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Sharon E. Behrens

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Breastfeeding - Experiences that Influence

an Adolescent Mother to Continue

Sharon E. Behrens

A Master's Project

Submitted to Cardinal Stritch University College of Nursing

in partial fulfillment of the requirements for the degree

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We hereby recommend that the project prepared by Sharon E. Behrens entitled Breastfeeding – Experiences that Influence an Adolescent Mother to Continue be accepted as fulfilling this part of the requirements for the Degree of Master of Science in Nursing.

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Abstract

This qualitative study examined what experiences of adolescent mothers influenced them to continue breastfeeding after their hospital initiation. Also, this study examined the relative importance of the individual's beliefs and values that lead to the decision to breastfeed her infant. Two Caucasian primipara adolescent mothers 19 years of age participated in this study. Data was collected and examined for themes utilizing the qualitative 8-step process.

Results of the study indicated that an adolescent's decision to initiate and continue to breastfeed her baby was strongly affected by her own beliefs. Beliefs about herself and her baby, as well as the encouragement and support she received from family, friends, and healthcare professionals strongly indicated she would be successful with breastfeeding her infant. Information and education she received throughout her pregnancy and after delivery of her baby also influence an adolescent mother.

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Chapter I

Breastfeeding - Experiences that Influence an Adolescent to Continue

Breast milk is the best source of nourishment for all infants. Currently, organizations around the world are promoting breastfeeding due to the well-documented benefits for both mother and infant. However, new mothers may receive a different message from society in the United States today. Bottle feeding is still viewed as a societal norm. Children's books and toys reflect and reinforce this message. Most children's books that do include breastfeeding are found in parenting catalogs. Therefore, adolescent mothers receive many mixed messages regarding breastfeeding. This results in fewer adolescent mothers breastfeeding than older women (Ineichen Lawernson, & Pierce, 1997).

Statement of Problem

Some professionals, such as social workers and guidance counselors who work with adolescent mothers, often do not feel breastfeeding is important or a priority (Bomberg Bar-Yam, 1993). These professionals are working to get adolescents back in school or to find employment. Breastfeeding may be seen as being in conflict with their perceived more important goal of education (Bromberg Bar-Yam, 1993).

Not only is the societal norm in the United States to view bottle feeding as the norm, it is common for adolescents to find breastfeeding "disgusting" (Ineichen, et al. 1997 p. 507), and the infant's father may impose his view of breastfeeding onto the mother (Ineichen et al. 1997). The views of the infant's father may be positive or negative. If negative, this influence may cause her to discontinue to breastfeed.

There has been a resurgence of breastfeeding in the United States since 1972, rising from a rate as low as 22 percent in 1972 to 62 percent in 1982 and a decline to 52 percent in 1989 (Da Vanzo & Peterson, 1992). Various explanations for the low rate of breastfeeding among adolescents have been brought forward in the research. There is little research found that studies the adolescent's experiences with breastfeeding.

This thesis will explore how the adolescent's experience with breastfeeding influences her decision to continue.

Background Information

This investigator became interested in the topic of adolescent breastfeeding about five years ago. At that time, intensive breastfeeding education was taking place in the obstetric department of a local hospital. To aid in improving breastfeeding education a certified lactation consultant was added to the staff to support mothers, nursing staff, and physicians with breastfeeding concerns. In addition, a

lactation center was developed to meet the needs and demands of the increasing number of breastfeeding clients. The department goal during that time was to have 80 percent of our discharged mothers breastfeeding. Since twenty percent of our delivering mothers are adolescents it is important for them to see the value of breastfeeding and to breastfeed their baby in order to meet the goal of 80 percent.

Purpose of Study

There are approximately one million adolescent pregnancies per year in the United States resulting in 600,000 live births (Bomberg Bar-Yam 1993). According to the Wisconsin Department of Health, Center for Health Statistics there were 7,106 births to Wisconsin adolescents 19 years of age and younger in 1996. Of these reported births, Walworth County had 96 births to adolescents aged 19 and younger. The objective for the Public Health agenda for the year 2000 is to increase breastfeeding to 75 percent or greater by mothers who exclusively or partially breastfeed their babies in the early postpartum period, and to 50 percent by mothers who continue to breastfeed at least partially until the infant is 5 to 6 months of age. However, the guidelines are not currently being met. In fact, the Women, Infant and Children (WIC) program reports indicate that less than 36 percent of infants whose mothers were on WIC prenatally receive breast milk as their first food. Only 19.3 percent

receive breast milk for one month or more (Healthier People in Wisconsin, 1990). The World Health Organization also recommends the optimal period for exclusive breastfeeding is six months (Bella, 1997). To help meet these objectives the American Academy of Pediatrics encourages breastfeeding among adolescents including the promotion of having nursing areas in the high schools (Yoos, 1985).

The findings from this study were used to begin to describe the breastfeeding experiences of rural primipara adolescent mothers. In addition, these findings did attempt to provide a beginning exploration of an understanding of the success or failure an adolescent has with breastfeeding. This new knowledge can then be used to guide additional research. Sharing the results of this research may assist other adolescents to have successful breastfeeding experiences.

Research Question

What experiences influence a primipara adolescent mother to initiate breastfeeding in a hospital setting and to continue breast feeding after discharge?

Significance of the Study

As previously stated, the breastfeeding rate in 1989 was 52 percent in the United States (Da Vanzo and Peterson, 1992). The most recent published statistics were reported in the Healthy People 2000 research study, "The 1995 Midcourse Report on the

Status of Maternal and Infant Health." This research data reported that mothers who breastfed their infants in the early postpartum period increased to 62 percent in 1997. As of December 27, 1999, there were 73 births to women between the ages of 13 and 19 at the local county hospital of this study. The youngest was 14 years of age. Of these, 52 initiated breastfeeding, or 71 percent, which is below the targeted rate of 80 percent. The overall breastfeeding rate at discharge from the local hospital involved in this study is 70 percent. The goal is to have 80 percent of all discharged mothers breastfeeding. To increase the breastfeeding rate in this local hospital the target group is the adolescents. Often adolescents say they do not want to breastfeed because it is "embarrassing" (Yoos, 1985; Bhasin, Kapil, & Manocha, 1990). In fact, adolescents have various other priorities in their life at this time. The development stage they are in is one of self-centeredness, and breastfeeding does not seem to be important (Felice, Lizarraga, Maehr & Wingard, 1993). Adolescent mothers are often not as successful with breastfeeding as the more mature adult (Felice et al. 1993).

Knowledge gained from this study may assist health care professionals in helping the adolescent become more successful with breastfeeding. In addition to supporting adolescents with breastfeeding education, it is also evident that the health care

providers may benefit from additional education as well. Continual education and support gives a consistent message to the adolescent mother that breastfeeding is beneficial to both her infant and herself.

This was a qualitative study. It is different than previous quantitative studies that have attempted to describe skills needed to be successful. This researcher investigated whether or not the adolescent was prepared for success in continuing to breastfeed and attempted to describe the adolescent's experiences with breastfeeding.

Operational Definition of Terms

Adolescent: The period in development between onset of puberty and adulthood. It usually begins between eleven and thirteen years of age with appearance of secondary sex characteristics. It spans to the teen years and terminates at eighteen to twenty years of age with completion of the development of the adult form. During this period the identity changes extend to physical, psychosocial, emotional, and personality changes (Mosby, 1998).

Breastfeeding: The method of infant feeding where the infant suckles from the mother's breast. No artificial

feeding methods, such as bottle-feeding, are employed.

Lactation: The period during which the mammary glands secrete milk.

Nursing: A term that is synonymous with breastfeeding. It is used both in the health care arena and in the community setting. It is to take nourishment from the breast and to suckle (Mosby, 1998).

Pumping: The term used to define the use of a mechanical device to assist the lactating women to transfer milk from the breast to a collection device for future use.

Primipara: A woman who has given birth to her first child or who has just had her first viable infant.

Assumptions

This research was based on three assumptions regarding adolescents and breastfeeding.

1. Adolescents who choose to breastfeed do so for the "good of their baby." Many adolescents know breastfeeding is best. However, it is not clear in the literature whether they fully understand the benefits of breastfeeding
2. Adolescents will give up breastfeeding easily if conditions of discomfort occur like sore nipples and engorgement.

3. Adolescents who choose breastfeeding need support and encouragement to continue.

Summary

Despite documented benefits of breastfeeding and the Public Health Service goal to have seventy-five percent of all newborns breastfed by the year 2000, many adolescent mothers continue to bottle-feed their infants (Berenson, DuBois and Wiemann, 1998). This researcher investigated the experiences of adolescent primipara mothers who have initiated breastfeeding and identified influences that supported their decisions to continue to breastfeed. This data may be used to assist in the development of strategies to promote breastfeeding within this special group.

Chapter II

REVIEW OF LITERATURE

Decision to Breastfeed

The decision to breastfeed is a personal one in which each mother must weigh the pros and cons for herself. The purpose of this literature review was to explore factors that have contributed to the development and success of adolescent breastfeeding, and to explore reasons why an adolescent would stop breastfeeding after a successful initiation.

Previous researchers describe three main factors that contribute to successful breastfeeding. These factors reported are exposure to breast-fed infants and breastfeeding, education, and support. Conversely, the media often portrayed breastfeeding negatively, resulting in a negative impact on the adolescent's decision to breastfeed. The impact of the media portrayal of the female breast in a sexual connotation further influences the adolescent to bottle-feed. Although many changes have been made that positively influence the adolescent mother to breastfeed and reduce negative societal influences, there does not seem to be an increase in the number of adolescent moms who breastfeed. The results of Banoub, Friel, Hudson, & Ross' (1989) study proclaimed that a female adolescent's attitude toward breastfeeding could be favorably influenced by exposure to television promotion about breastfeeding. Both knowledge and

attitude towards breastfeeding improved with exposure in the classroom.

