



## CHALLENGES OF EARLY MOTHERHOOD: BREASTFEEDING DIFFICULTIES AND LIFE SATISFACTION

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*Many studies have looked at benefits of breastfeeding for the baby and, less frequently, the mother. Though many women find breastfeeding difficult, few studies have looked at the potential costs of breastfeeding for this group. From January 19<sup>th</sup> 2015 through April 18<sup>th</sup> 2015, the total of 1,980 Serbian mothers completed an on-line survey consisting of 74 questions which addressed their satisfaction with various areas of life. Mothers were divided into four groups depending on their breastfeeding experience: those who enjoy breastfeeding (Group 1), those who breastfeed despite finding it difficult (Group 2), those who do not breastfeed because they find it difficult, but otherwise would (Group 3) and those who do not breastfeed because "it is their choice" (Group 4). There were 1,238 women (53.2%) in Group 1, 546 (23.4%) in Group 2, 147 (6.3%) in Group 3 and 49 (2.1%) in Group 4. Group 2 scored lower than Group 1 on 25 out of 26 indicators of satisfaction. When these 26 indicators were averaged, there was a significant difference in the average scores between Group 1 ( $M = 6.87$ ,  $SD = 1.10$ ) and Group 2 ( $M = 6.33$ ,  $SD = 1.20$ ). Group 3 scored higher than Group 2 on 19 out of 26 indicators. There is a remarkably consistent difference in satisfaction across many areas of life between women who breastfeed joyfully and those who do it out of a sense of duty. As public pressure on women to breastfeed mounts, distinction between these two kinds of breastfeeding experiences should be kept in mind.*

**Keywords:** breastfeeding, life satisfaction, Serbia, infant feeding, lactivism

### Introduction

Breastfeeding is the consensus norm of infant feeding. Current World Health Organization (WHO) guidelines recommend exclusive breastfeeding for up to 6 months of age and continued breastfeeding for up to two years of age or beyond (WHO, 2002). The American Academy of Pediatrics suggests similar norms, stating that there are a very few

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contraindications to breastfeeding, and even mothers infected with HIV are advised to breastfeed their children, especially in the developing countries (American Academy of Pediatrics, 2012). This position is in line with the most recent WHO recommendations that HIV-positive status is not an obstacle to breastfeeding, with precondition that “HIV-positive mothers or their infants take antiretroviral drugs throughout the period of breastfeeding and until the infant is 12 months old” (Langa, 2010).

Many studies have shown benefits of breastfeeding for the baby: for example, an increase in (adult) IQ (Evenhouse, Reilly, 2005; Quigley et al., 2012; Eriksen et al., 2013; Victora et al., 2015) and reduced gastrointestinal infections (Kramer et al., 2001; Monterrosa et al., 2008) – the sole effects that emerged from a cluster-randomized study of breastfeeding support (Kramer et al., 2008; Wolf, 2011). However, the results are much less consistent than one might assume (Wolf, 2011; Casazza et al., 2013; Von Stumm, Plomin, 2015; Hediger et al., 2001; Evenhouse, Reilly, 2005). Researchers have also looked at the health benefits of breastfeeding for mothers: losing weight, lower risk of ovarian/breast cancer, reduced risk of type 2 diabetes, cardiovascular diseases (Hahn-Holbrook et al., 2013a), and upper respiratory infections (Mezzacappa et al. 2002). Studies that look at the psychological side of breastfeeding usually start with the premise that breastfeeding has positive effects on mothers’ mental health. Mezzacappa and colleagues (Mezzacappa, 2004; Mezzacappa, Katkin, 2002) have shown that breastfeeding mothers reported lower level of perceived stress and decreased negative mood. Other studies have found positive effects of breastfeeding on stress and mood (Groër, 2005), anxiety and depression (Hahn-Holbrook et al., 2013b).

However, women who enjoy breastfeeding and those who do not are regularly lumped together and it is assumed that it is sufficient to show that benefits accrue to the breastfeeding group as a whole. Even when identified, differences among the mothers who enjoy breastfeeding and those mothers who do not, have not been explored beyond the main goal: positive breastfeeding outcome (Schlomer et al., 1999; McKinley, Hyde, 2004; Cooke et al., 2003).

Yet, many women find breastfeeding difficult. Historical evidence suggests that breastfeeding has never been easy and natural for majority of women (Doyle, 2011). Different kinds of breastfeeding substitutes were used 200 years ago, and wet-nursing was once a highly demanded profession (Doyle, 2011; Valenze, 2011). The pre-modern breastfeeding problems (inadequate milk supply, certain medical conditions, pain and discomfort) (Doyle, 2011) were similar to the contemporary ones: “sore nipples, baby falls asleep during feedings, fussy baby who refuses the

breast, mother feeling blue, fussy baby after feeding, and baby feeding too often...perceived inadequate milk supply (...)" (Schlomer et al., 1999: 35). One study reports that approximately half of the interviewed women have experienced breastfeeding problems 2 weeks and 6 weeks after giving birth, and almost one third after 3 months (Cooke et al., 2003).

