

Social Support Improves Breastfeeding Self-Efficacy in a Sample of Black Women

Deborah McCarter-Spaulding, Ph.D., RN, IBCLC, RLC¹
Rebecca Gore, Ph.D.²

Share this:  

Black women in the United States have lower rates of initiation and duration of breastfeeding compared to other racial/ethnic groups. Social support for breastfeeding, as well as breastfeeding self-efficacy, has been reported as an influence on breastfeeding outcomes. This study analyzes the relationship between breastfeeding self-efficacy and network support for breastfeeding in a sample of Black women. Results showed that network support for breastfeeding does not have a direct effect on breastfeeding duration and pattern, but it does have a significant influence on breastfeeding self-efficacy. These results provide theoretical support for clinical interventions designed to enhance the support network as a way of improving breastfeeding self-efficacy, particularly for women at risk for early weaning.

Keywords: Black women, self-efficacy, social support, network support
Clinical Lactation, 2012, Vol. 3-3, 114-117

The good news is that breastfeeding rates are on the rise in the United States (McDowell et al., 2008). However, there are still significant demographic and racial differences in breastfeeding rates. Black women in the United States are less likely to initiate and continue breastfeeding (Ahluwalia et al., 2005). It is well accepted that many different psychosocial factors influence breastfeeding initiation, duration, and pattern. Understanding these influences can help to direct interventions to promote breastfeeding, particularly in groups at risk for never initiating breastfeeding, or for early weaning.

Breastfeeding self-efficacy is defined as a mother's belief that she will be able to organize and carry out the actions necessary to breastfeed her infant. Higher levels of breastfeeding self-efficacy have been shown to predict longer and more exclusive breastfeeding in varied samples of women (Blyth et al., 2002; Dai & Dennis, 2003; Gregory et al., 2008; Wutke & Dennis, 2007), including in a sample of Black women in the United States (McCarter-Spaulding & Gore, 2009). In addition, social support for breastfeeding is known to influence breastfeeding in either a positive or negative direction (McInnes & Chambers, 2008; Raj & Plichta, 1998).

Breastfeeding self-efficacy and social support have a theoretical relationship based on Bandura's Social Cognitive Theory (Bandura, 1997). Using this theory as a framework, a person's perception of self-efficacy is influenced by information received from various sources.

One such source is vicarious experience, which can be understood as having appropriate role models. Another source of efficacy information is social or verbal persuasion, which can be understood as emotional support and encouragement. A social support network for breastfeeding can provide these sources of efficacy information and theoretically influence a woman's perception of her ability to successfully breastfeed her infant. In this study, breastfeeding-specific social support is measured by the Network Support for Breastfeeding (NSB) instrument, in which network support for breastfeeding is defined as the existence and quantity of social network available for a breastfeeding mother, and the functional quality of those relationships related specifically to breastfeeding support.

Perception of Self-Efficacy Is Influenced by Information from Various Sources, Including

- Vicarious experience, such as role models
- Social or verbal persuasion, such as emotional support and encouragement

In light of the significant racial disparities in breastfeeding rates, and the importance of breastfeeding to health, particularly for Black infants (Forste et al., 2001), a study was conducted measuring both breastfeeding self-efficacy and the network support for breastfeeding in a sample of Black women. The results of the analysis of breastfeeding self-efficacy to breastfeeding outcomes is reported elsewhere (McCarter-Spaulding & Gore, 2009). The current study is a report of the analysis of the network

1. dmccarter@anselm.edu, Saint Anselm College, Manchester, NH
2. Rebecca_Gore@uml.edu, University of Massachusetts, Lowell

support for breastfeeding in the same sample. The purpose of the study was to determine if higher levels of social support predicted longer duration or more exclusive breastfeeding, particularly when breastfeeding self-efficacy was also taken into account.

Methods

Study Participants and Recruitment

The research was conducted in a large teaching hospital in the Northeast United States, with approval from the hospital's Institutional Review Board. The target population was breastfeeding Black women, defined as women who identified themselves as being of African descent, including the ethnic backgrounds of African, African-American, Cape Verdean, Haitian, West Indian/Caribbean, and Black Hispanic. A convenience sample of Black women (N=155) was recruited during their postpartum hospitalization from three maternity units of a large urban teaching hospital. Breastfeeding was defined as any feedings at the breast in the past 24 hours, or if the baby had not been fed, the reported intention to breastfeeding.

Participants were healthy women aged 18 or older who were able to read and speak English, and had given birth to healthy singleton infants at 37 weeks gestation or greater.

