

Original

Qualitative analysis of emotional process mothers go through before becoming confident with breast-feeding

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Abstract

Objective: The Healthy Parents and Children 21 Project in Japan has set an objective to achieve a 60% breast-feeding rate among mothers who have one-month-old children. Using qualitative analysis, this study clarifies the emotional process that mothers experience before they feel confident with breast-feeding. **Methods:** Semi-structured interviews were conducted with four mothers who were breast-feeding children ranging in age from 2 to 24 months, on their emotional transitions before they felt confident with breast-feeding, and analysis was performed with the use of Saiki's grounded theory approach. With the agreement of the appropriate ethics committee, we explained our objective and protocol, and obtained final approval for the research in writing. **Results:** The average age of the mothers was 31.8 (± 4.3) years old, and the average interview time was 35.0 (± 17.3) minutes. On analyzing the emotional process the mothers we identified [single-minded continuation of breast-feeding] as the core category, and five sub-categories such as ⟨impatience regarding breast-feeding⟩, ⟨pleasure of being relied on for breast-feeding⟩, and ⟨looked forward to breast-feeding⟩. We created a single integrated diagram. **Discussion:** The mothers had had a strong desire to breast-feed even during pregnancy and ⟨looked forward to breast-feeding⟩. Once they began breast-feeding the mothers gained a sense of security and confidence as they felt "relieved while breast milk was being released from their body". These feelings encouraged them to "single-mindedly continue to breast-feed", and "keeping up with it led them to appreciate the simplicity and beauty of breast-feeding". **Conclusion:** The Surveyed mothers developed affection for their children through mutual interactions between them by means of breast-feeding. Realizing that their breast milk is adequate to feed their children gave them the confidence to know that their bodies alone can support the growth of their children. The results of this study indicate the need for environments and support that help mothers remain motivated to breast-feed their children.

Key words : emotional process, mothers, becoming confident, breast-feeding

I. Introduction

Recently in Japan, more and more mothers are breast-feeding their babies during the lactation period.

According to the results of a study on the nourishment of infants conducted by the Ministry of Health, Labour and Welfare in 2005, for infants one month after birth, 42.4% were given breast milk. The percentage among babies that were

given mixed nourishment was 52.5% for those one month after birth, and 38.0% for those three months after birth. The anxiety level of mothers immediately after birth was high, and they expressed a variety of worries. Regarding breast-feeding, the most common worry was "not being able to produce enough milk," and the second was "not being able to produce milk at all." Mothers who had given birth had the tendency to hope to raise their baby with breast milk. A total of 52.9%

answered that they “hope to raise their child with breast milk if able to produce milk,” and a 43.1% “strongly hoped to raise their baby with breast milk,” adding up to a total of 96.0% of mothers who wanted to raise them with breast milk.

Regarding the effect of breast milk, animal testing proved that the oxytocin and prolactin secreted during breast-feeding after giving birth, through their receptors, excites the center of motherly actions and promotes the expression of motherly actions and Mother-child bonding. The strong connection between the act of breast-feeding and the expression of motherly actions has also been supported from the standpoint of behavioral neuroendocrinology.

Breast-feeding has three merits: nutriological, immunological, and mother-child bonding. Firstly, in terms of the nutriological merit, components of breast milk comprise an excellent source of nutrition that meets the growth needs of newborns and infants. For the rapid growth of infants, adequate energy and rich nutrients are necessary, and breast milk provides both. Secondly, from the standpoint of immunology, infants raised with breast milk are less prone to infection of digestive or respiratory system, middle ear infection, or cerebral meningitis. Immunological substances contained in breast milk contribute to the health of the infant. For example, secretory IgA contained abundantly in the colostrum is not digested or absorbed, and prevents the entrance of bacteria, such as coli, and dysentery by covering the surface of the mucous membranes of respiratory and digestive systems. Additionally, it is thought to prevent the entrance of various allergens, and reduce the development of allergies (all cases?). Lastly, in terms of Mother-child bonding, breast-feeding is known to build trust between the mother and child, the physical interaction enhances the sense of motherhood, and has positive effects on the child from the standpoint of developmental psychology (Hirokazu et al, 2001; Nanri, 2009; Kohara, 2009; Asaka, 2011).

In 1989, the WHO and UNICEF together announced the “Ten Steps to Successful Breast-feeding” as part of the efforts to reduce the global infant mortality rate, and promoted breast-feeding (Nakai et al, 2009).

The quality of the relationship between the mother and infant affects the secretion of milk and the bond between them. Breast-feeding after giving birth can sometimes cause marked physical and psychological stress, and the understanding and support of those around the mother

and child will be necessary. Itaya (2007) says that women are remodeling a positive self-concept as mothers in the post-war reconstruction period. Also, Urasaki (2005) made a statement that breast-feeding leads to the continuation of a mother’s intention or attitude, reasons for a child’s reaction or health, the presence of doulas as midwives’ advice, and interactions among mothers. It was reported by Shimada et al. (2001) that while being hospitalized, the less a mother Feeds an infant with anything other than breast milk, the significantly higher the nutritional content of breast milk after the first month.

