

Breastfeeding Intentions Among Pregnant Adolescents and Young Adults and Their Partners

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Abstract

Background: Rates of breastfeeding remain disproportionately low among young mothers in the United States. Although breastfeeding behavior may be most directly related to breastfeeding intention, little is known about breastfeeding intentions among young women who are expecting a baby.

Subjects and Methods: Pregnant adolescents and young adults (14–21 years old) and their male partners were recruited for participation. Females were asked if they intended to breastfeed, and their partners were asked if they wanted their partners to breastfeed; participants indicated reasons for their responses. Logistic regression modeling was used to determine the associations between breastfeeding intentions and sociodemographic characteristics, relationship characteristics, and partner's intention to breastfeed.

Results: Approximately 73% of females reported intending to breastfeed, and 80% of males reported wanting his partner to breastfeed, most commonly because it is "healthier for the baby" and "a more natural way to feed the baby." Sociodemographic and relationship characteristics explained a small amount of variance of breastfeeding intention (15% and 4% among females, respectively, and 8% and 4% among males, respectively). Partner intention explained an additional 23% and 24% of the variance in individual intention for females and males, respectively. Females who had experienced intimate partner violence (IPV) from their current partner had lower odds of intending to breastfeed (odds ratio = 0.37; 95% confidence interval = 0.16, 0.84). Race/ethnicity modified associations among both genders.

Conclusions: These findings emphasize the importance of dyadic approaches and suggest strategies for improving breastfeeding intentions and behavior among young couples expecting a baby. These results are also among the first to document the relationship between IPV and breastfeeding intentions among young women.

Introduction

RATES OF BREASTFEEDING REMAIN disproportionately low among young mothers in the United States, despite growing epidemiologic and clinical evidence of its benefits. Recent national data suggest that 53% of women less than 20 years of age initiate breastfeeding and that only 19% are still breastfeeding at 6 months, compared with 78% and 49%, respectively, of women over 30 years of age.¹ Young mothers in particular may derive significant benefits from breastfeeding, including associated financial and health savings. Additionally, breastfeeding often results in increased interpregnancy intervals attributable to lactational amenorrhea, improved postpartum weight loss, and fewer pediatric visits due to a decreased incidence of ear infections

and urinary tract infections.² Breastfeeding also enhances maternal–infant bonding and reduces risk of postpartum depression.^{3,4}

Breastfeeding behavior may be most directly related to breastfeeding intention. This premise is corroborated by strong empirical evidence^{5–8} and the theories of planned behavior⁹ and reasoned action.^{10,11} Breastfeeding intention has been associated with older maternal age, higher educational attainment, previous breastfeeding experience, and experiencing breastfeeding support from family members and partners.^{6,12,13} This research, however, is largely established among samples of adult women; less is known about breastfeeding intentions among younger women. Because concerns about breastfeeding may be quite different among this population,¹⁴ research specific to young mothers is critical.

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Because adolescents and young women tend to be more strongly influenced by their partners than older adult women,¹⁴ relationship characteristics may strongly influence their breastfeeding intentions. Support of the father of the baby in particular has been associated with greater likelihoods of intending to breastfeed and breastfeeding behavior among adult females;¹⁵⁻¹⁷ however, this association has not been well described among younger populations. Research to date has been limited by small sample sizes and qualitative data.¹⁵ Furthermore, intimate partner violence (IPV) may negatively affect breastfeeding intentions and behavior because female victims often struggle with feelings of shame, inadequacy, and low self-esteem.^{18,19} Evidence to support this association, however, has been sparse and inconsistent.¹⁸⁻²⁰ Additional research is needed.

