



## Breastfeeding motivation and Self-Determination Theory



Miri Kestler-Peleg <sup>a,\*</sup>, Merav Shamir-Dardikman <sup>b</sup>, Doron Hermoni <sup>c</sup>, Karni Ginzburg <sup>d,1</sup>

<sup>a</sup> School of Social Work, Ariel University, Israel

<sup>b</sup> Tel-Aviv Municipality Center of Marital and Family Therapy, Tel Aviv, Israel

<sup>c</sup> Sackler Faculty of Medicine, Tel-Aviv University, Israel

<sup>d</sup> Bob Shapell School of Social Work, Tel Aviv University, Israel

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### ABSTRACT

**Rationale:** In the current social climate, breastfeeding is regarded as the “gold standard” of babies’ nutrition and optimal mothering. It is not surprising, therefore, that the vast majority of contemporary women begin breastfeeding after they give birth.

**Objective:** This paper presents two separate quantitative studies conducted in Israel which examined breastfeeding motivation and its association with maternal well-being as derived from Self-Determination Theory (SDT). In Study I, a new breastfeeding motivation scale reflecting the various SDT-informed motivations was developed. Study II sought to validate the structure of the scale and to examine the hypotheses derived from SDT.

**Methods:** In Study I, which took place in 2007, 130 mothers of at least one child under the age of eight years old filled out the Breastfeeding Motivation Scale. In Study II, which took place during the years 2008–2010, a different sample of 236 women were followed at three different time points: during the third trimester of pregnancy, at eight weeks postnatal, and at five months postnatal. The participants completed the Breastfeeding Motivation Scale and maternal well-being, maternal self-efficacy and maternal attachment questionnaires.

**Results:** The findings supported the structure of the Breastfeeding Motivation Scale according to SDT. As predicted, autonomous motivation was positively correlated with maternal well-being and self-efficacy, while controlled motivations were positively associated with distress and inversely correlated with self-efficacy. Anxious attachment predicted both controlled and autonomous breastfeeding motivations.

**Discussion:** The findings support the validity of the SDT for breastfeeding motivations, and highlight the role of these motivations as differentiating between positive and negative subjective well-being, among breastfeeding women.

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### 1. Background

The World Health Organization and other health organizations recommend that mothers breastfeed their babies until the babies reach the age of two (Israeli Ministry of Health, 2014; World Health Organization, 2012). Inspired by public health goals to raise the rate of breastfeeding and extend its duration (United States Department

of Health and Human Services, Center for Disease Control and Prevention, 2014), a variety of programs have been developed to promote breastfeeding; these programs have led to a virtual tripling of the numbers of mothers breastfeeding worldwide over the past fifty years (e.g., Israeli Ministry of Health, 2014; United States Breastfeeding Committee, 2014).

This development is due, at least in part, to a change in the social climate. Breastfeeding is currently perceived as an expression of dedicated motherhood which, tailored to the baby’s needs, promotes his/her optimal physical and emotional health (Murphy, 2000); as such, mothers are increasingly being pressured to choose the “right path” (Knaak, 2005), regardless of other circumstances such as pain and discomfort, limited independence, or return to work, (Dykes, 2005; Kelleher, 2006; Stewart-Knox et al., 2003).

\* Corresponding author. School of Social Work, Ariel University, Ariel, 40700, Israel.

E-mail addresses: [mirikp@ariel.ac.il](mailto:mirikp@ariel.ac.il) (M. Kestler-Peleg), [merav.shamir@gmail.com](mailto:merav.shamir@gmail.com) (M. Shamir-Dardikman), [doronh@clalit.org.il](mailto:doronh@clalit.org.il) (D. Hermoni), [karnig@post.tau.ac.il](mailto:karnig@post.tau.ac.il) (K. Ginzburg).

<sup>1</sup> Address information: Bob Shapell School of Social Work, Tel Aviv University, Tel-Aviv 69978, Israel.

With western society today promoting breastfeeding as an obligatory norm (Lee, 2011) and the vast majority of women complying with the imperative to breastfeed, the need to determine *why* women choose to breastfeed has become a relevant issue.

### 1.1. Self-Determination Theory

Self-Determination Theory (SDT), developed by Ryan and Deci (2000a; 2000b), is one of the leading motivational theories today. Extensively examined (e.g., Curran et al., 2013; A. E. Halvari, H. Halvari et al., 2013), this theory addresses the issue of how different types of motivations affect an individual's functioning and well-being. According to SDT, individuals tend to engage in activities that interest them (Ryan and Deci, 2000a), and doing so promotes their optimal functioning and well-being. Conversely, under conditions that minimize the satisfaction of basic psychological needs—relatedness, competence, and autonomy—the tendency to engage in interesting and self-fulfilling activities may be attenuated, impairing an individual's functioning and well-being (Ryan and Deci, 2000b). By dictating the extent to which such needs are filled, the social context shapes a person's motivations (Ryan and Deci, 2000a). Thus, in the current social atmosphere, which promotes an expectation to breastfeed as a demonstration of “good mothering”, this theory, which distinguishes the level of autonomy, enables us to examine the internalization of social messages for breastfeeding women, as well as their implications.

