

Breastfed on Campus

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NURS 304H NURSING LEADERSHIP

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Preface

The use of the subjective term “I” is a point of much debate within the field of nursing. Many believe that if nursing is to be considered a serious science it must subscribe to scientific formats such as the use of American Psychological Association style guides for writing. I choose to subscribe to a more feminist form of praxis, one that some nursing scholars are beginning to embrace, that sees the way in which the researcher interacts with the subjects to be important and the choice to write the personal out of the situation a dated formality.

This paper may seem unusual because it is lacking a literature review, which would be the natural starting point for a study. A review of literature did precede this project; however it was submitted as an assignment in another class.

Introduction

To achieve the full health benefits of breastfeeding, registered nurses play many critical roles. These include:

As advocates, RNs work to promote the development of policies and procedures that fully support breastfeeding and ultimately contribute to the realization of a positive breastfeeding culture;

As researchers, RNs contribute to an expanding knowledge base that provides ongoing substantiation of breastfeeding and encourages increasingly effective care of the mother and baby in hospital and in the community;

As nursing leaders, RNs ensure the appropriate policies and procedures to protect and promote successful breastfeeding for all mothers and babies

RNAO Policy Statement on Breastfeeding, Issued November 2002

Despite the link between nursing and breastfeeding, there have been feelings of unease amongst the female nursing students in the Trent-Fleming nursing program who wish to combine nursing education and breastfeeding. This unease is caused by the way in which supposed policies are applied to students and the fact that there is no clear policy on breastfeeding within either the nursing program or Trent University. It is further enforced by the fact that there are

few obvious supports for breastfeeding on campus. There are only two clearly definable breastfeeding supports at Trent University and some may argue that while technically these supports are available to all students, geography and funding may make them limited to only some of the Trent population. One is Stratton House, home to the Trent Women's Centre, OPIRG, the Arthur and the Trent Queer Collective. Occupants of this building have chosen to declare it a "Breastfeeding Friendly" place, by putting a sticker on the door. The sticker, which was obtained from the local health unit, is part of a larger public health campaign to get public spaces to declare themselves breastfeeding friendly. Stratton House is located at the corner of Water and Parkhill, a fifteen minute bus ride from main campus, meaning that a student is unlikely to be able to utilize this breastfeeding friendly space while using any services on main campus. The other support is the Trent Child Care Centre which will take infants from six weeks-old (Trent Childcare Centre) and is known to make special accommodations to assist breastfeeding mothers using the daycare's services, such as offering a quiet nook in the centre with a rocking chair where mothers can come to breastfeed during the day (personal conversations with service users for another part of this project). The daycare centre can only accommodate ten infants because of legislation and size of the Centre (Trent Child Care Centre) and the cost of care can be prohibitive to those who do not qualify day care subsidies.

This project grew out of a belief that institutional policy that supports breastfeeding on campus, and a designated breastfeeding room, with access to a refrigerator for those mothers who are pumping breast milk would help student mothers to continue breastfeeding. My initial thoughts were to develop and lobby for a policy and space on campus, however as a seasoned nurse pointed out that approach missed out on the preliminary work of laying a solid base that would build up support for the policy as well as endowing it with real meaning rather than

having it be a token gesture on the part of administrators (B. Goodge, personal conversation January 16, 2003).

In trying to determine the best ways in which to proceed I turned to two Ontario organizations known for their work in public health, The Health Communication Unit based at University of Toronto and the Ontario Public Health Association. These organizations have a tool called *The Road Map for Policy Change*. This tool (see Appendix One) is a flow chart detailing the steps necessary for a successful campaign to change or develop healthy public policy.

The first three steps in this process involve identifying, and analyzing the problem and assessing the community support. This report is an assessment of community support, with community in this context referring to the Trent student community.

The Survey

The student survey had three main purposes: to find out if students would be supportive of a campaign to get a designated breastfeeding space on campus; to determine whether students believed there was a need for a breastfeeding policy at Trent; and lastly to look at some general demographic information which may indicate trends in who would support or block a campaign to get a policy on campus. To this end some very basic demographic information was asked about the students' age, gender and whether they were a parent. Another pair of questions asked about their comfort level with public breastfeeding and whether they had ever seen a woman breastfeed on campus.

A nurse mentor who read the survey suggested that students may be supportive of the act of breastfeeding but feel that it was disruptive if it happened in class (M. Westland, personal conversation February 26, 2003). For this reason there were three questions that tried to explore

this issue: one asked if women should be allowed to breastfeed anywhere on the Trent campus; another asked whether women should be allowed to breastfeed in class; and the final one asked whether the student felt the act of a woman breastfeeding in class would be disruptive.

The survey was purposely kept brief, with responses being indicated by circling an appropriate word or numeric scale. Despite this a few students chose to include brief written comments, which will be looked at in the results section.

The survey was reviewed by a University ethics committee associated with the Trent Centre for Community Based Education and the Nursing Department at Trent.

