

Women's Breastfeeding Learning Experiences¹

Mary Tanya Brann-Barrett

Cape Breton University

Abstract

Breastfeeding is valuable sustenance labour performed in society. The intent of this study was to learn about the strategies a group of women who live in Eastern Nova Scotia used to inform themselves about breastfeeding as an infant feeding choice, and how these strategies impacted on their individual perceptions of their breastfeeding success. Two qualitative focus groups were conducted and results were organized around themes and presented in the women's own words. They suggest the women's breastfeeding learning began with their decisions to breastfeed continued throughout their practical breastfeeding experiences, and went on past weaning in the form of self-reflections. The women stated, among other tools, mentors, literature, and particularly, their own practical experiences influenced their success. This study may be a first step towards other breastfeeding learning research studies that explore the lived experiences of women and in turn draws attention to the importance of the learning and working that occurs in their daily lives.

Résumé

L'allaitement maternel revêt une grande importance dans notre société. L'objectif de cette étude était de voir les stratégies utilisées par un groupe de femmes de l'Est de la Nouvelle-Écosse pour se renseigner sur l'allaitement maternel comme méthode d'alimentation des nourrissons et l'impact de ces stratégies sur les perceptions de ces femmes par rapport

¹ The author is grateful for the contribution of participants in this study. She wishes to thank Professor Celeste Sulliman, Dr. Judith A. Rolls, and Dr. Carol Corbin from the Cape Breton University for their feedback and suggestions. The author also thanks Dr. Patricia Gouthro, Mount Saint Vincent University, for her support throughout this project.

à leur succès. Deux entrevues de groupe ont été menées; les résultats ont été regroupés par thèmes et reprenaient textuellement les mots des participantes. Ces résultats démontrent que les connaissances des participantes sur l'allaitement maternel se sont développées en trois temps : d'abord quand elles ont pris la décision d'allaiter; ensuite à travers leur propre expérience d'allaitement et, une fois le sevrage de leur enfant terminé, à la relecture de ce qu'elles ont vécu. Parmi les moyens ayant favorisé la réussite de leur expérience, elles ont mentionné l'accompagnement, les écrits sur le sujet et surtout leur propre expérience d'allaitement. Cette étude peut être une amorce à d'autres recherches qui attirent l'attention sur l'importance d'apprendre à allaiter et les efforts consentis au quotidien.

Introduction and Rationale

On June 09, 1994, at 2:49 p.m. I gave birth to my first child. By 3:00 p.m. my son was at my breast as nurses and my doctor tried to help me to help him "latch on" so I could breastfeed him. After months of learning what to expect and how to actually do it (or so I thought), I embarked on my overwhelming (and at times frustrating), immensely rewarding four-year experience as a breastfeeding mother. I breastfed my oldest son for two and one half years and his brother for eighteen months, with a few months of tandem nursing. Upon reflection, I realize I had a successful breastfeeding experience. Breastfeeding, like other work done by women in the homeplace and in their roles as mothers, is valuable sustenance labor performed in society. Yet, it is often undervalued (Hart, 1992). The knowledge women need to help create successful breastfeeding experiences, in some cases, has been buried (Dettwyler, 1995; Palmer, 1988). Despite obstacles, many mothers find ways to breastfeed their children. They develop methods to relearn the knowledge in the face of a society that claims it believes women should breastfeed, but does not always provide the necessary support and acceptance. How, then, do women accomplish such a feat? Without asking them, we do not know. The purpose of this article is to describe a study that was conducted to explore strategies and tools some women use to inform themselves about breastfeeding and how these tools impacted on the success of their breastfeeding experiences. First, an introduction to the topic and a rationale for the study is provided. Next, the method of data collection is outlined. Finally, results of the study are presented followed by a discussion that considers the results in relation to current literature, study limitations, and recommendations for future research.

The phrase, breast is best, is a familiar one throughout much of the breastfeeding literature (Blum, 1999; Carter, 1995; La Leche League International, 1991). Breastfeeding promotion speaks to an increased understanding of the value of breastmilk as the superior food for infants and small children. This interest followed a dramatic decrease in the number of women who breastfed in the mid 1900's (Blum, 1999; MacLean, 1990). In Eastern Nova Scotia, the numbers lagged behind the provincial and national averages with less than 20 per cent of Cape Breton women breastfeeding in 1979 (J. Mc Cabe, personal communication, May, 2000). Current numbers boast an increase in the numbers of women who choose to breastfeed in Nova Scotia. Yet once again, the Eastern region of the province, which includes Cape Breton, reported less than 41 per cent of women chose to breastfeed compared to the 61 per cent provincial average (Nova Scotia Department of Health, 1998).