Most studies about breastfeeding difficulties are based on qualitative methodology (Schmied, Lupton, 2001; Marshall et al., 2007). Quantitative research has focused primarily on breastfeeding success/duration (Schlomer et al., 1999). For example, mother's enjoyment/role attainment and lifestyle/maternal body image are sub-scales of the Maternal Breast Feeding Evaluation Scale (MBFES), designed to measure the success of breastfeeding activity (Schlomer et al., 1999). Cooke et al. have explored the effects of the subjectively perceived difficulties of breastfeeding on a successful breastfeeding and lifestyle satisfaction (Cooke et al., 2003). Again, the focus was placed on un/successful breastfeeding as a result of the experienced difficulties.

It is therefore increasingly important to understand the costs of breastfeeding for a large group of women whose breastfeeding presents significant difficulties. To this end, a 74-question survey with the primary purpose of examining possible costs that breastfeeding exerts on various facets of life such as mother's relationship with her older children, her relationship with her partner, her social life, career, identity/body image/self-perception, for this group of mothers, was administered.

## **Materials and Methods**

### **Ethics Statement**

The Institutional Review Board for the Institute of Social Sciences approved the purpose and procedures of the study. A non-commercial character of the study was clearly presented to the editors who agreed to place the survey link on the selected parental web-portals for a limited period of time. The respondents were informed about the purpose of the study on the first page of the online questionnaire, and then started completing the questionnaire.

### **Study participants and the questionnaire**

Following reassuring analyses of the value of web-based data (Gosling et al., 2004), our survey was administered through the Web. Participants invited to complete the survey were recruited through the help of various Serbian parenting groups, newspapers and sites that advertised our survey (free of charge). Since it emerged early on that our sample contained a disproportionate number of breastfeeding mothers, we decided on a

stopping rule to keep the survey link open until the number of non-breastfeeding mothers reaches 200. The data collection commenced on January 19<sup>th</sup>, 2015 and ended on April 18<sup>th</sup>, 2015.

The survey was administered through Google Forms which resulted in minor issues with data quality which we addressed after the data collection was over. All duplicates, and answers with obvious inconsistencies (such as breastfeeding mothers who also indicated they were males), were eliminated.

The questionnaire had 74 questions, including socio-demographics, questions about personal experience with parenthood and breastfeeding, questions about the attitudes towards breastfeeding, and life satisfaction questions. Basic demographic information including age, education and number of children were collected. The crucial question which allowed us to divide all mothers into four groups asked our respondents *to choose their breastfeeding experience from the following*:

- “I breastfeed and I enjoy it” (Group 1),
- “I breastfeed though it is difficult, because I think it is the right thing to do” (Group 2),
- “I do not breastfeed because it is difficult, otherwise I would” (Group 3),
- “I do not breastfeed because that’s my choice” (Group 4).

There existed a largely overlapping but separate version of the questionnaire for fathers.

For the data analyses, we looked at averages of 26 variables that measured various facets of life satisfaction and emotional experiences from different life domains:

- a) general life satisfaction (How happy are you? How meaningful your life is? How often do you feel negative emotions - anger, anxiety, depression - after giving birth? I feel guilty for not breastfeeding enough);
- b) relationship with one’s children (How satisfied are you with attention you pay to your youngest child? How satisfied are you with attention you pay to your older children? How often do you feel positive emotions for your baby?);
- c) relationship with one’s partner (How satisfied are you with your relationship with your partner? How satisfied are you with your sex life? How satisfied are you with your partner’s involvement in child care? How often do you feel positive emotions for your partner?);
- d) social life (How satisfied are you with the attention you get from your friends?);
- e) career (How satisfied are you with how much attention you devote to

- your career? How satisfied are you with your position at your current job?);
- f) self-perception (How satisfied are you with your appearance? Sometimes I felt like I have lost my identity and breastfeeding was defining my whole personality; Sometimes I felt unattractive to my partner because of breastfeeding; Sometimes I felt “trapped”, because all my daily activities were subordinated to breastfeeding);
  - g) everyday life activities (How satisfied are you with how much attention you devote to housework? How satisfied are you with attention devoted to your appearance? How satisfied are you with how much attention you devote to your hobbies? To what extent have you started watching your diet since you got pregnant? To what extent have you changed your diet since you got pregnant?).