A verbal introduction to the project and a written description on the reverse side of the survey, noted filling in the survey served as consent to participate in the study. Those who did not consent to participate were asked to return their survey back without filling it in. I had no way of tracking exactly how many blank surveys were collected because in order to do the survey quickly and take up as little class time as possible, surveys were distributed widely throughout the class room or lab and extra copies and finished copies were collected at the same time. Based on the class sizes however, I would estimate that less than 5% of students chose not to take part.

Population and Sample

Trent University has an enrolment of 6,140 students, studying both full and part time. Female students outnumber male students by slightly over two to one, with there being 4,107 female students and 2,033 male students (Trent University). Just over half the students fall into the age demographic of 20 – 24 (58% of all students), with the other 42% being made up of almost equal numbers of students under 20 (20%) and students 25 or over (22%).

I surveyed 187 students and one professor in five classes and during one meeting. I included all surveys, even those that missed some questions. While this may not be a traditional approach to academic surveying, the purpose of this survey was to serve as a barometer of student support. The sample was approximately 3% of Trent's population and it was made up of students from: three nursing classes at the first, second and third year level, four lab groups of a second year biology class and one fourth year women's studies class. The meeting included in the sample was a board meeting of the Trent Women's Centre who hosted this project. I had not intended that professors complete the survey, however one did and I chose to include it.

The survey response was dominated by female students. Only 13, or 7% of the surveys collected, could be directly attributed to male participants. Ideally the sample would have included about 70% female response to 30% male response (women make up 67% of Trent's population). Bias toward women could in part be attributed to the number of nursing classes surveyed and the low number of male students in this program.

Results

Support for Breastfeeding Space and Policy

Support for breastfeeding space and policy was very high. When asked: "Do you believe Trent University should establish a breastfeeding policy that supports students and staff who choose to breastfeed?" 84% of students replied "Yes". This compared to 5.8% of students who said "No" and 10.7% of students who were "Unsure".

Development of breastfeeding space on main campus was queried as level of support for a campaign to get breastfeeding space on campus. Students were asked to respond this question using a scale of one to five with one being unsupportive and five being very supportive and willing to help in the campaign. Response to this question also indicated support for

breastfeeding initiatives on campus with 29.4% of students choosing 5 on the scale and 29.9% choosing 4. Thirty-four point eight percent chose 3, which was accompanied by the explanation that this was “somewhat supportive, I would sign a petition”. Only 5.88% of students chose either 1 or 2 on the scale.

This information was analysed using The Student Edition of Minitab for Release 12 statistical software (Addison-Wesley, 1999) to see if there was any correlative relationships. Minitab was used to calculate Pearson’s correlation coefficients between (1) age and support; (2) being a parent and support; (3) being a parent and comfort; and (4) support and comfort. Items are correlated if the r-value for this test falls between 1 and -1, with the relationship being strongest as the statistic approaches either these two values. As one can see from looking at Appendix Two, while there is some the relationship between these categories it is not really strong enough to form any trends.

Should Breastfeeding be allowed in class?

There was a very mixed response to the question of whether women should be allowed to breastfeed in class. Forty-three point three percent of students felt that women should not be allowed to breastfeed in class; 38.5 % responded that women should be allowed to and 18.7% of respondents were unsure. When queried about whether they thought that it would be disruptive if women breastfed in class 47.1% of those surveyed said yes, 36.9% said no and 16.6% of respondents were unsure.

Thinking that a student’s experience having seen a classmate or another woman on campus breastfeed may influence their feeling about whether it should be allowed to occur in class, I used Minitab to see if there was a correlation between students having seen breastfeeding on campus and their feelings about whether it should be allowed in class and whether it would be

disruptive in class. Results indicate there is correlation between these categories although not necessarily very strong ones (see Appendix Two: Results)

Conclusion and Recommendations

Participant bias occurs when people respond to a survey in a way in which they think the person administering the survey wants them to. There is a possibility that there is some participant bias in these results, because of the fact that there was a picture of a mother and infant breastfeeding on the survey. Also it would be a logical leap on participants part to assume that asking a person questions on whether they support a breastfeeding space and policy, that there is a move on campus to establish either the policy or the space, if not both. If I were to design this survey again, I would be more subtle about its purpose, however I still feel the following recommendations have merit and could be acted upon.

This survey indicates that there is support to continue on to future steps in *the Road Map for Policy Change*. These steps would include developing the policy option, approaching decision makers and choosing an action strategy. In order to move ahead with these steps, the Trent Women's Centre would be wise to explore a coalition with other campus groups, both student groups and unions that represent female staff and faculty members.

I had expected that there would be a less support for the questions on family friendly policy and breastfeeding space and I had assumed I would than use the demographic questions in the survey to identify sectors of the student population that could be targeted as supporters of these initiatives and sectors that could be targeted with an educational campaign to increase their support level.

The second finding is more complex and needs further exploration. Students had mixed feelings on the issue of breastfeeding in class. Even those who were supportive of the idea of

policy or designated breastfeeding space did not necessarily feel that women should be allowed to breastfeed babies in class.

