



Women's intention to exclusively breast feed: The Israeli perspective

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ABSTRACT

Background: research reveals that there are numerous factors related to women's intention to exclusively breast feed (EBF). Moreover, several studies do not differentiate between exclusive and partial breast feeding.

Objective: the aim of the present study was to identify factors associated with Israeli women's intention to EBF their next baby based on the Theory of Planned Behavior (TPB), within the context of Israeli ethnic and cultural diversity.

Design: the study is a correlational quantitative study.

Setting: women were recruited at lectures on women's health at an urban setting in central Israel during September–December 2013. The lectures were organised by a local nursing school and were open for the general public.

Participants: a convenience sample of 200 Hebrew-speaking women of childbearing age, who had at least one child over six months old which had been EBF for at least one month.

Methods: the women completed a closed questionnaire based on the TPB.

Findings: in the multivariate analysis, behavioural beliefs, behavioural attitudes, knowledge of EBF, and EBF duration of the previous child predicted 35.3% of Israeli women's intentions to EBF in the future. In addition, study findings revealed the importance that women attributed to their spouses' opinion concerning EBF. Muslim Arab women expressed higher intention to EBF than Jewish women.

Conclusions: the findings of this study will constitute the basis of a nurse-administered intervention programme for promoting EBF in Israeli society. In the context of this programme, nurses' interventions will emphasise the benefits of EBF for mothers and infants, and provide women and their spouses with tools and information to support EBF. Nurses' interventions will also take into account the influence of ethnicity and culture, as well as the duration of women's previous EBF experiences.

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Introduction

The health-related benefits of exclusive breastfeeding (EBF) for both mother and infant are well known. EBF infants are at lower risk for obesity, diabetes, gastrointestinal illness, and paediatric respiratory infections. In contrast, formula-fed babies are more sensitive to infections and show a higher risk of recurrent hospitalisations. EBF's beneficial health effects for mothers include increased weight loss and a reduction in risk for breast and ovarian cancers (Quigley et al., 2007).

In June 2013, the Israeli Ministry of Health published a circular encouraging EBF. The Israeli Ministry of Health recommended EBF as the exclusive source of nutrition for infants in their first six months (Ministry of Health, 2013). However, findings of a survey

conducted by the Israeli Ministry of Health during 2009–2010 revealed that although the majority of Israeli women had high intention to breast feed, many women stopped EBF by the time their infants were six months old (Keinan-Boker et al., 2013). These statistics may be due to a decrease in women's intention to EBF. If so, it is possible that gaining a better understanding of factors related to Israeli women's intention to EBF may enable nurses and policy makers to design more effective interventions to encourage EBF in this critical period.

The Theory of Planned Behavior (TPB), whose predictability of various health behaviours, including EBF, has been demonstrated in numerous studies (McEachan et al., 2011), was chosen as the theoretical framework for the present study. According to the theory, the major determinant of behaviour is behavioural intention. Intention reflects one's decision to make an effort to perform the behaviour. In the current study, this indicated women's intentions to EBF their next baby.

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The TPB components affecting intention are: Behavioural beliefs, normative beliefs, control beliefs, and perceived behavioural control. Behavioural beliefs in the context of this study are women's beliefs concerning EBF's consequences for the health of their infant. These behavioural beliefs affect behavioural attitudes, such as women's positive and negative evaluation of EBF. In turn, behavioural attitudes directly influence behavioural intention to EBF. Normative beliefs can be described as women's perceptions of social pressure from significant others concerning EBF, while subjective norms describe to what extent social pressures have an influence on women's intention to EBF. Women's normative beliefs affect their subjective norms; for example, the importance the women attribute to the opinion of significant others concerning EBF, which in turn influences their behavioural intention. In this study, women's control beliefs were defined as the existence of factors that might encourage or inhibit EBF. And finally, perceived behavioural control in the context of this study were the women's assessments of the difficulty or ease of actual EBF, which directly influences behavioural intention (Ajzen, 1991).

Previous studies have found a connection between the following factors and women's intention to breast feed: affective attitudes (emotional reactions to EBF) and moral norms (reactions about whether EBF is right or wrong) (Lawton et al., 2012), social support (Ingram and Johnson, 2004; Meedya et al., 2010; Choudhry and Wallace, 2012), EBF self-efficacy (beliefs concerning one's control of EBF) (Meedya et al., 2010) or perceived behavioural control (McMillan et al., 2009). McMillan et al. (2009) found that control beliefs such as feeling that there are 'plenty of public facilities for breast feeding', 'having been shown how to breast feed', and 'having a breast pump' raised the likelihood of women's EBF. However, various studies have yielded a range of findings relating to factors predicting women's intention to EBF (Scott et al., 2006; Bolling et al., 2007; Chung et al., 2008; McMillan et al., 2009). Moreover, some of these studies did not differentiate between exclusive and partial breast feeding.