We compared these 26 variables among the four groups of women. After reverse coding of relevant questions, we have also computed an average of these 26 variables. Since a great number of planned and exploratory comparisons were performed, our belief is that the use of conventional alpha level of 0.05 is clearly inappropriate. Given increasing criticisms of hypothesis testing (Simmons et al., 2011) and the fact that appropriate alpha level in our situation is not clear, the focus of the report is on point estimates, their variability and p-values.

## Results

Data collection was stopped when 2,419 questionnaires were filled out. Our analyses were performed pairwise on a cleaned-up subsample of 1,980 women – therefore sample sizes vary depending on a question. The mean age of the overall sample was 34.8 years (SE = .13) and the mean number of children was 1.46 (SE = 0.02). There were 1,238 women (53.2%) in Group 1; 546 (23.4%) in Group 2, 147 (6.3%) in Group 3 and 49 (2.1%) in Group 4.

The crux of our results is presented in Table 1. For 25 out of 26 dependent variables, women who breastfed out of duty (Group 2) scored lower in respect to various facets of life-satisfaction and emotional experience compared to those who found breastfeeding pleasurable (Group 1). Contrast tests between Groups 1 and 2 yielded p-values  $p < 0.001$  in 18 out of 26 cases. The only questions where the p-values were clearly not statistically significant were attention to career ( $p = .263$ ), status at work (.906), amount of time spent thinking about food ( $p = .137$ ) and change in eating habits ( $p = .267$ ). The remaining p-values were  $p = .003$  (household chores),  $p = 0.001$  (attention that friends are providing),  $p = .004$  (attention given to partner),  $p = 0.034$  (satisfaction with partner’s participation in raising children).

Table 1  
**Satisfaction with different life domains by breastfeeding experience**

	Group 1	Group 2	Group 3	Group 4
	Mean (SE)	Mean (SE)	Mean (SE)	Mean (SE)
<b>General</b>				
Happiness	8.51 (.05)	8.04 (.08)	8.10 (.16)	8.57 (.23)
Meaning	9.01 (.04)	8.68 (.07)	8.53 (.16)	8.88 (.23)
Feel. guilty, not bf enough	2.00 (.04)	2.35 (.07)	2.97 (.13)	2.02 (.20)
Negative emotions	3.79 (.09)	4.47 (.13)	4.83 (.26)	4.54 (.43)
<b>Children</b>				
Attention to youngest child	8.75 (.04)	8.34 (.07)	8.62 (.13)	8.43 (.26)
Attention to other children	7.91 (.07)	7.39 (.11)	7.73 (.24)	7.62 (.38)
Positive emotions for baby	9.59 (.03)	9.14 (.07)	9.38 (.10)	9.29 (.20)
<b>Partner relationship</b>				
Relationship with a partner	7.32 (.07)	6.85 (.11)	6.98 (.23)	6.94 (.38)
Attention to partner	6.97 (.07)	6.63 (.10)	7.10 (.19)	6.90 (.38)
Attention by partner	6.93 (.07)	6.37 (.11)	6.71 (.24)	6.60 (.42)
Sex life	6.55 (.08)	5.88 (.12)	6.04 (.25)	6.41 (.45)
Partner helping with childr.	7.18 (.08)	6.87 (.12)	7.19 (.23)	6.96 (.40)
Positive emotions for partn.	7.75 (.06)	7.19 (.10)	7.15 (.20)	7.28 (.34)
<b>Self-perception</b>				
Appearance	6.24 (.07)	5.55 (.10)	5.67 (.21)	5.61 (.39)
Bf determines the person	1.66 (.03)	2.67 (.07)	2.09 (.14)	2.25 (.26)
Unattractive because of bf	1.54 (.03)	2.02 (.06)	1.69 (.12)	1.87 (.24)
Feeling trapped by bf	2.25 (.04)	3.45 (.07)	2.39 (.14)	2.87 (.28)
<b>Social life</b>				
Attention to friends	5.81 (.07)	5.27 (.11)	5.65 (.21)	5.27 (.40)
Attention by friends	6.36 (.07)	5.94 (.11)	6.32 (.21)	5.53 (.31)
<b>Career</b>				
Attention to career	5.59 (.08)	5.44 (.11)	5.44 (.24)	4.98 (.42)
Status at work	5.37 (.09)	5.39 (.13)	5.35 (.26)	4.81 (.50)
<b>Other</b>				
Household chores	6.82 (.06)	6.49 (.09)	6.56 (.20)	6.98 (.35)
Attention to appearance	5.81 (.07)	5.32 (.10)	5.36 (.21)	5.38 (.40)
Hobbies	4.39 (.08)	3.74 (.10)	4.00 (.22)	4.13 (.38)
Thinking about eating	6.47 (.11)	6.19 (.15)	5.28 (.27)	5.06 (.51)
Change in eating habits	4.85 (.11)	5.07 (.16)	4.67 (.27)	4.47 (.52)
<b>Average</b>	6.87 (.07)	6.33 (.10)	6.67 (.19)	7.03 (.25)
<b>Breastfeeding intensity (%)</b>				
Exclusive bf >6 months	N1=1,202 67.3	N2=519 37.0	N3=17 5.9	N4=69 1.4
bf > 6 months	20.1	22.9	11.8	0.0
<b>Demographics</b>				
Mother's age (years)	34.93 (.17)	34.79 (.24)	34.45 (.53)	32.98 (.84)
Youngest child's age (days)	170.88 (7.23)	165.17 (11.20)	179.08 (13.51)	170.30 (23.44)
Number of children	1.62 (.02)	1.45 (.03)	1.44 (.06)	1.53 (.11)
Years of education	15.26 (.07)	15.60 (.10)	15.51 (.19)	15.40 (.34)