Much of the studies on these topics are quantitative, and studies that discuss the feelings of mothers who were able to gain confidence with breast-feeding are rare.

Among mothers who had one-month-old children by 2014 this study aimed to clarify the emotional process of the mothers and provide them with basic data to support their breast-feeding practices, focusing on the milestones in the process of overcoming individual difficulties each breast-feeding mother faces.

II. Objective

To define the emotional process of mothers to encourage breast-feeding.

III. Methods

Research Methods

We conducted 40-60-minute semi-structural interviews based on interview guidelines. These involved 4 currently breast-feeding mothers who agreed to telephone interviews.

1. Research Subjects

- 1) Females in Japan regardless of being primi/multipara, The age, or mode of delivery.
- 2) They were selected from K Hospital.
- 3) Breast-feeding mothers

2. Survey Contents

- 1) How mothers started breast-feeding.
- 2) Methods devised to produce breast milk.
- 3) When they felt Confident with breast-feeding.

3. Analysis Methods

Constant comparative analysis was conducted based on Saiki’s (2009) grounded theory approach.

Categorizing the labeled properties and dimensions extracted from the data.

Creating a chart reflecting associations among

the categories

4. Reliability and validity of the study

We established the reliability and validity of this study on referring to the qualitative research methods of Holloway and Wheeler (Holloway et al, 2008).

5. Ethical Considerations

This study gained the approval of Kagawa University Ethics Committee. Mothers were given explanations of the study content and that they could discontinue participation at any time, both orally and in writing, and gave their consent.

IV. Results

In this study, semi-structured interviews were conducted with four mothers who were breast-feeding children ranging in age from 2 to 24 months, on their emotional transitions before feeling confident with breast-feeding, and an analysis was performed with the use of Saiki's grounded theory approach. With the agreement of the appropriate ethics committee, we explained our objective and protocol, and obtained final approval for the research in writing. The average age of the mothers was 31.8 (± 4.3) years old, and the average interview time was 35.0 (± 17.3) minutes.

For one interviewee, the content of analysis is Shown in (Chart 1), in which the label names are determined by properties and dimensions. Also, we created a paradigm using the category and subcategory and Shown the analysis results of one case in (Chart 2). Then, the levels of abstraction for the four cases were raised one by one until saturated, and we continued to conduct the analysis of each case in the interim. On analysis of the emotional processes of the mothers, we identified [single-minded continuation of breast-feeding] as the core category, and five sub-categories: 《impatience regarding breast-feeding》, 《pleasure of being relied on for breast-feeding》, 《looking forward to breast-feeding》, 《agony of being unable to smile》, and 《my body alone can feed the child》. In the end, we created one integrated diagram (Diagram 1), (【 】: Categories 《 》: Subcategories).

V. Discussion

Today, there are many sources of information on breast-feeding, and mothers are able to choose from many methods of breast-feeding. The amount of milk that a mother can produce differs according to their constitution, and some may

produce milk easily while others may experience difficulty. Even if there is intention and attitude on the part of the mother, she is to no small extent influenced by those around her. The timing of when the mother feels that she has established breast-feeding differs among individuals, but one may obtain hints on how to provide continual support to the breast-feeding mothers by learning how the mother feels when she realizes that she has established breast-feeding and gains confidence.

As the result of this research, one can conclude that breast-feeding enhances the mother's feelings of affection towards the infant because she is able to gaze closely at the infant, "breast-feeding allows the mother to spend time with the child", and it gives the mother a sense of relief and confidence that "breast-feeding is possible as long as I have my body," as she feels at ease upon realizing that continual breast-feeding will ease the secretion of milk. Furthermore, as the result of the mothers acting positively and "continuing to breast-feed no matter what," these feelings developed into the realization that through making such efforts, they will be able to understand the simplicity and merits of breast-feeding. Such enhancement of the feeling of effectiveness leads to the mothers being able to "feel relaxed and confident." Researchers such as Suzuki et al. (2009) suggest that this also has to do with the categories in the process of gaining confidence as a mother, such as the realization that both the child and the self have developed, and the sense of awareness that she is the mother of the child. The report of Iriyama S. (2012), similar to this paper, States that mothers gain more confidence by being able to lessen the stress of breast-feeding, and feel more effective as a mother.

On the other hand, this research observed that mothers who struggled to produce milk smoothly after giving birth felt a sense of shock of having a negative influence on the child. This then caused "the feeling of impatience regarding breast-feeding," and, as a result, such mothers suffered from the "pain of being unable to interact with the child with a smile on one's face."