An increased understanding of breastfeeding techniques and benefits has influenced the decision of many women to breastfeed. However, a mother's success is affected by a myriad of other factors. Four, in particular, stand out: (1) increased medical intervention in pregnancy, childbirth, and infant care (Blum, 1999; Carter, 1995; Palmer, 1988; Sulliman, 1995; Van Esterik, 1995a; 1989); (2) corporate interest in the infant-feeding market (Blum, 1999; Dettwyler, 1995; Palmer, 1988); (3) changing roles of women in the workforce and the conditions under which they work (Blum, 1999; Nova Scotia Department of Education, 1998; Quandt, 1995; Retsinas, 1987); and (4) the western cultural perspective of the breasts as sexual objects (Blum, 1999; Carter, 1995; Dettwyler, 1995; Sulliman, 1995). These factors, in part, help to explain the dramatic decrease in breastfeeding trends during the twentieth century, while they continue to impede breastfeeding learning processes today.

While the female body's production of milk is natural, breastfeeding itself is a learned activity. With fewer women breastfeeding in Canada three possible breastfeeding learning methods are threatened: passing knowledge from woman to woman, learning by observing other women, and listening to others describe their breastfeeding experiences. Here, these learning methods are discussed.

In cultures where breastfeeding is still dominant, there exists among women a tacit (Schon, 1983) knowledge of breastfeeding. Palmer (1988) refers to the research of Conton (1985) who spoke with women in Papua, New Guinea about their knowledge of breastfeeding. The women learned by observing each other and through practice. They seldom verbalized their

knowledge because it was not necessary. With the decline of the number of women who breastfeed in North America such innate knowledge has not had the same opportunity to be fostered. Consequently, it may be said, the tacit knowledge becomes buried or perhaps invisible.

In countries such as Mali and New Guinea, breastfeeding is accepted as a cultural norm (Conton, 1985; Dettwyler, 1995). From a young age, girls learn about breastfeeding as they watch others. In Canada, this visual learning tool is less available to most women because fewer women breastfeed and even fewer do so publicly. Many women find it difficult to verbally express their breastfeeding experiences. In fact, many phenomena that are particular to marginalized groups remain unnamed (Lewis, 1990; Romaine, 1999; Spender, 1998). Cameron (1995), Carter (1995), Code (1995; 1991), and Torres (1992) make similar claims. Kramarae (1981) provides a theoretical framework known as the *muted group theory* in which she claims dominant members of society, namely men, create the language and as such it reflects their experiences. Experiences that are unique to marginalized groups such as women often remain nameless and in a sense those individuals become muted. She writes: "Words constantly ignored may eventually come to be unspoken and perhaps even unthought" (p.1). Spender (1998) contends: "Trying to articulate the meaning of names which do not exist is a difficult task and yet one which feminists are constantly engaged in" (p.182-183). Women may struggle to try to describe breastfeeding because the words do not exist to define all aspects of the experience. For example, I find it difficult to articulate what it felt like when my milk *let down*. In fact, *let down* is a poor term to describe the sensation of milk surging into the breast and sometimes literally spraying out of the breast. It is hard to explain how hearing any baby cry, looking at, or simply thinking about my child triggered a let-down. Without the language to describe breastfeeding experiences, women are often unsure if what they feel and what they experience is normal. As Spender (1998) states: "When one wants to describe an object or an event for which there is no name, doubt can arise as to the validity of that object or event" (p.188).

Many words, including *breast* (Blum, 1999), used to describe and to teach women how to breastfeed make some people uncomfortable. The 'official' terminology used to explain the breastfeeding process might be unclear to first time mothers who have spent little time talking about their breasts in the past. Even words women use to describe their breastfeeding experiences become taboo because they also possess sexual connotations. Many women claim breastfeeding is physically pleasurable and it is

sometimes assumed they mean sexually. Thus they may be accused of nursing merely for personal gratification (Dettwyler, 1995). The impact of obstacles faced by women who want to learn how to breastfeed can be great. However, through the process, women begin to develop their own knowledge as they create their own adult learning experiences of breastfeeding. If uncovered, these stories may lead to a better understanding of breastfeeding learning experiences.

A study conducted in Eastern Nova Scotia may prove to be a useful step in identifying breastfeeding learning experiences unique to small urban regions. Such information may assist those interested in supporting breastfeeding mothers in communities outside the urban capitals.

A critical examination of women's lived experiences of breastfeeding can also enrich feminist adult education research. Joyappa & Martin (1996) write: "One of the goals of adult education should be the democratization of society by creating contexts in which power is negotiable" (p.2). Miles (1998) believes that, "In these times of increasing commodification, competition and globalization, the space for Adult Education to serve liberatory ends is under threat" (p. 257). This study may assist adult educators whose goals are to support the creation of education that is inclusive and affirming.

While the work done by mothers and motherhood has been researched (Gouthro, 1999; Hart, 1997; 1995), breastfeeding has not received similar attention by feminists (Blum, 1999; Carter, 1995; Gordon, 1989; Van Esterik, 1995b). Reasons are offered to explain this gap in the literature (Blum, 1999), yet Van Esterik (1995b) offers compelling arguments as to why breastfeeding is a feminist issue including: "Breastfeeding requires structural changes in society to improve the position and condition of women" (p.77). When feminists fail to provide critical analyses of breastfeeding experiences, women are denied an opportunity to reclaim breastfeeding as their own and to create a discourse that can be named and critiqued from a feminist perspective. Optimistically, feminists like Carter (1995) and Blum (1999) are investigating breastfeeding. Still, more research is needed.