In addition to the responses tabulated for the survey, 16 students added their own comments to the either one or both of the questions that centred on whether women should be allowed to breastfeed in class and whether this would be disruptive. While two of these comments focused on adding supportive comments about breastfeeding babies, the other 14 focused on how distracting it is to have infants or children in class. The fact that people felt the need to add comments despite the fact that this survey was not set up in this way, is an indicator of how strongly they feel about this issue.

This concern needs some critical exploration. At least two of the five classes surveyed have had babies attend with their mother occasionally (discussions with mothers for another part of this study). Also while administering the survey or in discussions with students about my survey, two students in different disciplines and separate classes commented that it wasn't so much having babies in class that was disruptive, but rather the way in which students in the class chose to assist the mother and/or interact with the baby.

In order to analyze whether babies are any more disruptive than some of the other activities that go on in class and whether this is directly related to the mother infant dyad or to the response of other students, more research would have to be done, either by asking more direct questions or by observing the interaction that occurs in a class when a breastfeeding mother brings a baby.

In analyzing student response to babies in class it would also be interesting to see if it is culturally linked to the way in which we in Western society are conditioned to view family and the university (or workplace) as two very separate lives and the intrusion of one into the other a cause for imbalance in our perceptions. It would also be interesting to explore whether these

notions are culturally specific to our society or whether they would be found in countries where the western influence is not so prevalent.

Another question to ask would be whether women really wish to bring infants with them to class, or whether this is the only choice they have if they are committed to breastfeeding.

In another part of this study a professor told me the story of a student couple with a baby where the father accompanied the mother to all her classes, providing support and childcare outside of the classroom setting, but passing the baby to the mother in class, when it needed to breastfeed. This is the best case scenario for a breastfeeding student, but few have the luxury of having either a partner or a childcare provider that is able to do this. I would recommend that future work by the Trent Women's Centre could also explore the feasibility of setting up some type of very flexible, responsive childcare between student mothers and other students willing to offer care.

References

RNAO (2002). Policy Statement Breastfeeding: Toronto: Registered Nurses Association of Ontario.

The Health Communication Unit. The “Road Map” for Policy Change. Toronto: The Centre for Health Promotion, University of Toronto. Downloaded from the World Wide Web:

Trent University (2003). Trent Childcare. Retrieved April 7, 2003 from the World Wide Web: <http://www.trentu.ca/org/tccc/>

Trent University (2003). Excel Spreadsheet detailing Student Enrollment by sex and age for 2002-03 Academic Year. Peterborough: Communication Department, Trent University.

