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

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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).
- 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, & Wippertman, 2013).

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, and then compare these variables 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 test other students, students may read the permission slip, and the lesson itself may not be effective.

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.

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.

REFERENCES