It can be argued, then, a preliminary examination of women's breastfeeding learning experiences has merit. Hence, the purpose of this study was to explore the strategies and tools some women use to inform themselves about breastfeeding as an infant feeding choice and how these strategies impact on the women's individual perceptions of their success.

Method

The intent of this preliminary study was to obtain rich descriptions of the learning experiences of the breastfeeding mothers who participated in the study. I wanted this study to reflect some of the principles I value as a feminist researcher. Mies (1996) states that researchers have a right and a responsibility to situate themselves within their research and to recognize their own subjectivity. I was grounded in my own experiences as a breastfeeding mother and I informed the participants in the study of my connectedness to the topic. Langellier and Hall (1989) contend feminist researchers must approach research not to conduct research *on* women but *for* women. In her postulates, Mies (1996) argues that feminist researchers must engage in research with the intent to initiate positive social change and to make a difference in the lives of those women involved in the research. With these factors in mind it was decided a qualitative, naturalistic enquiry that enabled women to share their breastfeeding learning stories with other women and have their experiences reported in their own words was an appropriate approach to this study. Consequently, not only would valuable data be gathered, an opportunity would be created for the women to affirm their breastfeeding experiences hopefully allowing them to benefit from their participation. Qualitative focus groups were chosen as the method of data collection as they provide an ideal forum to bring mothers together to share their breastfeeding experiences. I appreciated that the women would not only have the opportunity to talk about their experiences and to be heard, they would also have the chance to listen to other women's stories. Similarly, participants who were still breastfeeding or who would breastfeed again in the future could possibly benefit from ideas and thoughts shared by other women. Current literature confirms the value of this method of data collection (Gergen, Chrisler and LoCicero, 1999; Kirby and McKenna, 1989; Lederman, 1990; Morgan, 1993).

Participants

Eight women participated in two focus groups that were held during the summer of 2000. All of the women had breastfed for a period of time between 1990 and 2000—the time period when breastfeeding rates began to increase in the region. There was no specification regarding the length of time they had breastfed in order to participate in the study. The participants were all white, middle-class women with some form of post secondary education. They all resided in Eastern Nova Scotia and were at least 20 years of age when they breastfed their children.

Participants for this project were selected using the method Krueger (1998) refers to as *purposeful* sampling (Krueger, 1998). As noted elsewhere (Brann-Barrett & Rolls, 2004), purposeful sampling means participants are selected based on the goal of the study in order that they can engage in meaningful discussion on the topic. As a mother of young children I had a well established network through schools, preschools, and child-oriented programs that enabled me to link with mothers who had breastfed. I contacted 15 women and asked them if they would be interested in participating in this study, offered them a written consent form and asked them to suggest other women who could be contacted. All expressed interest yet some were unable to attend, due to family commitments and last-minute scheduling difficulties.

Data Collection Process

I facilitated the focus group sessions following a question guideline that could be adapted as we progressed. Three areas of interest were probed: (1) learning strategies that the participants utilized during their breastfeeding learning experiences, (2) the influence of learning strategies on the success of their individual breastfeeding experiences, and (3) other factors that influenced the learning process. Participants were asked to discuss how they came to make the decisions they made regarding breastfeeding and breastfeeding learning strategies. Each woman was given an opportunity to respond to the questions and discussion among the participants emerged. Sessions were audiotaped and, as suggested by Kirby and McKenna (1989) verbal and written researcher fieldnotes that included initial impressions, observations of verbal and nonverbal cues, and reflections of the group dynamic were recorded.

Results

A thematic analysis adapted from a system described by Nelson (1989) and similar to the approach outlined by Brann-Barrett and Rolls (2004) was used to interpret the data. The system included transcribing, coding, and interpreting the data. A verbatim transcription including nonverbal vocal cues was created. The transcription was then organized by questions and discussion topics into a computer color-coded file—the goal being to organize the data according to the purpose of the study (Aubel, 1994). During the interpretation phase of analysis, emerging themes were subjected to *group-to-group validation* (Morgan, 1997) to ensure participants from each group expressed similar levels of interest when particular topic arose. As themes were identified the original transcript and fieldnotes were

reviewed to ensure they accurately reflected the participants' responses as expressed during the focus group sessions. Three categories of themes emerged: 1) initiation phases, 2) breastfeeding experiences, and 3) reflections. The first group of themes focused on the beginning of the participants' breastfeeding learning experiences, starting with their decisions to breastfeed, and moving to the learning resources that were utilized and their benefit. The second category concentrated on their practical breastfeeding experiences, reporting on the issues and obstacles the women encountered throughout their breastfeeding experiences. The final themes were retrospective—a report of the reflections the women shared regarding the significance of their breastfeeding learning. Each theme is presented in a summary statement and the women's own words are used to describe the theme.

