

## Research article Ερευνητική εργασία

# Health professionals' attitudes towards breastfeeding among women with schizophrenia: Greek version of a specific rating scale

E. Sakellari,<sup>1,2</sup> M. Iliadou,<sup>3,4</sup> K. Pikouli,<sup>5</sup> G. Konstantakopoulos<sup>5,6</sup>

<sup>1</sup>Department of Public and Community Health, University of West Attica, Athens, Greece,

<sup>2</sup>Department of Nursing Science, University of Turku, Turku, Finland,

<sup>3</sup>Department of Midwifery, University of West Attica, Athens,

<sup>4</sup>Department of Nursing, University of Peloponnese, Sparta,

<sup>5</sup>Byron-Kessariani Community Mental Health Centre, First Department of Psychiatry,

Athens University Medical School, Eginition Hospital, Athens, Greece

<sup>6</sup>Department of Psychosis Studies, Institute of Psychiatry, Psychology and Neuroscience, King's College London, UK

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**B**reastfeeding is the optimal feeding mode for the mother and her child. The pregnancy rates of mothers with schizophrenia do not differ significantly from those of the general population. However, research on breastfeeding among women with schizophrenia is extremely limited. The current study aims to explore the health professionals' attitudes towards breastfeeding among women with schizophrenia in Greece and to examine the validity and reliability of the Greek version of a specific rating scale for further research on attitudes towards breastfeeding among women with schizophrenia. This study had a cross-sectional descriptive design and the participants were health professionals working closely with women/mothers at different health care settings in Athens (health visitors, midwives, nurses working in mental health care). Data were collected using a self-report questionnaire on knowledge and attitudes regarding breastfeeding, knowledge, feelings and attitudes regarding schizophrenia, professional guidance for women with schizophrenia about breastfeeding; and personal and professional attitudes towards breastfeeding among women with schizophrenia. The results of the study showed that health care professionals of different disciplines seemed to have similar positive attitudes towards breastfeeding among women with schizophrenia. Professionals that had attended breastfeeding seminars had significantly greater scores on both knowledge of breastfeeding and attitudes towards breastfeeding. Greater scores on attitudes towards women with schizophrenia and attitudes towards breastfeeding among women with schizophrenia were found in those that had previous contact with a person with schizophrenia. Furthermore, greater scores on attitudes towards women with schizophrenia

were found in those that have provided consultation to a woman with schizophrenia on breastfeeding issues. The results suggest that this tool is a reliable and valid measure. The results of the exploratory factor analysis showed that there was a discriminative capacity among items. The five derived factors were knowledge of breastfeeding, attitudes towards breastfeeding, knowledge of schizophrenia, attitudes towards women with schizophrenia, attitudes towards breastfeeding among women with schizophrenia. Further research is needed among medical doctors and other mental health professionals who are involved in the care of women with schizophrenia. In addition, the experiences and the needs of mothers with schizophrenia should be explored in order to gain useful information for practice. The results of the current and future studies are expected to inform strategic planning.

**Key words:** Women with schizophrenia, mothers, breastfeeding, attitudes.

## Introduction

Globally maternal mental health problems are considered as a major public health challenge.<sup>1</sup> About 0.2–0.3% of women of childbearing age develop a non-affective psychotic disorder.<sup>2</sup> Worldwide about 10% of pregnant women and 13% of women who have just given birth experience a mental disorder.<sup>1</sup>

The common age of onset of schizophrenia in women is during the childbearing years.<sup>3</sup> Women with schizophrenia may become pregnant, and motherhood is common among them.<sup>4</sup> The pregnancy rates of mothers with schizophrenia do not differ significantly from those of the general population<sup>5</sup> although they have a higher rate of unplanned and unwanted pregnancies<sup>6</sup> which is a predictor of the feeding mode they are going to follow.<sup>7</sup>

In addition, mental illness can impact negatively on parenting.<sup>8</sup> In a recent study, mothers with schizophrenia performed consistently poorer in regards to parenting measures than controls, and in some dimensions poorer than mothers with depression.<sup>9</sup> In a recent study on parenting experiences of mothers with a chronic mental illness, mothers shared the challenges they experience with regard to caring for their children and they also expressed their need for family support.<sup>10</sup>