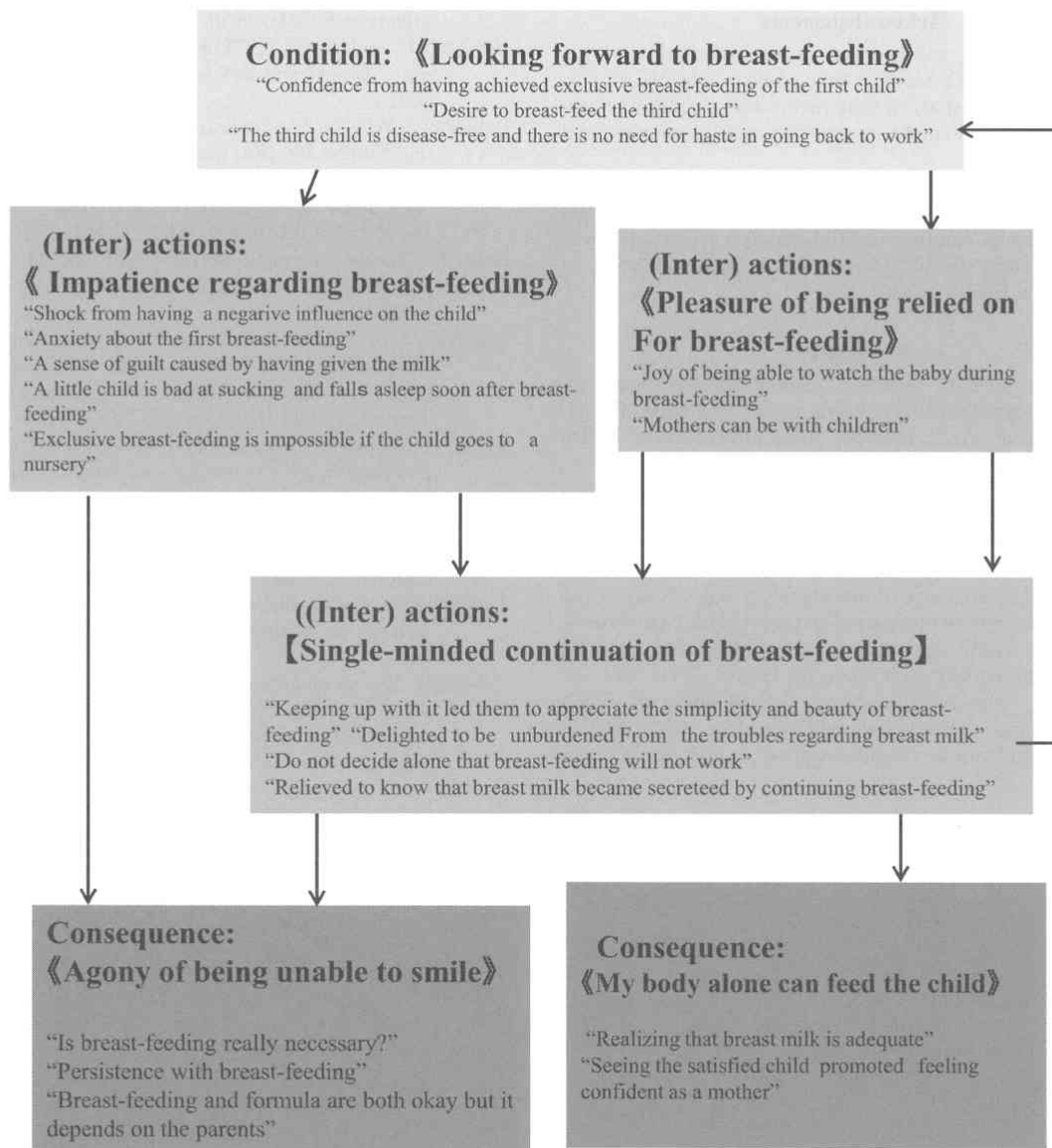
During the Great East Japan Earthquake, mothers realized the importance of breastfeeding. Tanigawa (2013), who conducted interviews among these mothers, reported that "because of the feeling of anxiety that they would be unable to produce milk due to a lack of their own dietary need, and because the infants cried due to hunger and the anxiety caused by aftershocks, the mothers continued to suckle the infants," and

Chart 1: One case providing label names determined by properties and dimensions.