Initiation Phases

Making the Decision

The decision to breastfeed was made by most of the participants either during pregnancy or before pregnancy. The earlier they made the decision, the more determined they were to succeed. In most cases, they were influenced by discussions with friends and family members who were breastfeeding mothers or supporters. Books and videos also influenced their decisions.

Learning Tools

The two main learning tools most of the women used to learn about breastfeeding during the initial phase were 1) mentors, and 2) books and videos. Having a mentor to provide information and support was deemed a crucial learning tool. As one woman put it, "I think the biggest thing is having that person to support you." The women asked their mentors questions, raised concerns, listen to their mentors' experiences, and sometimes observed their mentors while they breastfed their children.

Books and videos were helpful tools during pregnancy. They were used to gather information about breastfeeding techniques and benefits and to learn how to troubleshoot potential problems. Yet, the women indicated that the books did not teach the art of breastfeeding. As one woman said in reference to books as a resource compared to actual breastfeeding: "It's like theory and practice, two different things."

Breastfeeding Experiences

Once the women gave birth, their learning shifted and personal breastfeeding experience became a significant learning tool. The mothers also began to encounter other factors that had an impact on their learning. These factors were: (1) learning through talking, (2) learning by seeing, and (3) the changing perceptions of "breasts." As well, they had to face many obstacles and challenges.

The Learning Tools

The women said they needed a mentor who could show them what to do, provide them with options, and was available almost any time, especially when things became difficult. The mentor also needed to provide emotional encouragement. Generally, the mentor was a friend or family member who had breastfed. The mentor often helped at critical points to keep the mother from giving up. One woman stated, "If I didn't have my friend coming to the hospital when I had my daughter I would have quit."

Experiential Learning

Learning through talking.

Talking about breastfeeding with other women who breastfed was important. As one woman suggested,

I didn't talk much with men because I didn't know any men whose wives were breastfeeding. I'd usually bring it up because I wanted to share experiences or wanted someone to pass on their knowledge to me and I didn't feel like I could get that from a man.

Some women felt it was difficult to discuss breastfeeding with other breastfeeding mothers in their workplace because co-workers would become uncomfortable. One woman stated: "There were even women in our office that were offended [by breastfeeding talk]." The mothers discussed the words used when talking about breastfeeding and how it seemed more acceptable to call breasts everything but breasts. As one woman said, with a note of sarcasm, "A mother shouldn't say breast."

Learning by seeing

The participants felt that seeing women breastfeed was extremely helpful because they learned techniques and it helped to validate their decision to breastfeed. In reference to the value of being able to see other mothers breastfeed one woman commented, "I think that's the biggest thing...you see it." The mothers lamented that they could not look to popular media to see

women breastfeed. One woman asked: "If they can show [on television] the child being born why can't they show a breast?"

The changing perceptions of "breasts"

While breastfeeding, the women claimed the primary purpose of their breasts was nourishment for the babies. This was a definite perceptual change for some women. For others, their breasts finally had a purpose. One woman stated, "Now they [her breasts] had a job to do." Further, the sexuality of the breast was almost non-existent. One woman expressed annoyance when others, including her partner, saw her breasts for sexual purposes: "The breasts were for breastfeeding only. It was frustrating to have them seen for any other use."

Obstacles and Challenges

The women encountered obstacles throughout their breastfeeding experiences and learning to cope with the difficulties took tremendous effort on their part. Such obstacles and challenges were physical, psychological, and social in nature.

Physical obstacles

Physical obstacles faced by the breastfeeding mothers included breast infections, inverted or cracked nipples, low milk supply, and engorged breasts. These problems emerged immediately following the birthing process, regardless of whether the women delivered their babies vaginally or by cesarean section. At this point exhaustion was also a factor. One woman who had inverted nipples said, "I was so engorged that my back gave out because my breasts were so heavy. I cried myself to sleep at night. I was in so much pain. The baby was on a plastic nipple attached to my breast." Another woman faced different physical challenges. She stated, "I had twins. I had an emergency C-section so I wasn't able to nurse until three days after they were born." This woman was air-lifted to an urban hospital to have her physical condition attended to, yet she persevered and continued to breastfeed until her babies were toddlers.

Psychological Obstacles.

In addition to physical obstacles, the women felt they lacked support from family members, friends, and others who did not see the benefits of breastfeeding. This undermined their confidence as new breastfeeding mothers. One woman remarked,

If people didn't breastfeed they weren't helpful. Some older people would blame every little thing that would be wrong with the baby on

breastfeeding. If the baby were cranky or fussy or pooped twice in a row, they'd say, "Oh, that's the breastfeeding doing that to him...that's a sin."