Accordingly, this study sought to examine breastfeeding intentions among pregnant female adolescents and young adults and their male partners in order to improve breastfeeding rates among young mothers. First, we determined the proportion of young females and males who intended (for their partners) to breastfeed and described corresponding reasons for these intentions. Second, we explored socio-demographic and relationship characteristics associated with breastfeeding intentions among pregnant females and their male partners. Last, we examined whether breastfeeding intentions varied by race/ethnicity because strong racial and ethnic differences in breastfeeding behavior exist, with Hispanic women being more likely to breastfeed and non-Hispanic black women less likely to breastfeed than other racial and ethnic groups.^{1,5,21} A more comprehensive understanding of breastfeeding intentions among pregnant adolescents and young adults and their partners may be important for ensuring that interventions can be tailored to effectively improve breastfeeding behavior among young mothers.

Subjects and Methods

Sample

This cross-sectional analysis uses data derived from a larger observational cohort study examining the transition of young couples from pregnancy through parenthood. Pregnant females and their male partners were recruited between July 2007 and February 2011 from obstetrics and gynecology clinics and from an ultrasound clinic in four university-affiliated hospitals in Connecticut. If the male partner was not present, research staff provided informational materials and asked the female to talk to her partner about the study. The parent study included young women 14–21 years old who were in their second or third trimester of pregnancy and their partners. Both partners had to report being in a romantic relationship with one another at enrollment. Furthermore, they had to report being the biological parents of the unborn baby, agree to participate in the study, and be able to speak English or Spanish. The father of the baby had to be at least 14 years old, and neither partner could knowingly be human immunodeficiency virus positive. Participants were deemed ineligible if they could not be re-contacted after an initial run-in period following the screening and before their estimated due date. Of 413 eligible couples, 296 couples (72.2%) enrolled in the study. Data for this analysis are from the baseline assessment ($n = 592$ individuals/296 couples).

After giving informed consent, young women and their partners were interviewed separately during the third trimester of pregnancy (mean of 29 weeks). Participants com-

pleted an automated computerized self-interview during which they could listen to and read questions as they were being asked. Interviews were completed simultaneously on two separate computers and included questions on health outcomes, behavior, and psychosocial characteristics. Participation was voluntary and confidential and did not influence the provision of healthcare or social services in any way. All procedures were approved by the Yale University Human Investigation Committee and by Institutional Review Boards at study clinics. Participants were paid \$25 for their time.

Measures

Breastfeeding intention. Female participants were asked, “Do you plan on breastfeeding your baby?,” and male participants were asked, “Do you want your partner to breastfeed your baby?” to which they could respond either “yes” or “no.” Based on this response, participants were then asked to choose the reasons why they either intended (wanted her) to breastfeed or did not intend (want her) to breastfeed. Participants were presented with eight statements and were instructed to choose all reasons that described their perspective.

We selected commonly studied sociodemographic characteristics and relationship characteristics hypothesized to be influential for breastfeeding intention for our analyses based on evidence from past research.^{6,20}

Sociodemographic characteristics. These measures included age, education (years), whether or not the participant was currently in school, race/ethnicity (non-Hispanic black, Hispanic, non-Hispanic white, other), household income, parity (first baby vs. second or subsequent baby), and whether or not the participant ever used alcohol, ever smoked cigarettes, and ever used marijuana.

Relationship characteristics. Variables included relationship duration (self-reported in months) and whether or not the participant lived with his/her partner. We also measured relationship satisfaction using the 32-item Dyadic Adjustment Scale.²² This scale was adapted to be more relevant to young couples, who may or may not be living together. For instance, “Do you ever regret that you married (live together)?” was changed to “Do you ever regret being with your partner?” Participants responded on a 6-point Likert scale ranging from “All the time” to “Never.” The responses to all items were summed for a total score, with higher scores indicating greater relationship satisfaction. Reliability for this measure was very good ($\alpha = 0.94$). Relationship power was measured with eight items adopted from the Decision Making Dominance Subscale of the Sexual Relationship Power Scale.²³ These items ask participants which partner has more say sexually and socially. Responses include “your partner” (1), “both of you equally” (2), and “you” (3). Responses are summed for a total score and divided by the number of valid items. Higher scores indicated greater relationship power. Last, participants reported whether or not they had experienced IPV from their current partner, including any sexual violence, physical violence, threats, or emotional abuse.

