

Breast is best but bottle is next:  
Mothers' perception of the portrayals of breastfeeding in the media

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A Master's Thesis

Presented to

The Faculty of the Jack J. Valenti School of Communication  
University of Houston

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In Partial Fulfillment

Of the Requirements for the Degree of  
Master of Arts

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By

Jemine L. Leigh

December 2010

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## **ABSTRACT**

The ideology that breastfeeding is a recommended form of nutrition for babies has become widely popular in the United States. However, some social norms like the baring of the breasts make it difficult for the mother to feel comfortable in her nursing practices. The media are often argued to be an influencing factor in public perceptions, and this study considers the media as well as interpersonal sources as influential factors in a woman's choice to breastfeed. The importance of this study lies in the need to hear from the mothers and their experiences. Concepts and ideas from social cognitive theory, and two-step flow theory were applied in the discussions and findings. This study included eleven face-to-face interviews of women with children and women who are pregnant. This qualitative approach was designed so individual women's voices could be heard.

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This work is dedicated to my parents for supporting me all these years and being so strong for me. Thank you for inspiring me to persevere and push forward regardless of the circumstances. God knew I would need that strength, His strength, to succeed.

I love you.

Also, to the past, the present, and the future mothers of our generation, you are an inspiration! Keep fighting, keep praying, and keep believing for the best... for in your arms, the future is born.

## Chapter 1: Introduction

The U.S Department of Health and Human Services (2000) has a goal to increase the percentage of women breastfeeding to 75 percent in the early postpartum stages by 2010. “Efforts to promote breastfeeding have been initiated at national, state, and local levels, as well as in the private sector” (Arango, 1984, p. 559). The rate of women breastfeeding has been an issue since the first nation-wide survey of the incidence of breastfeeding in hospitals in the United States was published in 1948 (Bain, 1948). There has been about a 50-year decline in the rate of breastfeeding since the 1930s and 1940s with an all-time low of 22 percent in 1972 (Arango, 1984). After the early 1970s, there was an increase with a peak of 61.9 percent in 1982. The low number of infants on breast milk has been a concern to the medical field and the government since many studies has confirmed that “breast is best” – Judith Baer (Kedrowski & Lipscomb, 2008).

The majority of studies performed on this topic have been primarily in the medical spectrum (Adair, Popkin, & Guilkey, 1993; Arango, 1984; Bain, 1948; Eckhardt & Hendershot, 1984; Hawkins, 2007; Marja-Terttu & Laippala, 1999; Mizuno & Sawada 2004; Page, 2003; Wylie, 1994). However there is an apparent need for the connection between the media’s portrayals and the occurrence of breastfeeding. A recent study examined infant feeding advertisements of 87 issues of *Parents’ Magazine*, a popular parenting magazine, from the years 1971 through 1999. They found that as the advertisements for hand feeding increased, the rates of breastfeeding decreased in the following year. Their results exemplify the need for further studies on the role the media play on breastfeeding rates and its influence on pregnant and nursing mothers (Foss & Southwell, 2006).

Consequently there is a need to hear first hand from mothers. Previous studies have been done in relation to breastfeeding rates and the media (Henderson, Kitzinger, & Green, 2000) ("Things (Not) to Do with Breasts in Public: Maternal Embodiment and the Biocultural Politics of Infant Feeding," 2007) For instance, a content analysis was done on the appearance of infant feeding in television programming and newspapers. The researchers found "bottle feeding is shown more often than breast feeding and presented as being less problematic" (Henderson, Kitzinger, & Green, p. 1198). There is a need for more of these studies; however, this study focuses on the mother, her story, and the media's influence. Face-to-face interviews were conducted with eleven mothers or pregnant women.

The voice of the mother in the form of narratives will be predominant in this study as well as some informational insight from the director of education at The Woman's Hospital of Texas, Mary McCarthy RN, MSN, and IBCLC, who was kind enough to sit for an interview, on April 22, 2010. McCarthy supervises the lactation specialists and nurses as well as the educational progression and some continuing education even for physicians at the hospital in Houston, Texas.

In the last few months, there has been more information on television and radio about breastfeeding. The drama-comedy "The Office", which airs on NBC, has gained popularity in the last few years since the American version first aired in March, 2005. Towards the end of the 6<sup>th</sup> season, on an episode aired on March 4, 2010, the characters, Pam and Jim have a baby girl. In that episode, Pam is shown being adamant about breastfeeding even when the nurse secretly mocked her for being a "know-it-all-mom." However, in this episode, you see Pam and Jim struggling with the baby latching, their

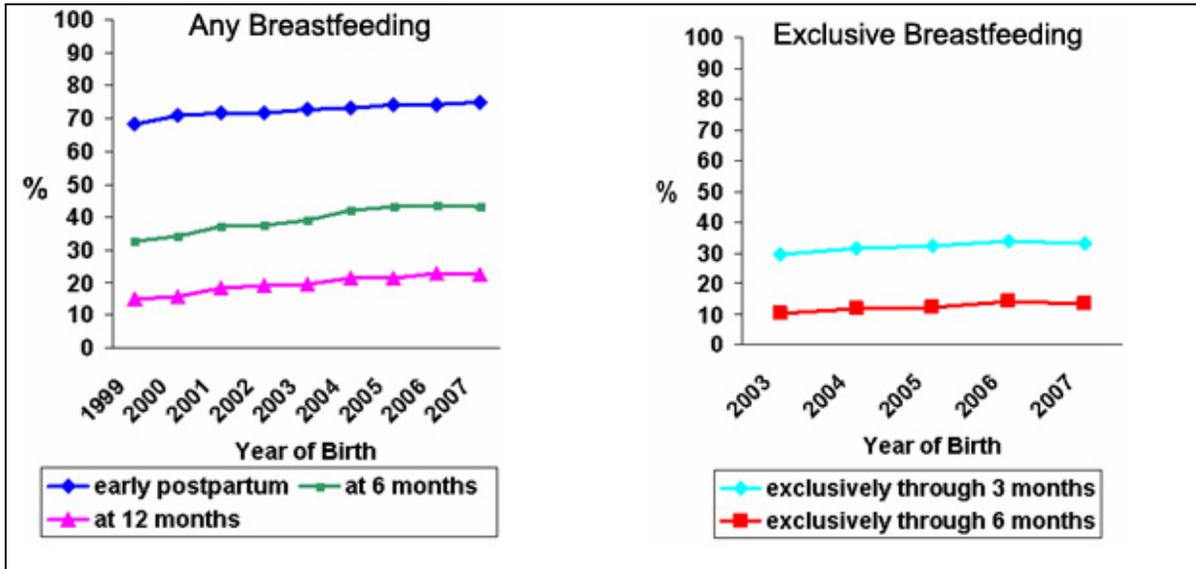
consultation with a lactation specialist, and even Pam breastfeeding in public using a cover-up. The baby finally latched on successfully, and it is assumed that Pam continues to breastfeed because other episodes referenced it, often in a humorous way by other characters. Although this show is popular for its funny characters and interactions in a regular office setting, this portrayal of breastfeeding from a popular character seemed to promote breastfeeding.

*The Office* episode aired around the same time CNN aired a story on breastfeeding (Falco, 2010) referencing Dr. Melissa Bartick of Harvard Medical School and Massachusetts Breastfeeding Coalition. In her most recent study, Bartick and her co-author Arnold Reinhold claim “the United States incurs \$13 billion in excess costs annually and suffers 911 preventable deaths per year because our breastfeeding rates fall far below medical recommendations” (Bartick & Reinhold, 2010, p. 1053). In this recent study, Bartick and Reinhold discuss the Healthy People 2010 initiative and commend the United States for its progress towards reaching that desired goal; however, they also state there is a need for greater support on a national level to increase breastfeeding rates, duration, and exclusivity (breastfeeding exclusively for the first 6 months of life) (Bartick & Reinhold, 2010). The statistics of the current percentage of women breastfeeding in 2010 has not yet been published; however, *Figure 1* below shows the percentage of breastfeeding in the United States.

Three days after the Bartick and Reinhold story, CNN released a story citing the appearance of breastfeeding laws in the new health care bill recently signed by President Obama. Employers are required to provide a room, other than the bathroom, to express breast milk. Dr. Bartick supports the inclusion of breastfeeding rooms in the health bill

adding that the rooms do not have to be fancy, just clean, private, with a refrigerator, sink, and electrical outlets for breast pumps (Landau, 2010).

Figure 1: Percent of U.S. Children who were Breastfed by Birth Year\*



\*Healthy People objectives for breastfeeding in early postpartum period, at 6 months, and 12 months are 75%, 50%, and 25%, respectively. *Healthy People 2010* objectives for exclusive breastfeeding through 3 and 6 months of age are 40% and 17%, respectively. National data on exclusive breastfeeding are available only from respondents interviewed after 2005 and thus are not available for children born prior to 2003.

Data source: Department of Health and Human Services. Breastfeeding among U.S. children born 1999 – 2007, CDC National Immunization Survey. Available at: [www.cdc.gov/breastfeeding/data/nis\\_data/index.htm](http://www.cdc.gov/breastfeeding/data/nis_data/index.htm).

Shortly after her maternity leave in February, 1991, the NBC’s *The Today Show* announced that Deborah Norville would no longer be a co-anchor on the show. Although there was speculation about the reason, *People* magazine suggested it was partially due to her magazine cover image. Reporter Gliatto (1991) states “in any event, NBC seems to have been ready to throw her out with the bathwater, especially after she posed, breastfeeding Niki, for *People* (March 25). "Network brass," says an NBC source, "found the

photo self-serving and embarrassing” (p. 15). Although this incident happened in 1991, combining work and breastfeeding is still often a concern for mothers in the work force. Some corporate companies are supportive of breastfeeding mothers by providing rooms to nurse. However, there are still many employers that do not make it easy for a mother to pump. Some companies have been shown to take the time spent nursing out of the employer’s time. In other words, some mothers are required to punch out for the 15-20 minutes needed to pump.

In Houston, Texas, the radio stations have aired a jingle that says “healthy baby, healthy momma” and lists the benefits of breastfeeding for the baby and the mother. The jingle, which is paid for by the Department of State and Health Service and Women, Infants, Children (WIC) is a positive Public Service Announcement (PSA) designed to encourage more mothers to breastfeed.

When discussing what the doctors and nurses are doing to further along the campaign for breastfeeding with mothers at The Women’s Hospital of Texas, McCarthy suggests their success by saying:

I’ve heard doctors say to me, for example this one woman said to me “I didn’t breastfeed my children” (of course her kids are almost 20, so she may have come from a place where it wasn’t valued as much back then), she said “but I always encourage my patients to breastfeed because I know that’s what’s best for the baby.” So I think they are able to take their personal experiences and put that aside and go for what they know the science says is best for their children. We have 85 percent of the women that walk into the hospital are (*sic*) planning

to breastfeed, so that says to me they are doing a great job (personal communication, April 22, 2010).

### **Breast is Best**

*“Breast is best” has become professional and cultural orthodoxy*

- Judith Baer (Kedrowski & Lipscomb, 2008)

The medical establishment endorses breastfeeding with more practitioners and members of the medical field acting as advocates and overall supporters of breastfeeding. Kedrowski and Lipscomb (2008) suggest that this is because, in theory, breast milk has been found to be the best form of nutrition for babies. Magazine and book publications targeted to women of childbearing age praise breastfeeding (Kedrowski & Lipscomb, 2008).

The purpose of this paper is not to argue if “breast is best” or to discredit mothers who do not breastfeed, but rather to explore the implications of the mass media as an influencing factor. However, some background information such as legislative action and findings of research supporting breastfeeding are essential for further discussion.

Breast milk offers infants a variety of health benefits. According to the American Dietetic Association (ADA), feeding a newborn breast milk is important to the infant’s health and the bonding that parents cherish. Selecting a method is a personal choice; however, breastfeeding provides the best nutrition for an infant. Breastfed infants receive the benefits of the mother’s immune system, helping them fight off infections and illnesses along with protecting infants from developing allergies (ADA, 2009). The American Academy of Pediatrics (AAP) as well as the ADA recommends breastfeeding solely for the first six months of the infant’s life before the introduction of other

supplemental foods ("Breastfeeding and the Use of Human Milk," 2005). Studies have found that breast milk is important for optimal infant and child health and development. When the mother nurses her child, she transfers some of her own antibodies to her infant through her breast milk. The result is the breastfed infant receives some protection against every infectious disease that the mother may have contracted during her life, as well as protection from any disease for which the mother has been immunized. Mothers that have had an immunization for chicken pox, for instance, transfer that protection to their nursing infants. This same concept applies to a mother that contracts a disease even while nursing. The immunity she builds through her illness is passed on to the child. If the child falls ill while breastfeeding, the mother's mature immune system manufactures antibodies to fight the illness of the child, and this can occur even if the mother herself does not fall ill. The transfer of antibodies and immunity to diseases can greatly affect an infant's chances of survival because a child with a stronger immune system established through breast milk can recover faster from an illness than a child that has not received breast milk (Kedrowski & Lipscomb, 2008).

The AAP also states that the advantages affect not only the infant, but the mother, families, and society. These advantages include health, nutritional, immunologic, developmental, psychological, social, economic, and environmental benefits. Mary McCarthy shares her desire for mothers to be more informed about the benefits:

What women I don't think hear enough about are the benefits to the mother with reduced cancer and all of that. The list of the health for mothers and babies is off the charts with all the diseases. You heard about the article that was on

CNN last week, 13 billion dollars and 911 lives we can save a year from breastfeeding? Hello!!! (personal communication, April 22, 2010).

In the United States, from the local and private sectors to the national levels, efforts to promote breastfeeding are high on the radar of legislating officials (Arango, 1984). Each state in the United States has taken the initiative to support breastfeeding. In 1996, Texas, amongst others, implemented legislation that protects a nursing mother. The Health and Safety Code of Texas states that breastfeeding a baby is an important and basic act of nurturing that must be encouraged in the interests of maternal and child health and family values. In compliance with the breastfeeding promotion program established under the federal Child Nutrition Act of 1966 (42 U.S.C. Section 1771 et seq.), the Texas legislature recognized breastfeeding as the best method of infant nutrition.<sup>1</sup> In Texas, under a mother's "Right to Breast-feed," the law states that a mother is entitled to breastfeed her baby in any location in which the mother is authorized to be.<sup>2</sup>

In addition to aiding health, breast milk is easier for infants to digest. Not only is breastfeeding beneficial for the infant, there are also long and short term advantages for mothers. Breastfeeding promotes weight loss, is economical and may aid in the prevention of breast and ovarian cancers (ADA, 2009). New findings indicate that women who breast feed have also been shown to have a lower risk of osteoporosis (Kedrowski & Lipscomb, 2008).

