Good examples using different strategies for analysis

Close reading:

[Description of how to analyze this particular piece of data]: Doing a close reading is a process of analysis that requires the researcher when finished, to derive a thesis statement that encompasses the entire reading. In this article, first physically go through the piece and underline and circle key words and points that seem significant. Words in this piece that would be significant might be: perceptions, descriptive studies, older adolescents, barriers, ambivalent and low income. Then, patterns of descriptions are noted. In this reading, the researcher describes what issues have affected the attitudes of young mothers and focuses on specific age, income status, and maternal influence and their effect on breastfeeding decisions. Ask yourself about the relationships of the data and what is most important. It is relevant to also note the view of the researcher and ask questions about the data i.e. does the researcher tend to interpret anything here- is there bias, what impact does the fact that many of the studies cited were done in the US have on the data? The thesis statement for this piece might be: "There are multiple social and developmental factors that may have an effect on breastfeeding initiation and duration in the adolescent population."

While an initial reading of the poem Phenomenal Woman appears to declare that a woman’s appeal doesn’t have to be focused on her looks or physicality, a deeper and closer reading reveals that the poem actually praises a woman’s physical assets, but only as they are used to highlight her inner qualities as a person instead of her shallow alignment with ideas of physical appeal. The first line of the poem states that “pretty women wonder where my secret lies,” giving the impression that the subject of the poem is a woman who catches frequent attention, to the point that pretty women (inferably prettier than the subject) are confused. While it is true that whenever the subject delves into describing her appeal, she refers to different parts of her body, each reference to a body part doesn’t praise its visual appeal, but the appealing way the subject uses each part. For example, the subject’s secret lies not in the thinness of her waist, but the “swing in [her] waist.” Her beauty is not in how beautiful her eyes appear, but the fact that they are full of fire, a common literary reference to spunk or feistiness in a woman. Therefore, it is apparent that Maya Angelou’s poem is one that still praises the physicality of a woman, but places the emphasis on how that physicality reflects the spirit of the woman, the true source of her phenomenology.

The authors ascertain that physicians with personal breastfeeding experience are more likely to recommend nursing to one year. However, given that 5% of residents answered correctly regarding recognizing that breastfed babies grow at slower rates after 4 months, I concede that personal experience does not make a significant difference. Furthermore, 10% difference between residents with breastfeeding knowledge and those without is hardly a significant variation. Secondly, looking at Table 1: Demographics of Survey Respondents we see that 83% of respondent’s spouses did not breastfeed their child. I question why this number is so high, given that these are Family medicine and Pediatric residents, who are certainly aware of the AAP recommendation regarding breastfeeding. I speculate
that there could be several influencing variables, including age of resident respondents. Furthermore, the spouses might have high profile jobs or residencies themselves, which may make it a challenge to breastfeed.

**Categorization:**

LAM is categorized as a contraceptive method in the article above. I would argue this categorization and say that simply taking advantage of a woman’s natural period of infertility following the birth of a child and while lactating is very different from taking action to physically alter the biological fertility of a woman. LAM does nothing to contracept the possibility of a child being conceived.

The two main categories in this research article were: breastfeeding rates in hospitals prior to becoming baby-friendly hospitals, and breastfeeding rates after become baby-friendly hospitals. These two distinctions are what provided the motive and means for the study. Other categorizations that the authors described were the differences in the definitions of “breastfeeding” and “exclusive breastfeeding.” It was important to the researchers that they focus only on exclusive breastfeeding rates, and therefore excluded any information related to partial breastfeeding, or non-exclusive breastfeeding. Focusing on these categories allowed the researchers to avoid extraneous results or results that might seem interesting, but not entirely relevant to the specific research being performed.

I would categorize depression, obesity, and diabetes as manageable workplace diseases. These diseases certainly effect work productivity but with correct management, can be handled and therefore can decrease the effect on productivity. While two can be preventable, obesity and diabetes, all three can be managed with proper care and support giving the patient less time away from work.

**Comparison/contrast:**

I compared this piece to another piece on breastfeeding and oral health and found a slightly different view. The piece that I found from a 2005 issue of the La Leche League’s “New Beginnings” periodical indicated that the emergence of cavities and other oral hygiene problems is largely dependent on the health of the mother. Her own oral health and what she is eating is what will contribute to that of her baby. Seems like common sense, however the writer from the USBC article, merely mentions that the genetics of the mother could be to blame for Early Childhood Caries (ECC) and not her daily eating habits.