Statistical analysis

We first described the sample by generating means and frequencies for our selected sociodemographic and relationship

characteristics. We then calculated the frequencies of breastfeeding intentions and determined whether or not these intentions differed by gender with McNemar's χ^2 tests. We further examined couple-level agreement using a κ statistic. Frequencies were also generated to describe the corresponding reasons for intending or not intending to breastfeed, and McNemar's χ^2 tests were used again to determine differences by gender.

Logistic regression models were used to determine the associations between breastfeeding intentions and socio-demographic characteristics, relationship characteristics, and partner's intention to breastfeed, separately for each gender. We created bivariate models to determine unadjusted associations and then created a multivariate model for each gender by entering all potential explanatory variables simultaneously. Nagelkerke R^2 values, which indicate the percentage of the variance in the outcome explained, are presented for socio-demographic characteristics, relationship characteristics, and partner's intention to breastfeed. We tested whether or not race/ethnicity modified the associations between all potential explanatory variables and breastfeeding intention by creating interaction terms and entering them individually into the final multivariate models.

Results

Sample characteristics

On average, females were 19 years old at baseline, and males were 21 years old (Table 1). The sample was low in-

come, with males having significantly greater household incomes than females. Forty percent of females were non-Hispanic black, and 49% of males were non-Hispanic black. This was the first pregnancy for approximately three-quarters of the sample. Almost two-thirds of participants reported living with their partners, and the mean relationship duration was 27 months. Males reported significantly more IPV perpetrated by their current partner (49%) than females (31%).

Breastfeeding intention. Approximately 73% of females reported intending to breastfeed, and 80% of males reported wanting his partner to breastfeed. Males reported wanting their partner to breastfeed significantly more often than females reported intending to breastfeed ($p=0.014$). In 67% of couples both partners intended (wanted her) to breastfeed, and in 14% of couples both partners did not intend (want her) to breastfeed. In 13% of couples, the male partner wanted the female partner to breastfeed but the female partner did not intend to, and in 6% of couples, the female partner intended to breastfeed but the male partner did not want her to. The level of agreement among couples was moderate ($\kappa=0.472$, $p<0.001$).

The most common reasons for intending to breastfeed among both females and males included that "It is healthier for the baby" and "It is a more natural way to feed the baby" (Table 2). Females endorsed several reasons for intending to breastfeed significantly more often than males, but the frequency with which females and males endorsed reasons not to breastfeed did not significantly differ by gender.

TABLE 1. SOCIODEMOGRAPHIC AND RELATIONSHIP CHARACTERISTICS BY GENDER (N=592 PARTICIPANTS; 296 COUPLES)

	Females (n=296)	Males (n=296)	p value ^a
Sociodemographic characteristics			
Age (years)	18.7±1.63	21.3±4.06	<0.001
Range	15–21	14–40	
Education (years)	11.8±1.82	11.8±1.89	0.456
Range	8–20	7–20	
Currently in school	117 (39.5%)	79 (26.9%)	<0.001
Race/ethnicity			0.001
Non-Hispanic black	117 (39.5%)	144 (48.6%)	
Hispanic	117 (39.5%)	108 (36.5%)	
Non-Hispanic white	50 (16.9%)	31 (10.5%)	
Other	12 (4.1%)	13 (4.4%)	
Household income (\$)	13,497±15,530	17,439±21,541	0.005
Range	2,500–125,000	2,500–175,000	
First baby	233 (79.0%)	221 (75.7%)	0.308
Substance use prior to pregnancy			
Any alcohol	140 (47.3%)	175 (60.1%)	<0.001
Any smoking	111 (37.5%)	137 (47.1%)	0.007
Any marijuana	86 (29.1%)	125 (43.0%)	<0.001
Relationship characteristics			
Relationship duration (months)	26.6±19.52	27.2±20.01	0.070
Range	4.8–118.4	4.8–130.5	
Live with partner	185 (62.5%)	183 (62.0%)	1.000
Relationship satisfaction	116.1±20.27	114.3±21.19	0.180
Range	36–151	26–151	
Relationship power	2.0±0.25	1.9±0.26	0.011
Range	1.1–3.0	1.1–2.8	
Any intimate partner violence from partner ^b	91 (30.7%)	145 (49.0%)	<0.001

Number missing per item ranges from 0 to 2 for females and 0 to 5 for males.