While some women had to cope with the negative comments others were coping with a lack of any kind of support. One mother said,

My first two weeks were hard. My nipples were cracked and bruised. Then at two weeks, the baby had a growth spurt, and she cried and cried. I called the breastfeeding hotline...no answer. There's a group that meets every month so I went there. My baby was five weeks old. There was a blizzard, and it was freezing out. I stood there with my baby in a car seat outside the door and nobody showed up. The doors were locked. I didn't know what to do. I couldn't get help and I searched for it. When I was cracked and bleeding, I was in tears dialling those numbers and nobody was there. I don't know why I kept doing it. I almost quit.

Social Obstacles

There were also social barriers to face, such as breastfeeding in public. Some women avoided breastfeeding in public while others decided that, if their babies were hungry, they were going to feed them whenever and wherever. While some found this unnerving, they felt their babies' needs came first. Some reported that it was easier with their second child, and it became easier still when families were supportive. They said that breastfeeding in front of other women was not as difficult. One woman explained, "Feeding my son in front of a woman doesn't bother me although if it's a man, I am very uncomfortable unless it's my husband. I'd be afraid they'd be thinking other things so that's why I couldn't do it." In some instances, others were not accepting of a mother breastfeeding in public as indicated here:

Some people made me feel uncomfortable about it [breastfeeding]. One woman I knew all my life would come over to see the baby but if I was nursing, she would leave and that made me feel uncomfortable. Another would say, "Oh you're not going to pop that [breast] thing out," and I would be mortified.

Family members were often uncomfortable in the presence of breastfeeding mothers. In time, however, the women believed their families overcame this awkwardness. Many of the women remarked that they were thrilled when they saw other women breastfeeding in public. They talked about wanting to encourage those people and congratulate them for breastfeeding, especially in public.

Too Few Women to Teach the Art of Breastfeeding

One of the greatest challenges for the participants was not having family members to teach them how to breastfeed. One woman stated, "We don't have a generation before us that breastfed. In the past, you would have several generations in one home and you would have those ideas, techniques, visuals. You wouldn't need a video, you would see it there."

The women regretted that their own mothers had not breastfed as indicated in these quotes: "I remember being angry that my mother couldn't help me. I couldn't call her and say 'Mom, what do I do now?'" and: "My grandmother didn't even nurse! My mother didn't nurse her children and my mother's mother didn't nurse her children so I had no one."

Mixed messages from hospital nurses

Many of the women expressed dissatisfaction with the support they received from the hospital nursing staff because the advice was often inconsistent and sometimes inaccurate. One woman said: "I had one nurse that left me sitting on my bed crying. She had said, 'You may as well give that up, it's not working, you're starving that baby'. Oh they [the nurses] really made me feel inadequate." Another woman added,

I was having trouble nursing and I would hear something different from each nurse that came in and that made it difficult for me. It wasn't that they weren't sincere in what they were trying to do because they wanted me to succeed but it was just mixed opinions and very confusing at a time that I was so vulnerable.

Along with inconsistencies, the women felt the nurses were unable to present the information needed to make informed decisions regarding how to breastfeed. One woman recounts,

My baby was very hungry her first night. She started crying about 11:00 p.m. I put her on my breast and was trying to feed her and she was fussy and crying. At 12:30 a.m. I called the nurse to see if there was anything I could do and she said to just keep trying. I had the baby on the breast for three hours. She cried until 2:00 a.m. before she finally fell asleep. The next day a different nurse said, "Dear, you can just supplement with an ounce of formula in a cup. It won't hurt her." So I did and she slept for seven hours. My heart broke, I wanted to breastfeed but I didn't want to starve my child. I still agonize over that. I had just given birth and I walked her for three hours.

Learning How and When to Wean

A part of breastfeeding learning experiences that is sometimes overlooked is learning how to wean. These women struggled to determine the right time to stop. For some, the obstacles were too great and they had to make a decision to stop early in their breastfeeding experiences. One woman had tried to breastfeed for three weeks but the physical difficulties were overwhelming: "When I finally made the decision that I couldn't nurse anymore I didn't have the support that I needed. And to convince myself 'I'm a good mom'—that was hard for me." Some women felt they would be judged negatively if they did not breastfeed their new babies. Others felt the negative judgement when they nursed their older babies. One woman said, "I found there were people saying, 'I think it's about time you stopped.'"

Weaning often left these mothers with feelings of guilt, doubt, and loss. Comments included, "I feel guilt but I also feel this loss. I'm grieving," and "I cried for a month afterwards." This most often stemmed from their uncertainty whether or not it was the best time to wean.

Reflections

Reflecting upon their breastfeeding experiences the women recognized how much they had learned. They reflected on (1) their personal experience as a learning tool, (2) their desire to help other breastfeeding mothers, and (3) their success as breastfeeding mothers.

Personal Experience as a Learning Tool

In retrospect, these women recognized that they learned the most through the practice of breastfeeding. One woman suggested: "It's doing it that makes the difference. You then have the knowledge. You can read, but it's not the same until you do it." The personal experience of breastfeeding seemed to give these women confidence in their ability to breastfeed and to stand up to opposing views as was indicated in this comment: "Now I have the knowledge. Others can give me their opinions but this is what I'm doing and I am stronger for that."