Psychotic disorders affect directly the woman's ability to become a mother and mother's relationship with the child is dominated by her great difficulty to recognize the real needs of the child.<sup>11</sup> On the other hand, there are studies that found that some of the mothers with severe mental illness can keep their parenting capacity.<sup>5</sup>

Breast milk is the natural first food for babies as it provides all the energy and nutrients that the infant needs for the first months of life.<sup>12</sup> The WHO<sup>13</sup> recommends mothers worldwide to exclusively breast-feed infants for the child's first six months to achieve optimal growth, development and health. There is evidence that breastfeeding has benefits to physical and mental health and other psychosocial aspects in life<sup>14–19</sup> and that it also influences the quality of the mother-infant relationship.<sup>20</sup> Moreover, a recent longitudinal cohort study found that mothers who did not breastfeed were more likely to be admitted for schizophrenia to the hospital in the first year postpartum.<sup>21</sup> Despite the benefits of breastfeeding, the WHO<sup>22</sup> estimates that worldwide only 35% of infants are exclusively breast-fed for 6 months.

The majority of antipsychotic medications used to treat schizophrenia appear to be relatively safe for use during breastfeeding.<sup>23</sup> Antipsychotic drugs are excreted in breast milk, but to date breast fed infants have not shown signs of toxicity or impaired development in most reports of antipsychotics, although manufacturers advise avoidance of these drugs during breast feeding. There are few reports on prescribing antipsychotic medication while breast feeding. Although mothers are advised to continue the same medication given during pregnancy when breast feeding, to avoid drugs with a long half life, and to time feeds to coincide with trough concentrations of drugs in breast milk, this is based on common sense and not on any high level evidence.<sup>2</sup> Olanzapine should only be considered during breastfeeding when the potential benefit justifies the potential risk to the infant.<sup>24</sup> A recent review summarized impor-

tant information for antipsychotic drugs during lactation. Olanzapine, quetiapine and aripiprazole can be used; ziprasidone and paliperidone are not recommended because of insufficient data. Risperidone and clozapine are not recommended. There is lack of data on breastfeeding rates among women with schizophrenia who breastfeed. However, most of the first-generation antipsychotics and breastfeeding are not recommended because of insufficient data.<sup>25</sup>

A qualitative study about pregnancy among Australian women with an enduring mental illness found that these women valued building a relationship with a small known team of health professionals who could provide respect and understanding without stigma, while offering care that acknowledged their special needs.<sup>26</sup> In Greece, although there is an ongoing reform of mental health care with a shift to community mental health care,<sup>27</sup> there is still a need for integration into the primary health care where the maternity and child health care takes place and for an interdisciplinary approach. Hence, there is a need to examine the attitudes among health professionals towards breastfeeding among women with schizophrenia.

Previous research has broadly examined the relationships between postpartum depression and breastfeeding intention, initiation, duration, and dose.<sup>28</sup> However, research on breastfeeding among women with schizophrenia is extremely limited.

The current study aims to examine the validity and reliability of the Greek version of a specific scale on attitudes towards breastfeeding among women with schizophrenia and to explore the health professionals' attitudes towards breastfeeding among women with schizophrenia and to examine the validity and reliability of the Greek version of a specific rating scale on attitudes towards breastfeeding among women with schizophrenia in order to facilitate assessment of the attitudes towards breastfeeding among women with schizophrenia in search for information useful for the practice and the education of health professionals.

## **Material and method**

The participants were health professionals working closely with women/mothers at different health care

settings (health visitors, midwives, nurses working in mental health care). The data collection took place through spring-autumn 2017.

The data were collected using a scale developed by Artzi-Medvedik, Chertok & Romem.<sup>29</sup> The self-report questionnaire used consists of the following parts: sociodemographic characteristics; general professional characteristics; personal and professional experience, knowledge and attitudes regarding breastfeeding; personal and professional experience, knowledge, feelings and attitudes regarding schizophrenia and the vignette patient; professional guidance for women with schizophrenia about breastfeeding; and personal and professional attitudes towards breastfeeding among women with schizophrenia.