^ap values derived from paired *t* tests and McNemar's χ^2 tests for continuous and categorical variables, respectively.

^bIntimate partner violence included any sexual violence, physical violence, threats, or emotional abuse from current partner.

TABLE 2. BREASTFEEDING INTENTION AND REASONS FOR INTENTIONS BY GENDER

Reasons for intending to breastfeed	n (%)		p value ^a
	Female 216 (73.2%)	Male 232 (80.0%)	
It is healthier for the baby.	183 (84.7%)	145 (62.5%)	<0.001
It is a more natural way to feed the baby.	142 (65.7%)	160 (69.0%)	0.389
It will bring me closer to the baby.	133 (61.6%)	111 (47.8%)	0.031
It is healthier for me.	110 (50.9%)	65 (28.0%)	<0.001
It is less expensive than buying formula.	81 (37.5%)	56 (24.1%)	0.013
It will improve the baby's IQ.	65 (30.1%)	65 (28.0%)	0.904
So I don't get pregnant again.	6 (2.8%)	5 (2.2%)	0.727

Reasons for not intending to breastfeed	n (%)		p value ^a
	Female 79 (26.8%)	Male 58 (20.0%)	
Just cannot imagine/don't want to breastfeed.	26 (37.1%)	13 (25.5%)	0.481
Afraid it will hurt.	25 (31.6%)	12 (20.7%)	0.648
I'm going back to work or school.	15 (21.4%)	16 (31.4%)	1.000
Hard for dad to be involved in feeding the baby.	16 (20.3%)	13 (22.4%)	1.000
Worried about my smoking/diet/medications that might hurt the baby.	13 (18.6%)	3 (5.9%)	1.000
Baby might not like it or latch on.	5 (7.1%)	6 (11.8%)	1.000
So I can get pregnant again.	1 (1.6%)	2 (4.3%)	1.000

^ap values derived from McNemar's χ^2 tests to determine differences by gender.

Characteristics associated with breastfeeding intention

Sociodemographic characteristics explained approximately 15% of the variation in breastfeeding intention among females (Table 3). In the adjusted logistic regression model, greater household incomes were associated with slightly but signifi-

cantly greater odds of intending to breastfeed. Additionally, substance use prior to pregnancy was significantly associated with breastfeeding intention, with females who had ever used alcohol prior to pregnancy having greater odds of intending to breastfeed and females who had ever used marijuana having less odds of intending to breastfeed. Relationship