Appendix One

The “Road Map” for Policy Change

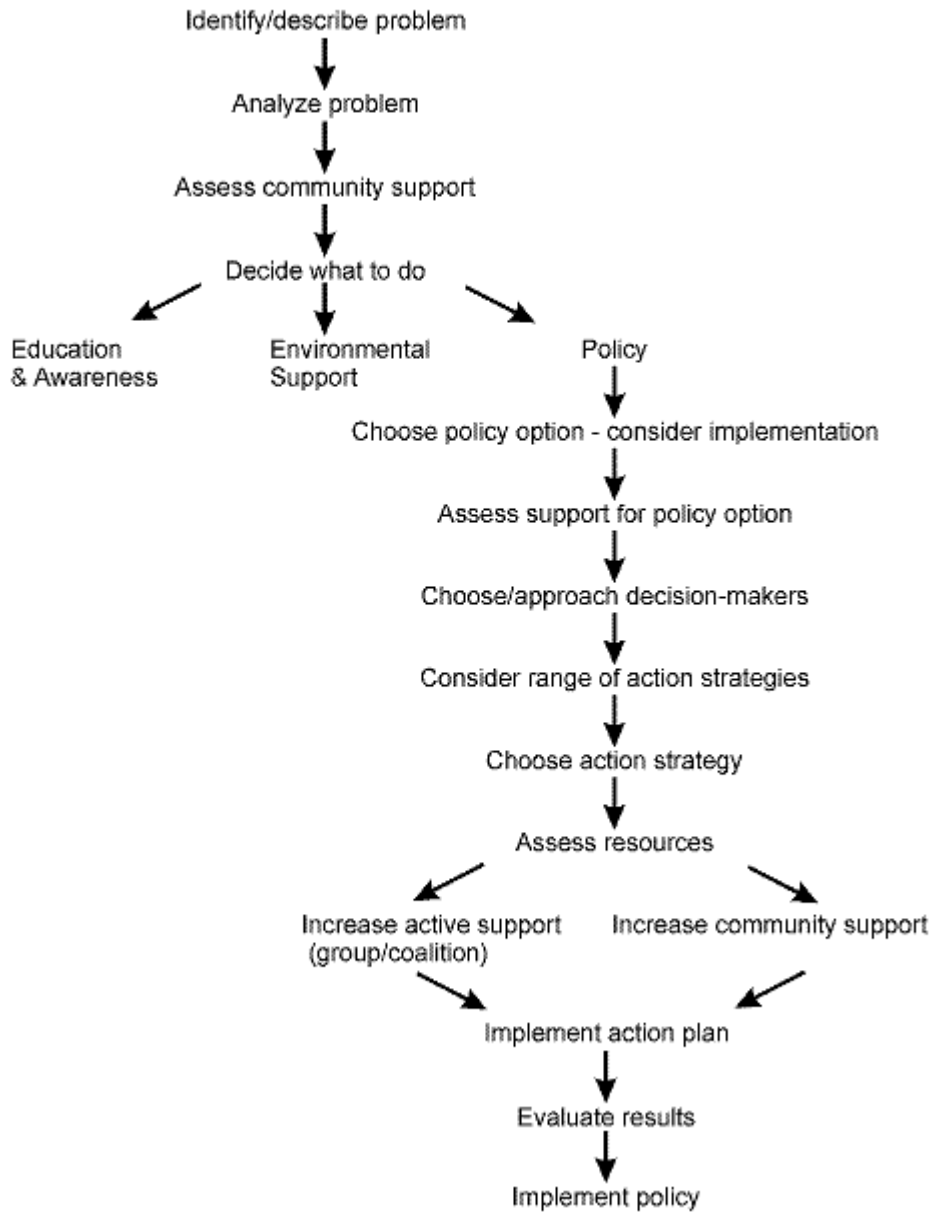


Figure 1. The “Road Map” for Policy Change.

Appendix Two: Results

Table 1. Survey Results

Age	<20	20 – 24	25 – 30	30 – 40	> 40	blank	total
Parent	0	1	7	8	5		21
Not Parent	36	100	18	3	0	1	158
Blank	1	3	1	1	0	3	9
Total	37	104	26	12	5	4	188

Table 2. Break down of gender by age category (with notes about who are parents in brackets)

Age	Under 20 (no parents)	20 – 24 (1 parent)	25 – 30 (7 parents)	30 – 40 (8 parents)	Over 40 (5 parents)	blank	total
females	11	23	2	1 (1)	1 (1)	2	40
males	2	5	2	1 (1)	0		10
Blank	24	76(1)	22 (7)	10 (6)	4 (4)	2	138
Total	37	104	26	12	5	4	188
% of pop.	2.95%	2.94%	4.04%	3.05%	1.63%	<1%	3.06%

There were responses by at least 13 men, although only 10 surveys are identified as coming from male students. In three class grouping I asked that no one respond to the question of gender because there were so few males in the class, that their surveys would be identifiable. This was particularly important to me because two of the men surveyed are my classmates and I didn't want them to feel that I would be able to identify their specific surveys when coding data.

Table 3. Trent Numbers (from communications office)

	Under 20	20 – 24	25 – 30	31 – 40	41 +
Female FT	844	2050	205	88	50
Female PT	25	271	187	188	199
Male FT	360	1041	149	47	11
Male PT	24	180	103	71	47
Total	1253	3542	644	394	307

Number of people who have seen breastfeeding on campus: 47

Number that have not: 141

Table 4. Support Level for breastfeeding space

Level of support	Number of people
5 very supportive, I would help lobby	55 (29.4%)
4	56 (29.9%)
3 somewhat supportive, I would sign a petition	65 (34.8%)
2	6 (3.21)
1 I would not support this	5 (2.67%)
No response, or hand written response	1 (“don’t care”)

Table 5. Do you believe Trent should develop a breastfeeding policy

Belief	Responses
Yes	157 (84%)
No	11 (5.8%)
Unsure	20 (10.7%)

Table 6. Do you think women should be allowed to breastfeed in class?

Belief	Responses
Yes	72 (38.5%)
No	81 (43.3%)
Unsure	35 (18.7%)

Table 7. Do you think it would be disruptive if a woman breastfed in class?

Belief	Responses
Yes	88 (47.1%)
No	69 (36.9%)
Unsure	31 (16.6%)