The level of an individual's autonomy is implicated in his or her motivation. According to the conceptualization of SDT, the most autonomous and self-regulated activities are those driven by *intrinsic motivation*. This category refers to activities that are engaged in for the activity itself, without any interest in or expectation of action-related outcomes (Ryan and Deci, 2000b). Nonetheless, a great deal of human activity is not driven by intrinsic motivation; social pressures and the need to perform activities that are not necessarily attractive or interesting substantially impinge on and restrict its expression (Ryan and Deci, 2000a).

*Extrinsic motivation* is motivation that results from interests other than the activity itself. While intrinsically motivated activities are self-regulated, different forms of extrinsic motivation are divided based on the extent to which the regulation of these behaviors is internalized and integrated. Thus, according to SDT, extrinsic motivation is not a categorical concept, since different levels of perceived autonomy exist (Ryan and Deci, 2000a). The least autonomous type of motivation stems from *external regulation*. This kind of motivation is driven by external needs, i.e., either to gain a reward or to avoid costs (Deci and Ryan, 2008). In the present context, a woman might breastfeed her baby in order to lose weight more quickly or to save on formula costs.

*Introjected regulation* is driven by the desire to avoid feeling shame, disappointing significant others, and/or gaining their approval. Activities stemming from this type of extrinsic motivation are thus designed to maintain a sense of self-worth in others' eyes (Ryan and Deci, 2000b). In the context of this study, a woman may therefore breastfeed her baby in order not to disappoint her spouse or in order to make her friends think she is a good mother. Activities driven by external or introjected regulation are *controlled motivations*, which are accompanied by a sense of constraint or coercion (Deci and Ryan, 2008).

*Identified regulation* is more self-oriented. Reflecting a cognitive recognition of the underlying value of a certain activity, the activity is perceived as important for the self even if it is not necessarily interesting or pleasurable (Ryan and Deci, 2000b). In the present context, a woman may regard breastfeeding as the way in which she can feel important and essential.

The most autonomous type of extrinsic motivation stems from *integrative regulation*. Activities performed as a result of this type of motivation are performed because they are compatible with one's emotional needs, self-perception, and identity (Ryan and Deci, 2000a). A woman might thus breastfeed her baby because she likes to feel that her baby is exclusively dependent on her. While a woman acting out of extrinsic motivations is driven by purposes other than the performance of the activity itself (Ryan and Deci, 2000b), integrative and identified regulations are (like intrinsic motivation) *autonomous motivations* because they do not involve any sense of external constraint or coercion (Deci and Ryan, 2008). Intrinsic motivation thus represents the most authentic and autonomous of all motivations. Together with integrative and identified regulation, they constitute the autonomous motivations, whereas controlled motivations include introjected and external regulation. Autonomous and controlled motivations are not mutually exclusive and may occur simultaneously to different degrees.

Various studies indicate that engagement in intrinsically-motivated activities increases well-being (e.g., Ryan and Deci, 2000b; Ng et al., 2012), while engagement in extrinsically-motivated activities reduces well-being (e.g., Sheldon and Krieger, 2007). Research has similarly shown that well-being is affected by types of extrinsic motivation: the more controlled the activities engaged in, the greater the adverse impact on the engaged individual's well-being (e.g., Patrick et al., 2007). Furthermore, in a number of studies, intrinsic motivation has been shown to be a stronger predictor than controlled motivations of prolonged actual behavior (e.g., Barbeau et al., 2009; Silva et al., 2010).

According to SDT, the level of the sense of autonomy that underlies an individual's primary form of motivations is linked to two other basic needs: competence and relatedness. Studies have demonstrated that self-efficacy has been found to be positively associated with intrinsic motivation and negatively correlated with extrinsic motivations (e.g., Ryan and Deci, 2000b; Taberner, 2011). Secure attachment, reflected in a high sense of relatedness, has also been found to be positively associated with intrinsic motivation (La Guardia et al., 2000) and negatively correlated with extrinsic motivations (Wei et al., 2005).

Only a very few studies have focused on motivation for breastfeeding (e.g., Göksen, 2002; Swanson and Power, 2005). None have examined this phenomenon from the perspective of SDT and most suffer from methodological limitations—such as small sample size, low response rate, and retrospective measures (e.g., Brodribb et al., 2007; Racine et al., 2009; Sheehan et al., 2013; Takushi et al., 2008; Wells et al., 2002). These studies have nonetheless documented various motivations for breastfeeding. While Sheehan et al., (2013) identified internal and external pressure to breastfeed, others have provided indirect support for the relevance of SDT in understanding breastfeeding motivations' correlations with maternal key variables. Thus, for example, studies conducted in Brazil (Brennan et al., 1998) and Australia (Takushi et al., 2008) have demonstrated that the most frequently-reported reasons for breastfeeding were for the baby's sake (73.8% and 95.5%, respectively), reflecting *identified regulation*. An American study (Racine et al., 2009) similarly found that mothers who expressed an intrinsic motivation for breastfeeding breastfed longer than mothers who expressed an extrinsic motivations.

Since the majority of women in the western world are now breastfeeding their babies, and since SDT suggests that the nature of their motivation may affect their well-being, an examination of breastfeeding motivation is called for. To date, however, the reasons motivating women to breastfeed their babies and the implications of this decision have yet to be fully researched. In accordance with SDT, it is hypothesized that breastfeeding which is driven by

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