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A study of the influence of familial patterns of infant feeding on a new mother's choice of feeding method.

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A Study on the Influence of Familial Patterns of Infant Feeding on a New Mother's Choice of Feeding Method

By

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CHAPTER I

INTRODUCTION

Breast feeding is becoming old-fashioned, and as such, is falling into disrepute and disfavor among many young expectant parents. Many progressive obstetricians and pediatricians feel that breast feeding is the natural and right way to feed an infant.

The physical benefits of breast feeding, for both the mother and the infant, have been well demonstrated. Numerous articles have been written describing the emotional advantages of breast feeding for both participants.

And yet, mothers seem to be turning away from breast feeding to bottle feeding. Dr. Spock\(^1\) stated:

The chief reason is that bottle feeding has gotten to be safe and easy. Another reason is custom. If most women in a community use bottle feeding, it seems like the most natural thing to a new mother.

The family, however, has tremendous influence on the behaviour of its members.\(^2\) Knowledge is handed down from the adult to the child, and thus makes it possible for a society to continue.

Statement of the Problem

The basic question to be answered in this study:

\(^1\) Spock, Benjamin, Baby and Child Care, p. 64.
\(^2\) Boek, Walter E. and Boek, Jean K., Society and Health, p. 21.
Did familial patterns of infant feeding to which a mother has been exposed have any bearing on the method of infant feeding she chose?

Other questions to be considered:

Were there any factors that can be identified as having an influence on a mother's decision to breast or bottle feed?

How much knowledge of the anatomy and physiology of the breast did the new mother have?

Were there popular fallacies centered around breast feeding which were believed by the mother and which influenced her choice of feeding method?

What did the new mother know about feeding techniques?

What kind of feeding experiences did the multipara have, and did this have any bearing on her choice of feeding method?

Definition of Terms

Infant feeding - This term was used to refer to the method by which a newborn infant was fed, i.e. by breast, bottle, spoon or cup.

Breast feeding - Feeding an infant from the mother's breast or natural feeding. This term was also used as an adjective preceding the words mother, primapara, multipara to indicate the method by which she was feeding her infant. This term was used in the past tense as an adjective to indicate the method by which the individual was fed.

Bottle feeding - A prepared feeding administered by the use of a bottle and nipple. This term was also used as an adjective, in its present and past tense, to indicate the method by which an infant was
being fed, or the method by which an individual was fed.

Familial patterns of infant feeding - The method of infant feeding used for a mother, her brothers and sisters, and her husband.

Non-familial patterns of infant feeding - The method of infant feeding carried out for the mother's nieces and nephews, and children of her close friends.

Feeding techniques - This term was used to refer to the fashion of feeding, i.e. holding the baby and the feeding, or propping the bottle and allowing the infant to feed himself.

Popular fallacies - These refer to statements which mothers have been heard to make which are not based on scientific fact, e.g. women who are breast feeding cannot become pregnant.

Factors - The factors explored in this study include:

The husband's feelings about baby feedings.

The kind and amount of reading done by a mother about infant feeding methods.

The advice given to a mother about infant feeding methods.

The mother's stated reasons for choosing the method she has instituted.

The mother's working history, and plans concerning return to work.

The amount of knowledge the mother had about the anatomy and physiology of the breast.

The Purpose of the Study

Were there some new mothers who would have breast fed if given the proper kind of instruction through their growing years and the antepartal period? If so, what kind of instruction was needed?
Were there some mothers who would **never** breast feed? Was there any way that these women could be identified?

Or would all mothers be amenable to breast feeding if given complete knowledge of the anatomy and physiology of the breasts together with up-to-date scientific knowledge of concepts relative to breast feeding?

Nurses working in the maternity field teach antepartal classes. They are also called upon to help and teach mothers in the hospital during the initial feeding experiences. The answers to the questions outlined may indicate that a change needs to be made in the material stressed.

**Scope and Limitations**

This is a report of a study made of twenty-one mothers who were interviewed in two different hospitals. Fifteen of the women were interviewed in a period of nine hours in a maternity hospital, and included clinic and private patients. Six of the women were interviewed in a period of three and one-half hours in the maternity unit of a general hospital, and comprised clinic patients only.

One of the primary limitations was the small number of mothers in the study. Another limitation was that both primiparas and multiparas were included in the study. The experiences that multiparas have had in feeding previous infants, did have an effect on their present choice of feeding method. The clinic patient census was low in the general hospital at the time of the study and limited the study.

**Overview of the Methodology**

Structured interviews were held individually with each mother to
find out what the familial patterns and non-familial patterns of infant feeding were. A written quiz was given at the end of the interview to determine what concepts and beliefs mothers held relative to breast feeding.

Questions were incorporated into the interview to determine what factors had a bearing on her choice of feeding method.

Some information was obtained from the record.

Presentation of the Report

The study is reported in the following manner: Chapter II deals with the theoretical framework underlying the study; Chapter III contains a description of the method of investigation; Chapter IV presents and discusses the data; Chapter V includes the summary, conclusions and recommendations.
CHAPTER II

THEORETICAL FRAMEWORK OF THE STUDY

Review of Literature

Breast feeding, for centuries, was the best way to keep an infant alive. There was no other way of feeding which gave the infant as good a chance to survive. Today, bottle feeding has become safe and easy in countries like our own, and breast feeding is on the decline.

Bain\(^1\), in a study of the incidence of breast feeding in hospitals for 1946 and 1947, reported that thirty-eight per cent of all babies were on breast feedings. An additional twenty-seven per cent were on mixed, i. e. both bottle and breast, feedings.

A study done at the Grace-New Haven Community Hospital, of the incidence of breast feeding between the years 1942 and 1951, showed that the number of breast fed babies declined from a high of eighty-one and nine-tenths per cent in 1942 to a low of forty-eight and nine-tenths per cent in 1946\(^2\). In this study no difference was noted in the influence of parity, or hospital status, i. e. private or clinic patient, on the amount of breast feeding done.

Progressive pediatricians and obstetricians are concerned with the decline in the incidence of breast feeding for they feel that breast feed-

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Breast feeding is natural. On general principle, it's safer to do things the natural way unless you are absolutely sure you have a better way. Breast feeding has definite advantages we know of, and it may have others that we haven't learned yet. It helps the mother physically. When the baby nurses, the muscle wall of the uterus contracts vigorously. This hastens its return to normal size and position.

