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The Breastfeeding Experiences of Teen Mothers: Continuously Committing to Breastfeeding

by

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ABSTRACT

Breastfeeding has potential health, social, and economic benefits for teen mothers, children, families, and society (World Health Organization & United Nations Children's Fund, 1990). This study explored the breastfeeding experiences of teen mothers, aged 15 to19 years. The research method used was grounded theory (Glaser, 1992; Glaser & Strauss, 1967). A convenient sample of 8 teen mothers, who breastfed their first children, was recruited. Primary data collection consisted of informal interviews. The major research findings were: (a) teen mothers are continuously committing to breastfeeding while deciding and learning to breastfeed, and adjusting and ending breastfeeding, (b) teen mothers vacillate between the good things and hard things about breastfeeding, and (c) teen mothers' breastfeeding experiences are influenced by social support and other social influences. The most significant nursing implication is that teen mothers' breastfeeding experiences may be similar to adult women's breastfeeding experiences, but teen mothers may require additional breastfeeding support.

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Dedicated

To

The teen mothers

I have had the privilege to know

And To

My daughter Mary Rose,

With whom I shared my own breastfeeding experience.

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INTRODUCTION

Breastfeeding is recognized as the optimal method of infant nutrition and the best way to enhance the health of all mothers and children (Canadian Paediatric Society [CPS], Dietitians of Canada, & Health Canada, 1998; World Health Organization [WHO] & United Nations Children's Fund [UNICEF], 1990). Breastfeeding is a unique process that provides ideal infant nutrition, contributes to healthy infant growth and development, lowers infant morbidity and mortality from infectious and chronic diseases, reduces women's risk of breast and ovarian cancers, increases pregnancy spacing, provides women with a sense of satisfaction, and has economic and social benefits for families and nations (WHO & UNICEF). In Canada, it is recommended that breastfeeding be promoted, protected, and supported as a right of all mothers and children (Breastfeeding Committee of Canada,1996). Canadian women are encouraged to breastfeed exclusively for 4 to 6 months with breastfeeding continuing up to 2 years and beyond (CPS, Dietitians of Canada, & Health Canada).

While Canadian adult women's breastfeeding rates have significantly increased over the last 30 years, teen mothers do not appear to breastfeed to the same extent as adult women (Health Canada, 1999a). Due to the risks and adverse outcomes associated with teen pregnancy and teen motherhood, breastfeeding is of particular importance to the teen mother and her baby for physical, nutritional, immunological, psychological, emotional, developmental, social, and economic reasons (Bar-Yam, 1993; Lawrence, 1984; Stotland & Peterson, 1985). Although information on the advantages of

breastfeeding and the risks of artificial feeding related specifically to teen mothers is limited, extensive research on the unique benefits of breastfeeding (Canadian Institute of Child Health, 1996) and the hazards of infant formula (International Lactation Consultant Association, 1992) pertaining to all women and children is available and has relevance to the context of teen breastfeeding.

Breastfeeding is the unequaled way to provide nutritional, immunological, and emotional nurturing for the growth and development of children (WHO & UNICEF, 1989). Breastfeeding has the potential to contribute positively to a mother's own health and offers economic advantages to her family and the community (Breastfeeding Committee of Canada, 1996). Maternal bonding, attachment, and adjustment to the mothering role may also be enhanced through breastfeeding (WHO & UNICEF, 1990). A study examined the mothering behaviours of 12 teens who breastfed in New York State and found that breastfeeding teen mothers held their infants closer even when they were not breastfeeding (Lawrence, McAnarney & Aten,1988). According to Podgurski (1995), in addition to the above benefits of breastfeeding, the potential for breastfeeding to provide a solid foundation for parenting is one of the most important reasons to promote, protect, and support teen breastfeeding.

Present State of Knowledge

The phenomenon of teen breastfeeding exists within the context of teen pregnancy, teen birth, and teen parenting. It is important to review current statistics on teen pregnancy and live births to teen mothers, as well as how breastfeeding may impact the risks and outcomes of teen pregnancy and teen motherhood. In addition, what is

known in the literature about teen breastfeeding patterns including breastfeeding initiation, breastfeeding duration, and reasons for weaning as compared to adult women's breastfeeding patterns will be presented.

In Canada, about 21,500 teens give birth every year (Health Canada, 1999b), representing about 6% of all births (Millar & Wadhera, 1997). In the 1990's in Canada, 67 out of 1,000 women aged 18 to 19 years, and 27 out of 1,000 women aged 15 to 17 years became pregnant every year (CPS, 1994). The live birth rate for Canadian teens aged 15 to19 years has decreased in the last two decades to approximately 22 per 1,000 in 1996 (Health Canada). Canada's teenage live birth rate is similar to the rates of Norway (19 per 1,000) and England and Wales (29 per 1,000) and is half that of the United States (US) (52 per 1,000) (Wadhera & Strachan, 1991). This may be partly due to the increased number of therapeutic abortions performed for this age group (Health Canada), especially in the younger ages (CPS). Approximately 36% of teen pregnancies end in abortion and about 6% end in miscarriage or stillbirth (Wadhera & Strachan). Of the 58% of teen pregnancies that continue (Wadhera & Strachan), the majority of teens keep their babies, with only 2% to 4% placing their infants for adoption (Attico & Hartner, 1993). The majority of teen mothers are single, but are often in a relationship with a boyfriend who is over 18 years (Millar & Wadhera).

The provincial teen birth rate in Alberta declined significantly between 1991 and 1998 (Alberta Treasury, 1999), as the abortion rate marginally increased (Alberta Treasury, 1998; Alberta Health & Wellness, 1999). However, Alberta's teen birth rate remains significantly higher than the national average (Alberta Treasury, 1999), with

about 2,600 live births occurring to teens aged 15 to 19 years in 1998 (Alberta Treasury, 1998). In the Calgary region from 1990 to 1999, between 45 to 59 pregnancies occurred per 1,000 girls aged 15 to 19 years per year (Calgary Regional Health Authority [CRHA], 2001a). The average annual teen live birth rate in the Calgary region for the same time period was 24.6 (range 17.3 to 30.9) live births per 1,000 girls aged 15 to 19 years, with an average of 526 (range 500 to 664) teen live births occurring annually (CRHA).

Infants of teen mothers are at greater risk than infants of adult women of being born prematurely, having a low birth weight, being small for gestational age, and/or having possible congenital anomalies, all of which increase perinatal morbidity and mortality and potential developmental delays (Alberta Health & Wellness, 1999; Grindstaff & Turner, 1989; Jacono, Jacono, St. Onge, Van Oosten, & Meininger, 1992). Breastfeeding has the potential to provide ideal nutrition and immune protection for the teen mother's small or sick baby, as well as for her healthy baby (Arsenault, 1993; Lawrence, 1984). Breastfeeding may also protect the teen mother's infant from further morbidity and mortality risks, especially decreasing the risks of respiratory and gastrointestinal illnesses, ear infections, allergies, Sudden Infant Death Syndrome (SIDS), insulin dependent diabetes, obesity, dental caries, and childhood cancer (Arsenault; Lawrence).

Children of teen mothers have been found to score lower on cognitive development tests and do poorly in school, with emotional and behavioural concerns beginning in the preschool years and learning problems becoming more apparent in the higher grades (Brooks-Gunn & Furstenberg, 1986; Furstenberg, Brooks-Gunn, &

Morgan, 1987). Breastfeeding may assist a teen mother to maximize her baby's cognitive development, possibly into the school years (Morrow-Tlucak, Haude, & Ernhart, 1988; Taylor & Wadsworth, 1984). Breastfeeding also has the potential to enhance the neurological coordination of a teen mother's child (Lanting, Fidler, Huisman, Touwen, & Boersma,1994).

A long term outcome of teen pregnancy is the increased risk of a lifetime in poverty for the teen mother and her child(ren) (Attico & Hartner, 1993). Due to a high rate of quitting school or having long interruptions in their education, teen mothers may need to rely on social assistance or have lowered employment prospects which may lead to a life in poverty (Attico & Hartner). Children born to teen mothers are more likely to live in female headed single parent families, which have substantially lower average incomes than two parent or male headed single families (Alberta Treasury, 1999). This increases the likelihood of teen mothers and their children living in poverty (Alberta Treasury). Children who live in poverty have significantly more health problems overall (Health Canada, 1999c). Breastfeeding may offset some of the social and economic disadvantages affecting many teen mothers (Wambach & Cole, 2000). Breastfeeding has the possibility of saving a teen mother about $100 to $300 per month on formula alone, with a yearly savings of between $1,200 and $3,600 (Gent & Brady-Fryer, 1992). This does not include the cost of artificial feeding equipment or the increased medical costs related to artificial feeding (Riordan, 1997). Breastfeeding generally costs the teen mother little or nothing (Gent & Brady-Fryer), although one study estimated the cost of improving the breastfeeding mother's nutrition at $40 per month (Riordan).

The adverse effects of poverty on child health are compounded by larger family size (Health Canada, 1999c). Teen mothers are likely to have more children in their lifetime than women who start childbearing as adults (Nord, Moore, Morrison, Brown, & Myers, 1992). Breastfeeding, while limited as a highly effective contraceptive method in preventing pregnancy, does offer the teen mother some protection as a natural family planning and child spacing method (Gross, 1991). The delayed ovulation that occurs as a result of breastfeeding can contribute to reducing unwanted pregnancies when used in combination with other contraceptive methods (Gross).

Other aspects of breastfeeding which may be important to teen mothers' health include hastened postpartum uterine involution and reduction of postpartum lochia (Riordan & Auerbach, 1993), loss of any excess pregnancy weight (Dewey, Heinig, & Nommsen, 1993), decreased risk of certain types of cancers and osteoporosis (Melton et al., 1993; Rosenblatt, Thomas, & WHO Collaborative Study of Neoplasia and Steroid Contraceptives, 1993; United Kingdom [UK] National Case-Control Study Group, 1993), and enhanced sleep due to breastfeeding hormones (Royal College of Midwives, 1991). Marcus et al. (1999), in their study of 1,652 women in Maryland, found that breastfeeding before the age of 20 years was associated with less risk of pre-menopausal breast cancer. Other potential benefits of teen breastfeeding include increased self esteem, sense of control, relaxation, sense of accomplishment, empowerment, feelings of self identity, and feelings of connection with another person, as well as enhanced social support and return to school due to participation in breastfeeding support programs (Bar-Yam, 1993; Lawrence, 1984).

Since all time lows in the 1960s, breastfeeding initiation rates in Canada have steadily increased (Health Canada, 1998). Approximately, 75% to 80% of Canadian mothers initiate breastfeeding (Health Canada, 1998, 1999a). Canadian breastfeeding initiation rates for women under 20 years are unavailable, but women in Canada under 25 years initiate breastfeeding at a lower rate than women 25 to 29 years (66% vs. 73% in 1994/95) (Health Canada, 1999a). Within the CRHA, breastfeeding initiation rates for women less than 20 years in the Best Beginning Program increased from 77% in 1995 to 85% in 1998 (CRHA, 1998a, 1999). During the same time period, breastfeeding initiation rates for non-Best Beginning clients of all ages increased from 87% to 90% (CRHA, 2001b). Therefore, teen mothers who are involved with the Best Beginning Program in the Calgary area are initiating breastfeeding at comparable rates to non-Best Beginning clients (CRHA, 1998a, 1999, 2001b). No other Canadian data on teen breastfeeding rates could be found in the published literature. In the US, breastfeeding initiation rates for teen mothers range from 10% - 85% (Baisch, Fox, & Goldberg, 1989; Lizarraga, Maehr, Wingard, & Felice, 1992; Misra & James, 2000; Neifert, Gray, Gary, & Camp, 1988b; Pierre et al., 1999; Robinson, Hunt, Pope & Garner, 1993; Ryan, 1997; Volpe & Bear, 2000), with the largest recent national study showing 43% of teens initiating breastfeeding (Ryan). Higher initiation rates were reported from the UK (58%) (Ineichen, Pierce, & Lawrenson, 1997) and Australia (75%) (Benson, 1996).

Breastfeeding duration is the proportion of all mothers sampled who are or were breastfeeding at a given point in time after their children's births (Health Canada, 1999a). It is difficult to obtain a clear picture of Canadian women's breastfeeding

duration rates as statistics are often reported as the percentage of women who continued breastfeeding related to those who initiated and/or as the percentage who weaned their children at a given age. The current national breastfeeding duration rate suggests that approximately 40% of all breastfeeding initiators stop before 3 months (Health Canada, 1998). A previous reference estimated that approximately 30% of all Canadian mothers breastfed their infants until 6 months, a duration rate which has remained relatively unchanged since the early 1980's (Health and Welfare Canada, 1991).

In the US in 1995, Ryan (1997), in a long running national infant feeding surveillance study, found 9% of mothers younger than 20 years continued breastfeeding for 6 months, while 15% to 34% of older American women breastfed to 6 months. A national youth survey in the US found, of the 30% of teens aged 15 to 19 years who initiated breastfeeding, the mean length of breastfeeding duration was 4 months (Peterson & DaVanzo, 1992). In Missouri, Misra and James (2000) found that most low income teen mothers stopped breastfeeding in the first week, with only 5% of low income teen mothers breastfeeding past 7 weeks. In Colorado, Neifert et al. (1988a; 1988b) followed 60 breastfeeding teens and, while not reporting total breastfeeding duration rates, showed 65% of the 53% who started breastfeeding continued past 1 month, 43% past 2 months, 25% past 6 months, and 8% past 9 months. Higher continuation rates were found by Lipsman, Dewey, and Lonnerdal (1985), where 88% of an initial 24 breastfeeding teens nursed past 3 months and 38% continued past 6 months. In the UK, Ineichen et al. (1997) found 30% of a sample of 55 teen mothers nursed past 1 week and 8% continued for at least 3 months. In Australia, Benson (1996) found 39% of

small sample of teen mothers (N=18) breastfed past 1 month and 22% breastfed past 3 months.

Breastfeeding duration rates for CRHA teen mothers in 1998 were 85% of all teen mothers in Best Beginning breastfeeding at 1 week, 50% at 2 months, 37% at 4 months, and 27% at 6 months which increased from 77% of all teen Best Beginning mothers breastfeeding at 1 week, 41% at 2 months, 27% at 4 months, and 15% at 6 months in 1995 (CRHA, 1998a, 1999). The Best Beginning teen mothers' breastfeeding duration rates are lower than the 90% of CRHA mothers of all ages breastfeeding at 1 week, 72% breastfeeding at 2 months, 60% at 4 months, and 49% at 6 months in 1998 (CRHA, 2001b). There is nothing available in the published literature on how teen breastfeeding duration rates in other Canadian regions may be changing or compare to adult women's rates.

Few studies have explored factors influencing breastfeeding duration in teen mothers. In a longitudinal survey of 244 teen mothers, Neifert et al. (1988a) found teen mothers' breastfeeding duration to be unaffected by the provision of free formula samples which had been shown in adult women in Quebec to decrease breastfeeding duration (Bergevin, Dougherty & Kramer, 1983). Neifert et al. (1988b), in their longitudinal survey of a nonrandom sample of 60 teen mothers, did not associate maternal age, ethnicity, education level, involvement of the baby's father, timing of the breastfeeding decision, intended duration of breastfeeding, age of introduction of formula supplements, and availability of maternal support with teen breastfeeding duration. Due to a relatively small sample size, Neifert et al.'s (1988b) lack of

associations may have been due to insufficient statistical power (Polit & Hungler, 1995).

The limited information available on teen mothers' breastfeeding duration rates strongly suggests that many teen mothers prematurely wean their infants (Health Canada, 1999a). Premature weaning is defined as the complete cessation of breastfeeding before the recommended minimum breastfeeding duration of 4 to 6 months (CPS, Dieticians of Canada, & Health Canada, 1998; Health Canada). Ineichen et al. (1997) found that the most common reason for weaning for teen mothers was sore nipples, especially in the first few weeks. Sore nipples as part of the breastfeeding process is one of the reasons given by adult women for very early weaning (Health Canada). Neifert et al. (1988b) discovered the most common reason for teen mothers to wean under 1 month was nipple confusion, which is also related to the breastfeeding process. Insufficient breastmilk supply, baby too demanding, and baby rejecting breast were the most common reasons for weaning found by Lipsman et al.'s (1985) study of teen mothers. These reasons are similar to those given by adult women for weaning after 2 to 3 months (Health Canada). This is consistent with the fact that the majority of Lipsman et al.'s teen participants breastfed past 3 months. Going back to school and modesty issues as reasons for weaning have been proposed as unique issues for teen mothers (Ineichen et al.; Neifert et al.). Teen mothers' early introduction of formula supplements and solids has been suggested as increasing early weaning rates (Motil, Kertz, & Thotathuchery, 1997; Swanson, 1988).

It is apparent from the literature review that the present state of knowledge regarding teen breastfeeding has gaps that require further illumination. Based on the

information on teen pregnancy and teen live births, the promotion of breastfeeding has the potential to impact the health of a large number of teen mothers and their infants, as well as their families and communities in a number of areas in significant ways. The picture of teen breastfeeding initiation and duration shows teen mothers in the Calgary region may be initiating breastfeeding similarly to adult women, but their breastfeeding duration rates very quickly drop below the regional and national rates. The complex factors influencing many teens to prematurely wean their infants leave one with many questions. Before the effects of teen breastfeeding, teen breastfeeding rates, and teen breastfeeding programs can be studied in a meaningful way, the experience of breastfeeding from the teen mother's perspective needs to be further explored (Health Canada, 1999a).

The purpose of this research study was to discover the phenomenon of breastfeeding as experienced by teen mothers. An enhanced understanding of the breastfeeding experiences of teen mothers may influence attitudes and nursing interventions to promote, protect and support teen breastfeeding and may enhance the care given to teen mothers by nurses and other health professionals.

The Research Question

The research question for this study was:

What is the breastfeeding experience of teen mothers?

Using grounded theory method, first time breastfeeding experiences of teen mothers were explored. A qualitative research question was selected for this study in order to contextualize the issue of teen breastfeeding and to help increase nurses' and

other health professionals' understanding of breastfeeding from the teen mother's perspective (Health Canada, 1999a). While further quantitative survey and epidemiological study of teen breastfeeding is warranted, it has recently been recommended that a broad range of research methods be used to fully assess groups of women such as teen mothers where change in breastfeeding behavior is desirable (Health Canada). The study's utilization of grounded theory as a qualitative research method allowed for exploration of how personal and sociocultural factors influence teen breastfeeding behavior (Health Canada). The findings of this study will be helpful in the development of new insights about teen breastfeeding which have the potential to contribute to the development of new knowledge regarding this phenomenon.

The data for the study was collected from eight (six primipara and two multipara) teen mothers who considered themselves to have breastfed their first children within the last 3 years. Each teen mother was interviewed once. Data analysis resulted in the identification of a core variable. The core variable that emerged from this study was: **Teen Mothers: Continuously Committing to Breastfeeding**. Four categories and two subcategories converged to support the core variable. The categories that emerged were: (a) **Deciding to Breastfeed**, (b) **Learning to Breastfeed**, (c) **Adjusting to Breastfeeding,** and (d) **Ending Breastfeeding**. As well, within each category, two further subcategories occurred: (a) **Vacillating between the Good Things and Hard Things about Breastfeeding**, and (b) **Social Support and Other Social Influences**.

CHAPTER TWO:

LITERATURE REVIEW

The published literature contains numerous studies about many aspects of breastfeeding, but there is limited research on teen mothers' experiences with breastfeeding. Most of the teen breastfeeding research used quantitative descriptive and/or correlational research methods to explore whether teen mothers are able to breastfeed and why teen mothers breastfeed or not. Two articles which reviewed the literature on teen breastfeeding will also be included in this literature review (Bar-Yam, 1993; Wambach & Cole, 2000). Generally, the data collection of the reviewed studies involved retrospective and/or prospective written surveys or structured interviews, with sample sizes ranging from 22 to 6,284. To date, after searching CINAHL, MEDLINE, HealthSTAR, and PsychINFO databases, only three qualitative studies on the experience of teen breastfeeding could be found (Benson, 1996; Hannon, Willis, Bishop-Townsend, Martinez, & Scrimshaw, 2000; Swanson, 1988). The majority of the research on teen breastfeeding was conducted in the US, but studies from other English and non-English speaking countries, including Australia, Brazil, Canada, Guam, India, Israel, Korea, Japan, and the UK, will be included in this review as they provide useful comparisons to the US studies. Few Canadian teen breastfeeding articles were found in the published literature.

For the purposes of the literature review, adolescent mothers between the ages of 15 and 19 years will be referred to as teen mothers (Bergum, 1997). Seven studies included data on teen mothers under 15 years or over 19 years, but the samples contained

large proportions of participants aged 15 to 19 years (Benson, 1996; Forrester, Wheelock, & Warren, 1997; Hannon et al., 2000; Lizarraga et al., 1992; Peterson & DaVanzo, 1992; Pierre et al., 1999; Volpe & Bear, 2000). Breastfeeding will be defined as any amount of breastfeeding with or without supplementation (CRHA, 1998a, 1999, 2001b; Labbok & Krasovec, 1990).

Several themes emerged from the literature related to breastfeeding and teen mothers. The findings from the literature are organized under the predominant themes that emanated from the review of the literature and include medical and nutritional issues, nonpregnant teens' views of breastfeeding, factors influencing the breastfeeding patterns of teen mothers, and the qualitative breastfeeding experiences of teen mothers (Bar-Yam, 1993; Wambach & Cole, 2000).

Medical and Nutritional Issues

It has been hypothesized that breastfeeding may compromise the teen mother's health, as the metabolic growth needs of the teen mother may supersede the demands of the breastmilk production process (Chan, Ronald, Slater, Hollis, & Thomas, 1982; Motil et al., 1997; Geervani & Jayashree, 1988). As well, the ability of teens to physically initiate and maintain an adequate supply of breastmilk and produce breastmilk of acceptable composition which may benefit rather than harm infants has been questioned in the literature (Brasil, Vitolo, Lopez, & Nobrega, 1991; Geervani & Jayashree; Lipsman et al., 1985; Vitolo, Brasil, Lopez, & Nobrega, 1993). It is important to review the literature carefully before making any conclusions regarding possible harm from teen breastfeeding due to medical or nutritional issues.

A study of teen breastfeeding in Texas compared the lactation performance of 11 breastfeeding teens with 11 breastfeeding adult women and found the sample of teen mothers had significantly lower breastmilk production than the sample of adult women (Motil et al.,1997). Motil et al. hospitalized teen and adult women at 6, 12, 18, and 24 weeks postpartum and collected breastmilk samples and monitored their infants' consumption of breastmilk during breastfeeding. Although the teen mothers in the study were discovered to have breastmilk similar to adult women's breastmilk, the teen mothers' breastmilk had significantly higher sodium levels (Motil et al.). Motil et al.'s findings need to be interpreted cautiously as the teen mothers in the study had significantly lower daily durations of breastfeeding than the adult women, while introducing significantly more formula feedings and weaning significantly earlier. In addition, Motil et al.'s study is limited because of small sample sizes and attrition due to weaning (n = 11 adult women at all intervals; n = 11 adolescent women at 6 weeks, n = 9 at 12 weeks, n = 7 at 18 weeks, n = 4 at 24 weeks due to weaning). There may not have been enough statistical power in the small samples to detect real differences between the groups (Polit & Hungler, 1995). Motil et al.'s results may have been confounded by the differences between the study's two sample groups as the adult women in the study were middle class older Caucasian women who were very committed to breastfeeding, while teen mothers were an ethnically diverse sample of whom most had weaned by the study's end (Polit & Hungler). The breastmilk collection methods used by Motil et al. may have lead to erroneous data and conclusions, especially the unspecified use of either manual or electric breast pump to collect breastmilk samples. Manual breast pumping is seriously

inferior to electric breast pumping in collecting accurate samples and manual breast pumping may even decrease breastmilk production due to lowered hormones and stress (Boutte, Garza, Fraley, Stuff, & Smith, 1985; Zinaman, Hughes, Queenan, Labbok, & Albertson, 1992). As well, Motil et al.'s use of infant test weighing before and after breastfeeding without considering water loss through perspiration, may have resulted in inaccurate estimates of breastmilk consumption by the infant during breastfeeding (Jain, 1995). It is interesting to note, in Motil et al.'s study, the teen mothers' breastmilk sodium levels (136 ± 29 mg/L), although higher than the adult women's levels, were similar to the normal limits of sodium in breastmilk (Riordan,1993). The ethical considerations of hospitalizing women repeatedly and collecting their breastmilk for study versus offering it to their infants were not recognized by Motil et al. Motil et al.'s conclusion that there must be a biological basis for teen mothers' poor lactation performance is possibly inaccurate as their findings may also be related to the principles of breastmilk supply and demand. In other words, when breastfeeding teen mothers supplement with formula, their milk production decreases, they nurse less frequently and for less duration, and they wean earlier (Auerbach, Riordan, & Countryman, 1993).

The issues of teen mothers' breastmilk supply, breastmilk composition, and the effects on teen breastfeeding on adolescent and infant growth have been addressed by other studies. It has been speculated that teen mothers' breastmilk may be different from adult mothers' breastmilk in terms of protein, lactose, fatty acids, magnesium, calcium, potassium, and sodium (Brasil et al., 1991; Lipsman et al., 1985), that teen mothers' colostrum may be different than adult mothers' colostrum in terms of immunoglobulins

(Vitolo et al., 1993), that teens who breastfeed lose more weight (Geervani & Jayashree, 1988) and possibly bone minerals (Chan et al., 1982), that teen mothers may have less breastmilk after 3 months (Geervani & Jayashree), and that babies of breastfeeding teens grow slower (Geervani & Jayashree). In contrast, a longitudinal study in California found that teen mothers' breastmilk supplies were adequate and 88% of the 25 infants in the 9 month study grew appropriately (Lipsman et al.). Caution must be used in interpreting the above studies because of similar problems to Motil et al.'s (1997) work such as using manual pumping or one time only hand expression breastmilk sampling techniques (Brasil et al.; Lipsman et al.; Vitolo et al.), using questionable methods of weighing infants (Geervani & Jayashree; Lipsman et al.), and using small sample sizes of between 20 and 86 teen mothers (Brasil et al.; Geervani & Jayashree; Lipsman et al.; Vitolo et al.). As well, some of the studies were conducted in developing countries, such as Brazil and India (Brasil et al.; Geervani & Jayashree; Vitolo et al.), with different population characteristics and socioeconomic levels, which makes generalizations to Canadian teen mothers difficult. As a note, after Cunningham (1983) questioned the clinical significance of Chan et al.'s findings, Chan (1983) concluded that bone mineral loss in teen breastfeeding was clinically insignificant, as the minerals were restored after weaning.

Nonpregnant Teens' Views on Breastfeeding

Nonpregnant teens' attitudes toward breastfeeding as well as future intentions to breastfeed are influenced by knowledge about breastfeeding, perceived barriers to breastfeeding, being breastfed as a child, and exposure to breastfeeding possibly within a

cultural setting. The influences on nonpregnant teens' breastfeeding attitudes are often interrelated and offer support for the suggestion that breastfeeding decisions are made within the social context (Wambach & Cole, 2000). It is important to examine the attitudes of nonpregnant teens toward breastfeeding because they may be faced with the decision to breastfeed in the future, be influential in the decisions of others, and possibly be open to interventions related to increasing breastfeeding knowledge and strengthening positive breastfeeding attitudes (Bar-Yam, 1993).

Increased knowledge about breastfeeding was related to holding positive attitudes toward breastfeeding, such as breastfeeding is healthy and natural and the intent to breastfeed future children, in a study of 68 middle to upper class high school girls in Maryland (Cusson, 1985). Pasco (1982) surveyed 571 high school girls in Ohio and discovered that students were more likely to intend to breastfeed in the future if they had positive attitudes about breastfeeding. Higher breastfeeding knowledge levels were related to positive attitudes toward breastfeeding, but not future breastfeeding intentions in Ellis' (1983) survey of 409 high school students in British Columbia. Ellis discovered a high percentage of misconceptions about breastfeeding were held by teens, such as breast size is related to the ability to breastfeed, breastfeeding is instinctive versus learned, and breastfeeding is associated with lower socioeconomic levels. Wolinski (1989) in her survey of 94 female and male high school students in Australia found a similar relationship between breastfeeding knowledge deficits and negative breastfeeding attitudes. Kapil and Manocha (1990), in a survey of 76 adolescent girls in India, found most of the teens knew breastfeeding was best and breastmilk contained antibodies, but

many of them had incorrect knowledge about diet and illness during breastfeeding.

A barrier to breastfeeding was found to be embarrassment about breastfeeding in public in a study of 346 teens and 244 college students in Alabama (Forrester et al., 1997). Less than half of the participants believed that breastfeeding should be done publicly, although other attitudes toward breastfeeding were generally positive (Forrester et al.). Discomfort with breastfeeding outside the home, lack of freedom, and inconvenience were barriers found by Purtell's (1994) study of 40 adolescent girls in the UK using self administered questionnaires. Similar barriers to breastfeeding were discovered by Berger and Winter's (1980) pilot study of 242 high school girls in Israel and Gregg's (1989) questionnaire survey of 400 students in the UK, as well as other studies (Cusson, 1985; Ellis,1983; Pascoe, 1982; Wolinski, 1989).

Being breastfed as a child was related to positive breastfeeding attitudes and future breastfeeding intentions by several studies (Ellis, 1983; Gregg, 1989; Purtell, 1994). Being breastfed as a child may offer more exposure to breastfeeding role models through the influence of the teen's mother, as well as the possible observation of siblings and other family members being breastfed (Ellis; Gregg; Purtell).

Exposure to breastfeeding has been linked to positive breastfeeding attitudes by a number of studies. Exposure to breastfeeding role models within the family and with friends appears to be especially influential (Cusson,1985; Ellis,1983). An educational campaign in Korea, where 207 female students were exposed to a breastfeeding promotion program and 205 students were not, was shown to increase positive breastfeeding attitudes (Kim, 1998). Exposure to a television campaign has also been

found to be successful in influencing positive breastfeeding attitudes in a study in Newfoundland using pre and post surveys of 463 high school students (Friel, Hudson, Banoub, & Ross, 1989).