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<sup>1</sup> (Added by Acts 1995, 74th Leg., ch. 600, Sec. 1, eff. Aug. 28, 1995) (United States. Dept. of Health and Human Services., 2009)

<sup>2</sup> (Added by Acts 1995, 74th Leg., ch. 600, Sec. 1, eff. Aug. 28, 1995) (United States. Dept. of Health and Human Services., 2009)

Because of ethical reasons, doctors cannot carry out tests or experiments that involve a treatment group of children on breast milk and another group that acts as a control group who does not receive breast milk. Although such experiments have been found to be successful in proving causality, one cannot perform such studies with human lives and well being at stake, especially babies' lives. However, many studies have been done to emphasize the uniqueness and virtues of breast milk without compromising ethical beliefs.

Although there are different areas and groups in the country that are adamantly promoting breastfeeding in the United States, efforts to increase initiation, duration, and frequency of breastfeeding require overall involvement of the entire society. Some examples that may have an overall positive effect on the rates of breastfeeding include altering hospital routines, such as allowing early contact between mothers and newborns and allow rooming-in (upon mother's request, the baby is in the mother's room throughout the stay at the hospital rather than taking the baby to the nursery) and breastfeeding on demand. Some hospitals and clinics are educating their patients and discouraging prelacteal feeds and infant formula samples; training health professionals in lactation management; creating and supporting breastfeeding support groups and initiating mass media campaigns (Van Esterik, 1989).

### **The Breastfeeding Paradox**

The topic of breastfeeding is important to me for many reasons. As part of my upbringing I considered breastfeeding to be a natural thing, a beautiful thing. I was disheartened when I realized how some mothers in the United States struggle with breastfeeding, not just physically, but emotionally as well. It appears to be somewhat of a

paradox since the medical field has a high esteem for breast milk and encourages mothers to breastfeed. However, society does not make it easy to accomplish that goal, for instance, by scrutinizing a mother for breastfeeding in public. In other words, people claim its benefits and support breastfeeding, but they also do not want to see it, or make room for the mother to breastfeed.

CNN reported (Landau, 2010) a story of the new mother who was having trouble with her 5-week-old latching on as the baby girl cried in the bathroom at a Nordstrom store. Some mothers tried to offer help, but one woman told the mother to cover up or turn the other way. Stories like these enrage some mothers, but there are many new mothers that might consider breastfeeding to be an unattainable act especially if another mother is being scrutinized even while in the bathroom. However, the reality is that being a mother is often a challenge in itself. Breastfeeding is just one part of being a mother. It is better said in McCarthy's words:

So part of it is just on the job training but it is just the whole adjustment to parenting, with breastfeeding being part of it. But breastfeeding actually makes it easier, but sometimes it gets blamed for being so difficult, or that's why things are so hard because breastfeeding is so time consuming. But they have to realize that it is being a mother that is time consuming (personal communication, April 22, 2010).

As previously stated, the recently approved health bill includes new ways to support breastfeeding mothers; however, the pressure to return to work and in some cases the inconvenience of carrying a pump to a full time job can be discouraging to some

mothers. Women are expected to continue breastfeeding solely until the baby is 6 months old, but many mothers have to return to work after a few weeks. Corporate America, for instance, has a business culture that does not often include breastfeeding. Although the new health bill will help in supporting the mother's choice to breastfeed, not everyone is happy about the breastfeeding rooms. CNN's Landau (2010) reports that

The Texas Association of Business calls it "inappropriate," saying the relationship between the employer and employee should be handled privately, not through a mandate from the federal government. Most employers do make accommodations, and this law will create additional expenses, he said.

The breastfeeding paradox may be eradicated if the American culture will be more supportive of the actual act of breastfeeding. One might consider this to be an American phenomenon because many developed countries in Africa, Europe, and South America do not have such a controversial or paradoxical problem with breastfeeding. This study will explore this phenomenon initially by showing the perspective of the mother and her opinion on issues such as nursing in public, and the public's perception of the image of breastfeeding. A further study into why this phenomenon is such an intrinsic part of the American culture is needed.

## **Chapter 2: Literature Review**

This chapter will explain some mothers' behavior in regards to breastfeeding using findings and research using social cognitive theory. Since the final decision to breastfeed ultimately depends on the mother, there is a need to study possible motivators and behavioral influences. Also in this chapter, a brief history of breastfeeding in the United States is presented to better understand the beliefs and preconceived notions of breastfeeding. Part of today's influence on society and prominent behaviors may often be attributed in a large extent to the media. This chapter gives an overview of research on how breastfeeding is portrayed in the media as well as laws stating a mother's right to breastfeed and the protection given to mothers by law. Finally, the female anatomy, particularly in this case, the breast, is often categorized as a sexual object and some might argue that this cultural perception has affected women's choice to breastfeed. The topic of the breast as a sexual object is discussed.

### **Theoretical Foundation**

The social cognitive theory developed by Albert Bandura is acclaimed as one of the forerunners for explaining behavior (Bandura, 1986). Bandura suggests that people learn from their environment through social interactions.

According to the social cognitive view, "people are neither driven by inner forces nor automatically shaped and controlled by external stimuli" (Bandura, 1986, p. 18). Rather, Bandura describes human functioning as existing with the interrelationship of three factors: behavior, cognition, including personal factors, and environmental events. The social environment includes the individual's family members, friends, peers, and the media. Social cognitive theory contends that people acquire and maintain certain

behavioral patterns, while simultaneously providing the basis for intervention strategies. Meaning, people choose to apply or disregard existing information as new behaviors are learned. Bandura emphasizes the importance of observational learning for development with the use of models in the individual's environment (Bandura, 1977). For instance, many new mothers may not feed their infants certain foods because of the fear of choking. Bandura explains that observational learning reduces the need to learn a behavior only by trial and error. Consequently, the mother learns what the appropriate foods are to feed her child without any errors that could be detrimental or even fatal (Bandura, 1986). She learns this from her environment which may include: her mother, her trusted peers and friends, her pediatrician, and in many cases, media sources like television, and the internet.

The community which includes: the immediate environs, the mass media, and the feedback the mother receives may have some influence in her choice to breastfeed or bottle feed. The consequent response to breastfeed is due to the amount of social support each woman needs to accomplish her goal to breastfeed. In order to understand societal breastfeeding trends, it is important to begin with looking at the possible reasons that affect the mother's choice on how to feed her child. The mother's choice is directly influenced by her opportunity to breastfeed, which includes her material conditions that might facilitate or interfere with the breastfeeding process, as well as her motivation to breastfeed such as her ideological conditions that reflect her attitudes, beliefs, and previous knowledge of breastfeeding and its alternatives (Baer, 1981).

Previous studies (Bandura, 1986) have shown that children and adolescents model behavior as seen on television and often through other media forms like magazines and

the internet. However, adults are not exempt from such influence. Certain advertisements, for instance, that target adults often have subtle but powerful messages that may often suggest a behavior. In the case of advertisements and propaganda messages, the sender is acting as the teacher or model of a particular behavior. For instance, in an advertisement for baby furnishing, a good-looking woman is shown with her husband and their beautiful baby in their perfectly organized, clean, and happy home. The female actress who plays a loving mother looks incredibly happy as she sits with her husband and their young baby with a baby bottle in her hand. Although it is not clear or stated if the content in the bottle is infant formula or previously pumped breast milk, the underlying message for the observer is that the right baby furnishing, a bottle-fed baby, and a good mother are interrelated. Although many women do pump and feed their babies with bottles, however, it is a fair assumption that a woman in her own home who is bottle-feeding her baby is most likely giving him/her formula. It is also a fair assumption that a woman who bottle feeds using breast milk sees this same advertisement and automatically thinks the content of the bottle is breast milk. So one might argue that preconceived beliefs influence what is being modeled as well as consequent behavioral choices. Bandura suggests that people, who receive new information, weigh it with existing information before making a behavioral choice (Bandura, 1986). The choice to change a behavior or stay consistent to a chosen behavior has a great deal to do with past punishments and/or rewards. This is often a factor in choosing the new information over existing information and vice versa, or sometimes it is a hybrid of the new and existing. Adults more often than children are better at weighing the options due to their level of development (Piaget, 1928; 1965). In a study conducted with new mothers, from pre- to postnatal periods, Scott and Hill (2001)

found that the mothers' responses changed after their baby was born, finding a greater knowledge of social learning theory. In other words, the new mothers "showed a greater awareness of strategies likely to support an optimal relationship with children, such as valuing positive reinforcement, and seeking to avoid punitive and coercive interactions" (Scott & Hill, 2001, p.115). Their results also showed that postnatal "mothers had become less concerned about 'negative aspects of childrearing,' but saw breastfeeding as less valuable than they had" (Scott & Hill, 2001, p.115) in their prenatal stage.

The importance of behavior as it applies to this subject has been increasingly studied. As seen in the Decatur Study of *Personal Influence* (Katz & Lazarsfeld, 1955; Rogers, 1994), women are influenced by peers in regards to choice and opinions. However, there are different opinion leaders for different topics, meaning that mothers are more likely to go to other mothers for advice. Many of the support groups that currently exist online like Le Leche League International<sup>3</sup> consist of advice for mothers from other mothers as it pertains to breastfeeding. One of the reasons that the increase in the rate of breastfeeding in the last few decades occurred may be attributed to the strength of these woman-to-woman support groups; the woman's movement, through which women insisted on the right to control their own bodies; the "natural foods" movement, which includes food free from artificial ingredients, hormones, refining processes, and chemical processes; and the recognition by health workers that maternity care should meet the physical and emotional needs of mothers and their babies (Baer, 1981). Many of these social phenomena were instigated by women and lead to the empowerment of

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<sup>3</sup> Le Leche League which later became international is a pro-breastfeeding support system established for mothers to get advice from one another. It was founded by seven Catholic women in 1957 to combat the rise of medicalization with more women opting for formula under the label of "scientific motherhood."

women. Infant feeding and the debate between breastfeeding and bottle feeding are generally categorized to be women's issues (Van Esterik, 1989), therefore women need to be included in the ongoing research in a greater capacity. Basically, incorporating the voice of women in studies especially through narratives of their personal experiences and their perspectives on infant feeding is needed in the study of infant feeding.

An important factor to note also is that many women are affected by their surroundings including the father's response to breastfeeding as well as the community's reaction ("Dads make a difference," 2009; Swanson & Power, 2005). One author stated that mothers are encouraged, even urged, to breastfeed, yet that same mother that chooses to breastfeed often encounters barriers and frustrations. For example, social norms may endorse breastfeeding, but social practices, for example, make it difficult to maintain that goal (Kedrowski & Lipscomb, 2008).

As discussed earlier, the Decatur Study (Katz & Lazarsfeld, 1955; Rogers, 1994) suggested that people are more responsive to the opinions of their trusted peers and rely on those in their community of influence for information. The two-step flow theory of communication proposes that the media are "more effective in influencing various opinion leaders than the average person, and these opinion leaders [are] responsible for changes in the mass public" (Petty, Brinol, and Priester, 2009, p. 127; Katz & Lazarsfeld, 1955). The mass media, for instance, can be a valid source of information; but media are more effective when accompanied by the reports of those in the individual's circle of influence (Rogers, 1974). A study on doctors showed that physicians were more inclined to prescribe a drug that was accepted by their trusted peers and colleagues even though scholarly medical journals advertised the drug (Coleman, Katz, & Menzel, 1957).

The two-step flow theory as further elaborated by Katz and Lazarsfeld (1955) suggests that one source of information reinforces the other. For instance, if a mother sees an advertisement for a formula and her doctor gives her samples of the same formula commending its benefits, her reaction may be positive towards the formula, since her doctor's recommendation reinforced the initial advertisement. This concept applies both ways. A woman that is constantly being fed information on breastfeeding from her magazines, for instance, while simultaneously receiving positive feedback from her mother or another trusted source, may be more likely to choose breast milk for her child. This also emphasizes Bandura's argument that behavioral changes occur with the connecting triad of behavior, cognitive and personal factors, and environmental events.

The topic of breastfeeding versus bottle-feeding has not always been a focal point in the medical world, with mothers, or even with health care researchers. With the influx of industrialism and women in the work field, nursing options have evolved over time.

### **A Brief History of Breastfeeding**

Breast milk has been the source of food for infants for generations. Even in early civilizations, a mother would either nurse her child herself, or someone else (called a wet nurse) would if the biological mother was unable to do so. If there was no breast milk for the child, the child would most likely not survive (Fildes, 1995). Wet nurses have been used as a part of infant feeding practices as far back as ancient Mesopotamia. In Egypt in the time of Pharaohs, wet nursing was almost exclusively for royalty, and those born to wealth and power (Fildes, 1985). In the classical period of Greece (Fifth to Fourth century B.C.), wet nursing was an accepted practice mostly used by the wealthier classes. The Roman Empire was also known for using wet nurses for their children. The

introduction of wet nurses in Britain occurred most likely during the Roman occupation (Fildes, 1985, 1988).

From the early second millennium, breastfeeding and the use of wet nurses in particular made its way to Western Europe. Originally those that employed wet nurses were from wealthy and noble families. Eventually in some areas, the practice also became prevalent even among women of lower social status who were able to employ a wet nurse. They were also used for foundlings (abandoned small children) (Fildes, 1985, 1988). Sometime after the mid-eighteenth century, the need for wet nurses became less popular as a new generation of women found it increasingly fashionable for mothers from upper- and middle-class families to breastfeed their own children. However, the older women and mothers opposed this idea. The young mothers had to overcome the resistance given by the older generation of women who had adopted and accepted the tradition of wet nursing from their mothers and the previous generations (Fildes, 1995). At this time hand feeding was common, and mothers hired dry nurses<sup>4</sup> to care and feed their children.

