Influence of Social Support on Breastfeeding Practice

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ABSTRACT
Social and environmental factors are common influencing factors in the decision of breastfeeding. This paper reports a systematic literature review about the influence of social support on breastfeeding practice around the world. An online literature search was conducted in Science Direct, Cochrane Database of systematic reviews, PubMed, WileyInterScience, and SpringerLink. There are three resources of social support: family, peer, and professional. All of the studies show the similar results; social support influences breastfeeding practice.

Key words : influence, social support, resources, breastfeeding

INTRODUCTION

The current worldwide decline in the initiation and duration of breastfeeding has increased the need for effective breastfeeding promotion. Promotion policies and programs need to be sensitive to those factors that may help or hinder a mother in her efforts to breastfeed. Such factors include sociodemographic characteristics, maternal employment, and social support. Social support that increases breastfeeding includes emotional, tangible, and educational components from both informal social network members (male partner, mother, family/friends) and professional network members (health care professionals, lactation consultants) (Raj&Plichta, 1998).

According to House (1981), social support is the functional content of relationships that can be categorized into four broad types of supportive behaviors or acts: 1) Emotional support involves the provision of empathy, love, trust, and caring; 2) Instrumental support involves the provision of tangible aid and services that directly assist a person in need; 3) Informational support involves the provision of advice, suggestions, and information that a person can use to address problems; and 4)Appraisal support involves the provision of information that useful for self-evaluation purposes; in other words, constructive feedback and affirmation.

Social support can be provided by many types of people, both in one's informal network, such as family, friends; and in more formal helping network for example, health care professionals (McLeory, Gottlieb, & Heaney, 2001). In addition, the effectiveness of support provided may depend on the source of the support (Agneessens, Waege, & Lievens, 2006).

Social support is one of modifiable factor that influence women's breastfeeding decision (Meedya et al, 2010). Social and environmental factors are common influencing factors in the decision of breastfeeding (Kong & Lee, 2004). Support from the social network influences successful breastfeeding (Tarkka, Paunonen, & Laippala, 1999). Breastfeeding intent is associated with positive having family, peer, and

partner support breastfeeding. Breastfeeding intent is a very strong indicator of actual behavior.

METHODS

An online literature search was conducted in Science Direct, Cochrane Database of systematic reviews, PubMed, WileyInterScience, and SpringerLink. The search strategy included the following keywords: breastfeeding, social, support. Search limits included: English language, but there is no limit for years of publication or study.

RESULT AND DISCUSSION

Several literature reviews have been done by several researchers. Descriptive, correlational, and quasi-experimental research on support and breastfeeding was reviewed by Cronenwett & Reinhardt (1987). Support from professionals and members of a social network have been found to be associated with the initial decision to breastfeed and with breastfeeding duration. New ideas for more effective professional support were suggested.

Meedya et al. (2010) did a literature review to determine modifiable factors positively influence breastfeeding duration to six months postpartum. An online literature search was conducted in Medline, CINAHL, Maternity and Infant Care, and Cochrane Database of systematic reviews. The search strategy included several keywords: breastfeeding, duration, initiation, cessation, factors, intervention, education, partner, intention, confidence, self efficacy, and support. Additional studies were located and extracted from online publications of New South Wales Department of Health, Australia. This study identified social support as modifiable factor that influence women's breastfeeding decision.

Dennis (2002) did the literature review on breastfeeding initiation and duration and to delineate effective strategies for promoting positive breastfeeding behaviors. Articles from indexed journals relevant to the objective and published after 1990 (except for classic findings) were reviewed. Although a myriad of pertinent articles was located, referenced citations were limited to three per point. When article selection was required for a specific point, preferences were given to (a) randomized controlled trials; (b) meta-analyses; (c) studies with the largest, most representative samples; and (d) investigations conducted in North America. The result shown that support from the mother's partner or a nonprofessional greatly increases the likelihood of positive breastfeeding behaviors. Health care professionals can be a negative source of support if their lack of knowledge results in inaccurate or inconsistent advice. Furthermore, a number of hospital routines are potentially detrimental to breastfeeding. Although professional interventions that enhance the usual care mothers receive increase breastfeeding duration to 2 months, these supportive strategies have limited long-term effects. Peer support interventions also promote positive breastfeeding behaviors and should be considered.

