

WOMEN'S BODY IMAGE AND BREASTFEEDING

OBRAZ CIAŁA KOBIET A KARMIENTE PIERSIĄ

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A – przygotowanie projektu badania | study design, **B** – zbieranie danych | data collection, **C** – analiza statystyczna | statistical analysis, **D** – interpretacja danych | interpretation of data, **E** – przygotowanie maszynopisu | manuscript preparation, **F** – opracowanie piśmiennictwa | literature review, **G** – pozyskanie funduszy | sourcing of funding

SUMMARY

Only a small number of studies draw attention to the relationship between body image after pregnancy and during lactation with the decision to undertake and continue breastfeeding. Body image is a complex mental construct, which consists of: cognitive, emotional and behavioural components, and which is subject to change during the life of the woman. Pregnancy, childbirth and lactation affect the physicality of women, which is also reflected in the way of defining their body image.

Dissatisfaction with own body can affect the decision to breastfeed or cause discomfort during breastfeeding. At the same time, undertaking breastfeeding can, through the hormones secreted at the time, positively influence the assessment of the woman's body before and during pregnancy. The discovery of this relationship, and in the future indicating the precise correlation phenomena, could have a practical use in working with patients whether to breastfeed.

By noticing and identifying an early onset of irregularities in the forming body image of a pregnant women, healthcare professionals can support those in need to build a real body image and positive attitude towards occurring changes and thus increase their comfort. Recognising and understanding the obstacles women experience on the road to breastfeeding, educators and professionals can create programs which consider a more complex, psycho-physical dimension of breastfeeding.

KEYWORDS: breastfeeding, acceptance of the body after pregnancy, dissatisfaction with body image

STRESZCZENIE

Nieliczne z dotychczas przeprowadzonych badań naukowych zwracają uwagę na związek obrazu ciała kobiet po przebytej ciąży oraz w okresie laktacji, z ich decyzją o rozpoczęciu i utrzymaniu karmienia naturalnego. Obraz ciała jest złożonym konstruktem psychicznym, na który składają się komponenty: poznawczy, emocjonalny i behawioralny. Podlega on zmianom i przeformułowaniom w trakcie życia kobiety. Ciąża, poród i okres laktacji mają wpływ na fizyczność kobiety, co znajduje również swoje odzwierciedlenie w sposobie definiowania jej obrazu ciała.

Dostępne w literaturze wyniki badań wskazują, że niezadowolenie z własnego ciała może mieć wpływ na decyzję kobiety o karmieniu piersią lub też być przyczyną jej dyskomfortu w trakcie tego doświadczenia. Jednocześnie, podejmowanie aktu karmienia piersią, za pośrednictwem wydzielanych w tym czasie hormonów, może pozytywnie wpływać na ocenę ciała kobiety sprzed i w trakcie ciąży. Odkrycie tej zależności, a w przyszłości wskazanie precyzyjnych zjawisk korelacyjnych, może mieć praktyczne zastosowanie w pracy z pacjentkami wahającymi się czy podjąć karmienie swojego dziecka piersią.

Pracownicy służby zdrowia, zauważając i identyfikując jak najwcześniej nieprawidłowości w kształtującym się obrazie ciała ciężarnej kobiety, mogą wspierać ją w budowaniu realnego obrazu ciała i kształtowaniu pozytywnej postawy wobec zachodzących w nim zmian, a tym samym zwiększać jej komfort. Rozpoznając bariery kobiet na drodze do karmienia piersią, edukatorzy i specjaliści mogą tworzyć programy uwzględniające bardziej złożony psychofizyczny wymiar doświadczenia, jakim jest karmienie naturalne.

