Author's response to reviews

Title: Relationship between participation in leisure activities and constraints on Taiwanese breastfeeding mothers during leisure activities

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Author's response to reviews: see over
Dear Dr. Omar Khan,

Dr. Bukola Fawole
BMC Public Health editorial office, Mr. Jimmar Dizon,

Thank you for the opportunity to revise our manuscript, we are grateful for the constructive and helpful comments for manuscript amendment from Dr. Yuko Nakao and Dr. Kingsley Agho.

We have incorporated these suggestions in the revised manuscript and organized responses, point-by-point, in accordance with the reviewers’ comments.

We hope that you will find this revised manuscript acceptable. We believe this manuscript addresses a very important public health issue, especially for women. We hope that we have adequately addressed the reviewers’ comments and that this meets with the editor’s satisfaction. If any further clarification is required, please feel free to contact me at any stage. I look forward to receiving a response at your earliest convenience.

With kind regards,

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Response to Reviewer: Yuko Nakao

1. The argument and conclusion to the added result (table 2.3) are not written. Please indicate.

The discussion of Table 2 and Table 3 appears in the “Discussion” section, copied below for your convenience.

Leisure constraints faced by breastfeeding mothers

The main purpose of this study is investigation of constraints breastfeeding mothers confront restricting participation in leisure activities. First, a factor structure of the constraints’ scale reveals that, in addition to the traditional three factors of constraints on leisure (intrapersonal, interpersonal, and structural constraints), a fourth factor, breastfeeding-related constraints, occur. This result presents a unique and specific constraint for breastfeeding mothers in daily life. Although several breastfeeding-related studies disclosed barriers influencing breastfeeding, none explored pursuing leisure. The uncovered factors result in limited and fragmented leisure time for breastfeeding mothers. The current study also demonstrates that constraints related to children, family, and nursing environments are, reportedly, the most intensively experienced.

Compared to men, women’s life stages and constraints, which may change over a lifespan considerably influence leisure activities [1]. In particular household obligations and family commitments, usually limit women’s time for leisure [2]. Mothers of young children tend to “put others’ wellbeing first” [3] instead of their own leisure needs. Although these family roles and obligations appear for consideration in many other studies of women and leisure [4, 5], a lack of a sense of entitlement to leisure [6] is significantly intense for nursing mothers who feel responsible because their babies’ dependence on mothers for nourishment, particularly for breastfeeding mothers with children under six months old.

An unfriendly environment is another significant barrier for nursing mothers that inhibits participation in leisure activities. Several public and recreational areas do not have adequate nursing environments, which causes inconvenience for breastfeeding or to expressing milk. In 2008, Wu et al. interviewed Taiwanese nurses to gain insight into their breastfeeding experiences and found that outings are inconvenient most of the time, and embarrassment arises from breastfeeding in public; hence, the preference is to remain at home. If going outdoors with children, vehicles become mobile breastfeeding and milk-expressing “rooms” [7]. Breastfeeding in public has a privacy component due to limited nursing rooms available on-site at public leisure or recreational venues.

Leisure preferences, participation in leisure activities, and comparison between Action and Contemplation groups

The ranking of leisure preferences for breastfeeding mothers are consistent with their
participation in leisure activities. Most nursing mothers in Taiwan participate in more family activities or activities related to their children. The least preference and participation types are competitions and skills-related activities. The order suggests that women prioritize their time and activities to relate to children and families instead of individually oriented or skill-level activities. Further analysis from this study reveals that respondents’ preferences for leisure are considerably higher than their participation in all ten types of leisure activities. The difference between preferences or desire for leisure and actual participation re-confirms that constraints on leisure intervene.

From mapping of preferences for leisure and participation in leisure activities, for both Action and Contemplation groups, those activities strongly tied to family obligations, such as children-related activities, shopping (e.g. grocery shopping, baby-clothing shopping), and out-door recreation (e.g. taking children to a park) represent high-preference and high-participation activities. This result is consistent with many studies’ notions that women’s leisure typically involves work, caring for or, in the company of others, fulfilling roles as wives or mothers [8]. These activities may also represent a self-selected filter for activities because women choose leisure mainly based on a combination of opportunities available, as suggested by Colley [9].

