

THE TEXAS DEPARTMENT OF HEALTH
BUREAU OF CLINICAL AND
NUTRITION SERVICES
SPECIAL SUPPLEMENTAL
NUTRITION PROGRAM FOR
WOMEN, INFANTS AND CHILDREN (WIC)

THE TEXAS BREASTFEEDING INITIATIVE

RESEARCH FINDINGS ON INFANT FEEDING
PREFERENCES OF AFRICAN AMERICAN WOMEN

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RESEARCH FINDINGS ON INFANT FEEDING PREFERENCES OF AFRICAN AMERICAN WOMEN



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RESEARCH FINDINGS ON INFANT FEEDING PREFERENCES OF AFRICAN AMERICAN WOMEN



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RESEARCH FINDINGS ON INFANT FEEDING
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EXECUTIVE SUMMARY



**The Texas Department of Health
Bureau of Clinical and Nutrition Services
Special Supplemental Nutrition Program
for Women, Infants, and Children (WIC)
The Texas Breastfeeding Initiative**

**Research Findings on Infant Feeding Preferences
of African American Women**

EXECUTIVE SUMMARY

This report contains findings from one hundred and sixty one-on-one interviews and seven focus groups held with African American women, who are WIC clients with low to moderate income. The report also contains findings from interviews with twelve WIC staff members. The research on infant feeding practices in this group was conducted on behalf of the Texas Department of Health, Bureau of Clinical and Nutrition Services, Special Supplemental Nutrition Program for Women, Infants and Children (WIC), in response to national studies and a recent Texas-specific report. These studies indicated that, as the third largest population served by WIC, African American women are less likely to breastfeed than other WIC populations. The goal of the research was to explore the specific factors that determine the infant feeding choices and patterns for African American WIC clients. The findings of this report culminate in a set of recommendations that suggest effective messages and strategies for increased breastfeeding in this target population.

The research was conducted in three areas with high percentages of African American clients, including Dallas, Tyler, and Austin, Texas. The areas were chosen to represent statewide urban and rural geographic diversity. The research was conducted in July, August, and September of 1999. Intercept one-on-one interviews were conducted at WIC clinics. Each interview lasted approximately 20 minutes and researchers recorded responses of interviewees verbatim. Each focus group included four to six women who were recruited via telephone. The age ranges of participants varied from 17 to 45 years of age. The focus groups typically lasted one hour and 15 minutes. Study participants had a range of infant feeding perspectives, knowledge, and experience, which were reflected in their infant feeding practices. Participants included WIC clients who had participated in the program from several months to twenty years, as well as relatively new WIC clients.

In addition to family demands, many of the participants were employed, and some were also attending school. A number of women were single, and had little or no partner support. Regardless of marriage status, women very often relied on extended family for childcare. Mothers, grandmothers, husbands, and partners played an important role in childcare and in infant feeding decisions.

During the one-on-one interviews and focus groups, participants were asked to describe their infant feeding histories, and questions explored women's attitudes and knowledge regarding breastfeeding and formula feeding. The study yielded a diversity of perceptions, experiences, and attitudes about infant feeding. The findings suggest that there are factors for the African American WIC populations that are consistent with the infant feeding concerns of the general population. They also suggest that there are responses that reflect factors specific to the infant feeding choices of African American WIC clients.

In addition, the research targeted the influence that WIC, health care providers, mothers, and partners have on African American clients. The participants were asked to share their perceptions about the low rates of breastfeeding among African Americans when compared to other ethnic/racial groups. Clients were asked to share their thoughts on how WIC could better meet the specific needs of its African American clientele, and to give feedback on target strategies.

According to breastfeeding studies done at WIC, a number of issues characterize the infant feeding practices of all WIC clients. This clientele includes a statewide population of approximately 64.5% Hispanic, 20% Caucasian, 15% African American, and .5% Asian women. Contributing factors for all populations include issues of health, time management, familiarity and practical knowledge, convenience and cost. Health issues include concern for the baby's physical health and nutrition. For some women, physical issues include breast discomfort or pain and milk production. Time management and convenience play a role in infant feeding decisions. Time management typically includes concerns over infant weaning, bonding, and care, especially if the mother returns to work, or has other family demands. Familiarity and practical knowledge influence attempts to breastfeed, as well as success with ongoing breastfeeding. Lack of knowledge about proper feeding positions and postpartum lactation support are also critical to infant feeding choices for the general population. In addition, not many participants were aware of the health benefits of breastfeeding for the mother. Perspectives also differ on the convenience of different infant feeding practices. Nonetheless, conceptions of relative convenience play an important role in whether a WIC client chooses formula feeding or breastfeeding. Cost is another major factor in how women decide to feed their babies, though convenience is often directly related to cost issues for both formula and breastfeeding.