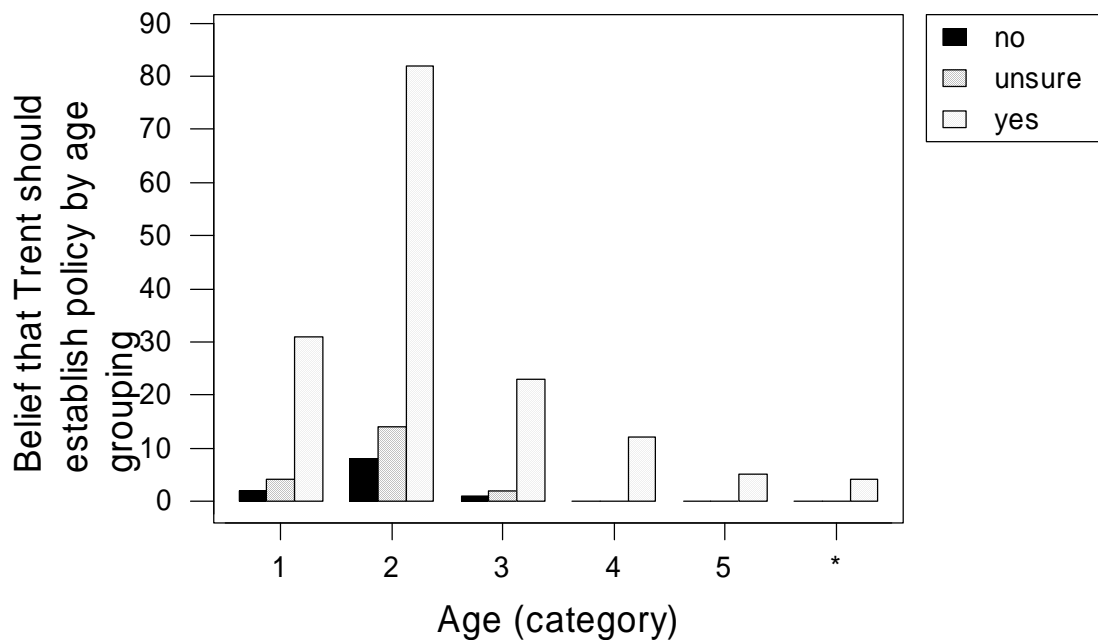


Figure 2. Breakdown of support for the establishment of breastfeeding policy at Trent University by age.

Table 8. Pearson's Coefficient

Correlation between age and support level	0.124
Correlation between being a parent and supporting the need for a breastfeeding room	-0.093
Correlation of parent and comfort	0.114
Correlation of support and comfort	-0.164
Correlation of having seen breastfeeding and support of breastfeeding in class	0.140
Correlation of having seen breastfeeding and feeling that it would be disruptive in class	-0.184

Comments Noted from Surveys:

- 118: in class? CIRCLED NO and added "baby in class would be distracting disruptive? CIRCLED YES and added "anyone eating in class is disruptive."
- 104: disruptive? Circled NO but added "I think it depends a lot on the baby and the caregiver"
- 107: disruptive? : Circled NO but added: "esp. because babies are quiet when feeding"
- 35: disruptive? : Circled YES but added:" more the fact of bringing children in general to class"
- 53: disruptive? : Circled UNSURE but added:"only if baby fusses"
- 58: disruptive? : Circled YES but added:" breastfeeding would not be the issue. The baby in class would be disruptive"
- 12: disruptive? : Circled YES and then circled it several times for emphasis
- 13: disruptive? : Circled YES and then added 2 exclamation marks for emphasis in class? Circled NO and added 2 exclamation marks for emphasis
- 145: disruptive? : Circled YES but added:"Waa! Waa! Baby disruptive, not breastfeeding anywhere on campus? Circled Yes and added "within reason"
- 154: allowed to breastfeed in class? Circled no, added "unhealthy, distracting" (however circled yes to are you comfortable with women breastfeeding in public?) breastfeeding policy? Circled yes and added "what would it entail?"
- 160: In class?: Circled UNSURE and added:"depends on the class, possible chemical could harm baby"
- 175: disruptive? : Circled UNSURE and added:"It is something that can be done with discretion – A baby in class would be distracting"
- 178: disruptive? : Circled NO and added:"has potential though I wouldn't have a problem with it"
- 181: disruptive? : Circled NO and added:"Nursing babies are very quiet!"
- 187: in class? Didn't circle answer but added "don't bring kids into class"
- 184: in class? Circled NO and added "I don't think babies should be in class"

Breastfed on Campus – Qualitative Exploration

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NURS 300 Nursing Concepts and Community Care
Joan Ayre, April 22, 2003**

Preface

Using the subjective term, “I”, when writing is a point of much debate within the field of nursing. Many believe that if nursing is to be considered a serious science it must subscribe to scientific formats such as the use of American Psychological Association style guides for writing. I choose to subscribe to a more feminist form of praxis, one that some nursing scholars are beginning to embrace, that sees the way in which the researcher interacts with the subjects to be important and the choice to write the personal out of the situation a dated formality. This preface and some of the information on the Neuman System’s Model have been used in other papers for this class and for NURS 304H. The choice to include them again in this paper is meant to interweave the segments of this project that spanned over a community placement and two courses, as well as to have this particular segment, able to stand alone without having to be accompanied by the Literature Review in which the information on Neuman’s Systems Model first appeared.

Introduction

The World Health Organization has declared breastfeeding the best way to feed babies (Blum, Heinig, RNAO). M. Jane Heinig (2001), editor of the Journal of Human Lactation notes: “In nearly every country in the world, the duration of exclusive breastfeeding falls short of that recommended by the World Health Organization.”

The importance of the role of nurses in supporting breastfeeding mothers has recently been recognized (November 2002) by the Registered Nurses Association of Ontario (RNAO). The RNAO came out with a policy statement endorsing the WHO declaration and calling on nurses to work in a variety of roles to promote breastfeeding including:

“As advocates, RNs work to promote development of policies and procedures that fully support breastfeeding and ultimately contribute to the realization of a positive breastfeeding culture.”

As a public institution, Trent University has neither policy nor formal environmental supports for those who decide to breastfeed whether they are involved directly with the university—students, staff and faculty; or whether they are people who choose to visit the institution. In a discussion on family friendly policies in a Family Psychology (PSYC 384) class some of my classmates noted that there were no designated breastfeeding spaces on campus and that breastfeeding faculty members generally had the advantage of having an office, where they could have some privacy while breastfeeding.