Changes in lifestyle choices during the industrial revolution had a great influence on infant feeding practices. Some regions retained the traditional infant feeding methods until the mid-twentieth century. By the 1920s, the feeding of most infants born in Europe, North America, and Australia was radically different from that of babies born 100 years prior. There were major differences in feeding practices between rural and urban areas. Most rural women continued to breastfeed as they had seen their mothers exemplify this tradition for a similar length of time. However women who moved to the new

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<sup>4</sup> Dry nurses took care of the child but did not breastfeed.

manufacturing cities were more likely to supplement their breast milk with other foods early in the child's life. These urban women were introduced to the idea of hand feeding their babies (Fildes, 1995). As it is with women today, these women had to make choices that depended on the type of employment the mother had, the distance to her job, the availability of childcare, either daycare facilities or the closeness of relatives that might be involved in rearing the child, and so forth. With companies advertising baby formula in magazines, and the availability of free formula in hospitals, one might argue that a mother of that time may have had more pressure to choose formula rather than breast milk.

In the 1930s, 1940s, and 1950s, the shift from breastfeeding to bottle-feeding in industrialized countries most likely occurred due to changes in both the opportunity and motivation to breastfeed (Baer, 1981). The medical profession was proclaiming the virtues of artificial milk and mothers were impressed with the advances in scientific-feeding. Hospitals at this time also changed their routines making bottle-feeding more convenient and consequently a favored method of infant feeding.

### **Breastfeeding in the Mass Media**

The media play a significant role in the perceptions of breast feeding based on its portrayals of it, or the lack there of. Various studies suggest that there is a correlation between the media's presentation of infant feeding in articles, broadcasts, and magazines, to the rates of breastfeeding in the United States (Foss & Southwell, 2006). For those who view reality as being socially constructed, media outlets may have enough influence to shape and reinforce dominant ideologies and convey these messages to a mass audience through systems of representation (Berger & Luckmann, 1966). One of the

components of social cognitive theory is the power of society's influence on the individual. "Under this assumption, it is likely that media messages about infant feeding influences how a mother decides to feed her infant" (Foss & Southwell, 2006, p. 2).

Bandura categorizes mass media as being part of the environment in which an individual learns new behaviors and finds reinforcement for existing behavior (Bandura, 1986).

People in the media, and mostly in the medical field, have at times promoted breast feeding, especially in the 1920s and in the late 1970s, the mass media, specifically advertisements, have been criticized for discouraging breast feeding practices by diffusing information about infant formula products, as "not breastfeeding" is associated with modernity and social status. This spread of information is a reinforcement of many of the factors that discourage breast feeding (Foss & Southwell, 2006). The media have been shown to act as an influencing factor for behavioral and attitudinal choices. As stated earlier, opinion leaders in our society reinforce the messages that have already been disseminated to the public in the form of a two step-flow (Katz & Lazarsfeld, 1955). This can present media as the teachers of new information or as reinforcement for existing knowledge. For instance, a woman who hears of an infant formula from a trusted friend and then hears the same positive information from an advertisement may see the advertisement as a reinforcement of her existing knowledge of that infant formula. Foss and Southwell (2006) state, "through advertising, media not only alerts the public to new merchandise, but also teaches people why they need the product" (p. 2). By informing new parents of commercial milk substitutes and emphasizing their need for the product, Foss and Southwell contend that media outlets are more likely to encourage the widespread adoption of breastfeeding alternatives.

In the last 30 years, laws about advertisements of infant formula have changed due to previous fatal cases of women in some third world countries using contaminated water to mix with the advertised formula. The laws were established to make infant feeding safer for mothers and their babies all across the world by limiting the advertisements on formula and in many cases, including a cautionary label on formula cans.

The International Code of Marketing of Breast-milk Substitutes (WHO, 1981) was developed in 1981 by the World Health Organization and UNICEF as a counteracting measure against all the aggressive advertisement from formula companies, mostly from Nestle and Bristol-Myers.

Further parts of the Code give specific details on information and educational<sup>5</sup> objectives for governmental bodies to implement. Another section limits the kinds of advertisements and promotions directed at the general public<sup>6</sup> that is also included in the

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<sup>5</sup> Article 4 of The International Code of Marketing of Breast-milk Substitutes (WHO, 1981)

<sup>6</sup> Article 5 of The International Code of Marketing of Breast-milk Substitutes (WHO, 1981)

5.1 There should be no advertising or other form of promotion to the general public of products within the scope of the Code.

5.2 Manufacturers and distributors should not provide, directly or indirectly, to pregnant women, mothers or members of their families, samples of product within the scope of the Code.

5.3 In conformity with paragraphs 1 and 2 of this Article, there should be no point-of-sale advertising, giving of samples, or any other promotion device to induce sales directly to the consumer at the retail level, such as special displays, discount coupons, premiums, special sales, loss-leaders and tie-in sales, for products within the scope of this Code. This provision should not restrict the establishment of pricing policies and practices intended to provide products at lower prices on a long-term basis.

5.4 Manufacturers and distributors should not distribute to pregnant women or mothers or infants and young children any gifts of articles or utensils which may promote the use of breast-milk substitutes or bottle-feeding.

Code. On January 25, 1984, Nestle signed an unprecedented agreement with its nongovernmental critics. Nestle pledged to implement fully the WHO/UNICEF International Code of Marketing of Breast-milk Substitutes, which the World Health Assembly had adopted three years prior. In return the company's critics, represented by the International Nestle Boycott Committee (INBC), recommended that the boycott of Nestle products<sup>7</sup> be suspended after the seven-year international boycott. "The agreement was the culmination of an often novel, interaction among international organizations, transnational corporations, national governments, and a transnational grass-roots movement of church groups, health workers, political activists, and consumer organizations" (Sikkink, 1986, p. 815).

The WHO/UNICEF code is said to be one of the few successful efforts to implement an international code and final joint agreement between a corporation and its non-governmental critics, particularly by which the corporation guarantees to abide by a voluntary code of conduct worked out in an international organization (Sikkink, 1986). This issue is of great importance since Nestle is one of the world's largest food corporations and also one of the largest distributors of infant formula. Their response and agreement as it stands to this day has changed the ways in which infant formula is being distributed and advertised in countries all over the world. For instance, in India, legislation requires that infant formula carry conspicuous warning about the potential

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5.5 Marketing personnel, in their business capacity, should not seek direct or indirect contact of any kind with pregnant women or with mothers of infants and young children.

<sup>7</sup> World Health Organization, *International Code of the Marketing of Breast-milk Substitutes* (Geneva, 1981, signed by Carl Angst, executive vice president of Nestle, S.A., and William L. Thompson, stated clerk of the United Presbyterian Church, representing the International Nestle Boycott Committee.

harm caused by artificial feeding. In Papua, New Guinea, the sale of feeding bottles, cups, and teats are controlled. There is also a ban on advertising these products as well as breast milk substitutes in Papua, New Guinea. Many countries in the world have made adjustments to comply with many or all of the provisions in the code (UNICEF, 1981).

### **The Breast as a Sexual Object**

As the study of breastfeeding continues, it is however very important to note that in many ways women are still battling the stereotypes that are attached to breasts, including attitudes about the female anatomy and its place in our society. One reason has to do with the view of the breasts as primarily a sexual object (Van Esterik, 1989). This thesis cannot contain all the ways in which the breast occupies a fascinating, charged, and erotic place within our culture (Kedrowski & Lipscomb, 2008). “Society’s attitudes toward baring of breasts and women’s ability to nurse in the company of others without embarrassment are also influential” (Baer, 1981, p. 200). Westernization and modernization are implicated in the changing social attitudes toward the body and the breast as a sexual object. Van Esterik (1989) suggests that women often feel some level of embarrassment at the possible exposure of part of a breast, as well as their fear that breast feeding will deform breasts or make them sag unattractively. These interpretations and induced fears have been said to undermine a woman’s sense of worth and devalue her productive potential, making it easier to sell her commercial solutions in the form of breast milk substitutes as an alternative to a future of sagging breasts (Van Esterik, 1989).

In the 1900s, print media played a tremendous role in the sexualization of the breast which consequently may have had an effect on the rates of breastfeeding (Foss & Southwell, 2006). In the earlier part of the century, products were developed and

advertised in magazines, such as creams and appliances, to “enhance” the size and appearance of the breast. In the 1930’s actress Lana Turner was the fashion development popularly known as the “sweater girl” with pointy, rigid bras. Shortly after came “falsies” which were pads worn inside the bra designed to enhance the fullness of the bust. The advertisements not only informed women of new breast enhancing products, but may have also lead women to believe that breast size and appearance were an important part of physical attractiveness and viewed as desirable (Wolf, 2001). It can be argued that this same idea of the breast as a sexual object is still an issue with more women going under the knife for cosmetic breast enhancement surgeries. With the view of a woman’s breasts with sexual definitions rather than a nurturing part of a woman or as a utility, more women may view breast feeding as archaic or obscene (Wolf, 2001).

Infant feeding and the decision to breastfeed and bottle feed are generally acknowledged to be women’s issues. However, this does not automatically mean that infant feeding has been the subject of feminist analysis, rather it is surprisingly absent from contemporary feminist thought (Van Esterik, 1989).

On issues about women, and the objectification of women, one must consider the feminists’ views on the topic. Some studies qualify breastfeeding to be a feminist issue (Van Esterik, 1989). Feminism means different things to different people. Although there is not a black and white definition for feminism, it is evident that more women are delaying pregnancy for various reasons like choosing a career, or waiting to marry, which often affects a breastfeeding relationship. One might consider this “delay” to be a feminist view because of the idea of a woman owning her body and choosing when she gets married, and when she gets pregnant. However, delaying pregnancy can sometimes

affect the breastfeeding relationship. When talking to Mary McCarthy, director of education at The Woman's Hospital of Texas, in Houston, Texas, one of the issues she stressed was the fact that she was an advocate for women having careers and pursuing their ambitions; however, many older women do have more difficulty in breastfeeding because their bodies just do not produce enough breast milk. This is not always the case, but even pregnancy is more difficult past a certain age. In this regard, she advocates for women to have their babies earlier than 30 years old, and, if not, to freeze their eggs. This might seem harsh, or extreme, "but know that you might not be able to breastfeed," she says. In other words, a woman should have a baby when she is ready without the pressures of not being able to breastfeed. According to Mary McCarthy, a woman can use one of her eggs and get pregnant at a later time, but breastfeeding may not be an option. These pressures are real to any woman that ever wants to have a child with hopes of breastfeeding. Even if a woman does not consider herself to be a feminist, she is still often faced with these harsh realities. The line or definition of feminism is often blurry since feminist views differ per topic. Mary McCarthy said that she considers herself as a feminist in the area of women working and having to choose, but something she said summarized our discussion on the topic; she said, "Your feminism will not help you get pregnant!"

### **Previous Studies of Breast Feeding in the Media**

Many studies conducted on breastfeeding have predominantly in the medical field. However, there have been a few studies that have been done on breastfeeding as it relates to the media. In one thesis published in 1999. May (1999) focused on the response of readers of "Redbook" magazine. The cover of the December 1997 issue had Keely

Shaye Smith, and her partner, actor Pierce Brosnan, together while she breastfed their son. The cover stirred up some controversy as people discussed the appropriateness of the picture. An examination of the topic focused on the following questions: (1) What are the "appropriate" displays of the breast? (2) How are the "appropriate" displays communicated? (3) Why is the breast a site of struggle of meaning? (4) What causes women to conclude that they do not have ownership of their breasts?

May stated her interest in this topic grew after she had a baby and had to battle the issue of "breastfeeding" in society (May, 1999). Her concern was the objectification of the breast, and the idea that the breast is not the woman's property. She performed a textual analysis of the magazine cover using Connell's notions of hegemonic masculinity, which is part of the systematic social theory of gender that suggests a cultural ideal of male behavior (Connell & Messerschmidt, 2005). She found that the "analysis and application of the artifact reveals the December 1997 *Redbook* cover as a tool of patriarchy, reaffirming hegemonic masculinity and emphasized femininity" (May, 1999, p. 12).

In a content analysis on infant feeding in television programming and newspapers published in 2000, Henderson, Kitzinger, and Green suggested that the mass media have a tremendous impact on the public perception on health, and the lack of positive images of breastfeeding may affect a woman's choice to breastfeed. The way breastfeeding is portrayed in the media and the limited portrayals may suggest "a lack of acceptance of breast feeding in public" (Henderson, Kitzinger, & Green, 2000, p. 1198). These limited portrayals may also convey a message that "breastfeeding is a difficult activity, likely to fail, or that it is an option only for certain types of women" (Henderson, Kitzinger, &

Green, 2000, p. 1198).

Other people in the public eye have been scrutinized about their breast feeding choices including models and actresses like Salma Hayek, whose video of her breastfeeding a starving African baby got more hits, and, one might argue, more news publicity than the actual work she was doing in Sierra Leone with UNICEF to fight tetanus. The controversy came from the fact that the baby was not her baby. However, she said the baby was exactly a year younger than her one-year-old daughter, and the starving baby needed love and milk. The blogs and commentary were more concerned with her breast, with YouTube headlines that read “See Salma Hayek Breastfeeding.” Many of those videos did not include her actual charity work in Sierra Leone.

Angelina Jolie also created controversy in online blogs and forums when she appeared on the November 2008 cover of *W* magazine, breastfeeding one of her newborn twins. Some commentary said that breastfeeding is a private thing and should not be on public display. However, more news worthy was the number of mothers that lashed out at the bloggers for their negative remarks against the actress.

A petition started by mothers across the nation who protested Facebook’s censoring of mothers breastfeeding by removing the pictures stirred up some discussion on various news channels including CNN. “Hey Facebook, breastfeeding is not obscene! (Official petition to Facebook)” is an online group which started as a form of protest with petitions in December 2008, in response to Facebook’s action.