Response to Reviewer: Kingsley Agho

2. I completely understood the calculation of Wu (2009) and I disagree with the authors that the sample of 415 is indeed sufficient. My reasons are: (1) The sample of 900-1000 meets the central limit theorem (CLT) assumptions and, (2) the data was not weighted to reflect the population of interest and based on that, the authors should report median with 25th and 75th percentiles in table 2 in order to determine the normality of the sample. But, if the data was weighted, there is no need to report median with 25th and 75th percentiles.

Thank you for the comment regarding the representative sample. A further search in the 2010 National Report of Breastfeeding Demographics, published by the Bureau of Health Promotion, Department of Health, Taiwan [1] allows comparison with the current study’s sample. This additional research revealed that the age of breastfeeding mothers in the current dataset slightly oversampled the middle age group (30-34 years old), therefore, a recalculation of the weightings in the sample and re-analysis of the data appear in the resubmitted manuscript along with revised tables.

of 2010 County Breastfeeding Rate. Retrieved from: http://grbsearch.stpi.narl.org.tw/GRB/result.jsp?id=2104187&plan_no=9903007A&plan_year=99&projkey=PG9907-0125&target=plan&highStr=99%E5%B9%B4%E7%B8%A3%E5%B8%82%E6%AF%8D%E4%B9%B3%E5%93%BA%E8%82%B2%E7%8E%87%E8%AA%BF%E6%9F%A5%E8%A8%88%E7%95%AB&check=0&pnchDesc=99%E5%B9%B4%E7%B8%A3%E5%B8%82%E6%AF%8D%E4%B9%B3%E5%93%BA%E8%82%B2%E7%8E%87%E8%AA%BF%E6%9F%A5%E8%A8%88%E7%95%AB.

3. I disagreed with the authors on this because previous studies from Taiwan indicated the following:

In Taiwan, most companies provide only eight weeks of maternity leave (Chen et al. 2006) - by so doing, infant mothers may be forced to have a short span of exclusive breastfeeding (EBF) due to short maternity leave. A national survey carried out in 2005 showed that the rate of exclusive breastfeeding in Taiwan at one month postpartum was only 22.3%, and dropped to 16.7% at three months (Chien et al. 2005). From the study of Chien et al. 2005, it is very hard for any IYCF researchers to believe the EBF rate of 80%, an increased of about 5 fold (from around 16.7% to approximately 80% ) in Taiwan in the past 5 to 6 years.

Thank you for the comment and diligent search of the literature for added information. First, the main purpose of the current manuscript is focusing on breastfeeding mothers’ leisure constraints. As Chien et al. (2006) indicated, many women in Taiwan cease breastfeeding, 1-3 months postpartum, due to a need to return to work. Many factors such as short maternity leave affect women in their early stages of postpartum; therefore surveying them regarding their breastfeeding and leisure experience is appropriate. Hence, the selection criteria for this study include mothers having breastfeeding experiences of more than four months. Second, within this study’s sample of mothers who have breastfeed for more than four month, the inquiry of providing only human milk or mixed breast milk with other supplements reveals a high percentage of women who provide only breast milk. This phenomenon might have an explanation in that the mothers, in the dataset who would breastfeed their babies for longer periods than other groups, might be more aware of the benefits of exclusively breastfeeding as reflected in the higher rate of exclusively breastfeeding. Third, the data from Chien et al. (2006) is from a national survey for all postpartum mothers in Taiwan, and Chien’s data for the rate of exclusively breastfeeding is EBF among all postpartum mothers, while the current study’s EBF figure represents the
ratio between EBF and the total sample of women, who have breastfeed for more than four months. These two figures are inappropriate for comparison since the defined populations are different.

4. **The authors should also define EBF in their manuscript – it is the usual standard and that may explain things better to readers unfamiliar with how the authors definition EBF rate.**