Attitudes toward breastfeeding may be culturally bound. A sample of 571 Israeli high school girls was discovered to be more positive about breastfeeding in general, more knowledgeable, and more likely to breastfeed when compared to a sample of 242 US high school girls (Pascoe & Berger, 1985). Ninety two percent of all mothers in Israel initiated breastfeeding in the early 1980s, which is significantly higher than the 1981 US breastfeeding initiation rate of 57% (Pascoe & Berger). A cross cultural study of 242 Japanese high school girls and 87 US high school girls found that Japanese teens had more positive attitudes toward breastfeeding than American students, but American students expressed more interest in learning more about breastfeeding (Yeo, Mulholland, Hirayama, & Breck, 1994). More Japanese students were found to believe breastfeeding was a natural part of family life, while American students were more likely to view breastfeeding as inconvenient and difficult (Yeo et al.). In the 1990s, 90% of Japanese mothers breastfeed for at least the first month, while about 58% of US mothers breastfeed at least once (Yeo et al.). It is unknown if cultures with higher breastfeeding rates have more positive breastfeeding attitudes or if positive attitudes increase the breastfeeding rates. In actuality, they may work in synchronicity.

Factors Affecting the Breastfeeding Patterns of Teen Mothers

The decision to breastfeed or not is made differently for every teen mother within her individual situation (Bar-Yam, 1993). Generalizations are difficult because teens are

not a homogeneous group (Stotland & Peterson, 1985). Since prenatal intent to breastfeed is strongly associated ($p<0.001$) with subsequent postnatal breastfeeding behaviour (Baisch, Fox, & Goldberg, 1989), factors influencing both the decision to breastfeed and breastfeeding initiation will be reviewed together. The decision to initiate breastfeeding for a teen mother is influenced by demographic and social factors, adolescent development, and breastfeeding attitudes.

Demographic and Social Factors

Demographic and social factors will be presented together, as they are highly related individual variables affecting a teen mother's decision to breastfeed (Wambach & Cole, 2000). For example, a teen mother's age, ethnicity, and the influence of breastfeeding role models are related, as an older teen within certain ethnic groups will have had more potential exposure to others breastfeeding (Wambach & Cole). Teen mothers, who are older may also have more education and possible access to breastfeeding information sources (Wambach & Cole). Teen mothers are more likely to have demographic characteristics found to be associated with lower rates of breastfeeding (Peterson & DaVanzo, 1992). Teen mothers by their very nature as teens, are younger and, as teen mothers, are more likely to belong to certain ethnic groups, have lower education levels, and be unmarried, all of which have been related in studies of adult women with lower breastfeeding rates (Health Canada, 1999a; Peterson & DaVanzo). A number of studies have examined age, ethnicity, education, marital status, socioeconomic status, and geography as demographic factors associated with teen mothers who breastfeed.

Age has been found to be significantly related to breastfeeding initiation (Peterson & DaVanzo, 1992). Peterson and DaVanzo's research used data from the US National Longitudinal Survey of Youth and found that older teens were more likely to breastfeed. Validity of Peterson and DaVanzo's study is increased by the large sample size of 6,284, but generalizations to the current population of teens may be limited because the data was collected between 1979 and 1985 (Polit & Hungler, 1995). Lizarraga et al. (1992), in descriptive interviews with 64 first time teen mothers within 48 hours of birth in California, also found that teen mothers were more likely to intend to breastfeed if they were significantly older (≥ 17 years). The finding that older teens are more likely to breastfeed is also supported by Neifert et al.(1988b). Neifert et al. interviewed 244 teen mothers within 48 hours of birth in Colorado, using a breastfeeding attitude questionnaire. A subset of 60 breastfeeding teens was subsequently interviewed in person or by telephone at 2 weeks and 2 months postpartum (Neifert et al.). Additional support for the suggestion that older teens are more likely to breastfeed is provided by Ineichen et al.'s study (1997) of 55 pregnant (n=19) and parenting (n=36) teens in the UK, using descriptive interviews. Robinson et al. (1993) also found more older Louisiana teen mothers chose to start breastfeeding, but their breastfeeding rates were very low in comparison with other studies (N=84, 10% initiated breastfeeding).

Ethnicity and race have been shown to be related to the decision to breastfeed for teen mothers (Wambach & Cole, 2000). In a similar pattern, ethnicity and race have been found to be involved in the breastfeeding decisions of adult mothers (Wambach & Cole). Although many of the teen breastfeeding studies reviewed had small

homogeneous samples, a few studies had ethnically diverse samples. In a descriptive study with 696 teen mothers in Texas, Wiemann, DuBois, and Berenson (1998a) found 55% of Hispanics, 45% of Caucasians, and 15% of African American teens decided to breastfeed by 48 hours postpartum. Ethnicity was shown to influence the decision to breastfeed in Story and Harris' (1988) investigation of 318 pregnant teens in Minnesota, with 72% of Hispanics, 57% of Caucasians, and 38% of African Americans intending to breastfeed. Rubin and East (1999) conducted a longitudinal survey of 154 teen mothers in two groups, those who wanted a baby and those whose pregnancy just happened. They used a multiple choice questionnaire prenatally, at 2 months postpartum, and at 24 months postpartum with high follow-up rates (75% and 69% respectively) (Rubin & East). Teens who wanted a baby were more likely to breastfeed and were more likely to be Hispanic (Rubin & East). Hispanic teens were found to start breastfeeding more often in Lizarraga et al.'s (1992) work. Peterson and DaVanzo (1993) discovered both Caucasian and Hispanic teens were more likely to breastfeed. In contrast, Neifert et al. (1988b) found Caucasian teens were more likely than non-Caucasian teens to elect to breastfeed.

Education levels have been related to the decision to breastfeed for both teen and adult mothers (Wambach & Cole, 2000). Teen mothers with more years of education were discovered to be more likely to breastfeed by Peterson and DaVanzo (1992). Not being in school during the teen's pregnancy was associated with deciding to breastfeed by Lizarraga et al. (1992). Story and Harris (1988) also found that no plans to return to school was related to breastfeeding. There may be an association between age and not

being in school or not planning to return to school. It may be that the teens who decide not to return to school are older and have already completed high school. As previously mentioned, older teen have been shown to be more likely to breastfeed (Lizarraga et al.; Neifert et al., 1988b).

The marital status of the teen mother, as well as who she lives with, is another demographic factor related to the decision to breastfeed. Peterson and DaVanzo (1992) found married teens, as well as teens who did not live with the baby's maternal grandmother to be more likely to breastfeed. More married teens chose to breastfeed in Lizarraga et al.'s research (1992). Rubin and East's (1999) work, which found that teens who wanted a baby were more likely to breastfeed, also found that teens who wanted a baby were more likely to be married or supported by the baby's father. As well, holding traditional values about the distinct roles of men and women in the family has been positively related to the decision to breastfeeding (Peterson & DaVanzo).

Only one study looked at the socioeconomic status of teen mothers and found that teens with a higher household income were more likely to breastfeed (Peterson & DaVanzo, 1992). Higher socioeconomic status has been associated with breastfeeding in adult women (Health Canada, 1999a; Peterson & DaVanzo)

The geographic location in which the teen mother lives is a further factor affecting teen breastfeeding. Peterson and DaVanzo (1992) found living in the Western US to be positively associated with teen breastfeeding. For unknown reasons, current breastfeeding rates for all women increase significantly from East to West in both the US and Canada, with similar trends occurring over the last three decades (Health and

Welfare Canada, 1991; Health Canada, 1999a; Ryan, 1997).

Social factors influencing the decision to breastfeed have been well documented in the literature on adult women and breastfeeding (Health Canada, 1999a; Wambach & Cole, 2000). Support from others, breastfeeding role models, and information sources have been shown by a number of studies to be social factors affecting the decision to breastfeed for teen mothers (Wambach & Cole).

The support teen mothers receive from others within their social network influences teen mothers' breastfeeding decisions (Wambach & Cole, 2000). The decision to breastfeed for a teen is often made in collaboration with family and friends, rather than alone (Story & Harris, 1988). Approval of significant others is an important influence on teen breastfeeding decision making (Ineichen et al., 1997; Robinson et al., 1993; Wiemann et al.,1998b), although significant others may have a negative influence on breastfeeding (Ineichen et al.). Ray and Estok (1984), in their descriptive interviews with 25 primiparous pregnant teens in Ohio, found that the teen's mother was the most important source of breastfeeding information. The teen's mother was also shown by Story and Harris to be important in the breastfeeding decision, as well as the baby's father and the teen's family. In their descriptive prospective study with 254 pregnant teens in Maryland, Joffe and Radius (1987) determined social support from the baby's father significantly influenced the teen's intent to breastfeed. The teen's mother and the baby's father were discovered to both be influential on the teen's decision to breastfeed by Robinson et al. Wiemann et al. found low social support to be negatively associated with breastfeeding. In contrast, living with a boyfriend, family, and having a supportive

friend or relative were not associated with intent to breastfeed in Lizarraga et al.'s (1992) work.

Exposure to and support from breastfeeding role models was associated with teens who decided to breastfeed by Wiemann et al. (1998b). Lizarraga et al. (1992) also determined being exposed to other women who breastfed, as well as being breastfed as a child, positively influenced teens to breastfeed. Teen mothers were found by Joffe and Radius (1987) to be more likely to decide to breastfeed if they themselves were breastfed. Another aspect of how breastfeeding role models are a social factor in a teen's breastfeeding decision is the teen's previous personal experiences with breastfeeding. Wiemann et al.'s study discovered an attempt to breastfeed a previous child was related to trying to breastfeed again.

Health professionals have been found to be information sources influential to the breastfeeding decision (Baisch, Fox, & Goldberg, 1989; Ineichen et al., 1997; Ray & Estok, 1984; Wiemann et al., 1998b). Health professionals may be sources of encouragement and/or discouragement, but are less influential information sources than the teen's mother (Baisch, Fox, & Goldberg; Ineichen et al.; Ray & Estok; Wiemann et al.). Pregnant teens have been shown to want more information and education about breastfeeding (Baisch, Fox, & Goldberg; Joffe & Radius, 1987; Story & Harris,1988), possibly through the medium of magazines (Ray & Estok). Teens are significantly more likely than adult women to delay their infant feeding decisions to the end of pregnancy or at the time of birth, which makes learning about breastfeeding and following through with intentions difficult (Ineichen et al.; Wiemann et al.). Breastfeeding initiation has

been found to be significantly enhanced (65%, n=43 vs. 15%, n=48) through the use of a prenatal breastfeeding education campaign in a high school adolescent pregnancy program in Florida (Volpe & Bear, 2000). As well, a teen prenatal school and clinic educational program in Guam, using culturally appropriate videos, written information and small group interaction, found program participants were twice as likely to initiate breastfeed and more were continuing to breastfeed at 2 months than comparison mothers (Pobocik et al., 2000). Other innovative social marketing approaches have also been developed to promote teen breastfeeding, but have not been fully evaluated (Bryant, Coreil, D'Angelo, Bailey, & Lazarov, 1992).

Adolescent Development

The influence of adolescent development on the decision of teen mothers to breastfeed has been formally researched by only one study. Pierre et al. (1999), in their survey of 125 pregnant and postpartum teens in Massachusetts, hypothesized that teens with higher levels of ego development may be more likely to breastfeed, but found no relationship between adolescent ego development and breastfeeding attitudes, intention, or behaviour. Although the participants in Pierre et al.'s study initiated breastfeeding at a high rate (85%), the results may be questionable as their sample included women up to the age of 22 years. Inclusion of older women in the sample may have skewed the findings, as age may be related to ego development with older teens and young adults possibly being more likely to breastfeed due to their age.

Based on the extensive research available on adolescent developmental, several authors have hypothetically explored the issue of adolescent development and

breastfeeding. It has been suggested that breastfeeding may be more difficult for young teens in early to middle adolescence (11 years to 14 or 15 years), although there are variations among teens of the same chronological ages (Yoos, 1985). Younger teens are preoccupied with their rapidly changing bodies and their peer group and often experience self consciousness, lowered self esteem, and present orientated concrete thinking (Alberta Health, 1995; Johnson, 1989), all of which may prevent younger teens from focusing on the needs of their infants (Yoos). Issues of adolescent development that have been hypothesized by Yoos to influence a teen mother's ability to breastfeed are self absorption with behaviour, body changes, and appearance, the imaginary audience that focuses attention on the teen, and the personal fable that the teen is alone and unique in her experiences (CRHA, 2000). Others have suggested, in addition to the above developmental issues, the lack of ability to plan ahead, unresolved sexuality, feelings of helplessness about the future, and risk taking behaviour may influence the teen mother's breastfeeding decisions and behaviour (Peterson & DaVanzo, 1992; Stotland & Peterson, 1985).

As teens move into late adolescence (15 to 19 years), they may be more likely to breastfeed because there may be more acceptance of the adult body, an ability to think abstractly by most teens, but not all, increased tolerance and stability of values, re-establishment of family ties, and seeking of intimate individual relationships over conforming to a peer group (Alberta Health, 1995; Johnson, 1989; Yoos, 1985). Older teen mothers may be more likely to breastfeed if they have cognitive knowledge about breastfeeding and motherhood, are emotionally mature, and are focused on relationships

with others (Stotland & Peterson, 1985).

Accomplishing the developmental tasks of adolescence during pregnancy, motherhood, and breastfeeding may be challenging for many teens (Yoos, 1985). During adolescence there are five major tasks to be accomplished: seeking independence, developing sexual identity, searching for intimacy, defining vocational goals, and improving self esteem (Glasser, 1982). Breastfeeding may be seen as curtailing a teen mother's freedom (Bar-Yam, 1993) or breastfeeding may be viewed as an act of independence (Podgurski, 1995). A teen who is preoccupied with her changing body may reject breastfeeding in an attempt to hide her sexual identity (Yoos) or she may enjoy her new body and view breastfeeding as the natural way to feed her baby (Benson, 1996). The connection between searching for intimacy through sexual intercourse and a teen's breasts may be a barrier to breastfeeding (Yoos), although some teens accept the nurturing function of their breasts more positively than others (Stotland & Peterson, 1985). A teen may be discouraged from breastfeeding and trying to work or go to school due to misinformation and a lack of support services (Bar-Yam), although some school based parenting programs may support breastfeeding (Stotland & Peterson). Feelings of invulnerability may be lost and self esteem diminished for a pregnant teen and she may expect to fail at breastfeeding (Stotland & Peterson). However some teens find pregnancy, motherhood, and breastfeeding a source of strength and confidence (SmithBattle, 1995; SmithBattle & Leonard, 1998).

Breastfeeding Attitudes

Holding positive breastfeeding attitudes, such as ascribing benefits to

breastfeeding like health benefits for the infant, attachment, convenience, economics, and maternal advantages, has been significantly linked to pregnant teens' intent to breastfeed and teen mothers' actual breastfeeding behaviour (Baisch, Fox, & Goldberg, 1989; Wambach & Cole, 2000). Negative attitudes toward breastfeeding, such as viewing breastfeeding to be inconvenient and old fashioned, having body image issues, and fearing negative infant outcomes and pain, as well as perceiving barriers to breastfeeding, may be very important reasons for deciding to not breastfeed for some teens (Wambach & Cole). As well, attitudes toward breastfeeding held by pregnant and postpartum teens are interrelated with many of the previously mentioned demographic and social factors shown to influence the decision to breastfeed.

In Yoos' (1985) retrospective study of 50 postpartum teens in New York, positive breastfeeding attitudes related to the infant were given more often by breastfeeding teens. More self oriented reasons were given by bottle feeding teens for their choice (Yoos). In Maehr, Lizarraga, Wingard, and Felice's (1993) retrospective comparison of breastfeeding attitudes of 48 primiparous teens and 48 adult women in California, pregnant teens and adults were similar in choosing to breastfeed for infant health benefits, but teens cited naturalness or the convenience of breastfeeding less often than the adults. Results of Maehr et al.'s study may be limited by the older mean age of their teen subsample (17.1 years), who as older teens may be more likely to breastfeed (Lizarraga et al., 1992). Radius and Joffe's (1988) study of 254 pregnant inner city teens in Maryland found perceived breastfeeding benefits were more important than perceived breastfeeding barriers in influencing the decision by teens to breastfeed.

Negative breastfeeding attitudes, especially related to physical and personal convenience, were associated with teens who chose not to breastfeed in Radius and Joffe's (1988) research. Many studies show teens choose not to breastfeed because of the attitude that breastfeeding is embarrassing especially in front of men (Ineichen et al., 1997; Radius & Joffe; Robinson et al., 1993; Yoos, 1985).

Perceived barriers to breastfeeding have yielded some conflicting reports. Yoos (1985) and Lizarraga et al. (1992) both found teens perceived returning to work or school as a barrier to breastfeeding, while Joffe and Radius (1987) discovered teens did not perceive breastfeeding as interrupting their school or social life. Yoos' work indicated that teens thought breastfeeding restricted their activities and prevented them from smoking or taking oral contraceptives. Teens' lack of knowledge about breastfeeding and the need for more breastfeeding knowledge was reported from a number of studies (Baisch, Fox, & Goldberg, 1989; Joffe & Radius; Robinson et al., 1993).

Positive breastfeeding attitudes were related to demographic and social factors in Baisch, Fox, and Goldberg's (1989) survey of 128 low income pregnant teens in Wisconsin. Greater breastfeeding knowledge, being breastfed as an infant, and hearing about breastfeeding at home, but not race or age, were significantly associated with positive breastfeeding attitudes and subsequent decision to breastfeed (Baisch, Fox, & Goldberg). Baisch, Fox, and Goldberg used a modified version of Berger and Winter's (1980) survey of breastfeeding attitudes of nonpregnant teens. Robinson et al. (1993), using the same breastfeeding attitudes survey as Baisch, Fox, and Goldberg, discovered

that teen mothers had significantly higher breastfeeding attitude scores if they had more education, had not been discouraged from breastfeeding by a health professional, and, in contrast to Baisch, Fox, and Goldberg, were older. Baisch, Fox, Whitten, and Pajewski (1989) conducted a comparative study of breastfeeding attitudes of 187 pregnant teens and 87 pregnant adult women in Wisconsin, using Baisch, Fox, and Goldberg's questionnaire and found that in contrast to their other work, breastfeeding attitudes were related to race, age, and type of prenatal care. Wiemann et al. (1998b) found perceived benefits of breastfeeding to be instrumental in the decision to breastfeed, regardless of ethnicity.

Qualitative Studies Regarding Breastfeeding Experiences of Teen Mothers

It is noteworthy that the extant knowledge regarding the phenomenon of teen breastfeeding has been generated using quantitative methods. After a through review of the published literature, three qualitative studies on the experiences of breastfeeding for teen mothers were found. A sociological study of 55 teen mothers in New England used a combined qualitative and quantitative approach to explore infant feeding patterns (Swanson, 1988). Fifty five percent of the participants initiated breastfeeding, but many did not continue breastfeeding as long as they had intended possibly because the teen mothers introduced early supplements and solids (Swanson). Swanson found that the teen mothers' decision making processes about infant feeding were "embedded in a social support network" (p. 249). The teen mothers in this study viewed their infants as complex social beings and the teen mothers' thoughts about how to feed their children were very complex, with much consideration given to the infants' total well being

(Swanson).

A descriptive qualitative study in Australia involved interviews with 74 pregnant teens, follow-up interviews with 47 postpartum teen mothers in hospital, and final interviews with 18 teen mothers at 4 to 6 months postpartum (Benson, 1996). Initial themes related to the breastfeeding experiences of teen mothers, which were not expanded in any depth, included feelings of being conspicuous, self-aware, and egocentric, wanting breastfeeding to be easy, being concerned with the effects of breastfeeding on sleep, wanting to introduce early infant solids, responding to the influence of culture and family, feeling regret, ambivalence, and joy in parenting, and being willing to try breastfeeding again with future infants (Benson).

A third qualitative study used semistructured ethnographic interviews and focus groups with 35 Latina and African American girls in Illinois in the first 3 months postpartum (Hannon et al., 2000). Three main influences on the dynamic infant feeding decision making process were found to be the teens' perceptions of the benefits of breastfeeding, their perceptions of the problems with breastfeeding, and the influence of others.

In conclusion, the limited qualitative research exploring teen mothers' experiences with breastfeeding brings to light various issues related to the breastfeeding experiences of teen mothers that warrant further exploration in order to fully explicate the rich concepts involved in the phenomenon of teen breastfeeding.

CHAPTER THREE:

RESEARCH DESIGN

Method

A grounded theory research method was used to explore the study's research question: ***What is the breastfeeding experience of teen mothers?*** (Glaser,1992; Glaser & Strauss,1967). As a qualitative research method, grounded theory requires the researcher to take an interpretive naturalistic approach to studying a phenomenon in its natural setting while trying to interpret the meanings people hold (Denzin & Lincoln, 2000). Grounded theory method involves the use of qualitative analysis of qualitative data to discover findings, concepts, and/or hypotheses (Glaser). Grounded theory consists of a systematic set of methods linking ongoing data collection with analysis is order to generate an inductive theory about the research question (Glaser). I have chosen to align my study with the work of Glaser and Glaser and Strauss, as I believe their approach allows the theory to emerge, rather than forcing the data which defeats the purpose of grounded theory discovery (Glaser).

The purpose of grounded theory as a research method is not to validate existing theory, but to discover a core variable and subsequent theory grounded in the data (Glaser, 1992). The grounded theory approach utilized in the study attempted to uncover the relationships between concepts that emerged from the teen mothers' interpretations of their experiences during breastfeeding (Chenitz & Swanson, 1986). Using grounded theory allowed me to set aside what is known from the literature and from my experiences about teen mothers who breastfeed and take a new look at what teens who

breastfeed actually do, think, and feel about breastfeeding (Morse, 1994).

Grounded theory is rooted in symbolic interactionism which holds that humans behave toward things based on the meaning(s) those things hold for them, meanings arise from social interactions between individuals, and meanings are modified through interpretive processes used by people in handling encounters (Blumer, 1969). As social meaning is continually being revised during interactions and due to changing social structures, the perspective of symbolic interactionism is "dynamic and processual rather than static and structural" (Wuest, 1995, p. 127). Through a grounded theory approach, I endeavored to uncover a picture of the world of breastfeeding teen mothers through the exploration of their meanings, interactions, and perceptions (Glaser, 1992). I sought to understand things as the participants understand them, to learn about their world, to learn about the participants' interpretation of interactions, and to share their meanings (Chenitz & Swanson, 1986).

Sample

Recruitment of Participants

A purposive sample was recruited for this study. Theoretical sampling strategy was used whereby recruitment continued as long as new concepts were being discovered (Glaser, 1978). Eligible participants were recruited through the CRHA Healthy Communities' Family Planning Clinics and Public Health Nursing, as well as through the CRHA's Best Beginning Program. The final sample consisted of six first time teen mothers and two second time teen mothers. Three of the mothers were referred by the Public Health/Best Beginning Program Nurse and five self referred and contacted me

directly by telephone. Three other first time teen mothers contacted me about participating, but one mother could not be reached again to arrange an interview and the other two teen mothers e-mailed me or telephoned me after the data was saturated. Recruitment was influenced by the teen mothers' connection with the CRHA's community services, especially through Public Health Nursing and the Best Beginning Program. It was anticipated that the 'snowball' effect with one participant referring another one might have happened, but this did not occur (Polit & Hungler, 1995). Data collection occurred between October 2000 and February 2001. Data collection ceased when it became apparent that no new concepts were emerging.

Eligibility

All eight participants met the study eligibility requirements as women who were between the ages of 15 and 19 years at the birth of a full term singleton child within the last 3 years and who considered themselves to have breastfed for the first time. Six participants were still breastfeeding at the time of the study interviews. Of the two participants who had weaned at the time of the study interviews, weaning had occurred within 1 year of the interview. All participants were able to verbally communicate in English. The eligibility requirements attempted to maximize variability between participants which increased the potential for the emergence of a grounded theory (Glaser, 1992).

No potential participants were ineligible because of prior contact with me in my nursing practice in the CRHA's Family Planning Clinics. No contact at the Family Planning Clinics occurred between myself and the participants during the research

period. If future contact in the Family Planning Clinic between a participant and I occurs, the participant will be cared for by an alternate Family Planning Clinic nurse other than myself.

Research Procedures

Initial Contact

Once a potential participant was identified by CRHA staff, the participant was given a study information sheet (see Appendix A) based on Riesch, Tosi and Thurston's (1999) work in accessing young adolescents for research. Verbal consent was given by the potential participant to the CRHA staff member in order to allow me to initiate contact. Potential participants also self referred by contacting me themselves. The study information sheet (Appendix A) was posted in all CRHA Community Health Centres as well as the Family Planning Clinics. I used an initial telephone contact to clarify potential participants' eligibility, interest, and commitment to the study. An interview was arranged during the telephone contact.

Interview

Informed consent.

Prior to the interview, a written CRHA consent form (Appendix B) based on Hazelwood's (1997) and Riesch et al.'s (1999) work was given and explained to the potential participant. Informed consent was subsequently obtained from all the participants. All the participants who were under 18 years of age were emancipated minors and gave their own informed consent.

Environment.

The interviews took place in the participants' homes, except for one participant who chose to be interviewed at a CRHA Community Health Centre. Whether in the participants' homes or at the Community Health Centre, efforts were made to have the participants choose an interview location that was convenient and comfortable for them and where privacy could be maintained. Attempts were made to minimize distractions and provide a conducive atmosphere. The participants were encouraged to not have others, such as family or friends, present during the interview, which only happened on a few occasions for parts of the interview. Reimbursement for child care, as compensation for the participants' time, was offered to all participants. The interviews occurred at times which were convenient for the participants and myself and each interview lasted approximately 40 to 80 minutes. The interviews, with the participants' informed consent, were tape recorded and later transcribed by one of two secretaries who signed confidentiality forms for transcription (Appendix C).

Interview process.

After informed consent was obtained, basic demographic information was collected at the beginning of the interview and recorded on a demographic form (Appendix D). Demographic information is summarized in Chapter Four: Meet the Teen Mothers. Each interview was initiated by asking the teen mother, "Tell me what it is (was) like to breastfeed your son/daughter." The interview used an informal format to explore the participants' experiences of teen breastfeeding through open ended questions which attempted to freely facilitate the participants' responses, as well as to permit me to

clarify responses (Strauss & Corbin, 1990). After the research interview, a few participants were referred to their Public Health Nurses to address specific questions that they had about their children's health.

Additional Data Sources

Throughout the research process, I continued to explore my own assumptions, interest in the research question, and responses to the study through the use of field notes. Field notes were also written after each interview to record my thoughts about the context of the interview. Brief telephone interviews were conducted with seven of the eight participants 2 to 4 months after the initial interviews, in order to clarify information from the original interviews and to conduct member checks of the study's findings. At the end of the research period, a written summary of the major findings was mailed to each participant with an opportunity to send back written, electronic, or telephone feedback. Only two of the participants responded.

Data Generation and Analysis

The data generation process involved simultaneously collecting, coding, and analyzing data. Although presented in a linear sequence, the process was circular with movement back and forth between data collection, coding, and analysis. Data generation was not based on preconceived theoretical frameworks, but rather on the coding of raw data and constant comparative analysis. Initial decisions about what data needed to be collected was determined by the research question and the emerging hypotheses directed what further data to collect and where to find it. Emergence of new concepts from the data warranted continuation of theoretical sampling. Theoretical sampling of data

ceased when the data codes were saturated, elaborated, and integrated into the emerging theoretical model (Glaser, 1992).

All attempts were made during data generation and analysis to meet the two main criteria of a good scientific grounded theory study which are parsimony and fit. As much variation in behavior as possible was accounted for, with as few categories and properties as possible. The fit of the categories and properties was validated by saturation, interchangeability of indicators, relationship to the core categories, and integration into the emerging theoretical model (Glaser, 1992).

Open Coding

Open coding involved comparing words, phases, lines, and paragraphs within the interview transcripts in order to discover substantive codes or concepts expressed by the participants. The substantive codes were then examined and compared to determine their dimensions and properties, allowing similar concepts to be grouped and abstract categories to be developed. Each multidimensional concept was coded in as many categories as possible and categories were then compared for connections or linkages (Glaser, 1992).

Theoretical Coding

During theoretical coding, the ordering of data and the interrelationship of substantive codes occurred. Theoretical codes emerged from the data as new connections were established that made ideas relevant. Examples of theoretical codes included causes, contexts, contingencies, consequences, covariances, and conditions. Theoretical coding also involved coding within the following families of codes:

processes of at least two stages, degrees of variability, dimensions of a whole, types of variations of the whole, strategies, interaction of two or more variables, identity or self-identity, cutting points on the range, means to a goal, cultural or social norms, consensus, mainline, theory, structural ordering, temporal ordering, conceptual ordering, units, reading, and modeling (Glaser, 1992).

Selective Coding

Selective coding enabled category integration through the confirmation of a core category, with the potential for the development of an emerging theoretical model for the study (Glaser, 1992). Selective coding is a reductive process of restricting coding to those categories that relate to the emerging core category and is the level that moves analysis from description of concepts and themes to theory development (Glaser; Strauss & Corbin, 1990). Selective coding continued to guide further theoretical sampling and data collection (Glaser). It is through selective coding that open coding ceased, as the data was then constantly compared and analyzed for the properties and dimension of the emerging core variable (Glaser).

Memos

Throughout the analysis of the data, memos were written during coding in order to raise the data to a conceptual level. As I became more immersed in the data, memos were used to capture my increasing theoretical sensitivity or ability to generate concepts and relate the concepts to theory development. Ideas about coded concepts, their relationships, the properties of each category, hypotheses about linkages between categories, clusters of categories, and the potential relevance of the emerging core

variable were documented in memo form. Memos were used to collect and store analytical ideas as they occurred during code and category development and revision (Glaser, 1992).

Theoretical Sorting

The presentation of the study began with theoretical sorting of the above memos in order to guide future writing about the findings. Theoretical sorting generated an outline based on questioning the data in relation to the theoretical codes. The purpose of theoretical sorting was to keep the study presentation on a conceptual level and to move beyond descriptive analysis. Memoing continued during theoretical sorting and was integrated into the process (Glaser, 1992).

Data Management

Management of the study's data was assisted by a qualitative computer program Ethnograph Version 5.07 (Qualis Research Associates, 2001). When using the computer program, the boundaries between mechanical and conceptual data analysis were considered in order to keep my analytical processes grounded in the data and not in the technology (Taft, 1993).

Study Rigour

Rigour in research involves producing a good quality study using techniques to ensure its trustworthiness. In order to preserve the meaning and context of qualitative research's versatile and sensitive work, different concepts of rigour from quantitative research's reliability, generalizability, and validity are necessary (Sandelowski, 1993).