Learning to Teach Others

The women were eager to help others who intended to breastfeed. Based on their own experiences, they determined a good breastfeeding teacher has to be a good listener, be available when things get rough, and be able to provide positive encouragement. They struggled, though, when it came to distinguishing between being supportive and being pushy. While they recognized a good support person has to try to convince a new mother to

persevere when she feels like giving up, some felt, that in certain cases, a mother might need reassurance that it is all right to stop. Two views are presented here:

You have to have a lot of faith in the support person. You can have support but if they don't understand how to nurse themselves as soon as the first problem comes up they're willing to let you give up. If you're going to be a real support you have to be there saying "No, keep going, you can do this."

Try not to be too pushy. I had a girlfriend who decided to stop breastfeeding after two months. Instead of being supportive, I tried to convince her to continue. And to think of what I went through and how nobody was there for me when I stopped nursing, I was doing the same thing to her. I really feel like I should have been more supportive of her decision.

Overall, the women were eager to promote breastfeeding and to urge their friends to keep breastfeeding because they knew it could be a rewarding experience.

Successfulness

Most of these women felt they were successful in their breastfeeding learning experiences. One stated: "I do feel successful, it's the best thing I've ever done. If I don't do anything else for the rest of my life I can say I did that."

Of all their formal and informal education, the women felt that breastfeeding was one of their most significant learning experiences. One dialogue surrounding the importance of breastfeeding learning experiences transpired this way:

It's life-giving! Oh yes, it's important!

I think it's one of the most important things I could ever do for my children.

It's one of the hardest things I've ever done and if I could do that, I could do anything!

Discussion

Here, key results of this study are addressed in relation to current literature, limitations of the study, and recommendations for future research.

The decision making process was found to be an important phase of the breastfeeding experiences. It appears that the conviction to breastfeed successfully is stronger when there is more time to prepare. Public Health

nutritionist, J. McCabe (personal communication, May, 2000) reports similar findings in her work with breastfeeding promotions. Interestingly, while women report literature and other media informed their decision, and their understanding of breastfeeding, there was little mention of the role of prenatal fairs and Lamaze classes. Only one mother was active in the breastfeeding support group. Yet, the women claim informal one-on-one interactions with supportive friends and family had a positive impact on their ability to make informed decisions regarding breastfeeding. Matthews, Webber, McKim, Banoub-Baddour, and Laryea (1998) make a similar claim. In their research conducted in Newfoundland and Labrador, they found "the mother's choice was influenced less by health care professionals than by the informal network" (p.180). This pattern may be regionally bound. Both areas have lower than national average incidences of breastfeeding (Matthew et. al, 1998, Nova Scotia Department of Health, 1998). A study of the perception of support groups and services may offer insight as to why most of these women seemed to be more comfortable with informal one-on-one breastfeeding learning contexts.

Many of the women indicated that a less than positive relationship with nurses was detrimental to their confidence in their ability to breastfeed. This is not unusual. Carter (1995) writes, "Hospitals are clearly difficult places to establish the supportive, stress-free atmosphere which is conducive to breastfeeding" (p.165).

Mentors played positive roles in the women's breastfeeding experiences. They stated that the mentor/ new mother relationship requires a high level of trust and comfort. This may account for why mentors are often friends or family members. Other research conducted within formal and informal educational and professional spheres supports the finding that women place high value on the interpersonal aspect of mentor-mentee relationships (Rolls, 1997; Schwiebert, Deck, Bradshaw, Scott & Harper, 1999).

A vital element of breastfeeding learning experiences for the participants was talking to other breastfeeding mothers. This is in keeping with language and gender studies (Carter, 1995; Crawford, 1995; Kramarae, 1981; Spender, 1998). Talking about their breastfeeding learning experiences not only enabled the mothers to gain new information, but it also provided encouragement and validation, which helped to increase their confidence. However, these women suggested that talking about breastfeeding was not always easy and Carter (1995) agrees with this point.

When the mothers in this study saw other women breastfeeding in public spaces, they wanted to offer encouragement. Public displays of breastfeeding

may be interpreted as an act of resistance on two fronts. One, by breastfeeding in public, women are challenging a perception of the breasts as predominantly sexual. Breastfeeding women who want their breasts recognized as something other than sexual objects may feel empowered by women who breastfeed in public. Breastfeeding in public can also be a form of resistance against the devaluing of the work of mothers (Carter, 1995). The act of resistance lies in breastfeeding mothers' willingness to breastfeed in the public sphere. It may be a means to refuse isolation and to bring the discussion of breastfeeding to the forefront. Further study could be conducted explore why the women responded so positively to public displays of breastfeeding.