Another pediatrician, Dr. Richardson⁴ offered proof of the superiority of breast over bottle feedings by citing a study done on more than 20,000 children in Chicago during the years 1924--1929.

It was found by analyzing the results that breast feeding conferred a much greater immunity to infections than did artificial nourishment. In fact, it was roughly fifty per cent better. There were three times as many intestinal upsets among the artificially fed, and twice as many among the partially breast- and partially bottle-fed, as there were among those who had only natural feeding.

In an article, "The Advisability of Breast Feeding," Aldrich⁵ said that breast milk is economical, and is still the best for babies. He also stated:

Breast milk is to an appreciable extent a prophylactic food; it prevents or decreases the severity of many gastro-intestinal disturbances.

Human milk is an absolute preventive against the formation of hard stools (constipation) because it cannot solidify in the intestinal tract.

Nursing a baby, said Guttmacher⁶, helps the uterus to involute,

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³ Spock, Benjamin, Baby and Child Care, p. 63.
⁴ Richardson, Frank H., The Nursing Mother, p. 28.
⁶ Guttmacher, Alan F., Pregnancy and Birth, p. 237.
is more convenient for the mother, and it establishes a physical intimacy between the mother and the baby which is psychologically good for both. He went on to state:

It arouses in the mother a pride, a sense of fulfillment that she is sustaining her infant with milk from her own body. The warmth, the softness, the odor of the breast give the infant a sense of security, of being wanted -- a sense subtly different from the feeling the bottle imparts. Then, too, breast milk is superior to formula as a nutriment for the baby.

The failure of using the breast for its physiological function may predispose to breast pathology. Dr. Ira T. Nathanson, reporting during a Round Table discussion at a meeting of the Academy of Pediatrics, said that the incidence of cancer of the breast was higher in women who had borne no children than in those who had. He also said that there seems to be evidence that women who had breast fed infants had less breast cancer than those who had not.

The superiority of the physical composition of human milk over cow's milk was detailed by Haddy and Adams. Some of the factors in which human milk was richer than cow's milk are lactalbumin, lactose, iron, copper, iodine, and vitamins A and C.

Although the literature is abundant concerning the advantages of breastfeeding, new mothers are turning more and more to bottle feedings.

The causes cited by Hill include the system of neonatal care in our hospitals today which separates the mother from her baby, and the

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early discharge of the mother from the hospital at a period of low productivity of milk. Other causes given by him are the lack of medical and nursing personnel interested in breast feeding, and the lack of nurses skilled in helping a mother with breast feeding problems in the hospitals.

Richardson\textsuperscript{10} stated:

The most formidable of all obstacles to breast feeding is the indifference, and at times the actual opposition of a large segment of the medical profession. Next comes the attitude of the hospital personnel in so many institutions, especially the nurses and supervisors, who naturally take their cue from those above them.

He continued to say that skill and knowledge concerning manual expression of milk is neither known nor taught; nor is knowledge concerning the factors which influence productivity of milk given to the mothers.

Newton\textsuperscript{11} reported that damaged nipples lead to failure of breast feeding because of limited sucking.

Women who have had other children sometimes base their choice of feeding method upon their past experiences. Lesser and Keane\textsuperscript{12}, in a report of a study done in a New York hospital stated:

The woman who has had a baby before usually bases her experience on how to feed the second one upon her experience with the first. Those who bottle fed the first baby usually plan to bottle feed the second. Some, who had unsuccessfully tried to breast feed their first babies, prefer not to encounter the same difficulties again, but a few are willing to give breast feeding "another try"... if they feel that they now know why they failed the first time.


\textsuperscript{12} Lesser, Marion and Keane, Vera R., Nurse-Patient Relationships in a Hospital Maternity Unit, p. 78.
Another factor that is a deterrent to breast feeding is the education for artificial feeding. Newton\textsuperscript{13} stated:

The slant towards artificial feeding permeates most products of our society so deeply that we are almost blind to it. For instance, recently the department of health of a great state issued an excellent booklet on reproduction which was endorsed by prominent community leaders. One whole page was devoted to the development of hair in the girl at adolescence, but not one word of mention was made of the development of her breasts. The booklet contained fourteen anatomical drawings of the vagina and uterus, but not one of the breasts. Nor is the reproductive function of the breast once mentioned in the entire booklet. This booklet is not unique --- but rather typical of the treatment of breast feeding in our culture.

Other factors related to the decline in the incidence of breast feeding were stated as being cultural.\textsuperscript{14} The philosophy of today which stresses work and neglects, perhaps, the satisfactions of family life favors less undertaking of the work of breast feeding. The impact of advertising in magazines, on radio and television, with its major emphasis on youthfulness and glamor has led to less breast feeding.

Margaret Mead\textsuperscript{15} described the young mother who is a result of our culture today.

The young mother learns impatience with her milk, which is too rich or too weak, too much or too little, pouring through nipples that are inverted or sore or otherwise unobliging. She can turn with some relief to the bottle and the formula, the reliable rubber nipple with a hole that can be enlarged with a pin, the graduated bottle into which just the right formula, at just the right temperature, can be measured. No recalcitrant individual unregulated human body here, to endanger her baby's gain in weight, the chief criterion of its healthful existence.

Niles Newton\textsuperscript{16} in Maternal Emotions stated:

\textsuperscript{13} Newton, Niles, Maternal Emotions, p. 54.
\textsuperscript{14} Smith, op. cit., p. 656.
\textsuperscript{15} Mead, Margaret, Male and Female, p. 201.
\textsuperscript{16} Newton, op. cit., p. 52.
It has also been suggested that breast feeding has sexual implications. Thus it is interesting to find that boy babies were desired somewhat more often by women who wanted to breast feed than by those who wanted to bottle feed.

Boek and Boek\textsuperscript{17} in talking about families said:

In addition to producing children, the family makes it possible for the offspring to live by meeting their physiological needs and to become participants in society by transmitting the culture to them. This handing down of knowledge already available from an adult to child or from older child to younger makes it possible for a society to continue even when its members die as they grow old.

Generally speaking, the persons one can really count on for support are immediate family members or those with whom close kinship ties exist.