Source: Authors' calculations

There was a significant difference in the average scores between Group 1 ( $M = 6.87$ ,  $SD = 1.10$ ) and Group 2 ( $M = 6.33$ ,  $SD = 1.20$ );  $t(425) = 4.74$ ,  $p < 0.001$ . There was clearly no significant difference in mother's ages Group 1 ( $M = 34.93$ ,  $SD = 5.97$ ) and Group 2 ( $M = 34.79$ ,  $SD = 5.61$ );  $t(1731) = 4.74$ ,  $p = 0.640$  as well as the age of their youngest child (younger than 1) between Group 1 ( $M = 170.88$  days,  $SD = 148.91$ ) and Group 2 ( $M = 165.17$ ,  $SD = 142.16$ );  $t(583) = .420$ ,  $p = 0.675$ . There was a difference in years of schooling in Group 1 ( $M = 15.26$ ,  $SD = 2.32$ ) and Group 2 ( $M = 15.60$ ,  $SD = 2.30$ );  $t(1758) = -2.86$ ,  $p = 0.004$ ; number of children Group

1 ( $M = 1.62$ ,  $SD = .72$ ) and Group 2 ( $M = 1.45$ ,  $SD = .64$ );  $t(1769) = 4.73$ ,  $p < 0.001$  and intensity of breastfeeding  $X^2(4, n = 1749) = 214.09$ ,  $p < 0.001$ . Group 1 mothers had a higher intensity of breastfeeding than Group 2 mothers.

When limiting comparison to only those mothers who have exclusively breastfed for at least six months, there remained a statistically significant difference in the average scores: Group 1 ( $M = 6.91$ ,  $SD = 1.07$ ) and Group 2 ( $M = 6.21$ ,  $SD = 1.20$ );  $t(232) = 4.30$ ,  $p < 0.001$ , and similarly, when the analysis was restricted only to mothers who have breastfed (not exclusively) for six months or more Group 1 ( $M = 6.95$ ,  $SD = 1.16$ ) and Group 2 ( $M = 6.24$ ,  $SD = 1.31$ );  $t(82) = 2.49$ ,  $p = 0.015$ . Likewise, the difference remained when the sample was restricted to mothers who have one child: Group 1 ( $M = 7.00$ ,  $SD = 1.09$ ) and Group 2 ( $M = 6.30$ ,  $SD = 1.35$ );  $t(150) = 3.57$ ,  $p < 0.001$  and two children: Group 1 ( $M = 6.74$ ,  $SD = 1.06$ ) and Group 2 ( $M = 6.27$ ,  $SD = 1.08$ );  $t(221) = 3.13$ ,  $p = 0.002$ .

Group 3 scored higher than Group 2 on 19 out of 26 variables. (Table 1) – for comparison, cumulative binomial probability  $P(X \geq 19, n = 26, p = 0.5) = 0.014$ . There was no significant difference in the average scores for Group 3 ( $M = 6.67$ ,  $SD = 1.20$ ) and Group 2 ( $M = 6.33$ ,  $SD = 1.20$ );  $t(190) = 1.64$ ,  $p = .104$ . Finally, Group 4 outscored Group 2 on 21 out of 26 questions;  $P(X \geq 21, n = 26, p = 0.5) = 0.001$ . There was an (arguably) statistically significant difference in the average scores for Group 4 ( $M = 7.03$ ,  $SD = 1.03$ ) and Group 2 ( $M = 6.33$ ,  $SD = 1.20$ );  $t(166) = 2.31$ ,  $p = 0.022$ .