Another study (Foss & Southwell, 2006) examined infant feeding advertisements of 87 issues of *Parents’ Magazine*, a popular parenting magazine, from the years 1971 through 1999. They used content analysis to predict subsequent changes in levels of

breastfeeding women in the United States. They found that when the frequency of hand feeding advertisements increased, the percentage change in breastfeeding rates reported the next year generally tended to decrease (Foss & Southwell, 2006). Their results “underscore the need to acknowledge the potential role of popular media content in understanding breastfeeding patterns and public health trends” (Foss & Southwell, 2006, p. 1).

### **Interpersonal Communication versus Media Influence on Health**

Breastfeeding can be classified as a health topic. There has been extensive research performed on the media effects on health; however the scope of my research involves media portrayals on breastfeeding and their effects on a mother. However, it is important to consider what drives a woman’s decision. One might argue that media have a strong persuasive nature and are one directional, but the idea of the hypodermic needle or the “magic bullet” model of media effects is now considered obsolete (Lazarsfeld, Berelson, & Gaudet, 1944). It has subsequently been refuted by research findings that media messages are often more poignant when reinforced by a trusted source, or opinion leader (Katz, 1957), often through interpersonal communication.

On the topic of health, some studies indicate that interpersonal communication has a more powerful effect on an individual’s choice and behavior than media messages. In other words, a health campaign may be more successful with the consideration of the two-step flow. A health campaign may achieve success if the idea of the two-step flow of communication is utilized by targeting a select influential individuals (Salmon & Atkins, 2003) to disseminate the information to the masses. In a study performed on smoking cessation attempts, the researchers suggested that “exposure to health communication in

the mass media and interpersonal influences are found to be important in cessation attempts” (Korhonen, Uutela, Korhonen, & Puska, 1998, p. 114). In anti-smoking community health programs, the research findings showed that emphasizing interpersonal communication may be a catalyst to such programs which act as a form of social influence. Furthermore, the influence of laypersons in interpersonal communication was found to be at least as high as that of a healthcare professional (Korhonen, Uutela, Korhonen, & Puska, 1998).

When health is the topic of inquiry, people are more inclined to go to a peer or trusted source for information. With the growth of the internet, more people are seeking online sources for answers to medical questions. “By 2006, 80% of U.S. Internet users - 113 million adults - had searched online for health information at least once, with higher use among women” (Walsh-Childers & Brown, 2009, p. 478). The public may not determine or decide on health behaviors solely based on media messages, especially since there are so many differing views of health, applicable to various individual lifestyles. Mothers may be more inclined to adopt nursing practices from their pediatrician’s or lactation specialists’ suggestion, or from other mothers who breastfed or are currently breastfeeding.

In previous health campaigns to promote awareness of various health issues like dental care, condom use, health status screenings, hypertension control, and fruit and vegetable consumption, research findings suggested that “it is easier to promote a new behavior than to persuade people to stop a behavior” (Snyder, 2001, p. 188). On the other hand, cessation campaigns to stop a certain behaviors like “smoking, binge drinking, infants sleeping with a milk bottle, and sex with risky partners” (Snyder, 2001, p. 188)

were not as successful. It may be unwise to create a campaign against formula feeding for many reasons, such as the fact that formula is not necessarily unhealthy for a baby, and some women simply cannot breastfeed. Furthermore, research shows that breast milk is healthier than formula, but these research findings do not discredit formula as a form of nutrition. A more successful attempt to promote breastfeeding with the use of interpersonal communication may be found in the form of obstetricians and gynecologists, as well as lactation specialists, and health care officials who would most likely make a greater impact. The dissemination of information to encourage pregnant women and mothers to breastfeed along with media messages supporting breastfeeding might be a more successful health campaign to increase awareness on this topic.

There are a number of formula ads readily available at stores, magazines, television, and in many hospitals. Since breast milk is not a product that can be sold, or advertized, disseminating information about its benefits may give the nursing mother a more balanced array of information. Finding ways to create ads that include supportive information for breastfeeding mothers and at the same time not offend bottle-feeding mothers is a goal that health campaigns must consider in order to possibly bring some balance in the media concerning the breast versus formula debate.

### **Project Significance**

In the U.S. there is an ongoing debate on appropriate breastfeeding etiquette. The purpose of this research is not to argue what is appropriate public breastfeeding behavior, but rather to explore the relationship between society's perceptions as reflected in the media and their influence on a mother. Some public criticism of breastfeeding has spurred questions of the breast as a sexual object rather than a nurturing part of a

woman's anatomy (Van Esterik, 1989). Such media publications and the public's response may or may not have an effect on pregnant women as well as new mothers; however, it is important to hear firsthand if women who may choose to breastfeed are influenced by such media messages on breastfeeding. This study included 11 face-to-face interviews of women with children and women who are pregnant. This qualitative approach was designed so individual women's voices could be heard.

**Research Questions:**

RQ1: According to women who are pregnant and considering feeding options as well as new mothers who have chosen their feeding method, what are the media messages about breastfeeding in the mass media (television, print, internet, and radio)?

RQ2: According to these women, what are the mass media's portrayals of the breastfeeding mother?

RQ3: According to these women, what influenced the choices they made?

### **Chapter 3: Methodology**

I was born to a Nigerian father and a Romanian mother, and raised in Nigeria. I grew up understanding breastfeeding to be a beautiful bonding experience between a mother and her baby. To my understanding, it was just expected to nurse when the baby arrived. Breastfeeding in public was a common occurrence. Some women were more private when other men were around, but even the men were used to a woman breastfeeding and did not stare or make her feel uncomfortable. Discussions about latching on, pain, and discomfort were also not popular topics of conversation. This is not to say that Nigerian women did not have hardship; however, most women I encountered breastfed their babies.

I did not realize such an issue existed until I came to the United States in 1998. I noticed that women did not breastfeed. Eventually, I realized that those who do breastfeed do so very privately. As I further investigated this topic, I realized how many women struggle with being able to succeed in their breastfeeding endeavors. They claim it is inconvenient and difficult since the community does not accept it. I thought that if mothers felt more supported they would have a better chance to succeed in breastfeeding their babies. Most mothers with whom I spoke informally knew breastfeeding was best for their baby, but it seemed too difficult for so many reasons. This is what sparked my interest in the study, because I saw many mothers caught in a double bind, or, as stated earlier, a paradox.

Although I am not a mother myself, I consider being a woman enough of a reason to want to support mothers. My purpose in this research is to hopefully shed light on the need for support in order for mothers to sustain their choice to breastfeed. Throughout the

entire process of research on this topic, I came to realize the power of narratives. When I met people informally and told them about my thesis topic, it prompted further conversation with some unexpected people, like men for instance. When I shared my experience and passion for mothers and their babies, people tended to be more than willing to share their stories. Often I found that mothers who breastfeed carry it like a badge of honor. They often tell how many months they breastfed, or what they did in the process. Some women share challenges, and others share disappointments. Some women say they will do it all over again, while others say they will never do it again. The great thing about personal narratives is that they are “personal.” They allow the teller the liberty to write, say, believe, or think whatever they choose according to their own stories, experiences, and life. Each person has their own unique identity within the words of their narrative. This is why I chose to use narratives as my method of research. Since breastfeeding is such a personal choice, I believed my research would be more powerful when conveyed in a narrative form.

Narratives in healthcare have become more prevalent in the last few years. Narratives “are a primary way in which we understand ourselves and the world we inhabit, and they are a primary means of influencing others” (Engel, Zarconi, Pethtel, & Missimi, 2008, p. 42). Narrative has become more prominent in various disciplines, including communication, over the last 30 years; however, narrative medicine is a rather new phenomenon. Health care practitioners are finding that the basic interactions they have with their patients can affect their continued relationship and even the health outcome of those patients. According to Engel and colleagues (2008), “movements such as feminism, consumerism, patient rights, and managed health care have set the stage for

receptiveness within health care to the idea that life is a story” (p. 53). Most people are willing to share their story if the listener is patient and takes the time to listen. The speaker’s disposition is often different when she is encouraged to share.

Drawing from the importance of narrative in health care and my own personal story, I wanted to focus this project on the mother’s voice and her perceived influences in choosing to breast or formula feed. An explanation of my methodological decisions, including participant recruitment, data collection, and analysis, follows.

### **Participants**

I planned to recruit participants of a variety of races and ages, regardless of their choice to nurse or formula feed, from a couple of local churches and family organizations. I approached women who had babies under a year old because they are more likely to have recent, easily conversable memories of breastfeeding. However, although the requirements were wide, it was difficult finding enough women to interview. Consequently, I posted a status on my personal Facebook<sup>8</sup> page, asking for an interview with new mothers with one-year-old infants or younger. After the Facebook post, I found participants through a snow ball effect. New mothers often know other new mothers. One of the mothers I interviewed connected me with five other mothers by forwarding my initial e-mail to them. Some friends of mine, who knew I was doing a study on the topic but were not new mothers, connected me with co-workers after requesting their involvement in the research. Although I was initially unsuccessful in getting women from a local church or community center, it appeared that people were more inclined to help when they knew someone who knew me, or had talked to me. This gives a preview of the

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<sup>8</sup> Facebook is a social networking website created in 2004.

power of mother-to-mother support that women often rely on but more importantly, the use of the internet to strengthen that relationship. If it was not for my access to Facebook, I would have possibly been completely unsuccessful in finding women to interview.

After receiving permission from the University of Houston’s Committee for the Protection of Human Subjects, I interviewed a total of eleven women, two of whom were pregnant, with an average age of 31. Each participant signed and was given a copy of the Subject Confidentiality Form<sup>9</sup> that states the purpose of the study and the rights of the participants. A table featuring participant demographics follows. I assigned all participants pseudonyms to ensure confidentiality.

**Table 1: Participants demographic table**

<b>Name</b>	<b>Age</b>	<b>Race</b>	<b>Marital Status</b>	<b>Work Situation</b>	<b>Age of Baby</b>	<b>How many Children?</b>	<b>Formula or Breast milk</b>
<b>Cassandra</b>	24	Caucasian	Married	Stay-home-mom	3 M	1	Breast milk Exclusively
<b>Natalie</b>	24	African American	Single	Self-employed	4 M	1	Breast milk, supplement w/formula
<b>Priscilla</b>	30	Caucasian	Married	Full time employed	6 M	2	Initiated breast milk, but went to formula*
<b>Melanie</b>	35	Hispanic	Married	Full time employed	8 M	2	Initiated breast milk, but went to formula**
<b>Beth</b>	34	Caucasian	Married	Full time employed	9 M	2	Breast milk exclusively
<b>Amanda</b>	29	African American	Married	Full time employed	38 Weeks Pregnant	None	Breast milk, supplement w/ formula

<sup>9</sup> The Subject Confidentiality Form can be viewed in Appendix C.

<b>Elizabeth</b>	36	Caucasian	Married	Stay-home-mom	12 M	2	Breast milk Exclusively
<b>Stacey</b>	31	Hispanic	Married	Full time employed	9 M (twins)	4	Initiated breast milk, but went to formula***
<b>Denise</b>	30	Caucasian	Married	Full time employed	21 Weeks Pregnant (twins)	None	Breast milk exclusively
<b>Kirsten</b>	33	Caucasian	Married	Full time employed	3 ½ M	1	Breast milk, supplement w/formula
<b>Isabella</b>	35	African American	Married	Self-employed	8 M	3	Breast milk exclusively

\*Stopped nursing after first day; \*\* Stopped nursing after two months; \*\*\* Stopped nursing after two weeks

## Interviews

I interviewed each woman once. Eight of the interviews were conducted at the women's home, and I met the other three mothers at their place of work. I encouraged the participants to pick a location that was convenient to them, possibly their home, to make it easier and comfortable for them. Since some of the mothers were still actively breastfeeding, having the interview in the comfort of their own home appeared to give them the liberty to share their stories and opinions while, in some cases, breastfeeding with me in the room. It was my intention and a shared expectation with the mothers that the flow of their regular routines was not disrupted due to my interview.

I used an interview guide<sup>10</sup> to help facilitate our conversation. The first half of the interview consisted of demographic questions. The second half consisted of eight primary questions with additional prompts if needed. As the interview started, I reminded the

<sup>10</sup> The interview guide can be viewed in Appendix A.

mothers that they can talk freely and openly. I also encouraged them to share their own experiences. Some mothers needed the prompt questions but other answered them effortlessly without any further prompts.

I asked open-ended questions designed to elicit stories and reactions from mothers with infants and pregnant women. Participants were encouraged to share the personal experiences surrounding their choice to nurse or formula feed. Since the interviews were semi-structured with participant responses generating follow-up questions, I anticipated natural give-and-take conversations with each participant. I set aside an hour for each interview; however, most of the interviews averaged 35 minutes. The last open-ended question often elicited more conversation than anticipated. It appeared that when they thought the interview was officially over, the mothers were able to add more to the topic. Also, when I showed support or interest in what they were saying (e.g., agreeing that nursing is difficult or painful, or understanding their choice to use formula), they appeared more willing to share their stories and experiences. For many women, the topic of breastfeeding may be a private and sensitive topic. Especially with the mothers that switched to formula earlier on in their children's lives, it was important that they knew I did not judge them for it. Initially, a few women were careful of their word choices and responded in short answers, showing a little discomfort in sharing that they stopped nursing earlier than anticipated. To make those women feel more comfortable sharing their experiences, I stated that I believe every woman has her own story, unique to her own relationship with her own baby.

I audio-recorded and transcribed all interviews with participant permission. A 30-minute interview took approximately four hours to transcribe; however, the process

enabled me to revisit the interviews, refreshing my mind on each mother's story and her thoughts. It was also easier to find connections, recall valuable points, and also make conclusions because I repeatedly listened to each conversation various times. The transcribed interviews totaled 78 typed, single-spaced pages.

### **Data Analysis**

To analyze the resulting data, I conducted a grounded theory (Glaser & Strauss, 1967) analysis in which I moved back and forth among the transcripts looking for similarities, differences, and emergent themes. I also looked for the negative cases, meaning people who were opposite the trend, or quotes that were uncommon or atypical. I then coded, categorized, and examined the resulting patterns in relation to my research questions (Lindlof & Taylor, 2002). Coding consisted of two phases: initial and focused. First, I searched the transcribed documents for words or phrasing that could be generally tied in to the research questions. I created categories by searching for common ideas like health benefits, positive and negative media portrayals, mom-to-mom advice, doctors and lactation specialists' advice, and so on.