Britton et al (2007) also did the literature review to assess the effectiveness of support for breastfeeding mothers. They searched the Cochrane Pregnancy and Childbirth Group's Trials Register (January 2006), MEDLINE (1966 to November 2005), EMBASE (1974 to November 2005) and MIDIRS (1991 to September 2005). They updated the search of the Cochrane Pregnancy and Childbirth Group's Trials Register on 27 July 2009 and added the results to the awaiting classification section. They have included 34 trials (29,385 mother-infant pairs) from 14 countries. All forms of extra support analyzed together showed an increase in duration of 'any breastfeeding' (includes partial and exclusive breastfeeding) (relative risk (RR) for stopping any breastfeeding before six months 0.91, 95% confidence interval (CI) 0.86 to 0.96). All forms of extra support together had a larger effect on duration of

exclusive breastfeeding than on any breastfeeding (RR 0.81, 95% CI 0.74 to 0.89). Lay and professional support together extended duration of any breastfeeding significantly (RR before 4-6 weeks 0.65, 95% 0.51 to 0.82; RR before 2 months 0.74, 95% CI 0.66 to 0.83).

Thulier & Mercer (2009) did another literature review to identify the variables associated with breastfeeding duration. The data sources are the health science reference databases of CINAHL, PubMed, and the Cochrane Database of Systematic Reviews published in English from 1998 through 2008. Data included all variables, both positive and negative, that were found to influence the outcome of breastfeeding duration. The results showed family support and professional support influence breastfeeding duration.

Moran et al (2006) did a systematic review of the evidence on the nature of support for breastfeeding adolescent mother. Five types of support were identified: emotional, esteem, instrumental, informational and network. The participants in the included studies seemed to find the emotional, esteem and network components of support most helpful. Support from participants' mothers seemed to be particularly powerful. The provision of continuity of support by an expert individual who is skilled in both lactation support and working with adolescents was also highly valued by breastfeeding adolescent.

Kools et al (2005) did a study to evaluate the behavioral determinants of the initiation of breastfeeding at birth. The prospective cohort study used the attitude, social influence, and self-efficacy (ASE) model in 373 pregnant women in five child health centers. Prenatally, 72% of the women had the intention to breastfeed, and 73% actually started with breastfeeding at birth. Mothers who initiated breastfeeding differed in the social influence determinants from others who initiated formula feeding. Social influence predicted the initiation of breastfeeding.

Mickens et al. (2009) conducted the study to identify what factors impact low-income women's infant feeding decisions. A cross-sectional convenience sample of 109 black pregnant women, ages 18 to 45, regularly attending Women, Infant, and Children (WIC) clinics and associated programs in the Inland Empire Region of California were recruited to complete a structured questionnaire about their breastfeeding beliefs and intentions. Multivariable logistic regression was used to explore participant's intentions to breastfeed. Results indicate that women who attended support groups were more than twice as likely to intend to breastfeed compared with women who did not. These results highlight the importance of social influences on the decision to breastfeed.

A trial was conducted with 51 women randomly assigned either to a conventional nursing care group or to an individualized professional support group to examine the effect of professional support on breastfeeding status at 4 weeks postpartum (Porteous, Kaufman, & Rush, 2000). All participants identified themselves as having no prior support. At four weeks postpartum, 17 out of 25 (68%) and 26 out of 26 (100%) women in the control and intervention groups, respectively, continued to breastfeed (P=.005). Results indicate that postpartum care augmented with individualized professional support commenced in the hospital and continued in the community significantly increases the duration of breastfeeding among women who identify themselves as being without support for the first month postpartum.

Ku & Chow (2010) conducted a crosssectional study among Hong Kong Chinese primiparas women (first time mothers). A convenience sample of 82 subjects who had normal vaginal delivery in the maternity unit of a regional hospital in Hong Kong was recruited. Decisions to breastfeed made later in the pregnancy, father-in-law to do the Chinese

practice whereby the new mother is expected to stay at home and to avoid all household chores and social activities during the first month after giving birth ('pei-yue') and older in age would be associated with a lower score. Pei-yue is Chinese ritual of which the woman who has delivered should stay at home for one month and being taken care by others. Generalized estimating equations model revealed that women who had searched through the Internet for breastfeeding information, who had husbands to 'pei yue', lived in private housing, were married, had a domestic helper to 'pei yue' and who had attained higher education were more likely to practice exclusive breastfeeding. The social support from the family has implications for continuing the practice of breastfeeding for primiparas women.