In exploring the question of whether Trent University needs either a policy or a designated breastfeeding space, I turned to a step-by-step flow chart created by The Health Communication Unit of the Centre for Health Promotion at the University of Toronto called *The “Road Map” for Policy Change*. This map was designed to help groups decide whether policy is needed and then to assist them in with a step by step guide to developing policy at the institutional or community level. Two of the first steps in this road map are to “identify/describe problem” and to “analyze problem.”

This paper involves qualitative interviews of breastfeeding women was undertaken to analyze whether the lack of breastfeeding policy or space is a problem for breastfeeding women and whether there were any common themes that could be identified that would lead to inclusion or exclusion of certain factors within a policy. Another part of the project was a quantitative analysis of student support for developing either breastfeeding policy or space. These are by no means complete explorations, rather they are the

beginning of a much larger project and as such the information contained here should be seen as emerging trends and not as categorical evidence.

Choosing to Use Neuman's Systems Theory

After conducting my first survey, I was struck by the complexity of personal factors and supports that the subject described. In trying to sort through this woman's experience I was reminded of Neuman's systems theory, a nursing theory which sees the client as a dynamic system affected by both personal and environmental factors and supports. Although I had already passed the survey through ethical review and because time was limited I could not change my survey to directly reflect Neuman's theory I will however use her Systems Theory to explore the information shared by participants.

The Questionnaire

The survey was purposely kept brief, because I knew that I was approaching busy women. The first of six questions asked if the woman intended to breastfeed before her baby was born and if so for how long did she intend to breastfeed. This was contrasted with a final part which asked how long did she actually end up breastfeeding for.

The second question asked if the woman breastfed or pumped (breast milk) on campus. If she responded yes, she was asked to elaborate on her experience. The third question built on the second question and it asked about supports or barriers that facilitated or discouraged the act of breastfeeding or pumping on campus

. The fourth question asked: "Do you think Trent needs a breastfeeding room on main campus?" If the person responded affirmatively this was followed up with: "Have you suggestions about where this would be and what it would be like?" The fifth question

also looked at environmental supports for breastfeeding, by asking: “Do you think Trent needs a family friendly policy that covers breastfeeding?”

The final question was designed to recruit other women into the survey and it was: “Do you know of other women I should approach to participate in this survey?”

Subjects

The six subjects represent four faculty members and two students. Five of the six subjects were over 30 and one was in her early twenties. Some of the subjects I knew; one was a classmate in nursing, another I had met in a previous job, although I had not seen her for a year and a half; a third was a woman who had taught a course I had taken. Two of the other women’s reputations as academics and mothers led me to contact them via email. The last subject was a woman whose name came up in the last question that I asked about whether subjects knew of other women I should approach. Five other women were approached to participate, but because of time constraints related to the University couldn’t.

Four of the women have doctoral degrees. One has an undergraduate degree and is working on a second undergraduate degree and one is working on her first undergraduate degree, which follows upon some college education.

Four of the subjects use Trent Daycare. Two subjects are single mothers. Three subjects have only one child, two subjects have two children and one subject has more than two children.

Three of the six women used the services of midwives for the delivery of their babies.

The shortest period of breastfeeding was one month, although the person had not intended weaning that early. Three subjects breastfed between 11 and 14 months. One

subject breastfed for two years and the last subject is currently breastfeeding a 33 month-old toddler.

Neuman Systems Model

The Neuman Systems Model for Nursing takes a holistic approach of looking at people and the impact stressors have on their health. Portrayed as a diagram, Neuman's model is illustrated as a series of concentric circles with the centre one representing the individual and the outer ones reflecting the lines of resistance possessed by that person. The lines of resistance are in turn affected by outside stressors which can be minimized or managed by interventions and primary, secondary and tertiary prevention. The model reflects that the base unit, whether it is an individual or a group is not a static entity being constantly acted upon by the same stressors. Neuman's systems model is dynamic—stressors impact the individual, their reaction and their ability to reconstitute themselves in relation to a stressor.

Neuman's systems model also looks at the role of primary, secondary and tertiary prevention on the maintenance of the individual's line of defence and the impact of stressors on that person.

Neuman Systems Model as it applies to breastfeeding on campus

This study sees the breastfeeding woman as the basic system and looks for commonalities within her lines of resistance, stressors and preventative measures she incurred. What I am searching for in ordering the study this way are commonalities that determine whether Trent needs a formal breastfeeding policy and/or space. In choosing to use Neuman's Systems Theory I am also choosing to acknowledge that there are a variety of internal and external effects on that woman's life that may have a large influence on

the breastfeeding relationship she has with her child, but may have little to do with the Trent environment.

Woman as Basic Structural Unit

In Neuman's Systems Model each client has a normal line of defence and a flexible line of defence. The flexible line of defence serves as a protective barrier around the individual, while in fact the individual can reconstitute themselves when faced with a challenge or stress. When the flexible line of defence is penetrated by a more serious stressor, or weakened by a series of stressors in the individual's life it takes the individual more energy to recover and reconstitute.