Hanlon\textsuperscript{18}, listing groups in society, mentioned those which provide for ethnic identification, and those related to ethos identification. Then he said:

Finally, there is the family, which usually represents the most powerful example of social cohesion. To ignore the position of predominant influence of the family in the development of a public health program usually guarantees failure.

Koos\textsuperscript{19} had this to say:

We may well question the logic of industry or school centered programs that ignore the importance of the family as a "conditioner of attitudes", and which may send the individual into his family to face conflicting ideologies about health and its value.

In talking about the way people learn, Paul\textsuperscript{20} stated:

Humans learn much from formal and purposive instruction, but they store much of this learning below the threshold of consciousness. Moreover, much learning takes place without awareness of the process. Because they deliVer-

\textsuperscript{17} Boek, Walter E. and Boek, Jean K., \textit{Society and Health}, p. 21.
\textsuperscript{18} Hanlon, Joseph, \textit{Principles of Public Health Administration}, p. 88.
ately instruct children in certain skills, adults easily
overlook the fact that considerable inculcation occurs
by innuendo, involuntary example, and unintended imitation. The sounds and rules of language can be explicitly taught, but in all cultures the appropriate patterns of speech --- pitch, rhythm, accent, ... --- are communicated mainly by unconscious instruction and unconscious learning. What is true of language holds for most other aspects of culture --- their existence and transmission are largely taken for
granted by the people concerned.

The Hypothesis

The family has been and is the instrument of teaching many concepts of our culture. An individual is subject to constant change around him, but those things which he has been taught to believe act as a restraining influence upon him. He will not discard a "tried and true" method easily.

The early feeding experiences of an infant set a pattern which is followed, in turn, by the child. A child learns to give of himself in a way similar to that used with him.

Breast feeding, although declining in incidence, is still a method of infant feeding used by some mothers. This fact, coupled with the influence of family teaching upon an individual leads the author to believe that:

Mothers who were breast fed and exposed to familial patterns of breast feeding, tend to choose to breast feed their babies; and conversely, mothers who were bottle fed and exposed to familial patterns of bottle feeding, tend to choose to bottle feed their babies.
CHAPTER III

METHODOLOGY

The Setting for the Study

Two hospitals were used for the purposes of collecting the data for this study.

St. Margaret's Hospital is a nonsectarian maternity hospital operated by the Sisters of Charity. It is located in an urban area which is part of Greater Boston. The hospital is in the midst of a building program to expand its facilities for patients. At the time that this study was conducted, there were seventy-eight beds open for maternity patients, with a daily average census of sixty-four mothers. The hospital contained twenty-two rooming-in units, which were available for both clinic and private patients.

Beth Israel Hospital is a nonsectarian general hospital located in Boston. The maternity unit has a capacity of seventy-two beds, sixteen of which are not open. The daily average census of mothers is forty-five. Both are teaching hospitals and carry responsibility for medical interns and residents. Student nurses, from three year diploma schools and university programs, use their facilities.

The Women Studied

Twenty-eight mothers of newborn babies were interviewed. The first seven interviews were for the purpose of exploring and testing ways of obtaining information. The interview schedule was revised with each one of these initial interviews until a standardized wording was developed.
Twenty-one mothers were then interviewed using the same interview form. This group consisted of eleven primiparas, ten multiparas. Thirteen of these women were private patients and eight were clinic patients. They ranged in age from sixteen to thirty-seven. Seven of the mothers were in rooming-in units. Three of the mothers were of the Protestant faith, three were Hebrew, one was Armenian Orthodox, and the others were Roman Catholic.

The primiparas had seven male babies, and four female infants; the multiparas had three male babies and seven female infants.

Data Obtained by Interview

Considerable effort was made to approach the mothers so that they would feel free to talk. In establishing rapport, the interviewer made reference to the many newspaper articles which cited the need for more research in the scientific fields. It was relatively easy from this approach to lead into the topic of this study.

To convey to the mothers the idea that the investigator had no bias in favor of either method of feeding, a coin was used as an example. Both sides were shown to the mother with an explanation that no matter which side was up, the coin still had the same value. The transition to infant feeding was made by saying that both kinds of baby feeding practiced today had the same value in keeping a healthy baby well. This seemed to eliminate the defensive reactions observed in two of the mothers during the preliminary testing interviews.

A structured interview* with standardized wording was used. Verbatim answers were written down wherever possible. Otherwise phrases were put down from which the investigator could reconstruct the answer. The information, where applicable, was transferred to statistical analysis.

* See Appendix A.
sheets for study.

Other Sources of Data

A written quiz, true and false**, was given to the mothers to fill out at the end of the interview. This quiz was for the purpose of finding out what beliefs and concepts the mothers had relative to breast feeding.

Additional information was obtained from a summary book or a Kardex:

- Age of mother
- Number of children
- Sex of this baby
- Post-partum day
- Religion
- Clinic or private patient

Procurement of Data

The interviews at St. Margaret's Hospital were conducted between 9:30 A. M. and 1:30 P. M. Some of the babies were present in the room while the mothers were being interviewed. The investigator wore her nurse's uniform at the request of the nursing administrator.

The interviewer reported to the patient unit and obtained, in sequence, the information from a summary book. Names were recorded as they occurred in the book. After review with a nurse working in the unit some of the names were eliminated. These were:

- Mothers who had not initiated a feeding method.
- Mothers who were unwed.
- Mothers whose babies were in the premature nursery.
- Mothers whose babies had an apparent abnormality.

A list of the mothers being discharged that day was then obtained. These women were seen first if they were not involved with packing and preparations for discharge. Many of these mothers were sitting and waiting, and apparently welcomed the diversion of the interview.

** See Appendix E.
The investigator then started at the top of the list and interviewed, in order, as many mothers as time allowed in that day. When two mothers sharing the same room were on the list, only the first was interviewed. If a mother was busy, i.e. taking a shower, sleeping, or visiting with another patient, she was not disturbed.

By using this method of selection of mothers, the investigator hoped to get as random a sampling as possible of mothers who were patients in the hospital.