The review of the literature did not have any sources that described the breastfeeding experiences from the adolescent mother's perspective.

Recent History

In the last 20 years, breastfeeding has had a resurgence of popularity among the middle and upper class women of the United States (Bromberg Bar-Yam, 1993). Rates increased for older women of higher social economic status; however, this was not true for the adolescent. For undereducated, underprivileged adolescents in the United States, the percentages for breastfeeding are lower (Da Vanzo et al. 1992; Funk-Archuleta, Heins, Long, & Monzar 1995). Social history also influences a mother's choice to breastfeed. It is known that in the United States older maternal age, Caucasian ethnicity, higher education level, and marriage are associated with the decision to breastfeed (Caiaffa, Giugliani, Pieman, Vogelhut, & Witten 1994). National surveys have repeatedly shown that the rates of breastfeeding are lower among teenagers than older mothers (Ineichen et al. 1997). In 1980, for example, 39 percent of teenage mothers having their first baby breastfed, versus 86 percent of mothers over 30 years of age. The overall national figure is 63 percent for all births (Ineichen et al., 1997).

One reason for the increase in breastfeeding among women from higher social economic status is support and education from the medical community. The medical community encourages breastfeeding because of its benefits to both mother and child. Benefits of breastfeeding for both mother and infant are well known and described extensively in the literature (Felice et al., 1993). Listed benefits are:

- 1) Superior nutrition content of human breast milk,
- 2) Enhanced immunologic status of the newborn,
- 3) Strengthening of the infant-mother dyad,
- 4) Delayed return of ovulation, and
- 5) Economic savings

Society's Belief and Practice

Bromberg Bar-Yam (1993) research results found it is considered immodest to breastfeed in public, even if it is done discreetly. This may make the mother feel embarrassed; therefore, she seeks the privacy of bedrooms, cars, bathroom stalls, and behind closed doors (Bailey, Bryant, Coreil, & Lazarro, 1992).

Evers (1995) says it is culturally taboo to expose the breast. In fact, many women in the US have never seen a mother breastfeed. However, most people have seen breasts exposed in movies and magazines in a sexual way. In the US, breasts are often viewed as sex objects. Women use their breasts to attract

the attention of the male species and are often a focus of sexual behavior. The US, however, is one of the few countries that view the breasts in this manner. Ethnographic evidence of other society suggests that in only a small percentage of human societies is the mammary gland viewed as erotic or sexual. Such behavior has a purely cultural basis (Dettwyler, 1995).

The media influences society by sending the message that breasts are sexual and nonfunctional. TV commercials, newspaper and magazine ads, movies, and daytime TV shows use bottles as a symbol for feeding babies and expose the breast to promote ratings because sex increases viewership (Banoub et. al., 1989). Adolescents report watching an average of more than three hours of television per week. Every commercial appears at least twice a day; therefore, electronic media has a great influence on their attitudes (Banoub et al., 1989).

Another negative influence on breastfeeding comes from the formula companies. Infant formula companies have a vested interest to promote their products even if formula is not the best food for infants. Formula companies give samples of their products freely to encourage formula use. Formula is very inexpensive to produce and each company makes an enormous profit. That is why they can afford to give so much away. In fact, there is little need to spend money on advertising. These companies market through physician's offices and hospitals by

allowing them to give formula away as a free sample. The mother perceives that if the physician and hospital are giving her a product, they are recommending the product. Formula companies offer hospitals a free formula discharge bag for mothers. This bag usually is of nice quality and has the company's logo printed on it for free advertising. The bag is meant to convey the idea that bottle-feeding is convenient, easy for the mother on the go, and just as good for the infant as breastfeeding. This discharge bag is filled with free bottles, a pacifier, formula, and coupons to save money on the next purchase. Formula sample discharge packs are routinely given to breastfeeding mothers, also. According to Evers (1995), this practice sends the message to the breastfeeding mother that "here is some formula in case you cannot breastfeed."

Factors that Influence Decision

Many factors influence the decision about infant feeding practices. The nature and amount of exposure to breastfeeding is a very important factor. The sources of information influence attitude and actions. Adolescents who report that someone had discussed breastfeeding with them were more likely to choose to breastfeed. Peer and friend support is also a vitally important factor. Actually seeing friends and family breastfeed influence the intentions to breastfeed (Bella, 1997; Bromberg Bar-Yam, 1993; Freed, Horwood, Shannon, & Taylor,

1992). Schools and health clinics have not been shown to have strongly influenced the adolescent decision to breastfeed. An adolescent's own mother was found to be the most frequent source of information about breastfeeding. The most common media source was from magazines (Baisch, Fox, & Goldberg, 1989). Stronger than the mother's influence are social pressures and the environment around the adolescent. The influence of friends is also noteworthy when an adolescent is making the decision on how to feed her baby (Ineichen et al., 1997). Grossman, Fitzsimmons, Harter, Larsen - Alexander, & Sacks, (1990), found in their research breastfeeding women were more likely to have received support during pregnancy from their friends and from the father of the baby. They were no more likely to receive support from their mothers, physicians or healthcare professionals.

Educational programs are needed for health care personnel. Healthcare professionals need to successfully intervene with breastfeeding mothers to offer supportive information, provide home and telephone follow-up after discharge, and encourage the reduction of formula giveaways that promote artificial feedings (Berkelhamer, Carey, Feinstein, Gruszka, and Wong, 1986). The social support network of the family and peer group is cited as very instrumental in the promotion of breastfeeding (Lee, 1997).

Adolescents who have heard about breastfeeding at home and were themselves breastfed are more likely to choose breastfeeding (Baisch et al., 1989; Bella, 1997; Felice Lizarraga, Maehr, & Wingard (1992). A father who is a strong supporter of breastfeeding is another powerful influence which supports the decision to breastfeed (Bomberg Bar-Yam, 1993; Felice et al 1992; Caiaffa et.al, 1994.

An additional important factor unique to the adolescent is the various conflicts she may have about her body image and ambivalence about new breasts as sexual objects (Yoos, 1985). These factors might be barriers to an adolescent's decision to breastfeed. Research also indicates that most women decide on a feeding method prior to their pregnancy (Banoub et al., 1989; Emery, Scholey & Taylor 1990).

Caiaffa et al., (1994) stated that choosing to breastfeed is infant-centered and those that choose bottle-feeding are mother-centered. Berenson et al., (1998), shows that adolescents often choose bottle-feeding so they can smoke, drink, and use drugs. The perception in the United States that the breast is a sexual organ becomes a factor in the decision not to breastfeed. This is especially true during adolescent years when they are worried about body image and self-concept. An adolescent's individual development of values, norms,

beliefs, and morals are major issues in their decision-making (Felice et al., 1992; Da Vanzo & Peterson, 1992).

The decision to breastfeed is a gradual process throughout life. The environmental and social influences are powerful and have been in existence for many years. Breastfeeding has not been a norm or a priority in the American culture for years (Altshuler, 1995). Influencing factors helping to make the decision to breastfeed are previous exposure to breastfeeding, benefits to mother and infant, and support from health care professional. However, these are not as powerful as society, environment and the need for the adolescent to build her own unique identity. According to Erikson's 1986, stages of psychosocial development, adolescents are developing their own identity but they still must "fit in" with their friends. If the decision to breastfeed does not "fit in" the adolescent mom will experience some uncertainty with her roles.

Theory of Reasoned Action

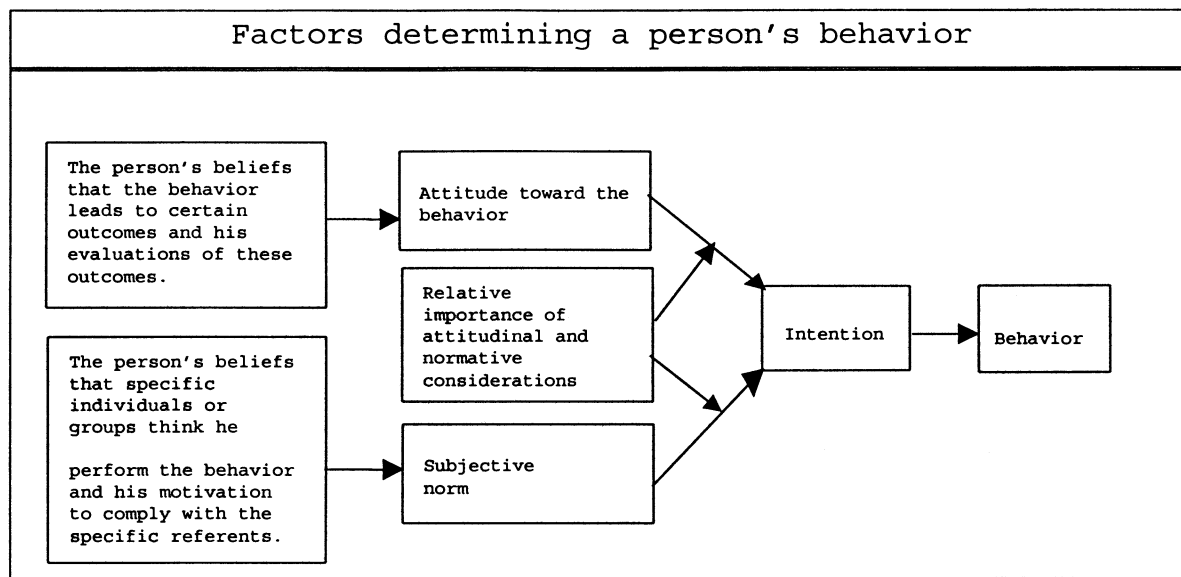
According to Ajzen & Fishbein's (1980) theory of reasoned action, a person's intention is a function of two basic determinants, one personal in nature, and other reflecting social influence. The personal is the individual's attitude, which includes functions of beliefs toward the behavior. The second determinant of intention, termed the subject norm, is the person's perception of the social pressures put on her to

perform or not perform the behavior. Subject norms may also be a function of beliefs, but they are beliefs of a different kind, mainly beliefs of the individual that she should not perform the behavior. The person believes she is motivated to comply with the behavior she perceives the social pressure would want them to do.