SŁOWA KLUCZOWE: karmienie piersią, akceptacja ciała po ciąży, niezadowolenie z własnego ciała

INTRODUCTION

Women's breasts are one of attributes of femininity, extolled by artists, poets, and millions of men. In Ancient Egypt, a deep neckline symbolised, inter alia, health, fertility, beauty and the capacity to feed offspring. Nowadays, the views on the aesthetic and social function of women's breasts are divided [1]. They definitely are a key element of a woman's identity, affecting her acceptance of herself and, furthermore, the level of psychological wellbeing and functioning in close relationships, including the relationship with her children [2].

Body image is a complex construct, which is realised through the cognitive, behavioural and emotional components. Due to the complex structure of body image, it changes in the course of life and the differences in its perception, both in the holistic and partial aspects, affect self-worth. Women ask themselves questions, and thus constantly revise and modify, if necessary, the subjective assessment of their bodies. By observing their bodies, using the sensory perception of it and assigning emotional responses to particular observations, a woman establishes the level in which she accepts her physicality. The available sources are full of reports on women's body image in different socio-economic and personal situations [3]. However, the issue of the body image of breastfeeding women was rarely taken up. This area remains largely unexplored in Poland. However, it would appear that breastfeeding can affect women's satisfaction with their bodies [4].

Biologically, the main function of a woman's breasts is producing milk – sustenance for a new-born. The anatomy of the breast gland is individual, adapted to the woman's body and can differ in outward appearance, inter alia in size. The breast has the capacity to change size depending on the amount of fat tissue inside, which can be observed, e.g. during diets, when a decrease in body fat also causes a decrease in breast size. An increased amount of fat tissue in the breast has no effect on lactation. The development and maturing of the breast glands during puberty and procreation causes changes in a woman's appearance, both in the physical and the psychological sphere [5]. Once the breasts and other sex-specific characteristics develop, a young woman's body image changes in the cognitive component, which also affects the behavioural and emotional components [3].

A woman's acceptance of her breasts, as with other attributes such as hair or hips, affects her psychological

and emotional functioning and her self-worth. Being discontent with own appearance can negatively affect psychological well-being [6], and the need to appear attractive, which includes having a beautiful pair of breasts, may become a priority. Significant features constituting external appearance and attractiveness of breasts are size, symmetry, ratio to body size and firmness (consistency). The requirements in regards to these features raise interest in plastic surgery, which promises perfect breasts can be achieved by transplanting tissues or by implants [7].

The available sources and educational materials on breastfeeding stress the technical aspects of natural feeding, omitting its co-dependency, interaction and complexity. It is noteworthy that the available sources include very little empirical papers analysing the emotional and social context of breastfeeding [8]. It is also noteworthy that socio-emotional factors can affect a woman's decision whether or not to breastfeed and how soon to stop breastfeeding.

BODY IMAGE AND NATURAL FEEDING

Body image is the mental structure representing individual experiences – in cognitive, emotional and behavioural spheres – connected with perception of own body [9]. For the subject of this paper, of key significance are studies researching the body image of women in the periparturient period due to its cognitive, emotional and behavioural dimensions, which can significantly affect well-being and the women's decisions regarding pregnancy, labour and postpartum. The cognitive component of body image covers the thoughts and beliefs a woman formulates about her appearance, based on empirical data and other peoples' views. The emotional component is connected with feeling happy or unhappy with own appearance or a part of it. It can cause significant emotional discomfort, which is often connected with increased body weight and changes in appearance of particular body parts during pregnancy and postpartum. The behavioural component of body image covers behaviours aimed at improving appearance, inter alia a diet, physical activity or specialised medicinal or beauty preparations [3,10].

Studies show that one of the factors pertaining to the decision to not breastfeed is the belief that natural feeding has negative effect on breast shape. Arora et al. list four more factors: lack of consent of the partner, worries about sufficient amounts of milk, return

to work and discomfort during breastfeeding [11]. Even though negative effect of breastfeeding on breast shape was not scientifically proven, subjective risk assessment and its results render the problem serious enough for many women to fear the aesthetic consequences [11]. Women also fear that breastfeeding will have effect on their physical appearance, assessed by their partner. However, studies show that men did not consider their breastfeeding partners any more or any less attractive than before the pregnancy. Within those results, 13% considered their partners less attractive and 27% considered their partners more attractive [12].