Kong & Lee (2004) did a study to investigate the social and environmental factors contributing to women's decisions to breastfeed. Three private and 10 public hospitals in Hong Kong participated in the study. Both quantitative and qualitative data were collected through questionnaires and subsequently by in-depth interviews with 230 first-time mothers 24–48 hours after delivery. The results indicated that social and environmental factors are common influencing factors in the decision to breastfeed. Husband's support was identified as important in influencing infant feeding choice.

Ekstrom, Widstrom, & Nissen (2003) conducted the study to describe breastfeeding support of primiparas and multiparas in relation to duration of breastfeeding. Mothers who delivered vaginally were eligible for inclusion. After receiving a questionnaire when their children were 9 to 12 months of age, 194 primiparas and 294 multiparas responded to questions on breastfeeding history and on perceived and overall breastfeeding support and feelings of confidence. The result showed feelings of overall breastfeeding support were correlated with duration of exclusive breastfeeding in both primiparas ($p < 0.001$) and multiparas ($p < 0.001$).

Scott et al. (2001) conducted a study to identify determinants of the initiation and duration of breastfeeding amongst Australian women. A prospective cohort study of 556 women in Perth, Western Australia and 503 women from the Darling Downs area, Queensland, Australia participated in this study. The result showed breastfeeding at discharge was most strongly associated with perceived paternal support of breastfeeding with an adjusted odds ratio of 9.13 (95% CI 4.83–17.26), using multivariate logistic regression analysis.

A study to explore the prevalence of breastfeeding in different geographical areas and identify the factors influencing breastfeeding practices during in-hospital stay and at one, four and six months postpartum was done in Taiwan (Kuo et al., 2008). Community-based epidemiological survey was the design of this study. A total of 12,201 women were sampled from the birth registration and surveyed between June–October 2004. Data were collected through a computer-assisted telephone interview at four different postpartum periods. Logistic regression modeling was applied to determine factors influencing breastfeeding patterns and postpartum time-specific odds ratios. The results showed rates of breastfeeding practices were 29·4, 33·2, 16·9 and 13·1% for in-hospital stay, the first-, fourth- and sixth-month postpartum respectively. Family support is found to be significantly related to the continuation of breastfeeding at the fourth month postpartum.

A study by McKeever et al. (2002) was done to compare the effects of breastfeeding support offered in hospital and home settings on breastfeeding outcomes and maternal satisfaction for mothers of term and near-term newborns who experienced standard or early discharge. In a randomized controlled trial with prognostic stratification for gestational age, 101 term and 37 near-term (35–37 weeks' gestational age)

mother-newborn pairs were randomized to either a standard care group (standard care and standard length of hospitalization) or an experimental group (standard hospital care with early discharge and home support from nurses who were certified lactation consultants). Data collection occurred before randomization, at discharge from hospital, and from 5 to12 days postpartum. The study concluded that in-home lactation support appears to facilitate positive breastfeeding outcomes for mothers of term newborns.

Lavender, McFaden, & Baker (2006) did an exploratory study utilizes semi-structured interviews, diaries and questionnaires. A purposive sample of 24 women and their families, from a hospital in the north-west of England were invited to participate. Questionnaire data were analyzed descriptively. Diaries and interviews were analyzed using an open coding mechanism to identify emergent themes. Twenty-three women and 27 of their family members participated. Questionnaire data showed that the majority of women (n = 17) expected to breastfeed for more than 3 months; 12 actually did this. Women anticipated that family members would provide the main source of breastfeeding support. The researchers concluded that multi-layered approach to breastfeeding promotion and support should be considered. Society needs to proactively encourage a positive breastfeeding culture, family members need direction on how to support a woman to breastfeed and women need to be able to articulate their individual requirements. Midwives could be instrumental in supporting such needs and facilitating change.

Dykes (2004) evaluated the projects that specifically focused upon breastfeeding peer support schemes. The evaluation illuminated many of the challenges involved in implementing community based breastfeeding peer support schemes. Lessons learnt from the most effective projects in terms of: potential to increase breastfeeding initiation and continuation rates; uptake of the service; comprehensive evaluation; and sustainability are presented here, as a series of steps required for successful operationalization of breastfeeding peer support schemes. When these steps are followed, peer support schemes offer exciting prospects for supporting breastfeeding women and increasing breastfeeding initiation and continuation rates, while respecting diversity, ensuring inclusivity and stimulating community empowerment.