When an adolescent mother is deciding her choice of feeding for her infant, she will be subconsciously using the theory of reasoned action. The adolescent's intentions will be identified as personal in nature. For example, she would be concerned about what is best for the baby, the financial benefits, or convenience of breastfeeding. When the adolescent takes into consideration the social influence, the considerations will be like those found in the research previously stated. Ineichen's (1997) findings describe the strongest influence for an adolescent to be the society, the next being the surrounding environment, and the third influence being her friends. Yoos' (1985) research states a factor may be body image and ambivalence about breasts as sex objects. According to Altshuler (1995), we live in a society where bottle-feeding is viewed as the norm. Ajzen and Fishbein (1980) theory considers that individuals base their decisions on the implications of their actions before they decide to engage or not to engage in a given behavior. This theory weaves into the decision making

process and behavioral change is ultimately the result in change of beliefs.

The figure below shows factors that determine a person's behavior.



(Ajzen and Fishbein, 1980).

Ajzen and Fishbein (1980) also describe a theory of reasoned action dealing with the relations among beliefs, attitudes, intentions and behavior. This theory of reasoned action could be used to predict, explain and influence human behavior. For example, theory can be used to predict whether an adolescent will continue breastfeeding after she has initiated it in a hospital setting. The goal of these theorists was to use this theory to go beyond predictions and find out and understand what influenced the changed behavior. To understand fully the intent, we need to identify and do an analysis of the determinants of the participant's intention. The theory of

reasoned action was based on the assumption that human beings are usually quite rational and makes systematic use of the information to them. Ajzen and Fishbein, (1980), do not view that human social behavior is controlled by unconscious motives or overpowering desires, people consider the implications of their actions before they decide to engage or not to engage in their behavior.

Strategies for Success

The literature is filled with many strategies that state what should be helpful for the adolescent mother in the area of breastfeeding but it does not state experiences that influence her to continue. For example, school curricula is studied and related to breastfeeding for both male and female students. Bomberg Bar-Yam (1993) finds that breastfeeding topics should be offered. These courses should include the physiology of lactation and the benefits of breastfeeding and nutrition for mother and infant.

Another example is the need for high schools to accommodate the breastfeeding adolescent with a comfortable environment for nursing or pumping, appropriate time must be allotted for expression of breast milk (Bomberg Bar - Yam, 1993). The schools also need to provide a place where milk can be stored.

Many strategies have been instituted to some degree in many areas of the United States, but the fact still remains that many

adolescent mothers either do not initiate breastfeeding or stop shortly after discharge from the hospital following delivery.

Summary of Review

The World Health Organization, United Nations International Children's Educational Fund, and the Public Health Agenda for the year 2000 all strongly promote breast milk as the nutritional choice for infants. The United States government, as well as other countries, has renewed its interest in breastfeeding.

The low numbers of adolescent mothers who breastfeed are remarkable. Adolescents are the least likely to choose breastfeeding as their choice of infant feeding even though the psychological and emotional benefits of breastfeeding are well known. The literature, however, provides little information about the experiences of adolescent breastfeeding. The literature provides very little empiric guidance to those in a position to inform adolescents about where appropriate breastfeeding education may be found and how to encourage breastfeeding as the method of choice for infant feeding (Joffe & Radus, 1988). This study examined the breastfeeding experiences of two adolescent mothers and attempted to describe influences that encouraged them to continue to breastfeed.

Chapter III

Methodology

This study was designed to address the following question: What experiences influence a primipara adolescent mother to initiate breastfeeding in the hospital setting and continue after discharge?

Two participants were selected from the local hospital where approximately 500 births per year occur. The participants were primiparous, English-speaking adolescents between the ages of thirteen and nineteen, who chose to breastfeed, and initiated breastfeeding at the time of birth and continued during her hospital stay. Each participant lived in Walworth County and was selected during their postpartum periods. A random selection of participants were identified by the above criteria during a one-month period of time. The selection was made by contacting individuals and introducing the study. The first two that were contacted agreed to be participants. Consent for participation was obtained from the adolescent mother. Adolescent mothers may give consent because they are considered emancipated minors. However, both participants were nineteen, therefore age of consent was not an issue.

A qualitative research method was chosen for this study. This researcher wanted to fully understand the experiences the

adolescent mother had with breastfeeding and what influenced her to continue after her initiation. Qualitative research allows a researcher to enter into the real world of the study's participants to find understanding and gain knowledge from these experiences to help other adolescents with breastfeeding.

Data Gathering

This researcher contacted each participant by telephone and scheduled the interview to take place at a time that was convenient to the participant. The first interview took place in the adolescent's home and the second at the hospital's Lactation Center.

Both interviews were approximately one hour in length. The qualitative research process occurred throughout the interview with data collecting and analysis occurring simultaneously.

Data Collection

After each participant was selected and consent was obtained, the interviews were scheduled. An interview guide was used to assist with in-depth data gathering. The questions were designed to elicit participants' breastfeeding experiences. Interview questions were direct and open-ended to allow participants to discuss their breastfeeding experiences freely.

The interview guide included examples of probes to clarify the breastfeeding experiences and to obtain more specific information about nursing behaviors. Central to each interview

was knowing how and when to probe the participant for additional information. Each interview followed the same interview guide (Appendix A). The data obtained yielded rich descriptions of the phenomena of each participant's breastfeeding experiences.

Each interview was audio recorded with the permission of the participant. Audiotapes and written material will be secured at all times for confidentiality purposes. The interview took place in a comfortable, private environment. Every effort was made to discourage interruptions.

Each taped interview was transcribed verbatim. The researcher wrote field notes as needed. The interviews were transcribed by a reliable typist, who agreed to maintain confidentiality. The tapes and field notes will be kept for five years and then destroyed for protection of participants.

Observations were noted to indicate the expression of emotion, body language and facial expressions during each interview. Participants were told the researcher would be taking field notes in addition to being audiotaped. Field notes documented using few words not to distract from the interview. There was no identifying data on the field notes. Transcriptions were kept separate from the audiotapes. This is done to protect the identity of participants.

This interview process is called in-depth interviewing. The root of in-depth interviewing is the researchers interest in

understanding the experience of other people and the meaning they make of that experience (Seidman, 1998).

At each interview, the researcher looked and listened for clues to help translate information that helped in understanding phenomena that might have been previously incompletely described. Throughout the interview process, the researcher listened to each adolescent's breastfeeding experience while paying close attention to verbal and nonverbal communication.

Data Analysis

The data was analyzed using qualitative data analysis. Data collected during each interview was organized into themes. Qualitative data analysis required this researcher to become comfortable with developing categories and making comparisons and contrast utilizing the information obtained in the interview. The data analysis was conducted simultaneously with data collection, interpretation and narrative reporting in writing.

To analyze the data the researcher used a coding procedure. The five-step coding procedure reduces the information to themes. The researcher followed five steps to maintain a systematic process of analyzing textual data (Creswell, 1994).

During the first step the researcher read through the transcription and highlighted significant areas. Next, the information was reviewed and underlying meanings were jotted in

the margin. These first two steps were completed for both interviews. Then, a list of similar topics were developed. Grouping of topics that were related was completed to reduce the total list of categories to develop themes. The final decision for each category took place and the data was assembled to perform the analysis.

Validity and Reliability

A selected two-member team of lactation experts, a certified lactation consultant and a certified lactation specialist reviewed the interview transcripts to validate the validity and reliability of the interviewers. They validated themes and codes to minimize any distortion that may have occurred because of the interviewers' role in the interview.

Chapter IV

Findings of the Study

The research data was obtained through interviews conducted with two 19-year old breastfeeding adolescents during the post-partum period. The interviews were one hour in length and each subject was interviewed using a structured interview guide focusing on their breastfeeding experiences.

Description of Sample

The sample consisted of two Caucasian, primipara, nineteen year-old mothers who chose to breastfeed their infants. Both initiated breastfeeding immediately following an uncomplicated vaginal delivery. Each participant completed high school; with one enrolled in college and one employed outside the home at the time of the interview. One participant was married, the other single. Participants reported living with their spouse or significant other. Both participants reported growing up in two parent families where both parents were employed full time. Each participant reported two siblings. Participants reported financial and emotional support from spouse, significant other, parents and siblings. Participants each received much support from parents in the area of learning to parent. Each participant described support persons who were advocates of breastfeeding.

Themes

During data analysis four major themes emerged. The major themes to emerge from the interviews were: 1) self-motivation and personal decision-making for self, 2) support and encouragement from others, 3) confidence in breastfeeding skills and advice to others, 4) education.

Self-motivation and Decision Making

Participants were asked to describe what influenced their decision to breastfeed. Although both described positive and educated decision making processes, they came to their decisions differently. Prenatally, participant one stated the physician encouraged breastfeeding from the initial visit. The physician provided information and positive statements concerning the breastfeeding experience. Participant one denied previous exposure to breastfeeding but did "know" of some people who had breastfed. Participant one reported, "The doctor helped me out." She also reported, "she (the physician) was really for it. She (the physician) gave me a brochure and stuff to read about and then we went to our Lamaze classes and they, you know, they talk so much about your form, so I really wanted to do it." The second participant was asked when she made her decision to breastfeed, and she stated, "Let's see, I think when I initially went to the doctor. I know that it is better for the baby and it is obviously somewhat cheaper than buying formula. I guess

mostly because it is a lot better for the baby." This participant denied receiving any information or encouragement from her physician during her prenatal visits.

The participants described that an awareness to breastfeeding contributed to the decision to breastfeed. Participant one reported she did "know" of people who breastfed. She also knew her mother did not breastfeed but supports her decision to breastfeed. The mother's support of her decision to breastfeed offered her encouragement.

