



What motivates women to breastfeed in Lebanon: An exploratory qualitative analysis

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ARTICLE INFO

Article history:

Received 19 June 2017

Received in revised form

24 November 2017

Accepted 1 December 2017

Available online 5 December 2017

Keywords:

Social norms

Injunctive

Descriptive

Breastfeeding

Behaviour

ABSTRACT

This exploratory qualitative study examined the influence of injunctive and descriptive norms on breastfeeding, a health-improving behaviour related to a highly committed personal decision. The research explores the different mechanisms through which social norms impact breastfeeding behaviour pre or post-adoption of breastfeeding practice.

A qualitative approach was used by performing in-depth analysis of cross-sectional accounts of women in Lebanon contemplating adoption of breastfeeding practice and women who already breastfed. Interviews were also conducted with medical professionals, lactation specialists, and breastfeeding activists.

On one hand, the attitude of the medical professionals and the government efforts are two mechanisms that stimulate the injunctive norms. On the other hand, the descriptive norms are defined by community attitude aggregated with societal beliefs and expectations on women's image and role in society. Both types of social norms are in constant interplay with personal norms and each type becomes more salient at different periods over time.

The findings suggest that social norms are major determinants of breastfeeding behaviour. The influence of the type of social norm—descriptive or injunctive—on the decision to breastfeed varies according to the moment of life the mother is living. Theoretical and practical implications are discussed.

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1. Introduction

Previous research in public health showed that confidence and persistence in breastfeeding are affected by a mother's interactions with various formal and informal social network members (Raj & Plichta, 1998); however, studies on the mechanisms through which injunctive and descriptive norms influence breastfeeding are scarce. Moreover, there are no studies related to breastfeeding in Lebanon in the context of social norms. Injunctive norms are concerned with people's motivation to comply with the beliefs of important referents and descriptive norms are defined as norms derived from what other people do in a given situation (Cialdini & Trost, 1998). Recent research investigated the influence of social norms on breastfeeding (Bartle & Harvey, 2017; Boyer, 2011; Brouwer, Drummond, & Willis, 2012; Swigart et al., 2017), but

there is still scarce work examining how the type of source influences the acceptance of injunctive and descriptive norms used to promote breastfeeding. This article presents thus an exploratory research on the influence of injunctive and descriptive social norms, major drivers of individual behaviour, on breastfeeding, a health-improving behaviour related to a highly committed personal decision.

With the World Health Organization endorsing the global target 2025 to increase the rate of exclusive breastfeeding¹ in the first 6 months of a new-born life up to at least 50% (WHO 2014), it is important to identify the type of message capable of increasing breastfeeding rates. WHO global public health recommendation states that infants should be exclusively breastfed for the first six months of life then should receive nutritionally adequate and safe complementary foods while breastfeeding continues for up to two years of age or beyond. WHO (2014) estimates that, globally, only

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¹ "Exclusive breastfeeding" is defined as giving no other food or drink – not even water – except breast milk.

38% of infants are exclusively breastfed and suboptimal breastfeeding² contributes yearly to 800,000 infant deaths. According to UNICEF (2015), breastfed children have at least six times greater chance of survival in the early months than non-breastfed children. The potential impact of optimal breastfeeding³ practices is especially important in developing countries with a high burden of disease and low access to clean water and sanitation (UNICEF, 2015). Yet, optimal breastfeeding is also very important in developed countries. Bartick and Reinhold (2010) concluded that if 90% of US families could breastfeed exclusively for 6 months, the United States would save US\$13 billion per year in healthcare costs and prevent an excess of 911 deaths, mostly of infants. Thus, improved breastfeeding promotion is expected to be a source of significant cost savings for the United States economy (Ball & Bennett, 2001).

Given the practical importance of the subject and the limitations identified in previous research on the effect of social norms, the objective of this article is to understand the social norm mechanisms underlying breastfeeding intentions. Breastfeeding intentions are generally established by the third trimester of pregnancy (Stein, Cooper, Day, & Bond, 1987). Intention is strongly predictive of initiation (Lawton, Ashley, Dawson, Waiblinger, & Conner, 2012) and of duration (DiGirolamo, Thompson, Martorell, Fein, & Grummer-Strawn, 2005), provided the context is supportive (Kervin, Kemp, & Pulver, 2010). The research question is thus: How does compliance to injunctive norms and conformance to descriptive norms affect intentions to initiate and to continue breastfeeding? This study, therefore, acts as a first step towards understanding the optimal design of normative messages for breastfeeding promotion. To answer the research question, theories on conformity and compliance (Cialdini & Goldstein, 2004; Cialdini & Trost, 1998) are presented and applied to the breastfeeding behaviour. An exploratory qualitative study is then presented based on in-depth analysis of cross-sectional accounts given by key stakeholders.

