was a convenience sample, a more comprehensive study including all of the potential participants in the support group would help to assess whether the support group is changing the behaviors of a significant number of young mothers. Finally, a question that needs to be answered is how do the rates of breastfeeding in young mothers differ in this community as compared to others? If they do differ, how much of that difference can be attributed to the support group? All of these questions may be addressed if a longer-term, quantitative or mixed-methods study is undertaken.

While the choice of venue for this focus group made it difficult to conduct the study, there were still some important results that make the further study of this topic important. Young mothers in communities face a number of challenges as expressed by the participants and as

found in the review of the literature. Directed at them are judgments about their age, their marital status, their socioeconomic status and their choice of feeding behavior. Given this, young mothers need as much support as possible to make the decisions that are the best for them as well as their children. Social workers can be instrumental in helping to provide this support by encouraging young mothers to seek support groups such as the one found in this study and to seek as many services as possible that will help them to have the freedom necessary to make the decision to breastfeed. Social workers can also be instrumental in fighting for public policies that allow young mothers the same freedoms to make informed decisions as mothers who are older, more educated or have a higher socioeconomic status. If social workers continue to study how additional supports can help young mothers to make an informed decision about breastfeeding, they may be able to provide more evidence that will help to shape public policy to be more supportive.

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Appendix A

Focus Group Flyer

TEEN TO 23 BREASTFEEDING MOTHERS PARTICIPATE IN STUDY ABOUT HOW THE BERKSHIRE NURSING FAMILIES WEEKLY PLAY/SUPPORT GROUP HAS INFLUENCED YOUR DECISION TO BREASTFEED

A student at the Smith College School for Social Work is conducting a study on how community support groups help young mothers to be supported in their decision to breastfeed. She is conducting a focus group to gather the opinions of young mothers who have participated in this support group. Your participation is needed and encouraged.

When: February 24, 2011

Where: Haskins Community Center

Time: 11:30 AM

This focus group will be conducted during the regular weekly group time. Babies are welcome. Pizza will be served.

Appendix B

Informed Consent Letter

Rebecca Logue-Conroy
251 Fenn St.
Pittsfield, MA 01201
413-629-1239

Dear Focus Group Participant,

I am a student at the Smith College School for Social Work working toward my Master's Degree in Social Work. I am conducting a study exploring how support groups like this one influence the length of time a young mother chooses to breastfeed. This study will help me to examine how a support group like this might help young mothers to choose to breastfeed for a longer time than they may have without the support group. The data from this study will be used for my Master's Thesis as well as any additional publications or presentations on this topic.

You are being asked to participate in a focus group with other young mothers under 23. Group participants will be other mothers who are under the age of 23 and are members of this support group. Group participants will also have a child who was born within the last year and who are able to speak and understand English. This focus group will last for about an hour and a half. The sessions will be videotaped. After the focus group, I will type up what everyone has said.

Participation in this focus group may cause you some discomfort emotionally because this is a sensitive topic for some people. If you do become uncomfortable or feel like you want to talk to someone about feelings that come up during the focus group, I will give you a list of people whom you may call. Participation in this focus group may help other social workers and community members to learn more about the kinds of support needed by young mothers who want to breastfeed. Participation may also help you to feel like your voice is being heard and your opinion is being made known about the kinds of things that have contributed to your decision to breastfeed and whether you have been able to continue for as long as you wanted. Lunch is included as part of this study, but this is provided by Berkshire Nursing Families.

Because you are participating in a focus group, the other participants will be able to hear your answers to the questions. You will also be able to comment on other participants' answers to questions and they will be able to comment on yours. Please keep these conversations private and respect each other's confidentiality. Even though I ask that you keep these conversations private, I cannot guarantee that your answers will be kept confidential by the other participants. I will be sure to keep your information confidential in my paper and to present the data in a way that does not make it easy to identify you. Quotes may be used to make a point, but they will not be linked to a particular person. Any data that I gather will be kept secure for three years because that is what is required of me by the Federal government. Any data that I enter into a computer or keep in an electronic file will be protected by a password. The data will be destroyed after three

years unless they continue to be needed. If they are needed, I will continue to keep them in a secure spot.

Participation in this study is voluntary. You may choose to leave at any time during the focus group. You do not have to answer all of the questions. If you do choose to leave after the focus group has started, I cannot remove what you have already said from the transcripts. This is because a conversation is happening and it is too hard to remove what someone has already said and whether others have commented on it. If you have any questions, please contact me at 413-629-1239. If you have any questions, you may contact me. If you do not want to contact me, you can contact the Smith School for Social Work Human Subjects Review Committee at 413-585-7974.

YOUR SIGNATURE INDICATES THAT YOU HAVE READ AND UNDERSTAND THE ABOVE INFORMATION AND THAT YOU HAVE HAD THE OPPORTUNITY TO ASK QUESTIONS ABOUT THE STUDY, YOUR PARTICIPATION, AND YOUR RIGHTS AND THAT YOU AGREE TO PARTICIPATE IN THE STUDY.

Signature of Participant: _____ Date: _____

Signature of Researcher: _____ Date: _____

I will provide you a copy of this form, which you should keep for your records.

Thank you for your time and for your cooperation in this study.

Researcher's Contact:

Rebecca Logue-Conroy

251 Fenn St., Pittsfield, MA 01201

413-629-1239

Appendix C

Human Subjects Review Approval Letter

SMITH COLLEGE
School for
Social Work

January 18, 2011

Rebecca Logue-Conroy

Dear Rebecca,

Your revised materials have been reviewed and they are fine. We are happy to give final approval to your study.

Please note the following requirements.

Consent Maintaining Data: You must retain all data and other documents for at least three (3) years past completion of the research activity.

In addition, these requirements may also be applicable:

Amendments: If you wish to change any aspect of the study (such as design, procedures, consent forms or subject population), please submit these changes to the Committee.

Renewal: You are required to apply for renewal of approval every year for as long as the study is active.

Completion: You are required to notify the Chair of the Human Subjects Review Committee when your study is completed (data collection finished). This requirement is met by completion of the thesis project during the Third Summer.

Good luck with your project. The focus group is a very interesting and useful tool in research.

Sincerely,

Ann Hartman, D.S.W.
Chair, Human Subjects Review Committee

CC: Elizabeth Quiney McLaughlin, Research Advisor

Appendix D

Demographic Questionnaire

Focus Group – Demographic Questionnaire

Your Age: _____ Child's Age: _____

Your Race/Ethnicity _____ Child's Race/Ethnicity: _____

Are you: (circle one)

Working In School At Home

Do you receive (circle all that apply):

WIC Food Stamps Other Assistance

Marital Status: _____

Is the father of the child involved? (circle one):

Yes, he lives with us. Yes, but he does not live with us. No, he is not involved.

Are you breastfeeding now? _____

If yes, how much? (circle one):

Exclusively (nothing but breast milk)

With some formula supplementation

With some water

With solid food

If yes, how long do you intend to breastfeed? _____

If no, how long did you breastfeed? _____

APPENDIX E

Focus Group Questions Guide

How did you find out about this group?

What made you want to come?

How did you feel about breastfeeding before coming to this group? How do you feel about breastfeeding after being part of this group?

When you were pregnant, did you think you would breastfeed? How long did you plan to breastfeed?

What/who influenced your decision to breastfeed?

Does your family/friends/partner support your decision?

How has this group been supportive?

Are you working outside the home or in school? If so, how have you been able to continue to breastfeed?

How do you think a program like this could be created in another community?

What do you think young mothers need to be able to make the decision to breastfeed?