After finding categories from the transcripts, I grouped them into themes that could directly relate to the research questions. Many of the coding category labels came directly from the mothers. They often used similar words, terms, or language in their interviews. For instance many of the mothers used the word "bond," or "bonding," in describing their relationship with their baby while nursing. Words like "health," "natural," "pain," and "painful," were some terms that were common in the transcripts. Also I incorporated the use of phrases like "breast milk is not a product that can be sold," or "breast milk is not sellable" into my coding categories. The similarity in words and

language is most likely due to what these mothers are hearing or reading. If they have similar sources, their choice of words, is most likely related to those sources. My resulting coding schema follows, and these results will be discussed in detail in Chapter 4.

**Table 2: Coding Table for Interviews**

Coding Table for Interviews	
Themes	Categories
Sources	<ul style="list-style-type: none"> <li>▪ Television</li> <li>▪ Radio</li> <li>▪ Print Media (Magazines, Books, Pamphlets, etc.)</li> <li>▪ Internet</li> </ul>
Media Message 1: Breast is Best	<ul style="list-style-type: none"> <li>▪ Health benefits for the baby (Nutrition, immunity, physical, psychological development, etc.)</li> <li>▪ Cost effectiveness</li> <li>▪ Bonding/relaxed and calm baby</li> <li>▪ Natural (God’s design)/easy</li> <li>▪ Burns calories for mothers</li> <li>▪ Prevents illnesses for mothers</li> </ul>
Media Message 2: Formula is a good form of nutrition and readily available	<ul style="list-style-type: none"> <li>▪ Formula is a sellable product</li> <li>▪ Formula is easy, convenient and painless</li> </ul>
Positive	<ul style="list-style-type: none"> <li>▪ Celebrities/public figures pro breastfeeding</li> </ul>
Negative	<ul style="list-style-type: none"> <li>▪ Lack of breastfeeding information</li> <li>▪ Nursing in public</li> </ul>
No Recollection	<ul style="list-style-type: none"> <li>▪ No recollection of media portrayals</li> </ul>
Influences	<ul style="list-style-type: none"> <li>▪ Experts (Media influence, and healthcare professionals)</li> <li>▪ Laypeople (Family, friends, other mothers, support groups)</li> </ul>

## Chapter 4: Results

This chapter encompasses the findings from the interviews categorized by the stated codes and further separated by the three research questions. The voice of the mothers is the primary source of the findings and is incorporated to a great extent in this chapter.

**Research question 1 asks:** “According to women who are pregnant and considering feeding options as well as new mothers who have chosen their feeding method, what are the media messages about breastfeeding in the mass media (television, print, internet, and radio)?”

### **Sources:**

I noticed that the initial response to media messages was negative, meaning that many of the women initially said they do not get any information from the media whatsoever, or very minimal, which most of the mothers considered this to be negative. Most of the women responded that it does not matter what the media say and their decision to breastfeed was not based on media messages. However, when I suggested that print media can be a part of that, they were more responsive since most of their research was found in books and literature from the hospital.

### *Television*

Of all the sources, television had the least cites or recollection from the mothers. A couple of the mothers stated they did not watch very much television so consequently could not recall any television programs or commercials on breastfeeding. Seven out of eleven mothers stated they did not receive any messages or information, or recall any references to breastfeeding from television programs or commercials. One mother,

Cassandra, stated that the information on television is mostly negative. She referenced a news story about mother who was kicked out of a department store:

Well, the media especially with news outlets, it's built on negative stories. It's what sells their channel, their network, etc. So it would be nice to see one of their very few positive stories, like they have person of the week or some positive uplifting story, to showcase someone who does nurse her children or is a breastfeeding supporter. It's not something that you really talk about. I guess it's maybe they don't see it as being something you talk about in polite company or something children need to see on the nightly news or something like that but it would be nice to see it promoted.

Beth, another breastfeeding mother, stated that she was bothered by a segment she saw on *The Today Show* about breastfed babies not getting enough vitamin D. She said her doctor was not too happy about such stories that spread such reports since a baby living in Houston, Texas, for instance, apparently gets plenty of sun (necessary for absorption of vitamin D) and such reports should be of no concern. Beth did however recall that Elizabeth Hasselbeck was one person on television who talked positively about breastfeeding on *The View*.

#### *Radio*

Melanie was the only mother who mentioned radio as a source for breastfeeding information or messages. She recalled listening to a radio broadcast of mothers calling in to defend or argue against Salma Hayek's behavior in nursing a starving child in Africa.

#### *Print Media (Magazines, Books, Pamphlets)*

All the mothers read some form of literature about breastfeeding during

pregnancy and after childbirth. According to the mothers, none of the literature was readily available to the public; rather, the magazines and pamphlets some mothers read were various parents' magazines while waiting at their doctor appointments. One mother got pamphlets from the WIC (a federally-funded health and nutrition program for Women, Infants, and Children) office. A few others received some literature from their lactation specialist and breastfeeding classes at the hospital.

Many mothers noted that even with pro breastfeeding articles in parents' magazines, there were often advertisements for formulas like Similac and Enfamil, or information on how to supplement or transition to formula. Elizabeth was one of the mothers that thought this was not a fair way of discussing breastfeeding. She said:

The good thing is some of the, the (*sic*) parent's magazines, like the different kinds of parent magazines have good information, well, maybe not good information, but information about breastfeeding being good right now which is great, which is great. But there's usually a lot of excuses, or I don't know how to say it. Like there's a lot of caveats, like if you don't breastfeed that's okay, and you don't need to breastfeed all the way. There's a lot of information on how to get the formula feeding even when you're getting the breastfeeding-friendly information. So even like in the article for parents, even if it talks about the benefits of breastfeeding, it's very rare in any mainstream media to see, hear, anything that says, you know what, really exclusive breastfeeding is what you should do.

Most of the mothers read books as part of their own research on babies and pregnancy. These books were often a source of good breastfeeding information. Isabella,

a mother of three who solely breastfed all her children and is still breastfeeding her eight-month-old, referred to a book she calls “The Baby Bible,” called *The Focus on the Family Complete Book of Baby and Childcare* by Dr. Paul Reisser (1997). Stacey, a mother of twins, also mentioned that most of what she read on breastfeeding was from the book *What to Expect When You’re Expecting* by Heidi Murkoff and Sharon Mazel (2008).

The only negative reference to a book was from an excerpt Cassandra read online from Rabbi Shmuley Boteach’s book called *Kosher Adultery*, in which he claims, according to Cassandra, that:

A woman should never nurse in front of her husband or a husband should never be present during his wife’s birth because it de-eroticizes the breast and suddenly the man looks at his wife as the mother of his children rather than a sexual object and this is the end of marriage for them.

She, however, thought his conclusions were ridiculous and was more interested in the online responses and backlash from the public against such claims.

#### *Internet*

All the mothers except Priscilla, Natalie, and Isabella, stated that they sought out information on breastfeeding from online sources. All eight women sought out trusted sites for their own research on breastfeeding. Two out of the eight women referred to media messages on popular websites and blogs like TMZ (a celebrity news site), and Twitter (a social networking site) for accounts of celebrities like Kim Kardashian (who made a negative comment about breastfeeding) and Gisele Bundchen.

The internet was a very significant part of the mothers' support. It was often difficult to code because many of the mothers said they were a part of a support group, or got answers from other mothers about questions on breastfeeding. But some of these support groups, and mothers with answers, were only accessible online. I speculated when creating my coding table that the use of similar words, terms, and language in the description of their experiences were most likely because these mothers were getting their information from similar sources. Many of the online blogs are created by mothers for mothers. Even though these mothers considered these online sources to be fellow mothers, friends, midwives, lactation consultants, and support groups, the internet as a form of media, was the means in which these interactions were made possible.

The influence of the internet is seen even in my search for mothers to do the research. Most mothers were more responsive when another mother or friend said they knew me, or did the interview, and had a positive experience. The power of mother-to-mother support is strengthened often by the use of the internet which is considered a media channel.

Amanda said she received messages everyday on her iPhone with a pregnancy application she downloaded on her phone. These included messages on breastfeeding sent throughout her pregnancy term, which she considered to be helpful.

### **Media Message 1: Breast is Best!**

The mothers were torn as to what they considered media, since the books are considered media. Most of them actually said they got nothing or very little from the media. More importantly, all the mothers said the information or lack of information in mainstream media did not influence their decision to breastfeed. The overall conclusion,

however, is that the idea that “breast is best” is in our society, but very minimal, and in no way balanced with the information on formula products. Consequently many of the mothers consider this to be unfair. Elizabeth says it best:

I think there’s definitely a breast is best message in our society right now, I mean it’s out there. It’s hard just to simply describe how I’ve seen that though, but I definitely get that message that it is out there, I just think that there’s a lot about formula feeding that’s maybe more pervasive and a lot of caveats with the breastfeeding message.

All the mothers said they sought out information about breastfeeding except Priscilla who just read what she received from her hospital and lactation specialist. All the rest suggested that the information they received was through their own research because the information was not readily available, and, more importantly, not available in mainstream media. Many of the mothers said that since it is such a personal decision, they understand the difficulty in advertising or disseminating information; however, they suggested that advertisers could possibly promote breast pumps, breast pads, or nursing covers while disseminating the benefits of breastfeeding. That way they are able to sell a product and promote breastfeeding at the same time. Natalie discusses the idea of a “green” movement:

The media is gonna (*sic*) go where the money is, that’s only natural. But what I think they should do is go the more, like everyone wants to be green.

Breastfeeding is as green as it gets. It’s kinda ironic, so I think that the media should support nature’s intent, basically. And then maybe find some other ways to make money, Gucci shawls or something for moms.

### *Health Benefits for the Baby*

All eleven mothers referenced breast milk to be the best for their baby's health. Even the mothers who did not breastfeed for long knew that "breast is best." Some mothers were very particular about what they knew. For instance, Beth and Stacey included the term "colostrums." Colostrum, which Beth referred to as "liquid gold," is the first form of milk that contains anti-bodies and protects the baby from diseases. Some mothers learned new things about breast milk during pregnancy, by their own research and by attending breastfeeding classes. Elizabeth, for instance, discussed that breast milk not only strengthens teeth, but also helps prevent against dental cavities and reduces the need to see an orthodontist since it actually helps the structure of the way the teeth come in. Kirsten said if it was not for the breastfeeding class and literature given, she would not have known little things like breast milk helps prevent ear infections. Beth shared that she and her husband are chubby due to the way they were raised, and she wanted to give her children a better chance to be healthier and make better nutritional choices. She said breastfeeding will help them have a good start since it prevents childhood obesity. "We are trying to break that cycle" she said.

### *Cost Effective*

From the eleven mothers interviewed, ten mentioned cost as a big factor in their understanding of "breast is best" and the fact that it is free was a great incentive for many of the mothers. Priscilla was the only one that did not address the cost; however, she started formula feeding in the hospital. Amanda was very adamant about the fact that she did not want to pay the twenty-something dollars for a can of formula that her baby will

run through in only a few days. Cassandra said as a newlywed, she considers herself to be really cheap, so the aspect of breast milk being free was just another plus.

*Bonding/Relaxed and Calm Baby*

Nine mothers mentioned in some capacity that bonding was an important part of breastfeeding that they wanted to experience as mothers. The actual word “bond” or “bonding” was used by all eleven mothers during their interviews. Some mothers described the appreciation for breast milk for calming the baby and calming the mothers, too. Natalie supplemented her breast milk with formula, but she said it was obvious to her that her baby preferred the breast milk over the formula from his facial expressions and his demeanor. She said:

Like he can be completely frazzled and all this kinda stuff, and most of the time he’s just crazy and he doesn’t know what he wants, but most of the time I notice that it calms him and he just gets this peaceful demeanor and aura about him and I notice that when he was first born, I was like “he’s really calm when he’s nursing” so that was important to me, just making sure that he was getting the A-plus treatment you know, not some nasty Similac [whispered], sorry.

Many of the mothers said after getting over the initial first few weeks of discomfort they often looked forward to that time to bond, relax, and feed their baby.

Elizabeth talked about the Oxytocin<sup>11</sup> that relaxed the baby and her. Beth said:

Well initially when your milk comes in you’re so relieved. But then everyday when your body gets adjusted to this, it’s one of those things, that you’re, you

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<sup>11</sup> A polypeptide hormone secreted by the posterior portion of the pituitary gland. Oxytocin stimulates the contraction of smooth muscle of the uterus during childbirth and facilitates ejection of milk from the mammary glands (Oxytocin, 2010).

know, you're in awe of your body. It's amazing what we can do. So every time you get that feeling, it just sorta warms your heart, and you're like "oh it's time to go snuggle with the baby, or feed the baby," or sometimes they would be ready before I was ready, but again it's like the supply and demand effect, it still amazes me.

### *Natural /easy*

Nine out of eleven mothers said breastfeeding was a natural thing. Although most of the mothers considered the initial few weeks to be quite painful, they still referred to it as being a natural state. Some mothers addressed the "hump" (difficulty breastfeeding) they experienced differently. Some mothers said it took a couple of weeks. Others said it took longer, but, after some time, it became easy; it became "natural." Many of the mothers who breastfed said they could understand why many mothers give up after initiation or the first few days or weeks because it can be quite painful. However, there comes a "honeymoon period" after the body gets accustomed to the process. Elizabeth had a lot of difficulties with her first baby. She pumped for 14 weeks before her baby finally was able to transition off the bottle and develop a preference for the breast. Her story is quite unique since most women do not keep trying that long. Even her pediatrician and family said to just go with the bottle, but she refused and was able to nurse her first born until the baby was 21 months old. With her second baby, she had a better experience since she had a home birth and started the breastfeeding relationship at the onset. She considers the experience to be natural but had an interesting perspective on the use of the word:

I guess people say natural, and that's the overused word because it's kind of hard in the beginning and it is not necessarily easy, but after getting a couple months down the road, I do find it to be a very natural, easy experience, and expression of our relationship, as well as just an easy way to feed my baby. And so I've really enjoyed it. Now my first baby I had, my three-year-old was very hard, I had a very difficult time establishing a breastfeeding relationship with her, and I had to work really hard, and we had to work really hard. So I had to be very committed to achieve breastfeeding with her, so that really solidified my interest in it and my commitment in breastfeeding because I had to work really hard to have it. And fortunately, this time it was easy, but I found it to be a really rewarding experience.