Ensuring the rigour of this study involved the concepts of credibility,

transferability, dependability, and confirmability (Lincoln & Guba, 1985). The study was carried out in a way that enhanced the believability of the findings and steps were taken to demonstrate credibility (Lincoln & Guba). Credibility of the data was ensured by the triangulation of data from multiple sources such as field notes, memos, and interview transcripts (Polit & Hungler, 1995). Debriefing with colleagues and member checks with participants were utilized to establish credibility (Polit & Hungler). The major study findings were shared with and feedback received from two nurses who work in the areas of public health and/or a teen pregnancy and parenting program similar to the Best Beginning Program. Member checks with participants took the form of both telephone calls to all participants and the mail out and opportunity to provide feedback on written summaries of the study's results.

Transferability is the applicability of the findings to other contexts (Lincoln & Guba, 1985). Attempts were made to provide sufficient descriptive data in the presentation of the findings in order to allow others to evaluate the transferability of the data (Lincoln & Guba), while maintaining a balance with moving the data analysis to a conceptual theoretical level (Glaser, 1978).

Dependability or the stability of the data within the context and confirmability or the objectivity of the data were established by the creation of an audit trail. All transcripts, field notes, and memos have been systematically filed as a record of the research process, and are available for review if requested (Polit & Hungler, 1995).

Ethical Considerations

The study was granted Pediatric Ethical Approval by the CRHA Child Health

Research Office and the University of Calgary Office of Medical Bioethics on September 14, 2000, with modifications approved November 7, 2000, by the University of Calgary Office of Medical Bioethics (Appendix E). Each participant was given or viewed a study information sheet (Appendix A) prior to the first telephone contact from me. The participants who were referred to me by CRHA staff members gave their verbal consent to initial telephone contact to the CRHA staff member who informed them of the study. As well, consent to contact was confirmed by myself at the beginning of the telephone contact. All participants were given and had an opportunity to read a written consent form (Appendix B) in plain language in order to facilitate informed consent. The consent form was also reviewed verbally by myself with the participant in case of literacy issues. Ongoing verbal informed consent was checked before subsequent member check telephone calls. The names of all participants, their male partners, and their children were removed from transcripts and other documentation and changed to pseudonyms along with a study identification number. All references that may identify participants were excluded from any presentation of study findings. The list of participants, their pseudonyms, and their demographic information, plus all written study documentation, audiotapes, and back up discs of computer data, were kept locked in a secure filing cabinet when not in use and will be destroyed or erased within 5 years of the study's completion.

CHAPTER FOUR:

MEET THE TEEN MOTHERS

The sample of teen mothers who participated in this study consisted of six first time teen mothers and two second time teen mothers. The teen mothers who participated lived throughout the geographical area of the CRHA, with three in the North East, two in the South East, one in the North West, and two in communities outside the city of Calgary. All of the teen mothers interviewed had their children when they were 19 years old or less. They all considered themselves to have breastfed their first children within the last 3 years. The two mothers who had stopped breastfeeding at the time of interviews considered themselves to have weaned within the last year. All of the teen mothers were interviewed once. The interviews occurred in the teen mothers' homes, except for one participant who chose to be interviewed at a CRHA Community Health Centre. The interviews took place when the teen mothers' children were at variety of ages, ranging from 6 weeks to 27 months. To maintain confidentiality, the teen mothers, their children, and their male partners were assigned code names. The mothers' code names were chosen based on an alphabetical order starting in the middle of the alphabet. The code names reflect the sequential order the interviews occurred with Kate being interviewed first, Jane second, etc. The male partners' and children's code names were chosen randomly. I am indebted to the participating teen mothers who graciously gave of their time so I could interview them.

A summary of the characteristics of the sample will be presented next. Six of the teen mothers in this study are Caucasian, one teen mother is Arabic, and one teen mother

is Aboriginal. The mean age of the mothers at the time of the interview was 18.3 years (range 17 to 20 years). The mean age of the teen mothers at the time of their first children's birth was 17.5 years (range 15 to 19 years). The mean years of education completed by the teen mothers at the time of the interviews was 10.5 years (range 9 to 12 years), with three teen mothers finishing only grade 9, one stopping at grade 10, one currently taking grade 12 (grade appropriate), and three graduating from grade 12. During their pregnancies, two of the teen mothers attended the Louise Dean Centre (a special school for pregnant and parenting teen mothers), one attended regular high school, and five were not in school. At the time of interviews, one teen mother was in a high school teen parenting program, one was upgrading at a local college, one was taking correspondence courses, and five were not in school. During their pregnancies, two of the teens were employed full time, three were employed part time, and three did not work. The teens who worked before their babies were born were employed in retail, food services, personal services, childcare, and light labour. After their babies were born, only two of the teen mothers continued working, both through self employment at home. Five of the teen mothers considered themselves to be living common-law, one was married, one was engaged to be married, and one teen mother was single, but still occasionally saw her boyfriend. All the male partners were the fathers of the teen mothers' children. At the time of the interviews, the mean length of time the teen mother had been in a relationship with the male partner was 2.4 years (range 1 to 4 years, n=7). The mean age of the male partners was 24 years (range 20 to 31 years, n=7). Five of the male partners are Caucasian, two are Arabic, and one is Aboriginal. At the time of the

interviews, one male partner was in school and seven were employed in commercial business, retail, personal services, or outdoor labour. Information on the education levels of the teen mothers' male partners was not collected.

Six of the teen mothers had one child and two had two children. Information on additional pregnancies was not collected. Two of the teen pregnancies were planned, eight were not. During their pregnancies, six of the teen mothers participated in the CRHA Best Beginning Program and five attended CRHA perinatal education classes. After their babies were born, three of the teen mothers attended teen mother support groups. The mean age of the teen mothers' children at the time of the interviews was 9 months (range 6 weeks to 27 months). Six of the teen mothers were breastfeeding at the time of the interviews, with a continuing breastfeeding duration ranging from 6 weeks to 10 months. Of the two mothers who had weaned at the time of the interviews, the mean length of breastfeeding duration was 14 months (range 11 to 17 months). In the 6 months after the interviews were conducted, a further four teen mothers weaned, one at 2 months, one at 7½ months, one at 8 months, and one at 12 months. Two teen mothers were still breastfeeding 4 months after their interviews, with a continuing breastfeeding duration ranging from 10 to 13 months. At the study's completion, the average breastfeeding duration for the six teen mothers who had ended breastfeeding was 9.6 months (range 2 to17 months)

The following are profiles of the teen mothers who participated in this study.

Kate

Kate is an 18 year-old Caucasian woman who lives with her common-law

boyfriend Monty. Monty's age is unknown and he is Aboriginal. At the time of the interview, he was attending truck driving school. Kate and Monty have been together for an unknown length of time. Kate's baby, William, was 6 weeks old at the time of the interview. William was born at 38 weeks through a vacuum assisted vaginal delivery and weighed 2738g at birth. Kate stated that her pregnancy was planned as she and Monty "just looked at each other one day, and said, 'Why not'." After quitting school at grade 9, Kate worked full time in food services before she became pregnant, but was fired when she told her employer she was pregnant. She did not think to apply for Employment Insurance Maternity Benefits. At the time of the interview, Kate was staying at home, although she planned on going back to work when William was between 6 and 7 months old. Kate's mother and Monty's family live close by. Kate's mother breastfed her until Kate was 7 months and her sister until she was 6 months. Kate lived with her sister when her sister was breastfeeding with twins. Kate said she decided to breastfeed "right in the beginning" of her pregnancy. She described her breastfeeding experience as, "It's been good." She planned on breastfeeding until 6 or 7 months when she went back to work. After the interview, Kate weaned her baby at 2 months, when William refused to nurse after Kate took some medication for a cold.

<u>Jane</u>

Jane is an 18 year-old Caucasian woman, who, at the time of the interview, lived with her common-law boyfriend Tim. Tim is 23 years old and Caucasian. He works in a commercial business. Jane and Tim had been together for 3 years, but, a few months after the interview they "split up." Jane's baby, Rodney, was 9½ months at the time of

the interview. Rodney was born at 41 weeks gestation with a forceps assisted vaginal birth. He weighed 3140g at birth and due to physical birth defects, was transported to Alberta Children's Hospital shortly after birth. Rodney continues to have several physical health problems. Jane stated her pregnancy was unplanned and a surprise. Jane worked two jobs when she was pregnant, but, due to concerns with preterm labour, had to quit both jobs. She now runs a day home in her home and plans on going back to university next year to become a helping professional. Jane's family live in Calgary. Jane's mother breastfed her and her brother. Jane's older sister has breastfed three children. Jane decided "pretty much right at the beginning" of her pregnancy to breastfeed, but was "kind of iffy about it." Jane described her breastfeeding experience as "the best thing." She planned on cutting daytime feedings out slowly at about 1 year and hoped to continue breastfeeding at night until 18 months. After the interview, she was still breastfeeding at 13 months and planned on continuing until at least 18 months.

Ingrid

Ingrid is a 17 year-old Caucasian woman who lives with her common-law boyfriend Tyler. Tyler is 20 years old and Caucasian. He works as an outdoor labourer. Ingrid and Tyler have been together off and on for about 3 years. They have two children, Patty aged 27 months and Clarke aged 7 months. Patty was born at 41 weeks gestation with a vaginal birth followed by a large postpartum hemorrhage. Patty weighed 4230g at birth. Ingrid did not breastfeed at all with Clarke and she did not discuss his birth. Ingrid says her pregnancies were unplanned. Before her second pregnancy, she and Tyler had separated and were living apart. Originally she had planned on placing

Clarke for adoption, but Tyler and his parents decided to take care of Clarke. Ingrid and Patty have recently moved in with Tyler, Clarke, and Tyler's parents. Ingrid attends school full time and continued to go to school during and after two pregnancies. Ingrid's extended family live in Calgary. Ingrid's mother breastfed her until she was 6 months. Her mother also breastfed her younger sister, plus her grandmother and great grandmother breastfed their children. During her pregnancy, Ingrid confirmed her decision to breastfeed as she stated that she had "always wanted to breastfeed." Ingrid described her breastfeeding experience as "really good, really positive." She breastfed Patty for about 17 months.

Helen

Helen is an 18 year-old Caucasian woman who lives with her common-law boyfriend Kevin. Kevin is 20 years old and Caucasian. He works in retail and also has a home based business. Helen and Kevin have been together for 2 years. Helen's daughter Autumn was 5 months old at the time of the interview. Autumn was born at 42 weeks gestation after an induction which resulted in a vaginal delivery. She weighed 3686g at birth. Helen's pregnancy was unplanned and a surprise. Helen attended school during her pregnancy, but now stays home and works in their home based business. Both Helen's and Kevin's families live close by. Helen's mother breastfed her and three younger siblings. Helen knew she wanted to breastfeed even before she got pregnant and stated, "I just always wanted to. Like I didn't even think of bottle feeding." She described her breastfeeding experience as, "I really like it and there's not much bad about it." She planned on breastfeeding for at least 9 to 12 months and felt she had "to

hold onto every last minute of it because then it'll be gone." After the interview, Helen decided to wean her baby at 7½ months when she left her baby with family and went away with her boyfriend for a week. She said she was a bit sad, but she stated that she believed Autumn was not interested in breastfeeding anymore.

Georgia

Georgia is an 18 year-old Caucasian woman who lives with her mother, step-father, and four younger siblings. She is engaged to be married to Brian the week after the interview. Brian is 21 years old and works in a commercial business. Georgia previously lived with Brian during her pregnancy and until her baby was 3 months old. Georgia and Brian have been together for about 1½ years. She moved back in with her family when she and Brian started planning their wedding. Georgia's son Kent was 7 months old at the time of the interview. Kent was born at 38 weeks gestation. His birth was an uncomplicated vaginal delivery. Kent weighed 3160g at birth. Georgia's pregnancy was unplanned and caused conflict between herself and her family which has been resolved since she moved back home. Georgia attended school during her pregnancy and worked part time. She is currently trying to work on high school correspondence. When Kent and any future children are in school, Georgia would like to go to university to become a helping professional. Brian and his family live in a nearby community to Georgia and her family. Georgia's mother breastfed all four of Georgia's younger siblings for about 9 months each. Georgia decided at the beginning of her pregnancy that she wanted to breastfeed and stated, "I had a dream about it [breastfeeding] ... when I was pregnant and I thought, 'You know, I want to do it'." She

said her breastfeeding experience "was a good one for the most part. It's frustrating at times, but I like it." Although Georgia stated, "I'm just kind of at the point where I'm ready to like, you know, I want to be done", she plans on continuing to breastfeed for about 9 months because that is how long her mother breastfed Georgia's younger siblings. After the interview, Georgia was still breastfeeding when her son was over 10 months.

Faith

Faith is a 19 year-old Muslim woman who is married to Gabe. Gabe is 27 years old and Arabic. Gabe works in the personal service industry. Faith and Gabe have been married for 2½ years. They have two children, David aged 17 months and Ian aged 4 months. David was born at 39 weeks gestation via a Caesarian Section after an induced labour. David weighed 3515g at birth. Ian was also born at 39 weeks through a scheduled Caesarian Section that was complicated by infections at 6 and 12 weeks postpartum. Ian weighed 4252g at birth. Faith states her first pregnancy began 3 months after she and her husband were married and the pregnancy was planned. Her second pregnancy was not planned as she became pregnant 3 months after David was born. Faith graduated from high school before she was married and currently stays at home with the children. She would like to go to college when her children are in school. Faith's family live close by, but Gabe's family live outside of Canada. Faith's mother breastfed her for a short time, but Gabe's large extended family has a strong history of breastfeeding. Faith and Gabe lived with his family for 3 months after they were married. Faith commented, "I wanted to breastfeed the entire 9 months I was pregnant, I

planned on it." She continued to breastfeeding through her second pregnancy about which she reflected, "I always felt tired because I had to nourish the older baby, nourish the fetus, nourish myself." After weaning David at 11 months because she was 7 months pregnant, Faith said breastfeeding with David "was a good experience.... I'm glad I did it." Her experience with her second child was very different. Faith stated:

> I wanted to breastfeed, I was very enthusiastic about it, I thought it would be a piece of cake because I breastfed before... but he wouldn't latch on and I was bruised and bleeding. It was the worst experience of my life.

After a week of supplementing with formula, Faith said she decided, "It's too painful ... I'm going to bottle feed."

Elise

Elise is a 20 year-old Caucasian woman who lives alone with her 10 month-old daughter Celeste. Previously, Elise had been living with her boyfriend Nick for about 1 year. At the time of the interview, Elise continued to see Nick occasionally, but was basically a single mother. Nick is 31 years old, Arabic, and works in the service industry. Celeste was born at 41 weeks gestation through an uncomplicated vaginal birth. She weighed 3635g at birth. Elise's pregnancy was not planned. After she graduated from high school, Elise worked in retail, but had to quit because she was sick when she was pregnant. She is currently on Alberta Social Services' Support for Independence and is taking upgrading courses at a local college. She is applying to attend college next year to become a helping professional. Elise's family live close by, but her mother has no experience with breastfeeding. Elise does not have contact with Nick's family. About her breastfeeding decision, Elise stated, "I decided I would do the best thing for my

baby" and made her decision early in pregnancy Elise described her breastfeeding experience as one of loss, but she also said she felt needed by her child and stated, "They need you so you feel a lot better about yourself. I don't know, I feel more needed." Due to her plans to return to school full time, Elise said her plans for weaning are "by the time she's a year [having] her weaned off my breast and onto a cup or something like that. But I'll still nurse her in the morning and at night or something like that for at least a year and a half." After the interview, Elise became pregnant again. Celeste will be 22 months old when Elise's second child is born. Elise is still in an off again, on again relationship with Nick. As well, after the interview, Elise weaned Celeste at about 12 months because Elise went back to school. She said she missed the closeness of breastfeeding and it was a struggle to help Celeste learn to take a bottle and a cup.

Donna

Donna is an 18 year-old Aboriginal woman who lives with her common-law boyfriend Brad. Brad is 27 years old and works as a labourer. Donna and Brad have been together off and on for about 4 years. Donna's daughter Shelley Anne was born at 40 weeks gestation with an uncomplicated vaginal delivery. Shelley Anne weighed 3120g at birth. Donna's pregnancy was not planned, but neither was it a surprise as she figured she would get pregnant eventually. Since dropping out of school, Donna worked as a temporary light labourer. She is currently happy to stay home and has no plans to return to work or school. Donna has some extended family in Calgary. Donna made her decision to breastfeed late in pregnancy and said, "I'd thought about... what it would be like to formula feed, but then I figured it would be better for the baby and for myself if

she was breastfed." Donna described her breastfeeding experience as "really easy, and it just gives you that bond where ever you go." Her plans are to "breastfeed exclusively for 6 months and then, perhaps a year, see how it goes." After the interview, Donna weaned Shelley-Anne at about 8 months because Brad took Shelley-Anne by himself to see his family and did not return for 1 week. Donna said she was sad about having to wean Shelley-Anne, but she said she felt good that she breastfed Shelly-Anne for 8 months.

This chapter has summarized the demographic characteristics of the participating teen mothers and their partners as well as provided background information on the individual teen mother's pregnancy, birth, and breastfeeding experiences.

CHAPTER FIVE:

ANALYSIS PART ONE

The purpose of this study was to increase our understanding of the phenomenon of breastfeeding as experienced by teen mothers. Informal interviews with eight teen mothers about their breastfeeding experiences composed the majority of the study's data. Field notes written after the initial interviews and the notes from the telephone member checks, as well as any written feedback received from participants supplemented the interview data. The next two chapters will present the results of analysis of the study's data.

Analysis of the individual stories told by the teen mothers about their experiences with breastfeeding revealed the core variable: **Teen Mothers: Continuously Committing to Breastfeeding** and four categories and two subcategories. The four categories that emerged are: (a) **Deciding to Breastfeed**, (b) **Learning to Breastfeed**, (c) **Adjusting to Breastfeeding**, and (d) **Ending Breastfeeding**. Each category is unique, yet there is overlap between the categories. The categories exist on a time line which is individual for each teen mother and her child. The two subcategories are: (a) **Vacillating between the Good Things and Hard Things about Breastfeeding**, and (b) **Social Support and Other Social Influences**.

An overview of the core variable **Teen Mothers: Continuously Committing to Breastfeeding** and the first two categories **Deciding to Breastfeed** and **Learning to Breastfeed** will be presented in this chapter. The second two categories **Adjusting to Breastfeeding** and **Ending Breastfeeding** will be presented in the next chapter.

The teen mothers in the study were positively committed to breastfeeding. The teen mothers' continuous commitment to breastfeeding was described best by Jane, who said about breastfeeding:

> It's kind of tough at the beginning and it's hard to get used to, but once you are, like I found that I just loved it. And it was something that I didn't want to give up. I was glad that I did it. But, I think that your heart has to be in it in order to do it because I know with some people that, you know, they, right from day one they didn't want to, but they felt forced to and then they quit right away because their heart wasn't in it.... It [breastfeeding] is a wonderful thing.

All of the teen mothers interviewed stated that they had a good experience with breastfeeding their first child. Although the study recruitment was targeted toward first time teen mothers who had breastfed any amount, the only participants who volunteered were those whose first breastfeeding experience had been positive overall. Therefore, the presentation of the results will focus on the breastfeeding experiences of teen mothers who positively committed to breastfeeding. Discussion of the applicability of the results to negative breastfeeding experiences will be addressed in Chapter Seven: Discussion.

Teen Mothers: Continuously Committing to Breastfeeding

The narratives of the teen mothers in the study revealed that during teen breastfeeding there is a continuous journey of committing to breastfeeding involving deciding to breastfeed usually at some point in pregnancy, learning to breastfeed in the beginning, adjusting to breastfeeding as breastfeeding continues, and eventually ending breastfeeding through the weaning process. Figure 1 depicts the process of continuously committing to breastfeeding for teen mothers.

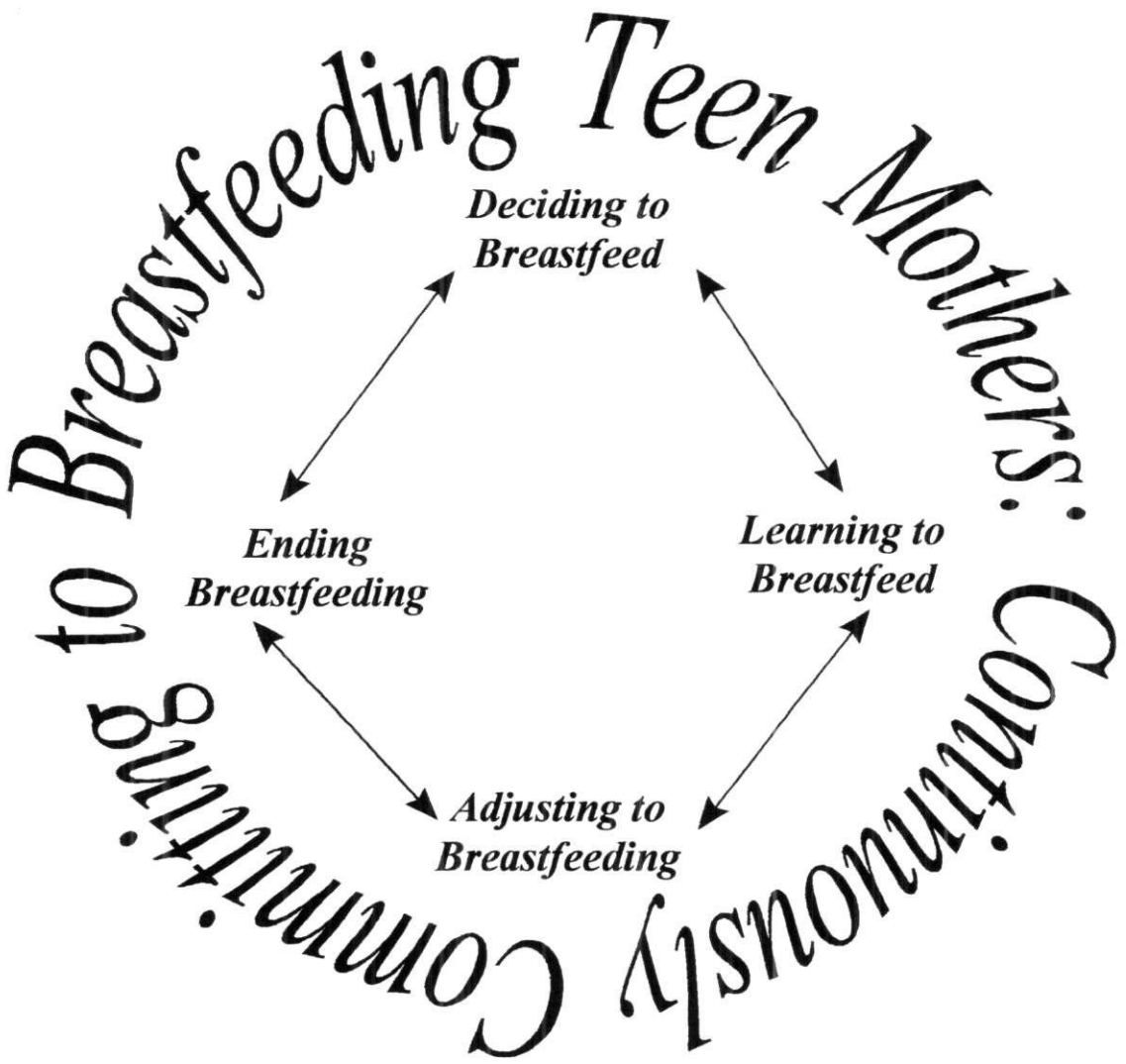

Figure 1. Teen Mothers: Continuously Committing to Breastfeeding

For the teen mothers in this study, the process of continuously committing to breastfeeding was not linear, although major movement between categories seemed to occur on a time line. This is illustrated by Jane's description of her evolution of breastfeeding commitment:

> I figured I'd do it for the first 6 weeks, and then I just..., I loved it so I just couldn't leave him and I said, "Okay, well, I'll do it until he's got teeth," and then I said, "Okay, well, I'll do it until he's 9 months," and then I said, "Okay, I'll do it

until he's a year."

The overall commitment of the teen mothers in the study to breastfeeding is evident in the following comments:

> Helen: I just didn't want to be like one of those people that just give up or whatever, because I really thought it was so important, you know, and that's why I wanted to breastfed.

> Faith: It sounds kind of corny, but when you look at the baby, so vulnerable and so tiny, you just want to breastfeed, that's how I felt. Like I felt like, you know, it's his first food. First I said, "He didn't want to, he never asked to be born. I had him so that's my responsibility to make sure he's getting the nourishment he needs and everything." But, I don't know, you just look at him and he looks so cute, you don't want to turn him away or give him a bottle, you want to breastfeed him. That's really what it was. I guess because I was young, that's what I thought. I thought, like he's so cute. But I kind of felt for him. Like, you know, I wanted to breastfeed.

The teen mothers in this study recognized breastfeeding as "better than anything" (Helen) and even though breastfeeding and being a teen mother was difficult sometimes, they did not want to do anything else. The following narratives capture the essence of the teen mothers' experiences:

> Kate: I can't go out with my friends as much, but it's all right. I'd give it all up. I'd rather be a Mom.

> Jane: I think that I would never... I would never trade it [breastfeeding]. I think that it's probably the best thing you know, if everything goes okay. And there is, you know, there's always some of those challenges to deal with.

Shifts appeared to occur between categories, as the teen mothers in this study sometimes went back and reevaluated their breastfeeding decisions and recommitted to breastfeeding as breastfeeding changed over time. This is shown by Helen's statements as she talked about what she thought breastfeeding would be like as her daughter grew

older:

> I think she'll be eating less and less, like getting her own independence in that way. I think that later on it [breastfeeding] kind of will become even more special to me. Because then I'm probably going to feel like I have to hold onto every last minute of it because then it'll be gone.

The teen mothers needed to learn to breastfeed in new ways as their children grew and changed as illustrated by Ingrid who breastfed her daughter until 17 months and said:

> As she got older, I became aware that she didn't need to breastfeed as much. The milk supply did decrease because she didn't need as much. It was still there, but towards the end when I weaned her, it was more or less at night.

Through each new learning experience, the teen mothers continued to reinforce their continuous commitment to breastfeeding as Faith did after introducing solids to her son, about which she said "It got better from there. He would breastfeed and eat and breastfeed and eat. So, from then on it was really comfortable."

Leaps appeared to occur within the categories of continuously committing to breastfeeding for the teen mothers in the present study. After breastfeeding had been established, crises had the potential to influence teen mothers to go back and change their initial decisions about breastfeeding. During a breastfeeding crisis, one of the teen mothers moved immediately past relearning and readjusting to ending her breastfeeding commitment through weaning. Kate, shortly after the initial interview, had to take medication for a cold and her baby then refused to breastfeed. Instead of seeking help to relearn how to breastfeed again, Kate decided to wean her son at 2 months, even though initially she had been committed to breastfeeding for about 6 months.

Although, in this study, the teen mothers' commitment to breastfeeding went

through a period of ending during weaning, their overall commitment to breastfeeding may not end. Throughout the process of continuously committing to breastfeeding, the teen mothers were evaluating their commitment to breastfeeding future children as shown by the following narrative:

> Jane: If I was to have another child, I would nurse them right away, and it wouldn't even be because of the cost or anything like that. It would just be because it's something that I would want to do.

As well, the teen mothers through continuously committing to breastfeeding may influence the present and future breastfeeding commitment of others within their lives, as Ingrid has done by talking to pregnant teens in a prenatal classes about breastfeeding.

The teen mothers in this study experienced constant vacillation between the good things and hard things about breastfeeding, as they continuously committed to breastfeeding. In order to positively commit to breastfeeding during each of the categories, the good things had to balance out the hard things, making breastfeeding "worth it", as one of the teen mothers describes below:

> Georgia: I really like that part [the closeness], especially if you've had a really, really bad day and then he'll just, you know, he'll be nursing and like he'll fall asleep and it's like, "Ohh"<in an endearing way>. That makes it worth while then. The harder parts are definitely breast infections which are very painful but it's [breastfeeding] worth it in the long run.

Good things that came out of breastfeeding, as perceived by the teen mothers in this study, were the advancement of their babies' health, the close relationship with their children, the enjoyment of breastfeeding, personal changes and evolution, convenience, and economic savings. Hard things about breastfeeding for the teen mothers were breastfeeding difficulties especially the pain, exposure during public breastfeeding, loss

of freedom, time, and sleep, changes in the relationships with their male partners, and alterations to future plans. The definition of what is good and what is hard about breastfeeding was different for each teen mother, but there were similarities amongst the teen mothers who were interviewed.

There is evidence of a dialectic within the subcategory of vacillating between the good things and hard things about breastfeeding, as the participating teen mothers' realities were transformed and changed through breastfeeding (Moccia, 1985). The teen mothers needed to work through the contradictions of breastfeeding, intellectually reconstruct their worlds to include motherhood and breastfeeding, and eventually transform into new realities of being breastfeeding teen mothers (Sethi, 1995). Evidence of the tensions that occurred within the teen mothers' experiences of vacillating between the good things and hard things about breastfeeding is illustrated by the following comments:

> Georgia: I would say it [breastfeeding] was a good experience for the most part. It's frustrating at times, but I like it.
>
> Faith: It's [breastfeeding] going to mean some sacrificing. You're not going to have the same life you had before for sure. You're not going to be able to go out with your friends for a midnight breakfast or whatever.... It's not going to be easy, but it's also good for the baby. They grow healthy... and it's nice at times to sit back and relax with the baby and breastfeed him. So there's good and there's bad to it. Bad as is in, not that bad, but bad as in, your life is going to change completely and there's also good as in, it's healthy and you can relax with the baby
>
> Elise: I don't know, I guess it [breastfeeding] means loss, like I guess you'll never know the feeling unless you've done it. They need you so you feel a lot better about yourself. I don't know, I feel more needed.

There were both perceived losses and gains about breastfeeding for the teen

mothers in the present study. Although the teen mothers stated that they felt loss and frustration with the sacrifice of the their freedom, time, and sleep, the teen mothers also recognized gains for their babies' health and for their self esteem. The teen mothers vacillated between the good things and hard things about breastfeeding throughout all the stages of their commitment to breastfeeding, but the vacillation appeared to be strongest when the teen mothers were learning to breastfeed and when they were contemplating moving from adjusting to breastfeed to ending breastfeeding. Further analysis of the teen mothers' experiences of vacillating between the good things and hard things about breastfeeding will occur in the presentation of the categories. Figure 2 illustrates the subcategory, vacillating between the good things and hard things about breastfeeding that seems to occur during the process of the teen mothers continuously committing to breastfeeding. The arrows and waving text in Figure 2 represent the back and forth movement that the teen mothers appear to experience as they continuously commit to breastfeeding. The teen mothers' facial expressions, as they discussed the good things and hard things that they perceived about breastfeeding during the interviews, are depicted by the happy faces and sad faces preceding the outlined points in Figure 2.

