Breastfeeding in American Adolescent Mothers

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Abstract

Human breast milk has been shown to protect against many infectious and chronic
diseases. However, adolescent mothers in the United States have continually had the lowest
breastfeeding rates out of all age groups. In many studies, Black Americans have the lowest rates
while Hispanic Americans have the highest. Factors that steer adolescents away from
breastfeeding include pain, lack of emotional support, and lack of knowledge. Many mothers
also chose to breastfeed because it is beneficial to the infant and it provides a way to bond with
him or her. Future research should investigate interventions that effectively increase the
prevalence of breastfeeding in American adolescents.
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For most infants, human breast milk is the ideal food choice (Centers for Disease Control and Prevention, 2008). Breast milk has been shown to be extremely beneficial to the growth and development of infants, protecting them from many infectious and chronic diseases (Allen & Hector, 2005). Although breastfeeding rates overall have increased, the percentage of infants who are breastfed by adolescent mothers continue to be the lowest out of all age groups. This paper seeks to determine the disparity between different ethnicities and the decision to breastfeed, why adolescent mothers prefer not to breastfeed, and why many others do decide to breastfeed.

The National Health and Nutrition Examination Surveys (NHANES) reported that from 1999-2006 only 43% of infants born to adolescent mothers were breastfed. Mexican American infants had the highest breastfeeding rates, at 66%, as compared to non-Hispanic Whites and non-Hispanic Blacks, at 40% and 30%, respectively (Centers for Disease Control and Prevention, 2008). In one study that sampled 389 adolescent mothers in North Carolina, Hispanic mothers were more likely than White or Black mothers to breastfeed (89% compared to 52% and 35%, respectively) (Samandari, Tucker, & Wilson, 2011). In another study that sampled 696 adolescent mothers, 35% decided to breastfeed. Of that percentage, 55% were Mexican American, 45% were White, and 15% were Black (Berenson, DuBois, & Wiemann, 1998). Research by Rayne (2007) has also found an association between the ethnicity of the mother and the tendency to breastfeed, with the percentage of Hispanic mothers at 71% compared to Whites at 54% and Blacks at 32%.

The data suggest that Blacks are the least likely group to breastfeed. In a study that sought to identify the barriers to breastfeeding among Black adolescents, the researchers found that the most reported factors included embarrassment, pain, and a lack of interest (Brownell,
Dabrow, Hartman, & Hutton, 2002). Black mothers have also been encouraged less by their healthcare provider to breastfeed than other ethnic groups (Berenson et al., 1998). Other barriers that were reported among adolescent mothers included poor knowledge of breastfeeding and lack of emotional support. Black adolescents have been shown to receive less emotional support from their family and friends than Hispanic mothers (Samandari et al., 2011). Many adolescent mothers do not have the knowledge or skills to sustain breastfeeding, which could lead to complications and increased physical discomfort. Those without emotional support tend to view breastfeeding negatively because their views were influenced by family members, friends, or healthcare providers (Coley, Cupito, Labbok, Nwokah, & Smith, 2012). For example, the perception of pain due to a relative’s experience may offset the desire to breastfeed. Other barriers included the discomfort with breastfeeding in public due to social perception and embarrassment (Bishop-Townsend, Hannon, Martinez, Scrimshaw, Willis, 2000).

Despite the number of factors that are given to explain the preference of adolescent mothers to not breastfeed, many do opt to breastfeed for a variety of reasons. In the study conducted by Borenson et al. (1998), adolescent mothers chose to breastfeed did so because it would be beneficial to the infant, it was convenient, and it provided a way for the mother to bond with her infant. The provision of emotional support and having a breastfeeding role model also greatly increased the decision of the mother to breastfeed (Borenson et al., 1998). Other factors that affected the decision of adolescent mothers to breastfeed were knowledge gained from healthcare providers and family members (Bishop-Townsend et al., 2000).

In 2011, 329,797 babies were born to adolescent mother; however, only about half of them were ever breastfed (Centers for Disease Control and Prevention, 2012). One of the goals of Healthy People 2020 (2013) is to increase the proportion of infants who are breastfed from the
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current rate of 74% to 81.9%. In order for that to occur, the number of breastfeeding adolescent mothers must increase. Black adolescents have the lowest percentage of breast feeders. Many barriers that deter adolescents from breastfeeding include pain, lack of knowledge, and lack of emotional support. The decision to breastfeed may be due to the emotional bond that may form between the mother and infant and support from family members, friends, and healthcare providers. Future research may investigate more effective methods to increase the likelihood that adolescent mothers will breastfeed in all ethnic groups, such as introducing the idea of breastfeeding and its benefits to students at an early age.
References