Other factors shown as affecting mothers' intention to EBF include: EBF experience with a previous child, whether the woman herself was breast fed as an infant, and acquaintance with breast feeding women (Swanson and Power, 2005; Scott et al., 2006; Bolling et al., 2007; Chung et al., 2008; McMillan et al., 2009). Additionally, level of education (Tishbi and Louck Shemer, 2009; Lawton et al., 2012) and knowledge of the benefits of EBF were also found to constitute an incentive to breast feed (Mossman et al., 2008).

Several studies noted differences in EBF intentions among women belonging to different ethnic groups (Lee et al., 2005; McMillan et al., 2008; Choudhry and Wallace, 2012; Lawton et al., 2012). Differences in intention to EBF based on ethnicity were also evident in the 2009–2010 breast feeding survey conducted by the Israeli Ministry of Health. The survey findings revealed that 88.4% of Jewish and 97.7% of Muslim Arab women intended to EBF after birth. By the time infants were six months old, the actual rate of EBF was lower, but still was higher among Muslim Arab women (64.6%) than among Jewish women (51.1%) (Keinan-Boker et al., 2013).

In light of the wide range of factors related to women's intention to EBF, the aim of the present study is to use the TPB to identify specific factors within the context of Israeli ethnic and cultural diversity which affect Israeli women's intentions to EBF their next baby. To our knowledge, no previous studies conducted in Israel employed the TPB to predict women's intention to EBF in the future.

The study explored the role of additional variables which have been identified in previous studies as associated with intention to EBF: ethnicity (i.e., Jewish versus Muslim Arab women), EBF

difficulties, level of knowledge, and prior experience as measured by the duration of previous EBF.

Methods

Study design and participants

In this correlational quantitative study, a convenience sample of 200 women from central Israel was employed. Inclusion criteria were Hebrew-speaking Israeli women of childbearing age, who had at least one child over six months old which had been EBF for at least one month. The minimum of one month EBF cutoff was chosen because we wanted to include women who had an intention to breast feed. Women who had EBF for less than one month may not have had a strong intention or plan to EBF long term. Exclusion criteria were a woman's statement that she did not plan to have any more children. Sample size was calculated by Power and Precision software. Two hundred participants were allocated to the study on the assumption that 30% of the total population of Israeli women would EBF (Keinan-Boker et al., 2013), giving a 95% confidence interval and 80% power.

Instrument

The research data were collected through a questionnaire constructed by McMillan et al. (2009) based on the TPB. The reliability of the questionnaire in the original study was Cronbach $\alpha=0.96$. The questionnaire was translated into Hebrew, and its validity was examined by three content experts on EBF. A pilot study was conducted among 20 women, following which the questionnaire's wording was adjusted due to somewhat confusing question construction. The questionnaire's reliability was Cronbach $\alpha=0.91$.

The questionnaire consisted of 63 multiple choice questions and comprised three parts. Part 1 consisted of 16 questions on sociodemographic and obstetric data regarding women's previous births, and EBF experience with the previous child, i.e., how long (in months) mothers EBF their previous children.

Part 2 was based on the TPB and was based on a Likert scale (1-'strongly disagree', 6-'strongly agree'): Behavioural beliefs (seven questions) examining the women's beliefs concerning the effect of EBF on the infant's health, e.g.: 'Can a woman who does not EBF harm her baby's development?'; Behavioural attitudes (nine questions) examining women's overall attitudes towards EBF, e.g.: 'I'm afraid that as a result of EBF I will suffer from breast cancer'; Normative beliefs (four questions) examining the perception of what significant others believe concerning EBF, e.g.: 'My spouse encouraged me to EBF.'; Subjective norms (four questions) examining the significance women attribute to the opinions of their significant others on EBF, e.g.: 'I decided to EBF due to my family's support.'; Control beliefs (five questions) examining the factors capable of encouraging or preventing EBF, e.g.: 'The lack of public facilities for breast feeding made it difficult for me to EBF.'; Perceived control of EBF (six questions) examining women's general assessment of their ability to perform the behaviour and the perceived ease or difficulty of doing so, e.g.: 'The decision whether to EBF is mine.'; Intention to EBF (six questions) examining women's intention to EBF after her next delivery, e.g.: 'I will make every effort to EBF'.

Part 3 examined EBF difficulties encountered by women in the past (four questions), e.g.: 'I had sore nipples'; and level of knowledge. Level of knowledge was assessed by two factual questions on EBF, for which correct answers were given 1 point and incorrect answers were given 0 points, leading to a possible

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