The mean age of the women participating in the study was 30.4 (SD = 6.5, range 18 to 45). The majority of participants (68.3%) was either married or living with a partner. Most of the respondents (96.7%) had a minimum of a high school education. The majority had delivered vaginally (66%) and was multiparous (58%). Of those who reported their incomes, the largest proportion of the sample (32%) reported a household income of \$81,000/year or higher, but more than half of the sample (54%) reported a household income of less than \$40,000/year. In addition, 58% of the sample reported eligibility for participation in the Women, Infants and Children program (WIC), which considers both household income and number of household members. A majority of the respondents had worked outside the home in the year prior to their pregnancy (83%), and their incomes generally represented up to one half of the household income.

Instruments

During the hospitalization and again at one month postpartum, respondents completed the Breastfeeding Self-Efficacy Scale, Short Form (BSES-SF) (Dennis,

2003), as well as the investigator-developed Network Support for Breastfeeding (NSB) instrument.

The Network Support for Breastfeeding (NSB) instrument was designed based on review of the literature, clinical experience and consultation with colleagues. It measures the existence and quantity of the network support available in the context of breastfeeding, and the functional quality of those relationships related to breastfeeding support for five to seven individuals in the social network, as well as the professionals in the hospital and primary care setting. The instrument was pretested, content validity was established, and analysis using Cronbach's alpha showed a reliability coefficient of 0.87-.90. Scores were calculated based on average support from each person in the network, and could range from 0 to 3.

At each month postpartum, respondents were also asked about their breastfeeding pattern. Mothers reported the number and method of feedings in the previous 24 hours, and their responses were categorized according to Labbok and Krasovec's (1990) six categories of breastfeeding. Feeding expressed mother's milk in a bottle was coded as "breastfeeding." The responses were then combined into three categories for statistical analysis: breastfeeding exclusively, combination of breastfeeding and formula feeding, or formula feeding only. They were also asked whether they had returned to work or school during that month. Participants were followed monthly until six months postpartum or until complete weaning [cessation of breastfeeding].

Results

Characteristics of Network Support

Based on the NSB scoring system, most participants had a higher-than-average perception of breastfeeding support. Support from the women's mother was rated the highest, followed by partners and friends. The average number of support people for each respondent was 5 (SD = 1). Women with previous breastfeeding experience reported a slightly lower perception of support (support score = 2.2) compared to those who were breastfeeding for the first time (support score = 2.3), but this difference was not statistically significant. The average support from the pediatric providers was 2.8 (SD = 0.45, range 0 to 3).

Relationship of Network Support to Breastfeeding Outcomes

Higher level of network support for breastfeeding as measured by the NSB did not predict breastfeeding

pattern or duration either independently or when breastfeeding self-efficacy was included as a variable in the regression analysis. However, when network support for breastfeeding was entered into a linear regression analysis with breastfeeding self-efficacy as the outcome, it significantly predicted breastfeeding self-efficacy, such that higher levels of support were predictive of higher levels of breastfeeding self-efficacy.

Discussion

While network support for breastfeeding did not predict breastfeeding outcomes when breastfeeding self-efficacy was taken into consideration, the level of network support for breastfeeding predicted the level of breastfeeding self-efficacy, consistent with self-efficacy theory (Bandura, 1997). As network support for breastfeeding is potentially modifiable, this provides good theoretical support for interventions that enhance a woman's support network in ways that will improve her breastfeeding self-efficacy, beginning with an assessment of the level of breastfeeding support that she is expecting to receive from her social network.

If breastfeeding is not the social norm, support for breastfeeding may need to be sought outside the existing social network. This may be the case for Black mothers, as they may be making the decision to breastfeed in the absence of role models and family support (Ludington-Hoe et al., 2002). Mothers can be referred to community resources such as La Leche League groups, or breastfeeding support groups. However, based on self-efficacy theory (Bandura, 1997), mothers need to find role models that they judge as similar to themselves in order for such influences to improve their perception of their ability to be successful. This may mean that careful consideration should be made as to which support groups may or may not provide the desired effect.

Nurses and lactation consultants may want to guide mothers to supportive networks, such as peer counseling through WIC, or informal connections with experienced mothers who are similar to them and who could provide role modeling for the unfamiliar experience of breastfeeding. Creating support groups for women who see themselves as peers may be appropriate, rather than referring all women to the same sources of support. Taking the time to do an intentional inventory of where to find support in one's social network can help women to identify new relationships that may need to be developed in order to be successful in their breastfeeding goals.