Within the normal line of defence the individual has five lines of resistance: physiological, psychological, socio-cultural, developmental and spiritual. These lines of resistance are what make an individual more or less resilient in dealing with a given situation. They are not static entities, rather they change, both in response to changes the individual goes through and in response to outside challenges. In searching for these common factors, I was aided by an assessment tool that applies Neuman Systems model to perinatal nursing (Trepanier, Dunn and Sprague).

The first commonality applies to the developmental line of resistance because all these women are involved in higher education. Another developmental variable is that all six women had committed to breastfeeding before their babies were born. Studies have found that commitment to breastfeed before birth is one of the factors that lead to breastfeeding success.

Having met with all these women, I would conclude that all six had a broad "self-concept". Self Concept is attributed to the psychological line of resistance (Trepanier,

Dunn and Sprague) and is described in a first year nursing text by Arnold and Boggs (1999) as “an organized network of ideas, feelings, and actions, which every person has as a consequence of experiences and interactions with other people” .

Support was another common variable that could have affected the psychological and socio-cultural lines of resistance positively, amongst the five women who breastfed for longer than a month. In some cases this support was from within the family unit, with fathers changing or adapting their work schedules in order to facilitate bringing the baby to the mother on campus allowing for continued breastfeeding. Other women noted the support they received from peers, either classmates or work colleagues who had structured their lives around a breastfeeding baby and were able to offer support and guidance. One woman noted the support she received from a breastfeeding group.

The one woman, who had to end breastfeeding early, did so because she was having physical difficulties and the baby was losing weight. In our interview she noted that this was a stressful time in her life, because things were not going well with her partner. She also noted that she was unable to access support from a lactation consultant because at the time the service was limited in Peterborough, and the only consultant was off with the flu. The relationship discord with a partner and lack of ability to access health services could be viewed as an intrapersonal and extrapersonal stressors on both woman and her breastfeeding relationship with her baby.

As noted at the beginning of this section, the other interesting finding that had to do with lines of resistance was the way in which individuals reconstituted themselves after stressors. One participant in particular, described how she found breastfeeding physically challenging but continued because she was committed to the value of it. This individual

had strong internal lines of resistance and a good support network, and her case demonstrated one of the principles of Neuman's Systems Theory, that individuals are able to reconstitute themselves and adapt when their system is healthy and they have adequate support.

Stressors

Stressors can have two impacts on the individual. They can bump the flexible line of defence causing the inner lines of resistance to be shaken but not damaged, or if conditions in the environment and/or the individual are already off balance, the stressor may penetrate that outer flexible line of defence having a larger impact on the individual. These stressors can be intrapersonal, such as the physical difficulties one woman reported having with breastfeeding; interpersonal, such as the situation described earlier where a woman was experiencing relationship discord; or extra-personal (which will be discussed in the next paragraph). By themselves, or in combination with others, these factors may cause variance in wellness, such as the women with the physical difficulties who continued to breastfeed until her baby was a year, or they may have a more lasting effect, such as in the woman who had to give up breastfeeding because her baby was not gaining weight.

One of the student mothers reported extra-personal stressors when she got inconsistent messages about how supportive her program was of her right to breastfeed. Before starting the nursing program, this student explored the option of combining breastfeeding and nursing education with her department chair. She was assured this would not be a problem, and received a lot of support from professors in the classroom and her breastfeeding relationship was accommodated in a community health placement.

However, when it came time for a second clinical placement in long term care, she found that educational staff coordinating the clinical experience were unaccommodating, suggesting to her that the policy was that students could not leave placement for any reason.

In contrast to this extra-personal stressor, she found fellow students in her clinical group and her clinical instructor supportive, encouraging her to feed the baby as necessary and offering to take on any care role her assigned patient may need while she was breastfeeding. This could also be seen as an example of intra-personal support helping to counterbalance a stressor, and thus reducing the impact of the stressor on an individual.

Existing Prevention – Primary, Secondary and Tertiary

Neuman (1995), explains prevention as intervention as an arc in which the curve in the arc brings tertiary prevention, back to be near, although not connected with primary prevention. Within the responses from women in the study I discovered some existing systems interventions at Trent, both formal and informal which I had not recognized at the start of this study.

Neuman (1995) defines primary prevention as: reducing the possibility of encounter with stressors and strengthening the flexible line of defence. Some of the female professors, interviewed for this study, noted the existence of one formal support strategy at Trent for faculty mothers that reduced the risk of encountering stressors. It was noted that women faculty members get academic consideration for the time they are on maternity leave, which is important because it counts toward time being accumulated for sabbaticals and for academic movement within the system. This credit is however limited

to established faculty members and not necessarily to part time or sessional instructors. It is also not available to fathers, something one interviewee noted as a possible limiting factor in male faculty members ability to become involved in childcare.

This same subject however, noted how the registrar's office accommodated a faculty couple, allowing them to file their schedules into the computer as one person, so that they would never be scheduled to teach at the same time. This creates a buffer, allowing for one parent to be at home if there is a child sick. Another subject also noted some flexibility in the university system, which allows her to work four longer days per week, instead of the traditional five.