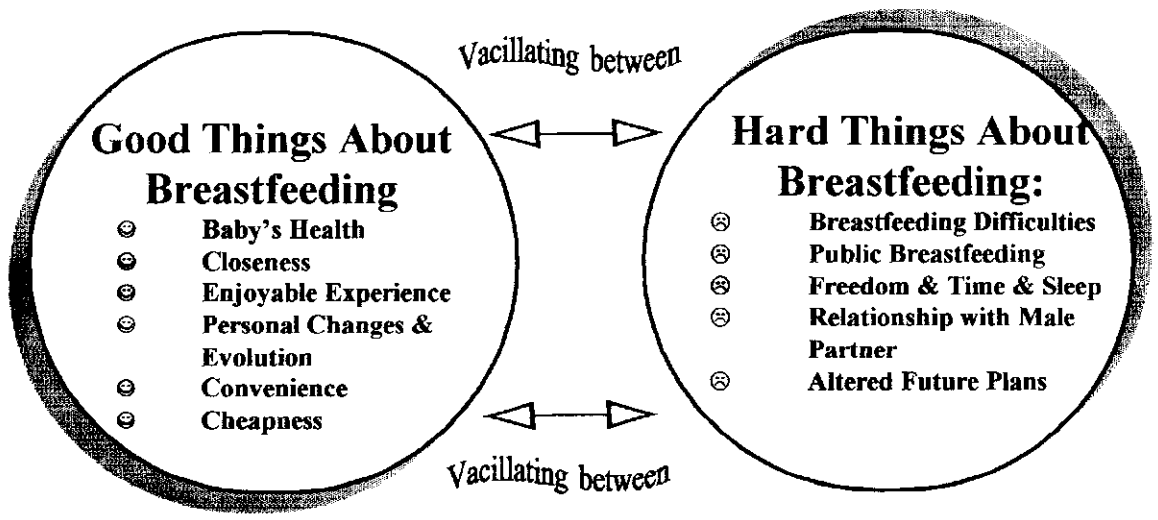

Figure 2. Vacillating between the Good Things and Hard Things about Breastfeeding

Throughout the core variable of teen mothers continuously committing to breastfeeding, social support and other social influences affected the participating teen mothers' breastfeeding experiences. Social support involved the teen mothers' perceptions of the information, help, and emotional support related to breastfeeding that they received from others in their lives. Social support included informal breastfeeding social support from the teen mothers' male partners, mothers, families, friends, and people in the community, as well as formal breastfeeding social support from health professionals and other helping agencies such as schools. The breastfeeding information, help, and emotional support that the teen mothers received and sought out from others were interrelated with other social influences in the teen mothers' lives. Other social influences impacting the teen mothers' breastfeeding experiences were personal breastfeeding attitudes, perceptions of the breastfeeding attitudes of others, past

breastfeeding experiences, and their cultural context. An in-depth exploration of how informal and formal social support influence the teen mothers' process of continuously committing to breastfeeding, including the concepts of information, help, and emotional support, will be offered in the upcoming presentation of the categories.

In this study, the teen mothers' ability to continuously commit to breastfeeding was socially influenced by their own attitudes toward breastfeeding. The teen mothers' breastfeeding attitudes were also influenced by their perceptions of the breastfeeding attitudes of others, such as their male partners, families, friends, community members, and professionals. As well, the teen mothers' breastfeeding attitudes and the attitudes of others were influenced by their past experiences with breastfeeding and their cultural context.

The teen mothers in the study were found to hold very positive breastfeeding attitudes. The breastfeeding attitudes of the teen mothers were probably formed during their childhoods, pregnancies, and breastfeeding experiences. All of the teen mothers stated that they believed "breastfeeding is best" and/or that "breastfeeding is better", especially for the baby, as illustrated by the following comment:

> Donna: I figured it would be better for the baby and for myself if she was breastfed.

The teen mothers stated that they believed breastmilk is superior to formula, especially in relation to their babies' health, as evidenced below:

> Kate: Because it's [breastfeeding] more healthy for them. Like it builds up their immune system. It just makes them stronger than formula does.

The teen mothers reportedly held the view that the act of breastfeeding is different from

bottle feeding, especially in relation to attachment and bonding, as supported by the following statements:

> Kate: I know he enjoys it because I noticed he knows <name of formula> from a boob. He knows. Yea, he knows the difference.

> Georgia: I think if I was bottle feeding him, I don't think we'd have it. I don't know, I feel way closer to him when I'm breastfeeding. It's just that skin-to-skin contact I think. Knowing that I can be the one that satisfies his needs. It's kind of nice.

The teen mothers' statements indicated that they believed that breastfeeding is a good thing as exemplified by Faith who said, "I know that I did a good thing for my baby... in the end it was good for him to be breastfed." The teen mothers reportedly believed that breastfeeding is natural and normal, and part of life, as reflected by the following statements:

> Ingrid: I think it's just normal for them [babies]... because as soon as they're on, it's just a natural instinct to suck... It's a natural thing in life.

> Donna: Well for me it's... natural. Like women have breastfed for lots of years.

The perceived approval or disapproval of teen breastfeeding by others, including the teen mothers' male partners, their mothers, their families, and their friends, influenced how the teen mothers in this study felt about breastfeeding and their ability to breastfeed. Many of the teen mothers were very concerned with what others in their lives thought of teen breastfeeding and thought about them as teen mothers. The approval of teen breastfeeding by others was reassuring to the teen mothers, as shown by the following narratives:

> Kate: My Mom's always, "Do you need a pillow?" So she's always throwing pillows at me and she's always, "Oh you're not doing it [breastfeeding] right",

you know, just being my Mom and his Grandma. But she knows I'm doing good. She's always telling me, "I'm so proud of you. I knew I didn't want you to live with me. I wanted you to live on your own because I knew you'd be okay on your own and stuff."

Faith: It was nice to have my husband be proud of me while I was breastfeeding, like he would always tell me that he was proud of me when I was breastfeeding.

> Donna: All the time, they [people in public who see her breastfeeding] all say, "Oh good for you."... People just congratulate me and tell me "Good job" and like I'm a lot happier breastfeeding than formula feeding and being a smoker. Because that really wouldn't look too great on my part. I know he [her boyfriend) is very proud of me. Because before I had Shelley Anne I was a smoker, I smoked cigarettes. I don't anymore and he was quite proud of me about that.

It is evident that it was important to the teen mothers that others were proud of them for breastfeeding and that others thought positively about their images as teen mothers who were breastfeeding and parenting their children.

The teen mothers in this study were concerned with the disapproval of others, and other people looking at them, especially with regards to breastfeeding in public, as illustrated below:

> Donna: Well, I was more worried, well, more thought about if a man would be offended. But, then again, there was some older women like by the food court, the fast food places, like there was one woman who was obviously the mother of a son working there and she just kind of looked at me.

The teen mothers also perceived and reflected some of the negative attitudes toward breastfeeding that exist in North American culture, such as breastfeeding is disgusting, as shown by the narratives below:

> Kate: I know lots of other teenagers, that they think it's [breastfeeding] gross.

> Elise: My Mom doesn't make as big deal out of it [breastfeeding] if my brother's around. But if my Dad or someone else is around, she says "Oh my God, gross" and stuff.

The teen mothers also perceived that others might think that breasts are sexual objects to be hidden away, as illustrated by the following comments:

> Elise: In the mall or something, you know, you just have to [breastfeed]. Some people are rude about it. Like if you're feeding they say, "Do you mind putting that thing away."

> Donna: Well, I like to try and make it to church sometimes and it's just, it [breastfeeding] might be a little bit provocative to the church going man and it's a little bit weird. Because the last church I went to I was about to feed Shelley-Anne. She was hungry and fussy and I was about to feed her with my canopy on and the preacher's wife, I think it was, marched straight up to me and took me to a nursery.

Some of the participating teen mothers' concerns with what others thought about breastfeeding changed over time as they became more confident in their commitment to breastfeeding, as the following comment illustrates:

> Helen: I'm more like, you know, not as paranoid of what others feel or think, I guess. It just doesn't matter to me anymore.

Based on the findings of this study, it appears that teen mothers decide to breastfeed, often at some point during pregnancy, by weighing the perceived positive and negative aspects of breastfeeding. Teen mothers' continuous commitment to breastfeeding is influenced by the informal and formal social support, especially information and emotional support, that they receive from others in their lives. As well, teen mothers' attitudes about breastfeeding, the breastfeeding attitudes of others in their lives, their past breastfeeding experiences, and their cultural contexts socially influence their continuous commitment to breastfeeding. Teen mothers learn to breastfeed in the beginning through the help and emotional support that they receive from others and they vacillate between overcoming the hard things about breastfeeding, while only beginning

to experience the good things about breastfeeding. As teen mothers continue to breastfeed, they adjust to breastfeeding by experiencing satisfaction with breastfeeding, especially through the feedback they receive from their children, which reinforces their continuous commitment to breastfeeding. As well, through self help and emotional support from others, teen mothers are able to "get used to"(Georgia) the hard things about breastfeeding, as they adjust to breastfeeding. After a period of vacillating back and forth between continuing breastfeeding and ending, which is influenced again by many factors, teen mothers' commitment to breastfeeding ends during weaning. However, one can surmise that teen mothers' breastfeeding experiences may potentially influence their future commitment to breastfeeding, as exemplified by Faith who said, "If I were to have another baby, I would definitely give breastfeeding a chance too."

The Categories

Deciding to Breastfeed

The process of continuously committing to breastfeeding for the teen mothers in this study either began or was confirmed with their breastfeeding decisions during pregnancy. Before Helen was pregnant, she said she knew she wanted to breastfeed and stated, "I just always wanted to." Several of the other teen mothers committed to breastfeeding by making their decision early in pregnancy, as shown by Georgia who stated, "Pretty well right at the beginning I decided [to breastfeed]", and Faith who commented, "I wanted to breastfeed the entire 9 months I was pregnant, I planned on it." Some teen mothers made their breastfeeding decision in the middle of the pregnancy like Ingrid, who, when asked when she decided to breastfeed, responded:

> I think I was probably just over 4 or 5 months. When I for sure knew, like, when that period of miscarriage or not was over... I was 14 with Patty, so it was my age, my capacity to cope, and making sure that I was forming a real decision.

One teen mother, Donna, decided late in pregnancy to breastfeed and said that she decided "probably near the end [of pregnancy] because I was just taking it as it came along."

During their breastfeeding decision making in pregnancy, most of the teen mothers in this study were very sure of their commitment to breastfeeding. Helen stated, "Like I didn't even think of bottle feeding." Georgia even dreamt about breastfeeding when she was pregnant which confirmed her commitment to breastfeeding. She described her dream and said, "I was breastfeeding my baby and 'Aw'<in an endearing voice> and I wake up [sic] and I said, 'I'm going to do that'." Other teen mothers were not so sure of their decision to breastfeed, as illustrated by Jane's comments:

> I kind of decided pretty much right at the beginning. But when I was deciding, I was kind of iffy about it. Like, I would say, "Well, yeah, I'll do it because it's best for the baby." But I couldn't imagine, you know, having a baby hanging off with my chest...

Donna, when deciding, looked at the alternatives to breastfeeding and stated:

> I'd thought about formula feeding, well, what it would be like to formula feed, but then I figured it would be better for the baby and for myself if she was breastfed.

Vacillating between the good things and hard things about breastfeeding: Deciding.

The teen mothers who were interviewed held strong positive attitudes toward breastfeeding and cited the many reasons that they decided to breastfeed, mainly related

to the health of their babies, and the close relationship between mother and child, as shown in the following comments:

> Kate: You should breastfeed...breastfeeding is better for your baby and it's healthier for your baby and you bond with your baby and stuff like that
>
> Ingrid: It [breastfeeding] was healthier. Actually, what really got to me was when they [the nurse at Louise Dean Centre] explained that in the first 2 weeks, like the colostrum is what gives them the antibodies.

The teen mothers also mentioned the importance of the convenience and cheapness of breastfeeding when making their decisions, as supported by the following narratives:

> Jane: It's [breastfeeding] cheaper, that's one for sure, especially, you know, because a lot of teen moms, they don't have money. So, I know that was a big factor when I first decided I was going to do it. It was a money thing.
>
> Donna: It's [breastfeeding] a little more efficient and easier to do than being new at sterilizing bottles.

Only one of the teen mothers mentioned a personal reason for deciding to breastfeed. Faith stated that she thought breastfeeding would help her lose weight.

In terms of taking into account the hard things about breastfeeding when deciding to breastfeed, only a few mothers in this study remembered hearing negative things about breastfeeding. For example, Helen and Ingrid received information from family and friends about sore nipples and knew what to expect and how to help themselves. Kate had heard during pregnancy that breastfeeding would be time consuming and difficult, but, when she was learning to breastfeed, she said, " I thought it was going to be more stressful and I thought I had to get up every 2 to 3 hours. But no, it's not." Some of the teen mothers wished they had been more informed about the difficult aspects of breastfeeding when they were making their breastfeeding decisions. They still would

have chosen to breastfeed, but they offered suggestions about what pregnant teens need to know when deciding to breastfeed, as exemplified by the following narrative:

> Helen: I'd tell them [pregnant teens], all the good things about it [breastfeeding], it's cheaper, and it's always there and the bonding and all that stuff. And I'd also tell them like the bad stuff. Like about how it probably will cause problems between them and their mate and also that you know the baby might get so used to it or whatever that it won't take the bottle for anyone else and you're kind of stuck with the baby. Also, I think I would probably tell them about engorgement and like that they need to pump or you're gonna leak all over, and it really hurts.

Social support and other social influences: Deciding.

Social support and other social influences affected the participating teen mothers' continuous commitment to breastfeeding as the teen mothers made their decisions to breastfeed. The main informal social supports impacting the teen mothers' breastfeeding decisions were seeking information and emotional support from others, including their mothers, their families, their male partners, and their friends. As well, most of the teen mothers sought out formal social support including breastfeeding information and emotional support from health professionals. Other social influences in the teen mothers' lives such as the breastfeeding attitudes and the breastfeeding experiences of others are interconnected with both informal and formal breastfeeding social support. The above concepts are illustrated by Ingrid's comments:

> I would say that it [breastfeeding] was probably hard if you didn't have the support there or have the information. I had all the support systems, everybody encouraging me. I knew what I wanted and I think that's why it was so easy for me.

During their pregnancies, the teen mothers in this study talked to people about breastfeeding in order to gather information about other people's breastfeeding

experiences, as well as build informal social support. The people who the teen mothers talked to about breastfeeding included those they knew and trusted, such as their mothers, their male partners' mothers, their sisters, their sister-in-laws, their male partners, and their friends with children. Helen described the importance of talking to others as, "like it made me think I could do it all right. Like it inspired me." Elise said she decided to breastfeed by "being open minded I guess, talking to people and seeing their experiences." The following narratives illustrate the variety of emotional support that the teen mothers received from others during their pregnancies with regards to deciding to breastfeed:

> Ingrid: My family was really supportive of me with regards to nursing. They strongly encouraged it. My mom breastfed, my grandma, my great-grandma, even when I lived with my dad, he encouraged me.
>
> Helen: I think that just like, word of mouth is the best information. I got to know a bit about bottle feeding from Kevin's Mom because she didn't breastfed and I don't know, just, I think people telling me of their experiences breastfeeding was helpful. Better than books and stuff because, I mean, it was just more personal.

In this study, the teen mothers' male partners were important sources of emotional support for the teen mothers' breastfeeding decisions. Initially, some of the male partners were supportive of the teen mothers' breastfeeding decisions and some were not, as evidenced by the following comments:

> Kate: He wanted me to [breastfeed] actually.
>
> Faith: My husband was for it [breastfeeding] too.
>
> Georgia: Brian could care less really at the beginning, he's like, "I would rather you would bottle feed anyway."

The participating teen mothers' friends were influential in the teen mothers'

decisions to breastfeed both positively and negatively, sometimes based on the friends' experiences with breastfeeding, as the following statements illustrate:

> Kate: You know, they'd [friends] say, "Are you going to breastfeed?" "Yea, I am."
>
> Jane: It's like I was saying before with their heart not being in it, one of the girls, she didn't like it [breastfeeding], she didn't enjoy it, she quit right away. And she, you know, she's very discouraging about it, and she just, you know, she said, "Oh, it's awful, it's, you know, it's no good."

Friends at school were an important source of breastfeeding information and emotional support during pregnancy, as shown below:

> Ingrid: At school, I could talk to anybody you wanted to about whatever. And I could come home and I could feel comfortable just living a normal life, where I wasn't asking questions because I was able to ask that during the day while I was at school. None of my other friends outside of school had children.
>
> Helen: Well, I went to a Louise Dean so I was pretty much surrounded by it [breastfeeding information]. It was actually pretty good, you know because there was a bunch of young mothers and the conversation was really open and going backwards and forwards.

Donna offered the following suggestion for how family and friends can impact a teen mother's breastfeeding decision, as she stated, "I'd mention to them to encourage her because encouragement is always a good thing and it really does help when somebody talks to you positively."

Seeking formal information about breastfeeding from health professionals was undertaken by all of the teen mothers in this study during their pregnancies. The teen mothers used different learning styles in their quest for breastfeeding information, with some teens seeking large amounts of information about breastfeeding and a few gathering very little. Most of the teen mothers used a combination of formal information

strategies, but they each had an individual learning style preference. Some of the teen mothers learned about breastfeeding through CRHA perinatal education classes, including mainstream prenatal classes, teen or community prenatal classes, and special breastfeeding classes. Several of the teens wished they had paid more attention to the prenatal class breastfeeding material, as they had difficulties remembering it when they had their babies, as shown by the following narratives:

> Jane: I took a breastfeeding class, but by the time I had him, I had completely forgotten everything. If I could change something, I would have paid a little more attention to the breastfeeding class.
>
> Georgia: We had a whole class on that [breastfeeding], but I don't remember it though.

In contrast, Helen found that she did remember what she learned about breastfeeding through prenatal classes and said:

> Like they told us that the gnawing on the hands is one of the signs [of hunger]. Like they showed us some of the basic positions and when the baby's hungry and taught you how to latch and stuff. That was helpful, especially with those first couple of weeks.

A few of the teen mothers reported that they felt they did not need to go to classes to learn about birth or breastfeeding, as illustrated by the statements that follow:

> Kate: They [Best Beginning] tried to get me to go to classes. I said, "No, no. I'll be okay. I'll know what I'm doing."
>
> Faith: I didn't go to any classes or anything... I thought it [breastfeeding] would be easy. I never thought I would need to go to classes.

One teen mother, Elise, had suggestions on how breastfeeding information in classes could be improved:

> Maybe have a breastfeeding class with a bunch of people that are trying to

breastfeed. Have people in class, like, I don't know, you could always come up with little dolls and fake boobs and stuff like that. That would have probably helped a lot. I mean learning how to self express and just listening to other Moms that have breastfed.

Many of the teen mothers in this study read a variety of sources for breastfeeding information, including books such as the Best Beginning book (Calgary Health Services, 1997), the CRHA's From Here To Maternity book (CRHA, 1998b), popular pregnancy guides, and breastfeeding books, magazines both pregnancy related and women's, pamphlets, and professional journal articles. For one teen mother, Donna, books were her main source of breastfeeding information and she said, "All I did was some reading...all I had was the books." Many of the teen mothers seemed to remember the breastfeeding information that they had read during their pregnancies as shown by Georgia who said, "I kind of remembered most of the stuff I read in the books."

Some of the teen mothers in the present study watched videos in prenatal or breastfeeding classes, videos loaned from their physicians' offices, or programs on television in order to learn about breastfeeding. Videos were viewed as a helpful format for breastfeeding information by some teen mothers, but others reported that breastfeeding videos were unclear or unhelpful. The following supports the differing opinions regarding breastfeeding videos:

Ingrid: Actually, we got to watch a breastfeeding video... and that helped a lot because it showed you all the different positions.

Elise: When I was in Best Beginnings, we watched a movie. It was kind of self explanatory, how to breastfeed.

Jane: They showed us a video, but it was kind of..., I don't know, I didn't really understand it, like we were just showing, okay, this is how the baby does it, but it

didn't seem like they really got the right angles and I didn't understand.

Many of the teen mothers in the present study also received breastfeeding information during pregnancy by directly talking to health professionals, including their physicians, the Public Health Nurses, staff in the Best Beginning program, and staff at Louise Dean Centre, as illustrated below:

> Kate: Oh she [the physician] was always telling me, you know, to breastfeed and how good it is and stuff like that.
>
> Ingrid: I was in the Best Beginnings program and through Louise Dean Centre, so we had the Public Health Nurse there, and whenever we wanted to go and talk with her, she gave me all the information [about breastfeeding].

Some of the teen mothers viewed health professionals as impersonal sources of breastfeeding information and they wanted health professionals to be more personal, as reflected by the following narrative:

> Helen: I guess like Best Beginnings and stuff, you know, it was pretty good because if I ever have any questions, you know they'll always help me. I guess I'm just not on such a personal level with them that it's hard to really bond like that. I'd just tell them that being personal, really helps, really helps. Because if like they're going to be saying like all kinds of medical terms and stuff then it's really hard to listen and then you kind of think it's coming right out of a book, and they don't know what it's like [to breastfeed].

Health professionals had a powerful influence on teen mothers' decisions to breastfeed and Helen offered them this piece of advice:

> Because you know a lot of people feel forced to do it [breastfeeding] and I think that they [health professionals] would be better off just to say like more of the experiences, that you know, that it is healthy for the baby and that you do develop a closeness because I think a lot of the time they're trying to pressure you, by saying "Oh, you know, you should do it for the baby", and like I think that's an important point, but that you should talk about the closeness and, you know, kind of all the extras that nursing brings.

The participating teen mothers' expectations that they would breastfeed because people in their social network breastfed, especially their mothers, was one of the main social influences affecting the teen mothers' breastfeeding decisions. Helen's statement exemplifies this, as she said, "It's like, everybody breastfeeds. It's just the way it's supposed to be, you know."

For some of the teen mothers, the decision to breastfeed was socially influenced in part by their or their partners' cultural backgrounds. This is exemplified by Faith, who said:

> It's [breastfeeding] recommended for sure [within the Arabic culture]. A lot of people do it, but it depends on the baby. Actually I was in <country outside of Canada> and the baby wouldn't latch onto his mother, so they had to bottle feed. So it just depends really on the baby and the mother.

Some of the teen mothers had observed female relatives and friends of their families breastfeed which also impacted their views that breastfeeding was the norm within their family and cultural context.

Of the participating teen mothers, all except one of the teen mothers' mothers had breastfed the teen mothers when they were infants or had breastfed their younger siblings. Even if the teen mothers' mothers had only breastfed for a short time, they still were supportive of their teenage daughters' decisions to breastfeed as illustrated by Faith who said about her mother, "My Mom didn't breastfeed much, but she recommended it." The teen mother's mother who did not breastfeed was not supportive of her daughter's decision to breastfeed.

Sisters and sister-in-laws of the teen mothers were also influential in the teens'

decisions to breastfeed, both as role models for breastfeeding and sources of information. Kate commented, "My sister had twins and I was living with them when she had her twins so I kind of knew about [breastfeeding]." Jane said, "I think it was probably my sister who told me it [breastfeeding] was healthiest for the baby." Donna remembered, "Well there was... my sister-in-law. Sometimes I'd just ask her a question, like if that's how it was when I was young."

Learning to Breastfeed

All the teen mothers interviewed for the study vividly remembered learning to breastfeed in the beginning of their breastfeeding experiences. Learning to breastfeeding for some of the teen mothers was relatively easy and trouble free, as reflected by the following:

> Ingrid: I always remember they had to help me, I think, once in the beginning, just after she was first born, getting her to properly latch on, and after that it [breastfeeding] was fine. Sore for a little bit, but not really. Right after she was born, I never found it hard. When the nurses would come in, I was laid back, they pretty much said I was a natural at it.

Other teen mothers found that their babies learned to breastfeed with ease, but due to their own circumstances, the teen mothers themselves found that learning to breastfeed was "hard", as the comments below illustrate:

> Faith: So, the minute he was born and I was in the hospital and the nurses helped me get started. Actually he latched on right away. It was like he was born to breastfeed. So he breastfed and in the beginning it was hard for me because I felt like I was really tired and recovering from surgery [Caesarian Section].
>
> Jane: At the beginning, it was very difficult for me because I didn't have any help. And none of the nurses knew how to get a latch or anything, so it was kind of hard. I had to teach myself, but he got on right away.

Some of the teen mothers found that they had difficulties learning to breastfeed and their babies had to learn as well, as supported by the following statement:

> Georgia: In beginning it was pretty bad. I kept getting breast infections. Well, it was really painful for the first couple of weeks. It just really hurt every time he latched on. Then, once I had gotten enough sleep, and I didn't get so many breast infections, then things kind of going better after that.

Learning to breastfeed for the teen mothers often took time and practice, as reflected by Donna's statement, "Well, we just practiced. We practiced for quite a bit of time. I'd say a good 3 weeks to a month."

Vacillating between the good things and hard things about breastfeeding: Learning.

Sore nipples and sore breasts were common for the teen mothers in this study in the first weeks and, sometimes, early months of breastfeeding. The teen mothers stated that breastfeeding difficulties were part of the hard things about breastfeeding, as shown by the following comment:

> Faith: The nurses would help and they'd encourage me, like they'd go "Come on you can do it. You can breastfeed" and it was nice to get encouragement, but it was so hard... I was in that much pain.

The teen mothers in the present study were able to cope with the difficulties that they had with breastfeeding in the beginning through learning to breastfeeding. Learning about latching and other comfort measures was a way to relieve the pain and discomfort, as shown by the following narrative:

> Jane: At first it was really sore because I was, you know, it was something I'd never experienced before, and it was uncomfortable, but after the first few days, it was more just like a feeling inside of being very uncomfortable. And then I pumped a bunch. There was one point where I'd gotten, like, really sore and

cracked, but then I started using lanolin.

Other things that the teen mothers reported which helped with breastfeeding difficulties, particularly sore breasts, were hot showers, hot compresses, massaging their breasts, pumping, and increased frequency of breastfeedings. A few teen mothers had to use medication for infections in their nipples or breasts and one teen mother tried a nipple shield, but found that it did not help her sore nipples. Only one teen mother reported that she had no breastfeeding problems at all, although her interview occurred at 6 weeks postpartum.

Coming home from the hospital was sometimes a difficult and often overwhelming transition for the teen mothers in this study. They had to deal with not only learning to breastfeed, but also learning to breastfeed in front of their immediate family and friends. Georgia remembered her feelings about breastfeeding for the first time in front of male family members in the narrative below:

> There was the day that we came home from the hospital and we went to Brian's parent's friends' house for lunch and there was like this little party for the day and I started to feed the baby in the room and all the guys got up and walked out and I was just like "Ahh"<sadly>.

The teen mothers had to cope with the disruption to their sleep and other routines as they were learning to breastfeed in the beginning, as evidenced by the following recollections:

> Faith: Right after he was born we came home and he wasn't sleeping very well. He was eating a lot. The first night was pure torture. If I had trouble latching him on myself, the nurse would help me in the hospital. But by myself it was kind of hard. Like he would want to eat, but I wouldn't know how to put it in. So that was hard. That night I was breastfeeding him and I started crying, like I was overwhelmed.

Elise: Mostly frequent feedings [was the hardest part]. Sleepless nights. I guess the pain and stuff that goes along with it. So it [breastfeeding] was hard in the beginning... It was hard because you always were awake. You'd never sleep. Every 2 hours you'd have to wake up and feed her.

The teen mothers found ways to cope with the loss of sleep in the beginning by sleeping with their babies, which seemed to comfort their babies, as illustrated by the following statements:

> Kate: He sleeps in the bed with us. He seems to sleep better in the bed with us. I sleep when he does.

> Georgia: One of the nurses at the hospital said it's easier for them [the baby] to cope, you know, right next to you. So, I went, fine. Then, once I had gotten enough sleep, and I didn't get so many breast infections, then things kind of were going better after that.

As well, the teen mothers recognized the benefits of napping and resting with their babies as they were learning to breastfeed, as shown below:

> Elise: Just taking a nap with her helped with being tired.

> Donna: It didn't hurt to have a nap from about 2:00 until 5:00 and then I will want to do the occasional chores, but then again, when she rests, I rest too. I just took it easy and I rested.

Tensions are evident in the participating teen mothers' experiences of vacillating between the good things and hard things about breastfeeding during the learning phase of breastfeeding. The very things about breastfeeding that were difficult in the beginning, such as lack of sleep, were eventually thought to be positive aspects of breastfeeding, once the teen mothers learned to cope with them, as shown by the following reflections:

> Ingrid: I think probably she came with me for probably about the first month... Sometimes in the middle of the night, when I was so tired and then from being up all time, I would just lie down with her in bed and that made me calm, and I'd fall

asleep right away. And she would too.

Georgia: The best part of it [breastfeeding] has been that you can sleep at night and still feed the baby. I love that. I could just even go right to sleep, it was so nice.

Other good things about breastfeeding that contributed to the teen mothers' learning to breastfeed were recognizing the contribution of breastfeeding to their babies' health, as shown by the following narrative:

> Ingrid: One time, it's weird, but I think Patty was pretty much 2 weeks old, like I got a sty in my eye, and somebody told me, "Well, take breastmilk and rub it over top of it" and I said, "What are you crazy?" I mean, she said, "Just do it", and I did it. And when it cleared it up, that's when I first realized that "Well, oh this is doing this to me." I mean, it like it cleared it all up, so I finally knew for sure she was getting all of the things she needed. She wouldn't get really sick.

As the teen mothers were learning to breastfeed, they also started to experience an enhancement of the bonding process through breastfeeding by spending time with and learning about their babies, as illustrated by the following reflections:

> Jane: I loved it [breastfeeding] though, because it was always my time. Because we had so many visitors all the time who wanted to hold him, I never got him, so I knew that was my time. I just felt like there was a lot more closeness with us and I just used to stare at him, and I just, you know, I kind of just loved having him in my arms and knowing that nobody was going to take him. I thought it was funny, he was such a noisy baby... And he was eating and I just thought he was so cute.

> Helen: I know her a lot better [through breastfeeding].

Social support and other social influences: Learning.