Study participants spoke of changing perceptions of their breasts while breastfeeding. In most cases, they stated they did not want to think about the sexuality of their breasts when they were breastfeeding. Such a response confirms what Carter (1995) describes as a conflict that exists between *mothering* and *sexuality*. While it may be argued the sexual stimulation and pleasure derived from the breasts is natural in western culture, the sexual perception became problematic for some women in this study who were breastfeeding. The dualistic purposes of breasts created a sense of ambivalence and discomfort for these women, as is often the case (Blum, 1999).

The women expressed an appreciation for the opportunity to reflect upon their breastfeeding experiences with others. Some indicated the focus group discussion was the first time they talked about breastfeeding with other women. Others stated the focus group provided a forum for them to engage in self-reflection. Many adult education theorists embrace the value of critical reflection in learning (Knowles, 1980; Mezirow, 1990).

This study represents the experiences of the research participants and is not intended to represent all women. Fuss (1989) contends there is no singular 'female experience'. Similarly, there is no singular "breastfeeding experience." Women from different social, cultural, and economic backgrounds may require different kinds of support and would have different experiences to share than those who participated in this study. Further research could investigate the experiences of mothers representing different segments of the population.

As well, this study was conducted in a region of Canada that is known to have a lower rate of breastfeeding than other areas. A comparative study with women from a larger metropolitan area, for example, may show the region does make a difference. For example, many urban centres have well

established groups and hospitals that focus on children and women. These factors may influence the kind of support women in these regions require.

Finally, further research may explore the creation of or existing one-on-one informal breastfeeding mentoring programs and education for breastfeeding mothers during their hospital stays since the mothers in this study reported these two issues as important.

The purpose of this study was to investigate the learning strategies some women used to inform themselves about breastfeeding as an infant feeding choice and the impact those strategies had on their success. This may be the first stage of more in-depth research regarding breastfeeding adult learning experiences. It is one of many possible research works that explores the lived experiences of women and in turn draws attention to the importance of the learning and working that occurs in their daily lives.

References

- Aubel, J. (1994). *Guidelines for studies using the group interview technique*. Geneva: International Labor Office.
- Bloor, M., Frankland, J., Thomas, M., & Robson, K. (2001). *Focus groups in social research*. Thousand Oaks, CA: Sage Publications.
- Blum, L.M. (1999). *At the breast: Ideologies of breastfeeding and motherhood in the contemporary United States*. Boston: Beacon Press.
- Brann-Barrett, M. T., & Rolls, J. A. (2004). Communication lab peer facilitators: What's in it for them? *Basic Communication Course Annual*, 16, 72-103.
- Carter, P. (1995). *Feminism, breasts and breastfeeding*. New York: St. Martin's Press.
- Cameron, D. (1995). Rethinking language and gender studies: Some issues for the 1990s. In S. Mills (Ed.), *Language and gender: interdisciplinary perspectives* (pp.31-44). New York: Longman.
- Code, L. (1995). *Rhetorical spaces: Essays on gendered locations*. New York: Routledge.
- Code, L. (1991). *What can she know?: Feminist theory and the construction of knowledge*. Ithaca: Cornell University Press.
- Conton, L. (1985). Social, economic, and ecological parameters of infant feeding in Usino, Papua, New Guinea. *Ecology of Food and Nutrition*, 16, 39-54.
- Crawford, M. (1995). *Talking differences: On gender and language*. London: Sage Publications.
- Dettwyler, K. (1995). Beauty and the breast: The cultural context of breastfeeding in the United States. In P. Stuart-Macadam & K. Dettwyler (Eds.), *Breastfeeding: Biocultural perspectives* (pp.167- 215). New York: Aldine De Gruyter.

- Fuss, D. (1989). *Essentially speaking: Feminism, nature and difference*. New York: Routledge.
- Gergen, M., Chrisler, J., & LoCicero, A. (1999). Innovative methods: Resources for research, publishing, and teaching. *Psychology of Women Quarterly*, 23(2), 431-456.
- Gordon, J. (1989). Choosing to breastfeed: Some feminist questions. *Resources for Feminist Research*, 18(2), 10-12.
- Gouthro, P. (1999). The homeplace not the marketplace: Developing a critical feminist approach to adult education. In A. Rose (Ed.), *40th Annual Adult Education Research Conference Proceedings* (pp. 121-126). Illinois: Northern Illinois University.
- Hart, M. (1997). Life-affirming work, raising children, and education. *Convergence*, 30(2/3), 128-135.
- Hart, M. (1995). Motherwork: A radical proposal to rethink work and education. In M. Welton (Ed.), *In defence of the lifeworld* (pp. 99-125). Albany: State University of New York Press.
- Hart, M. (1992). *Working and educating for life: feminist and international perspectives on adult education*. London: Routledge.
- Joyappa, V., & Martin, D. (1996). Exploring alternative research epistemologies for adult education: participatory research, feminist research and feminist participatory research. *Adult Education Quarterly*, 47(1), 1-14.
- Kirby, S., & McKenna, K. (1989). *Experience, research, social change: Methods from the margins*. Toronto: Garamond Press.
- Kramarae, C. (1981). *Women and men speaking: Frameworks for analysis*. Rowley, Maine: Newbury House Publishers.
- Krueger, R. A. (1998). *Analyzing and reporting focus group results: Focus group kit 6*. Thousand Oaks, CA: Sage Publications.
- Knowles, M. (1980). *The modern practice of adult education: From pedagogy to andragogy* (2nd ed.). New York: Cambridge Books.
- La Leche League International. (1991). *The womanly art of breastfeeding*. New York: Plume Books.
- Langellier, K. M., & Hall, D. M. (1989). Interviewing women: a phenomenological approach to feminist communication research. In K. Carter & C. Spitzak (Eds.), *Doing research on women's communication: perspectives on theory and method* (pp.193-220). New Jersey: Ablex Publishing Corporation.
- Lederman, L. C. (1990). Assessing educational effectiveness: The focus group interview as a technique for data collection. *Communication Education*, 39, 117-127.
- Lewis, M. (1990). Interrupting patriarchy: Politics, resistance, and transformation in the feminist classroom. *Harvard Educational Review*, 60(4), 467-488.