At the Beth Israel Hospital, the investigator was limited to interviewing the clinic patients only. The hours agreed upon by the supervisor of the maternity unit and the reporter for interviewing were 10:30 A.M. to 1:30 P.M. The investigator wore her nurse's uniform. Essentially the same procedure was followed.
CHAPTER IV

PRESENTATION AND DISCUSSION OF DATA

The information obtained has been divided into that dealing with the primipara and that data dealing with the multipara. Some of it is presented separately for each group, and some of it is combined for presentation and discussion.

DATA ABOUT THE PRIMIPARA

Familial and Non-Familial Patterns of Infant Feeding

The hypothesis that mothers who were breast fed and exposed to familial patterns of breast feeding tend to breast feed their babies was not proved.

TABLE I

PRIMIPARAS EARLY FEEDING HISTORY AND METHOD OF FEEDING CHOSEN

<table>
<thead>
<tr>
<th>Mothers feeding history</th>
<th>Method of feeding chosen</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Breast</td>
</tr>
<tr>
<td>Mothers who were breast fed</td>
<td>4</td>
</tr>
<tr>
<td>Mothers who were bottle fed</td>
<td>1</td>
</tr>
</tbody>
</table>

The number of breast fed mothers who chose to breast feed were equal in number to those who chose to bottle feed. One bottle fed mother chose to breast feed. She was born in Czechoslovakia, and she had a younger brother who was breast fed. No information was obtained as to why she was bottle fed.
### TABLE 2
PRIMIPARAS EXPOSURE TO FAMILIAL PATTERNS OF INFANT FEEDING

<table>
<thead>
<tr>
<th>Feeding method chosen</th>
<th>Feeding history of husband</th>
<th>Feeding history of brothers and sisters</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Breast</td>
<td>Bottle</td>
</tr>
<tr>
<td>Breast feeding mothers</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Bottle feeding mothers</td>
<td>5</td>
<td></td>
</tr>
</tbody>
</table>

In determining whether a mother was exposed to breast feeding when more than one person was in a group under consideration, i.e., the brothers and sisters, the nieces and nephews, and children of close friends, a criterion was used. If 25 per cent or more of the people in the group were breast fed, it was considered an exposure to breast feeding.

Two of the breast feeding mothers and one of the bottle feeding mothers did not know how their husbands were fed as infants.

### TABLE 3
PRIMIPARAS EXPOSURE TO NON-FAMILIAL PATTERNS OF INFANT FEEDING

<table>
<thead>
<tr>
<th>Feeding method chosen</th>
<th>Feeding history of nieces and nephews</th>
<th>Feeding history of children of close friends</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Breast</td>
<td>Bottle</td>
</tr>
<tr>
<td>Breast feeding mothers</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Bottle feeding mothers</td>
<td>1</td>
<td>5</td>
</tr>
</tbody>
</table>
It would appear that the influence of non-familial patterns of feeding methods was greater than the familial patterns of infant feeding, on mothers choices of feeding methods.

Other Factors Considered

Ten of the mothers in this group indicated that they had talked with their husbands about infant feeding methods. The one primipara who had not talked with her husband had worked during her pregnancy and was planning to return to work. Table 4 shows the husbands preference for either feeding method. One mother who was breast feeding said that her husband stated that:

It's easier for the mother to get her strength back when she's bottle feeding.

Another mother who was bottle feeding indicated that her husband preferred breast feeding:

He has mentioned the idea of breast feeding, but I knocked that out of his head.

The non-committal remarks were of the "he said it was up to me" kind.

A number of the fathers did not express a desire that the mothers use one feeding method or another. Three of the women paid no attention to the expressed desires of their husbands concerning the feeding method to be followed. The two bottle feeding mothers said that they had always known how they were going to feed their babies, and the mother who was breast feeding decided to do so in her seventh month of pregnancy.
Nine of the primiparas indicated that they had read literature dealing with infant feeding methods during the course of their pregnancies. The specific names of books or pamphlets were remembered by only three of these women, who mentioned booklets put out by insurance companies, magazines issued by diaper services, and Dr. Spock's book. All of the mothers remembered that the literature dealt with the advantages of breast feeding. Only one mother mentioned reading material about formula preparation.

The investigator was interested to note, that although the question asked said "baby feedings", four of the mothers talked about "it" being good for the baby, "it" being the natural way. A probe question elicited the information that they were referring to breast feeding.

Primiparas read about infant feeding methods, but the arguments given in the literature were not the kind which persuaded the mothers to give breast feeding a try.

1 Spock, Benjamin, Baby and Child Care.
TABLE 5
PEOPLE WITH WHOM PRIMIPARAS TALKED ABOUT FEEDING METHODS*

<table>
<thead>
<tr>
<th>Person Talked With</th>
<th>Doctor</th>
<th>Sister</th>
<th>Mother</th>
<th>Friends</th>
<th>Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast feeding mothers</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Bottle feeding mothers</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Nine of the primiparas talked about infant feeding methods with people other than their husbands. Table 5 shows the people with whom they talked.

The kind of advice given by the physicians is indicated in the mothers' words:

He said it was up to me. Gave me a book to read on breast feeding. (Bottle feeding mother).

I thought I wanted to breast feed. I told the doctor right after delivery and he said not to. (Bottle feeding mother).

He said it was up to me, but that there had been a lot of breast abscesses. My husband said not to pay attention to the doctor. (Breast feeding mother).

Other conversations held with people, in the mothers' words.

My landlady tried to nurse but she didn't have enough milk. She is for it. (Breast feeding mother).

My sister said it was sloppy. She's against nursing. Says you get fat and are tied down. (Breast feeding mother).

Similar remarks made by other people indicated that all the conversations were held after the mother had decided upon a feeding method. This

* Multiple responses listed.
showed that this group of mothers did not seek advice when they talked with other people about feeding methods, but rather they sought support for the method of infant feeding which they had chosen.

In answer to the question, "When did you decide how you were going to feed your baby?", seven of the primiparas said that they had "always known" or "as soon as I was pregnant". This indicated that the infant feeding method was chosen before pregnancy. Table 6 gives the data concerning the time that the primiparas made their decisions and the reasons given for making it.