## Discussion

Two limitations of our study design stand out: our sample was not a probability sample and survey design allows for a limited insight into causal dynamics.

We have no sampling frame and are unable to ascertain a probability that a given Serbian mother would fill out our questionnaire. Non-probability

samples (of which online panels are a notable example) are a much discussed topic among survey methodologists. According to recommendations from the 2010 AAPOR report, “there are times when a non-probability online panel is an appropriate choice” (AAPOR report, 2010: 4) but readers are warned to pay attention whether there is a “[...] possible correlation of survey topic with the likelihood of Internet access, or the propensity to join an online panel or to respond to and complete the survey [...]” (AAPOR report, 2010: 49). In our case, the concern would be that propensity to fill out our survey is correlated with the variables producing the pattern observed in our data. Specifically, the concern is that particularly unhappy Group 2 mothers and particularly happy Group 1 mothers answered the survey, while a relatively less happy Group 1 mothers and a relatively happier Group 2 mothers decided not to take it. Though our survey did attract a disproportional number of women who breastfeed, there is little reason to believe that survey topic attracted women who fit this very particular pattern. In our analyses, we have relied on pair-wise instead of list-wise comparisons which made each comparison rely on a slightly different self-selecting variable, making our results more robust. In addition, one should keep in mind that response rates to more conventional surveys are often in single digits, so in practice even rigorously designed samples fall well short of theoretical ideals.

The lack of sampling frame makes it harder to ascertain precisely what population our survey “represents”. In addition to breastfeeding one’s children, the propensity to fill out our survey was clearly positively correlated with educational and socio-economic status. However, in Serbia there is little difference in breastfeeding practices among different educational levels (SORS, UNICEF, 2014). This stands in contrast with the developed Western countries (e.g. the USA) where parental education is correlated with higher rates of breastfeeding, even when socioeconomic status is controlled (Heck et al., 2006). Therefore, though our sample essentially consists of highly educated breastfeeding mothers, it is quite possible that our results could generalize beyond highly educated mothers.

## **Conclusions**

Our findings indicate that, compared to mothers who enjoy breastfeeding, mothers who find breastfeeding difficult experience lower life satisfaction in many areas: relationship with their older children, partner relationship, social life, self-perception. Mothers who breastfeed despite difficulties feel less happy, have lower levels of meaning in life, experience more negative emotions and feel guilty for not breastfeeding enough, compared to those mothers who breastfeed with pleasure. Given the consistency of our results there is little doubt in our mind that those mothers who



breastfeed despite difficulties, are indeed a group quite different from those who experience pleasure while breastfeeding. The difference in average satisfaction is approximately 0.5 units on 1-10 scale – for comparison, major adverse events such as widowhood produce a drop in life-satisfaction of approximately 0.75 units on an 11-point scale (Lucas, 2007).

The causal mechanism for the observed difference remains less clear. Perhaps Group 1 mothers are happier than Group 2 mothers irrespective of their breastfeeding experiences. In that case, relative lack of pleasure while breastfeeding would reflect their more general tendency to be less happy with their lives. Watkins et al. (2011) found that women who experienced severe pain while nursing and disliked breastfeeding, were more likely to suffer postpartum depression, even when adequate support was provided. They speculate that catastrophizing pain as an underlying cause could lead both to breastfeeding difficulties and depressive symptoms through shared nociception pathway. This suggests a possibility that a similar mechanism could explain our results.

On the other hand, it really could be daily difficulties with breastfeeding that decrease overall life-satisfaction. Comparison between Group 2 (“I breastfeed though it is difficult, because I think it is the right thing to do”) and Group 3 (“I do not breastfeed because it is difficult, otherwise I would”) is suggestive here. While the pattern is less consistent than that of Group 1 vs. Group 2 comparison, it is fair to say that Group 3 fares at least a little better than Group 2. This is particularly notable because, if act of breastfeeding itself has positive psychological effects as research on stress, it seems to be suggesting (Kathleen et al., 2000), mothers who have chosen to breastfeed despite difficulties should score higher than those who have chosen not to. Yet the former group is, if anything, behind the latter in its satisfaction.

Serbian maternity policies are very generous – mothers are entitled to full salary for 365 days after the first child is born, and full two years of full salary leave for a third child (Službeni glasnik, 2005). The state-run medical system allows for free visits by community nurses to provide support and training during post-partum period. The difference in satisfaction that we have found in our sample is therefore probably not due to unsupportive family policies nor is it likely to improve by even friendlier policies – solutions that are often advocated by mostly US-based breastfeeding advocates (Hahn-Holbrook et al., 2013b).

