



The role of psychosocial factors in exclusive breastfeeding to six months postpartum

Emily de Jager, BAppSci (Psych)(Hons) (Candidate for Doctor of Psychology (Health)),
Jaclyn Broadbent, PhD (Lecturer in Health Psychology), Matthew Fuller-Tyszkiewicz, PhD
(Senior Lecturer), Helen Skouteris, PhD (Associate Professor)*

Deakin University, School of Psychology, 221 Burwood Highway, Burwood, Vic 3125, Australia

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ABSTRACT

Objective: to investigate the psychosocial variables associated with the ability to exclusively breastfeed to six months postpartum. Additionally, to evaluate a conceptual model of psychosocial correlates of exclusive breastfeeding duration.

Design: online, retrospective questionnaire.

Setting: the questionnaire was placed online and participants accessed it through social networking sites including groups relating to breastfeeding, motherhood and parenting. Participants were also able to share the link with their own networks. This online setting facilitated recruitment of a wide range of Australian and international participants.

Participants: 174 women aged 18 years and older who had given birth between six months to two years prior. Participants completed an online questionnaire, which asked them to report on three time points: pre-pregnancy, during pregnancy and during the first six months postpartum. Data were collected from June to December 2011.

Measurements: psychometrically validated tools such as the breastfeeding Self-Efficacy Scale, Body Attitude Questionnaire, Depression Anxiety and Stress Scale, Fetal Health Locus of Control Scale, and the brief COPE scale were used to measure psychosocial variables. Additional scales were developed by the researchers and met scale reliability criteria.

Findings: correlation analyses, *t*-tests and path analysis were used to statistically analyse the data. Results showed that women who exclusively breast fed to six months postpartum exhibited higher intention to exclusively breastfeed, breastfeeding self-efficacy, comfort breastfeeding in public, perceived physical strength and reported less perceived breastfeeding difficulties. Path analyses indicated that breastfeeding self-efficacy was a strong significant predictor of both exclusive breastfeeding intention and duration. Maternal attitude towards pregnancy (both during pregnancy and postpartum), psychological adjustment and early breastfeeding difficulties were also found to be significant predictors of exclusive breastfeeding intention and duration.

Key conclusions: psychosocial factors are likely to play a significant role in the maintenance of exclusive breastfeeding for six months post-birth. Future research should adopt a prospective study design to examine the influence of psychosocial factors systematically and rigorously.

Implications for practice: longitudinal, prospective studies are needed to further examine the role of psychosocial factors on exclusive breastfeeding outcomes. Interventions, which involve improving psychosocial factors such as breastfeeding self-efficacy, may improve exclusive breastfeeding outcomes.

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Introduction

The World Health Organization (WHO) recommends that for optimal health and development, all infants worldwide should be

exclusively breastfed for the first six months of life (WHO, 2011). Exclusive breastfeeding is defined as the consumption of breast milk only (including expressed milk and medicines) and excludes infant artificial milk, non-human milk, water or water-based drinks, tea or fruit juice (WHO, 2008). Exclusive breastfeeding provides the infant with all of the nutrients required for optimal growth and development during this period and has significant benefits for mother, infant and society (Kramer and Kakuma, 2002; Oddy et al., 2002; Cattaneo et al., 2006). For infants, breast milk provides important advantages for physical, neurological and

* Corresponding author.

E-mail addresses: edejager@deakin.edu.au (E. de Jager),
jaclyn.broadbent@deakin.edu.au (J. Broadbent),
matthew.fuller-tyszkiewicz@deakin.edu.au (M. Fuller-Tyszkiewicz),
Helen.skouteris@deakin.edu.au (H. Skouteris).

cognitive development, as well as the protection from allergies, infectious and non-communicable diseases (Oddy et al., 2002; Horta et al., 2007; Ip et al., 2007; Huh et al., 2011). Maternal benefits of breastfeeding include reduced postpartum bleeding, assisted post-birth weight loss (Kramer and Kakuma, 2002) and protection against breast and ovarian cancers (Ip et al., 2007). Breastfeeding reduces the financial cost of infant feeding on both families and societies and reduces the burden of disease associated with some non-communicable childhood diseases (Cattaneo et al., 2006). When compared to breastfeeding in general, exclusive breastfeeding has been associated with increased health outcomes (Kramer and Kakuma, 2002). Studies have shown that the protective effects of breast milk are enhanced with a longer duration of exclusive breastfeeding (Kramer and Kakuma, 2002; Chantry et al., 2006) and may provide further protection against diseases such as childhood obesity (Gillman, 2008; Huh et al., 2011) and maternal diabetes (Stuebe et al., 2005).

Despite these well-documented benefits of exclusive breastfeeding, very few women worldwide are meeting the World Health Organization's recommendation of exclusive breastfeeding to six months postpartum. In 2003 the National Health and Medical Research Council (NHMRC, 2003) articulated the goal that 50% of infants should be exclusively breastfed for the first six months. However, the most recent data shows that Australians are falling well below this target. In Australia, the most recent data comes from the 2011 to 2012 National Health Survey (Australian Bureau of Statistics (ABS), 2013). This report showed that during these years, 92% of children aged zero to three years had received breast milk at some stage. However, only 17% of children aged six months to three years had been exclusively breastfed to at least six months of age. Promisingly though, almost three quarters (74%) of children were receiving some breast milk at four months, an increase of around 10% from the last National study in 2004 (Australian Institute of Family Studies, 2008). Similar rates have been shown for other western countries, with 14% of infants born in the USA in 2004 exclusively breastfed for six months (Centres for Disease Control and Prevention, 2011) and in 2005 only 17% of Canadians and less than 1% of UK infants, were exclusively breastfed to six months (Millar and Maclean, 2005; Bolling et al., 2007). Developing countries report the highest rates of exclusive breastfeeding with 38% of infants being exclusively breastfed between four and six months postpartum (UNICEF, 2011).