There are so many things that fathers can do to support breastfeeding, and nurses are in a unique position to encourage and support dads in their own unique roles regarding breastfeeding. That intimacy that fathers crave with their newborns is possible through a number of activities critical to promoting breastfeeding in families. Fathers not only influence the decision to breastfeed but they also play an instrumental role in whether mothers continue breastfeeding or stop prematurely (Pavil, 2002).

A community-based randomized clinical trial involving low-income mothers compared usual care with an intervention comprising hospital and home visits, and telephone support by a community health nurse/peer counselor team for 6 months after delivery was done (Pugh et al., 2002). The researchers concluded that community health nurse and peer counselor support can increase breastfeeding duration in low-income women, and has the potential to reduce total costs including the cost of support

Langer et al. (1998) did a study to evaluate the effects of psychosocial support during labour, delivery and the immediate postpartum period provided by a female companion (doula). The research participants were 724 women with a single fetus, no previous vaginal delivery, < 6 cm of cervical dilatation, and no indications for an elective caesarean section were randomly assigned to be accompanied by a doula, or to receive routine care. The researchers conclude

that psychosocial support by doulas had a positive effect on breastfeeding and duration of labour.

Tarkka, Paunonen, & Laippala (1999) did a study was to gain information on those factors which contribute to the success of breast feeding in first-time mothers when the child is 3 months old. Data collection was by questionnaires distributed between March and September 1995. The sample comprised 271 first-time mothers. The mothers completed the questionnaires when their infants were 3 months old. The research findings suggest that support from the social network and the current appreciation of breast feeding in society influencing successful breast feeding in first-time mothers at 3 months postpartum.

Shi et al. (2008) did a study to identify psychosocial and sociodemographic factors associated with breastfeeding practices. A total of 599 mothers of infants 2 to 4 months old were interviewed using a structured questionnaire. Nearly all infants (95.5%) were breastfed, but only 4.2% were exclusively breastfed, and 48.7% were fully breastfed. Social support (OR = 1.22, 95% CI: 1.002-1.50) was associated with full breastfeeding.

Rhodes et al. (2008) conducted a study to examine the breastfeeding practices among American Indian population in Minnesota. They interviewed women prenatally (n = 380), at two weeks (n = 342), and at six months postpartum (n = 256). They conducted multivariable analysis to examine the behavioral and attitudinal correlates of breastfeeding initiation and duration. The result showed that social support for breastfeeding from woman's husband/ boyfriend and her mother positively associated with breastfeeding initiation. Support from the woman's mother also positively associated with breastfeeding at two weeks.

Persad and Mensinger (2008) did a study to determine if breastfeeding attitudes were associated with breastfeeding intent and other variables. One hundred primiparas completed the survey using the questionnaire. Trained interviewers administered the survey. The survey was read out loud to each participant, in a face-to-face interview-like format. The results showed that breastfeeding intent was associated with positive having family, peer, and partner support breastfeeding. Breastfeeding intent is a very strong indicator of actual behavior.

CONCLUSION

The various studies above regarding the influence of social support on breastfeeding practice. All of the studies show the similar results; social support influences breastfeeding practice. There are three resources of social support: family, peer, and professional. In term of breastfeeding promotion, all of the mother, family, peer, and professional are the potential target to enhance breastfeeding practice.

REFERENCE

Agneessens, F., Waege, H., Lieven, J. 2006. Diversity in social support by role relations: a typology. Social Networks, 28, 427-441.

Britton C, McCormick FM, Renfrew MJ, Wade A, King SE. Support for breastfeeding mothers. 2007. Cochrane Database of Systematic Reviews, Issue 1. Art. No.: CD001141. DOI: 10.1002/ 14651858.CD001141.pub3.

Cronenwett LR & Reinhardt R. 1987. Support and breastfeeding: a review. Birth, 14(4), 199-203.

Dennis CL. 2002. Breastfeeding initiation and duration: a 1990-2000 literature review. JOGNN, 31(1), 12-32.