For the teen mothers in this study, learning to breastfeed required social support, including informal help and emotional support from others, such as their mothers, families, and their male partners, and formal help and emotional support from health

professionals. Other social influences such as breastfeeding attitudes, the breastfeeding experiences of others, and cultural issues are intertwined with the teen mothers' perceptions of social support.

The help and emotional support that the teen mothers in this study received from their mothers, families, and their male partners had a major influence on how the teen mothers learned to breastfeeding in the beginning. Examples of how the teen mothers responded, when asked who helped them at home while they were learning to breastfeed in the beginning, are shown below:

> Kate: I had Monty [for help]. There was parents and stuff like that.
>
> Georgia: Just lots of people being around to help if you needed anything. Like Brian's Mom was really good.

The teen mothers in the beginning phase of breastfeeding received a variety of help with household chores and responsibilities from their families and male partners, as shown by the following narrative:

> Faith: My sisters would help with the housework and my Mom and stuff [would help]. But it was mostly my husband, he had a bigger part in it.

Many of the teen mothers in the present study received help and emotional support with learning to breastfeed from their mothers and their sisters, as evidenced by the following comment:

> Jane: I kind of looked at my mom and I said "How do I do this [breastfeed]?" and she goes, "Well, I don't know, I haven't done it in 18 years", so we called my sister and my sister just said, "Like, you know, try and get him to open up his mouth really wide."

In contrast, some of the teen mothers were uncomfortable talking about breastfeeding

with their mothers, as reflected by the statement below:

> Faith: I wasn't comfortable talking about it [breastfeeding] with her, I don't know why. But I did ask her a question or two.

Help with baby care by the teen mothers' mothers gave the teen mothers time to rest and time for themselves which were important in the teen mothers' ability to learn to breastfeed, as shown by the following comment:

> Georgia: I'd go out in the morning and see my Mom and stuff. I'd get a ride in with Brian and stay there for a while and she helped me out. Well, she let me sleep. That was nice. Once I stayed all day and she just kind of took him for the whole morning and just brought him to me to eat. That was nice.

In this study, the teen mothers' male partners were also viewed as being helpful as the teen mothers were learning to breastfeed, as evidenced by the following statement:

> Faith: My husband was a big help. I would breastfeed him [her son] and he [her husband] would walk him to sleep because that was the only way he would get to sleep. So that helped out a lot... He would make dinner, whatever, do the dishes so that I would have that time for myself.

Another teen mother, Elise, did not receive help from her male partner and said about breastfeeding as a single mother, "It's draining.... It's hard to keep doing it [breastfeeding] by yourself."

For the teen mothers, learning about breastfeeding techniques such as latching and positioning and learning to cope with the hard things about breastfeeding also required the formal social support of health professionals. The help and emotional support that the teen mothers received in the beginning from health professionals in order to learn the techniques of breastfeeding had an important influence on their continuous commitment to breastfeeding, as shown by the following comments:

Georgia: One thing they [the Public Health Nurses] kept telling me, "It will get better" as long as I do those things they suggested and I really wanted to breastfeed.

Faith: If it wasn't for them [the hospital nurses], I wouldn't have breastfed.

All of the teen mothers received help and emotional support from health professionals while they were learning to breastfeed, particularly the nurses in the hospital, as the following narrative reflects:

> Georgia: I got lots of help from the nurses [in the hospital]. They were pretty supportive. I was kind of at the point where I didn't know what to do anymore because he wouldn't eat. So they tried a bottle of formula, but I think he was just too tired to eat.

Although the above comment is about receiving positive help from the nurses in the hospital, Jane did not receive any help from the staff nurses with learning how to latch her baby. Instead, in the statements below, she remembered receiving an assessment by the lactation consultant in the hospital:

> Jane: When I was at the Children's, after he'd been there for about 6 days or so, they brought in a lactation consultant because one day he had only one wet diaper, but she said his latch was fine... She just came in and she asked me to pump some milk because they weren't sure if I had enough. And then she came in and she said, "Well, can you put him to your boob?", like so she could see his latch, and then she looked at it and she just said it was fine. And then she said that we'd just wait for a couple more diapers and then the next one [bowel movement] was really soft.

Upon coming home, one of the teen mothers commented that she did not need any help with breastfeeding after the nurses' initial help in the hospital and said, "I never really needed, I never really wanted any help at all"(Faith). Another teen mother when asked if she received help from health professionals said, "Really, no. Well I just continued to breastfeed because, like I said, it's healthier for her and I just kept on practicing"

(Donna).

Most of the other teen mothers viewed the Public Health Nurses in the community as important sources of help and emotional support with learning to breastfeed, as shown by the following narrative:

> Elise: The health nurse came in [on a home visit] and showed me what I could do and had tips from other mothers that have been breastfeeding. She just showed me how to get her latched onto the breast and things that I could do to help myself.

Some of the participating teen mothers' physicians offered limited help and support to the teen mothers after their babies were born, as the following statement shows:

> Georgia: I didn't really get any support from the doctors, but then I didn't have to go back to the doctor for a while so that was fine, except for my little breast infections. They didn't really do too much.

Checkups with their physicians offered the teen mothers reassurance that breastfeeding was working, as reflected by Jane who remembered:

> I know that his doctor says that to look at him, you can tell he's a breastfed baby, and I always thought they were littler. But he said you can tell he's a breastfed baby.

A few teen mothers also accessed help and emotional support with learning to breastfeeding from the CRHA's Early Start Telephone Line, breastfeeding clinics, and a postpartum support telephone line.

Several of the teen mothers in this study offered advice to health professionals who are helping teen mothers learn to breastfeed, as shown in the narratives below:

> Ingrid: I actually didn't like it when the nurse was trying to show how to breastfeed, but had never experienced it herself. Like she knew from all their

education, but it's not the same if you don't have those supports afterwards, whereas the person or the nurse who had breastfed could sit down and talk with you, talk about their experiences themselves.

Georgia: Definitely be patient with them because I remember sometimes the nurses in the hospital were so frustrated. I was just like, "Sorry, I don't know what to do." But some of them were really good. Like it didn't matter what time it was, they were in there, talking to you, helping if you needed help. Some were really good, you know, showing you different ways you could do it.

It is clear from the teen mothers' narratives that the decision to breastfeed was often made during pregnancy. The teen mothers' breastfeeding decisions were subsequently enacted as they learned to breastfeed during the postpartum period. The teen mothers worked through vacillating between the good things and hard things about breastfeeding during both the deciding and the learning phases of continuously committing to breastfeeding. The deciding and learning components of the teen mothers' continuous commitment to breastfeeding occurred within a context of social support and other social influences. After the teen mothers learned to breastfeed, they then moved on to continuing to breastfeed, a phase which called for them to adjust to breastfeeding. At some point, the teen mothers' continuous commitment to breastfeeding ends during weaning. In Chapter Six: Analysis Part Two, the categories **Adjusting to Breastfeeding** and **Ending Breastfeeding** are analyzed.

CHAPTER SIX:

ANALYSIS PART TWO

Once the teen mothers in this study decided to breastfeed, usually during pregnancy, and then learned to breastfeed over a period of weeks and months in the postpartum period, there seemed to be a phase of adjusting to breastfeeding as breastfeeding continued. After an often intense period of vacillating between continuing and ending, breastfeeding ended for the teen mothers through weaning. This chapter will present the analysis of the results related to the categories **Adjusting to Breastfeeding** and **Ending Breastfeeding**. The vacillating that the teen mothers experienced between the good things and hard things about breastfeeding, as well as the social support and other social influences affecting the teen mothers' breastfeeding experiences, will be interwoven into the discussion of the above categories.

Adjusting to Breastfeeding

The teen mothers in this study adjusted to breastfeeding as they continued to breastfeed. Adjusting to breastfeeding required the teen mothers to accept the changes brought about by becoming teen mothers. In addition, the teen mothers in this study took on many adult roles such as leaving home, living with male partners, caring for their infants, and supporting themselves. As well, the teen mothers reported that they got used to breastfeeding and breastfeeding became easier, as their breastfeeding experiences changed over time. Continuing to breastfeed may be dependent on the teen mothers' satisfaction with their breastfeeding experiences. Enjoying the many good things about breastfeeding and learning to cope with the hard things about breastfeeding were part of

the ongoing vacillation that occurred as breastfeeding continued. As the teen mothers adjusted to breastfeeding, social support and other social influences continued to affect their continuous commitment to breastfeeding, as others in their lives adjusted to their breastfeeding and offered positive or negative support. The following narrative about why some teen mothers continue breastfeeding and why some teen mothers do not illustrates the many aspects of adjusting to breastfeeding:

> Faith: If she [a teen mother] was quitting because she was overwhelmed and too tired and the baby wanted to breastfeed every 5 minutes and she couldn't handle that, I'd tell her to give it a little bit more of a try. I would tell her to change her routine around, feed more in the day and feed not too close to bedtime, but like the nurse told me to do. And see what happens then. Especially if the baby is older, give him more food. But, if that doesn't work and she's still too tired and overwhelmed and depressed and no one's helping her, especially a single mother, that's a totally different story, then I'd probably tell her to bottle feed. I mean, it's too hard, especially on your own.

For the teen mothers in this study, becoming teen mothers and breastfeeding may be interrelated, as recognized by Helen who said, "I guess like, it's hard to separate breastfeeding from all the other stuff [of being a teen mother]." Becoming a teen mother was a big adjustment for some of the teen mothers, as described below:

> Georgia: Definitely getting used to the fact that I was Mom was a big issue. It just took some time to get used to it. Actually I was surprised about how easy it is. But you know, I adjusted pretty well. It was a big adjustment at first because I'm still a kid, but here I am with my own baby. It's just kind of strange. I especially had that problem when I first started nursing him. It was just kind of, I don't know, it was very odd.

Some teen mothers commented that they felt that their lives were not changed very much by becoming a teen mother and breastfeeding, as illustrated by the following comment:

> Helen: I don't really think that I am much of an extreme example of teen breastfeeding, simply because I've always had the life I'm living now. It really

hasn't changed anything, like I really haven't had to change anything.

Breastfeeding was a "new thing" (Donna) for the teen mothers as they adjusted to becoming teen mothers and experienced a range of feelings about being teen mothers and breastfeeding, as shown by the following narrative:

> Faith: I always felt nervous the first couple or 4 months. Like I didn't know how to talk to my husband, I was always worried. I always had to be by the baby the first 4 months. Like, if I wasn't breastfeeding I was like, "Oh well, let me breastfeed him."

There was an element of surprise to the realities of breastfeeding that some of the teen mothers stated that they felt they were not prepared for, as shown by Faith who remembered:

> I thought it [breastfeeding] would be like a quiet resting time where he'd eat and then he'd sleep for 3 or 4 hours. I didn't think he'd eat, I'd have to burp him, change him, put him down for 5 minutes and he's wake back up again. Like I wasn't prepared for that.

The following comment illustrates the attitudes of acceptance to the responsibilities of becoming a teen mother that the teen mothers in this study used to help themselves adjust to teen motherhood and continue breastfeeding:

> Kate: If you're going to decide to be a teen Mom, or if it happens, then you have to take responsibility and stop going out to those parties because you're going to have a baby.

Many of the teen mothers found that they adjusted to breastfeeding, as they continued to breastfeed, by getting used to breastfeeding, as illustrated by the following comments:

> Jane: It's kind of tough at the beginning and it's [breastfeeding] hard to get used to, but once you are, like I found that I just loved it.

> Helen: It [breastfeeding] just took a lot of getting used to her, me and Autumn... I was just getting used to it all.

The teen mothers also found that breastfeeding became easier and their experiences improved as they continued to breastfeed, as illustrated below:

> Helen: At 3 months I guess, like it was really really easy. You didn't have to think about it at all, you know.

> Faith: After 6 months it was much easier. The first 6 months are going to be hectic for anyone if they're breastfeeding. If anything, but especially if they're breastfeeding, it's going to be hard the first 6 months, but eventually, after that, they grow up and they start eating more and stuff, then it's better.

Breastfeeding changed as the participating teen mothers' babies grew older, with feedings becoming less frequent, although sometimes longer. Breastfeeding also changed when most of the teen mothers introduced solids appropriately at 4 to 6 months (CPS, Dietitians of Canada, & Health Canada, 1998). Three teen mothers introduced solids a few weeks to 1 month before the recommended time (CPS, Dietitians of Canada, & Health Canada). A few of the teen mothers also started offering their babies a once-a-day supplemental feeding of commercial formula at about the same time as the introduction of solids. One of the teen mothers, Kate, was supplementing once a day with formula in the first 6 weeks and it is unknown if this influenced her early weaning when her baby was about 2 months.

Over time, the teen mothers and their older babies were able to communicate with each other about breastfeeding. As well, some of teen mothers' babies becoming more distracted and restless during feedings. The teen mothers had to continue to adjust to breastfeeding over time as their babies grew, as evidenced by the following narratives:

Jane: He doesn't nurse half as much as he used to [at 9 months]. And I notice that he pretty much tells me when he wants it and he goes after my shirt. You know, he knows what it is, whereas before it was kind of, "Well, are you hungry? Do you need a diaper change?"

Donna: Well, now that she's just over 4 months, she feeds every 2 to 3 hours and she's a little bit fussy. Like, she'll be hungry, but then she won't want to latch on and she'll be all squirmy. Like it's written, I think, she's wanting to experiment and everything, playing. It's easier to nurse when she's really hungry because then she'll do it for longer, she'll eat a little bit more.

Vacillating between the good things and hard things about breastfeeding:

Adjusting.

As the teen mothers in this study adjusted to breastfeeding, they perceived, to a greater extent, that the good things about breastfeeding outweighed the hard things. The teen mothers, by adjusting to breastfeeding and continuing to breastfeed, experienced many positive aspects of breastfeeding, such as enhancement of their babies' health, closeness and enjoyment through breastfeeding, the teen mothers' personal evolution, and the convenience and cheapness of breastfeeding. The teen mothers also learned to cope with the hard things about breastfeeding, which they perceived to be breastfeeding difficulties, the exposure of public breastfeeding, loss of freedom, time, and sleep, changed relationships with male partners, and altered future plans.

Many of the teen mothers mentioned that they "just kept going" (Georgia) and continued to breastfeed because they knew breastfeeding was healthier for their babies, as illustrated by the following statement:

Faith: Just looking at him really. Just being a little baby, really and knowing that the breastmilk was healthier for him, that's what kept me going. Because I knew it was best for him, I stuck on. And I was fine, I wasn't in pain or anything, so I kept on doing it.

As the teen mothers continued to breastfeed, some of them confirmed their beliefs about breastfeeding helping their babies to stay healthy and not get sick, especially in relation to breastfeeding building their babies' immune systems, as shown by the following statements:

> Helen: Like I thought it was cool how, if I have certain antibodies or whatever, like everything passes to her. Like I think that also is one of the keys to breastfeeding, as she hasn't really been sick yet.
>
> Donna: I think it's [breastfeeding] made a world of difference. It's given her immunity against everything like, I don't like to really take her on the bus because there's so much dust and I think if I was bottle feeding her, she would have been affected by that.

A few of the teen mothers did not find that breastfeeding prevented health problems for their babies, although one teen mother said she felt that breastfeeding helped her baby to overcome existing health problems. The following narrative supports this analysis:

> Jane: He's got like a couple of different kind of health problems... so to me it's more like, because he was born with all the problems... so I don't see that it's [breastfeeding] really helped. I think he's a fighter and I think maybe, you know, the nursing has a lot to do with that because I think that with bottles they're more independent, but with the closeness [of breastfeeding] he's more of a fighter. I think after the surgery and beforehand, I think it helped with toughening him up. I think it helped speed up the recovery because we were out of the hospital 3 days after the surgery.

The teen mothers viewed their babies' growth to be evidence that breastfeeding was healthy for their babies, as shown by the statements below:

> Ingrid: I feel that breastfeeding was definitely more healthy for her because she was not building up fat at such a young age.
>
> Donna: Most babies lose weight when they're first born, but she actually gained, so that's good. She's just so healthy that she's in the 95th percentile, so she'd be bigger that the rest of the babies her age. I like the way she's nice and chubby.

As well, the teen mothers looked to their babies' development, including emotional contentment, to support their beliefs that breastfeeding was good for their babies. This is supported by Kate, who said:

> It [breastfeeding] helps out a lot. He's really strong, he jumps when I go like this and he's only 6 weeks and he jumps. He holds up his own neck for a bit. I don't know, he's a pretty good baby. He's pretty strong. He's a pretty happy baby.

All of the teen mothers in this study talked about the importance of the closeness that developed between themselves and their babies as they adjusted to breastfeeding. The closeness, attachment, and bonding that happened with breastfeeding was reported by the teen mothers to be one of the good things about breastfeeding that helped them keep going with breastfeeding. The following narratives are examples of the teen mothers' statements about the closeness that they experienced with their babies, as they adjusted to breastfeeding:

> Ingrid: For sure [it was a good thing], because they're close, they get to know you right from day one. Because you're more intimate with your child when you're breastfeeding than when you're bottle feeding. I think pretty much when you breastfeed, you develop a relationship with your child from day one. They know who their mom is and they're always going to love their mom.

> Georgia: The bonding thing is really nice. I like that part of it [breastfeeding]. I would definitely say for that part.

The teen mothers recognized the attachment of their babies to breastfeeding and to them as mothers. They reported that they realized that their babies needed them and they recognized that breastfeeding enriched their experiences of getting to know their children. The following narrative supports the above analysis:

> Jane: It [breastfeeding] gives them that attachment because, you know, mommy's

> always there for everything and it gives them that little more attachment. I think that it helps make more of a connection with him and realize that "Okay, I'm a mom and he's going to need me for everything." Just because when they need to eat, they need you, so you, I think, experience more of the needs of the child.

The teen mothers stated that breastfeeding helped them to develop an emotional bond and a strong relationship with their children, as illustrated by the following narrative:

> Jane: I think, like, long-term, I think we'll always have a little more of an attachment, we've always had that closeness for, you know, the first year and so I think there will always be a strong relationship.

All of the teen mothers, as they continued to breastfeed, enjoyed and took comfort in the close interaction they had with their children during breastfeeding. The teen mothers' babies also gave them positive feedback through their behavior, that breastfeeding was enjoyable from the babies' perspective, as illustrated below:

> Georgia: He always pets me every time he's eating or whatever. It seems kind of cute, especially when we go to bed and lay down, I'm like, "Aw"<happily>. He's pretty cuddly then.

> Donna: I find it kind of endearing, an infant's, those little sounds of anticipation, when you're about to feed her.

There is evidence of tensions within the breastfeeding closeness that the teen mothers experienced with their babies. As shown in the following narratives, the teen mothers both enjoyed and found the constant closeness of breastfeeding difficult:

> Faith: There's sometimes when you just don't want him around you, any Mom could relate to that. You just want to give him to someone else and just stay away. But there's also times when you want to hold him close and cuddle him and you might as well feed him, so it's kind of convenient and the cuddling is kind of nice too.

> Helen: It's nice to be the only one, you know that she can feed from you know. But, it was really hard because she wouldn't take a bottle and she wouldn't eat for anyone else and she wouldn't even go to anyone else. And then you're kind of

stuck with the baby.

Becoming teen mothers and breastfeeding helped the teen mothers to grow personally in the areas of maturity, patience, empathy, altruism, and self esteem. Some of the teen mothers mentioned that they were mature before they had their babies, such as Kate who said, "I'm a teenager, but I'm very mature. Everybody tells me and I know myself", and Donna who said, "I was pretty self reliant and mature. I just tried to depend on myself and my own values." However, Donna also commented, "It [having a baby and breastfeeding] settled me down and stuff because I'm really not a party animal. Well, in my younger years I was, like when I was 16, I used to party sometimes." The possibility that becoming a teen mother and breastfeeding brought on a new level of maturity for some of the teen mothers was also illustrated by Elise who said, "You feel a lot older, more responsible, because you have somebody to be responsible for." One teen mother, Faith, commented that she was not very mature before she had her baby, but believed she was able to adjust to breastfeeding because she was different from other girls her age and observed, "Like I didn't have to give up too, too much because I wasn't into a lot to begin with." Several of the teen mothers expressed that adjusting to breastfeeding required maturity and patience.

There is evidence of the teen mothers' growing empathy, as they adjusted to breastfeeding. Several of the teen mothers, as they continued to breastfeed were able to think about the potential effects of breastfeeding on their babies' health from their babies' perspective. The following comment supports the preceding interpretation:

Georgia: I've heard that babies that are breastfed are a lot healthier than babies

> that are bottlefed. I certainly didn't want to have to deal with him being sick all the time. Like it's just, he's a little baby, you shouldn't have to deal with that.

The narrative below illustrates one of the teen mother's evolution of empathy for others, particularly other mothers:

> Faith: I'm more understanding now too. Like, when a person tells me they need a break from their kid, like I have a neighbour, who's always tired, she's a single Mom, I understand her now. I can give you another example, I was in the hospital for a stress test and there was this woman saying she couldn't handle it anymore, like she was tired and I'm like thinking in my head, "How can one little baby cause so much trouble and make you so tired?" That's what I was thinking. My husband said the same thing, "How could a little baby be so much trouble?" Then when he was born, we learned that it's very hard, for anyone, whether you're 15 or 55 to have a baby. It is hard. So, now I'm more understanding of people, I think.

In these statements it is difficult to distinguish if it was through becoming a teen mother or through breastfeeding that encouraged Faith's empathy for others. Possibly this is another example of the interconnection between the two processes.

Some of the teen mothers also experienced altruistic growth as they continued to adjust to breastfeeding. They wanted to help other people learn about breastfeeding by providing support and acting as role models. This concept is illustrated by the following comment:

> Helen: They're [her friends] going to go through it [being a mom and breastfeeding] and then maybe they'll come to me if they need help, right. I know about it, I can help them out.

Continuing to breastfeed appeared to increase the participating teen mothers' self esteem. Many of the teen mothers reported that they felt good about themselves for breastfeeding, as illustrated below:

> Faith: You're proud of yourself. You have a sense of proudness. I felt proud of

myself that I did breastfeed for that long. It also felt nice that he [her son] didn't want anyone else, he wanted me when he was hungry, that kind of felt good too.

Elise: They need you, so you feel a lot better about yourself. I don't know, I feel more needed.

As the teen mothers in this study adjusted to breastfeeding, they began to recognize the convenience and cost savings of breastfeeding more fully, as shown by the following comments:

> Helen: I just feel like, you don't have to pay for it and you don't have to get it ready or whatever, everything's ready.
>
> Georgia: I like that fact that, if he's hungry, I can just pick him up and sit down and feed him and I don't have to go warm up a bottle. It's a lot more convenient.

Contradictions exist in the concept of breastfeeding being convenient, as some teen mothers found that breastfeeding was very convenient all the time and others stated that breastfeeding was inconvenient at certain times, such as going out to the mall.

Hard things about breastfeeding, as the teen mothers adjusted to breastfeeding, included breastfeeding difficulties, public breastfeeding, loss of freedom, time, and sleep, and altered future plans. A few breastfeeding difficulties, such as leaking, teething, biting, and thrush, continued as the teen mothers adjusted to breastfeeding. These breastfeeding difficulties either went away on their own, the teen mothers learned to adjust and accept them, or the teen mothers struggled with the difficulties, but continued to breastfeed. The following statements are about adjusting to leaking:

> Georgia: I had tons of leaking. I couldn't believe it. I bought lots of breast pads. I just want to be able to go out for the day and not have to worry about leaky breasts or anything like that, you know.
>
> Donna: In the first 2 months or so, my breasts leaked, like very uncontrollably.

But now, they really don't leak and I can go without breast pads.

Teething, biting, and thrush were big issues during breastfeeding for some of the teen mothers. Faith, in the narrative below, remembered accepting breastfeeding as a comfort for her son during teething:

> Then he started teething and he'd want to breastfeed, not only because he was hungry, but because he wanted something to suck on and that's what he'd get the best comfort. I guess, because the soother wouldn't work, or any of his toys, like he had to be on my breast. I guess he was attached. He was teething, so, it wasn't really hunger. I think maybe it was hunger, but it wasn't as much as he was in pain and the only thing that would comfort him was my breast, nothing else. They [the doctor] said that the stuff that you put on the teeth that the gag reflexes go down, so I didn't give him anything like that, so he had to go through the pain. The only thing that would give him comfort was my breast, so I was up all night.

Elise found that her daughter's biting and thrush became easier over time and said:

> I'm glad she doesn't have teeth or I'd have no nipples left because she used to bite me all the time. Well, she doesn't do it that much anymore, but like when she was 6, 7, 8 months she used to bite. Then we got thrush and actually used nipple shields and the purple stuff [medication], and she would bite me then, so I would stop using them. The thrush comes and goes...and the biting, that didn't hurt that bad though.

The teen mothers, as they continued to breastfeed, found that breastfeeding in public was something that they had to adjust to, as evidenced by Kate who said, "Breastfeeding in public is good now. Now, I'm used to it." The teen mothers had to adjust to breastfeeding in front of people who they knew at home and strangers out in public settings. Many of teen mothers were eventually able to report feeling "comfortable breastfeeding anywhere" (Georgia) and breastfed at the mall, on buses, in nursing rooms in stores, in restaurants, in school daycares, and outside. The CRHA Community Health Centres were mentioned as being particularly "breastfeeding

friendly" (Georgia).

A few of the teen mothers in the study reported that they felt breastfeeding was private and embarrassing and should be done outside the home as little as possible, as evidenced by Faith who said:

> You know your boobs are hanging out basically. That's embarrassing to me. I really think it's a private thing, like it shouldn't be exposed to the world. In front of my Mom, my sisters, and my husband and even my little brother, I didn't care, but anyone else, I didn't want them to see me. Like especially my Dad or someone, no way. I'd have to go into another room for sure.

In this study, the attitude that breastfeeding was not to be seen by men may have been influenced by the teen mothers' cultural context, as one of the teen mothers and two of the teen mothers' partners are Arabic. Elise stated, "Breastfeeding is acceptable, yea, but they're not allowed to do it around men in that culture [Arabic]. You have to go and feed in the other room."

Some of the teen mothers said that they themselves had very little discomfort about breastfeeding in public, but other people around them were uncomfortable with breastfeeding, especially men. The teen mothers were concerned about other people looking at them while they were breastfeeding, as exemplified by Kate, who commented, "I would probably breastfeed where no teenagers are because they're looking at me, you know." During breastfeeding, some of the teen mothers reported beliefs about the exposure of their breasts and about their babies' being at their breasts giving sexual thoughts to men, as reflected on by Donna who said:

> I think it's both exposure and the thought of breastfeeding. In some places, like at the mall, it's just having her head at my breast, like the scene of it, it just gives them [strange men] the visual thought.

Many of teen mothers reportedly believed that breastfeeding was fine in front of others, if it was done discretely and with consideration of the feelings of others, as discussed below:

> Ingrid: My dad was a little bit uncomfortable at first... Certain people felt comfortable and sometimes I have to ask, "Do you feel comfortable with me breastfeeding? If not, I can leave."
>
> Donna: When I'm babysitting at my sister-in-law's and they come home and then her husband is around, I usually try to latch her on when he's in the kitchen or something. It's easy to be discreet about it. Like I don't always have to use the nursing canopy. I find it easy to nurse discreetly with a T-shirt and stuff.

Over time, though, some of the people around the teen mothers became more used to breastfeeding and even became interested in breastfeeding. Several of the teen mothers said the following about this issue:

> Helen: I think everyone's starting to get used to it. Like they're not breasts anymore, they're like milk machines.
>
> Elise: Because my brother, you know, would see that she's nursing and he'll look over and see what she's doing and then he'll look away really fast. I think it's something different. Because my boyfriend will sit there and watch and watch and watch.

The teen mothers dealt with issues of exposure and embarrassment about breastfeeding in public in a variety of ways, from attitudes of "I don't care" (Georgia) to "If you don't like it, don't look (Kate)" to "It is natural"(Donna). All of the teen mothers, except one, found that breastfeeding in public became easier over time as they adjusted to breastfeeding in front of others and they grew to accept that their babies needed to eat when they were out. How the teen mothers adjusted to breastfeeding in public as they continued to breastfeed is illustrated by the following remarks:

Jane: At first, I was very, "I won't do it, you know, that's a personal thing", and now it's, "I could care less." "If you don't want to see it, don't look", is my theory. I know with some people, it's still very uncomfortable for them, and they just have to "Suck it up." That's the way it is with my brother. He says "Don't do that, go in another room." I say, you know, "Suck it up!" Well, at first it was everybody, except for my mom and my sister. And then, as time went on, it was more just kind of men, and now, I'll nurse in front of anybody, except for my dad.

Elise: Just that if you're like out in public and she wants to eat, or in the mall or something, you know, you just have to, some people are rude about it. Like if you're feeding, "Do you mind putting that thing away!" I was just rude right back. I just nurse her. I'm not shy, if she needs to eat, she needs to eat.

The teen mothers described the loss of freedom and time as other hard things requiring them to adjust to breastfeeding. As breastfeeding continued, several of the teen mothers talked about their lack of freedom, especially in relation to scheduling and breastfeeding restrictions, in the following comments:

Ingrid: They [the Public Health Nurse] told me to feed on demand. And that's what I found a little bit harder was to try to schedule around that.

Georgia: Like I'm not an alcoholic, but you know, I'll have a drink or whatever. Like I read in this magazine and like you can have one drink with only 1 ounce of alcohol in it, so I'd have to ration it out. So I'm like, I'd like to go out for one night with my friends. I don't want to get drunk, but you know, I'd like to have a drink or two, but there's that issue [of breastfeeding and alcohol].

Some of the teen mothers also felt breastfeeding was time consuming and they were sometimes frustrated by the loss of personal time, as shown below:

Kate: It [breastfeeding] does take a lot more time than bottle feeding. Breastfed babies feed more often than bottle fed babies, so it's just taking the time to sit down every 2 to 3 hours, or whatever.

The teen mothers were able to adjust to the lack of freedom and time by accepting the restrictions on their lives, as illustrated by the following reflection:

> Kate: I wanted to go out for my 18th birthday, so I was kind of bummed out, I wanted to go out, but that's okay. You know, I can't go out with my friends as much, but it's all right.

Some of the teen mothers were able to learn to leave their babies for short periods of time, as well as introducing the occasional bottle. The following narrative supports this:

> Helen: It [breastfeeding] doesn't stop anything I really want to do. You know at 3 months or whatever, it was like Kevin's birthday and we wanted to go skydiving and it was an all day thing. Autumn, she was still kind starting to eat a bottle [of formula] from someone else. So like it was hard for me to go, you know, because it's hard to leave them, but I went and I used a pump that day.