TABLE 3. CHARACTERISTICS OVERALL AND THEIR ASSOCIATIONS WITH BREASTFEEDING INTENTION AMONG YOUNG PREGNANT FEMALES

	OR (95% CI)		Cumulative R ²
	Unadjusted	Adjusted	
Sociodemographic characteristics			0.146
Age	0.95 (0.81, 1.11)	1.00 (0.75, 1.30)	
Education (years)	1.02 (0.88, 1.17)	1.02 (0.82, 1.25)	
Currently in school	2.17 (1.23, 3.82) ^c	1.87 (0.87, 4.00)	
Race/ethnicity			
Non-Hispanic black	0.60 (0.33, 1.09) ^a	0.75 (0.36, 1.60)	
Hispanic	1.00	1.00	
Non-Hispanic white	0.50 (0.24, 1.05) ^a	0.47 (0.18, 1.25)	
Other	0.77 (0.19, 3.08)	0.92 (0.18, 4.83)	
Household income (per \$1,000)	1.02 (1.00, 1.04) ^a	1.03 (1.00, 1.06) ^b	
First baby	1.69 (0.93, 3.08) ^a	1.14 (0.48, 2.70)	
Substance use prior to pregnancy			
Any alcohol	1.79 (1.05, 3.04) ^b	3.08 (1.40, 6.81) ^c	
Any smoking	0.62 (0.37, 1.05)	0.47 (0.21, 1.06)	
Any marijuana	0.53 (0.31, 0.91) ^b	0.43 (0.19, 0.99) ^b	
Relationship characteristics			0.183
Relationship duration (months)	0.99 (0.97, 1.00) ^b	0.98 (0.96, 1.00) ^b	
Live with partner	0.76 (0.44, 1.30)	0.84 (0.38, 1.82)	
Relationship satisfaction	1.00 (0.99, 1.02)	1.00 (0.98, 1.02)	
Relationship power	1.64 (0.59, 4.59)	1.03 (0.27, 3.94)	
Any intimate partner violence from partner	0.73 (0.42, 1.27)	0.37 (0.16, 0.84) ^b	
Partner's intention for her to breastfeed	11.65 (6.03, 22.50) ^c	14.81 (6.87, 31.95) ^c	0.413

^ap<0.10, ^bp<0.05, ^cp<0.01.

CI, confidence interval; OR, odds ratio.

characteristics accounted for another 4% of the variation in intentions. Shorter relationship duration and having experienced IPV from her partner were both associated with decreased odds of intending to breastfeed. Last, her partner's wanting her to breastfeed explained an additional 23% of the variation in breastfeeding intention. Partner's intention for her to breastfeed was associated with 15-fold greater odds of intending to breastfeed. Overall, sociodemographic characteristics, relationship characteristics, and partner's intention for her to breastfeed explained 41% of the variation in breastfeeding intention.

The association between any alcohol use and breastfeeding intention for females was moderated by race/ethnicity (analyses not shown). Hispanic females had a strong and significant association between any alcohol use and intention (odds ratio [OR]=7.36; 95% confidence interval [CI]=2.10, 25.82; $p=0.002$), but no significant associations existed among other race/ethnicity groups (p values >0.05).

In the adjusted logistic regression model, sociodemographic characteristics accounted for 8% of the variance among young male partners; however, only race/ethnicity was associated with wanting his partner to breastfeed (Table 4). Being non-Hispanic black compared with Hispanic was marginally associated with half the odds of breastfeeding intention ($p=0.054$). Relationship characteristics accounted for another 4% of the variance in breastfeeding intention, although none of the relationship characteristics was significant in the adjusted multivariate model. His partner's intention to breastfeed, however, was associated with 12-fold greater odds of wanting his partner to breastfeed and explained an additional 24% of the model variance, above and beyond sociodemographic and

other relationship characteristics. Overall, sociodemographic characteristics, relationship characteristics, and partner's intention to breastfeed explained 36% of the variation in breastfeeding intention.

Race/ethnicity modified the associations between several sociodemographic characteristics and breastfeeding intention among young males (analyses not shown). For instance, the association between age and breastfeeding intention differed by race/ethnicity status. Among Hispanic males, older ages had significantly greater odds of wanting his partner to breastfeed (OR=1.32; 95% CI=1.02, 1.70; $p=0.034$); no significant associations with age were found among the other race/ethnicity groups (all $p>0.05$). Race/ethnicity also modified associations between substance use and breastfeeding intention. Non-Hispanic black males who had ever smoked cigarettes and who had ever used marijuana had significantly less odds of wanting their partner to breastfeed (OR=0.30; 95% CI=0.10, 0.95; $p=0.041$; and OR=0.24; 95% CI=0.07, 0.80; $p=0.020$, respectively). Ever having smoked cigarettes and ever having used marijuana were not significantly associated with breastfeeding intention among the other race/ethnicity groups (all $p>0.05$).