The method of forward-translations and back-translations was followed as the WHO<sup>30</sup> suggests for the translation and adaptation of instruments. An expert panel worked on the forward translated version for the cultural adaptation of the questionnaire. The scale was also administered to a small group of health professionals in order to assess the clarity, appropriateness of wording and acceptability of the translated questionnaire. Then, the last adaptations to the questionnaire were made.

Ethical approval was obtained by the hospitals and health care settings the study took place. All participants gave informed consent.

## **Data analysis**

Data analysis was conducted using SPSS 22.0 Statistical Software. An Exploratory Factor Analysis (EFA) was used in order to evaluate construct validity of the questionnaire. Principal component analysis (PCA) was chosen as extraction method using Varimax rotation. The cut-off point for factor loadings was 0.40 and for eigenvalues it was 1.00. The internal consistency of the questionnaire was analyzed with Cronbach's alpha. Reliability equal to or greater than 0.70 was considered acceptable. Pearson correlations coefficients (*r*) were used to explore the association between the questionnaire subscales. For the comparisons Pearson's chi-square test, Fisher's exact test, Student's *t*-test, and analysis of variance (ANOVA) were used as appropriate. Bonferroni correction was used in all comparisons in order to control for type I error due to

multiple testing. P values reported are two-tailed. Statistically significant level was set at 0.05.

## Results

Participants were 66 health visitors, 40 midwives and 64 nurses working at psychiatric hospital with mean age 42.2 years ( $\pm$  7.7 years). Participants' characteristics are presented in table 1. Mental health specialization was more frequent in health visitors and nurses since this training is only offered to these professionals, while more midwives had attended breastfeeding seminars.

A principal components analysis was performed in the whole sample. EFA identified five factors with a Kaiser Meier Olkin (KMO) coefficient equal to

0.88 and the proportion of total variance explained was 42.5% (table 2). Internal consistency of all the extracted factors was satisfactory (table 3). The score of the subscales was transformed into a scale that could range from 0 to 100, with higher values to implicate higher level of knowledge or more positive attitudes. Factors' mean scores are presented in table 3.

The intercorrelations of the subscales were all positive and statistically significant, with the exception of the correlation of attitudes towards women with schizophrenia with knowledge of breastfeeding and attitudes towards breastfeeding (table 4).

Comparisons between professional disciplines in subscale scores are shown in table 5. Knowledge of

**Table 1.** Participants' characteristics.

	Health Visitors (N=66)	Midwives (N=40)	Nurses in mental health care (N=64)	p
	Mean (SD)	Mean (SD)	Mean (SD)	
Age, mean (SD)	41.7 (7.4)	42.5 (8)	42.6 (8)	0.805*
Birth place				
Greece	58 (89.2)	39 (97.5)	59 (96.7)	0.213***
Other	7 (10.8)	1 (2.5)	2 (3.3)	
Married				
No	16 (24.2)	13 (32.5)	24 (37.5)	0.259**
Yes	50 (75.8)	27 (67.5)	40 (62.5)	
Educational level				
University	45 (68.2)	28 (70)	48 (75)	0.680**
MSc/ PhD	21 (31.8)	12 (30)	16 (25)	
Postgraduate degree related to mental health				
Yes	1 (4.8)	2 (16.7)	6 (40.0)	0.023***
No	20 (95.2)	10 (83.3)	9 (60.0)	
Years of working	15.5 (8.2)	16.9 (7.7)	15 (8.5)	0.522*
Mental health specialization				
Yes	8 (12.7)	0 (0)	20 (31.7)	<0.001**
No	54 (85.7)	24 (61.5)	41 (65.1)	
Not needed	1 (1.6)	15 (38.5)	2 (3.2)	
Attend breastfeeding seminars				
Yes	25 (39.7)	37 (92.5)	18 (28.6)	<0.001**
No	38 (60.3)	3 (7.5)	45 (71.4)	