In contrast, the second participant reported being exposed to many examples of breastfeeding; her peers, own mother, and other relatives. These experiences were reported positively. "A friend of mine, I actually have a lot of friends who have kids now who breastfeed. A friend I am pretty close to, she breastfed for a year. Another friend that moved to Florida also breastfed." When asked if her mother breastfed she replied "I think so. I know that we have at least one Polaroid that my dad had taken right after I was born and I was attached to her chest so yeah, I know, I'm pretty sure she did."

Although in both cases the decision to breastfeed was reported by both participants to have been made during pregnancy, the realities of labor, delivery, and a hungry baby during the postpartum period could have impacted the decision. The learning period about breastfeeding takes time and

commitment. If participants were not already committed to breastfeed, the beginning difficulty might have changed their behavior. Nursing staff can help adolescent mothers past this difficult time. However, participant one reported that during the admission process the Registered Nurse who admitted her did ask her if she was a first time mother and asked about the choice of feeding. She (participant one) reported that even though she said she was breastfeeding she received no information about breastfeeding and no attempts were during her hospital stay to discover what knowledge she had regarding breastfeeding. Participant two's hospital experience was also similar. She reported the nurses were "too busy" to support and educate her about breastfeeding.

Each participant reported that friends and/or family tried to influence them negatively about breastfeeding. In fact, each participant reported the encouraged use of formula by family and friends. In both cases this took place even when family and friends knew the participants were breastfeeding. The first participant was indirectly introduced to formula because her sister was bottle-feeding at the same time she was breastfeeding. One participant reported my sister "pops a bottle whenever the baby cries, whereas I'm on a schedule so he cries when he is actually hungry." While they were encouraged to use bottles of formula both participants pumped their breasts

so they did not have to purchase formula. They both reported feeling good because they could exclusively use breastmilk.

The second participant anticipated the possibility of sharing a hospital room with another mother. If this mother had chosen to use formula and did so in the room, she felt it might have had a negative effect on her decision to breastfeed. "If I did not choose breastfeeding in the beginning, I guess I maybe wouldn't have chosen to breastfeed. It's that peer pressure thing or the other mom bottle-feeding; if I might have had trouble breastfeeding it would be easy to change."

Participant two reported she received information about breastfeeding through magazines, which did have positive articles about breastfeeding. Exposure to breastfeeding did not come from television and magazine ads, which she felt "are geared to the woman at home and not necessarily my age." Ads are "definitely diapers and baby things, not breastfeeding. I noticed that a lot more. Nothing about breastfeeding - that does not make money, never see ads for breast pads, pumps, etc."

Both participants gained knowledge related to the advantages and disadvantages of breastfeeding prior to their hospital admission. Their knowledge assisted them to make the decision to exclusively breastfeed. Each made adjustments in their lifestyle so the infants would receive breastmilk exclusively. Aside from breastmilk being readily available,

both discovered the financial benefit of breastfeeding as well. They reported that the reduced cost helped them to make the decision to breastfeed. This financial benefit also motivated them to rent electric breast pumps to assist them to meet their goals of breastfeeding exclusively.

Support and Encouragement from Others

These adolescent participants had strong role models to support their breastfeeding decision. Several studies report that the length and success of breastfeeding is related to positive role models, and these participants did continue longer because their role models were present. The most important influence reported was the supportive partner. In both cases, the fathers of each baby were strong supporters of breastfeeding and a powerful influence. The influence of the significant other on breastfeeding greatly determined not only the support for the decision to breastfeed, but to continue to breastfeed. The participants in this study reported they had received much support from their significant other in a variety of ways. Participant one reported that her husband helped out, "Like when I was having trouble the first week, he was trying to help get him (the baby) situated. He was really helpful. If I needed to feed him and I needed something while I was sitting on the couch he (husband) got what I needed to help."

Participant two stated her significant other also supported her decision to breastfeed. The infant sleeps with them on a regular basis. "If he (significant other) could breastfeed he probably would. He helps a lot." She stated he had to return to work, "but he would really like to be off another week to help."

Several researchers reported that a woman's perception of support of breastfeeding from her family positively influences the continuation of breastfeeding. The first participant reported her mother was fascinated with breastfeeding. This informant previously had given birth and chose to breastfeed, but did not continue. She reported her sister, "wanted to breastfeed, but quit; it was too hard for her." "She (my sister) thinks it's great that I can." In addition to family support, this participant reported she calls a friend that is also breastfeeding for information when she needs help.

Participant two reported she had friends who supported breastfeeding. "A friend of mine, I have actually a lot of friends who have kids now. One friend I am pretty close to breastfed for a year." She reported she had another friend, who now lives in Florida, breastfed for a long period of time. Friends that are experienced could give advice and helpful hints." She also reported that when her friends who breastfed are together, you can "learn lots of stuff from each other."

Previous research has shown adolescent mothers can be successful continuing to breastfeed when there is support and reinforcement of the message that breastfeeding is both acceptable and natural. In this study, both participants reported support and encouragement from the lactation consultants. These participants reported this support following their hospital discharge. Each participant reported the lactation consultant's support and knowledge of breastfeeding influenced their ability to continue to breastfeed. Participant one stated:

"Everything was going good, but the first couple of days were a problem. I ended up going back to the hospital (Lactation Center), because he could not get on my right side at all. So, then I went up there and talked to the consultant. She got me all situated with the shield and then I came home and that night I did not have to use a shield anymore. Ever since then he has just been going right along and I thought, 'Oh, that's good'".

This same participant talked about her first week of breastfeeding and stated she knew that if she needed support or resources, she would go to or call the hospital lactation consultant. The participant stated:

"She [consultant] called to see how things were going with breastfeeding and I told her the one side wasn't working out and she told me to come right up to the hospital and she would help me out and that's what I did. Some of the information was not the same as what the hospital nurses gave me."

Participant two was not informed about the Lactation Center by the hospital nursing staff. Her mother had encouraged her to seek out the center to rent a pump. She reported that when she arrived, conversation with the lactation consultant started with how things were going. It was at that time that she stated she had sore, cracked nipples. The lactation consultant helped by teaching her about nipple care, thus improving this situation. She also discussed other pertinent information and resources that encouraged her to be successful breastfeeding.

Confidence in Skills and Advise to Others

Both participants reported feeling uncomfortable breastfeeding in public. In fact, both participants reported they chose to pump their breasts for milk and store the milk for future needs. The participants reported they did not feel comfortable breastfeeding around other people. In fact, both reported their significant others did not like them breastfeeding in public. Both participants learned the skill of pumping in order to continue the best feeding practice and to be

comfortable in their surrounding environment at all times. Participant one is already planning on going back to work and continuing to breastfeed. "Well, I have already started storing milk, so I am going to thaw the milk out and send it along with the baby. Then at work, I am going to pump." To be successful with continuing breastfeeding, the participants needed to be very comfortable when pumping. Participant one has a private room at work to pump. Both participants had positive experiences breastfeeding and have continued to breastfeed after their initial hospital experiences. When asked if in future they would use this method of feeding, both participants reported it would be their decision to do so.

Both participants stated that their advice to new adolescents contemplating breastfeeding would be to just make it through the first week. "Just keep working at it; it does get easier, it really does." "I think once you get past that (first) week, yeah, I think you get the hang of it." These statements reinforced that after the first week breastfeeding gets easier. According to both participants, the first week is when basic breastfeeding skills are developed. After the basics are learned, advancement to develop pumping skills and other positions. "It gets much, much easier" the longer breastfeeding continues. The next step is to learn that breastfeeding is convenient and comfortable.

Both participants recommended that other adolescent mothers use prenatal education and the Lactation Center for support and encouragement. The consultants at the Lactation Center reinforced to all adolescent breastfeeding mothers, that when concerns arise, get help before the concern gets too large to handle.

Participants also reported that it was helpful knowing that they could return to the hospital for support at any time. "Gosh, I didn't know if I could go back to the hospital though or what, so when she called, she said, 'Yeah, come on in.' I'm, like, okay." Participant two, however, did not receive a follow-up phone call from the hospital and when asked if she received information about the services of the Lactation Consultants at discharge, she stated, "I think I may have her phone number somewhere; I just didn't look for it. I would call the doctor's office for help."

Research indicates when adolescent mothers are confident with their breastfeeding skills (self-efficacy) at 2 weeks they are more likely to be nursing at 10 weeks (Berenson, et al, 1998). At the time of the interview, both participants were confident of their skills and stated their infants were healthy and gaining weight. Participant one had breastfed longer than ten weeks and is continuing to breastfeed. Participant two was breastfeeding past six weeks.

Education

Both participants reported educational information was not consistently obtained or encouraged from health care providers. Participant one's physician was pro-breastfeeding and encouraged the decision. "She said she was really for it and gave me a brochure and stuff to read." She did take Lamaze classes that are not always taught by hospital nurses. Participant two did not receive any educational materials at her first physician visit or any other visit. She was not encouraged to take classes. She reported she, herself, sought out her own materials and educational resources.

When participant two was asked about retrieval of information, the response was, "I do have, like, two subscriptions to magazines that will help. And, my mother, she helps me and so does my friend, she seems to be pretty much a good expert." "Yeah, she (friend) asked me how it was going and she suggested, 'well, why don't you try this?' She was experienced and gave good advice." This participant offered this advice to health care providers:

"To make the advantages and disadvantages (of breastfeeding) clear, I guess there are not a lot of disadvantages. I am not sure why a lot of mothers do not breastfeed, but just make them more aware of how positive it is. Maybe also offer a breastfeeding prep

class that would really help. The magazine, American Baby, has some specifics about breastfeeding."