The findings support that the health benefits for the baby were almost universally known and did influence some women who attempted to breastfeed. Nonetheless, not all women consid-

ered health issues and nutrition for the baby to be the primary factors in their infant feeding decisions. Most women applauded the information that they had received from WIC. In fact, a number of the participants had tried breastfeeding because of the information they received about the health benefits for the baby. A number of perceptions, preferences, social pressures, unfamiliarity, and a variety of experiences during the critical breastfeeding period, however, led many to fail after their initial attempts. These women rapidly switched to formula feeding due to limited resources to meet their breastfeeding challenges during the critical postpartum period. A number of population-specific perceptions and preferences also contributed to the overall reliance on formula feeding.

Questions of physical discomfort, the need to work, family and cultural norms, and individual preferences were issues that are predominant for this population. In some cases, these issues emphasize a variation of the perceptions and preferences found for the general WIC population. These specific factors may have more influence in African American infant feeding than in other populations. These factors may take precedence over and minimize the health, nutritional value, bonding, and cost advantages of breastfeeding, and may influence the African American WIC population to choose formula feeding more often than they choose to breastfeed.

Findings show that issues of physical discomfort were of major concern for the African American population. Fear of the physical pain sometimes associated with breastfeeding was mentioned often. Breastfeeding was routinely perceived as unnecessarily painful, and this belief was often expressed by women who had never breastfed as well as women who experienced pain firsthand. Women who had chosen to breastfeed had mixed opinions about their experiences of pain while breastfeeding. African American women in the study mentioned pain as an issue, more often than findings from similar research with the general WIC population.¹

Some participants gave other reasons why breastfeeding was uncomfortable. Some noted their experiences with hospital staff including insensitivity, impatience with first-time mothers, a lack of gentleness, and lack of time given to overcome the challenges of breastfeeding. Another area of concern was the lack of privacy they experienced during the critical breastfeeding time period while still in the hospital. These findings suggest that this target population associates breastfeeding with physical discomfort.

Findings strongly suggest that breastfeeding in public is an issue that has an impact on infant feeding choices for African American women. Many of the women in the study expressed concern about breastfeeding in public, and some women suggested that public breastfeeding

¹ As compared to SUMA Productions. *WIC Report-Breastfeeding*. Texas Department of Health, Bureau of Clinical and Nutrition Services, Special Supplemental Nutrition Program for Women, Infants and Children. September 30, 1998. The general population in this study was a representative sample of all WIC clients, and included 65% Hispanic, 20% Caucasian, and 15% Black women.

was only done by other racial and ethnic groups, including Hispanics and Caucasians, and not by African Americans. Discomfort with public breastfeeding was often included as a reason that women choose formula feeding more often than breastfeeding. Some breastfeeding moms described strategies to avoid breastfeeding in public, primarily by using bottles in public, filled with either breast milk or formula, which they had prepared well in advance. Overall, the findings suggest that breastfeeding in public is not considered to be a cultural norm for this population, and that this may present a major issue for African American women in their infant feeding choices.

Work was also cited as a major reason that influenced infant feeding choices. Participants suggested that their work patterns significantly influenced the need to have convenient infant feeding choices. These factors also include extended family networks and child rearing beliefs, which may influence choices to formula feed rather than to breastfeed.

Research supports that in the African American culture the extended family tends to be normative and a number of alternatives and shared childcare arrangements are common.² Findings suggest that reliance on extended family for childcare also increased the influence of maternal mothers and partners on infant feeding practices. In addition, the impact of mothers on the infant feeding practices of their daughters may also reflect the choices of previous generations to choose formula feeding over breastfeeding. Formula feeding has become a family and cultural norm for the target group. Breastfeeding is considered an obstacle to family norms when extended family is involved in child rearing.