Interestingly enough, many of the mothers said it was easy even though some might consider nursing to be difficult and time consuming. These mothers said that they think formula feeding is more time consuming. Even after Beth started using bottles in the 7<sup>th</sup> month, she said it was more work to prepare bottles. Natalie, who currently supplements her breast milk with formula, said the same thing. She said she does not get why people think bottle feeding is easier since you have to sterilize the bottles, then pour the right amount of formula and water, then make sure it is the right temperature, then clean the bottles after feeding. She said with breast milk she can sit on the couch and watch a movie since her baby likes movies and they can relax together. She does not have to worry about the temperature of the milk and cleaning up afterwards. In her opinion, breastfeeding is more convenient.

### *Burns calories for mothers*

I thought it was very interesting that seven of the mothers I interviewed mentioned the fact that breastfeeding burns calories and helps mothers get their bodies back into shape. Six of those mothers said they confess that they hope to lose weight was an incentive that supported their decision to breastfeed. When I asked her about her decision to breastfeed, pregnant Amanda said: “Honestly? To lose weight first, then it’s good for the baby.” She said this while laughing, but said it was what caused her to be interested initially, and then the other positives made it easier to support her decision. Most of the mothers were not as blatant as Amanda; however, they did mention it in their conversation, often smiling or laughing while saying it, but it was apparently of some importance to mention.

### *Prevents illnesses for mothers*

Kirsten mentioned that she learned through the literature that she read that breastfeeding prevents cancer in women. Isabella said that: “It reduces the risk of breast cancer for moms and osteoporosis,” and Elizabeth said it is good overall for the mother as well.

### **Media Messages 2: Formula is a Good Form of Nutrition and Readily Available**

Many of the mothers I interviewed agreed that there is an absolute need for more information on breastfeeding. For instance, Amanda stated that: “Knowledge is power, so if you’re not educated, you don’t know the benefits.” Like Amanda, many of the mothers felt that there is more exposure to formula feeding in the media in terms of advertisements than there is on breastfeeding. Eight out of eleven mothers felt that the media push formula in regards to commercials, advertisements, coupons, and the

availability of free formula. The formula companies, however, do not claim their product is as good as breast milk but rather state it is a good substitute for breast milk. Even the exclusively breastfeeding mothers I spoke to said that they understand that certain circumstances can affect a woman's ability to nurse; however, the push for formula may be discouraging for a new mother. Cassandra said that many images you see associated with Similac, for instance, are directly tied to an image of a happy baby drinking the formula. Denise, the pregnant mother of twins, felt like as a mother of multiples she is bombarded with coupons and free samples for her babies. She said on the websites for free items, nine times out of ten, the coupons are from formula companies. She feels you have to search to find information or products for breastfeeding: "Well it's kinda the 'if you don't go looking for it', you don't see a message. I think the "subliminal message" if you want to call it that is formula is the way to go."

Melanie was opposite the trend in the group of mothers. Although she saw the push for formula, she took a different stance on what the media are disseminating. She concluded this because when filling out questionnaires online to get free coupons, she noticed they were asking breastfeeding questions as well. She said:

Well, I'd have to say that the media is pushing (*sic*) for breastfeeding. Not sure what's driving that. A lot of times I think the media tells (*sic*) you what people want to know and hear about. I'm sure there's stats of what women are researching online perhaps, I don't know. But at the same time there's a push from your Enfamil, and your Similac, and your formula companies that are doing, I guess, pushing their own product in such a way to not, certainly to gain

sales and so forth, but at the same time recognizing that they don't want to offend or upset any mothers in their decision.

Although many of the mothers are saying there is a trend for breastfeeding now, it is coming more so from healthcare professionals. But these same mothers still said there needs to be more information in mainstream media. Melanie is the only one of the mothers that thinks otherwise. Elizabeth, on the other hand, stated the argument that if they do not provide a fair balance of information for breastfeeding, then the media should not be allowed to promote as much formula information. When asked about the role of the media in educating, supporting, and/or encouraging a mother to breastfeed, she responded:

I think it's good for women to have choices and options in our society and I wouldn't really ever want to take those away from women. But when the information is so biased, and the acceptance and encouragement not to breastfeed is so strong that I don't feel like it is fair, and I feel that it should be fair, at least. I think that the media could have a very strong role in normalizing breastfeeding and disseminating accurate information; that would be a good thing. That is not happening. But I think the hard part is that there is no financial motive for anybody to do that. It's all coming from people who stand to profit. So there's nobody going to make any money by encouraging breastfeeding.

#### *Formula is a Sellable Product*

Something I found quite interesting was that six mothers specifically mentioned formula to be a product, or a lucrative industry that stands to make a profit on the sales of formula. The opposite of that, which was also pointed out, is breast milk is not a product,

and breast milk is not sellable. Consequently no one necessarily stands to profit. When I asked Isabella how she felt about media messages regarding breastfeeding, she said:

Like with everything, that's truly beneficial, there's not enough of it in the media because like I said it's not a product that's sellable, that's marketable, that anyone will benefit from but the kid. You know what I mean. And that's a problem in our society period. And so I think it definitely, I mean it's just like eating fruits and vegetables. How many commercials do you see about fruits and vegetables? You know what I mean? It's just one of those things that you just aren't gonna see advertised because it doesn't make anyone money, unless it's a public health announcement, you know what I mean, or some kind of specific thing just for the benefit of the public. I think that's a big problem. I think somehow the information needs to be shared, so that we have healthier kids, which saves the country money.

*Formula is Easy, Convenient, and Painless*

“The argument for formula is just, it's easy,” Denise said in reference to various arguments on breastfeeding. A profound finding is that ten out of eleven mothers said that breastfeeding was painful. All the mothers that continued breastfeeding said the pain ceased after a few weeks. These mothers did however say that there can and will be a temptation to use formula on long nights since formula is easily accessible and another person, for instance, the father, can feed the baby. Beth said she wrote down all the reasons why she should breastfeed on a paper and posted it in the nursery before the baby came, and when she had one of those long nights where the baby was not latching on, or she was tired and yearned for sleep, she would read the list to inspire her again.

Another mother, Elizabeth, said that a new mother can be easily swayed since “the information about breastfeeding is overshadowed by the pictures and advertisements and everything for formula. It is just strongly swayed in more availability of pictures and coupons and information about the availability of formula, and bottles et cetera.”

**Research Question 2 asks:** According to these women, what are the mass media’s portrayals of the breastfeeding mother?

In order to address this research question, I separated the data into three themes: positive, negative, and no recollection. Each theme was further divided into categories. As a positive portrayal of breastfeeding in the media, I grouped “Celebrities/public figures” that are mentioned and/or discussed in the mothers’ conversation, that are pro breastfeeding, or convey a message of support to breastfeeding mothers. As a negative portrayal, I included two categories: “Lack of breastfeeding information,” and “Nursing in public.” These were repeated topics in many of the conversations and were considered as a negative portrayal of breastfeeding in the media.

### **Positive**

Although media portrayals can be very closely linked to media messages, I specifically wanted to see if any mothers could recall instances in which the media portrayed breastfeeding. Most of the mothers initially responded that they did not recall any positive portrayals; however, in conversation, they mentioned either an ad or something or someone they saw. As long as it translated as a positive portrayal, even if it was brief, I included it into the findings. For instance, in regards to the media’s responsibility in the nursing versus formula choice mothers make, Isabella immediately

responded that the media push breastfeeding. She tried to recall and put her thoughts into words:

I just don't see a lot of encouragement in the media for breastfeeding. I just don't see it. That's why I'm like "hmm, did I ever see anything on TV about breastfeeding?" I just don't remember except for a TLC (The Learning Channel) program where a mom had a home birth or something and they are already kinda holistic in their approach to their lives. I don't see it.

Also, Melanie said she saw a commercial that suggested "breast is best" but she could not recall what it was exactly, possibly from the American Pediatric Association; but she could not remember very much about it. Both Isabella and Melanie vaguely recalled these, and both these women brushed it off rather quickly in their conversation. However, I considered these to be positive since they were at least some form of presentation of breastfeeding in the media.

#### *Celebrities/Public Figures Pro Breastfeeding*

I expected more mothers to recall celebrity mothers specifically, but even after prompting, only two mothers referred to celebrities by name as a positive breastfeeding image and influence on them. Natalie said Kimora Lee Simmons made breastfeeding look glamorous and she appreciated that since she's young and still wants to look glamorous as a mother. She said it was Kimora Lee Simmons' use of a pump that made her realize that it was doable to breastfeed and be a mother and still feel sexy.

Beth confessed to a guilty pleasure of reading celebrity magazines and trying to stay up to date on celebrity gossip. She said that knowing that stars like Gwen Stefani who breastfed her babies look "skinny and fabulous" made her think: "Well I want to be

that skinny and lose my weight fast, which it [breastfeeding] did help me lose my weight fast.” Beth also talked about supermodel Gisele Bunchum who posted a comment on her Twitter<sup>12</sup> account referencing something to the effect that a mother is not truly a mother unless she breastfeeds her baby. She said that although many people responded negatively towards that comment since many women cannot breastfeed, she still supported the supermodel because she was trying to help and support breastfeeding; but the words came out wrong. This might be considered negative, but Beth showed a positive response to it, from her choice of words and her empathy towards the supermodel. Although Gisele Bunchum was trying to support breastfeeding, saying that in her opinion, there should be a law that mothers should breastfeed their babies for six months, not everyone accepted the supermodel’s opinion as positively as Beth did.

From the two mothers that commented on the commercial, and the TLC program, as well as the two mothers that referred to the celebrities in a positive light, the total number of mothers that recalled positive media portrayals of breastfeeding in some capacity was four out of eleven. It can be argued that the first mother, Isabella, did not consider that to be a positive portrayal since she commented on the fact that it was a TLC program on home birth and breastfeeding was part of that. This is more a neutral comment.

### **Negative**

The same thing occurred with other mothers that recalled negative media portrayals of breastfeeding. Most of them said they could not recall any messages. Even when prompted, they were unable to recall any negative instances where breastfeeding

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<sup>12</sup> A social networking site.

was shown. However, in conversation, three mothers did mention some negative portrayals of breastfeeding.

Cassandra mentioned there was a backlash when Kim Kardashian, a popular American model, known for a sex tape and her reality show on *E! Network*, posted on her Twitter account she saw a mother nursing in public without a cover and it was the most horrific thing she had ever seen. Cassandra said the public response was what was more interesting since many people had a negative reaction toward Kim Kardashian's attitude on nursing. Cassandra also recalled a program recently where hidden cameras were set up at a café, with actors and actresses. The nursing mother was an actress, and the café owner who threw her out of the café for nursing was also an actor, but the patrons of the café were real people with real reactions. They were very unsupportive of the mother and many of them sided with the owner for throwing her out. The nursing mother was not supported by the public spectators.

Kirsten mentioned the *MTV* program "16 and Pregnant" as a show she often watches. However, she was curious why most of the young mothers did not breastfeed. It was not even discussed. She said out of all the seasons, only one mother tried to breastfeed but eventually gave up because she was unsuccessful.

Stacey said she vaguely remembers a documentary or news report where it was debated: "Should women breastfeed, and how old is too old, and how much is too much?" She could not recall the program exactly, but she did remember that it went on throughout the day, repeatedly. She said: "It definitely was portraying kind of a negative view of breastfeeding in public."

### *Lack of Breastfeeding Information*

Although many of the mothers suggested that more information on breastfeeding would be beneficial to the public, three mothers specifically concluded that the lack of breastfeeding information in the media is actually a negative portrayal of breastfeeding. Elizabeth said she wished she could have more books to read with her three-year-old that had pictures or drawings of a mother breastfeeding her child. Since it is common place in her home now with a younger sibling, she expressed her desire to share that with her young daughter as a normal, natural part of motherhood. Cassandra says it best, “It’s really not so much negative on their part as it is neglect; they just really don’t pay attention to it because it’s not something that makes money.”

### *Nursing in Public*

Out of all eleven mothers, only one did not mention or refer to nursing in public. Even Priscilla who only nursed on the first day felt that the public needs to be more supportive of mothers who breastfeed in public. Most of the mothers said they were comfortable with it except Beth, who said she would go to her car and nurse because she got questioning looks and stares from people.

Cassandra is a new mother and considers herself to be strong willed; however, she said she was “thrown into the fire with it” when she forgot her pumped bottle at home. She found a corner and nursed her baby with her nursing cover. She said although she knew she would possibly have to do that one day, she was nervous about it:

There is a negative perception of breastfeeding in public especially for a new mom. It can be humiliating... and then you have things like nursing covers and everything that are just kinda thrown in your face if you are a breastfeeding

mother, so then again the implication of that is “oh well we can expose breasts all we want on the cover of Rolling Stone magazine or in all these magazines, but you can’t show your boobs even for a split second to feed your baby, so let’s take all these flowery little items and sell them to you.”

### **No Recollection of Media Portrayals**

I experienced some difficulty in deciphering who truly did not recall any media portrayals of breastfeeding. Although some mothers were adamant about having no recollection of breastfeeding portrayed in the media, their conversation often revealed that they did have some memory of breastfeeding in the media. Granted, even though those memories may not have qualified that as a sufficient portrayal, I have categorized them respectively in the above sections. However, four mothers said they did not recall any media portrayals, and it was not mentioned in their conversation.

**Research Question 3 asks:** According to these women, what influenced the choices they made?

In order to address this research question, I created categories grouped under on theme: “Influence”. The two categories were: “Experts,” and “Laypeople.” I further grouped the “media,” as well as “healthcare professionals,” under the “Expert” category. Family members, friends, other mothers, and support groups were classified under “Laypeople.” Some of the people that influenced the mothers could be considered an “expert” or a “layperson.” This is further explained in the following paragraphs.