Also, participant two denied experience with breastfeeding education during her prenatal visits. The first time she obtained any information regarding breastfeeding from the health care provider was when she saw another physician who might be on call for her physician. At this visit a few things were mentioned in relation to getting ready for breastfeeding. Instead, she reported information was obtained from peers and various magazines. Her mother offered some information and resources.

In the delivery room after the birth the nurse confirmed breastfeeding and gave the infant to her to feed. Participant one's experience was: "I thought I was going to have problems at the hospital right away because after I had him, they were, like, you need to try and feed him." In response to the question, "Did they (the nurses) help you at all?", her response was, "No. They didn't. No she just said you need to feed him and then she left the room and this was when I was still in the delivery room, so I got him going and then he ate just for a short time and then he wasn't hungry. I (participant) think she (the nurse) probably did say, 'If you need any help put your light on'."

She described her hospital experience as, "I really did not see consistent caregivers, there were two that took care of me, kind of exclusively even though they were not specifically my nurse, or whatever. It took them a long time to answer the light. They were either really busy or just helping others with deliveries, babies and stuff." At her discharge, "I mean they didn't tell me a whole lot. They didn't talk about breastfeeding a lot. I mean they were not there much, I could have asked, actually talked to the nurse again about breastfeeding, besides the nurses were just so busy!"

During the postpartum hospitalization, breastfeeding education was reported as inconsistent among the nurses. The nurses seemed "too busy". Both participants reported that the nurses did not spend time with them to support their breastfeeding decision. The participants reported the lactation consultants provided positive support and consistent information at the hospital and when the participants visited the consultants after discharge.

Another concern stated was office nurses were not well educated about breastfeeding. Participant one reported, "The clinic on the other hand, the lady I called before the hospital called to check up on me, she was not familiar with breastfeeding at all. Yeah, she said to call back later, 'I'm sorry I am not much help to you'. "I was glad the hospital

called (the lactation consultant). I think the nurses should know about breastfeeding."

Summary of Findings

Both participants elected to breastfeed. This decision was made by their own accord. Their self-motivation and determination with the positive experiences they encountered encouraged them to continue. They both experienced support and encouragement from family and friends, which encouraged them to be successful. The longer they breastfed, they experienced a growing confidence level in their skills, which gave them self-satisfaction of their goal to exclusively give their infant breastmilk.

Their educational experience was not consistent with health care providers. Therefore, their education resources were self-sought, using magazines and advice from family and friends. Neither knew the main resource, which is the Lactation Center, until after their delivery.

Both had a positive experience using the lactation consultants for resources, support, and encouragement. The participant's experience with the consultants encouraged them to continue.

Chapter V

Summary, Conclusion, Look to the Future

The United States, as well as other countries, has renewed its interest in breastfeeding. The World Health Organization, UNICEF, and the Public Health Agenda for the year 2000 all strongly promote breastmilk as the nutritional choice for babies up to one year of age.

In this study, the participant's exposure and experience with breast-fed infants, breastfeeding, breastfeeding education and resources, which are the key elements most often reported in the literature by adolescents who have been successful in breastfeeding, were limited to both participants.

Although changes have been made to positively influence the adolescent mother to breastfeed and reduce negative societal influences, there does not seem to be an increase in the number of adolescent mothers who choose to breastfeed.

The review of literature did not yield any sources that described the breastfeeding experience from the adolescent mother's perspective. It did, however, have ample information about factors leading to successful breastfeeding of the adult. There were no studies found which investigated the adolescent decision or continuation of breastfeeding.

The purpose of this study was to investigate the adolescent mother's experiences that influence her to continue to breastfeed after initiation.

This study was a beginning study investigating the adolescent experience of breastfeeding. In this study, the adolescent mother was successful with breastfeeding when there was intrinsic motivation from within, along with support and encouragement from others present during the learning process and beyond.

These two phenomena provided her with the confidence and skill she needed to seek assistance and education to be successful at breastfeeding. From within, both participants made the decision to breastfeed using the belief that breastmilk was the best for their baby, financially cost effective, and was convenient. This was their drive to be successful at breastfeeding.

Encouragement and support during the learning process came to these participants from their mothers, friends and their significant others. Another source of support and encouragement came from the lactation consultants. Both participants reported this resource to be very beneficial.

The findings show participant one had breastfed longer than ten weeks and was continuing. Participant two was past six weeks at the time of the study and continuing. These findings

were supported by Grossman's (1990) study showing mother's positive experiences with breastfeeding will influence her to continue longer.

The findings of this study reported the helpfulness of the postnatal hospital follow-up phone assessment to be made by the lactation consultants. Participants feel this is a way to offer support and give reassurance of their skills.

Both participants also voiced a need for education and resources provided to them. Because of their intent to be successful, the participants sought information on breastfeeding from friends and magazines. These participants received very little information from their physicians, office nurses, or hospital staff.

Breastfeeding education is important to promote and support their decision to successfully breastfeed. The participants used the information provided to promote the duration of breastfeeding. The information added to their knowledge base, and incorporated new knowledge to assist and support their skills; thereby building confidence. Consistent, accurate information removes the myths that may come forth while reinforcing the positive skills and results in both participants continuing to breastfeed.

In this study the participants had positive attitudes toward breastfeeding. These positive attitudes toward

breastfeeding, with the components of being the best feeding for their baby, and the financial savings, were the dominant determinants for their intention to continue to breastfeed after the initiation. The participants have adapted to the social pressures by not breastfeeding in an environment they are uncomfortable in. This finding is consistent with Bromberg Bar-Yam's (1993) study where she found that if the mother is embarrassed with breastfeeding in public, she will seek privacy.

The findings of this study also show the formula companies were not successful in influencing these participants to use formula by enticing them with free products. Both participants made the decision to exclusively breastfeed.

Exclusively breastfeeding is a concept that most adolescents can't understand. This concept is described in terms of confidence in one's ability to perform breastfeeding successfully. The participants did accomplish their chosen task. They were able to breastfeed exclusively. Both participants overcame the difficulties of breastfeeding the first week. They built their confidence to carry out their intentions to breastfeed exclusively. This confidence is continuing and these findings show the duration of their breastfeeding is being maintained just as Grossman's 1990 study found.

Validity and Reliability

The lactation consultant's review of interviews and this researcher's analysis were done to validate the accuracy of the research presented. The lactation consultants found the following:

In my experience as an International Board Certified Lactation Consultant, I have seen many adolescent mothers. I believe the research analysis of breastfeeding experiences for this population to be accurate. I have identified areas of strong need to be: 1) prenatal education on the benefits of breastfeeding, 2) support and education of technique during the immediate postpartum period, 3) ongoing support after discharge.

Teens often feel uncomfortable in group settings with older, married couples, so support and education needs to be geared specifically for them. Because support from their significant other and parents are so crucial, we need to encourage participation by them also.

By providing adequate age-appropriate pre-natal education we can also enhance the teen mothers self-confidence in the decision-making process. By taking the information provided by the research we can

improve early education so that teens will know that breast milk provides the best possible nutrition for their baby, health benefits for mom and baby, and with proper support and guidance, is easy to do.

Once the teen mother and her support people are well educated on these topics and given ongoing support and education, the decision not only to initiate breastfeeding, but also to continue for six months or longer will be easier and chosen more often. It is also clear that support needs to come from more than one source and that education needs to be provided in physician offices and schools as well as the hospital.

The conclusion that adolescents will continue to breastfeed when intent, support and confidence in skills are present is true for all mothers. However, since teens are still in the process of establishing their own identity and are less likely to have a knowledgeable significant other, the education needs to start earlier and the support needs to be present continually. Adolescents must know where to go for assistance and feel comfortable asking for that help. For many it may still be easier to give up than to ask for assistance, initiating early contact needs to come

from the Lactation Center to make the new mom feel more comfortable and know that someone really cares about her and her baby. The researcher's interviews with adolescent mothers are accurate and support the conclusions made.

Theory of Reasoned Action

In this study, adolescent experiences with breastfeeding that encouraged them to continue were comprised of four themes: 1) motive, 2) significant support and encouragement from others, 3) confidence in their skills, and 4) education. The four themes were consistent with the theory of reasoned action described by the participant's predictions and intentions and motives to breastfeed. This behavior follows the social learning theory, which suggests behavior is determined by four factors: cognitive processes, incentives and reinforcers, social modeling, and self-efficacy. These factors were determined to be relevant to breastfeeding. The cognitive processes are the participant's general attitude, knowledge, beliefs, and prior breastfeeding experience. Both participants portrayed a positive attitude toward being successful with this skill. They sought out the knowledge and resources needed to become successful. They believe breastmilk is best for their baby. This is a positive process for them, therefore, it significantly influenced their decision to continue to breastfeed. They made

these decisions quite rationally and used the systematic information given to them.