| Data | Property | Dimension | Label Name |
|--|---|--|--|
| <p>In any case, I do have a feeling that compared with (breast-feeding) my first and second babies, I was somewhat more aware of the need to eat properly and drink enough water.</p> <p>I guess that's about it; I did not perform massage or other techniques and used to believe in concentrating on getting my baby to suckle.</p> | <p>What is meant by 'in any case'</p> <p>Level of 'enough'</p> <p>Degree of awareness</p> | <p>Eat properly</p> <p>'Strong': drink enough water</p> <p>'High': compared with (breast-feeding) her first and second babies, she was somewhat more aware</p> | <p>Compared with (breast-feeding) the first and second babies, ate properly and concentrated on getting her baby to suckle</p> |
| | <p>What she did not do</p> <p>Frequency of doing</p> | <p>Massage</p> <p>'Very often': concentrated on getting her baby to suckle</p> | |
| <p>In any case, compared with my first and second babies, I felt it convenient; at all events, like when going out, I used to take their milk, feeding bottle, hot water, and other things-partly because there used to be lots of things to carry.</p> | <p>What is meant by 'in any case'</p> <p>What is meant by 'at all events'</p> | <p>Lots of things to carry</p> <p>Felt it convenient</p> <p>When going out</p> | <p>With her first and second babies, at all events, had lots of things to carry</p> |
| | <p>What to take when going out with her older children</p> | <p>'Lots of': take their milk, feeding bottle, hot water</p> <p>'Lots of': there used to be lots of things to carry</p> | |
| <p>In the case of this child, as long as I have diapers and spare clothes with me, I can go right away, even a really long distance.</p> | <p>Contents of things carried by her</p> | <p>This child</p> <p>Have diapers and spare clothes with her</p> <p>She can go anywhere right away</p> | <p>As long as she has diapers and spare clothes with her, she can go anywhere right away</p> |
| | <p>That she moves</p> | | |

Chart 2: One case of paradigm Analysis Summary

| Paradigm | Category | Subcategory |
|--------------------|--|---|
| Action/Interaction | <p>I would like to breast-feed my baby.</p> <p>A mother can stay with her baby.</p> <p>In the beginning, feeling anxiety about breast-feeding.</p> <p>Single-mindedly continue to breastfeed.</p> <p>Being particular about breast milk.</p> | <p>Expectation for breast milk</p> <p>The second baby is also healthy</p> <p>I would like to breast-feed the third child to nurture him/her</p> <p>Prenatal breast care</p> <p>Eat vegetables as often as possible</p> <p>I would like to breast-feed if everything goes well</p> <p>For one year during maternity leave, we cling to each other at home</p> |
| | | <p>Breast-feeding allows me to have physical contact</p> <p>Breast-feeding is good because we can have time together</p> <p>Pleasure to feel the adorableness</p> <p>Feeling attached to the baby</p> |
| | | <p>Let's give milk anytime</p> <p>Wondering if there is not enough breast milk for 2 months</p> <p>Anxiety to try to add milk</p> <p>A hard part with my second baby was my nipple getting sore, and it was painful</p> <p>Breasts are not going to feel firm for the third child, so I am anxious in the beginning</p> |
| | | <p>I do not want to give any milk other than mine</p> <p>Single-mindedly continue to breast-feed</p> <p>Breast-feed instead of giving a pacifier</p> <p>Single-mindedly continue to breast-feed all the way</p> <p>It has gotten easier in the middle of the night</p> <p>Gulp down breast milk in the middle of the night</p> <p>Breast-feed at least 6 or 7 times daily</p> <p>When the baby become fretful, to calm the baby down, let the baby put a nipple in his/her mouth</p> <p>On some days, breast-feed more than 10 times.</p> |
| Conclusion | <p>As long as I have my body, I can breast-feed.</p> <p>Distress due to not being able to make contact with a smile.</p> | <p>Discover allergy to regular milk</p> <p>I cannot go out while leaving the baby in someone else's care</p> <p>Become nervous about trying not to give a source of an allergic reaction</p> |
| | | <p>Keeping up with it led them to appreciate the simplicity and beauty of breast-feeding</p> <p>Feeling at ease since there is enough breast milk</p> <p>Feeling at ease so I can continue breast-feeding</p> <p>I realized that as long as I have my body, I can breastfeed</p> <p>Upset for having been a negative influence on the baby</p> <p>Being particular about breast milk</p> |



[]: Categories **《》**: Subcategories
Boldfaces describe properties and numbers describe dimensions.

Diagram 1 Four cases integrated.

emphasized the Marked need for obstetric nurses during disasters. Considering the results of such studies, one may say that this research provides a basic resource to support breast-feeding.

Limitation and Outlook of the Research

With the limited number of surveyed people and only a single facility, the results of this study are far from generalization. Thus we aim to expand the range of target regions and facilities to increase the number of surveyed people to 30 and continually conduct comparative analysis concerning mothers' notions of child-raising.

VI. Conclusion

Surveyed mothers developed affection for their children through mutual interactions with their children by means of breast-feeding. Realizing that the breast milk is adequate to feed the children gave them the confidence to know that their bodies alone can support the growth of their children.

The results of this study indicated the need for environments and support that help mothers remain motivated to breast-feed their children.

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