Looking at the data of the efficacy of the Lactational Amenorrhea Method in preventing postnatal pregnancies and the data between other forms of birth control, you will note that they are nearly identical. Both prevent pregnancy in the first 6 months following the birth of a child at a rate of 98%. However, the methods and the mindset accompanying each is about as far apart as you can imagine. First, LAM does not require anything other than to nourish your new baby through
breastfeeding, while using birth control can mean taking a daily dose of hormones, inserting gels or diaphragms, getting monthly shots, or wearing patches on your skin. While LAM is relatively convenient and cost-free, it does carry the price tag of having to carefully watch and be in tune with your own body’s tell-tale signs of returning fertility. In the case of early ovulation and return of menses the chances of becoming pregnant return to the odds of any other time during your fertile years.

I envision that we could use the data from this study to compare/contrast with other western countries to discover if foreign healthcare systems are demonstrating similar or different outcomes. In my limited knowledge of foreign breastfeeding policy, I think we would likely see better outcomes in places like Sweden, the Netherlands, and maybe even Canada. Furthermore, we could take these outcomes and determine the variables that are contributory to positive outcomes in physician knowledge of breastfeeding and infant growth. We may be able to broaden the use of proper breastfeeding infant growth charts, and thus raise our breastfeeding rates.

Blehar’s study, *Anxious attachment and defensive reactions associated with daycare (1974)* illustrates that middle class children show a negative attachment with their mothers after full-time daycare over an extended period of time. It does not, however, discuss how low income children fair in regards to maternal attachment. In this comparison, I would contrast these findings to determine if socioeconomic status affects the mother-child relationship of children in daycare. To complete this study I would examine data from a study conducted using low-income participants and contrast them with the study from Blehar’s findings.

*Phenomenal Woman* by Maya Angelou and *The Negro Mother* by Langston are both poems which celebrate femininity, but differ in that Angelou’s poem celebrates the vitality of a woman who reigns free while Langston’s poem celebrates the strength of the all-inclusive Black Mother who has survived hardship, strife and turmoil, while still finding a way to thrive as well. In Angelou’s poem, one sees a woman who is the center of attention which could be full of sexual and spiritual attraction, as well as aesthetic appreciation. The focus of her femininity (and the praise it garners) lies in her ability to attract men, elicit jealousy in women, and be in control of her physical appeal. Such a focus is the type that is usually associated with the freedom of being young, single, and beautiful. On the other hand, Hughes’ poem focuses on listing the hardships and injustices the Black Mother has endured, but celebrating the fact that she has survived them despite (and because of) them by proclaiming that her memory will be carried on through her children. Because of the freedom and strength endowed upon her children, the Black Mother can overcome her circumstances through the betterment of their, therefore making her worthy of praise. Thus, it is made clear that Maya Angelou’s poem could probably be more in line with feminist praise, while Langston Hughes’ poem would be more in line with masculine ideas of feminine strength.

More than 6 in 10 persons in local jails in 2002 were racial or ethnic minorities, unchanged from 1996. In 2000, the US Census Bureau shows: 23% of all US population was racial or ethnic minorities. This is significant: 23% of the population, but in contrast were 60% of the prison population.
While the data in the research by Santelli, et al is used to compare the increased use of contraception and the decline in pregnancy rates in the United States, this data would be useful in other areas as well. One could compare the statistics of adolescent pregnancy rates and/or contraceptive use in other developing countries to those in the US. Another way this data could be used is to examine the age of initiation of sexual activity in the US versus that in other developing countries. Still another use of this data is to compare both the pregnancy rates as well as the contraceptive use rates of those adolescents that receive abstinence only sexuality education to those that receive a comprehensive approach to sexuality education.

Short term therapy treatments often include cognitive behavioral therapy to which works on the immediate problem at hand. Cognitive behavioral and other short-term therapies have long been designed to be efficient therapies that get people up and back to work in the capitalistic society with which we live and that systems have been designed. Short term therapies are innovative however, they are used to minimize hospitalization and to be more affordable to more people. Short term therapies such as cognitive-behavioral therapy try to focus on more positive or productive thinking and to over-ride the human body, behaviors and emotions. Many of us can do this but is it healthy? This has long been the debate between long term therapies (mostly psychodynamic) and shorter term therapies (more often cognitive-behavioral therapy and/or group therapy) (Rollnick, S., Mason, P. & Butler, C. 1999).