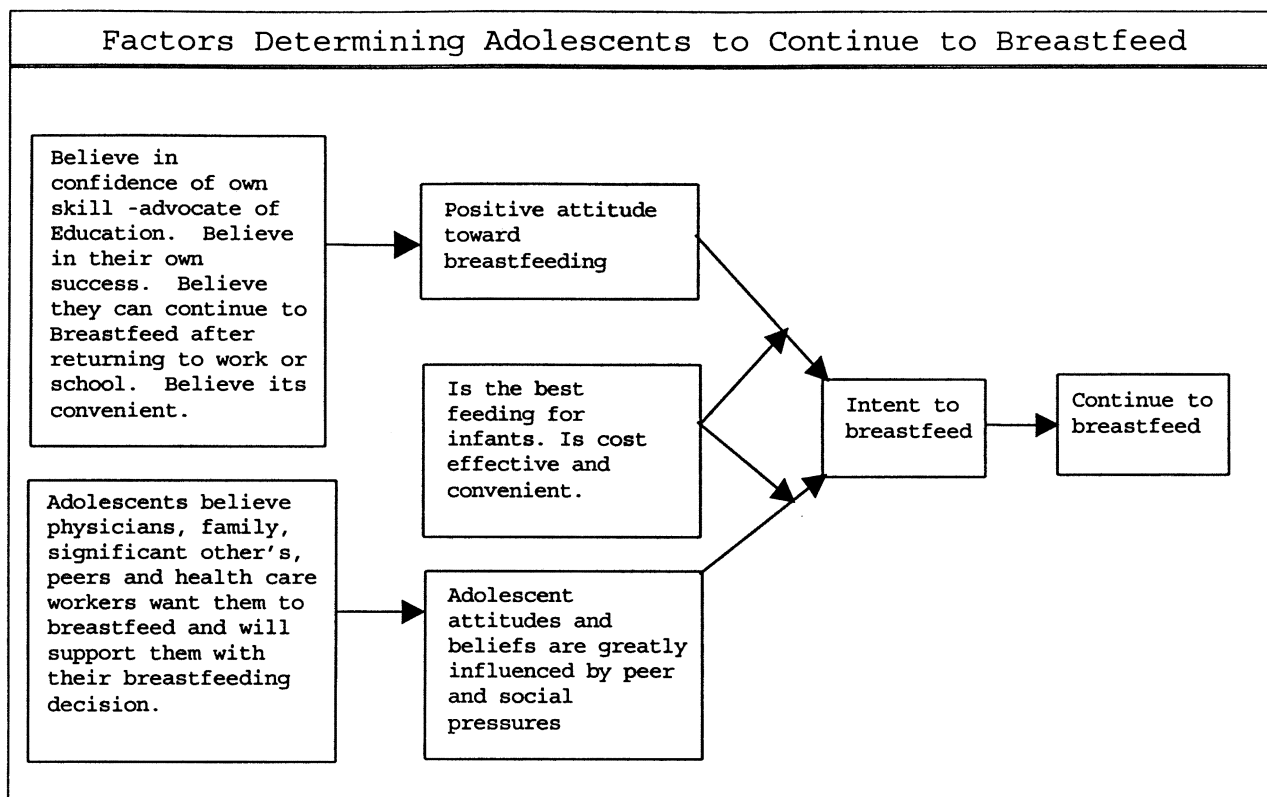
The findings of this study were compared to Grossman, et. al. (1990) study. This study finds higher percentages. This may be because of the limited number of participants in the study.

Mothers' Experiences with Breast-Feeding	Grossman et al (1990)	Behrens (1999)
Positive Aspects of Nursing		
Feeling of closeness Between mother and child	83%	100%
Convenience of breast-feeding	82%	100%
Breast milk is best for baby	45%	100%
Negative Aspects of Nursing		
Nipple/Breast problems (e.g., engorgement, sore nipples, etc.)	41%	100%
Mother felt "tied down"	22%	0%
Insufficient milk supply	16%	0%
Mother alone bore responsibility for baby care	15%	0%

Grossman, et. al (1990)

Both participants considered the advantages and disadvantages to breastfeeding before they made their decision. Once the decision was made to breastfeed their intent and motive was to follow through. Both participants confirmed they made the decision to breastfeed exclusively and reported in their terms they were successful.

Using the theory of reasoned action the figure below demonstrates the behavior of the participants of this study.



Behrens, 1999

When the data was viewed in relation to the theory it became apparent that strong influence of attitude and skill of the adolescent herself and the strong support of those she viewed as her support system helped her overcome any negative environmental influences. In this study the negative influences were: 1) lack of support from health care providers, 2) lack of education and support during intrapartal and immediate post partem hospital stay, 3) the society's belief that bottle feeding is the norm. The participants were able to overcome these negative influences by using the beliefs they had.

Limitations

This study had two limitations: the first was that while the study was about adolescents, ages 13 - 19, both participants of this study were 19 years of age. These participants may not be typical of younger adolescents. In addition, the study was questionable as only two homogenous participants were interviewed. Data may be different from a larger and more ethnically and age diverse sample.

Future Research

Based on the results of this study, more research is needed to further define and describe adolescent breastfeeders. Those who experience a strong belief system of self and strong support systems leads to success with breastfeeding. Future research needs to look at why these support systems are not in place for adolescents. Information and education needs to be readily available for the adolescent. Research projects could seek out data of why breastfeeding data is not available and offer recommendations. Education that is currently available is not aimed toward adolescents, and future research could seek to find out how we can make it available to them.

Infant feeding practices need to change to provide more appropriate nutrition for the infant, i.e., breastfeeding. Adolescent mothers not only need external support and education; they need a belief in themselves.

Conclusion

In this study both participants were aware that breastmilk was the best food for their child and both initiated breastfeeding immediately after birth. Both participants had difficulty with breastfeeding during the first week. Both participants sought the information and resources they needed. They were the driving force; they were the determined ones.

The theory of reasoned action helped to explain the data obtained in this study. Behavioral action was ultimately the result of held beliefs. The theory is based on the assumptions that human beings are quite rational and make systematic use of the information available to them. These participants did consider the implications of breastfeeding before they decided to engage in the practice. They were successful, by their definition, because of their motive and intent to be successful.

Adolescents who continued to breastfeed had the intent and the support, which gave them the motivation to seek the education and resources needed to be successful.

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Appendix A
Interview Guide

Interview Guide

History

1. What can you tell me about your decision to breastfeed your baby?
2. Describe why you think breastfeeding is better for your baby?
3. Describe why you think breastfeeding benefits you?
4. What exposure to breastfeeding did you have growing up in Walworth County?

Experience

1. What do you like most about breastfeeding?
2. What do you dislike most about breastfeeding?
3. Can you tell me where you get the resources you need to help support you with breastfeeding?
4. What types of information did you receive about breastfeeding before you started?
5. Describe your hospital experience with the initiation of breastfeeding.
6. How will breastfeeding change your routine when you return to work / school?
7. Describe how breastfeeding changed your relationships with your peers and family.
8. Describe how breastfeeding affects your relationship with the father of the baby?

9. How does breastfeeding relate to your relationship with your infant?

Reflection

1. Describe what it is like for you to breastfeed your baby.
2. What does it mean to you to successfully breastfeed?
3. What do you think influenced you the most to continue to breastfeed?
4. What advice could you offer to another teen mother about breastfeeding?
5. What advice could you offer health care professionals about breastfeeding?

Appendix B
Protocol Submission Form

St. Luke's Medical Center
Milwaukee, Wisconsin
Research Committee

PROTOCOL SUBMISSION
FORM

Note: All questions must be answered. PLEASE TYPE

Title of Protocol: Breastfeeding - Experiences that Influence
a Teenage Mother to Continue.

Study Sponsor: None

Phone number of Study Sponsor: N/A

Principal Investigator: Sharon E. Behrens, RN, BSN

Co-Investigators: N/A

Protocol approval is being sought for which locations:

St. Luke's Medical Center	YES	NO <u>X</u>	St. Luke's Shouth Shore	YES	NO <u>X</u>
West Allis	YES	NO <u>X</u>	Burlington	YES	NO <u>X</u>
Hartford	YES	NO <u>X</u>	Lakeland	YES <u>X</u>	NO <u>X</u>

SPECIFIC LOCATION OF STUDY: Provide the specific name of the hospital, clinic, office from which subjects will be recruited and where the research will take place:

Lakeland Medical Center will provide names of discharged patients

that meet study criteria. Interviews will take place outside LMC.

Will the study involve (circle) INPATIENT OUTPATIENTS BOTH

How will the study be funded: N/A

Is this an FDA approved study: YES _____ NO X

Does this study require an IND Number: YES _____ NO X IND # _____

Who holds the IND# Study sponsor _____ or Principal Investigator _____

Does this study require and IDE number:-- YES _____ NO X IDE # _____

Who holds the IDE# Study sponsor _____ or Principal Investigator _____

WHAT IS THE IDE # _____ Is this a Category A _____ or B _____ device. If you don't know, contact the study sponsor.

If the study DOES NOT REQUIRE AN IND OR IDE#, please indicate in a cover letter submitted with the protocol. The fact that the study involves the use of an FDA approved drug or device does not automatically exempt if from IND or IDE requirements. Also, if the sponsor has determined that the protocol is a Non-Significant Risk study, assure that you provide a copy of the sponsor's rationale that the study qualifies for NSF status.

Name and telephone number of Study Coordinator or person who will be responsible for the documentation associated with the protocol, consent form, amendments, revisions, etc.:

NAME/TITLE/PHONE NUMBER: Sharon E. Behrens, RN, BSN

W3985 County Road NN

Elkhorn, Wisconsin 53121-1002

PROTOCOL SYNOPSIS

Breastfeeding - Experiences That Influence a Teenage Mother to Continue

Sharon Behrens, RN, BSN

DESCRIPTION

The literature reports that society, in general, does not support breastfeeding in a positive way, resulting in a huge negative impact on the teen's decision to breastfeed. Many changes have been made that positively influence the teen to breastfeed and reduce negative societal influences. There does not seem to be an increase in the number of teen moms who breastfeed. The review of the literature did not have any sources that described the breastfeeding experience from the teen mother's perspective. This study is a course requirement for the master's thesis at Cardinal Stritch University.

I chose to study the primipara teenage mother in a rural community to further understand a teen's success with breastfeeding. With the findings, other teens will be offered support needed and redesign of educational materials to promote successful breastfeeding experiences.

The teachings for breastfeeding are standards for all age groups. Adolescent mothers are often not as successful with breastfeeding as the more mature adult is. Researching the experiences from the teen perspective may offer new ideas for support and education.

DURATION

Duration of entire study is not more than 18 months. Subject's participation is only the two hour interview. There will be approximately two to three participants that are affiliated with Lakeland Medical Center only because they delivered their infants there. There will be no use of an investigational device.

SUBJECT SELECTION

Participants will be selected from Lakeland Medical Center's discharged primipara breastfeeding mothers between the ages of 13 and 17. The teen initiated breastfeeding

during her hospital stay and is at least four weeks post-partum. Participants will be in well physical and mental health, of any ethnic group.