Dykes F. 2004. Government funded breastfeeding peer support projects: implications for practice. Maternal & Child Nutrition, 1(1), 21-31.

Ekstrom A, Widstrom AM, Nissen E. 2003. Breastfeeding Support from Partners and Grandmothers: Perceptions of Swedish Women. Birth, 30(4), 261-266.

House, J.S. 1981. Work stress and social support. Reading, Mass.: Addison-Wesley.

Kong SKF & Lee DFT. 2004. Factors influencing decision to breastfeed. Journal of Advanced Nursing, 46(4), 369-379.

Kools EJ., Thijs C., Vries HD. 2005. The behavioral determinants of breastfeeding in the Netherlands: predictors for the initiation of breastfeeding. Health Education and Behavior, 32(6), 809-824.

Ku CM, Chow SKY. 2010. Factors influencing the practice of exclusive breastfeeding among Hong Kong Chinese women: a questionnaire survey. Journal of Clinical Nursing, 19(17), 2434-2445.

Kuo SC, Hsu CH, Li CY, Lin KC, Chen CH, Gau ML, Chon YH. 2008. Community-based epidemiological study on breastfeeding and associated factors with respect to postpartum periods in Taiwan. Journal of Clinical Nursing, 17(7), 967-975.

Langer A, Campero L, Garcia C, Reynoso S. 1998. Effects of psychosocial support during labour and childbirth on breastfeeding, medical interventions, and mothers' wellbeing in a Mexican public hospital: a randomised clinical trial. BJOG: An International Journal of Obstetrics & Gynaecology, 105(10), 1056-1063.

Lavender T, McFadden C, Baker T. 2006. Breastfeeding and family life. Maternal & Child Nutrition, 2(3), 145-155.

McKeever P, Stevens B, Miller KL, MacDonnel JW, Gibbins S, Guerriere D, Dunn MS, Coyte PC. 2002. Home versus Hospital Breastfeeding Support for Newborns: A Randomized Controlled Trial. Birth, 29(4), 258-265.

McLeroy, K.R., Gottlieb, N.H, Heaney, C.A. 2001. Social Health. In O'Donnel MP & Harris JS (eds.). Health promotion in the workplace (3rd ed.). Albany, New York: Delmar.

Meedya S., Fahy K., Kable A. 2010. Factors that positively influence breastfeeding duration to 6 months: A literature review. Women Birth, doi:10.1016/ j.wombi.2010.02.002.

Mickens AD, Modeste N, Montgomery S, & Taylor M. 2009. Peer support and breastfeeding intention among black WIC participants. Journal of Human Lactation, 25(2), 157-162.

Moran VH, Edwards J, Dykes F, Downe S. 2007. A systematic review of the nature of support for breastfeeding adolescent mothers. Midwifery, 23, 157-171.

Pavil BC. 2002. Consider these ways to get Dad involved. AWHONN Lifelines, 6(4), 324-331.

Persad MD, Mensinger JL. 2008. Maternal breastfeeding attitudes: association with breastfeeding intent and sociodemographics among urban primiparas.J Community Health, 33, 53-60.

Porteous R, Kaufman K, Rush J. 2000. The effect of individualized profesional support on duration of breastfeeding: randomized control trial. Journal of Human Lactation, 16(4), 303-308.

Raj VK, Plichta SB. 1998. The role of social support in breastfeeding promotion: a literature review. Journal of Human Lactation, 14(1), 41-45.

Rhodes KL, Hellerstedt WL, Davey CS, Pirie PL, Daly KA. 2008. American Indian breastfeeding attitudes and practices in Minnesota. Matern Child Health J, 12, S46-S54.

Scott JA, Landers MCG, Hughs RM, Binns CW. 2001. Factors associated with breastfeeding at discharge and duration of breastfeeding. Journal of Paediatrics and Child Health, 37(3), 254-261.

Shi L. 2008. Breastfeeding in rural China: association between knowledge, attitudes, and practices. J Hum Lactation, 24(4), 377-385.

Tarkka MT, Paunonen M, Laippala P. 1999. Factors related to successful breast feeding by first-time mothers when the child is 3 months old. Journal of Advanced Nursing, 29(1), 113-118.

Thulier D & Mercer J. 2009. Variables associated with breastfeeding duration. JOGNN, 38(3), 259-268.