Another form of primary prevention that was acknowledged although not embedded in the system in any way was the support individual professors offer to student parents. This support was evidenced from both sides, with professors interviewed noting that they make exceptions such as extending deadlines or emailing class notes to a student if they know that student is a parent and is unable to make a class or a deadline because of issues related to children. The two students also noted that for the most part professors are very accommodating of the fact that they have children. There were two exceptions noted to this flexibility. The first, already discussed, was the experience of the nursing student during a clinical placement. The second exception described by a student, was a TA in a lab situation who refused to return the student's calls when she was unable to come to lab for two weeks because her child was very sick child and she had no other care giver.

Accommodating student parents not only serves as a means of reducing the potential of encountering a stressor it also strengthens that students lines of resistance by

legitimizing the duality of her role as mother and student, and placing value on parenting, a domestic role that has traditionally been taken for granted.

It could be argued that this faculty support of student parents, is not really primary prevention but that is rather secondary prevention occurring in the absence of primary prevention which would be a formal university wide policy. Neuman (1995) defines secondary prevention as “intervention or treatment...provided in terms of existing symptoms.”

Another secondary prevention scheme, suggested because of the lack of a primary University wide policy was described by one woman who noted that an independent auditor visited her department, and recommended that the department chair needed to do more within the department to enable the younger female academics on staff to be able to do more research and consequently to publish more. This subject noted that supports to make this possible would include things such as allowing younger female faculty with children to take on less teaching assignments and possibly a more flexible work schedule to allow time for both parenting and research and writing. She also noted that in a department with several older male faculty members there may be little appreciation for the struggle women have juggling home and work life, not so much out of callousness, but rather related to their age and the fact that most had a spouse who stayed home and looked after the domestic side of things which in turn supported their academic careers.

Tertiary prevention which in the Neuman’s System Model is used for wellness maintenance or to encourage a return to wellness could be seen as illustrating the arc back to primary prevention very well in this model. The same type of policies that would

support women in their efforts to breastfeed at a primary level would also serve to encourage them at a tertiary level if other stressors affected the individual.

Prevention as Intervention –Women’s Response to Questions of Space and Policy

Response to the two questions about space and policy was one of the key focuses of this study and it should not become lost in the exploration of other factors that influenced women’s breastfeeding experiences on campus. There was agreement that both a policy and a space would be good and some interesting ideas were put forward.

One professor noted that there is a lack of student space on campus, and that in the past breastfeeding women who didn’t have offices, might have been able to find a quiet space on campus to feed or pump without much difficulty. Another noted that a few years ago she had received a call from someone who knew her department had a staff fridge, and wondered if a student could use it to store breast milk in during the day.

One woman saw the breastfeeding room as going beyond a place where a mother and infant, or a mother with a breast pump could go, to a place where parents could meet and share support.

Another woman noted that because of the size of campus and its location that it would be difficult even for someone who had an hour break during the day, to get to another location to breastfeed and than to get back to Trent, even if they had access to a car.

With regards to policy, some subjects suggested that this may help more individuals to breastfeed at Trent. Another subject noted that the effects of a breastfeeding room and a family friendly policy may go beyond the walls of Trent, by exposing young women to these concepts before they have children.

Another subject suggested that if there were to be a family friendly policy that it reflect and support the role of fathers as well as mothers in the university.

Someone else asked that the policy encourage departments to schedule meetings during the day when the childcare centre was open.

Recommendations for the Future

As noted in the introduction, this is a preliminary study. Before instigating a policy campaign on campus more research is needed into some of the trends identified in this study. In particular more student parents need to be interviewed. Also there was no representation of women in support roles, such as those who staff departments and on-campus services such as the library or of women from the CUPE local that represents part time and sessional faculty members.

Initial trends indicate that a breastfeeding room, should be more than just a place to breastfeed. It should be a place where a parent can change a baby's diaper, or where they could take a toddler when visiting campus, a place where parents can meet and possibly even just a general quiet space where students can go to get away from the distractions of campus.

Findings also indicate a need to explore the notion of family friendly policy with a broader group of parents, than just those who breastfeed. This group should be made up all University stakeholders – students, staff and faculty.

Also in talking with a faculty member not involved in this study, I discovered that she didn't mind "loaning" her office to a woman looking for somewhere quiet to breastfeed. I also heard from another woman that she would have appreciated a chair in the bathrooms

around campus, when she was looking for a place to breastfeed. While there has been a lot of work done by feminists (Blum, 1999) and public health nurses to get breastfeeding more widely accepted and out of bathrooms, this woman's desire for an easily identifiable quiet female space is understandable given the size of Trent. Perhaps quiet spaces such as the office of a faculty member mentioned at the beginning of this paragraph, could be designated with a sticker so that women know they could access them. Also perhaps a map could be drafted that recognized the child-friendly nooks where someone may breastfeed or where they may be able to leave a care giver with their child while they attend a class or exam.

Lastly in recognizing the campaign for a breastfeeding room, it should not be forgotten that women must remain steadfast in maintaining their right to breastfeed anywhere that they feel comfortable.

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