Two of the primiparas said that they were embarrassed by the thought of breast feeding. One of them said that she had seen a woman breast feeding a baby when she was a child and determined never to feed her babies that way.
TABLE 6

PRIMIPARAS TIME OF MAKING FEEDING DECISION AND REASONS FOR IT

<table>
<thead>
<tr>
<th>Time of Decision</th>
<th>Breast Feeding Mothers</th>
<th>Bottle Feeding Mothers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Always knew</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>First trimester</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Second trimester</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Third trimester</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

Reasons given*

<table>
<thead>
<tr>
<th>Reason</th>
<th>Breast Feeding Mothers</th>
<th>Bottle Feeding Mothers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Easier for the mother</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Natural</td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>Security for the baby</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Professional advice</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Embarrassment</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Binding for the mother to breast feed</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Seems right</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>No reason - never thought about it</td>
<td>2</td>
<td>2</td>
</tr>
</tbody>
</table>

The employment of a mother outside the home did have an influence on the infant feeding method she chose. Ten of the primiparas had worked or attended school during this pregnancy. The one mother who had not

* Multiple reasons given.
worked or attended school was sixteen years old. Two of the mothers who were bottle feeding were planning to return to work, three of them were uncertain about returning. Of the breast feeding mothers, one student was returning to college, one mother was uncertain of her return to work, and three were staying home.

**TABLE 7**

**PRIMIPARAS INSTRUCTION CONCERNING THE BODY STRUCTURE AND FUNCTIONS**

<table>
<thead>
<tr>
<th>Feeding Method Chosen</th>
<th>No Instruction</th>
<th>Some Instruction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast feeding mothers</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Bottle feeding mothers</td>
<td>5</td>
<td>1</td>
</tr>
</tbody>
</table>

Seven of the primiparas had had no instruction about their bodies either before or when they entered adolescence. There was only one primipara in the group who said that she had learned anything about the function of the breasts as an adolescent girl. This she indicated she learned by example.

Yes, I watched my mother feeding the babies and I learned about the breasts.

The investigator did not probe into the quality or kind of instruction given to the mothers concerning the body structure and functions. The main purpose of the question was to find out if any information concerning the breasts had been given. Table 7 shows the primiparas instruction concerning the body structure and functions. In this sample there seemed to be a relationship between the women who were breast feeding, and
instruction given to them, and women who were bottle feeding and lack of instruction.

Feeding Techniques

Two types of feeding techniques were represented in Question 14 by the use of pictures. The first picture was considered representative of poor feeding technique for the bottle was propped and the baby was alone. The second picture depicted good bottle feeding technique for the baby was held by the mother while being fed.

A mother was classified as being for poor feeding technique when she made remarks like:

He's cute. He looks happy.

Very cute. Contented.

when she saw the first picture, and she did not make any qualifying statement such as "holding the baby is better" when she saw the second picture.

A mother was classified as being against poor feeding techniques and for good feeding techniques when she made statements such as:

I don't believe in that - propping a bottle.

He looks abandoned.

I'd be nervous leaving a baby like that.

when she saw the first picture, and when shown the second picture said that "This is the way to feed a baby".

Table 8 shows the primiparas reactions to the feeding techniques represented. It indicated that the primiparas who bottle fed their babies needed to learn more about feeding techniques.
TABLE 8
PRIMIPARAS REACTIONS TO FEEDING TECHNIQUES

<table>
<thead>
<tr>
<th></th>
<th>For Poor Techniques</th>
<th>Against Poor Techniques</th>
<th>For Good Techniques</th>
<th>Against Good Techniques</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast feeding mothers</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>5</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Bottle feeding mothers</td>
<td>4</td>
<td>2</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

Concepts and Beliefs Related to Breast Feeding

A written quiz, true and false, given at the end of the interview, was used to determine some of the concepts and beliefs related to breast feeding which were held by these mothers. The largest number of erroneous beliefs were centered around the mothers' own activity, and anatomy and physiology. Mothers who were breast feeding averaged two wrong answers, whereas bottle feeding mothers averaged almost four wrong answers. Table 9 gives the number of answers that were wrong for each of the ten statements given to the mothers. A relationship did exist between the amount of correct scientific knowledge and the choice of infant feeding method.
<table>
<thead>
<tr>
<th>Believed that:</th>
<th>Breast Feeding Mothers</th>
<th>Bottle Feeding Mothers</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Women can't get pregnant while breast feeding.</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>2. Women can't drink or smoke in moderation while breast feeding.</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>3. Women with small breasts can't have enough milk to breast feed.</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>4. Formula feedings contain all the things that breast milk contains.</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>5. Women don't menstruate while breast feeding.</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>6. Breast fed babies do get constipated.</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>7. Women who breastfeed get flabby breasts after weaning.</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>8. Women who breastfeed can't leave the babies for more than four hours.</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>9. Women gain weight and lose their figures when they breastfeed.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Women who breastfeed can't eat everything they want.</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>10</td>
<td>23</td>
</tr>
</tbody>
</table>
DATA ABOUT THE MULTIPARA

The previous feeding experiences of multiparas effected the choice of present feeding method. The earlier experiences of four mothers who were now bottle feeding included attempts at breast feeding. Two of these mothers breast fed previous babies between five and eight days, but discontinued when they developed cracked nipples. Another mother breast fed her previous baby for ten days when she developed an infection in her leg, and the infant was weaned from the breast. A fourth mother had breast fed her previous child for three weeks, and weaned him when she found she "did not have enough milk".

Table 10 gives the multiparas early feeding history and the method of feeding chosen. Only one of the multiparas who was breast feeding had breast fed her other two children. The second breast feeding multipara had bottle fed her first child. This mother said that she had to try to breast feed or she "would feel frustrated".

TABLE 10
MULTIPARAS EARLY FEEDING HISTORY AND METHOD OF FEEDING CHOSEN

<table>
<thead>
<tr>
<th>Mothers feeding history</th>
<th>Method of feeding chosen</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Breast</td>
</tr>
<tr>
<td>Mothers who were breast fed</td>
<td>2</td>
</tr>
<tr>
<td>Mothers who were bottle fed</td>
<td></td>
</tr>
<tr>
<td>Mothers who don't know early history</td>
<td></td>
</tr>
</tbody>
</table>
Other Factors Considered

Six of the multiparas who were bottle feeding their infants said that they had not talked with, nor sought advice of anybody regarding feeding methods. The two breast feeding mothers and the other two bottle feeding mothers said that they had talked with both their doctors and their husbands. The advice given them was "they said it was up to me".