\*ANOVA, \*\*Pearson's chi-square test, \*\*\*Fisher's exact test

**Table 2.** Factor loadings from the results of factor analysis.

Item	Knowledge of breastfeeding	Attitudes towards breastfeeding	Knowledge of schizophrenia	Attitudes towards women with schizophrenia	Attitudes towards breastfeeding among women with schizophrenia
12	0.70				
13	0.74				
14	0.71				
15	0.62				
16	0.47				
17	0.53				
18	0.48				
19	0.49				
20	0.56				
21	0.47				
22	0.65				
23	0.58				
24		0.68			
25		0.64			
27		0.50			
28		0.67			
29a		0.51			
29b		0.70			
29c		0.62			
32			0.45		
33			0.46		
46			0.53		
35				0.67	
36				0.78	
37				0.60	
38				0.68	
41				0.44	
43				0.47	
39					0.67
42					0.46
44					0.47
45					0.67
47a					0.43
47b					0.38
47c					0.72

**Table 3.** Internal consistency reliability and means of the questionnaire subscales.

	Mean	SD	Minimum	Maximum	Cronbach's alpha
Knowledge of breastfeeding	62.6	23.6	16.7	100	0.72
Knowledge of schizophrenia	66.2	23.9	0.0	100	0.70
Attitudes towards breastfeeding	87.6	12.8	39.1	100	0.71
Attitudes towards women with schizophrenia	64.2	15.4	33.3	94.4	0.74
Attitudes towards breastfeeding among women with schizophrenia	78.4	9.3	47.6	95.2	0.75

**Table 4.** Intercorrelation of the questionnaire subscales.

		Knowledge of breastfeeding	Knowledge of schizophrenia	Attitudes towards breastfeeding	Attitudes towards women with schizophrenia
Knowledge of schizophrenia	r	0.03			
	p	0.678			
Attitudes towards breastfeeding	r	0.50	0.04		
	p	<0.001	0.643		
Attitudes towards women with schizophrenia	r	0.05	0.02	-0.04	
	p	0.518	0.836	0.686	
Attitudes towards breastfeeding among women with schizophrenia	r	0.29	0.10	0.21	0.31
	p	<0.001	0.237	0.019	<0.001

**Table 5.** Mean values of the questionnaire subscales according to profession.

	Health Visitors A		Midwives B		Nurses in mental health care C		Post hoc comparisons		
	Mean	SD	Mean	SD	Mean	SD	p ANOVA	p A vs B	p B vs C
Knowledge of breastfeeding	59.4	19.7	87.1	15.2	49.3	18.7	<0.001	<0.001	<0.001
Knowledge of schizophrenia	65.5	26.2	68.3	28.2	65.6	18.2	0.816	>0.999	>0.999
Attitudes towards breastfeeding	90	10.3	91.3	8.9	82	15.9	0.001	>0.999	0.002
Attitudes towards women with schizophrenia	60.6	13.6	63.2	14.9	68.3	16.6	0.020	>0.999	0.296
Attitudes towards breastfeeding among women with schizophrenia	77.5	10.1	78.7	9.1	79	8.6	0.627	>0.999	>0.999

breastfeeding was significantly greater in midwives as compared with other professionals and in health visitors as compared with nurses. The score on attitudes towards breastfeeding was lower in nurses as compared with other professionals, while the score on attitudes towards women with schizophrenia was greater in nurses as compared with health visitors. Attitudes towards breastfeeding among women with schizophrenia were similar between the three groups.

In terms of discriminant validity, the subscale scores were compared among participants with regard to attended breastfeeding seminars, previous contact with a person with schizophrenia, and provided consultation to a woman with schizophrenia on breastfeeding issues. Professionals that had attended breastfeeding seminars had significantly greater scores in both knowledge of breastfeeding and attitudes towards breastfeeding. Also, greater scores on attitudes towards women with schizophrenia and attitudes towards breastfeeding among women with schizophrenia were found in those that had previous contact with a person with schizophrenia. Furthermore, greater scores on attitudes towards women with schizophrenia were found in those that have provided consultation to a woman with schizophrenia on breastfeeding issues (table 6).