Longer term methods often include psychodynamic therapy and the expressive arts therapies. Psychodynamic therapies look at learning about the self through the exploration of the subconscious. They require a deep look into oneself and acknowledge the body and psyche’s ability to emot and process information leading to healing and a greater understanding of one’s self (Sanford, J., 1977; Rogers, 1961; Rubin, J., 2005).

Both cognitive-behavioral (or short term methods) and psychodynamic and/or expressive therapies (often longer term) are effective by different approaches. Integrative therapies such as: cognitive-behavioral expressive therapy combine the resources from both schools that work in order to promote the most resourceful and effective therapy possible. Cognitive-behavioral, psychodynamic and integrative therapies that can include the use of the expressive arts and other therapies offer many therapeutic models with which can be used to treat the many different illnesses and personalities that there are in the world (Rubin, 2005).

**Context:**

In applying context for the article you would want to include the setting in which the article used for its’ sample, the United Kingdom and discuss the relevance of the finding from the study. The finding from a third world country or a different profession could develop drastically different outcomes.

Back in 1929, at the beginning of the great depression and during the catastrophic collapse of the stock market, the majority of the babies born were breastfed rather than artificially fed. Breastfeeding was less expensive than buying manufactured artificial milk. Because of the great depression, the American people didn't have money for those products they couldn't provide
themselves. The breast milk was available and didn't cost them so did this increase the rate of breastfeeding? Did this contribute to the 345 out of the 383 that were breastfed?

I have thought about how context would affect the journal data and I have come to the conclusion that it is significant. Considering that the United States is thought to have one of the most advance medical practices in the world, the finding of this study are very illuminating in that physicians aren’t even meeting the basic nutritional needs of our infants and mothers. Contrastingly, if we were to read of this data as occurring in an under-developed nation, we might assume that this representative of a poor healthcare policies and systems. Another context that we should be aware of is the location of the study, and possibly the size of the study. The study takes place in a metropolitan area in North Carolina. The Southern United States has a tendency for low breastfeeding rates. In the Pacific Northwest, with high breastfeeding rates, we may see much more reasonable numbers. If the study focused on pockets of data from around the United States, we would have a much better representation the norm.

**Theory:**

In the above piece of literature, feeding choices of adolescents are explored. If this data were examined through developmental theory such as Erickson's stages of development, it could demonstrate that the adolescent would not be in essence ready developmentally to have a child, let alone make a feeding choice, so asking this question may not have relevance. Erickson's theory requires that a person thoroughly "finish" emotional tasks at each stage of development before going on to the next, so an adolescent is only at "identity vs. confusion" or is trying to figure out who they are and where they stand in the world. Having children is supposedly two stages down the road after identity is strongly accomplished. An adolescent who has a child has over stepped development and so it is unlikely that the outcome will be positive. One could perhaps attribute the low rates of breastfeeding in this population along these lines or disqualify the point of the question at all!

When reading this research article, it would be beneficial to examine the theory that babies who breastfeed, especially exclusively so, tend to have stronger bonds with their mothers than babies who bottle feed. This would be interesting to relate to the results of this study; if hospitals have increased breastfeeding rates after becoming baby-friendly, then would it stand to reason that babies born at these hospitals would be closer and have a stronger bond to their mothers than babies not born at these hospitals? This would be a very interesting relationship, if studied

The shortage of flu vaccine can be attributed to the capitalist system. American companies are trying to increase their returns on investments. The quest to increase profits is at the expense of the American public. It is cheaper for American companies to outsource their products or build companies in other countries where the costs are less. Since Chiron manufactured the vaccine in England, the American government could not control what was going on at that plant.
Children who experience prolonged absences from their primary care givers between the ages of 2-3 experience negative attachment issues due to that precarious stage of development. Blehar’s study, which examined forty children ages 2-3, determined that full-time day care has a negative impact on the mother-child bond. The children who attended fulltime day care, in this study, had all previously been raised at home by their mothers prior to starting full time day care. According to Freud, the ages of 2-3 are marked as the anal stage, one in which toilet training is negotiated and the first individuation from the parent takes place. A separation at this stage would be expressed as fear (the child believes that the process of separating is complete—that he/she has lost the parent) and anger (Freud, 1905)