Five of these mothers read about baby feedings during this pregnancy. The source of the material read was not recalled, but again they remembered that the literature was in favor of breast feeding.

Eight of the multiparous mothers indicated that they knew how they were going to feed their babies as soon as they were pregnant, basing their choices upon previous experiences. The one mother who had bottle fed her first baby said she had decided the week before delivery to breast feed this infant. Another mother said that she had toyed with the idea of breast feeding this baby because it would be her last chance to do so. She had bottle fed three previous babies. However, she decided against it when she was delivered by Caesarean section.

TABLE 11
MULTIPARAS INSTRUCTION CONCERNING THE BODY STRUCTURE AND FUNCTIONS

<table>
<thead>
<tr>
<th>Feeding Method Chosen</th>
<th>No Instruction</th>
<th>Some Instruction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast feeding mothers</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Bottle feeding mothers</td>
<td>5</td>
<td>3</td>
</tr>
</tbody>
</table>
Seven of the multiparas had had no instruction concerning their bodies either before or when they entered adolescence.

Only one of the multiparas had had any instruction about the breasts and their functions. She was a Negro from the southern part of our country. She said that a doctor at the school held classes for them through the adolescent years.

They taught everything. What every part of our bodies is, and what it is used for.

Three of this group of mothers had worked during this pregnancy. One of them was planning to return to work, and one of the mothers was uncertain about her return to work.

Feeding Techniques

This group of multiparous mothers were very vocal about their reactions to the picture of the baby with the propped bottle beside him.

Of course I don't go for that. I always held the baby. It looks like a baby somebody put down to be quiet with something in his mouth.

I wouldn't allow my baby to be fed like that. I don't believe in propping bottles.

I'd never put a baby like that in giving a bottle. Doesn't look comfortable. Not being fed right.

Reactions of this group of mothers to the second picture were:

Now, I think that looks like a contented mother and baby. I think this baby is getting tender, loving care. The other baby was just left.

This is a good position to hold the baby in. Both mother and baby look comfortable.

A few of the mothers seemed to think that they were to look for something "wrong" with the picture.
Now, she doesn't seem to be holding his head right.
Is that a safety pin she has in her hand?

One mother who was breast feeding did not indicate any kind of reaction to either picture, and probe questions failed to get more than a response of "He just looks happy", or "happy baby". The other breast feeding mother approved of the first picture by saying, "It is a good healthy baby, he's happy there." In response to the second picture she said, "Mother and baby look happy. She's loving him."

One mother who was bottle feeding stated that the baby in the first picture was cute and happy, but that she felt absolutely nothing when she looked at the second picture.

Multiparas seemed to have knowledge of good feeding techniques.

TABLE 12
MULTIPARAS REACTIONS TO FEEDING TECHNIQUES

<table>
<thead>
<tr>
<th></th>
<th>For Poor Techniques</th>
<th>Against Poor Techniques</th>
<th>For Good Techniques</th>
<th>Against Good Techniques</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast feeding</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>mothers</td>
<td>1</td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Bottle feeding</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>mothers</td>
<td>1</td>
<td>7</td>
<td>7</td>
<td></td>
</tr>
</tbody>
</table>
TABLE 13
MULTIPARAS CONCEPTS AND BELIEFS RELATED TO BREAST FEEDING

<table>
<thead>
<tr>
<th>Believed that:</th>
<th>Breast feeding mothers</th>
<th>Bottle feeding mothers</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Women can't get pregnant while breast feeding.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Women can't drink or smoke in moderation while breast feeding.</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>3. Women with small breasts can't have enough milk to breast feed.</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>4. Formula feedings contain all the things that breast milk contains.</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>5. Breast feeding mothers don't menstruate.</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>6. Breast fed babies do get constipated.</td>
<td>1</td>
<td>7</td>
</tr>
<tr>
<td>7. Women who breast feed get flabby breasts after weaning.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Women who breast feed can't leave the babies for more than four hours.</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>9. Women gain weight and lose their figures when they breast feed.</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>10. Women who breast feed can't eat everything they want.</td>
<td>1</td>
<td>8</td>
</tr>
<tr>
<td>Total</td>
<td>4</td>
<td>25</td>
</tr>
</tbody>
</table>
The two mothers who were breast feeding their babies averaged two wrong answers; on the other hand, the eight mothers who were bottle feeding their babies averaged a little more than three wrong answers. Mothers who were breast feeding their babies had more correct information than mothers who were bottle feeding their infants.

DATA DEALING WITH PRIMIPARAS AND MULTIPARAS

"Can you tell me what you think or feel when you see pictures in the newspapers and magazines of Jane Russell, Gina Lollobrigida, Marilyn Monroe, Sophia Loren, Jayne Mansfield?" (Question 17) brought many answers that were associated with "disgust". The breast measurements of these actresses have been given wide publicity. Fourteen of the mothers made remarks similar to these:

Some of them are disgusting ---- the way they show themselves off like that ---- at the bust.

Sorta disgusting ---- disgusting that's all ---- no, nothing more.

I think they're disgusting and too revealing ---- their outfits ---- open like that ----(mother outlined her chest).

I don't think they're nice ---- they expose too much of their bodies ---- I think they'd look better if they wore clothes ---- nicer, less revealing ---- you know, at the bust.

I don't like them ---- it's vulgar, I think ---- stressing their assets ---- I guess that's what you'd call them. (Mother outlined the form of her chest).

Three of the mothers said they felt "nothing ---- absolutely nothing". Two of the mothers said their feelings depended on the way these actresses were dressed. They said that they thought the women were attractive when

* The dashes in the answers indicate pauses during which the interviewer asked a probe question.
the upper half of the body was covered.

One mother said that they were attractive women; and another mother said that some of them were good and some of them were bad, like all people.

The investigator noted a reluctance on the part of the women to mention the words -- breast, bust, bosom -- vague referrals were made to this area of the body.

The mothers expression of satisfaction with the sex of the baby is tabulated in Table 14.

The breast feeding mothers with male children expressed their satisfaction by saying:

Oh, very pleased. I didn't care but I'm real happy it's a boy.

Yes, I'm rather pleased. I think I wanted a boy badly.

Oh yeah, I'm very happy this one is a boy.