**Discussion**

To our knowledge, this is the first study that assesses the factor structure of this scale after its development by Artzi-Medvedik, Chertok & Romem.<sup>29</sup> The results suggest that this tool is a reliable and valid measure. The results of the exploratory factor analysis showed that there was a discriminative capacity among items. The five derived factors were knowledge of breastfeeding, attitudes towards breastfeeding, knowledge of schizophrenia, attitudes towards women with schizophrenia, attitudes towards breastfeeding among women with schizophrenia. This finding is consistent with the findings by Artzi-Medvedik, Chertok & Romem.<sup>29</sup>

Mean values on the scale were higher than the score of the study by Artzi-Medvedik, Chertok &

**Table 6.** Association of the questionnaire subscales with attended breastfeeding seminars, they have ever had contact with a person with schizophrenia, and if they have provided consultation to a woman with schizophrenia on breastfeeding issues.

	Attend breastfeeding seminars			Have contact with a person with schizophrenia			Provide consultation to a woman with schizophrenia on breastfeeding issues		
	Yes	No	p	Yes	No	p	Yes	No	p
	Mean (SD)	Mean (SD)		Mean (SD)	Mean (SD)		Mean (SD)	Mean (SD)	
Knowledge of breastfeeding	76.8 (20.4)	48.8 (17.4)	<0.001	62.2 (25.7)	63.9 (19.1)	0.636	65.3 (24.5)	61.7 (23.5)	0.457
Knowledge of schizophrenia	68.0 (24.8)	65.0 (23.2)	0.436	69.1 (22.3)	60.3 (24.7)	0.037	69.0 (19.8)	66.4 (24.2)	0.597
Attitudes towards breastfeeding	89.9 (10.5)	84.5 (15)	0.016	87.1 (13.9)	89.8 (9.5)	0.292	89.2 (12.3)	87.7 (12.9)	0.585
Attitudes towards women with schizophrenia	63.8 (15.3)	64.6 (15.5)	0.750	66.8 (15.5)	58.1 (13.3)	0.001	75.5 (13.2)	61.7 (14.8)	<0.001
Attitudes towards breastfeeding among women with schizophrenia	79.3 (8.6)	77.9 (9.8)	0.325	79.7 (8.3)	74.4 (10.9)	0.001	79.6 (8.1)	78.0 (9.6)	0.412

Romem.<sup>29</sup> More specifically, the mean values of our study compared the original validation were as follows: knowledge of breastfeeding (65.2 vs 53.6), attitudes towards breastfeeding (87.8 vs 58.2), knowledge of schizophrenia (66.5 vs 59.1), attitudes towards women with schizophrenia (64 vs 69.1), attitudes towards breastfeeding among women with schizophrenia (78.4 vs 70). These results can be explained by the fact that the sample population in our study was serving either in psychiatric outpatient clinics or in tertiary maternity settings thus being appropriate for the validation of the scale.

The study sample was homogeneous in many personal characteristics, though diverse in professional ones. In contrast with the first study,<sup>29</sup> it was found that the level of exposure to the surveyed topic was a primary predictor. Thus, greater scores on attitudes were found in those that had previous contact with a person with schizophrenia and those that had provided consultation to a woman with schizophrenia on breastfeeding issues. A recent study,<sup>31</sup> found that several barriers exist to practitioners addressing mental health concerns with women, many of which are related to organizational factors while others are related to practitioners' lack of knowledge and skills in relation to perinatal mental health.