To our knowledge, our study is the first quantitative study examining breastfeeding effects on mothers that have utilized a much needed distinction between breastfeeding mothers who enjoy breastfeeding and those who do not. The latter was not an insignificant group – in our

sample, about 2.5 times smaller than the first group – and likely to increase in proportion as the societal pressure to breastfeed mounts and more marginal breastfeeding mothers are making the effort.

In line with this, Google Trends, a solid proxy to real-life events (Letchford et al., 2016) shows that, since 2004, search volume worldwide for ‘breastfeeding pain’ has not only been topping that for ‘breastfeeding benefits’ but that difference between them has also been steadily growing. The results from this survey therefore address the very real phenomenon that needs to be taken into account in further research and policy activities.

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## References

- AAPOR REPORT. (2010). *Public Opinion Quarterly*. Research Synthesis AAPOR Report on Online Panels (pp. 1-71). American Association for Public Opinion Research (electronic resource). Oxford: Oxford University Press.  
<https://pprg.stanford.edu/wp-content/uploads/2010-AAPOR-Report-on-Online-Panels.pdf>
- AMERICAN ACADEMY OF PEDIATRICS (2012). Breastfeeding and the use of human milk. *Pediatrics* 129: 827–841.
- CASAZZA, K., FONTAINE, K. R., ASTRUP, A., BIRCH, L. L., BROWN, A. W., BROWN, M. M. B. et al. (2013). Myths, presumptions, and facts about obesity. *New England Journal Medicine* 368(5): 446–454.
- COOKE, M., SHEEHAN, A. & SCHMIED, V. (2003). A description of the relationship between breastfeeding experiences, breastfeeding satisfaction, and weaning in the first 3 months after birth. *Journal of Human Lactation* 19(2): 145–156.
- DOYLE, N. (2011). “The highest pleasure of which woman’s nature is capable”: Breast-feeding and the sentimental maternal ideal in America, 1750–1860. *Journal of American History* 97: 958–973.
- ERIKSEN, H. L., KESMODEL, U. S., UNDERBJERG, M., KILBURN RØNDRUP, T., BERTRAND, J. & MORTENSEN, E. L. (2013). Predictors of intelligence at the age of 5: Family, pregnancy and birth characteristics, postnatal influences, and postnatal growth. *PLoS ONE* 8(11): e79200.

- EVENHOUSE, E. & REILLY, S. (2005). Improved estimates of the benefits of breastfeeding using sibling comparisons to reduce selection bias. *Health Services Research* 40(6): 1781–1802.
- GOSLING, S. D., VAZIRE, S., SRIVASTAVA, S. & JOHN, O. P. (2004). Should we trust web-based studies? A comparative analysis of six preconceptions about internet questionnaires. *American Psychologist* 59(2): 93–104.
- GROËR, M. W. (2005). Differences between exclusive breastfeeders, formula-feeders, and controls: A study of stress, mood, and endocrine variables. *Biological Research for Nursing* 7(2): 106–117.
- HAHN-HOLBROOK, J., HASELTON, M. G., SCHETTER, C. D. & GLYNN, L. M. (2013a). Does breastfeeding offer protection against maternal depressive symptomatology? A prospective study from pregnancy to 2 years after birth. *Archives of Women's Mental Health* 16(5): 411–422.
- HAHN-HOLBROOK, J., SCHETTER, C. D. & HASELTON, M. (2013b). Breastfeeding and maternal mental and physical health. In: M. V Spiers, P. A. Geller, J. D Kloss (eds). *Women's Health Psychology* (pp. 414–439). Hoboken New Jersey: John Wiley & Sons.
- HECK, K. E., BRAVEMAN, P., CUBBIN, C., CHÁVEZ, G. F. & KIELY, J. L. (2006). Socioeconomic status and breastfeeding initiation among California mothers. *Public Health Reports* 121(1): 51–59.
- HEDIGER, M. L., OVERPECK, M. D., KUCZMARSKI R. J. & RUAN W. J. (2001). Association between infant breastfeeding and overweight in young children. *Journal of the American Medical Association* 285(19): 2453–2460.
- KATHLEEN, C., LIGHT, K. C, SMITH, T. E, JOHNS, J. M., BROWNLEY, A., SMITH, T. E., HOFHEIMER, J. A. & AMICO, J. A. (2000). Oxytocin responsivity in mothers of infants: A preliminary study of relationships with blood pressure during laboratory stress and normal ambulatory activity. *Health Psychology* 19(6): 560–567.
- KRAMER, M. S., CHALMERS, B., HODNETT, E. D., SEVKOVSKAYA, Z., DZIKOVICH, I., SHAPIRO, S. et al. (2001). Promotion of Breastfeeding Intervention Trial (PROBIT). *Journal of the American Medical Association* 285(4): 413–420.
- KRAMER, M. S., ABOUD, F., MIRANOVA, E., VANILOVICH, I., PLATT, R., MATUSH, L. et al. (2008). Breastfeeding and child cognitive development: new evidence from a large randomized trial. *Archives of General Psychiatry* 65(5): 578–84.
- LANGA, L. (2010). Breast is always best, even for HIV-positive mothers. *Bulletin of the World Health Organization* 88: 9–10.
- LETCHFORD, A., PREIS, T. & MOAT, H. S. (2016). Quantifying the search behaviour of different demographics using Google correlate. *PLoS One* 11(2): e0149025.
- LUCAS, R. E. (2007). Adaptation and the set-point model of subjective well-being. *Current Directions in Psychological Science* 16(2): 75–79.