PROCEDURE

Qualitative study process will be used. Data collection will be semi-structured interviews and observation of the interview. The data will be analyzed to show themes, sub-themes, or patterns that may emerge.

POTENTIAL RISK

There will be minimal to no risk, as the semi-structured interview and observation will be only data collection. The highest level of confidentiality will be maintained.

POTENTIAL BENEFITS

Perspective from the teen breastfeeding experience is providing needed data about a population that is not well understood in terms of breastfeeding. The analysis may yield information to include, expand, or delete in current breastfeeding educational materials. Provide more insight for health care professionals who have never experienced a breastfeeding teen mother.

COST

None. Master's project for Cardinal Stritch University student Sharon E Behrens, RN, BSN.

Lakeland Medical Center

Elkhorn, Wisconsin

Date: _____

PATIENT INFORMED CONSENT TO PARTICIPATE IN A RESEARCH STUDY

Breastfeeding Experiences
That Influence a Teenage Mother to Continue

Sharon E. Behrens, RN, BSN

Patient Name: _____ MRU# _____

BACKGROUND

Society in general sometimes does not support breastfeeding in a positive way, resulting in possible negative impact on the adolescent's decision to breastfeed. Many changes have been made that positively influence the teen to breastfeed and reduce negative societal influences. However, there does not seem to be an increase in the number of teen moms who breastfeed. The review of literatures did not reveal any sources that described the breastfeeding experiences from the teen mother's perspective.

PURPOSE

The findings from the study will begin to describe the breastfeeding experiences from the rural primipara adolescent mother's perspective. These findings will promote an understanding of the success or failures a teen has with breastfeeding. This new knowledge will be used to support and educate other teens to help with a successful breastfeeding experience.

PROCEDURE

Teenage mothers are emancipated minors by law and can make decisions for themselves and their infant. Permission will be obtained from you and your parent to participate in this study.

A qualitative study method will be used. The data collection will be semi-structured interviews and observations from the interview. The data will be analyzed

to show themes, sub-themes, or patterns that may emerge. The total interview time will be approximately two hours.

There will be 2-3 participants in this study all will be affiliated with Lakeland Medical Center, Elkhorn, Wisconsin. The research will be completed within an 18-month period.

RISK

The risks to the informants are minimal to none, as the semi-structure interview and observation of the interview is the only source of data collected. The information obtained will be used only for the purpose of this project.

BENEFITS

The benefit of participating in this study is being able to share your experiences breastfeeding and knowing the information that is obtained may be useful and helpful to others in the future. By participating in this research study, there is no direct payment to you or any other forms of remuneration.

ALTERNATIVES

The "alternative" to participating in the research study being presented to the subject is "not to participate".

CONFIDENTIALITY

Any information obtained from this study will remain confidential. The principal investigator and designees, Cardinal Stritch University Thesis Committee, as well as the Research Committee of the Saint Luke's Medical Center will have access to this information, but personal identifying information will be deleted or changed.

Scientific data or medical information not identifiable with you resulting from your participation in this study may be presented at meetings and published so that the information can be useful to others.

COST

You will not be compensated in any way for participating in the study.

VOLUNTARY PARTICIPATION AND WITHDRAWAL

Your participation in this study is entirely voluntary. If you decide not to participate, that decision would in no way affect any Lakeland Medical Center's resources available to you. If you decide to participate, you are free to withdraw at any time. Your withdrawal would not in any way affect the nature of care or treatment that is otherwise available to you. By agreeing to participate in this study, you do not give up any of your legal rights.

QUESTIONS

If you have any questions, now or in the future, you may contact Sharon Behrens at (262) 741-2351 (office number), or you may page at (262) 741-2000 (hospital operator).

If you have any questions about your rights as a research subject, you may contact Saint Luke's Medical Center Research Office at (414) 649-7743.

Consent to participate in the study titled
Breastfeeding - Experiences
That Influence a Teenage Mother to Continue
Sharon E. Behrens, RN, BSN

PHYSICIAN'S STATEMENT

I have fully explained the methods, inconveniences, risks, and possible benefits associated with this research study. I have fully explained the study and identified those parts that are investigational.

Signature of Principal Investigator or Designee Date

PATIENT'S ACKNOWLEDGEMENT

Before giving my consent, the entire procedure, risks, and possible benefits have been explained to me. I have had all my questions answered, but I also know that I may ask questions at any time.

Signature of Patient Date

Witness Date

OR

LEGALLY AUTHORIZED REPRESENTATIVE OR COURT-APPOINTED GUARDIAN OR HEALTH CARE AGENT under the patient's Durable Power of Attorney. If Health Care Agent, please attach an executed copy of Durable Power of Attorney.

Print Name and Relationship to Patient Date

Witness Date

YOU WILL BE GIVEN A COPY OF THIS CONSENT DOCUMENT

received
7/22/99

To: Institutional Review Board
From: Sharon Behrens, BSN
Re: Proposal for Student Research; Nursing 526
Date: May 2, 1999

As part of the course requirements for Nursing 526 (Nursing Research), I am required to design and conduct a research project as part of my thesis. My project will involve one, possibly two teenage breastfeeding subjects from a rural area posing minimal risk.

Accordingly, I have prepared Part 1 of the Human Subjects Review Protocol (according to the published guidelines), and the Human Participants Review Protocol, Part 2. My research is appropriate for "exempt" review, it involves interview procedures and the participant's rights to confidentiality will be protected. The cooperative agreement from Lakeland Medical Center, Elkhorn, Wisconsin, is also enclosed. Finally, a copy of the consent form to be used. There is no funding agency supporting this research.

Please review the enclosed materials and contact me if you have any questions

(414) 741-2351, W6918 Sheridan Road, Elkhorn, Wisconsin, 53121.

Thank you. *Sharon Behrens BSN*

Sharon Behrens, Clinical Director
Lakeland Medical Center
W3985 County Road NN
P.O. Box 1002
Elkhorn, WI 53121-1002

**Cardinal Stritch University
Human Subjects Review Protocol Part I**

1. **Principal Investigator:** Sharon Behrens, BSN, Student enrolled in Master's Program, Cardinal Stritch University Class, Nursing Research 526.

Course Instructor: Lea Monahan, PhD, RN
College of Nursing
Cardinal Stritch University
6801 North Yates Road
Milwaukee, WI 53217
414-762-4244
2. **Project Title:** Breastfeeding – Why do Primipara Teenage Mothers Not Continue After Initiation

Funding Source: None

Time Period for Project: June 1, 1999 to December 1, 1999

Application Date: May 2, 1999
3. **Brief Description of Project:** A course requirement for the master's thesis at Cardinal Stritch University. I chose to study a primipara teenage mother in a rural community to further my understanding of why some are successful so this researcher can design educational materials to promote breastfeeding in teens.

I will be doing a qualitative study. The data collection will be semi-structured interviews and observation of a teen mother. A review of the rural community related to history of breastfeeding will also be done. There will be the highest level of confidentiality with this study.
4. **Protected Populations:** Participants will be teenage breastfeeding mothers. Teenage mothers are emancipated minors by law and can make decisions for themselves and their infant. Permission will be obtained from participants and their parent.

5. Determination of Risk: This project poses minimal risk to the teenagers, as the semi-structured interview and observation of interview will be the only source of data collection from them. Further, the information obtained will be used only for the purpose of this project. The teenager will not be identified.
6. Lakeland Medical Center IRB Procedure: This researcher will submit the written proposal of this project and a copy of the patient consent form to Lakeland Medical Center Administration, the IPATE Committee, and the chairperson of the Ethics Committee for approval.
7. Assurance: I have read the statement of Cardinal Stritch University regarding research and procedures to be followed, including the obligation to obtain informed consent from subjects and I (and my students) will comply.

Signed: _____
Course Instructor Date

**Cardinal Stritch University
Human Participants Review Protocol (HPRP) Part I**

1. Principal Investigator Sharon Behrens, RN, BSN
Address: W6918 Sheridan Road
City: Elkhorn State: WI Zip: 53121 Phone: 414-741-2351
Department: Women and Infant Care Services
Rank: Director
Other Investigator(s) or Major Advisor: Lea Monahan, PhD, RN
Address: Cardinal Stritch University, 6801 N. Yates Road
City: Milwaukee State: WI Zip: 53217 Phone: 414-410-4402
Department: Nursing
Rank: Associate Professor

Project Title: Breastfeeding – Why do Primipara Teenage Mothers Not Continue
After Initiation

Funding Source: None

Time Period for Project: June 1, 1999 to December 1, 1999

Application Date: May 2, 1999

3. Brief Description of Project (attachment).

4. Protected Populations and Sensitive Topics.

Brief description of population is a teenage girl that is breastfeeding. She is an emancipated minor by law and can make decisions for herself and her infant.

Does the project involve any of the following protected population and/or sensitive topics? Check all that apply.

Minors (up to 18 years) Mentally Retarded Prisoners
 Pregnant Women Persons with developmental disabilities
 Illegal Behavior Older people (65 & over) Any individual who might not be capable of making an informed decision concerning participation.

Using participants from any of the above categories requires permission of HPRPII (attached).

5. This study is of "Minimal risk" which means that the risk of harm anticipated in the proposed research is not greater, considering probability and magnitude, than those ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or tests.

In the opinion of the principal investigator, the project:

involves minimal risk as defined above.

involves significant risk or deception.

is exempt.

is not exempt.

requires IRB review.

does not require IRB review.

6. Eight (8) copies of the protocol(s), HPRP I or HPRP II if needed, are to be submitted to the IRB office (RB 211), c/o Department of Psychology, Box 102.

7. Principal Investigator Assurance:

I have read the statement of Cardinal Stritch University regarding research and procedures to be followed, including the obligation to obtain informed consent from participants, and I will comply.