The breast feeding mothers of female infants said:

Content, so long as she's normal and has all her parts.

This is good --- first a boy, then a girl.

The mothers who had male infants and were bottle feeding them said:

Yeah, I wanted a boy.

I was partial to a girl, but my husband wanted a boy, so I'm happy.

Oh yeah, I didn't care, my husband insisted it be a boy, but it didn't make any difference to me.

The mothers who had female infants and were bottle feeding them said:

Well, when they're close, I'm glad it's a girl.
I didn't care what I had but I'm glad it's a girl.

I wanted a boy, but when I saw her I was so happy.

Oh yes, I'm happy now. My husband wanted a boy but I'm glad I have a girl.

The remarks made by the mothers in the various categories seemed to bear out the fact that breast feeding mothers prefer male babies more than female babies.

**TABLE 14**

**MOTHERS' EXPRESSION OF SATISFACTION WITH THE SEX OF HER BABY**

<table>
<thead>
<tr>
<th></th>
<th>Satisfaction</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Breast feeding mother with a male child</td>
<td>5</td>
</tr>
<tr>
<td>Breast feeding mother with a female child</td>
<td>2</td>
</tr>
<tr>
<td>Bottle feeding mother with a male child</td>
<td>4</td>
</tr>
<tr>
<td>Bottle feeding mother with a female child</td>
<td>8</td>
</tr>
</tbody>
</table>

The statement that mothers who breast feed desire male children, and which led to the inclusion of the question concerning satisfaction of the sex of the baby, also led the investigator to note the sex, and feeding history of every person listed. The infant feeding history and sex of 458 persons was obtained. This included:

- The infants of the mothers in the study
- The mothers in the study
- The husbands of the mothers in the study
- The brothers and sisters of the mothers in the study
The nieces and nephews of the mothers in the study
The children of close friends of the mothers in the study.

Table 15 gives this data. The chi square was calculated and probability of this having happened by chance alone is less than one in 100 but more than one in 1,000. The breast feeding incidence for all persons is 25 per cent, and male babies were breast fed more than $1\frac{1}{2}$ times as much as female babies.

**TABLE 15**

**FEEDING HISTORY AND SEX OF ALL PERSONS INCLUDED IN THE STUDY**

<table>
<thead>
<tr>
<th></th>
<th>Feeding History</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex</td>
<td>Breast</td>
<td>Bottle</td>
<td>Unknown</td>
<td>Totals</td>
</tr>
<tr>
<td>Male</td>
<td>72</td>
<td>105</td>
<td>29</td>
<td>206</td>
</tr>
<tr>
<td>Female</td>
<td>49</td>
<td>155</td>
<td>28</td>
<td>232</td>
</tr>
<tr>
<td>Totals</td>
<td>121</td>
<td>260</td>
<td>57</td>
<td>438</td>
</tr>
</tbody>
</table>

This table was further broken down into the two generations represented, the mothers and the infants. Tables 16 and 17 show the two generations and the feeding history and sex of the persons involved in each generation.

The mothers' generation includes the brothers and sisters, the husbands and the mothers themselves. The infants' generation includes the twenty-one infants of the mothers in the study, the nieces and nephews, and the children of close friends.
TABLE 16
FEEDING HISTORY AND SEX OF THE PERSONS IN THE MOTHERS' GENERATION

<table>
<thead>
<tr>
<th>Sex</th>
<th>Breast</th>
<th>Bottle</th>
<th>Unknown</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>44</td>
<td>7</td>
<td>9</td>
<td>60</td>
</tr>
<tr>
<td>Female</td>
<td>43</td>
<td>12</td>
<td>2</td>
<td>57</td>
</tr>
<tr>
<td>Totals</td>
<td>87</td>
<td>19</td>
<td>11</td>
<td>117</td>
</tr>
</tbody>
</table>

The breast feeding incidence of the people in the mothers' generation is more than 74 per cent and males and females were breast fed equally.

TABLE 17
FEEDING HISTORY AND SEX OF THE PERSONS IN THE INFANTS' GENERATION

<table>
<thead>
<tr>
<th>Sex</th>
<th>Breast</th>
<th>Bottle</th>
<th>Unknown</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>26</td>
<td>98</td>
<td>20</td>
<td>146</td>
</tr>
<tr>
<td>Female</td>
<td>6</td>
<td>143</td>
<td>26</td>
<td>175</td>
</tr>
<tr>
<td>Totals</td>
<td>34</td>
<td>241</td>
<td>46</td>
<td>321</td>
</tr>
</tbody>
</table>

The chi square, which was calculated for Table 17, indicates that the probability of the figures in the infants' generation having happened by chance alone is less than one in 1,000.

The breast feeding incidence of the present generation represented in this study is 10.6 per cent. Nineteen per cent of the male infants
were breast fed, and only 3.4 per cent of the female infants were breast fed. Therefore male infants had almost six times greater chance to be breast fed than female infants.

In this study, 33 per cent of the infants of the mothers interviewed were being breast fed. Fifty per cent of the male infants were being breast fed, as opposed to 22 per cent of the female infants.

Table 18 shows the sex and the feeding method being used for the infants of the mothers interviewed.

TABLE 18

FEEDING METHOD AND SEX OF INFANTS OF MOTHERS IN THIS STUDY

<table>
<thead>
<tr>
<th>Sex</th>
<th>Breast</th>
<th>Bottle</th>
<th>Unknown</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>5</td>
<td>5</td>
<td></td>
<td>10</td>
</tr>
<tr>
<td>Female</td>
<td>2</td>
<td>9</td>
<td></td>
<td>11</td>
</tr>
<tr>
<td>Total</td>
<td>7</td>
<td>14</td>
<td></td>
<td>21</td>
</tr>
</tbody>
</table>
CHAPTER V

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

Summary

The study was undertaken to determine the influence of familial patterns of infant feeding on a mother's choice of feeding method. It was also done to identify other factors which may have had some bearing on the feeding method chosen by the mother. It was conducted in two hospitals, St. Margaret's Hospital, which is a maternity hospital, and Beth Israel, which is a general hospital.

Twenty-one mothers of newborn babies were interviewed using a standardized interview schedule. Additional information was obtained by administering a "true and false" quiz to the mothers. Multiparas and primiparas were included in the study.