- MARSHALL, J. L., GODFREY, M. & RENFREW, M. J. (2007). Being a 'good mother': Managing breastfeeding and merging identities. *Social Science & Medicine* 65(10): 2147–2159.
- McKINLEY, N. & HYDE, S. J. (2004). Personal attitudes or structural factors? A contextual analysis of breastfeeding duration. *Psychology of Women* 28(4): 388–399.
- MEZZACAPPA, E. S. & KATKIN, E.S. (2002). Breast-feeding is associated with reduced perceived stress and negative mood in mothers. *Health Psychology* 21(2): 187–193.
- MEZZACAPPA, E. S., GUETHLEIN, W. & KATKIN, E.S. (2002). Breast-feeding and maternal health in online mothers. *Annals of Behavioral Medicine* 24(4): 299–309.
- MEZZACAPPA, E. S. (2004). Breastfeeding and maternal stress response and health. *Nutrition Reviews* 62(7): 261–268.
- MONTERROSA, E. C., FRONGILLO, E. A., VÁSQUEZ-GARIBAY, E., CASEY, L. & WILLOWS, N. (2008). Predominant breast-feeding from birth to six months is associated with fewer gastrointestinal infections and increased risk for iron deficiency among infants. *Journal of Nutrition* 138(8): 1499–1504.
- QUIGLEY, M. A., HOCKLEY, C., CARSON, C., KELLY, Y., RENFREW, M. J. & SACKER, A. (2012). Breastfeeding is associated with improved child cognitive development: A population-based cohort study. *The Journal of Pediatrics* 160 (1): 25–32.
- SCHLOMER, J., KEMMERER, J. & TWISS, J. (1999). Evaluating the association of two breastfeeding assessment tools with breastfeeding problems and breastfeeding satisfaction. *Journal of Human Lactation* 15(1): 35–39.
- SCHMIED, V. & LUPTON, D. (2001). Blurring the boundaries: breastfeeding and maternal subjectivity. *Sociology of Health and Illness* 23(2): 234–250.
- SIMMONS, J., NELSON, L. & SIMONSOHN, U. (2011). False-positive psychology: undisclosed flexibility in data collection and analysis allow presenting anything as significant. *Psychological Science* 22(11): 1359–1366.
- SLUŽBENI GLASNIK (2005). Zakon o radu. *Službeni glasnik Republike Srbije*, 24/05, 61/05, 54/09, 32/13, 75/14.
- SORS & UNICEF (2014). Serbia Multiple Indicator Cluster Survey and Serbia Roma Settlements Multiple Indicator Cluster Survey, 2014. Final Reports. Belgrade: Statistical Office of the Republic of Serbia and UNICEF.
- VALENZE, D. (2011). *Milk: A Local and Global History*. New Haven & London: Yale University Press.
- VICTORA, C. G., HORTA, B. L., DE MOLA, L. C., QUEVEDO, L., PINHEIRO, R. T., GIGANTE, D. P. et al. (2015). Association between breastfeeding and intelligence, educational attainment, and income at 30 years of age: A prospective birth cohort study from Brazil. *Lancet Global Health* 3(4): 199–205.

