

Increasing Rates of Mothers in Brownsville who are Breastfeeding Exclusively at Six

Months: Utilizing the Health Belief Model and Social Support Theory

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## **Increasing Rates of Mothers in Brownsville who are Breastfeeding Exclusively at Six Months: Utilizing the Health Belief Model and Social Support Theory**

One of Healthy people 2020's objectives is to increase the rate of infant who are breastfed exclusively through six months to 25.5 percent, with the national average from 2007-2009 being 14.1 percent.<sup>1</sup> According to the 2018 Breastfeeding Report Card on New York State, 85 percent of infants started out breastfeeding, 43 percent are exclusively breastfed at three months, and only 21 percent are exclusively breastfed at six months.<sup>2</sup> In New York City, only 14 percent of mothers breastfed exclusively. This low rate disproportionately affected Hispanic, and non-Hispanic Black mothers compared with White non-Hispanic mothers, those with less than a high school education compared with college graduates, and mothers receiving Medicaid compared with mothers without Medicaid.<sup>3</sup> A NYC Health Report noted that low-income women enrolled in the Women, Infants and Children (WIC) Program in Brownsville, Brooklyn experience very low rates (1%) of breastfeeding exclusively at six months.<sup>4</sup> Brownsville is reported to be the poorest neighborhood in Brooklyn and the seventh-poorest neighborhood in NYC.<sup>5</sup> The following interventions will target women in Brownsville to increase the rates of exclusive breastfeeding using the Health Belief Model and the Social Support Theory.

### **Health Belief Model**

For encouraging exclusive breastfeeding among women living in Brownsville using the Health Belief Model, the interventions will target the constructs perceived susceptibility, perceived severity, perceived benefits to action, self-efficacy, and cues to action. These interventions will take place in the form of counseling, group education classes, and public information messages such as advertisements and commercials. In implementing interventions in this theory, it is generally assumed that behavior change can be achieved if the perceived benefits exceed the

perceived barriers. It also assumes that health behaviors are achievable if the population has a perception of the threat to not carrying out the behavior, which is generally known as a weak intervention strategy. The Health Belief Model also excludes external variables that may influence perceptions such as demographics and social factors.

For perceived susceptibility, the intervention will inform women in Brownsville of the very low rate of women in their neighborhood who breastfeed exclusively. The women may or may not be aware of the consequences of not breastfeeding exclusively through six months and the consequences of using formula, so the construct perceived severity will be used to educate the women and loved ones as such. Risks of not breastfeeding exclusively through six months and the use of formula include increasing the child's risk of developing obesity, diabetes, leukemia, and sudden infant death syndrome. For mothers, not breastfeeding increases the mother's risk of developing breast cancer and ovarian cancer and is related to retention of gestational weight.<sup>6</sup> Interventions will also target perceived benefits to action, showcasing the short term and long-term benefits that exclusive breastfeeding can have for the mother and baby. Such benefits include that breastfeeding is cheaper, it provides complete nutrition for the infant through six months, it decreases the disease risk of children, it helps the mother lose weight, it helps the uterus contract, it creates unique bonding with the mother, and it is a financially relieving option to feeding the infant.<sup>7</sup>

To present an intervention that is realistic, it needs to be tailored to consider perceived barriers that prevent women from breastfeeding exclusively through six months. Such barriers can include returning to work after maternity leave, peer pressure from friends and loved ones to provide formula, perceived social norms that most infants are offered formula, or perceived social norms that breastfeeding is not acceptable in public. Interventions can be targeted to eliminate

these perceived barriers by informing women of breastfeeding friendly buildings. To target the self-efficacy of women to increase their confidence to continue breastfeeding exclusively through six months, mothers can be encouraged to consult a qualified health professional who can increase their skills. Factors that may contribute to the mothers' confidence to continue breastfeeding include fear that their baby is getting enough milk, latching, and the assurance that they are breastfeeding correctly. Allowing the women to practice with a more experienced mother who has exclusively breastfed or a qualified health professional could give the mother more confidence because she will be able to ask tailored questions and receive feedback, thus increasing her confidence to continue breastfeeding exclusively. Furthermore, a breastfeeding course can take mothers through the process step by step, allowing mothers to gain mastery and confidence through each phase. In cues to action, mothers can be encouraged to develop a plan for what to do when breastfeeding does not seem convenient. A survey showed that most first-time mothers in Brownsville want to breastfeed, but they viewed formula feeding as a more convenient alternative.<sup>8</sup> An example intervention could be to train mothers on properly using a breastfeeding pump to store breastmilk and provide when the mother is away from the infant at the time, such as being at work.

### **Social Support Theory**

For encouraging exclusive breastfeeding among women living in Brownsville using the Social Support Theory, interventions will focus on targeting emotional support, instrument support, appraisal support, and information support. The use of this theory for interventions assumes that the target population already has an accurate perception of behavior change and that there are social factors that play a role in behavior change. It also assumes that the target population is motivated to seek and accept support.

To implement interventions focusing on emotional support, the community can increase access and provide more breastfeeding support groups where mothers can share with each other about their emotional experiences involving breastfeeding. Close family and friends should be involved in these support groups and be empowered to provide emotional support for the mother within their own context. The child's father should be a point of focus, since they play a critical role in the mother's decision to initiate and continue breastfeeding.<sup>9</sup> In the hospital or other birthing place, the health professional should involve the father and other close family and friends with encouraging breastfeeding.

For instrument support, interventions can focus on generally producing more baby-friendly hospitals and worksites. The 2018 Breast Feeding Report calculated that only 40 percent of all births occur in Baby-Friendly facilities.<sup>2</sup> Approximately 63 percent of healthy breastfeeding babies were introduced to formula in the hospital. Professionals in the hospital can serve as the instrument support to discourage formula feeding. Furthermore, only 49 percent of employers provide a separate onsite lactation/mother's room.<sup>2</sup> Increasing the number hospitals and worksites that welcome breastfeeding will allow the mother to feel more accepted and encourage the mother to continue breastfeeding through six months. In these lactation stations and hospitals, there can be informational materials for the mother to read on breastfeeding so that she can learn more information, such as through handouts and books.

Appraisal support can utilize a self-evaluation component in support groups, where mothers and loved ones can discuss highs and lows of their experiences, and the group can provide feedback. In information support, there can be increased access to a lactation consultant, postpartum doulas, and peer counseling so that the mother can have any questions answered and any fears addressed. A step-by-step course will allow the mother and loved ones to have increased

knowledge on breastfeeding and allow them to receive appropriate advice, guidance, and suggestions.

Both the Health Belief Model and Social Support Theory seem to have interventions that will be effective stimulators to behavior change. The Health Belief Model focused on the mothers' attitudes towards breastfeeding and the Social Support Theory focuses on the social component that contributes to behavior change. However, the Social Support Theory may be the most effective strategy, as it considers external factors that influence mothers' decision to breastfeed exclusively through six months. Many mothers see the need to exclusively breastfeed, but external factors such as social support may prevent them from continuing the behavior.<sup>10</sup>

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