PSYCHOLOGICAL ASPECTS BEHIND THE DECISION TO BREASTFEED

Dissatisfaction with own body stems from negative beliefs about own body, experiencing negative emotions connected with it and undertaking actions aimed at making the appearance more attractive [3]. This can affect the decision to breastfeed or be the cause of discomfort during breastfeeding. Women who are exposed to public opinion and have their breasts assessed as sexual objects, can have problems in perceiving their breasts as a tool to feed their children. Women who receive negative feedback about their breasts or have a negative view of their body can decide against breastfeeding, in order to improve their self-worth and feel more attractive [7].

Foster et al. (1996) confirmed the correlation between satisfaction with own body and choosing the method of feeding a child. According to Monteath and McCabe [13], breastfeeding can help a woman feel more attractive. Breastfeeding can help improve self-assessment and by generating positive emotions, affect the emotional dimension of body image, which eventually will improve satisfaction with body image after childbirth. In an analysis of the relationship between the decision to breastfeed, body image and attachment, the researchers found that women who chose to breastfeed had a more positive image of their bodies from before pregnancy than women who chose to feed with a bottle [14].

Pregnancy, labour and postpartum are a time of change and a normative developmental crisis. This special time is connected with exposure to additional stress, stemming from, inter alia, waiting for the child, fear for own health and the child's health, fear of labour, the so-called "baby blues", changes in appearance and life role, changes in the family. Studies on body image allowed to document the positive correlation between dissatisfaction with own body and stress [15]. Stress can cause worse lactation and is an important factor in maintaining positive production of milk. Moreover, depression induced by stress and negative body image can be pertinent to the mother's decision to not breastfeed [16]. Dissatisfaction with own body can lead to

depression [17]. Zanardo et al. [18] conducted a study to establish the connection between depression symptoms, negative body image and deciding against breastfeeding. The results confirmed the hypothesis that young mothers with depression symptoms often have negative image of their bodies and more frequently decide against breastfeeding. Furthermore, women who decide to breastfeed experience social costs, such as feeling restrained and lack of comfort when they breastfeed in public. Finally, some women believe breastfeeding causes them to temporarily lose their sex drive.

A different approach is presented by studies, according to which breastfeeding can protect against stress. Those studies show that breastfeeding women subjected to stressful exercises had significantly lower stress hormone, such as cortisol or ACTH, levels in the blood than women not breastfeeding or women without children [19].

DISCUSSION

The presented results show, first of all, the significant role and effect of breastfeeding a new-born on the functioning of the physical, emotional, cognitive and behavioural spheres in women. The number of challenges faced by a new mother, including the decision to breastfeed and continue to breastfeed, carry a lot of stress. However, the quoted studies [19] show the protective effect of breastfeeding, which is realised by changes in the hormonal balance and which can have secondary effect on the psychophysical functioning of a woman and, to some extent, neutralise the negative effects of breastfeeding on body image, levels of stress and depression.

The ambiguous results concerning the effect of breastfeeding on the psychophysical functioning of a woman call for further research in this area, both in the negative and positive consequences for women's functioning. The long-term effect of breastfeeding on the psychophysical condition of a mother remain unexplored.

CONCLUSIONS

Establishing the relationship between breastfeeding and body image can have practical applications. Health care professionals can identify the problem and support women in building a positive body image and thus increase their comfort. By recognising the barriers women face in deciding whether to breastfeed, the educators and specialists can create programmes which include a more complex dimension of the experience of breastfeeding, instead of focusing only on the medical and technical aspects of this process. We should stress the significance of breastfeeding for prophylaxis and its benefits for a woman's psychological functioning, and talk with the female patients about their fears, including those about appearance and other barriers preventing them from deciding to breastfeed.

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