Conclusion

To those experienced with supporting breastfeeding mothers, it is not new news that supportive relationships can help women to achieve their breastfeeding goals. However, understanding the theoretical underpinnings of this mechanism helps us plan interventions knowing that research evidence supports what clinicians have known intuitively through experience. Knowing that network support appears to influence mothers through the mechanism of improving self-efficacy suggests that it is but one tool among many that can improve self-efficacy.

It is also important to confirm that breastfeeding self-efficacy and network support for breastfeeding influence breastfeeding in this sample of Black women, similar to other racial/ethnic groups. Using findings from diverse groups of women is important to establish culturally appropriate interventions based on evidence. Breastfeeding self-efficacy has been shown to be a robust predictor of breastfeeding duration and pattern, and developing interventions based on this theory will help us meet the nation's breastfeeding goals (American Academy of Pediatrics, 2005), and to plan research toward the same end. Working to improve the social network for breastfeeding support is one important and viable way to accomplish these goals.

References

- Ahluwalia, I. B., Morrow, B., & Hsia, J. (2005). Why do women stop breastfeeding? Findings from the Pregnancy Risk Assessment and Monitoring System. *Pediatrics*, 116(6), 1408-1412.
- American Academy of Pediatrics. (2005). Breastfeeding and the use of human milk. *Pediatrics*, 115(2), 496-506.
- Bandura, A. (1997). *Self-efficacy: The exercise of control*. New York: W.H. Freeman and Company.
- Blyth, R., Creedy, D. K., Dennis, C., Moyle, W., Pratt, J., & De Vries, S. M. (2002). Effect of maternal confidence on breastfeeding duration: An application of breastfeeding self-efficacy theory. *Birth: Issues in Perinatal Care*, 29(4), 278-274.
- Dai, X., & Dennis, C. (2003). Translation and validation of the Breastfeeding Self-Efficacy Scale into Chinese. *Journal of Midwifery & Women's Health*, 48(5), 350-356.
- Dennis, C. (2003). The Breastfeeding Self-Efficacy Scale: Psychometric assessment of the short form. *JOGNN*, 32(6), 734-744.
- Forste, R., Weiss, J., & Lippincott, E. (2001). The decision to breastfeed in the United States: Does race matter? *Pediatrics*, 108(2), 291-296.

- Gregory, A., Penrose, K., Morrison, C., Dennis, C., & MacArthur, C. (2008). Psychometric properties of the Breastfeeding Self-Efficacy Scale-Short Form in an ethnically diverse U.K. sample. *Public Health Nursing, 25*(3), 278-284.
- Labbok, M., & Krasovec, K. (1990). Toward consistency in breastfeeding definitions. *Studies in Family Planning, 21*(4), 226-230.
- Ludington-Hoe, S. M., McDonald, P. E., & Satyshur, R. (2002). Breastfeeding in African-American Women. *Journal of the National Black Nurses Association, 13*(1), 56-64.
- McCarter-Spaulding, D., & Gore, R. (2009). Breastfeeding self-efficacy in women of African descent. *JOGNN, 38*(2), 230-243.
- McDowell, M. A., Wang, C.-Y., & Kennedy-Stephenson, J. (2008). *Breastfeeding in the United States: Findings from the National Health and Nutrition Examination Surveys 1999-2006, NCHS data briefs, no 5*. Hyattsville, MD: National Center for Health Statistics.
- McInnes, R. J., & Chambers, J. A. (2008). Supporting breastfeeding mothers: Qualitative synthesis. *Journal of Advanced Nursing, 62*(4), 407-427.
- Raj, V. K., & Plichta, S. B. (1998). Literature review. The role of social support in breastfeeding promotion: A literature review. *Journal of Human Lactation, 14*(1), 41-45.
- Wutke, K., & Dennis, C. (2007). The reliability and validity of the Polish version of the Breastfeeding Self-Efficacy Scale-Short Form: Translation and psychometric assessment. *International Journal of Nursing Studies, 44*(8), 1439-1446.



Deborah McCarter-Spaulding, Ph.D., WNHP-BC, RN, IBCLC, RLC has been certified as a lactation consultant since 1989, and has cared for postpartum women and their infants for many years as a maternity nurse and as a Women's Health Nurse Practitioner. She is currently an Associate Professor at Saint Anselm College in Manchester, NH where she teaches childbearing nursing in both the classroom and clinical settings. Her clinical experience has motivated her to research modifiable factors which can guide interventions to support women at risk for not breastfeeding or early weaning.



Rebecca Gore, Ph.D., is a Statistical Applications Programmer at the University of Massachusetts, Lowell Department of Work Environment. Her experience as an employed breastfeeding mother, as well as her statistical expertise helped guide her invaluable research support of Deborah McCarter-Spaulding's work with breastfeeding in Black women.