Discussion

Overall, rates of breastfeeding intentions among both female and male partners were high. These results were surprising, given that nationally, just over half of women under 20 years of age initiate breastfeeding. Our results may therefore suggest that a critical gap exists between intending to breastfeed and actual breastfeeding initiation. Our data also

TABLE 4. CHARACTERISTICS OVERALL AND THEIR ASSOCIATIONS WITH BREASTFEEDING INTENTION AMONG YOUNG MALE PARTNERS

	OR (95% CI)		Cumulative R ²
	Unadjusted	Adjusted	
Sociodemographic characteristics			0.083
Age	1.03 (0.95, 1.11)	1.08 (0.97, 1.21)	
Education (years)	1.14 (0.97, 1.35) ^a	1.06 (0.85, 1.32)	
Currently in school	1.32 (0.67, 2.61)	1.15 (0.46, 2.84)	
Race/ethnicity			
Non-Hispanic black	0.53 (0.28, 1.02) ^a	0.45 (0.20, 1.02) ^a	
Hispanic	1.00	1.00	
Non-Hispanic white	1.68 (0.46, 6.17)	1.70 (0.38, 7.54)	
Other	1.03 (0.21, 5.05)	1.07 (0.17, 6.89)	
Household income (per \$1,000)	1.01 (0.99, 1.02)	1.00 (0.98, 1.02)	
First baby	1.23 (0.64, 2.35)	1.01 (0.44, 2.32)	
Substance use prior to pregnancy			
Any alcohol	1.53 (0.86, 2.73)	1.44 (0.58, 3.59)	
Any smoking	0.86 (0.48, 1.52)	0.80 (0.34, 1.89)	
Any marijuana	0.98 (0.55, 1.76)	0.93 (0.39, 2.23)	
Relationship characteristics			0.122
Relationship duration (months)	0.99 (0.98, 1.01)	1.01 (0.99, 1.02)	
Live with partner	0.72 (0.39, 1.34)	0.61 (0.27, 1.38)	
Relationship satisfaction	1.00 (0.99, 1.02)	1.01 (0.99, 1.02)	
Relationship power	5.74 (1.82, 18.11) ^b	3.30 (0.79, 13.82)	
Any intimate partner violence from partner	1.02 (0.57, 1.81)	1.20 (0.55, 2.63)	
Partner's intention to breastfeed	11.65 (6.03, 22.50) ^b	11.67 (5.72, 23.79) ^b	0.363

^a $p<0.10$, ^b $p<0.01$.

CI, confidence interval; OR, odds ratio.

suggest that young males may be equally supportive—if not more so—of their partner's breastfeeding intentions. As a result, these partners may be an important asset for promoting breastfeeding among young mothers.

Young females and males both endorsed reasons for intending (or wanting her) to breastfeed that pertained to breastfeeding being more natural and healthier than exclusively formula feeding. Practical reasons, such as increasing birth spacing and being less expensive than formula, were less frequently endorsed. The low frequency on the cost savings item may be partly due to the supplemental nutritional program Women, Infants, and Children providing assistance for low-income mothers to purchase formula. Nevertheless, the frequency with which these reasons are endorsed by both young females and males highlights reasoning that may be effective for increasing breastfeeding intentions among young females.

Among participants who did not intend (want their partner) to breastfeed, one of the more commonly endorsed reasons was the fear of breastfeeding hurting. This reasoning provides a strong rationale for addressing this concern with adolescents and young women throughout prenatal care. A second commonly endorsed reason includes the plan to return to work or school. This concern should be addressed with practical strategies on how to time feeds and on breast pumping and the safe storage of breastmilk. Additionally, advocacy for increased access to areas at both work and school for breastfeeding and breast pumping is critical. Another commonly endorsed reason not to breastfeed included that they "just can't imagine" or "don't want to." This reason may reflect a perception of the norm for young women not to breastfeed. Possible intervention approaches to address all of the aforementioned reasons for not intending (wanting her) to breastfeed include providing these young couples with the stories of young women who have successfully breastfed their babies in order to dispel misperceptions about breastfeeding and to normalize the behavior.