2. Theoretical background

Breastfeeding is multifactorial in nature—several factors are associated with the initiation and duration of breastfeeding among Western women (Scott & Binns, 1999)—and programs aimed at promoting breastfeeding must take this into consideration. Due to the many factors involved, it is not feasible to completely address all facets of the breastfeeding decision in one single investigation. This research thus focuses on how social norms influence breastfeeding behaviour. Mothers continuously attempt to conform to the social norms about breastfeeding despite the fact that this restricts their capacity to breastfeed their babies when in public (Brouwer et al., 2012).

Cialdini and Trost (1998) define social norms as rules and standards that are understood by members of a group and that guide and/or constrain social behaviour without the force of laws. Social norms emerge out of interaction with others and may not be stated explicitly. Social norms may thus affect breastfeeding behaviour if the woman considers herself a member of a group and her behaviour would be guided by her interactions with this group. Raj and Plichta (1998) showed that confidence and persistence in breastfeeding are affected by a mother's interactions with various formal and informal social network members.

2.1. Injunctive norms

Cialdini and Trost (1998) define injunctive norms as norms that are derived from people's motivation to comply with the beliefs of important referents. Injunctive norms are thus derived from the woman's perception of what important referents think she "should do". In several countries women give birth mostly in a medical setting so their first interaction, upon baby's birth, is with health professionals. These are considered important sources of information for a woman in this new situation due to their level of health education and knowledge. It is thus expected that messages received from health professionals would affect the woman's decision on how to feed her newborn. Source Credibility is defined as how expert the communicator is perceived to be in the area of concern, and also as how trusted by the individual receiving the communication (Freedman, Sears, & Carlsmith, 1981). Both the source's trustworthiness and expertise (Dholakia & Sternthal, 1977) determine source credibility. Both doctors and family members are considered trustworthy individuals to a breastfeeding woman but she may not view family members as having expertise on what is best for the health of her baby. Campo (2010) concluded in her qualitative study about women's relationships with obstetricians that the majority of women she interviewed expressed sentiments that aligned with the hegemonic medical model of birth where views espoused pregnancy, childbirth and postpartum as medical events in which doctors are the trusted experts. As a result, this study considers doctors and health care professionals the important referents whose opinion provides the woman guidance on what she "should do". In this sense, Taveras et al. (2003) highlighted that clinicians and other healthcare providers have an influential role in breastfeeding initiation and continuation. A study by DiGirolamo, Grummer-Strawn, and Fein (2003) about perceived attitudes of physicians and hospital staff and how they affect the breastfeeding decision noted that a perceived neutral attitude from the hospital staff was related to not breastfeeding beyond 6 weeks.

Intentions to breastfeed are predicted by subjective norms, which pertain to a form of injunctive norms, and attitude to formula-feeding (Bartle & Harvey, 2017). Subjective norms are defined as perceptions of the expectations of significant others regarding one's performance of the act weighted by motivation to comply with those expectations (Ajzen & Fishbein, 1975). Swanson and Power (2005) also showed that subjective norms were important determinants of initiation and continuation of breastfeeding and concluded that nurses'/midwives' views were an important influence on breastfeeding behaviour.

Healthcare providers are considered important referents that may induce compliance behaviour among women. Women's breastfeeding behaviour is affected by these referents in order to satisfy the need for accuracy (Cialdini & Goldstein, 2004). It is thus interesting to study the breastfeeding behaviour in the injunctive norms context to evaluate the role of healthcare providers.

2.2. Descriptive norms

Other than interaction with healthcare providers, women interact with their family, friends and community. These interactions also affect breastfeeding decision and duration. Cialdini and Trost (1998) define descriptive norms as norms that are derived from what other people do in any given situation. Descriptive norms are thus derived from the woman's observation of what women around her "actually do". Watching others provides information about what is "normal" in a novel or ambiguous situation (Gilbert, 1995; Stiff, 1994). When the appropriate behaviour is unclear, one tends to rely on "social reality" as displayed by others (Festinger, 1954). Mothers received information about

² Does not meet the WHO global public health recommendation.

³ Meets the WHO global public health recommendation.

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