### **Influence**

Some of the mothers attributed their choice to breastfeed as an innate decision or their own personal conviction. One mother said she was not certain about it initially. She

had conducted research but was not sure if it would be an invasion on her personal space. However, when Elizabeth held her baby, she said she absolutely knew it was meant to be for her to nurse. It was a commitment on which she would not vacillate. As many of the mothers shared their stories, it was evident that the experience was a journey, a relationship between mother and child, and through that journey, some people influenced their decision to initiate breastfeeding and to make the commitment to continue.

*Experts (Media and Healthcare Professionals)*

Aside from their own self-initiated research, not one mother cited the media as an influence in their choice to breastfeed. Most of the mothers said regardless of the media messages their choice to breastfeed was unwavering.

Some of the mothers mentioned healthcare professionals as part of their support to continue breastfeeding; however, many stated advice from professionals was used to solidify their decision. Many of the mothers said they had already decided to breastfeed and the lactation specialist was often their confirmation to themselves that they were making a good choice. Also, the lactation specialists were often available to the new mothers in the hospitals. Elizabeth was not satisfied with the hospital staff after having some difficulty with her first baby latching on. They encouraged formula feeding instead of helping her to keep trying. She said formula is an easy route to take in the hospital:

I find it extremely easy, with my first I had decided I was not going to use any formula, I was not going to be pressured in the hospital, and I don't think it lasted 24 hours, because I was alone at night with a screaming baby and nobody to help me breastfeed and it wasn't working. And I wanted to continue breastfeeding; but the nurses were pushing formula, and I did have a screaming

baby that I had no idea how to take care of and we weren't breastfeeding and we didn't know what to do, I gave in pretty quick, it was very easy. And I had nobody in the hospital say 'just give it a little more time, wait.' What they were saying is right after, only a few hours after delivery, is well if you don't get your breastfeeding working in the next 30 minutes then we're going to give her formula. It was a lot of pressure; it was very sad.

Kirsten said that she was frustrated with the hospital staff when they gave her son a pacifier against her wishes. She was nervous that his suckling patterns might change, causing difficulty in latching on after using a pacifier.

Stacey's doctor was the only physician or OBGYN (obstetrician and gynecologist) that adamantly recommended breastfeeding. Stacey said that her doctor had written books and journal articles on the advantages of breastfeeding, so she was quite verbal on her stance to breastfeed.

Cassandra and Isabella, who had their babies at a birthing center said their midwives were very helpful and supportive of breastfeeding. Isabella said she met her midwife when she was single but watched the birth of a friend's baby. After that, she became friends with her and eventually delivered all three of her children with the same midwife. She said her midwife was a great advocate and influence in her breastfeeding experience.

Denise, the mother pregnant with twins, said the NICU (neonatal intensive care unit) nurses were supporters of breastfeeding. She said since she was having twins, there might be a chance that her babies would be in the NICU ward, so she talked to those nurses. She said their support for it reinforced her initial decision to breastfeed.

*Laypeople (Family, Friends, Other Mothers, Support Groups)*

All the mothers except Priscilla and Stacey said they were influenced by their network of family, friends, other mothers, support groups, and their culture. Melanie said her culture and tradition played a great part in deciding to breastfeed. She is of Latin decent, and her husband is a Native American. She said that since cows were imported to the United States, many Native Americans are still prone to be allergic to cow's milk. And her son had that allergic reaction initially when she started supplementing formula. She said they still go to ceremonies as a family, and it is important to incorporate their traditions into their lifestyle, and breastfeeding is a part of that tradition. She is a firm believer in going back to her cultural roots "in terms of recognizing that the old ways need to come back."

Some mothers said that even though one member of their family was not completely supportive, they were still relentless in their efforts to succeed. For instance, Kirsten said her mother, who was born in the 70s, told her she would not know how much she was giving to her baby if she breastfed him. However, Kirsten said her sister had successfully breastfed two of her own babies and had no problems. So she chose to ignore her mother, and instead listened to her sister as a primary source of support and influence to breastfeed.

Cassandra and Elizabeth said they found support in online support groups and still actively attended the face-to-face meetings. La Leche was mentioned a few times. Some mothers considered La Leche to be pushy on their stance on breastfeeding, and others considered this to be a good thing since it is hard to find that support. For instance, Elizabeth said she was initially skeptical about La Leche, but her story changed:

I didn't even go to Le Leche meetings because even when I was having problems breastfeeding, I didn't go to a Le Leche meeting because I was afraid that they were some crazy breastfeeding people and that they would look down on me because I was having trouble breastfeeding, and they wouldn't support me, I thought, and they are going to be judging me because I'm feeding my baby pumped milk from a bottle, cause that's when I was having trouble with my first. And I didn't even want to go to the meetings. Well I've kind of turned out to be kind of really strong on the other end of, because what I've seen is that there is so little support for breastfeeding in our culture, even though people are saying it's best, there's not really a good support structure, that it's really hard to do. And I think there needs to be more people, a little stronger, saying that this is really good and this is how you do it, otherwise, it's really hard for moms to do. When it's so part of the culture not to do it, it's very hard, when you don't know anything about it, if you don't have family that's doing it, it's hard.

Many of the mothers said that the people they talked to had an influence on their decision. Like many of the other mothers, Isabella said she learned the technical aspects and health benefits of breastfeeding from books and her own reading, but the practical things she learned from people, mostly other mothers. The table of influence below shows various groups of people that directly influenced each mother's choice.

**Table 3: Mothers' influence to breastfeed**

<b>Mothers' Influence</b>		
	<b>Expert</b>	<b>Layperson</b>
Cassandra	Midwife	Mother and support groups
Natalie		Other mothers
Priscilla*		

Melanie		Family and culture
Beth		College friend and other mothers
Amanda		Friends that are mothers and culture
Elizabeth	Lactation consultant	Support groups
Stacey	OBGYN	
Denise	NICU Nurses	Friends that are mothers
Kirsten	Lactation consultant	Sister (mother of two children)
Isabella	Midwife	Friends that are mothers

\*Priscilla tried to breastfeed but stopped after initiation on the first day; however, she received information from her lactation specialist.

## Chapter 5: Discussion and Conclusion

This chapter will incorporate the information on breastfeeding as previously stated, as well as, a deliberation and discussion of the existing results from the interviews of the eleven mothers. It also includes further issues that were not included in the categorization of the coding table, but worth considering for further research.

The results suggest that there is a breastfeeding paradox. This means that the “breast is best” ideology is predominant in our society; however, social norms and the portrayals of breastfeeding in mainstream media do not support breastfeeding. Many of the mothers cited negative portrayals, especially related to nursing in public. Many of the breastfeeding mothers felt discomfort in nursing in public because of the perception that it is not conventional in our society. Also, the lack or minimal exposures to pro breastfeeding information also correlates with a lack of support from the media, consequently sending the opposite message of “breast is best.”

Breastfeeding is related to feminism. Although there is not a black and white definition of feminism, it is evident that more women are delaying pregnancy for various reasons like focusing on a career, or waiting to marry, which often affects a breastfeeding relationship. A feminist might say that it is a woman’s choice to work, and also her decision to choose when to get pregnant, but these views can impede on whether or not she is able to breastfeed. Even though she plans everything, she cannot choose whether her body can produce milk at a certain age. More importantly, a woman should not plan on having a baby solely on the pressures to breastfeed. Breastfeeding is part of the journey of motherhood and it is not always the case that there is minimal milk production. Many mothers cannot breastfeed due to complications, or other events that

thwart a breastfeeding relationship. During our discussions, a few of the mothers that breastfed said they understood that many mothers cannot breastfeed and need formula as a means of nutrition. It is the push for formula in ads and pressures to use formula that they find objectionable.

Formula ads appear to be ubiquitous, and with the lack of information or portrayals of breastfeeding, mothers conclude that there is a greater need for positive messages on breastfeeding in order to increase awareness and support. Since breast milk is not a marketable product that can be sold, the imbalance of representations of formula versus breast milk in the media is an issue that needs to be addressed, possibly by healthcare professionals or government health programs. One must consider that most agencies or corporations will not take an initiative unless there is profit to be made. But as recent research shows, the U.S. would save billions of dollars and lives if more mothers breastfed (Bartick & Reinhold, 2010).

One thing worth mentioning is that a few mothers said it is a personal choice to be educated. One mother, in particular, was very adamant about her feelings on this topic. Melanie said that Americans expect too much from the government and the media and should take care of themselves in regards to what choices they make. She thinks that since breastfeeding is such a personal choice, a mother should do research on her own to find out what is best for her child's development, and not be concerned over the lack of media information on the topic. She said: "I don't think that people should have an expectation as to what the media is showing (*sic*) or not showing, or voicing about, or not voicing about." She stated that people should be more responsible for what they do and consider the facts and the sources when they see things on television. She says she

teaches her teenage daughter to look deeper into media messages, consider who stands to gain in the dissemination of such information, and then consequently make a choice. Her stance on this was rather different from all the other mothers I interviewed, however, she said that she understands that some people have not been educated to look deeper. She firmly believes in seeking out information on such personal choices, and disregards media messages.

The results suggest that mothers are mostly influenced by personal interaction with laypeople in their environment, more so than expert advice. One mother stressed that the technical aspect and the health benefits of breastfeeding she learned from books and her midwife. The practical things on what to do, and how to do it, she learned from other mothers. For many of the mothers that did cite expert advice, the experts were often midwives or lactation consultants, which one might argue falls between both “expert” and “laypeople” categories. Meaning, many midwives use natural methods in delivery and have different practices for mothers and babies after birth. Midwives also do not receive the same level of training as OBGYNs, but they are medically trained. So they can be considered as a medical professional, but they are often found to have personal relationships with the mothers, giving them a sense of friendship and care that is not always available in the hospitals.

Earlier studies suggest that health campaigns are more effective when interpersonal communication, is an added component along with media messages. Social influence, support, and control mediate the effects of community health promotion activities (Gottlieb & Green, 1984; Meyer, Nash, McAlister, Maccoby, & Farquhar, 1980; Steckler et al., 1995; Zimmerman & Conner, 1989). A stronger health promotional

approach may be to incorporate both media and interpersonal aspects into a health campaign on breastfeeding. Katz and Lazarsfeld's (1955) research suggested a two-step flow of communication in which the message is disseminated from the media to opinion leaders and then to the masses. For the mothers in my study, it was evident that they considered other mothers and their midwives as opinion leaders on the topic. Many of the mothers cited their lactation specialist or friend who is also a mother as a reliable source for information on breastfeeding. Even mothers that received discouraging words from family members, or, in some cases doctors, they often ignored those messages and leaned more on those considered as opinion leaders in their environment.

In his development of social cognitive theory, Bandura (1986) expanded on the idea of self-efficacy, which is one's beliefs about their capability to produce designated levels of performance, while exercising influence over events that affect their lives. In the case of the mothers, almost all of them associated pain or discomfort with breastfeeding. However, this act of mothering shows the power of maternal instincts which goes beyond the temporal and develops into the lasting bonding relationships which many mothers seek between mother and child. In other words, regardless of the lack of media portrayals, or the inconveniences of nursing, especially in public, the mothers showed resilience in their selfless act to provide what they consider to be the best for their child. One mother said that she had to write down why she was breastfeeding so when it was 3:00 a.m., and she had a screaming baby, she would remember. Another mother said facts were not always enough; but comforting words from a friend, or a lactation consultant that showed empathy was what helped her to keep breastfeeding. All these women had their own personal story, but the fact remains that most of them claimed a lack of support

from the media and the society, as well as an initial difficulty with breastfeeding, but they were still able to maintain their commitment to breastfeed.

### **Limitations**

In the group of women I interviewed, only two were pregnant. I did not anticipate a difference in their perceptions on media influences. I also did not expect a noticeable difference in their demeanor. The pregnant women I interviewed appeared to show more optimism towards their upcoming breastfeeding experience. Although one of them did mention that it may be painful, both generally were more positive and confident in succeeding. On the other hand, the mothers with babies appeared to be more realistic in regards to the challenges and their ability to breastfeed through the difficult first few weeks. This might be apparently due to their on-going or recent experiences with breastfeeding, but they showed more realistic expectations and the way they discussed it was not as optimistic as the pregnant mothers. It is important to articulate that they were not pessimistic, but more so realistic. Incorporating more pregnant women into the study might have shown this difference more clearly.

My script and interview questions also had some limitations. My questions were not too flexible for mothers that did not breastfeed at all. For instance, when talking to Priscilla who stopped breastfeeding after the first day, I initially stumbled over my words when trying to interchange words correctly. A possible solution might be to have another set of questions that are specifically designed for mothers that did not breastfeed at all or mothers that breastfed for a very short period of time, possibly during their hospital stay only.

On my confidentiality form, my topic is stated with the words “breast is best.” For mothers who did not breastfeed, this might cause them to be defensive. I did however, state that it did not matter about their choice, but I was more interested in why that choice was made and what influenced that choice. But the title might be a limitation to getting mothers to share if they did not breastfeed. For instance, Priscilla appeared to be slightly defensive in her choice to use formula instead of breast milk. She mentioned that her babies were healthier and possibly had a higher IQ than a friend who breastfed, and that she has a strong bond with her two children, regardless of the fact that she did not breastfeed. Her defense mechanism was probably due to the fact that “breast is best” is a predominant message now in our society. I did not get the impression that she was being defensive towards me, rather her overall demeanor suggested her children are perfect even without breast milk. That can be attributed to a mother’s nature to protect her child, and should be expected. Her stance was obvious because she mentioned a newscaster talking about the recall of Similac formula (officials reportedly found beetle larvae in some of the cans). She said that she had been giving her son that formula but changed it shortly before the recall, and her son was perfectly healthy. However, she mentioned that the newscaster said: “If you’re a breastfeeding mom, you don’t have to worry about this.” She went on to say that breastfeeding does not work for everyone, “so don’t throw that out there,” she said. However, she was very empathetic towards mothers that are “persecuted” in public for nursing and suggested that there should be more support for a new mother, but could not recommend a way to establish public support when prompted. She said that breast was best, but “it just didn’t work for me.”