70 Brann-Barrett, "Women's Breastfeeding Learning Experiences"

- MacLean, H. (1990). *Women's experience of breastfeeding*. Toronto: University of Toronto Press.
- Matthews, K., Webber, K., McKim, E., Banoub-Baddour, S., & Laryea, M. (1998). Maternal infant-feeding decisions: Reasons and influences. *Canadian Journal of Nursing Research, 30*(2), 177-198.
- Mies, M. (1996). Liberating women, liberating knowledge: reflections on two decades of feminist action research. *Atlantis: A Women's Studies Journal, 21*(1), 10-24.
- Mezirow, J. (1990). *Fostering critical reflection in adulthood: A guide to transformative and emancipatory learning*. San Francisco: Jossey-Bass.
- Miles, A. (1998). Learning from the women's movement in the neo-liberal period. In S. Scott, B. Spencer & A. Thomas (Eds.), *Learning for life: Canadian readings in adult education* (pp. 250-258). Toronto: Thompson Educational Publishing.
- Morgan, D. L. (1997). *Focus groups as qualitative research* (2nd edition). Thousand Oaks, CA: Sage Publications.
- Morgan, D. L. (1993). *Successful focus groups: Advancing the state of the art*. Newbury Park, California: Sage Books.
- Nelson, J. L. (1989). Phenomenology as feminist methodology: Explicating interviews. In K. Carter and C. Spitzack (Eds.), *Doing research on women's communication: Perspectives on theory and method* (pp. 221-241). New York: Ablex.
- Nova Scotia Department of Health. (1998). *Infant feeding in Nova Scotia: Report of the 1994 Nova Scotia infant feeding survey*. Volume 1: Discussion Document. Halifax: Province of Nova Scotia.
- Palmer, G. (1988). *The politics of breastfeeding*. London: Pandora Press.
- Quandt, S. (1995). Sociocultural aspects of the lactation process. In P. Stuart-Macadam & K. Dettwyler (Eds.), *Breastfeeding: Biocultural perspectives* (pp. 127- 143). New York: Aldine De Gruyter.
- Retsinas, J. (1987). Nature versus technology: The breastfeeding decision. *Sociological Spectrum, 7*(2), 121-139.
- Rolls, J. A. (1997). Gendered evaluation responses to experiential learning as an adjunct to a basic communication skills course. *Canadian Journal of Communication, 22*, 41-60.
- Romaine, S. (1999). *Communicating gender*. New Jersey: Lawrence Erlbaum Associates.
- Schon, D. A. (1983). *The reflective practitioner: How professionals think in action*. New York: Basic Book.
- Schwiebert, V. L., Deck, M.D., Bradshaw, M. L., Scott, P., & Harper, M. (1999). Women as mentors. *Journal of Humanistic Counselling Education and Development, 37*(4), 241-254.
- Spender, D. (1998). *Man made language* (2nd ed.) London: Pandora Press.

- Sulliman, C. (1995). Women's lived experience of breastfeeding: Talk about the breasted experience. Paper presented at the 86th Annual Eastern Communication Association Conference. Pittsburgh, Pennsylvania.
- Torres, L. (1992). Women and language: From sex differences to power dynamics. In C. Kramarae & D. Spender (Eds.), *The knowledge explosion: Generations of feminist scholarship* (pp. 281-290). New York: Teacher's College Press.
- Van Esterik, P. (1995a) The politics of breastfeeding: An advocacy perspective. In P. Stuart-Macadam & K. Dettwyler (Eds.), *Breastfeeding: Biocultural perspectives* (pp. 145-165). New York: Aldine De Gruyter.
- Van Esterik, P. (1995b). Thank you breasts: Breastfeeding as a feminist issue. In S. Cole & L. Phillips (Eds.), *Ethnographic feminisms: Essays in anthropology* (pp.75- 91). Ottawa: Carleton University Press.
- Van Esterik, P. (1989). *Mother power and infant feeding*. London: Zed Books.