Signed Sharon Behrens
Principal Investigator

Date 6/9/99

Signed _____
Major Advisor

Date _____

Action: Subcommittee: Approved to proceed Needs IRB review

Signed _____

Date _____

IRB Approved to proceed Needs IRB review

Signed _____

Date _____

**Cardinal Stritch University
Human Participants Review Protocol (HPRP) Part II**

I. Participants

- A. Participants will be a female teenager that is breastfeeding. Any ethnic group will be considered. The participant will be in well physical and mental health. The participant will be affiliated with Lakeland Medical Center in Elkhorn, Wisconsin. This is the hospital where they delivered their baby.**
- B. The nature of this project is to describe why some teenagers are successful with breastfeeding. A “nonprotected” adult’s breastfeeding success rates are considerably higher than that of a teenager. At the present time, vast numbers of teens do not initiate breastfeeding or switch to bottle feeding soon after postpartum discharge. The objective for the Public Health agenda for the year 2000, is to increase breastfeeding to 75% or greater the mothers who exclusively or partially breastfeed. The World Health Organization recommends an optimal period for exclusive breastfeeding of six months. The American Academy of Pediatrics encourages breastfeeding among adolescents. According to the Women, Infant and Children (WIC) program, breastfeeding is the best feeding method. Research shows that adult mothers initiate and continue breastfeeding at a much higher rate than teen mothers.**

II. Procedures

- A. The selected participant, with her consent, will become a part of the qualitative research study. The data will be collected through observation and semi-structured interview. The questions to be used as a guide are attached. The data will be analyzed to show this researcher themes, subthemes, or patterns that may emerge. These will be presented in the study findings. This will be done with the full permission of the participant. Every measure will be taken to respect the confidentiality of the participant.**

III. Risk

This research involves minimal or no risk to the participant. The research is data gathering through structure interviews and literature review.

IV. Benefits

The benefits of this study are many and include gathering much needed data about a population that is not well understood in terms of breastfeeding. The analysis of data may yield information to include, expand, or delete in current breastfeeding

educational materials for teen mothers. It will help provide insight into a teenager's perspective of breastfeeding for health care professionals who have never experienced teen pregnancy.

V. Confidentiality

- A. The information obtained from the participants will be used strictly for this thesis.
- B. The thesis will be published for the use of Cardinal Stritch University
- C. The data will be stored in a locked file cabinet when not being used. Written data and taped data will be stored separately.
- D. Data will be recorded and presented in such a way that no participants will be identifiable.

VI. Informed Consent

Attached is the consent form. Each participant will sign two copies of the informed consent form; one to be returned to the participant, one to be returned to the researchers and kept filed with the research for a period of not less than three years.

VII. Cooperating Institutions

- A. See attached research agreement from Lakeland Medical Center, Elkhorn, Wisconsin.
- B. Authorization/consent form is also attached.

VIII. Summary of Test or Instruments Used in Preliminary Screening of Participants

This research proposal will go to the IRB board and the Lakeland Medical Center's IPATE Committee for approval in May 1999, and the research project will begin.

Patient charts will be assessed at Lakeland Medical Center to find a participant that meets the research study's criteria. This will be completed by June 1, 1999. The participant will be asked, in person, if she will volunteer for the research. The interviews will begin in June, utilizing the guide attached. The interviews will be completed by July 30, 1999. After this date if any questions arise during the analysis of the data, the participant will be contacted for permission of a short phone call or visit.

Interview Guide

Life History

Research Question

Why do Primipara teenage mothers stop breastfeeding after initiating it in the hospital setting?

Why did this primipara teenage mother choose to initiate breastfeeding?

Is this teenager of Walworth County prepared to successfully breastfeed her infant?

How long does this teenager that initiated breastfeeding in the hospital plan to continue to breastfeed after hospital discharge?

Is the breastfeeding support resources of the county easily accessible to this teenage breastfeeding mother?

Interview Guide

History

1. Tell me about your decision to breastfeed your baby.
2. Why did you choose to initiate breastfeeding?
3. Tell me why you think breastfeeding is better for your baby?
4. Describe why you think breastfeeding benefits you?
5. What do people think of your breastfeeding?

Experience

1. What did you like most about breastfeeding? Why?
2. What do you dislike most about breastfeeding? Why?
3. Who helps you with your breastfeeding needs?
4. Do you feel you were prepared to successfully breastfeed?
5. What changes occurred in your life due to breastfeeding?
6. How will breastfeeding change your routine when you return to work / school?
7. Describe how breastfeeding changed your relationships with your peers and family.
8. Describe how breastfeeding affects your relationship with the father of the baby?

Reflection

1. Why do you think teenage mothers stop breastfeeding after initiating in the hospital?
2. How long do you plan to continue to breastfeed your baby?

3. What do you think influenced you the most to continue to breastfeed?
4. Describe the breastfeeding support resources that are accessible to you.
5. If you could offer advice to another teen mother about breastfeeding, what would you advice would you give her?
6. If you could go back and tell health professionals how to help you to continue to breastfeed what would you say?
7. Describe what it is like to breastfeed an infant.

Consent Form

Dear Teen Mother,

Sharon Behrens, BSN, is conducting a research project to study Breastfeeding – Why Do Primipara Teenage Mothers Not Continue After Initiation? This study is designed to help health care workers understand how teen mothers, like you, breastfeed their infants. The results of this study will be to make educational materials to help other teen mother's breastfeed their baby. The information will be gathered in private one-to-one interviews and taped so that nothing you say is forgotten. Anything you say will not be shared except in a general way with other health care workers and your name will never be used. After the study is completed all the written information and any tapes will be kept in a locked file for three years and then destroyed.

Participation in this study is strictly voluntary. There is no risk to you or your baby. You may decide not to continue at any time. If you do, nothing will happen to you or your baby or any care you receive now or in the future at the medical center. While there are no immediate benefits that can be expected by participating in this study, the information derived may be useful scientifically and helpful to others.

All information will be confidential and the results will not be released in any way that could identify the participant in this research.

If you have any questions regarding this research, please call or write:

Lea Monahan, PhD, RN
Department of Nursing, Cardinal Stritch University
6801 N. Yates Road, Milwaukee, WI 53217
(414) 410-4402

If you have any questions or complaints about your treatment as a participant in this study, please call or write:

Dr. Asuncion Austria, Ph.D., Chair
Institutional Review Board, Cardinal Stritch University
6801 N. Yates Road, Milwaukee, WI 53217
(414) 410-4471

If you have any questions regarding this use, please call or write the principal investigator: Sharon Behrens, RN, BSN, W6918 Sheridan Road, Elkhorn, Wisconsin 53121, Phone (414)741-2351.

I have received an explanation of the study and permit my child/dependent to participate in the study.

Name of Minor Child/Dependent

Signature of Child

Signature of Parent or Legally
Authorized Representative

Date

Researcher's Name

Date

This research has been approved by Cardinal Stritch University Institutional Review Board for the Protection of Human Participants.

Appendix C
Consent Form

Consent Form

Dear Teen Mother,

Sharon Behrens, BSN, is conducting a research project to study Breastfeeding – Why Do Primipara Teenage Mothers Not Continue After Initiation? This study is designed to help health care workers understand how teen mothers, like you, breastfeed their infants. The results of this study will be to make educational materials to help other teen mother's breastfeed their baby. The information will be gathered in private one-to-one interviews and taped so that nothing you say is forgotten. Anything you say will not be shared except in a general way with other health care workers and your name will never be used. After the study is completed all the written information and any tapes will be given to you or destroyed.

Participation in this study is strictly voluntary. There is no risk to you or your baby. You may decide not to continue at any time. If you do, nothing will happen to you or your baby or any care you receive now or in the future at the medical center.

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6801 N. Yates Road, Milwaukee, WI 53217
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Institutional Review Board, Cardinal Stritch University
6801 N. Yates Road, Milwaukee, WI 53217
(414) 410-4471

I have received an explanation of the study and permit my child/dependent to participate in the study.

Name of Minor Child/Dependent

Signature of Child

Signature of Parent or Legally
Authorized Representative

Date

Researcher's Name

Date

This research has been approved by Cardinal Stritch University Institutional Review Board for the Protection of Human Participants.

Appendix D

IRB Response Form

Cardinal Stritch University

IRB RESPONSE FORM

Title: Breastfeeding - Why do Primipara Teenage Mothers Not Continue After Initiation

Principal Investigator: Behrens, Sharon

Co-Investigator:

Faculty Advisor: Dr. Lea Monahan

New Submission:

Resubmission: X

Date of IRB Action: May 27, 1999

IRB Action _____ Exempt No(s)

 X (1) Approved

 _____ (2) Disapproved

 _____ (3) Deferred

 _____ (4) Expedited

 _____ (5) Conditional Approval

 _____ (6) Exempt

IRB Concerns/Questions:

Recommendations/Actions to be taken:

Congratulations on the approval of your proposal which was expedited to Ms. Sharon Garrett.

Submit your revisions to: Asuncion Miteria Austria, PhD, Box 102, 410-4471

Signed: AM Austria, PhD Date: 7/7/99
Asuncion Miteria Austria, PhD
Chair, Institutional Review Board
Cardinal Stritch University

Appendix E

Permission Consent

November 29, 1999

To Whom It May Concern:

I am writing to inform you that I have reviewed the thesis of Sharon Behrens titled, "Breastfeeding Experiences That Influence Adolescent Mothers to Continue" and have provided written comments validating the research and reliability. Sharon has my permission to use my review and comments, in their entirety, in her thesis as needed.

In the event of publication, this letter is to serve as permission to use quotes as needed from the comments provided and no further permission will be necessary.

Thank you for the opportunity to work on this interesting project and to provide my expertise for validation.

Sincerely,

Carol A. McShane, RN, IBCLC

Carol A. McShane, RN
International Board Certified Lactation Consultant