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The Impact of Breastfeeding Education on Attitudes Toward Breastfeeding in Adolescents Attending Public Urban, Suburban, and Rural High Schools

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PURPOSE

The medically supported benefits of breastfeeding for mothers and their children include, but are not limited to : decreasing the risk of pneumonia, diarrhea, and type-II diabetes, acting as a method of hormonal birth control, and decreasing the incidence of post-partum depression (World Health Organization, 2015). According to the World Health Organization (2015), breastfeeding is also the most economically secure way to ensure proper nutrition for an infant. However, cultural norms of the United States, as evidenced in the media and public opinion, exploit and sexualize the bodies of women. Many families, therefore, are hesitant to breastfeed for fear of judgement, or refuse to breastfeed as a result of internalized oppression (Woods, Chesser, & Wiperman, 2013). Research shows that most women make decisions about parenthood and breastfeeding long before they choose to have children (Ho & McGrath, 2016). Additionally, the teenage years are those in which individuals form their identity and do so largely in the context of their social environment (Erikson, 1993). Furthermore, studies suggest that social supports are a major contributing factor to breastfeeding attitudes and intentions (Seidel et al., 2013). Therefore, it is essential to target breastfeeding education to the adolescent population to address this issue of not only public and women's health, but women's rights.

RESEARCH QUESTION AND HYPOTHESIS

Research Question: How can attitudes toward breastfeeding be changed to augment breastfeeding rates in the United states to ensure proper nutrition for children and allow for more freedom in women's public breastfeeding needs?

Non Directional Hypothesis: Including breastfeeding benefits and medically recommended practices in health education courses in public high schools will have an effect on knowledge about and attitudes toward breastfeeding.

MEASURES

Independent Variable (IV): Breastfeeding education
For this study, breastfeeding education is defined as a guest lecturer presenting on breastfeeding benefits, medically recommended practices, the influence of the media, and the necessity of social supports in health education classrooms.

Dependent Variable (DV): Attitudes toward breastfeeding
As defined for this study, attitudes toward breastfeeding are the participants' opinions of and intentions to engage in breastfeeding.

Unit of Analysis: Participants' knowledge levels regarding breastfeeding and participants' attitudes toward breastfeeding

RESEARCH DESIGN

This study has a quantitative, exploratory, quasi-experimental design. The exploratory nature of the research aims to establish a correlation between breastfeeding education and attitudes toward breastfeeding. The schools and classrooms will be randomly chosen from a list of public high schools, but participants will not be randomly assigned to the educational intervention as a result of pre-established classroom rosters. Comparison classrooms will not receive the educational intervention, making this study quasi-experimental. This design was chosen in order to measure baseline knowledge and attitudes, then compare these variables again after the intervention, or lack thereof. The comparison group helps to account for extraneous variables. Threats to internal validity include: the personal history of students, possible interference with the presentation as a result of extenuating circumstances, the fact that the students will have already encountered the posttest after completing the pretest, students may choose not to partake in the testing, the pre-established classroom rosters could represent a homogenous group of students, the nature of self report in the survey design leaves room for ambiguity, contamination could occur between the groups as students may use their cellular devices to text other students, students may read the permission slip, and the lesson itself may not be effective.

Design: Pretest/Posttest Comparison-Group Design

<i>Notation:</i> Experimental Group	O1	X	O2
Comparison Group	O1		O2

SAMPLE

Target Population: Adolescents aged 14-18 in the United States attending public high school in urban, suburban, and rural areas

Study Population: Public high schools in Hampden County, Massachusetts

Sampling Frame: List of health classes from each local, public high school

Selection of Sample: Probability, multi stage cluster sampling will be used to capture equal representation from urban, suburban, and rural schools, as well as the health education classes within these schools.

Population size: 73,940 public high school students in Hampden County

Realistic Sample Size: If two schools from each type of community have two participating health courses consisting of 50 total students, the resulting sample size is 300 students.

While the intervention would be incorporated into the regular learning environment, the intervention groups would receive the same treatment, and the sampling method encourages participation from diverse groups, the small sample size limits external validity.

DATA COLLECTION AND ANALYSIS

To collect data regarding the variables, a self-report true/false test will be used to measure knowledge and the IOWA breastfeeding attitudes Likert scale will be used to measure opinions. The tests will be administered once at the start of class and once at the end of class. The two tests will be scored separately by the researcher.

The Chi Square test for association will be used to examine the relationship between the educational intervention and knowledge, as well as the educational intervention and attitudes. Chi square is the most appropriate test to describe two ordinal levels of measure. An absolute zero does not exist for knowledge about breastfeeding. Rather, the scores of this test represent a rank of learned information. The Likert scale is a typical ordinal level of measure.

ETHICAL CONSIDERATIONS

Informed consent will be obtained from all parents in the form of a school permission slip detailing the day, time, and subject of the educational intervention. Assent will be given by the students as the first page of the assessment packet. Those who do not wish to participate will have an alternate assignment in the library.

Confidentiality will be attained by keeping the assessments anonymous. Additionally, the researchers will not share the class roster and refrain from the use of any names learned in the class period in subsequent discussions in order to protect the human subjects.

A risk to this study may be that a student feels uncomfortable with the subject of breastfeeding for religious or cultural reasons. However, the benefits of breastfeeding education far outweigh the risk, as the health and wellness of future mothers and children must be protected.

As social workers are obligated to combat injustice, it is ethically necessary to research techniques to augment breastfeeding in order to advance women's rights and advocate for women's and public health.

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