Few sociodemographic characteristics were associated with breastfeeding intention among young women and men. Although race/ethnicity was marginally significantly associated with breastfeeding intention among young women in the unadjusted analyses, race/ethnicity failed to attain significance in our adjusted analyses. The absence of this association is striking and may suggest that non-Hispanic black and non-Hispanic white women are particularly vulnerable to the gap between intending to breastfeed and actual breastfeeding behavior. They may therefore warrant additional attention and care when trying to initiate breastfeeding, possibly because breastfeeding is less normative among these race/ethnicity groups than among Hispanic women.^{1,5,21}

Several associations between sociodemographic characteristics and intention were moderated by race/ethnicity. Among women, for instance, alcohol use was associated with greater odds of intending to breastfeed; however, this association was significant only among Hispanics. Among men, non-Hispanic blacks who had smoked or who had used marijuana were less likely to want their partners to breastfeed, possibly because they wanted to smoke or use marijuana with their partners while at the same time protecting their baby from these substances. The associations between race/ethnicity and breastfeeding intention, therefore, may have been partially explained in the multivariate model by adjusting for substance use.

Relationship characteristics contributed to intending to breastfeed only among women. Longer relationship durations were associated with less odds of intending to breastfeed, possibly because longer relationships may occur more among older couples who could be juggling work or other commitments as a young adult.

The other relationship characteristic associated with breastfeeding intention was having experienced any IPV, which significantly and substantially reduced the odds of intending to breastfeed. This association substantively adds to the literature as, to date, limited research has demonstrated inconsistent and insufficient evidence of the relationship between IPV and breastfeeding.^{18–20,24–27} This study is one of the first to use a comprehensive approach and confirm the association between IPV and lower odds of breastfeeding intention among young women.

Our study has several strengths, including a sample of racially and ethnically diverse young couples, which enabled us to investigate race/ethnicity as a covariate and study a sample at high risk for not breastfeeding. We also collected data from both female and male members of the couple during pregnancy so that breastfeeding intention was measured prior to delivery, which, because of the nature of breastfeeding, represents the optimal point for potential intervention. We cannot, however, rule out social desirability bias, which may partially explain why the rates of intending (wanting her) to breastfeed were so high. The use of the automated computerized self-interview, however, is thought to minimize this potential. Additionally, because our sample includes women who continue to be in a romantic relationship with the father of the baby during pregnancy, these results may not be generalizable to other samples of young pregnant women. And, finally, our study does not include breastfeeding behavior as participants were interviewed during their pregnancy.

Conclusions

Our results demonstrate that a large number of young women and men who are expecting a baby intend (for their partner) to breastfeed. Emphasizing breastfeeding as a healthy and natural way to feed the baby may be more persuasive among this population than citing the practical benefits of breastfeeding. Furthermore, young women and their partners likely require counseling throughout prenatal care to address fears of breastfeeding hurting and to learn ways that they can maintain breastfeeding upon returning to work or school. Providing young couples with examples of others who have successfully breastfed their babies will likely help to normalize and conceptualize what it means to breastfeed their babies, thereby increasing breastfeeding intentions. Effective interventions to strengthen breastfeeding intentions will likely incorporate education and advocacy for both the young women and her partner.