There is currently a wealth of literature describing the socio-demographic predictors of the initiation and duration of breastfeeding (O'Brien et al., 2008, 2009; Australian Institute of Health and Welfare, 2011). In contrast, much less is known about the influence of psychosocial factors on exclusive breastfeeding. Recently, O'Brien et al. (2008) showed that psychosocial factors, such as breastfeeding self-efficacy, dispositional optimism, faith in breast milk, anxiety and breastfeeding intentions were more predictive of breastfeeding duration than the demographic factors combined. Additionally, the findings of a recent systematic review showed that there is very limited research specifically examining exclusive breastfeeding using well recognised, standardised definitions of exclusive breastfeeding such as that recommended by the WHO, and to the recommended duration of six months postpartum (de Jager et al., 2013).

In the past 12 years, only eight studies have examined the influence of psychosocial factors on exclusive breastfeeding for four to six months postpartum, showing that maternal self-efficacy (Blyth et al., 2002, 2004; Kronborg and Vaeth, 2004; Scott et al., 2006; Semenic et al., 2008), depression (Henderson et al., 2003; Akman et al., 2008), anxiety (Clifford et al., 2006), intention to breastfeed (Blyth et al., 2004; Kronborg and Vaeth, 2004; Bai et al., 2010), attitude towards breastfeeding (Scott et al., 2006; Semenic et al., 2008; Bai et al., 2010), and social support (Bai et al., 2010), are associated with exclusive breastfeeding for at least four months.

Hence, in preparation for a longitudinal study which will track women from early pregnancy through to the first year postpartum, we conducted a preliminary study with women who had given birth in the last two years (2009 and 2010), asking them to recall their pre-pregnancy, pregnancy and postpartum experiences in relation to psychosocial factors and exclusive breastfeeding outcomes. Retrospective recall of infant feeding practices and other factors related to pregnancy (including pre-pregnancy weight, pregnancy complications and breastfeeding practices) have been shown to be salient and reliable due to these phases in women's lives being perceived as highly significant (Laurer et al., 1992; Tomeo et al., 1999). Most of the research to date has examined the effect of individual psychosocial variables on exclusive breastfeeding outcomes directly. However, it is likely that the predictors of exclusive breastfeeding are multifactorial. Our proposed model of psychosocial predictors of exclusive breastfeeding duration was informed by the findings of our systematic review (de Jager et al., 2013), which specifically examined psychosocial factors and exclusive breastfeeding duration past four months postpartum. Some of the proposed pathways are exploratory and have not been previously investigated in the exclusive breastfeeding literature (e.g., the relationship between body attitude and comfort breastfeeding in public). The rationale for the factors and paths to exclusive breastfeeding included in this model is provided henceforth.

The literature has consistently reported that a woman's level of breastfeeding self-efficacy is strongly related to exclusive breastfeeding duration and that experiencing early breastfeeding difficulties is negatively related to both breastfeeding self-efficacy and exclusive breastfeeding duration (Blyth et al., 2002, 2004; Kronborg and Vaeth, 2004; Scott et al., 2006). Maternal intention is one of the strongest predictors of actual exclusive breastfeeding outcomes (Blyth et al., 2004; Kronborg and Vaeth, 2004; Bai et al., 2010) and women with higher breastfeeding self-efficacy are more likely to intend to exclusively breastfeed and do so for a longer duration (Kronborg and Vaeth, 2004); these findings are reflected as paths in Fig. 1.

Various studies have shown significant relationships between different aspects of women's body image and breastfeeding outcomes. For example, studies have shown that: (1) women with a more positive body image pre-pregnancy were more likely to exclusively breastfeed their infant (Huang et al., 2004); (2) women with body mass index's in the obese range are less likely to initiate and continue to exclusively breastfeed (Kugyelka et al., 2004; Mok et al., 2008); and finally, (3) a woman's attitude towards her body shape may be more predictive of her feeding intentions more so than her physical body size (Foster et al., 1996). Although body image appears to be an important factor in feeding outcomes, the actual mechanism of these relationships is not clear. Clark et al. (2009) showed that during the postpartum period, women's feelings of fatness and their salience of weight and shape increases and is strongest at six months postpartum. Hence, our model proposes that different aspects of body image may indirectly impact exclusive breastfeeding duration via their impact on 'comfort breastfeeding in public'. That is, if a woman has strong 'feelings of fatness' or 'salience of weight and shape', then she may be more self-conscious or reluctant to have any part of her body exposed in public.

Psychosocial factors such as depression and anxiety have previously been linked to early cessation of breastfeeding (Henderson et al., 2003; Akman et al., 2008). Consistent with self-efficacy theory (Bandura, 1977; Dennis, 1999), our model proposes that the mechanism for this effect may be through negative psychological symptoms precipitating early breastfeeding difficulties and reduced breastfeeding self-efficacy. On the basis of previous literature, maternal attitude is predicted to have

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