A mother's attitude toward breastfeeding is an important predictor of breastfeeding initiation and duration.<sup>32</sup> Furthermore, without the informal support of the male partner, women are more likely to choose bottle feeding. Changing the negative attitudes and perceptions of breastfeeding in male partners could be one method to increase breastfeeding rates.<sup>33</sup> Nevertheless, women with schizophrenia are more likely not to have the support of a husband or a partner.<sup>29</sup> Hence, counselling and support by health professionals are important predictors for breastfeeding. On the other hand, a previous study found that the most commonly described barriers in breast-feeding counselling were limitations in breast-feeding knowledge.<sup>34</sup> However, in the present study the mean score was 62.6 ( $\pm$  23.6) for knowledge of breastfeeding. A recent publication,<sup>35</sup> urges for the need to broaden education be-

yond postnatal depression. As literature supports, a module on perinatal mental health can be effective at improving the self-reported knowledge, skills, and attitudes towards women with mental health issues.<sup>36</sup> Furthermore, a home visiting service to support mothers with schizophrenia, based on continuity of care and aiming to reduce the stigma among these women.<sup>5</sup> In addition, parents find very useful receiving support at home.<sup>37</sup> Thus, providing support to parents through home visiting is a key strategy.<sup>38</sup>

In the current study health care professionals of different disciplines seem to have similar positive attitudes towards breastfeeding among women with schizophrenia. Accordingly, a study comparing the general population with mental health professionals in Switzerland have not shown consistently less negative or more positive stereotypes against mentally ill people.<sup>39</sup> Similarly, a later study found that negative beliefs about people with mental illness are prevalent among mental health care staff.<sup>40</sup>

A possible limitation of the present study is that the rating scale was validated using a sample of health professionals working only in urban settings and not in rural ones. Thus, the results may not reflect all the cultural diversities of the Greek context and therefore the results may not be generalized. In any case, a future study may test the findings of the current study. Despite this limitation, the study has methodological strengths, e.g. our sample size was larger compared to the sample size used in the original validation study of the scale.<sup>29</sup>

To conclude, it is clear that interdisciplinary collaboration is necessary in order to provide proper care and support for mothers with schizophrenia and their children. The establishment of specially designed health care services staffed with adequately trained health professionals is essential. Further research is needed among medical doctors and other mental health professionals who are involved in the care of women with schizophrenia. In addition, the experiences and the needs of mothers with schizophrenia should be explored in order to gain useful information for practice. The results of the current and future studies are expected to inform strategic planning.



# Στάσεις επαγγελματιών υγείας απέναντι στον θηλασμό των γυναικών με σχιζοφρένεια: Ελληνική εκδοχή μίας ειδικής κλίμακας

Ε. Σακελλάρη,<sup>1,2</sup> Μ. Ηλιάδου,<sup>3,4</sup> Κ. Πικούλη,<sup>5</sup> Γ. Κωνσταντακόπουλος<sup>5,6</sup>

<sup>1</sup>Τμήμα Δημόσιας και Κοινωνικής Υγείας, Πανεπιστήμιο Δυτικής Αττικής, Αθήνα

<sup>2</sup>Department of Nursing Science, University of Turku, Turku, Finland,

<sup>3</sup>Τμήμα Μαιευτικής, Πανεπιστήμιο Δυτικής Αττικής, Αθήνα,

<sup>4</sup>Τμήμα Νοσηλευτικής, Πανεπιστήμιο Πελοποννήσου, Σπάρτη,

<sup>5</sup>Κέντρο Ψυχικής Υγιεινής Βύρωνα-Καισαριανής, Α' Ψυχιατρική Κλινική,

Εθνικό και Καποδιστριακό Πανεπιστήμιο Αθηνών, Αιγινήτειο Νοσοκομείο, Αθήνα,

<sup>6</sup>Department of Psychosis Studies, Institute of Psychiatry, Psychology and Neuroscience, King's College London, UK