Several of the teen mothers were unable to leave their children very often or for long periods, either because they found pumping difficult or their babies refused a bottle, as illustrated below:

> Elise: She wouldn't take the bottle, so it [pumping] was just a waste of time. I tried to begin giving her a bottle with my breastmilk in it, she just gags on it and throws up.

A few of the teen mothers did not introduce a bottle in the first few months because they were concerned about nipple confusion, as illustrated by Jane who said:

> I know I was always afraid of him losing his latch. You always hear about that, babies losing their latch, and then, you know, once they get to a certain age, they're not supposed to lose it anymore, but then you read somewhere else that there's such a thing as, like babies, they get the bottle once and decide they don't like it anymore.

As their babies grew older, some of the teen mothers wished they had introduced a bottle earlier. Two of the teen mothers introduced a cup to their babies instead of a bottle. One of the teen mothers offered the following advice to other teen mothers about introducing a bottle or cup:

> Jane: I would recommend that they at least try giving the baby a bottle before

> they're 5 months because they'll reject it. We're still trying to get him to take juice in a bottle [at 10 months]. He's still very reluctant.

A lack of freedom was reported by some of the teen mothers as a disadvantage of breastfeeding, as reflected by the following comment:

> Ingrid: I would say the only disadvantage about breastfeed was that I couldn't leave her alone and that she wasn't able to go and be with her daddy when she wanted to or other family members. That was probably the only thing I didn't like about it.

Many of the teen mothers adjusted to the lack of freedom and time as they continued to breastfeed by adapting to their baby's schedule and learning to manage with breastfeeding in public. This became much easier as their babies grew older and other foods were introduced, as shown by the following narrative:

> Jane: If I'm in the mall or something, I can usually put him off with a cracker or let him play with a bottle of juice. Hopefully, maybe, he takes a suck out of it. But because he doesn't nurse quite as much, I've got a lot more extended time. Because I still usually don't go out until he's been nursed, unless there's like a specific time or something when we have to meet someone, and if putting him off doesn't work, then I just go ahead and feed him.

The lack of and interruption of sleep remained an issue for teen mothers as they continued to breastfeed, as illustrated by Elise who commented:

> She wakes up so much during the night [to breastfeed]. During the day, she'll nap. She'd sleep the whole day if she could, but when we go to bed, she wakes up all the time. You can never have a good sleep. It's frustrating because you can't ever have a good night's sleep.

Many of the teen mothers adjusted to the loss of sleep by sleeping with their babies at night and sometimes during day time naps. Although the teen mothers were often concerned about spoiling their babies by sleeping with them, they recognized that sleeping with their babies and breastfeeding lying down had benefits for themselves such

as ease, convenience, safety, and increased rest. Their babies were often calmed and comforted by breastfeeding at night. The following narrative supports the previous analysis:

> Ingrid: That was her comfort food at night. And still, even though I breastfed her at night, she'd sometimes wake up screaming. I'd breastfeed her and have her sleep with me. She was calm. Everything was okay, so it was not too bad.

An aspect that changed for the teen mothers as they adjusted to breastfeeding was their relationships with their male partners. Some of the teen mothers felt that having a baby and breastfeeding strengthened their relationships with their male partners, as illustrated by the following narratives:

> Kate: It [having a baby and breastfeeding] hasn't really pushed us apart. It's made us closer, you know.
>
> Faith: I mean, your relationship with your husband or boyfriend or whatever, will change for sure. Most cases I'm sure you'll get closer. I know me and my husband are closer. We're kind of... we have a string attached to us. I mean that string will never be cut. We will always have kids together. Sometimes, I just do not want to see my husband at all. I don't know why, I just don't want to see him or we fight or whatever. That's normal, I mean, who doesn't fight? But the kids have brought us closer together.

Other teen mothers felt that breastfeeding and parenthood had hurt their relationships with their male partners because of issues of jealousy, changes to the sexual relationship, and a lack of communication. The negative changes to their male partner relationships constituted a hard thing about breastfeeding for the teen mothers, as exemplified by the statement below:

> Helen: Probably mine and Kevin's relationship [was the hardest thing about breastfeeding]. Like the jealousy thing for him. And you know, me not wanting to touch him and stuff, and I like my space. So that's part of the hardest thing.

Breastfeeding brought changes to the sexual relationship between the teen mothers and their male partners, as some of the teen mothers were less interested in sex, possibly because they were trying to preserve what little personal time and space they had. The teen mothers' decreased sexual desire may have increased the male partners' feelings of jealousy and hurt, as shown below:

> Helen: The one thing that's bad about breastfeeding like for me and him [her boyfriend] is I have less, like I don't want him to touch me. Like I need my space. I'm not sure if that's just because breastfeeding leaves me and her together more often or something, but like I really, it seems like I push him away all the time... Before we had her, we were always together and stuff, you know and I'd just give all my attention to him and like we'd cuddle lots more and stuff.

Other teen mothers reported that breastfeeding "never ruined the sexual part of our relationship" (Ingrid).

Lack of communication also appeared to be an issue between some of the teen mothers and their male partners in terms of the changes breastfeeding and parenthood bring to their relationships, as illustrated by the following narrative:

> Ingrid: We had a lack of communication in regards to our child because he would get really frustrated because he couldn't do it [breastfeed] and because of her being so bonded to me, that she wouldn't go to him and he got really frustrated because, you know, "I'm daddy. Hello? Pay attention to me."

Many of the teen mothers in this study were able to adjust to the changes that breastfeeding brought to their relationships with their male partners. With time, the male partners usually adjusted to breastfeeding, as Georgia's comments reflect:

> At first, he didn't like it because he was like, "Well I want to feed the baby too." And I was just "Oh brother"<sarcastically>. But he's okay, he likes it now. I told him, "Tough, you can feed him when he's older."

Some of the teen mothers felt breastfeeding was easier for their male partners and helped their partners to get more sleep, as shown by Donna's narrative:

> I think that it would be a lot more demanding on him if I formula fed her because just having to get up and stuff to make sure it's all perfectly prepared like, because I'm sure he'd be doing it just as much as me. Yea [it's easier for him], and I just um, I give him break, like I let him, well, when she was first born, I just would let him sleep and stuff like, because I could just turn over and feed her.

A few of the male partners were able to appreciate the closeness that sleeping with their babies brought to them because of their partners' breastfeeding and co-sleeping arrangements, as Georgia's statements revealed, "He [her boyfriend] loves it when he [her son] sleeps on top of him. He really likes that."

Several of the male partners were upset about the time that the teen mothers and their babies spent breastfeeding or jealous of the sexual nature of breastfeeding. Some of the teen mothers and their male partners tried to work on the issue and find more time together as couples. In two cases, though, the relationships dissolved. The statement below supports the above interpretation:

> Helen: I think he gets a little bit jealous because it's like those [her breasts] aren't his, they're the baby's. We're just starting to work on that, you know... We're trying to get that emotional connection and stuff back right now. Like a lot of it has left and like we both know that we can fix it. Like we have definitely at least grown apart since we've had Autumn. We're fixing it now, like it's getting a little better because I mean we're getting used to it now... We're going to marriage counseling, number one. And we try and like leave a little bit of time at least, you know, at least each week, like a day or like you know, at least an hour or something together every day.

If the male partners were reportedly jealous of the bond between the teen mothers and their children and felt excluded, some of the male partners were able to find other ways to interact with their children, as illustrated by the following comments:

Ingrid: He didn't at first, he didn't like it, "Oh, are you breastfeeding again?" You know, he'd get upset because he couldn't feed her, he wanted to bond and feed her and he couldn't because of breastfeeding... She was always cuddly, always right up in my arms, and she didn't like it when I played with her. When Daddy played with her, she'd figured out "Well, that's the way I want it. My daddy, I play with him, and Mommy's my comfort blanket and I go to her when I need help."

Faith's narrative reflected her own and her male partner's acceptance of the changes in their relationship priorities brought about by parenthood and breastfeeding, as shown below:

> We put the baby first. Breastfeeding kept me away from him [her husband] sometimes, like it would be just me and the baby. He didn't care, I mean my husband was attached to me, but he was well beyond that when the baby was born. There was no conflict or you know, like him being jealous or me being jealous or anything like that.

Becoming teen mothers and breastfeeding meant the teen mothers in this study had to make alterations to their future plans. Only one of the teen mothers continued to go to school full time after the birth of her baby, while a few continued with part time correspondence courses. Ingrid, in the narratives below, talked about how being in a teen parenting program in a special school enabled her to adjust to and continue breastfeeding:

> With being at Louise Dean, it [breastfeeding] wasn't that hard, it was a lot nicer. It was kind of a change though, because then I noticed that once I started to go to school [at 6 weeks postpartum], I'd get fuller more. I know it was harder to get on a schedule for myself because it was feed on demand, but I think after about 2 weeks of being at school, it was pretty much okay.
>
> They've got a day care centre, inside the school, so you can breastfeed them in there, and that was one of the added bonuses that made me want to continue breastfeeding, because I didn't want to have to quit, because she was going to the day care. They even call you out of classes to breastfeed, so that was why I breastfed for so long.

Many of the teen mothers were content to stay home with their babies and had no active plans to return to work or school for some time, which positively influenced their plans to continue breastfeeding. One of the teen mothers had an idea about when she planned to going back to work outside the home, which necessitated her to plan for weaning, as illustrated below:

> Kate: I was thinking [about continuing to breastfeed] until he's about 6 or 7 months and then put him on a bottle and then I would go to work... Probably just part-time. I'm not sure yet. We'll have to see. I might not even go back to work. You know, I might, it all depends on how much Monty's making at work.

Social support and other social influences: Adjusting.

As the teen mothers in the present study adjusted to breastfeeding, one of their main needs for informal social support was help with childcare in order to get a break and time for themselves. Getting help with childcare was especially hard for Elise as a single parent and she said, "I didn't have somebody there to give her to, to take time by myself." As well, the teen mothers continued to require emotional support from others, such as their male partners and their friends, as well as formal social support from health professionals in order to adjust to their continuous commitment to breastfeeding. Other social influences such as breastfeeding attitudes, the breastfeeding experiences of others, and the cultural context continued to be interrelated with social support in impacting the teen mothers' breastfeeding experiences as they adjusted to breastfeeding.

Most of the teen mothers had emotional support from others as they adjusted to breastfeeding. Donna reflects the overall positive emotional support the teen mothers received for breastfeeding beyond the first few weeks and months, as she comments,

"People just congratulate me and tell me 'Good job' ."

The teen mothers' male partners were usually supportive of them continuing to breastfeed and helped the teen mothers adjust and become more comfortable breastfeeding in public, as Kate's comments reflect:

> At first when I didn't want everybody to see, he'd say, "Stop being so scared. Just pull it out, don't be so scared", you know. So he was kind of coaxing me to not be so scared. He's really supportive.

As well, the teen mothers' male partners were generally happy about breastfeeding continuing mainly for the benefits to their babies, although they recognized the hard things about breastfeeding that their partners sometimes faced, as the narratives below illustrate:

> Jane: He's been really good. I know there was a couple of times where he wanted me to quit because, I was never wanting to go out. I didn't want to give him [her son] a bottle. I was losing a lot of weight and that kind of stuff, so I know there was a couple of times where he wanted me to quit, but the rest of the time he was pretty supportive. He thinks it's good that he's [her son] still on it [breastfeeding] because he has always known that it's the healthiest for him.

> Faith: He was happy I did do it [breastfeeding] for the first year. He also felt sorry for me for being up all the time.

The participating teen mothers' friends were important sources of emotional support as the teen mothers adjusted to breastfeeding. Many of the teen mothers made new friends with children as a way of seeking out peer support. It seemed important to the teen mothers that their friends, including male friends, were going through similar experiences or at least understood about being a teen mother and breastfeeding. Their new friends were usually older with children and were often breastfeeding as well. The following statements illustrate the above points:

Helen: Everyone who I'd rather hang out with has already had a baby and are moms. You don't even have to think about it [breastfeeding] because they've been though it, right.

Faith: I have new friends. I try now to make friends that have children. It's just easier that way. So I try to make friends with people with kids. Actually my neighbour is close to my mother's age, 30 something and she's nice to talk to and stuff. We don't have lots in common, but we have the baby thing in common.

Peer support from other teen mothers and women who were breastfeeding or had breastfed before was an important source of social support influencing the teen mothers' adjustment to their commitment to breastfeeding. The comment below illustrates the above points:

> Helen: I guess I got used to it [breastfeeding] because I knew my Mom did that, you know. And also like, one of Kevin's friends, they had a baby and she's 3 months older than Autumn, so like you know, I also had a friend to talk to about it and she was like also breastfeeding.

Some of the teen mothers were involved with support groups for teen mothers and found the group experience to be supportive of their adjustment to breastfeeding, as shown by the example below:

> Georgia: The Public Health Nurse had a support group that I went to a couple of times both before and after he was born. I think all of us there were breastfeeding and one girl was doing both. It was nice, we could all sit around, talk about our problems or whatever is happening.

A few of the teen mothers in this study reported having no or little emotional support as they adjusted to breastfeeding. Some of the teen mothers had a non-supportive male partner and one teen mother was single. Several of the teen mothers had few friends or no friends who were teen parents or other breastfeeding role models. These teen mothers were able to seek out support from other venues by making new

friends through school or groups and receiving formal social support through health professionals. Elise, who was separated from her male partner and whose mother was not supportive of breastfeeding, discussed in the comments below how hard it is to keep breastfeeding with limited support, although she hoped her family would eventually accept her breastfeeding relationship with her daughter:

> It's [being a single mom and breastfeeding] hard because it's hard doing this on your own. You need the support... because I didn't have any support at all from my family and friends... My Mom's still is like, "Oh put it away." But I don't know, I guess they've got to get used to it.

Some of the teen mothers offer the following advice to the people in teen mothers' lives about how they can support teen mothers as they adjust to breastfeeding:

> Ingrid: Make them [the teen mother] feel comfortable in their surroundings. Don't make them feel uncomfortable where they can't breastfeed and not feel comfortable because you have to feel comfortable and relaxed. If you're really uptight, it's not going to work and you're going to get all frustrated. I would also say don't discourage people from breastfeeding. Don't discourage them. You should encourage them. Even if they want to continue after a year, or however long they want to, just always be there for support.

> Helen: Not to be shy about it [breastfeeding]. Encouragement is good. You know just saying something like maybe, "Oh your baby looks so much healthier, you can tell it's been breastfed", or something. Just lots of little bits of encouragement.

Many of the teen mothers in this study received formal emotional support from health professionals as they continued to breastfeed, especially the Public Health Nurses through the CRHA Community Health Centres, staff in the CRHA Best Beginning Program, or staff in a teen parenting school program. The teen mothers valued the formal encouragement that they received for continuing to breastfeeding. As well, talking to health professionals about long term breastfeeding was important to their

adjustment to breastfeeding and their ability to continue to commit to breastfeeding. The statements below exemplify the teen mothers' experiences with health professionals as the teen mothers continued to breastfeed:

> Jane: I know that they [health professionals] said to continue this [breastfeeding], you know, it's the best and it will kind of help him along the way.
>
> Ingrid: They [the staff at Louise Dean Centre] always, like, they didn't make you, but they always encouraged it.
>
> Georgia: I came and talked to Public Health Nurse lots. She was pretty helpful.
>
> Elise: It [Best Beginning Program] was really good. If I didn't have the support I don't know what would have happened, you know.

None of the teen mothers talked about having negative experiences with health professionals as they continued to breastfeed.

Ending Breastfeeding

Only two of the teen mothers had weaned their babies at the time of the interviews. Ingrid described her experiences with gradually weaning her daughter over a period of several months in the narrative below:

> Feeding less often kind of made me feel awkward and weird because I was so used to feeding and bonding for that long period of time. When it came to a short period of time, I'm like, "Okay, well, come on, try to eat some more, try to eat some more", just because I wanted to cuddle her and hold her. But she was, like, getting into an independent thing. She was probably about 9, 10 months. She was pulling herself up and walking around at that time, at 10 months. By the time she was a year, I pretty much decreased to about two or three times a day, and then gradually in between that time, it took me about a couple of months, probably about 2 months for each feeding to decrease to one first thing in the morning, one in the afternoon. And then finally, it took about 4 months for the bedtime one. I finally stopped breastfeeding when she was probably about a year and a half.

Although weaning by gradually eliminating one feeding at a time had advantages for

Ingrid's daughter who was able to adjust slowly to weaning, Ingrid, herself, found weaning very difficult for emotional reasons. As her child became more independent and less interested in breastfeeding, Ingrid followed her daughter's lead and continued to breastfeed only when her child showed she needed to, as the following reflections illustrate:

> She was okay for the morning and a lot of the afternoon because she'd just have her milk and a cup and she'd go to daycare. She played all day and she wouldn't really remember until like at night time, even then, I could probably have given her a bottle or cup, but she kind of still wanted it, she would cuddle up, only if she wanted to. If I would have kept on with the night feed, I'm sure she would have.

Another teen mother, Faith, weaned her child suddenly toward the end of her second pregnancy. Weaning was also a difficult experience for Faith and for her child, although her son was able to attach to his bottle with support from his father. Faith's experience with weaning is described below:

> It [weaning] was horrid. He would not take the bottle. But now he's attached to the bottle. I can't get it away from him. I just stopped [breastfeeding] cold turkey. The milk supply was really getting low because the nutrients were going to the fetus, nutrients coming to me. So like it was gone. So I just stopped him cold turkey and like forced him to have milk. I had to after that. Really his Dad kind of weaned him in a way. He would give him a bottle, I remember.

The teen mothers' reported feelings about weaning after they had stopped breastfeeding were quite different. Ingrid, although initially relieved not to be breastfeeding anymore, later said that she missed the close attachment and had to work to find other ways to establish closeness with her daughter through play and physical contact. Faith, on the other hand, stated that she was happy to be finished with breastfeeding and was content with her breastfeeding experience. Being pregnant may

have influenced Faith's weaning experiences, as she and her child had to move on in preparation for another child. The teen mothers' narratives about how they felt after weaning are presented below:

> Ingrid: I was tired of breastfeeding, I didn't want to anymore, but at the same time, after she stopped, it was relief for the first month.... I missed cuddling her, so I had to find a way to play and cuddle. I'd try to play with toys, just cuddle, read a book with her, and that was the only way that I would feel better. Like, she was fine. I had to free myself from the emotional attachment and I think that was probably the hardest part of her not breastfeeding any more.
>
> Faith: Honestly, I was happy. I wanted my "self" back. I didn't want to have to get dressed and take off my shirt. I just wanted everyone away from me, especially being pregnant. So it wasn't really, I didn't, I was glad I breastfed him for that year. I did my best and now he could move on.

The two teen mothers in this study who had weaned at the time of the interview, Ingrid and Faith, had another child after they stopped breastfeeding their first children. Their second time breastfeeding experiences were reportedly very different from their first breastfeeding experiences, as Ingrid did not breastfeed at all due to placing her son for adoption with her male partner and his family and Faith had many breastfeeding difficulties and weaned her son after a few weeks. Although both Ingrid and Faith were reportedly sad and said they felt guilty about not breastfeeding their second children, they eventually developed the attitude that, in certain circumstances, breastfeeding does not work out, as exemplified by the following statement:

> Ingrid: I feel sad that I didn't get to [breastfeed with her son], but it happens....certain circumstances happen.

The teen mothers who had not been able to breastfeed their second children reported that the closeness and bonding with their second children had been altered by

not breastfeeding. They tried to find other ways to attach to their children, as illustrated below by Ingrid's narrative:

> With bottle feeding, I feel that it's different. I don't feel closer to him [son who's bottle feeding]. It's nice because he can see Daddy and other people, but it's not quite the same bond as when you're breastfeeding. It's taken me a lot longer to bond with Clarke than it was with Patty [who was breastfed for 17 months]. Because now that he's getting a little bit older, he plays with me and he interacts with me and that's where we're forming our bond now. I think that if I had breastfed, I would really have been attached more, but there's always other ways to bond.

Vacillating between the good things and hard things about breastfeeding: Ending.

As the teen mothers in this study adjusted to breastfeeding, they also began to plan for ending their continuous commitment to breastfeeding through weaning. The teen mothers continued working through vacillating between the good things and hard things about breastfeeding, as they considered both why they should continue breastfeeding and why they wanted to stop. This led the teen mothers to an increased period of vacillation between continuing and weaning, during which time they may have consider weaning, but then, for various reasons, continued breastfeeding, as the comments below suggest:

> Faith: I tried at 9 months with the homo milk. I tried once or twice, it didn't last, then I stopped it... He just would not, you know he just would not stop breastfeeding. He just wanted breastfeeding. So I just kept on doing it. It was easier than stopping.
>
> Elise: I don't know, I just think I'll start weaning fairly soon. I guess I'll just have to keep going, though, if she doesn't want to.

Over time some of the teen mothers came to a realization that they were ready to wean in order to have more freedom, yet there were things that they, and possibly their

children, would miss about breastfeeding, such as the closeness and the convenience.

Georgia's comments below illustrate the above interpretation:

> I'm like, "Oh, the sooner the better." I like it [breastfeeding], but it's just kind of at the point where, I don't know, I just want to be able to go out for the day, not have to worry about leaky breasts or anything like that you know. He can go on milk at 9 months, so it can be more convenient. Well, it probably won't be that convenient, but I don't want to give him formula, so it's convenient that way. I'm just kind of at the point where I'm ready to like, you know, I want to be done. That would be the part [the closeness] that I would miss about it [breastfeeding]. I'll have to cuddle him when he's having his bottle or whatever, so it's not so much of an adjustment for him.

Other teen mothers found that their children were ready to wean, but they themselves were not and yet the teen mothers were able to accept their children's decreased need to breastfeed over time, as shown below:

> Ingrid: I think at that time [about 1 year], that was sort of when I realized that she was getting where she was actually ready, but I wasn't ready. And when she was still willing, and I wasn't ready, so like I said before, she would sometimes not want to and sometimes would, and that's when I kind of realized, "Okay, when she doesn't really want to anymore, then I will deal with it, then I will try to wean."

The two teen mothers who weaned their children at the time of the interviews eventually came to a place where they felt they needed to stop breastfeeding for themselves. Their own needs were greater than any remaining needs of their children to continue breastfeeding. The teen mothers were then able to end their present continuous commitment to breastfeeding through total weaning, as shown below:

> Ingrid: My main challenge was when she got older, and I had to stop breastfeeding. That was my challenge. That was the hardest part of anything. We're breastfeeding, latching on, nothing. I had more problems like getting her to stop breastfeed... Eventually I needed to stop, though, I wanted my freedom again.

Faith: Up until 11 months I breastfed him, then I had to stop because I was too pregnant or he was too hungry and I didn't think he was getting the nourishment he needed. I was 6 or 7 months pregnant I think.

Social support and other social influences: Ending.

Social support, both informal and formal, as well as other social influences continued to impact the breastfeeding experiences of the teen mothers, as they ended their continuous commitment to breastfeeding through weaning. The social support that the teen mothers received for ending breastfeeding was not always perceived to be positive and included pressure to wean from their male partners and families. As well, all of the teen mothers who were continuing with breastfeeding at the time of the interviews had an idea of when they would like to wean and end their commitment to breastfeeding. The teen mothers' plans for weaning were not impacted by formal breastfeeding social support from health professionals, as very few of the teen mothers received professional information on weaning.

The breastfeeding social support offered by others to the teen mothers changed for several of the teen mothers, as breastfeeding continued and previous positive support became social pressure to wean. From the following narrative, the pressure to wean from male partners and family members that some of the teen mothers expressed, can be discerned:

> Ingrid: When she was a year old, I got a lot of pressure, a lot of, "Why are you still breastfeeding?" "Because she still is breastfeeding", I'd say. I had a lot of pressure, but I stuck to it. "No", I said, "She's still healthy, this is healthy for her." I didn't really get offended when people said, "You shouldn't be breastfeeding."

Ingrid offers the following advice to people about supporting teen mothers with

continuing to breastfeed and not pressuring them to wean before they or their children are ready:

> Don't give them negative anything, you know, just be there, because you can't tell a person when they're, or their child, when they're ready or not to stop breastfeeding. It's personal, continue until your child is four, if that's what they need.

Many other social influences impacted the participating teen mothers' decisions to end breastfeeding, including the teen mothers' attitudes toward weaning, the weaning attitudes of others, the breastfeeding experiences of others, and cultural beliefs and pressures to wean. Several of the teen mothers reported attitudes about the age of the baby determining when to stop breastfeeding, although many of them also said that they held beliefs about continuing based on their babies' needs. This provides evidence of the previously mentioned vacillating that the teen mothers go through between continuing and ending. The following narratives support the above analysis:

> Jane: I really don't want to stop, but I know, like, at the same time I can't imagine nursing, you know, a baby that can walk and that kind of stuff. I think, you know, there's going to be an age where he has to stop and I think once he hits about a year or so, I'll cut out some daytime ones and just stick mostly to the night ones... I think I'll keep his night feedings for a while. It's kind of my favorite.

> Ingrid: I felt that she was quite old enough [at 18 months] where she didn't need to be breastfeeding... [But] you hear about cases of moms that are still breastfeeding a child that's four. And I don't feel that there's anything wrong with that. I mean if the child needs to, if you're not ready, your child's not ready, by all means.

Several of the teen mothers had a time for weaning in mind, possibly based on family expectations or professional information, but they also reportedly held a "wait and see" attitude that allowed their babies to indicate to them that it was time to wean, as the

comments below illustrate:

> Helen: I've heard it's probably best to around 9 months or a year. Well I haven't really planned it yet or anything. Like I think it's just going to happen. I think that she'll give me signs when she's ready and also I'll just you know, I'll feel it. You know, I'll just know.

> Donna: I plan to breastfeed exclusively for 6 months and then, perhaps a year, see how it goes.

Some of the teen mothers in this study were influenced in their plans for weaning by the breastfeeding experiences of female relatives, especially their mothers, like Georgia who said:

> I think Brian's mom went 6 months or something like that with him. Well, my mom goes to 9 months [with younger siblings] and that's probably what I'm going to do.

The participating teen mothers' comments below reveal that there are many different cultural influences on breastfeeding duration such as plans for returning to work or school:

> Kate: I was thinking [about continuing breastfeeding] until he's about 6 or 7 months and then put him on a bottle and then I would go to work.

> Elise: I want to go to school and stuff, so hopefully by the time she's a year I can have her weaned off my breast and onto a cup or something like that. But I'll still nurse her in the morning and at night or something like that for at least a year and a half.

The narratives analyzed in chapters five and six reflect the teen mothers' process of continuously committing to breastfeeding. It appears that breastfeeding teen mothers move through overlapping phases that include **Deciding to Breastfeed, Learning to Breastfeed, Adjusting to Breastfeeding,** and **Ending Breastfeeding**. Throughout the above phases when teen mothers are continuously committing to breastfeeding, teen

mothers may also vacillate between the good things and hard things about breastfeeding. The teen mothers' process of continuously committing to breastfeeding is also influenced by their informal and formal social support, including the information, help, and emotional support that they seek out and receive from others in their lives and health professionals, as well as other social influences. Ultimately, at each phase of teen breastfeeding, the teen mothers' breastfeeding experiences can best be described as a process of continuously committing to breastfeeding, thus illustrating the study's core variable.

In Chapter Seven: Discussion, the analysis of the study's results will be examined. The discussion will examine conclusions, the emerging theoretical model, revisiting the literature, study limitations, suggestions for future research, nursing implications, and a concluding summary.

CHAPTER SEVEN:

DISCUSSION

While breastfeeding is of particular importance to teen mothers and their babies for physical, nutritional, immunological, psychological, emotional, developmental, social, and economic reasons (Bar-Yam, 1993; Stotland & Peterson, 1985), teen mothers in Canada do not breastfeed to the same extent as adult women (Health Canada, 1999a). The purpose of the present study was to explore teen mothers' breastfeeding experiences in order to understand breastfeeding from the teen mothers' perspectives.

The study's results will be discussed as follows: (a) Conclusions, (b) Emerging Theoretical Model of Teen Mothers: Continuously Committing to Breastfeeding, (c) Revisiting the Literature, (d) Study Limitations, (e) Suggestions for Future Research, (f) Nursing Implications, and (g) Concluding Summary. Literature related to the breastfeeding experiences of adult women will be included in this discussion chapter.

Conclusions

Grounded theory method was used in this study to explicate teen mothers' breastfeeding experiences. When drawing conclusions for this study, it is important to remember that the teen mothers who participated in the study were all positively committed to breastfeeding and had enjoyable first time breastfeeding experiences. The primary finding of the study was that teen mothers' breastfeeding experiences involve a process of **Continuously Committing to Breastfeeding**. A secondary finding was that the process of continuously committing to breastfeeding for teen mothers seems to occur over time and involves the phases of **Deciding to Breastfeed**, **Learning to Breastfeed**,

Adjusting to Breastfeeding, and **Ending Breastfeeding** within an individual time line.

A third conclusion is that, within each of the phases of teen mothers' continuous commitment to breastfeeding, two subcategories appear to take place, **Vacillating between the Good Things and Hard Things about Breastfeeding** and **Social Support and Other Social Influences**.

The literature supports the majority of codes, categories, and subcategories discovered in this study. However, the concept of continuously committing to breastfeeding is not evident in the literature on teen breastfeeding, although several articles relating to adult women's commitment to breastfeeding were found and offer credibility to this study's core variable. In Alberta, Bottorff's (1990) phenomenological study found that being committed to breastfeeding influenced adult women to persist with breastfeeding. Bottorff stated:

> For mothers, commitment to breastfeeding is an important part of their continuing to breastfeed. They are not obligated to breastfeed in that they 'ought' to do it, but rather, they feel they 'must' because of their commitment. To be committed can be understood from this as a voluntary, relatively fixed orientation towards something, in this case breastfeeding. (p. 205)

Coreil and Murphy (1988), in their longitudinal study of 44 adult women in the US using structured questionnaires, suggested that there is "an underlying motivational factor that enhances maternal commitment to breastfeeding for longer periods" (p. 277). Hewat and Ellis (1984), in their phenomenological study of a matched sample of 40 adult women in British Columbia, suggested that women "who were committed to the belief that breastfeeding was superior seemed to have more perseverance when difficulties occurred" (p. 443). Humenick, Hill, and Wilhelm (1997), in their descriptive,

correlational, prospective study of 120 primi- and multipara adult women in Mississippi, found that sustained breastfeeding was related to maternal breastfeeding commitment and knowledge, as well as to family encouragement. Janke (1988) surveyed 215 adult Alaskan women at 6 weeks postpartum and found that self reported commitment to breastfeeding was associated with breastfeeding success. In Locklin's (1995) study of low income adult women in Illinois who breastfed, maternal commitment to breastfeeding increased when women experienced a unique shared intimacy of comfort between themselves and their babies and motivation to breastfeeding was strengthened by the mothers' commitment to breastfeeding which enhanced their self esteem in their accomplishment. Schmied and Barclay (1999) interviewed 25 Australian adult women once in late pregnancy and four more times up to 6 months postpartum and found that the majority of breastfeeding mothers were strongly committed to breastfeeding.