## **Suggestions for Further Research**

A few of the mothers mentioned that although the message of “breast is best” is inherent in our society, the medical field is often guilty of sending conflicting messages. According to WHO (World Health Organization) and AAP (American Academy of Pediatrics), it is recommended that mothers breastfeed exclusively for at least the first six months, then they can start supplementing other foods. However, many of the mothers I interviewed said that although their doctors suggested breastfeeding classes and gave them information on breastfeeding, they did not offer practical help. One mother said that she felt inadequate after having a Cesarean section and was not producing milk right after the baby was born. Another mother said she felt pressure because after taking the baby away from her for hours, they brought her hungry baby back to her with intentions to breastfeed within 30 minutes or formula would be the next feeding option.

Elizabeth, who had her first baby in the hospital and second at home, said she had a completely different experience breastfeeding due to her method of delivery versus the hospital’s practices. For instance, the hospital separates the baby from the mother in those initial first few hours when establishing a breastfeeding relationship is vital. Also, many hospitals give the babies pacifiers which can teach the baby a different sucking method. Even when she asked that her baby not be given a pacifier, Kirsten said she was upset because they gave it to her son regardless. Many of the mothers also addressed the fact that the option for formula was readily available and suggested, especially when the baby was not latching on correctly and they were having some difficulty with breastfeeding.

The use of epidurals and Cesarean sections has become more popular in delivery in the United States and some babies are affected by the drugs given to the mother

making the baby more sluggish (“March of Dimes,” 2008). This can also have an effect on breastfeeding. The mothers that had their babies with a midwife also said that skin to skin contact with their babies after birth was crucial in establishing a breastfeeding relationship. Most hospitals swaddle the babies in tight blankets and put them in the nursery overnight (except when requested otherwise), taking away from that bonding time needed shortly after birth. This is understandable since the mothers are tired from the birth and need rest; however, this separation might affect the initial nursing pattern.

With this in mind, further research could study hospital practices and their effects on breastfeeding. For instance, one could create a study with three groups of women. The first group would consist of mothers who have no separation from their babies. The second group would consist of mothers with frequent visits and help from on-hand lactation consultants. The control group would have the typical separation time and minimal help from a lactation consultant. The rates of breastfeeding can then be recorded and compared, along with narratives or interviews of the mothers’ experiences breastfeeding.

There is a great need for more studies specifically studying new mothers and their expectations of their body and what is acceptable. Although breast feeding is confirmed to burn calories as well as contract the muscles in the uterus, many women use other methods of weight loss to return to their pre-baby body weight. However, there is a need for further research on women and their choice to breastfeed in relation to the media’s portrayal of the ideal body and what is preferable for a new mother. Studies abound from various fields like sociology, psychology, and communication about women and their perceptions of body image (Bessenoff, 2006; Dittmar, 2009; Dittmar, Halliwell, &

Stirling, 2009; Grabe, Ward, & Hyde, 2008; Groesz, Levine, & Murnen, 2002; Levine & Harrison, 2004; Levine & Murnen, 2009; Tiggemann, Polivy, & Hargreaves, 2009). Most of these studies deal with the popularly accepted image of thin or the ideal look presented by Hollywood. Even new mothers in Hollywood are often portrayed as super human by returning to their initial figure shortly after the baby's arrival. These studies show that this desirability for the 'ideal image' often has a negative effect on women, especially younger women who are more inclined to develop eating disorders. If a woman feels the pressure from the media to lose weight and look a certain way by a certain time, she might opt for an hour at the gym rather than time spent breastfeeding. Such decisions may affect the rates of breastfeeding in the United States and should be studied more in order to determine influencing factors that can change the number of women that initiate breastfeeding as well as the duration of breastfeeding.

## **Conclusion**

The message that "breast is best" is prominent in our society today. It is difficult to pin point exactly where this information is coming from, but it appears to be more implicit now in our society. It is clear that WHO, AAP, and ADA (American Dietetic Association) are prominent proposers of breastfeeding and possibly their message has found its way to the masses. As stated in the results chapter, most mothers did receive information from the internet and print media.

The influence of the internet is profound. The internet in particular was often difficult to code in my results since the codes are not black and white, but often overlap. Meaning that, many of the mothers received help and advice from other mothers in support groups, online blogs, and from their midwives or lactation consultants. An

important factor that might be overlooked is that online support groups are media, but also part of the interpersonal channel. These mothers, or “laypeople,” are actually the experts online. With the availability of the internet, people are able to communicate in ways they did not before. It might be said that the low percentage of women breastfeeding in the 1970’s and previous decades has a great deal to do with the fact that women did not have these resources available. A mother could not go online to ask another mother about her engorged breasts and what to do if the baby was not latching on correctly. She did not have an online support group, or lactation consultant, online to help. There was no Google<sup>13</sup> search option for such difficulties, or for emotional support. Even when trying to get women to participate in my study, there was hardly a response until I posted a need for mothers on my Facebook page. Furthermore, other mothers e-mailed one another asking them to participate. The possibilities of these key relationships are made easier with the use of the internet. Even though personal relationships seem to overrule the media as a whole, many mother-to-mother relationships would not be possible without the media, particularly the internet.

There is a complexity of issues. Societal practices, including mainstream media portrayals, public reactions to a nursing mother, and hospitals’ practices are not as supportive of a nursing mother. Creating a successful health campaign that incorporates interpersonal communication, but also includes medical associations, healthcare professionals, the media, and the society, can be the catalyst that is needed to resolve some of the complexities of the breastfeeding debate. There may never be public acceptance of nursing in public, due to the fact that it is in the nature of our society to

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<sup>13</sup> A web search engine.

view the public exposure of breasts as immodest. But, there are various ways the public can become more educated on the topic of breastfeeding and possibly become more considerate and supportive to a nursing mother. The role of the media should be to model the behavior that is desired. This is where a change in beliefs and attitudes can be a success for our society and more importantly, the future generations. My hybrid of the two-step flow (Katz & Lazarsfeld, 1955) and the social cognitive theory (Bandura, 1986) in application to my research, shows that, there is strength in the compilation of opinion leaders in our society who reinforce the messages that have already been disseminated to the public, and the media as the teachers of new information, and reinforcement for existing knowledge.

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## Appendix A

### Interview Questions/ Interview Script

#### Demographics:

1. Name
2. Age
3. Race
4. Marital Status
5. Work situation (what do they do) (part-time, full-time, work from home)
6. Age of baby
7. How many kids
8. Formula or breast milk
  - If formula, did you consider breastfeeding? (If formula, skip to question 2)

#### Interview Questions

1. Tell me about your experiences breastfeeding
  - Pros
  - Cons
  - Difficulties
2. Tell me about your decision to breastfeed
  - What made you decide?
  - Who was involved in the decision?
  - Why was it important to you?

3. What do you know about breastfeeding?
  - How much of that information did you receive from the media?
  - What kind of information did each media channel give and was it helpful to you?
4. To what capacity do you believe the mass media is responsible for the nursing vs. formula choice that mothers make?
  - In what ways did the mass media inform the choice you made or will make?
5. Describe the messages you've seen in the mass media regarding the topic of breastfeeding?
  - How do they make you feel?
  - Do you remember specific situations or circumstances of this?
  - Do you think these kinds of media exposure have any kind of effect on a new mother? In what way might they have an effect, or not?
6. What role do you believe the mass media should play in educating, supporting, and/or encouraging a mother to breastfeed?
  - How are these beliefs different from or similar to what you see in the mass media?
7. What do you think about some celebrities that are photographed nursing? Or celebrities that discuss breastfeeding?
8. Is there anything else you would like me to know?

## Appendix B

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# UNIVERSITY of HOUSTON

COMMITTEES FOR THE PROTECTION OF HUMAN SUBJECTS

February 25, 2010

Ms. Jemine Leigh  
c/o Dr. Beth Olson  
School of Communication

Dear Ms. Leigh:

The University of Houston Committee for the Protection of Human Subjects (2) reviewed your research proposal entitled "Breast is Best but Bottle is next: Mothers' Perception of the Portrayals of Breastfeeding in the Media" on February 12, 2010, according to institutional guidelines.

At that time, your project was granted approval contingent upon your agreement to modify your proposal protocol as stipulated by the Committee. The changes you have made adequately respond to those contingencies made by the Committee, and your project has been approved. However reapplication will be required:

1. Annually
2. Prior to any change in the approved protocol
3. Upon development of the unexpected problems or unusual complications

Thus, if you will be still collecting data on this project on **January 1, 2011** you must reapply to this Committee for approval before this date if you wish to prevent an interruption of your data collection procedures.

If you have any questions, please contact Alicia Vargas at (713) 743-9215.

Sincerely yours,

Dr. Rebecca Storey, Chairman  
Committee for the Protection of Human Subjects (2)

PLEASE NOTE: (1) All subjects must receive a copy of the informed consent document. If you are using a consent document that requires subject signatures, remember that signed copies must be retained for a minimum of 3 years, or 5 years for externally supported projects. Signed consents from student projects will be retained by the faculty sponsor. Faculty are responsible for retaining signed consents for their own projects; however, if the faculty leaves the university, access must be possible for UH in the event of an agency audit. (2) Research investigators will promptly report to the IRB any injuries or other unanticipated problems involving risks to subjects and others.

Protocol Number: 10195-02

Full Review \_\_\_\_\_ Expedited Review  X

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UNIVERSITY OF HOUSTON

## **Appendix C**

### **CONSENT TO PARTICIPATE IN RESEARCH**

#### **CONFIDENTIAL RESEARCH**

**PROJECT TITLE:** Breast is best but bottle is next: Mothers' perception of the portrayals of breastfeeding in the media.

You are being invited to participate in a research project conducted by Jemine Leigh from the Valenti School of Communication at the University of Houston. The proposed study is research for the student's master's thesis and is being conducted under the supervision of Dr. Beth Olson.

#### **NON-PARTICIPATION STATEMENT**

Your participation is voluntary and you may refuse to participate or withdraw at any time without penalty or loss of benefits to which you are otherwise entitled. You may also refuse to answer any question.

#### **PURPOSE OF THE STUDY**

The purpose of this study is to get a greater understanding and awareness of the impact of the media on breastfeeding choices in the United States. Getting the perspectives from mothers and soon to be mothers is the main purpose of understanding the media effects on breastfeeding. All research will be completed within one year.

#### **PROCEDURES**

You will be one of approximately 20 subjects to be asked to participate in this project. The process will be in a form of interview for no more than one hour. You can have the interview done independently at your home or in the music suite at First Methodist Church Westchase. Interview questions will include questions about media images, and personal experience about mothers' feeding choice.

There will be only one visit, with one woman, with one interview. Each interview will be recorded and transcribed for easy referral.

- |  |
|--|
| <p><input type="checkbox"/> I consent to the interview being recorded.</p> <p><input type="checkbox"/> I would like a copy of the transcript of the interview.</p> |
|--|

## **CONFIDENTIALITY**

Every effort will be made to maintain the confidentiality of your participation in this project. Each subject's name will be paired with a code number by the principal investigator. This code number will appear on all written materials. The list pairing the subject's name to the assigned code number will be kept separate from all research materials and will be available only to the principal investigator. Confidentiality will be maintained within legal limits.

## **RISKS/DISCOMFORTS**

There are no foreseeable risks involved in this research.

## **BENEFITS**

While you may not directly benefit from participation, your participation may help investigators better understand the media effects on a mother's choice to breastfeed. However, this process might give you a greater awareness of what messages the media sends and how those messages may have affected you and your decision to breastfeed or not to breastfeed.

## **ALTERNATIVES**

Participation in this project is voluntary and the only alternative to this project is non-participation.

## **PUBLICATION STATEMENT**

The results of this study may be published in professional and/or scientific journals. It may also be used for educational purposes or for professional presentations. However, no individual subject will be identified.

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## **SUBJECT RIGHTS**

1. I understand that informed consent is required of all persons participating in this project.
2. All procedures have been explained to me and all my questions have been answered to my satisfaction.
3. Any risks and/or discomforts have been explained to me.
4. Any benefits have been explained to me.
5. I understand that, if I have any questions, I may contact Jemine Leigh at 713-743-2881. I may also contact Dr. Beth Olson, faculty sponsor, at 713-743-2881.
6. I have been told that I may refuse to participate or to stop my participation in this project at any time before or during the project. I may also refuse to answer any question.
7. ANY QUESTIONS REGARDING MY RIGHTS AS A RESEARCH SUBJECT MAY BE ADDRESSED TO THE UNIVERSITY OF HOUSTON COMMITTEE FOR THE PROTECTION OF HUMAN SUBJECTS (713-743-9204). ALL RESEARCH PROJECTS THAT ARE CARRIED OUT BY INVESTIGATORS AT THE UNIVERSITY OF HOUSTON ARE GOVERNED BY REQUIREMENTS OF THE UNIVERSITY AND THE FEDERAL GOVERNMENT.
8. All information that is obtained in connection with this project and that can be identified with me will remain confidential as far as possible within legal limits. Information gained from this study that can be identified with me may be released to no one other than the principal investigator Jemine Leigh and Dr. Beth Olson. The results may be published in scientific journals, professional publications, or educational presentations without identifying me by name.

I HAVE READ (OR HAVE HAD READ TO ME) THE CONTENTS OF THIS CONSENT FORM AND HAVE BEEN ENCOURAGED TO ASK QUESTIONS. I HAVE RECEIVED ANSWERS TO MY QUESTIONS. I GIVE MY CONSENT TO PARTICIPATE IN THIS STUDY. I HAVE RECEIVED (OR WILL RECEIVE) A COPY OF THIS FORM FOR MY RECORDS AND FUTURE REFERENCE.

Study Subject (print name): \_\_\_\_\_

Signature of Study Subject: \_\_\_\_\_

Date: \_\_\_\_\_

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I HAVE READ THIS FORM TO THE SUBJECT AND/OR THE SUBJECT HAS READ THIS FORM. AN EXPLANATION OF THE RESEARCH WAS GIVEN AND QUESTIONS FROM THE SUBJECT WERE SOLICITED AND ANSWERED TO THE SUBJECT'S SATISFACTION. IN MY JUDGMENT, THE SUBJECT HAS DEMONSTRATED COMPREHENSION OF THE INFORMATION.

Principal Investigator (print name and title): \_\_\_\_\_

Signature of Principal Investigator: \_\_\_\_\_

Date: \_\_\_\_\_