

# Reliability and Validity of the Reduced Spanish Version of the Iowa Infant Feeding Attitude Scale

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## ABSTRACT

**Objective:** To translate the Iowa Infant Feeding Scale (IIFAS) into Spanish, to test its psychometric properties, and to explore item reduction for the Spanish version.

**Design:** Instrumental study.

**Setting:** Six hospitals in eastern Spain.

**Participants:** A convenience sample of 1,354 pregnant women was recruited.

**Methods:** The IIFAS was translated using forward and back translation. Dimensional structure, internal consistency, and construct validity of the Spanish IIFAS version were assessed. Criteria to improve the reliability of the scale and the predictive power of the items were used to reduce the scale.

**Results:** Statistics on the psychometric properties suggested the need for item reduction. Cronbach's alpha coefficient of the nine-item final version of the Spanish IIFAS (IIFAS-S) was 0.792. The confirmatory factor analysis showed a unidimensional structure. Demographic response patterns and correlations with the IIFAS-S scale provided further evidence of construct validity. Pregnancy IIFAS-S scores significantly predicted breastfeeding rates and exclusivity.

**Conclusion:** The results of this study indicated that the Spanish translation of the IIFAS is a valid and reliable measure of women's attitudes toward breastfeeding.

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Breastfeeding is promoted as the optimal form of infant feeding because of its unique short- and long-term health benefits for the mother and the infant (American Academy of Pediatrics, 2012). Authors of published studies confirmed and quantified the risks of bottle-feeding and indicated that breastfeeding should not be considered as just another way of feeding the newborn, but rather as a basic health issue with important implications for health in countries with high or low income (American Academy of Pediatrics, 2012; Victora et al., 2016). The World Health Organization (2013) recommended that children be exclusively breastfed for 6 months and that breastfeeding should be continued with appropriate complementary food for at least 2 years.

Despite these recommendations, only a minority of European infants are breastfed (Callen & Pinelli, 2004). In Spain, the rate of initiation of breastfeeding is greater than 80% (Rio et al., 2012).

However, only 28% of Spanish women exclusively breastfeed their children without offering other liquids or foods at 6 months postpartum, and the median duration of breastfeeding is 6 months (Directorate General of Public Health, 2011/12). The Spanish National Health System's Quality Plan urges health professionals to incorporate breastfeeding support intervention into their practices (Spanish Ministry of Health and Social Policy, 2009).

Premature cessation of breastfeeding is usually the result of a combination of various factors on different levels (Hector, King, Webb, & Heywood, 2005). First is the bottle-feeding culture, in which cultural values have made formula-feeding the norm. Cultural norms against breastfeeding in public influence the acceptability of and expectations for breastfeeding (Hector et al., 2005; Oliver-Roig, 2003). Second, factors such as lack of support from significant others, hospital practices that make breastfeeding difficult after birth,

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or difficulties breastfeeding after her return to work affect a mother's energy, time, and ability to solve breastfeeding problems (Oliver-Roig, 2003; Thulier & Mercer, 2009). Finally, clinical and psychological factors and personal history are linked to the mother-child dyad and are directly associated with a woman's decisions and breastfeeding practices (Meedya, Fahy, & Kable, 2010; Thulier & Mercer, 2009).

Our study focused on mothers' attributes that affect breastfeeding decisions. Self-efficacy, postnatal depression, anxiety, intention to breastfeed, attitudes toward breastfeeding, and social support are factors that have been implicated in breastfeeding initiation and duration (de Jager, Skouteris, Broadbent, Amir, & Mellor, 2013; Meedya et al., 2010). One important variable at the individual level is the woman's attitude toward breastfeeding, because this is potentially a modifiable variable related to breastfeeding outcomes. *Attitudes* are associations between attitudinal objects (practically any aspect of the social world) and evaluations of these objects, and they constitute durable assessments of various aspects of the social world that are stored in memory. They are important because they strongly influence social thinking or how we think about and process social information. Attitudes function as schemas or cognitive frameworks with which to organize information about specific concepts, situations, or events. Attitudes have been the focus of research, because it is assumed that they always influence behavior; therefore, knowledge about them can help us to predict people's behavior in many contexts (Baron & Byrne, 1998). Researchers found that a woman's breastfeeding attitudes were better predictors of infant feeding method during the postpartum period than her sociodemographic characteristics (Dungy, Losch, & Russell, 1994; Scott, Binns, Oddy, & Graham, 2006). Women with positive attitudes were more likely to breastfeed and tended to do so for longer than those with less positive attitudes (de la Mora, Russell, Dungy, Losch, & Dusdieker, 1999; Scott et al., 2006; Thulier & Mercer, 2009).

de la Mora et al. (1999) originally designed the Iowa Infant Feeding Attitude Scale (IIFAS) to

assess 10 aspects related to women's attitudes toward breastfeeding: five related to the characteristics of breast milk and formula milk (i.e., cost, mother's physical shape, sexual pleasure, mental-physical comfort, and nutritional product) and five related to the process of feeding the infant (i.e., parental role, physical closeness, infant food intake, ease of feeding, and nighttime feeding). The scale was developed to predict the choice of infant feeding method and duration of breastfeeding; higher scores indicate that women are more likely to breastfeed. The IIFAS included 17 items selected from an initial pool of 26 items to optimize reliability. In the original study, which consists in three substudies conducted at a community hospital in a medium-sized Midwestern city of the United States, the reliability of the IIFAS ranged from .68 to .96. The IIFAS discriminated between women who intended to breastfeed and those who decided to use formula.

The IIFAS has been tested in various populations (Ho & McGrath, 2010), including prenatal and postpartum women, low-income women (Dungy, McInnes, Tappin, Wallis, & Oprescu, 2008), social networkers (Dungy et al., 2008), fathers (Karande & Perkar, 2012), and students (Kavanagh, Lou, Nicklas, Habibi, & Murphy, 2012). The IIFAS has been used in the United States (de la Mora et al., 1999), Australia (Scott et al., 2006) Northern Ireland (Sittlington, Stewart-Knox, Wright, Bradbury, & Scott, 2007), Scotland (Dungy et al., 2008), Croatia (Zakarija-Grkovic & Burmaz, 2010), Syria (Al-Akour, Khassawneh, Khader, Ababneh, & Haddad, 2010), India (Karande & Perkar, 2012), and Singapore (Lau, Htun, Lim, Ho-Lim, & Klainin-Yobas, 2015). In addition to its use in English, it has been translated into Romanian (Wallis et al., 2008), Chinese (Ho & McGrath, 2011a), Arabic (Charafeddine et al., 2016), Japanese (Nanishi & Jimba, 2014), and isiZulu (Tuthill et al., 2014).

Many international studies have been conducted on the reliability and validity of the IIFAS. Researchers have reported conflicting evidence on reliability, with Cronbach's  $\alpha$  coefficient estimates of internal consistency ranging between .50 (Wallis et al., 2008) and .89 (Dungy et al., 2008). Moreover, the low internal consistency of the IIFAS found in some previous studies has not been explained. The factor structure of the IIFAS has been considered unidimensional, and the total IIFAS score has been used in all previous research to provide evidence of validity. However, a discrepancy in results on the structure of the

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