Positive commitment to breastfeeding, as experienced by the teen mothers, may also be related to the concept of successful breastfeeding, as suggested by Janke's (1988) aforementioned work with adult women. Although there are professional guidelines for successful breastfeeding such as the Ten Steps to Successful Breastfeeding (WHO & UNICEF, 1989), it has been suggested that successful breastfeeding is a concept that is individual for every woman (Langley, 1998). The following studies are qualitative in nature and explore adult women's experiences with successful breastfeeding. According to Hewat and Ellis (1984), successful breastfeeding, as defined by the mother's satisfaction with her experience, requires reciprocal integration and negotiation between the mother and infant. The infant is able to meet her/his needs for food and contentment

through breastfeeding and the mother is able to cope and to fulfill her expectations (Hewat & Ellis). Successful breastfeeding, as a complex process of mutually satisfying maternal and infant needs, has also been found to involve maternal perceptions of infant health, infant satisfaction, maternal enjoyment, desired maternal role attainment, and lifestyle compatibility (Leff, Gagne, & Jefferis, 1994). As well, successful breastfeeding in low income adult women has been linked to the mothers' discovery of increased knowledge, self confidence, and personal satisfaction with breastfeeding (Locklin, 1995). In addition, mothers in the study sought connections with family, friends, and/or professionals for support, received and gave comfort with their babies through breastfeeding, and told the world about successful breastfeeding (Locklin).

The second major conclusion of this study is that the teen mothers' continuous commitment to breastfeeding occurs over time with distinct, yet overlapping, phases of deciding to breastfeed, learning to breastfeed, adjusting to breastfeeding, and ending breastfeeding. The following studies offer substantial support for this study's second conclusion. A recent study of teen breastfeeding labeled the phases as personal breastfeeding decision, establishment, and maintenance of breastfeeding (Hannon et al., 2000). An exploration of adult women's breastfeeding experiences discovered women decide to breastfeed, learn to breastfeed, continue to breastfeed, and after debating between continuing and quitting, choose to stop breastfeeding (Bottorff, 1990). It has been suggested that the adult woman's breastfeeding relationship with her child changes over time through phases of initiation, maintenance, and resolution and involves integration and negotiation between the mother and child (Hewat & Ellis, 1984).

A third conclusion of this study is that two subcategories, vacillating between the good things and hard things about breastfeeding and social support and other social influences, occur within each phase of teen mothers' continuous commitment to breastfeeding. In other studies with teen mothers, these processes have been explored as motivators and perceived barriers to breastfeeding, with the teen being influenced by her social network (Bryant et al., 1992). Another teen breastfeeding study discussed perceived benefits of breastfeeding and perceived problems with breastfeeding as affecting the teen mother's breastfeeding decision, with influential people impacting the teen's decision to breastfeed (Hannon et al., 2000).

Both of the preceding studies, Bryant et al. (1992) and Hannon et al. (2000), addressed the teen mother's breastfeeding decision, but no study could be found that supported vacillating between the good things and hard things about breastfeeding as a concept that continues over time throughout the process of teen mothers continuously committing to breastfeeding. This lack of research may be because so few teens in certain areas such as the US breastfeed beyond a few days or weeks (Ryan, 1997). One study related to adult women's breastfeeding experiences over time found similar concepts to the present study's concept of vacillating between the good things and hard things about breastfeeding (Hewat & Ellis, 1984). Hewat and Ellis's study discovered that the maternal variables of personal priorities, congruence of expectations and experience, physical recovery, interpretation of infant behaviour, and support influenced the continuation of breastfeeding. Infant variables that influenced the mother to continue breastfeeding were amount and frequency of feeding, individual behaviours and

temperament, and physical attributes (Hewat & Ellis). Balancing of the maternal and infant variables influencing breastfeeding was required in order for breastfeeding to be successful (Hewat & Ellis). A study on teen mothers' views on teen motherhood supports the concept of vacillating in general (Mercer, 1980). It was suggested that the maternal role for a teen mother exacts a cost through deprivation and losses, but also provides the teen mother with benefits, rewards, and gratification (Mercer).

In this study, social support was defined as the teen mothers' perceptions of the help, information, and emotional support that they received from others, with informal support being provided by the teen mothers' male partners, families, friends, and community members, and formal support being provided by health professionals and other helping professionals. Research on social support network utilization by adult breastfeeding women distinguished between professional support and personal support from husbands, friends, or family (Buckner & Matsubara, 1993). Social support of adult women during breastfeeding has been defined by Hewat and Ellis (1984) as physical support such as household help, emotional support such as encouragement to breastfeed, and psychological support such as sensitivity to the feelings of the breastfeeding mother. Others have categorized breastfeeding social support to include emotional support or empathy, instrumental support or help, informational support or providing information, and appraisal support or support from another with a similar experience (McNatt & Freston, 1992). McNatt and Freston found a significant correlation between the number of supportive encounters with health professionals, informational support, and adult women's perception of successful lactation. Isabella and Isabella (1994) also discovered

that women who perceived support from others for breastfeeding were more likely to have success with breastfeeding. Social support from significant others has been found to be important during adult women's breastfeeding decision making (Kessler, Gielen, Diener-West & Paige, 1995), initiation and maintenance of breastfeeding (Buckner & Matsubara; Isabella & Isabella; McNatt & Freston), and weaning (Morse, 1994; Williams & Morse, 1989).

The concept of social influence in this study included the teen mothers' perceptions of their own breastfeeding attitudes, the breastfeeding attitudes of others, the breastfeeding experiences of others, and cultural attitudes and beliefs regarding breastfeeding, especially teen breastfeeding. Social influence has been identified by Fishbein and Ajzen (1975) as a predictor of health behaviour, with attitudes, intentions, and perceptions of social support as interrelated. Research on the social influences affecting teen mothers' breastfeeding experiences is mainly limited to the decision making phase (Ineichen et al., 1997; Ray & Estok,1984; Robinson et al., 1993; Story & Harris, 1988; Wiemann et al.,1998b). Social influences for adult women who are breastfeeding have been suggested to include the influence of male partners, close friends, and health professionals (Richardson & Champion, 1992). Adult women's own breastfeeding beliefs and attitudes, followed by the influence of health professionals and the adult women's families have been proposed as important social influences in breastfeeding, especially for women under 25 years (Health Canada, 1999a). It has been speculated that breastfeeding for adult women involves a dynamic relationship with others beyond the nursing dyad of mother and child and the attitudes of significant others

change toward the breastfeeding mother over time as breastfeeding continues (Morse, 1994).

Emerging Theoretical Model of Teen Mothers: Continuously Committing to Breastfeeding

An emerging theoretical model representing the breastfeeding experiences of teen mothers is shown in Figure 3. The model depicts the core variable and its relationship to the emerged categories and subcategories. The outer circle of the emerging theoretical model portrays the core variable, **Teen Mothers: Continuously Committing to Breastfeeding**, as a continuous process surrounding the four categories and two subcategories involved in the experiences of breastfeeding for teen mothers. The teen mothers' continuous commitment to breastfeeding over time is represented by a circle, within which the categories, **Deciding to Breastfeed, Learning to Breastfeed, Adjusting to Breastfeeding,** and **Ending Breastfeeding**, are connected to the double arrows portraying movement back and forth between the categories. The subcategory of **Vacillating between the Good Things and Hard Things about Breastfeeding** is represented by visually waved text and is placed within the circle to depict the ongoing and continuous nature of the vacillation that the teen mothers experience during breastfeeding. The subcategory of **Social Support and Other Social Influences** is displayed as a continuous repetitive circle surrounding the four categories of teen breastfeeding to represent the social context of the teen mothers' lives.

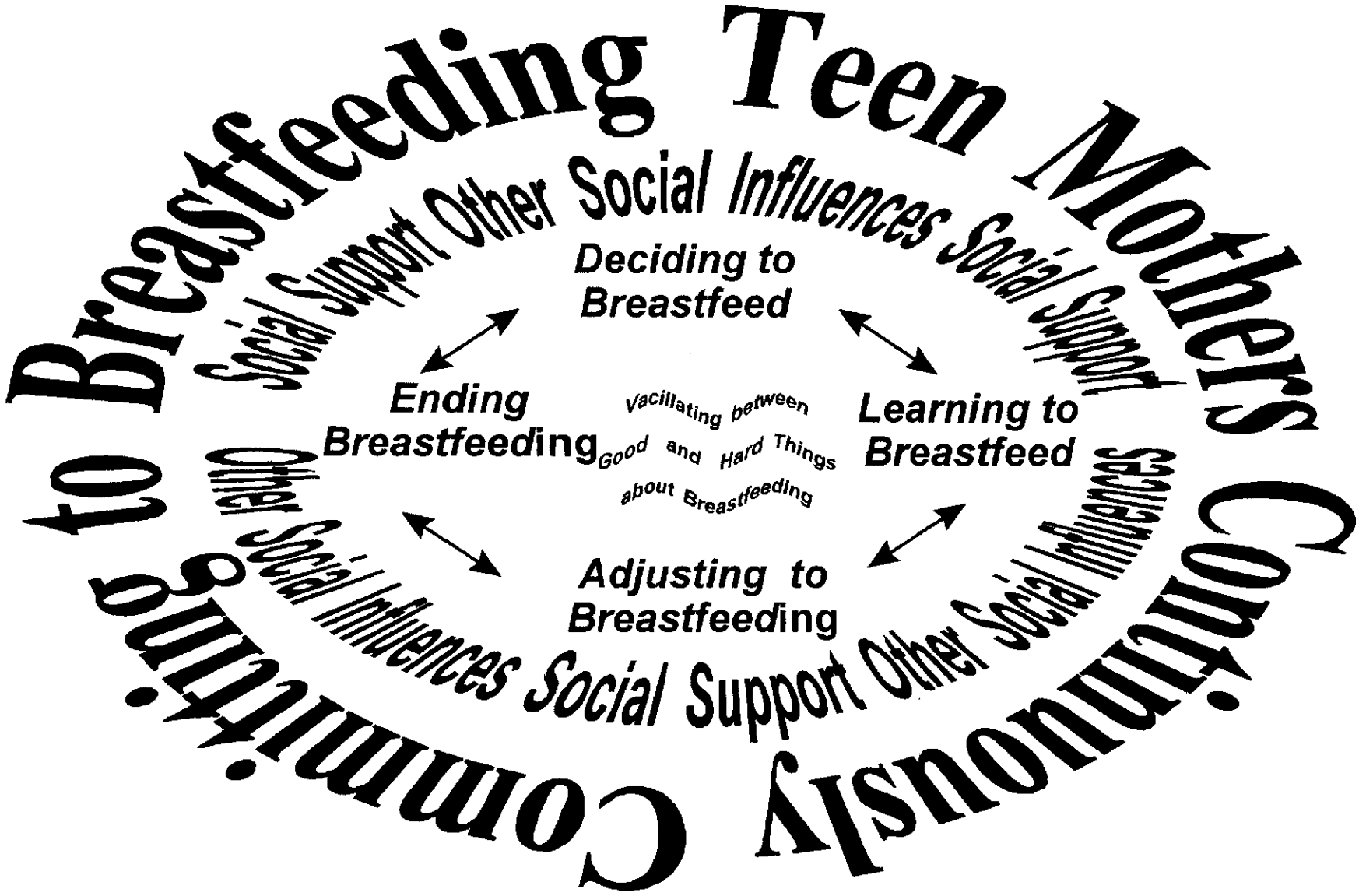

Figure 3: Emerging Theoretical Model of Teen Mothers: Continuously Committing to Breastfeeding

Revisiting the Literature

A discussion of the relationship between the emerging theoretical model and the existing knowledge in the literature is an important aspect of the grounded theory method (Chenitz & Swanson, 1986). The literature is revisited at the end of data analysis in order to situate a study's results within the context of other works (Chenitz & Swanson). The literature relevant to this study's findings will be revisited under the headings of the categories and the subcategories.

Deciding to Breastfeed

Most of the teen mothers in this study made or confirmed their decision to breastfeed early in pregnancy or in the middle of pregnancy, which is inconsistent with the findings of other studies which suggest that teens are more likely than adult women to delay their infant feeding decisions to the end of pregnancy (Ineichen et al., 1997; Wiemann et al., 1998b). Adolescent development may explain some of the variations in this category, as the majority of the participating teen mothers were older than 16 years when they had their first children which makes them more likely to be developmentally mature and more likely to decide to breastfeed (Stotland & Peterson, 1985).

Some of the teen mothers in this study were very sure of their decision to breastfeed, while others were not. Coreil & Murphy (1988) found that intending to breastfeeding in the third trimester of pregnancy for adult women was correlated with perceived self confidence in breastfeeding. Bottorff (1990) suggested that some adult women during pregnancy are very sure of their decision to breastfeed and are committed to persisting with breastfeeding, while other women decide during pregnancy to try

breastfeeding which opens the possibilities to more fully commit to breastfeed as they later learn to breastfeed.

Vacillating between the good things and hard things about breastfeeding: Deciding.

As the teen mothers in this study were deciding to breastfeed, they went through the ongoing process of vacillating between their perceptions of the good things and hard things about breastfeeding. The teen mothers considered the reasons why they wanted to breastfeed versus the reasons they did not want to breastfeed. As mentioned previously, Bryant et al. (1992) and Hannon et al. (2000) found very similar concepts to vacillating between the good things and hard things about breastfeeding in their research involving teen mothers' and low income women's breastfeeding experiences. Motivators for deciding to breastfeed or perceived benefits of breastfeeding were shown to be infant health and intelligence, bonding, convenience, and cost (Bryant et al.; Hannon et al.). Barriers to deciding to breastfeed or perceived problems with breastfeeding were the women's lack of confidence, fear of pain, dietary concerns, other restrictions like smoking and alcohol, loss of freedom and inconvenience, embarrassment and public exposure, and return to school (Bryant et al.; Hannon et al.). The above factors are supported by the results of this study, with the exception that the teen mothers in this study did not mention infant intelligence or dietary concerns.

Social support and other social influences: Deciding.

Informal social support from others, such as the teen mothers' mothers, female family members, male partners, and friends, as well as formal social support from health

professionals, influenced the teen mothers' breastfeeding decisions in this study. Information on breastfeeding and emotional support were important components of the social support that the teen mothers sought out and received as they decided to breastfeed. This finding supports other teen breastfeeding studies which show that the teen mothers' mothers, male partners, family members, friends, and health professionals are important sources of information and emotional support during breastfeeding decision making (Ray & Estok, 1984; Story & Harris, 1988; Wiemann et al.,1998b).

Many of the teen mothers in this study were involved with the CRHA Best Beginning Program, an education, support, and nutrition program for young and/or low income pregnant women and mothers. Support through a similar longitudinal prevention initiative in Ontario was found to positively influence breastfeeding initiation and duration rates in teen and adult low income women (Evers, Doran, & Schellenberg, 1998). The teen mothers' preferences in this study for written information, videos, and talking with others as ways to gather breastfeeding information reinforces the findings in the literature that teen mothers need ongoing access to a variety of breastfeeding information resources, especially targeted written materials (Ray & Estok, 1984), videos (Hannon et al., 2000), and special prenatal classes and groups (Podgurski, 1995).

The teen mothers were found to hold positive attitudes toward breastfeeding which socially influenced their breastfeeding decisions. A number of studies on teen breastfeeding have found that positive breastfeeding attitudes held before and during pregnancy are linked with prenatal intent to breastfeed and subsequent breastfeeding behaviour (Baisch, Fox, & Goldberg, 1989; Cusson, 1985; Pascoe, 1982). This study's

findings that exposure to breastfeeding role models, as well as being breastfed as children, socially influenced the teen mothers' breastfeeding experiences are consistent with other research findings on teen breastfeeding (Joffe & Radius,1987; Lizarraga et al.,1992; Wiemann et al.,1998b).

The cultural context of several of the teen mothers and/or their partners may have influenced their breastfeeding attitudes, as well as the social support they received from others. One of the teen mothers and one of the teen mother's male partners are Aboriginal. Several Canadian studies have suggested that, traditionally, Aboriginals value breastfeeding as natural and that breastfeeding is part of and supported within the Aboriginal family and culture (Health Canada, 1999a; Macaulay, 1981; Macaulay, Hanusaik, & Beauvais, 1989). The Arabic teen mother and the Arabic male partners of the teen mothers in this study are Muslim. The Islamic culture specifically promotes breastfeeding and emphasizes that breastfeeding is good and normal and benefits all humanity (Health Canada, 1997).

Learning to Breastfeed

In this study, several of the teen mothers experienced no problems with learning to breastfeed, some of the teen mothers experienced several difficulties, and a few experienced more complex problems. The teen mothers' continuous process of committing to breastfeeding was challenged during the learning phase of breastfeeding, but all of the teen mothers persevered with breastfeeding their first children and continuously committed to breastfeeding even in the midst of difficulties. This study's results are supported by Schmied and Barclay's (1999) work which shows that some

adult women have a connected, harmonious, and pleasurable experience with breastfeeding that reinforces their commitment to breastfeeding, some women persevere with a disruptive, unpleasant, and violent breastfeeding experience and eventually have a pleasant experience as they continue breastfeeding, and some women, with unpleasant breastfeeding experiences, seek to regain control over their lives and bodies through early weaning. This study's finding that teen mothers who are continuously committing to breastfeeding appear to be determined to continue with breastfeeding even when they experience difficulties is supported by research with adult breastfeeding women. Adult women who believe breastfeeding is essential to being a good mother were found to be more motivated to continue breastfeeding, even when breastfeeding was not easy (Bottorff, 1990; Hewat & Ellis, 1984).

Vacillating between the good things and hard things about breastfeeding: Learning.

The teen mothers in this study experienced many of the same breastfeeding difficulties as adult women have been shown to experience, such as sore nipples and sore breasts, difficulties latching their babies, physical postpartum recovery, exhaustion, and unease with breastfeeding in front of family members and visitors (Health Canada, 1995). Similar initial breastfeeding difficulties have been found in teen breastfeeding studies (Hannon et al., 2000; Neifert et al., 1988b). In this study, in the learning phase of teen breastfeeding, the teen mothers' appreciation of the optimizing of their infants' health and the bonding relationship with their children was part of what motivated them to continue to learn about breastfeeding. Bottorff (1990) found that, as adult women

gave of themselves through breastfeeding, they were encouraged to persist with breastfeeding despite difficulties because of the positive feedback they received from their children. The present study's suggestion that the teen mothers learned about their babies through breastfeeding is supported by Sethi's (1995) concepts of giving of self and coming to know the baby, where adult mothers were shown to be actively engaged in giving of themselves as they learned about their infants in the early postpartum months.

Social support and other social influences: Learning.

The teen mothers in this study found that the formal social support of hands-on help with the breastfeeding techniques and emotional support from health professionals, especially hospital nurses and Public Health Nurses, were important as they learned to breastfeed. Similarly, hands-on help and reassurance from lactation consultants and health nurses in a breastfeeding clinic were found to be very helpful in a study of adult breastfeeding women (Pastore & Nelson, 1997). In contrast to the above findings, a study on support systems during adult women's breastfeeding initiation and duration found that health professionals provided only informational support (Isabella & Isabella, 1994). This contradictory finding may be due to the type of intensive hospital and home breastfeeding support offered to all women in the Calgary region through the CRHA's perinatal programs (Inform Calgary, 2001). A few of the teen mothers in this study did not feel they needed and/or received any help with breastfeeding, which may be part of the independence-seeking of adolescent development (Glasser, 1982).

The teen mothers' mothers, female family members, and male partners were viewed to be very important sources of informal social support as the teen mothers

learned to breastfeed. Help and emotional support for breastfeeding and help with household chores and baby care were valued by the teen mothers during the learning phase of breastfeeding. Studies of adult breastfeeding women support this study's findings regarding the importance of social support from teen mothers' mothers and teen mothers' male partners (Hewat & Ellis, 1984; Isabella & Isabella, 1994). In addition, studies have highlighted grandmothers and husbands to be important sources of physical or instrumental support with household chores and baby care, emotional support, and psychological support or sensitivity to the woman's feelings (Hewat & Ellis; Isabella & Isabella). Social support has been shown to be an influential social factor affecting adult women's abilities to initiate breastfeeding (Isabella & Isabella). A few of the teen mothers in the present study felt uncomfortable talking with their mothers about breastfeeding, possibly reflecting the developmental tendency of adolescents to hide their sexual identities (Yoos, 1985).

Adjusting to Breastfeeding

The teen mothers in this study went through a phase of adjusting to breastfeeding as they continuously committed to breastfeeding. Breastfeeding was perceived by the teen mothers to be interconnected with becoming teen mothers. The teen mothers worked toward adjusting to and accepting the changes and responsibilities of teen parenthood as they took on adult roles, although a few of the teen mothers felt their lives had not been greatly altered.

In the literature, adolescent birth has been proposed as a crisis (Glicken & Harmon, 1989), with increased life stress in the transition to teen parenthood (Dormire,

Strauss, & Clarke, 1988). Mercer (1980) describes both adolescence and motherhood as maturational crises, characterized by internal disequilibrium and subsequent internal growth of the individual. When a teen becomes pregnant, Mercer suggests that the teen is forced to adjust to the adult role of motherhood in addition to the teen's developmental role as an adolescent. Other studies have found that some teen mothers are overwhelmed by the adjustment to both breastfeeding and motherhood and other teen mothers accept the changes and responsibilities with less struggle (Benson, 1996; Hannon et al. 2000).

The teen mothers in this study found that breastfeeding became easier as they got used to breastfeeding and, for the most part, their breastfeeding experiences became better over time as their babies grew and developed. This finding is consistent with adult women's experiences with breastfeeding where Maclean's (1989) work shows that the most difficult initial aspects of breastfeeding were resolved within a few months and, while breastfeeding was perceived to still be demanding, over time a new mother was better able to cope and adjust to the changes breastfeeding and motherhood brought to her life. Another study of adult women found that women who breastfed long term, beyond 9 months, were more likely to have adjusted optimally to pregnancy and motherhood (Isabella & Isabella, 1994). Further research found that adult women who breastfed beyond 1 year went through two adjustment processes, synchronization where the long term breastfeeding mothers became aware of their children's needs, tuned in to their children physically and emotionally, recognized the attachment between mother and child, and surrendered to their children's needs, and reorientation where long term breastfeeding mothers experienced changing priorities, changing relationships, changing

associations, and increased knowledge (Wrigley & Hutchinson, 1990). Only one mention in a study could be found related to positive changes in the breastfeeding experience over time for teen mothers (Benson, 1996), possibly because most of the teen breastfeeding duration literature focuses on breastfeeding difficulties leading to early weaning.

A few of the teen mothers in this study introduced solids slightly before the recommended age of 4 to 6 months (CPS, Dietitians of Canada, & Health Canada, 1998). A few mothers also introduced supplemental feedings of commercial formula, with one mother introducing supplements in the first 6 weeks. Early introduction of solids and supplements have been linked to early weaning for teen mothers by a number of studies (Benson, 1996; Swanson, 1988), although other studies have not found a connection (Neifert et al., 1988b).

Vacillating between the good things and hard things about breastfeeding: Adjusting.

As the teen mothers in this study adjusted to breastfeeding, they perceived the good things about breastfeeding to be enhancement of their babies' health, closeness with their babies, enjoyment of breastfeeding, personal growth and evolution, and the convenience and low cost of breastfeeding. The teen mothers interpreted their infants' responses to breastfeeding as being generally positive, both physically and emotionally, as evidenced by their perceptions of their babies' health, growth, and development. This finding is supported by Locklin (1995) who found that low income adult women were reassured and comforted by the health of their babies as they continued to breastfeed and that their confidence in breastfeeding increased as they experienced success with

breastfeeding. It has been suggested by others that how an adult mother views her baby's individual behaviours, temperament, and physical attributes influences her perceptions of the dynamic interaction between mother and child in the breastfeeding relationship (Hewat & Ellis, 1984). An adult mother who is able to see that her baby is benefiting from and enjoying breastfeeding may be more likely to continue breastfeeding (Bottorff, 1990; Hewat & Ellis). A study of adult women found that perceived maternal satisfaction with breastfeeding was significantly correlated with sustained breastfeeding (Humenick et al., 1997).

Emotional involvement between teen mothers and their infants has been proposed by Mercer (1980) to be reflected in the responses of teen mothers to their infants' cues and their feelings about leaving their babies with others. When the teen mothers in Mercer's study were observed to synchronize their behaviors to their infants' needs, there was more responsive cueing behaviours and emotional involvement between mother and child, although there was vacillation for some of the teen mothers between meeting their own developmental needs and meeting their children's needs. This is consistent with the findings from the present study where the teen mothers appreciated the closeness they felt with their children through breastfeeding, recognized their children's attachment to them, and enjoyed the comfort breastfeeding afforded them as mothers, but some of the teen mothers experienced polar opposite reactions. Several of the teen mothers felt tensions between wanting to be close with their babies and wanting to get away from them. Other teen breastfeeding studies have found that the closeness of the breastfeeding relationship was the most enjoyable part of breastfeeding and that the mother-child

bonding was important to teen mothers (Hannon et al., 2000; Neifert et al., 1988b). Studies on adult women have found similar results (Hewat & Ellis, 1984; Maclean, 1989; Wrigley & Hutchinson, 1990).

Emotional maturity is considered to be necessary in order for a teen mother to place her infant's needs ahead of her own (Mercer, 1980). Warm and nurturing teen mothers in the literature have been shown to "view the mothering role as a maturing process in which they had learned to be more concerned and caring for others" (Mercer, p. 25). Teen mothers have described motherhood as a way of establishing themselves as adults, providing legitimacy to themselves in the world (Arenson, 1994). Many of the teen mothers in this study felt that they were mature before they became pregnant and that becoming a teen mother enhanced their maturity levels as they took on adult roles. Some of the teen mothers perceived that they grew up when they became teen mothers and left behind their wilder lifestyles. The teen mothers also perceived themselves to have grown in the areas of patience, empathy, altruism, and self esteem. Sethi's (1995) concept of redefining self where adult women were found to reassess their lives and make changes in their lives to enhance their children's lives supports the findings of the teen mothers' personal growth and evolution in the present study. Arenson discovered a similar category named strengths, which included the themes of caring, self confidence, independence/self reliance, responsibility, patience, reflection, and hope, in her work with teen mothers. Another study (Coreil & Murphy, 1988) found that perceived breastfeeding self confidence in adult women was significantly associated with breastfeeding duration postpartum, which supports this study's findings that many of the

teen mothers felt good about themselves and their ability to breastfeed long term.

This study's finding that the teen mothers experienced convenience and cost savings with breastfeeding was supported by only one study in the literature (Benson, 1996). It has been suggested by Benson that it was very important to teen mothers that breastfeeding is perceived as being easy. Another study showed many teen mothers believe breastfeeding is inconvenient (Hannon et al., 2000). Adult women have been shown to have contrasting beliefs about the convenience and inconvenience of breastfeeding in a number of studies (Health Canada, 1995; Maclean, 1989).

As the teen mothers in this study adjusted to breastfeeding, they perceived certain things about breastfeeding to be hard including ongoing breastfeeding difficulties, public breastfeeding, loss of freedom, time, and sleep, and altered future plans. However, they were willing to continue breastfeeding for the most part because of the aforementioned good things about breastfeeding. In order to continuously commit to breastfeeding, the teen mothers had to adjust to the hard things about breastfeeding. Other studies which mention teen mothers' experiences with ongoing or long term breastfeeding difficulties could not be found, perhaps because of the dearth of information regarding teen breastfeeding duration beyond the first few postpartum weeks or months. The breastfeeding difficulties that the teen mothers in this study experienced as they continued to breastfeed, such as leaking, teething, biting, and thrush, are common problems for adult women who breastfeed and, as the teen mothers found in this study, the difficulties either resolved spontaneously or adjustment was required to continue breastfeeding (Mohrbacher & Stock, 1991).

The issue of public breastfeeding and the accompanying feelings of exposure, embarrassment, and discomfort with men experienced by the teen mothers is supported by a number of teen breastfeeding studies. Benson (1996) found that teen mothers were conspicuous, self aware, and egocentric with public breastfeeding and anticipated disapproval from others. The teen mothers' social experiences with breastfeeding in front of others, especially men, vacillated between wanting privacy and having the right to breastfeed their children (Benson). Hannon et al. (2000) showed teen mothers were embarrassed by public exposure during breastfeeding and were very concerned about the disapproval of others, who may feel breastfeeding is "gross or nasty" (p. 403). A study in Ontario with adult breastfeeding mothers found that mothers anticipated more negative attention during public breastfeeding than they actually received and that women felt vulnerable breastfeeding in public (Sheeshka et al., 2001). Nothing could be found in the literature regarding the concept of teen mothers adjusting to public breastfeeding as breastfeeding continued.

The teen mothers described a loss of freedom, in relation to scheduling and breastfeeding restrictions and a loss of time, especially personal time due to the time consuming demands of breastfeeding, as other hard things about continuing to breastfeed. Only one study on teen breastfeeding could be found related to the issue of loss of freedom and time (Yoos, 1985). Yoos (1985) found that teens thought breastfeeding restricted their activities and prevented them from smoking or taking oral contraceptives. A lack of freedom and restrictions on smoking and breastfeeding were also found to be perceived by adult women as barriers to breastfeeding (Health Canada,

1995). Another study of adult women found that experiencing a loss of freedom with breastfeeding may be dependent on how a woman perceived her life goals at the time of breastfeeding, as breastfeeding may be viewed as confining and restrictive if a woman's life goals at the time were incongruent with the demands of breastfeeding (Hewat & Ellis, 1984). Bottorff (1990) suggests that, for adult women, the ties of commitment to breastfeeding and to their children necessitated a loss of freedom, but also opened the possibilities of a deeper enriched life. Maclean's (1989) work with adult women supports the issue of adjusting to the loss of personal time due to breastfeeding. Significant changes in the amount of time and the nature of the activities that fill women's time, particularly personal time, were found to occur when women continue to breastfeed (Maclean). Breastfeeding adult women were found to substantially shift and adjust their lifestyles during breastfeeding (Maclean). Adjusting to the loss of freedom and time is also supported by Sethi's (1995) concept that accepting isolation and confinement was part of the giving of self, that adult women experienced as they became mothers.