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Disclosure Statement

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References

1. Scanlon KS, Grummer-Strawn L, Chen J, et al. Racial and ethnic differences in breastfeeding initiation and duration, by state—National Immunization Survey, United States, 2004–2008. *MMWR Morbid Mortal Wkly Rep* 2010;59:327–334.
2. American Academy of Pediatrics. Breastfeeding and the use of human milk. *Pediatrics* 2005;115:496–506.
3. Ip S, Chung M, Raman G, et al J. Breastfeeding and maternal and infant health outcomes in developed countries. *Evid Rep Technol Assess (Full Rep)* 2007;(153):1–186.
4. Labbok MH. Effects of breastfeeding on the mother. *Pediatr Clin North Am* 2001;48:143–158.
5. Lee HJ, Elo IT, McCollum KF, et al. Racial/ethnic differences in breastfeeding initiation and duration among low-income, inner-city mothers. *Soc Sci Q* 2009;90:1251–1271.
6. Humphreys AS, Thompson NJ, Miner KR. Intention to breastfeed in low-income pregnant women: The role of social support and previous experience. *Birth* 1998;25:169–174.
7. Donath SM, Amir LH; ALSPAC Study Team. Relationship between prenatal infant feeding intention and initiation and duration of breastfeeding: A cohort study. *Acta Paediatr* 2003;92:352–356.
8. Meedya S, Fahy K, Kable A. Factors that positively influence breastfeeding duration to 6 months: A literature review. *Women Birth* 2010;23:135–145.
9. Ajzen I. The theory of planned behavior. *Organ Behav Hum Decision Processes* 1991;50:179–211.
10. Fishbein M, Ajzen I. *Belief, Attitude, Intention, and Behavior: An Introduction to Theory and Research*. Addison-Wesley, Reading, MA, 1975.
11. Manstead ASR, Proffitt C, Smart JL. Predicting and understanding mothers' infant-feeding intentions and behavior: Testing the Theory of Reasoned Action. *J Pers Soc Psychol* 1983;44:657–671.
12. Kessler LA, Gielen AC, Diener-West M, et al. The effect of a woman's significant other on her breastfeeding decision. *J Hum Lact* 1995;11:103–109.
13. Lee HJ, Rubio MR, Elo IT, et al. Factors associated with intention to breastfeed among low-income, inner-city pregnant women. *Matern Child Health J* 2005;9:253–261.
14. Kennedy M. Teens and breastfeeding. *Int J Childbirth Educ* 2000;15:20–23.
15. Grassley JS. Adolescent mothers' breastfeeding social support needs. *J Obstet Neonatal Nurs* 2010;39:713–722.
16. Bar-Yam NB, Darby L. Fathers and breastfeeding: A review of the literature. *J Hum Lact* 1997;13:45–50.
17. Alexander A, O'Riordan MA, Furman L. Do breastfeeding intentions of pregnant inner-city teens and adult women differ? *Breastfeed Med* 2010;5:289–296.
18. Cerulli C, Chin N, Talbot N, et al. Exploring the impact of intimate partner violence on breastfeeding initiation: Does it matter? *Breastfeed Med* 2010;5:225–226.
19. Moraes CL, de Oliveira ASD, Reichenheim ME, et al. Severe physical violence between intimate partners during pregnancy: A risk factor for early cessation of exclusive breastfeeding. *Public Health Nutr* 2011;14:2148–2155.
20. Silverman JG, Decker MR, Reed E, et al. Intimate partner violence around the time of pregnancy: Association with breastfeeding behavior. *J Womens Health* 2006;15:934–940.
21. Wiemann CM, DuBois JC, Berenson AB. Racial/ethnic differences in the decision to breastfeed among adolescent mothers. *Pediatrics* 1998;101:1–8.
22. Spanier GB. Measuring dyadic adjustment: New scale for assessing the quality of marriage and similar dyads. *J Marriage Fam* 1976;38:15–28.
23. Pulerwitz J, Gortmake SL, DeJong W. Measuring sexual relationship power in HIV/STD research. *Sex Roles* 2000;42:7–8.
24. Bair-Merritt MH, Blackstone M, Feudtner C. Physical health outcomes of childhood exposure to intimate partner violence: A systematic review. *Pediatrics* 2006;117:278–290.
25. Kendall-Tackett KA. Violence against women and the perinatal period: The impact of lifetime violence and abuse on pregnancy, postpartum, and breastfeeding. *Trauma Violence Abuse* 2007;8:344–353.
26. Prentice JC, Lu MC, Lange L, et al. The association between reported childhood sexual abuse and breastfeeding initiation. *J Hum Lact* 2002;18:219–226.
27. Benedict M, Paine L, Paine L. *Long-Term Effects of Child Sexual Abuse on Functioning in Pregnancy and Pregnancy Outcome*. Final report. Washington, DC: National Center on Child Abuse and Neglect, 1994.

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