- VON STUMM, S. & PLOMIN, R. (2015). Breastfeeding and IQ growth from toddlerhood through adolescence. *PLoS ONE* 10(9): e0138676.
- WATKINS, S., MELTZER-BRODY, S., ZOLNOUN, D. & STUEBE, A. (2011). Early breastfeeding experiences and postpartum depression. *Obstetrics & Gynecology* 118 (2): 214–221.
- WOLF, J. B. (2011). *Is Breast Best? Taking on the Breastfeeding Experts and the New High Stakes of Motherhood*. New York: NYU Press. Kindle Edition.
- WHO (2002). Infant and young child nutrition. Global strategy on infant and young child feeding. Report by the Secretariat (A55/15) (electronic resource). Geneva: World Health Organization.  
[http://apps.who.int/gb/archive/pdf\\_files/WHA55/ea5515.pdf?ua=1](http://apps.who.int/gb/archive/pdf_files/WHA55/ea5515.pdf?ua=1)

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### **Izazovi ranog materinstva: teškoće sa dojenjem i životno zadovoljstvo**

#### *R e z i m e*

Aktuelna doktrina o dojenju kao jedino ispravnom načinu ishrane beba (npr. preporuke Svetske zdravstvene organizacije) u skladu je sa trendom naučnih istraživanja u ovom domenu. U dosadašnjim istraživanjima uglavnom su ispitivane koristi od dojenja, pre svega za bebu (infekcije, gojaznost i inteligencija u odraslom dobu, itd.) i majku (najčešće zdravstvene, ređe psihološke). Iako se mnoge majke suočavaju sa teškoćama dojenja, samo nekoliko istraživanja razmatra problem mogućih „troškova“ dojenja. Uglavnom se pokazuje da dojenje ima pozitivne efekte na mentalni status majke, ali se gotovo uopšte ne posmatra samo dojenje kao mogući faktor negativnih emocija ili nižeg subjektivno percipiranog životnog zadovoljstva majke. Majke koje doje se tretiraju mahom kao homogena grupa, eventualne razlike među njima se mere u intenzitetu dojenja, a ne u teškoćama sa kojima se suočavaju. Osim nekoliko kvalitativnih istraživanja, većina studija o teškoćama dojenja usmerena je na uspešnost procesa dojenja kao konačni cilj, zanemarujući razlike među majkama i druge aspekte njihovog života.

Od 19.01.2015. do 18.04.2015. sprovedena je *online* anketa u Srbiji na koju je odgovorilo 1.980 majki. Upitnik se sastojao od 74 pitanja usmerenih na zadovoljstvo u raznim sferama života: odnos sa drugom decom, odnos sa partnerom, društveni život, karijera, slobodno vreme, identitet, percepcija sopstvenog tela. Učesnice istraživanja su regrutovane uz pomoć novina, foruma, blogova i veb stranica posvećenih roditeljima, deci i roditeljstvu.

Majke su podeljene u četiri grupe na osnovu njihovog iskustva sa dojenjem: majke koje doje sa zadovoljstvom (grupa 1), majke koje doje uprkos tome što im je to teško (grupa 2), majke koje ne doje jer im je bilo teško (grupa 3) i majke

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koje ne doje jer je to bio njihov izbor (grupa 4). U grupi 1 je identifikovano 1.238 žena (53,2%), u grupi 2 je identifikovano 546 žena (23,4%), u grupi 3 je identifikovano 147 žena (6,3%), u grupi 4 ukupno 49 žena (2,1%). Grupa 2 je imala niži rezultat od grupe 1 na 25 od 26 indikatora životnog zadovoljstva. Test je pokazao statistički značajnu razliku u srednjim vrednostima između grupe 1 ( $M = 6,87$ ;  $SD = 1,10$ ) i grupe 2 ( $M = 6,33$ ;  $SD = 1,20$ ). Grupa 3 je imala viši rezultat nego grupa 2 na 19 od 26 indikatora.

Zaključak je da postoje izrazito konzistentne razlike u zadovoljstvu u mnogim oblastima života između žena koje doje sa zadovoljstvom i onih koje to čine iz dužnosti. Majke koje doje uprkos teškoćama manje su srećne i pokazuju niži stepen osećanja da njihov život ima smisla. One su takođe doživele više negativnih emocija i osećale su krivicu zato što ne doje dovoljno. Uzrok tih razlika dobrim delom ostaje pod znakom pitanja. Postoji mogućnost da su majke koje imaju teškoća u dojenju kao grupa manje zadovoljne životom, nevezano za njihovo iskustvo dojenja. Međutim, nalaz da su majke iz grupe 3 nešto zadovoljnije životom nego majke iz grupe 2 ukazuje da sam čin dojenja, uprkos teškoćama, najverovatnije igra neku ulogu u njihovom relativnom nezadovoljstvu.

Buduća istraživanja bi svakako trebalo da vode računa o razlici između žena koje doje sa zadovoljstvom i onih koje to rade iz dužnosti i uprkos teškoćama. Takođe, ovaj istraživački nalaz o razlikama između žena na osnovu različitog iskustva sa dojenjem ima poseban značaj u kontekstu rastućeg društvenog pritiska na sve žene da doje.

**Ključne reči:** *dojenje, životno zadovoljstvo, Srbija, ishrana odojčadi, laktivizam*