The loss of sleep remained an issue for teen mothers in this study as they adjusted to breastfeeding. Sleep was found to be a major influence on teen breastfeeding by Benson (1996), where the importance of sleep to teen mothers who breastfed affected their ability to continue breastfeeding and their introduction of early supplements and solids. Bergum (1997) found that teen mothers may adjust to the lack of sleep by breastfeeding their babies in bed in order to get more rest, which supports the findings of the present study where most of the teen mothers breastfed in bed and/or slept with their babies.

The relationships that the teen mothers in the present study had with their male partners changed as the teen mothers adjusted to breastfeeding. Studies on the male partners' involvement with teen breastfeeding could not be found in the published literature. A few studies have examined the experience of young fatherhood generally, such as Hettler's (2000) work with young fathers of teen mothers' children which suggests there is a period of adjusting to the responsibilities involved in the transition of becoming and being a young father. Male partners of adult breastfeeding women have been shown to experience conflicting feelings about their partner's breastfeeding, including pride, envy, inadequacy, jealousy, and exclusion (Jordan, 1986). As well, fathers of breastfed infants were found to be concerned about decreased father-infant attachment, changes in the emotional and sexual relationship with their babies' mothers, and feelings of inadequacy (Jordan & Wall,1990). It has been suggested that adult mothers in the first 3 to 6 months postpartum adjust to the redefinition of their relationships with their male partners as a couple, as sexual partners, and as co-parents, especially as the mothers' sexual interest declined after the birth and with breastfeeding (Ellis & Hewat, 1985; Sethi, 1995). The preceding studies offer support for the male partners' varied responses to breastfeeding as reported by the teen mothers in this study. As well, the ways in which the teen mothers adjusted to the changed relationship with their male partners because of breastfeeding were similar to Jordan's suggested interventions of communication, father involvement, and nurturance of the spousal relationship.

As the teen mothers in this study continued to breastfeed, they had to adjust to

and accept alterations to their future plans. Adult women have been shown to need to redefine professional goals as they become mothers (Sethi, 1995). The teen mothers in this study had many hopes and dreams for the future similar to teen mothers' future plans found in other studies where teen mothers have been shown to have the potential to change their lives which may have been troubled in the past (Bergum, 1997; SmithBattle, 1995; SmithBattle & Leonard, 1998). Many teen mothers have been found not to share the societal view that having a child at a young age ruins a teen mother's life or limits a teen mother's child's future (Bergum; SmithBattle; SmithBattle & Leonard). Instead teen mothers may view parenthood as a way to become adults, and motherhood may be an alternative life course that offers them an opportunity for a hopeful future (Bergum; SmithBattle; SmithBattle & Leonard). Working toward future goals has been suggested as an important factor in bolstering a teen mother's self confidence (Mercer, 1980). Hopefulness about the future has been linked to increased feelings of social support in a study of economically disadvantaged teen mothers (Hanson & Martin, 1991). It is unknown in the literature how teen mothers' breastfeeding experiences, including success with breastfeeding, influences their adjustment to alterations of their future plans. Based on the findings of this study, it is possible that breastfeeding may enhance the self esteem and self confidence of teen mothers. This, together with social support, may impact teen mothers' acceptance of their altered future plans and hopes for the future.

Only one of the teen mothers in this study breastfed while attending school, although several of the teen mothers were taking correspondence courses or working at

home. There is limited information on teen mothers who continue breastfeeding and their return to school or work. Most of the literature suggests that a return to school or work may be detrimental to teen breastfeeding due to a separation between the teen mother and her child, difficulties with breast pumping, and a lack of school or work support for breastfeeding (Bar-Yam, 1993; Hannon et al., 2000). Some school environments, similar to the special teen parenting program attended by the study participant who breastfed and went to school, have been shown to be supportive of breastfeeding (Stotland & Peterson, 1985). Other studies have found that teens are more likely to breastfeed if they are not in school (Lizarraga et al.,1992; Story & Harris,1988).

Social support and other social influences: Adjusting.

In this study, as the teen mothers adjusted to breastfeeding, their main need for informal social support from others was related to help with childcare in order to get time for themselves. Most of the teen mothers had emotional support from others, including their male partners and their friends, as well as formal support from health professionals, all of which the teen mothers found beneficial as they adjusted to breastfeeding. Nothing could be found in the literature that relates specifically to social support from others that enhances teen mothers' adjustment to breastfeeding. Adult women have been shown to need ongoing help with child care, household chores, and management strategies to deal with the demands of breastfeeding, in order to have some personal time (Mohrbacher & Stock, 1991). As well, adult women often need emotional support from significant others in order to continue breastfeeding (Mohrbacher & Stock). Isabella and Isabella (1994) found that adult women who had the longest breastfeeding

duration were more likely to perceive a successful adjustment to pregnancy and motherhood, as well as express satisfaction with the nature and extent of their social support, particularly from their husbands. This study's finding that emotional support from the teen mother's male partner was usually ongoing during breastfeeding is reinforced in the literature on teen motherhood, which suggests that the teen mother's male partner is an essential source of support over time (Diehl, 1997; Roye & Balk, 1996).

The present study found that peer support was very important to the teen mothers as they continued to breastfeed. Peer support may be involved in the positive breastfeeding duration outcomes found in studies on teen parenting school education and support programs (Pobocik, et al., 2000; Volpe & Bear, 2000), although this factor was not studied specifically. Peer support has been shown to be effective in increasing the breastfeeding initiation and duration rates of low income adult women (Bronner, Barber, & Miele, 2001; Bronner, Barber, Vogelhut, & Resnik, 2001). The peer support in these studies, in contrast to the present study's informal peer support, was organized peer support through a health and social services agency (Bronner, Barber, & Miele; Bronner, Barber, Vogelhut et al.). Adult women who breastfeed longer than 4 months have been shown to find peer support to be a very important way to access both emotional and practical support from others, which helps them to cope with motherhood and breastfeeding (Health Canada, 1995). It has been suggested that peer support works well to enhance breastfeeding rates because the breastfeeding woman's peers usually share a common background and peers can provide one-on-one help and support to increase a

breastfeeding woman's self efficacy or her belief in her ability to breastfeed (Bronner, Barber, & Miele).

Many of the teen mothers in this study received positive formal support from health professionals as they adjusted to breastfeeding. While health professionals have been shown to be a source of social support as teen mothers decide and begin to breastfeed (Ray & Estok, 1984; Story & Harris, 1988; Wiemann et al.,1998b), no studies could be found that discussed the formal support of health professionals as teen mothers adjust to breastfeeding. Studies with adult women have found that social support from health professionals, such as attending a breastfeeding clinic and talking with the Public Health Nurse, to be important factors in the continuation of breastfeeding beyond 4 months (Health Canada, 1995; Pastore & Nelson, 1997).

Ending Breastfeeding

The teen mothers who had weaned at the time of this study's interviews chose to wean for different reasons such as wanting to regain personal freedom, the baby was old enough, and being pregnant again. As well, the teen mothers who had weaned at the time of the interviews had different feelings about ending breastfeeding, ranging from relief to happiness to sadness. One teen mother weaned gradually over a period of several months, with her daughter becoming less interested in breastfeeding and eventually stopping breastfeeding at about 18 months. Another teen mother weaned "cold turkey" and forced her 11 month-old son to take the bottle. These findings are consistent with the varied weaning patterns and responses to weaning of adult women, although adult women may be more likely to wean because of a return to work (Williams

& Morse, 1989). No studies were found on the weaning patterns of teen mothers who breastfeed longer than a few weeks or months.

Two of the teen mothers in this study weaned their babies prematurely before the recommended 4 to 6 months minimum (Health Canada, 1999a). The teen mothers who weaned early gave reasons for ending breastfeeding related to breastfeeding difficulties and pain in the first week and the baby refusing to breastfeed at 2 months. These reasons are consistent with the findings of other teen breastfeeding studies related to early weaning (Ineichen et al., 1997; Lipsman et al., 1985; Neifert et al.,1988b). The present study found that teen mothers may feel sad and guilty if they are unable to breastfeed as planned. Studies with adult women have discovered similar feelings of sadness, guilt, and depression in women who wanted to breastfeed, but, due to early difficulties, decided to quit (McNatt & Freston, 1992). Adult women who stopped breastfeeding before they planned to had higher levels of self doubt about their ability to breastfeed and decreased satisfaction with breastfeeding (McNatt & Freston).

Vacillating between the good things and hard things about breastfeeding: Ending.

The teen mothers in the present study, as they adjusted to breastfeeding, began to plan for weaning and entered an intense period of vacillation between adjusting to and continuing breastfeeding and ending breastfeeding through weaning. No studies on teen breastfeeding could be found to support this concept, but adult women have been shown to internally debate the decision to continue or to stop breastfeeding, with weaning being a difficult decision for some mothers (Bottorff, 1990). Bottorff suggests that the best age to wean a baby is individually based on the needs of both mother and child and that the

final decision to wean may be held off until another time. This offers support for the findings of this study where the teen mothers were shown to vacillate between the closeness and convenience of breastfeeding and their need for freedom and their desire for their children's independence, with the some of the teen mothers finding it is easier to continue breastfeeding than to stop.

Social support and other social influences: Ending.

Social support was discovered, in the present study, to influence the teen mothers' experiences with ending breastfeeding. The teen mothers in this study mentioned formal social support from health professionals, such as information on weaning, only briefly. The teen mothers' main social support for ending breastfeeding was perceived to be negative as they received social pressure to wean from others, such as male partners and family members. It has been suggested that social support for breastfeeding decreases over time, with significant others facilitating weaning through social pressure and overt coercion when the infant is considered old enough to wean, with great variation in what age is believed to be appropriate for weaning (Morse, 1994; Williams & Morse, 1989).

Other social influences affecting the teen mothers' plans for weaning found in this study included attitudes about the age of the baby determining weaning, family expectations, the breastfeeding experiences of female relatives, and plans for returning to work or school. Similar social influences impacting the weaning decisions of adult women have been found by a number of studies (McNatt & Freston, 1992; Rogers, Morris, & Taper, 1987; Williams & Morse, 1989).

Study Limitations

Attempts were made throughout the research process to maximize study strengths and minimize study bias, but several study limitations remain. The present study involved eight teen mothers between the ages of 17 and 20 years at the time of the interviews. The teen mothers in this study had their first children when they were between the ages of 15 and 19 years, with six of the teen mothers being first time mothers and two being second time mothers. All but one of the teen mothers were living with male partners at the time of the interviews. Six of the participating teen mothers are Caucasian, one is Arabic, and one is Aboriginal. All of the teen mothers in this study had completed grade 9 and three had completed grade 12. While the study participants lived in a variety of communities within the geographical area of the CRHA and had some ethnic and education level diversity, the study participants were predominantly white older teens who had their first child after age 16 years while living with a male partner. The findings from this study are therefore limited by the lack of diversity in the population studied. The findings of this study must be cautiously interpreted if they are transferred to other populations.

Several of the teen mothers discussed their breastfeeding experiences after a significant length of time had passed since the birth of their first child (over 1 year), which may have introduced a recall bias (Polit & Hungler, 1995). However, all of the participating teen mothers were able to give detailed accounts of their breastfeeding experiences, regardless of the age of their children.

The study participants are assumed to be positively biased toward breastfeeding

because they all expressed satisfaction with their breastfeeding experiences with their first children. Teen mothers who had negative or neutral breastfeeding experiences may have been reluctant to participate in this study, although care was taken in the recruitment processes to attempt to include all teen mothers who breastfed even for short periods of time.

In light of the study's limitations caution must be used in interpreting the relevance of the findings in other situations. However, the study has yielded valuable insights into the experiences of breastfeeding teens. Such information has value in furthering our understanding of the experiences of breastfeeding teens and may provide a beginning basis for the development of theory, practice, and research in enhancing the breastfeeding practices of teens.

Suggestions for Future Research

My experience of conducting this research with breastfeeding teens has illuminated possible directions for further research in the phenomenon of interest. Further research using the grounded theory method should include a broader sample of teen mothers with emphasis on teens who are less than 16 years, single, and/or belong to various ethnic groups. In addition, the findings of the present research could be extended by including teen mothers who perceive their breastfeeding experiences to be unsuccessful, who have decided not to breastfeed, and who weaned early, as well as teen mothers who continued breastfeeding beyond 1 year. More research is required in the area of how teen mothers experience the processes of deciding to breastfeed, learning to breastfeed, adjusting to breastfeeding, and ending breastfeeding. Additional research is

needed on how informal social support, especially information, help and emotional support from teen mothers' male partners, mothers, and peers, as well as formal social support from health professionals, influence teen mothers' breastfeeding experiences. As well, further research projects focusing on other social influences affecting breastfeeding teen mothers are important.

Findings generated from the further studies that build on the present research will potentially expand the categories and subcategories of the emerging theoretical model. Such research on teen breastfeeding, particularly using qualitative research methods, may provide further illumination of the processes involved in **Teen Mothers: Continuously Committing to Breastfeeding**, gradually adding to the emerging model and possibly developing a substantive theory (Glaser, 1978).

Nursing Implications

A research study should have relevance to nursing education and practice and, while findings may not always be used to determine clinical practice, this study's results may serve to widen the perspective of nurses and other health professionals about teen breastfeeding (Chenitz & Swanson, 1986). The following implications bring into focus a need for sensitive and relevant nursing care to be offered to the pregnant teen and the breastfeeding teen mother within her individual social context (Chenitz & Swanson). The following nursing education and practice suggestions related to the findings on teen breastfeeding discovered in the present study are supported by the recent Family-Centred Maternity and Newborn Care: National Guidelines (Health Canada, 2000) which state that:

> Protecting, supporting, and promoting breastfeeding reflect the guiding principles of family-centred maternity and newborn care. Specifically, it is essential that: care is based on research evidence, women are cared for within the context of their families, women and their families need knowledge to make informed choices, women are empowered, through respect and informed choices to take responsibility, health care providers have a powerful effect on women and families, technology is used appropriately, and the importance of language is recognized. (p. 7.6)

Nursing students should have the opportunity to care for and work with pregnant teens and breastfeeding teen mothers in order to increase the students' knowledge and understanding of the needs of this unique population. Breastfeeding teen mothers' stories and narratives need to be shared with nursing students and other professional students and with practicing nurses and other health professionals to enrich their understanding of teen breastfeeding, in order to help, support, and encourage teen breastfeeding.

Given the importance placed by the teen mothers on the informal breastfeeding social support that they received from their male partners, families, and friends, greater attention needs to be given by nurses and other health professionals to the important people in the breastfeeding teen mothers' lives. Breastfeeding teen mothers' male partners, families, and friends need to be appropriately included, with the consent of the teen mothers, at all points in breastfeeding teen mothers' perinatal care. This might include multiple contacts such as prenatal and postnatal physician office visits, attendance of prenatal and postnatal classes and groups, home visits, hospital stays, child health clinic visits, and teen parenting programs. Breastfeeding teen mothers' male partners, families, and friends may also require professional support as they develop their

roles of providing breastfeeding teen mothers with informal social support.

In this study, the teen mothers offered valuable suggestions on how nurses and other health professionals can improve the formal social support offered to teen mothers during breastfeeding. Teen mothers need nurses and other health professionals to support the teen mothers' breastfeeding experiences by being personal, taking time, being patient, listening, and understanding. Nurses and other health professionals need to encourage pregnant teens to breastfeed, offer teen mothers practical hands-on help and emotional support as teen mothers are learning and adjusting to breastfeeding, and provide breastfeeding teens with suggestions and assistance with finding their individual time to end breastfeeding. Nurses and other health professionals need to facilitate breastfeeding teen mothers to develop whatever individualized social support the breastfeeding teen mothers require.

Finally, nurses and other health professionals need to consider their attitudes toward and beliefs about breastfeeding teen mothers. As there is a general trend toward increased breastfeeding initiation rates for all women (CRHA, 2001b; Health Canada, 1998), this study's finding that teen mothers were able to learn to breastfeed successfully reflects the potential ability of teen mothers to initiate breastfeeding similarly to adult women. Most of the teen mothers in this study breastfed beyond 6 months, with several breastfeeding beyond 1 year, possibly exhibiting the generally higher breastfeeding duration rates for all women observed in Western Canada (Health Canada). The breastfeeding experiences of teen mothers, particularly those over 16 years, may not be very different from adult women's breastfeeding experiences, as evidenced by the many

similar findings between the present study's results and the results of studies on breastfeeding adult women (Bottorff, 1990; Hewat & Ellis, 1984; Locklin,1995; Maclean, 1989; Schmied & Barclay,1999). Nurses and other health professionals need to be cognizant of the possibility that teen mothers' breastfeeding experiences may be more similar to adult women's breastfeeding experiences than previously thought.

Concluding Summary

The major finding of the present study was the discovery of the emerging theoretical model, **Teen Mothers: Continuously Committing to Breastfeeding**. The teen mothers in this study progressed through the phases categorized as: **Deciding to Breastfeed, Learning to Breastfeed, Adjusting to Breastfeeding**, and **Ending Breastfeeding**. The narratives of the study suggest that the teen mothers were **Vacillating between the Good Things and Hard Things about Breastfeeding** at each phase in their continuous commitment to breastfeeding. **Social Support and Other Social Influences** impacted the teen mothers as they continuously committed to breastfeeding.

The majority of the categories and subcategories found in this study were supported by the literature. Although there is limited research on the breastfeeding experiences of teen mothers beyond the early postpartum period, the findings of this study were supported by the literature on adult women's breastfeeding experiences and on teen mothers' postpartum experiences in general. Previous studies on teen breastfeeding have not explored the process of teen mothers continuously committing to breastfeeding, as it is generally perceived in the literature that teen mothers either do not

initiate breastfeeding or do not breastfeed for any length of time. The results of this study show that teen mothers can successfully breastfeed and that by continuously committing to breastfeeding, both the teen mothers and their children can benefit from their breastfeeding experiences.

More research is needed in the areas of the processes involved in teen mothers' breastfeeding experiences, how social support and social influences affect teen breastfeeding, and whether other factors beyond age influence women's breastfeeding experiences. Although the results of this study must be interpreted with caution, an important nursing implication is the recognition by nurses and other health professionals of the possibility that teen mothers' breastfeeding experiences may be similar to adult women's breastfeeding experiences. The provision of individualized, sensitive, and relevant care by nurses and other health professionals is essential in order to encourage and support breastfeeding teen mothers and their significant others.

Bergum (1997) suggests that teen mothers need loving support, no matter how they feed their babies, from their own mothers and families, from boyfriends and peers, and from people in the community. Nurses and other health professionals need to "listen to and compassionately understand the real [teen] mother, a mother with both her bright and her dark side" (Bergum, p. 131). The stories told by the teen mothers in this research study show that one way to support a teen mother in her vitally important journey to becoming a young mother is through the promotion, protection, and support of teen breastfeeding.

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Appendix A

Study Information Sheet

Teen Mom Breastfeeding Study

Are you a teen mom under 20 years of age?
Did you breastfeed your baby in the last year?

A nurse would like to hear your story about
what it was like to breastfeed as a teen mom
as part of a research study.

If you are interested,
talk to your public health nurse.

The nurse researcher will phone you to give you more information and arrange to talk with you.

For more information:
Alison Nelson, RN BScN IBCLC
Masters of Nursing Student, University of Calgary
phone: XXX-XXXX, email: XXXXX@ucalgary.ca

Appendix B

Consent Form

FACULTY OF NURSING
Telephone: (403) 220-7893
Fax: (403) 284-4803
Email: mareimer@ucalgary.ca

Research Project Title: *The Breastfeeding Experience of Teen Mothers*
Investigator: *Alison Nelson, RN BScN IBCLC*
Masters Student, Faculty of Nursing

Faculty Supervisor: Dr. Sarla Sethi

Sponsor: Faculty of Nursing, University of Calgary

This consent form, a copy of which has been given to you, is only part of the process of informed consent. It should give you the basic idea of what the research is about and what your participation will involve. If you would like more detail about something mentioned here, or information not included here, you should feel free to ask. Please take the time to read this carefully and to understand any accompanying information.

< The purpose of this study is to increase understanding of what it is like to breastfeed as a teen mom.

< This study will give you a chance to tell your story about what breastfeeding was like for you as a teen mom. Meeting with me will be separate from the times you may meet with your health nurse.

< Being in this study will take about 2 to 3 hours of your time. If you feel uncomfortable talking about what happened when you were breastfeeding, please let me know. You don't have to talk about anything you don't want to. If you become distressed about anything that we talk about during the interview, I will connect you with help if this is what you want.

< If you are in this study, I will need to interview you for about 1 to 1½ hours possibly over two meetings. We will meet at a time and place that works best for you. When I meet with you, I will ask you to share your thought, feelings, and experiences, as well as answer some questions. After our interview, I may need to telephone you once or twice if I have any other questions about what you told me.

- Being in this study may make you feel good about helping others to understand what breastfeeding is like for teen moms. By helping others understand about teen moms who breastfeed, this study may help future teen moms.

- You don't have to be in this study if you don't want to be. You can quit this study at any time. Not being in the study will not affect the care or services you receive from any Calgary Regional Health Authority programs you may be in.

- What you tell me is private and secret. There are no right and wrong answers during the interview with me, so please do not tell me what you think I want to hear or what is a good answer.

- Your interview with me will be tape recorded so your own words can later be written down in notes. These notes will be kept on my personal computer. I will choose a code name for you as sometimes I will want to use your exact words, but you or your family will not be identified in any way. Your real name will not appear in any of the notes. Generally, what you tell me will be grouped with the stories of all the other young moms in the study. You may see and have copies of any notes from our interview. All tapes, notes, and disks will be kept in a locked cabinet and will be erased or destroyed five years after the study is finished.

- As a student, I will have to share information with the professors on my supervisory committee. They will follow the same rules about secrecy as I do. The only other person who will have access to the tape recording of what you tell me will be a secretary. She will only know your code name when she types what you told me from the tape, and she will keep all information secret.

- From the notes of our interview, I will be writing a thesis. This thesis will become public information and will be available through the University of Calgary library. I may share the results of this study in professional meetings or journals. Prior to this, I will share with you my interpretation of your story. You are welcome to ask questions or express concerns at any time during the writing of my thesis.

- It doesn't happen often, but if you tell me about something that is against the law such as illegal drug use, if I am asked by the police or lawyers, I must share that information. As well, in Alberta there are laws that nurses must report harms to children and young adults, such as child abuse, if the nurse knows about it. If you tell me something like that, I am required to report it.

- If anything about the study changes during the course of the study, I will tell you in person and give you written information as needed.

- If you need money to pay for child care during your interview with me this will be provided ($5 per hour). If you need transit tickets to come to where you are meeting me, two transit tickets for each meeting will be provided.

In the event that you suffer injury as a result of participating in this research no compensation or treatment will be provided for you by the University of Calgary, the Calgary Regional Health Authority, the Researcher, or the funding agencies. You still have all your legal rights. Nothing said here about treatment or compensation in any way alters your right to recover damages.

Your signature on this form indicates that you have understood to your satisfaction the information regarding participation in the research project and agree to participate as a subject, or agree to your child's participation as a subject. In no way does this waive your legal rights nor release the investigators, sponsors, or involved institutions from their legal and professional responsibilities. You are free to withdraw from the study, or withdraw your child from the study, at any time without jeopardizing your/their health care. Continued participation should be as informed as the initial consent, so you should feel free to ask for clarification or new information throughout your, or your child's, participation. If you have further questions concerning matters related to this research, please contact:

Alison Nelson RN BScN IBCLC, Investigator
Phone: XXX-XXXX, email: XXXXXX

Dr. Sarla Sethi RN PhD (Thesis Supervisor)
Phone: XXX-XXXX, email: XXXXXX

If you have any questions concerning your rights as a possible participant in this research, please contact Pat Evans, Associate Director, Internal Awards, Research Services, University of Calgary, at 220-3782.

This consent is to be signed
1) by the participant

Participant's Name (printed)	**Participant's Date of Birth**
Participant's Signature	**Date**
Investigator's Signature	**Date**
Witness' Signature	**Date**

2) by the guardian of the participant, if the participant is a minor child, and not an emancipated minor (please note Date of Birth of Participant above).

_____
Guardian's Name (printed)

_____ _____
Guardian's Signature **Date**

_____ _____
Investigator's Signature **Date**

_____ _____
Witness' Signature **Date**

A copy of this consent form has been given to you to keep for your records and reference.

The investigator will, as appropriate, explain to your child the research and his or her involvement, and will seek his or her ongoing cooperation throughout the project.

Appendix C

Confidentiality Agreement for Transcription

I agree to maintain complete confidentiality regarding all information contained in transcripts that I transcribe for the research study:

The Breastfeeding Experience of Teen Mothers

Confidentiality includes identity of participants and all information that they share regarding their medical care and personal circumstances.

Transcriber: _____ Signature: _____ Date: _____

Investigator/Witness: _____ Signature: _____ Date: _____

Note. From The Process of Becoming a Young Father, by J. Hettler, 2000, Master of Nursing Thesis, University of Calgary, Calgary, AB. Adapted with permission.

Appendix D

Demographic Sheet

Recruitment source:	Participant #_____Code name
DOB of baby:	Age of Mom:
Sex of baby:	Marital:
Delivery Type:	Lives with:
Complications:	Ethnicity:
Gestation:	Education:
BW:	Employment:
Other:	

Date of contacts:					
Type of contact :					
Length of contacts:					

Appendix E

Pediatric Ethical Approval

UNIVERSITY OF CALGARY

FACULTY OF MEDICINE
Office of Medical Bioethics
Heritage Medical Research Building/Rm 93
Telephone: (403) 220-7990
Fax: (403) 283-8524

2000-09-14

Dr. Sarla Sethi
Faculty of Nursing
University of Calgary
PF 2239
Calgary, Alberta.

Dear Dr. Sethi:

Re: **The Breastfeeding Experience of Teen Mothers**
Student : Ms. Alison Nelson **Degree: MN**

The above-noted thesis proposal has been submitted for Committee review and found to be ethically acceptable. Please note that this approval is subject to the following conditions:

(1) a copy of the informed consent form must have been given to each research subject, if required for this study;
(2) a Progress Report must be submitted by 2001-09-14, containing the following information:
    (i) the number of subjects recruited;
    (ii) a description of any protocol modification;
    (iii) any unusual and/or severe complications, adverse events or unanticipated problems involving risks to subjects or others, withdrawal of subjects from the research, or complaints about the research;
    (iv) a summary of any recent literature, finding, or other relevant information, especially information about risks associated with the research;
    (v) a copy of the current informed consent form;
    (vi) the expected date of termination of this project;
(3) a Final Report must be submitted at the termination of the project.

Please note that you have been named as a principal collaborator on this study because students are not permitted to serve as principal investigators. Please accept the Board's best wishes for success in your research.

Yours sincerely,

Ian Mitchell, MB, FRCPC
Chair, Conjoint Health Research Ethics Board

cc: Child Health Research Committee
Dr. M. Reimer (information)
Ms. Alison Nelson

October 19, 2000

Dr. Ian Mitchell,
Chair, Conjoint Health Research Ethics Board,
Office of Medical Bioethics,
Heritage Medical Building, Room 93
Faculty of Medicine, University of Calgary
3330 Hospital Drive NW,
Calgary, AB
T2N 4N1

Dear Dr. Mitchell:

Re: The Breastfeeding Experience of Teen Mothers
Student: Alison Nelson Degree: MN

We are writing to request approval for a modification to the inclusion criteria for the above study. The original inclusion criteria is *participants eligible for the study will be women who were between the ages of 15 and 19 years at the birth of a full term singleton child within the last year who consider themselves to have breastfed for the first time; the participants may still be breastfeeding at the time of the interview; the participants must be able to communicate in English.*

Two potential participants who gave birth to a child more than one year ago, but less than three years ago, and who meet the other inclusion criteria, have indicated interest in being in the study. These potential participants weaned their children less than one year ago. Therefore, the modified inclusion criteria would be *participants eligible for the study will be women who were between the ages of 15 and 19 years at the birth of a full term singleton child* ***within the last three years*** *who consider themselves to have breastfed for the first time; the participants may still be breastfeeding at the time of the interview;* ***if the participant has weaned her child, weaning will have occurred within the last year****; the participants must be able to communicate in English.*

Including adolescent women who had a child within the last three years, but potentially weaned within the last year will allow teen mothers who breastfed greater than one year to participate and share their experience of teen breastfeeding. We would like to include these young women as they would provide increased variability to the sample thus increasing the potential for an inducted grounded theory being generated through this study (Glaser, 1992).

Sincerely,

Dr. Sarla Sethi, RN PhD
Associate Professor
Faculty of Nursing,
University of Calgary

Alison Nelson, RN BScN IBCLC
MN student
Faculty of Nursing,
University of Calgary

cc. Dr. Marlene Reimer
Child Health Research Committee

Reference: Glaser, B. G. (1992). Basics of grounded theory analysis: Emergence vs forcing. Mill Valley, CA: Sociology Press.

UNIVERSITY OF CALGARY

FACULTY OF MEDICINE

Office of Medical Bioethics
Heritage Medical Research Building/Rm 93
Telephone: (403) 220-7990
Fax: (403) 283-8524

2000-11-07

Dr. Sarla Sethi
Faculty of Nursing
University of Calgary
PF 2239
Calgary, Alberta.

Dear Dr. Sethi:

Re: The Breastfeeding Experience of Teen Mothers – Ms. Alison Nelson (Student)

Your request to modify the above-noted research protocol has been reviewed and approved.

I am pleased to advise you that it is permissible for you to use the revised protocol and the previously approved consent form, based on the information contained in your correspondence of October 19, 2000.

A progress report concerning this study is required annually, from the date of the original approval (2000-09-14). The report should contain information concerning:

(i) the number of subjects recruited;
(ii) a description of any protocol modification;
(iii) any unusual and/or severe complications, adverse events or unanticipated problems involving risks to subjects or others, withdrawal of subjects from the research, or complaints about the research;
(iv) a summary of any recent literature, finding, or other relevant information, especially information about risks associated with the research;
(v) a copy of the current informed consent form;
(vi) the expected date of termination of this project;

Thank you for the attention which I know you will bring to these matters.

Yours sincerely,

Christopher J. Doig, MD, MSc, FRCPC
Chair, Conjoint Health Research Ethics Board

c.c. Child Health Research Committee
Ms. Alison Nelson