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Ο θηλασμός αποτελεί τον βέλτιστο τρόπο διατροφής για τη μητέρα και το παιδί της. Τα ποσοστά εγκυμοσύνης μητέρων με σχιζοφρένεια δεν διαφέρουν σημαντικά από αυτά του γενικού πληθυσμού. Ωστόσο, η έρευνα για τον θηλασμό των μητέρων με σχιζοφρένεια είναι εξαιρετικά περιορισμένη. Στόχος της παρούσας μελέτης είναι να διερευνήσει τις στάσεις επαγγελματιών υγείας σε σχέση με τον θηλασμό των γυναικών με σχιζοφρένεια και να εξετάσει την εγκυρότητα και την αξιοπιστία της ελληνικής έκδοσης μίας κλίμακας σχετικά με τη στάση απέναντι στον θηλασμό των γυναικών με σχιζοφρένεια. Οι συμμετέχοντες στην παρούσα περιγραφική-συγχρονική μελέτη ήταν επαγγελματίες υγείας που ασχολούνται με γυναίκες/μητέρες σε διαφορετικές δομές υγείας στην Αθήνα (επισκέπτες υγείας, μαίες, νοσηλευτές που εργάζονται στον τομέα της ψυχικής υγείας). Η συλλογή των δεδομένων πραγματοποιήθηκε με χρήση αυτο-συμπληρούμενου ερωτηματολογίου. Εξετάστηκαν οι γνώσεις και οι συμπεριφορές σχετικά με τον θηλασμό, η ενημέρωση, τα συναισθήματα και οι στάσεις σχετικά με τη σχιζοφρένεια καθώς και η προσωπική και επαγγελματική στάση απέναντι στον θηλασμό γυναικών με σχιζοφρένεια. Τα αποτελέσματα της μελέτης έδειξαν ότι οι επαγγελματίες υγείας όλων των κλάδων έχουν παρόμοια θετική στάση απέναντι στον θηλασμό γυναικών με σχιζοφρένεια. Τόσο στις γνώσεις για τον θηλασμό όσο και στη στάση απέναντι στον θηλασμό είχαν σημαντικά μεγαλύτερες βαθμολογίες οι επαγγελματίες που είχαν παρακολουθήσει σεμινάρια για τον θηλασμό. Μεγαλύτερες βαθμολογίες σχετικά με τις στάσεις απέναντι στις γυναίκες με σχιζοφρένεια και τη στάση απέναντι στον θηλασμό γυναικών με σχιζοφρένεια βρέθηκαν σε εκείνους που είχαν προηγούμενη επαφή με άτομο με σχιζοφρένεια. Επιπλέον, παρατηρήθηκαν μεγαλύτερες βαθμολογίες σχετικά με τις στάσεις απέναντι στις γυναίκες με σχιζοφρένεια στους επαγγελματίες υγείας που προσέφεραν συμβουλές για τον θηλασμό σε γυναίκες με σχιζοφρένεια. Το εργαλείο που χρησιμοποιήθηκε, είναι αξιόπιστο και έγκυρο. Τα αποτελέσματα της διερευνητικής ανάλυσης παραγόντων έδειξαν ότι υπήρχε διακριτική ικανότητα μεταξύ των λημμάτων. Οι πέντε παράγοντες ήταν οι εξής: γνώσεις για τον θηλασμό, στάση απέναντι στον θηλασμό, γνώσεις για τη σχιζοφρένεια, στάση απέναντι στις γυναίκες με σχιζοφρένεια και στάση απέναντι στον θηλασμό γυναικών με σχιζοφρένεια. Απαιτείται περαιτέρω έρευνα σε γιατρούς και άλλους επαγγελματίες ψυχικής υγείας που ασχολούνται με τη φροντίδα γυναικών με σχιζοφρένεια. Επίσης, οι εμπειρίες και οι ανάγκες των μητέρων με σχιζοφρένεια πρέπει να διερευνηθούν περαιτέρω προκειμένου να αποκτήσουμε χρήσιμα δεδομένα για την κλινική πράξη. Τέλος, τα αποτελέσματα τόσο της παρούσας όσο και των μελλοντικών μελετών αναμένεται ότι θα διαμορφώσουν τον στρατηγικό σχεδιασμό.

**Λέξεις ευρητηρίου:** Γυναίκες με σχιζοφρένεια, μητέρες, θηλασμός, στάσεις.

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Corresponding author: Evanthia Sakellari, Department of Public and Community Health, University of West Attica, Athens, Greece  
e-mail: sakellari@uniwa.gr