The information obtained was analyzed, and the hypothesis that a mother's choice of feeding method is determined by familial patterns is not proved. Other factors were identified which seem to have some influence on the infant feeding method chosen.

Additional information indicates that more male babies are breast fed than female babies.

Conclusions

The following conclusions are based upon the analysis of the information obtained from the primiparous mothers:
1. Familial patterns of infant feeding do not have any great influence on the mother's choice of feeding method.

2. The husband's preference for either feeding method does not always influence the mother.

3. The reading done by the mothers about infant feeding methods supports the breast feeding mother in her choice of feeding method; it seems to do nothing to change the choice of the mother who is planning to bottle feed.

4. Mothers talk to other people after they have chosen the way that they are going to feed their infant; they seek support for their choice rather than advice.

5. Mothers know how they are going to feed their babies before they become pregnant. The few who have not decided prior to pregnancy, wait until the third trimester to make a decision.

6. The amount of information a mother has had about her body and the functions of its parts in early adolescence has some relationship to the feeding method chosen.

7. Breast feeding mothers have more accurate knowledge about breast feeding and concepts related to breast feeding.

8. Employment of mothers outside the home has a direct relationship to the feeding method chosen.

9. Primiparas who elect to bottle feed have inaccurate and inadequate information about proper feeding techniques.

The conclusions which follow are based on the data analysis obtained for the multiparous mothers.

1. Past feeding experiences determine the multiparous mother's choice of feeding method.

2. Few mothers with more than one child have had successful breast feeding experiences.

3. The multiparas have little information concerning the body structure and functions when entering adolescence.

4. The concepts and beliefs related to breast feeding held by bottle feeding multiparas is less accurate than those held by breast feeding mothers.
5. Multiparous mothers have accurate knowledge concerning proper feeding techniques.

Other conclusions which follow are based on the information obtained from both the primiparas and the multiparas.

1. The "breast" has a connotation to mothers which is identified with disgust.

2. Breast feeding mothers who have male infants express more enthusiastic pleasure in their babies' sex.

3. Male babies have a greater chance of being breast fed in the present generation. This applies to the children of the mothers interviewed and the children of their friends, and nieces and nephews.

Recommendations

Based on the findings, which admittedly are limited, the following recommendations are proposed:

1. Material presented in antepartal classes and written for the pregnant women contain more information on the anatomy and physiology of the breasts in terms that the woman can understand.

2. Material presented in antepartal classes and written for the pregnant woman contain more information that is centered on the mother when it deals with breast feeding. That is, information such as freedom of choice in foods, freedom to get away from the baby, be stressed.

3. Proper feeding techniques be stressed in all classes and written material.

4. Additional studies be undertaken concerning the more prevalent breast feeding of male infants. The significance of this fact be evaluated by psychologists for its implications for the nurses working in the maternity field.
BIBLIOGRAPHY


Lesser, Marion and Keane, Vera R., Nurse-Patient Relationships in a Hospital Maternity Unit, St. Louis: C. V. Mosby Co., 1956.


STANDARDIZED QUESTIONS USED IN THIS STUDY:

1. Did you work before you were pregnant?
   Do you plan to return to work?
2. How are you feeding your baby?
3. How did you feed your other children?
   Sex
   Method of feeding
4. How were you fed as an infant?
5. How was your husband fed as an infant?
6. Have you any brothers or sisters?
   How were they fed?
   Sex
   Method of feeding
7. Are any of your brothers and sisters married and with children?
   How were the children fed?
   Sex
   Method of feeding
8. Has your husband any married brothers and sisters with children?
   How were they fed?
   Sex
   Method of feeding
9. Do you have any close friends with children? By close friends, I mean the kind of friends to whom you might go for advice, or who might come to you for advice, or with whom you talk over problems.
   How were the children fed?
   Sex
   Method of feeding
10. How does your husband feel about baby feedings?
   What has he said?
11. When did you decide how you were going to feed your baby? Why did you decide this way?
12. Did you talk it over with anybody either before or after you decided?
   Who?
   What did they say?
13. Did you read anything on baby feedings? Where? Can you tell me what it said?
14. I am going to show you some pictures. I want you to tell me anything that comes into your mind as you look at them.

   Picture No. 1  A baby is lying on his back, clad only in a diaper. His head is turned to the right, and he appears to be sucking on a bottle which is propped on a pillow. The baby is kicking his legs. His left arm is extended over his head, and he is holding a corner of a small blanket in his left hand.

   Picture No. 2  A mother is holding her baby in her arms. She is seated in a chair and feeding him with a bottle. The mother is smiling as she is looking at the baby.

15. Are you pleased that you have a little _____ or would you rather have a little _____.

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1 Newton, Niles, Maternal Emotions, p. 110

Dr. Newton states that in retrospect she feels that a better question would have been, "Were you pleased with your baby or a little disappointed at first?". This question was used during the test interviews and the answers were less satisfactory to the investigator.
16. In interviewing many women, we have found that many of them have had no instruction about their bodies before, or when they entered adolescence.

Can you tell me whether you had any instruction about your body and yourself as a woman, either before or when you became an adolescent girl?

If yes, were you taught anything about the breasts and their functions?

17. Can you tell me what you think or feel when you see pictures in the newspapers and magazines of Jayne Russell, Gina Lollobrigida, Marilyn Monroe, Sophia Loren and Jayne Mansfield?
APPENDIX B
I am going to give you a slip of paper with some sentences on it. Some
of the sentences are true and some of them are false. I want you to
circle the one which you think it is, true or false.

True  False  1. Women who breast feed their babies can't get pregnant
while they are breast feeding.

True  False  2. Women who breast feed their babies can smoke or drink
in moderation.

True  False  3. Women with small breasts can have plenty of milk to
breast feed.

True  False  4. Formula feedings contain all the things that breast
milk contains.

True  False  5. Women who breast feed their babies don't menstruate
until they wean the baby.

True  False  6. Breast fed babies don't get constipated.

True  False  7. Women who breast feed their babies get flabby breasts
after weaning them.

True  False  8. Women who breast feed their babies can't leave the
babies for more than four hours, for they have to be
home at nursing time.

True  False  9. Women who breast feed their babies gain weight and
lose their figures.

True  False  10. Women who breast feed their babies can eat anything
they want to eat.