Formula was suggested as a strategy for mothers whose children were cared for by another member of the family. There was concern that extended family members such as partners, husbands, mothers and grandmothers would not have enough expressed breast milk or would find it significantly more convenient to use formula. In addition, there was some concern over the impact on the social behavior of breastfed babies in extended family childcare circumstances.

Familiarity is also of concern in regard to family norms. Many women suggested that they were familiar with formula feeding, but had no family or other practical experience with breastfeeding. Of the entire population surveyed, thirty-eight percent could not identify a family member who had breastfed.

While the findings of this study confirm that WIC has successfully conveyed the message that breastfeeding is healthier for babies, they may also suggest that this message meets only some of the concerns of the African American women who are WIC clientele. This suggests that the

² Journal of Pediatric Nursing, Vol. 10, No 6 (December), 1995

concerns of this portion of the population may be absorbed by those of the general population, and may require a set of strategies designed to meet the needs of the target population.

Key Findings

- A significant number of African American women try breastfeeding but rapidly switched to formula. Fifty percent (50%) of the study sample breastfed and formula fed their infants. Of this 50%, 53% breastfed for only a few days or weeks. The group of women who breastfed for a brief period of time comprises 27% of the entire study population. They most commonly identified pain as the reason they quit breastfeeding. Other reasons included not wanting to breastfeed in public, time challenges, or problems getting the baby to latch on. Strategies to assist these women during the critical postpartum period could raise breastfeeding rates among African American women.
- African Americans lack role models for breastfeeding and many have limited practical knowledge of breastfeeding. Of the entire population surveyed 38% said they did not have an extended family member who had breastfed. Many were unfamiliar with the benefits of breastfeeding before they attended WIC. WIC may serve as one of the few places lower socioeconomic African American women are educated about breastfeeding.
- Twenty-two percent (22%) of women who were expecting for the first time said they plan to breastfeed. This is significantly higher than the 7% of African American women in the study population who breastfed exclusively. This finding further indicates that many African American women are willing to try breastfeeding but may not have enough support to successfully breastfeed.
- Pain is a major factor that impacts breastfeeding rates among African American women. Fifty percent (50%) of the women agreed with the statement: breastfeeding hurts. When women were asked what advice they would give WIC about how to better educate women on breastfeeding, the largest number of women (42%) suggested additional education mainly on pain related issues. Twenty-one percent (21%) said WIC does a good job.
- Breastfeeding in public is not a norm in the African American culture. Study participants frequently expressed a concern about breastfeeding in public in response to several of the survey questions and in focus groups. In fact, 35% agreed with the statement: Women who breastfeed have to expose themselves in public and that can be embarrassing. Seventeen (17%) made comments about the inappropriateness of public breastfeeding when they viewed pictures of women breastfeeding.

- Understanding the nutritional benefits of breastfeeding was a significant motivator to breastfeed within the study population. Sixty percent (60%) of the women stated that the reason they chose to breast or breast/formula feed was because of the nutritional and health benefits for the baby.
- Time was the most frequent factor women identified in their decision to formula feed. Thirty percent (30%) of women who formula fed identified time challenges such as work, school, or caring for other children as the reason they chose to formula feed. Fifty percent (50%) of women who supplemented with formula or switched to formula also identified time-related challenges as their reason for formula feeding.
- Within the study population, the infant feeding choice of a woman's mother correlated to the choice of the daughter in approximately 53% of the cases. Over 40% of the women surveyed selected a different feeding method than their mother. Although the feeding method they chose may partially reflect the choice of their mothers. For instance 38% of the women whose mothers formula fed elected to breast and formula feed.
- Just over 50% of the women interviewed believe cost plays a role in a woman's infant feeding decision and just over 50% of the women stated that they believe the availability of free formula from WIC also influenced a woman's infant feeding decision.
- Findings suggest that younger women are more prone to pressure from peers or family members to formula feed. Women 19 and under (regardless of feeding preference) are far more likely to have someone suggest they formula feed their infant than a woman 20 and over. Seventy-seven percent (77%) of women 19 and under who selected breast/formula had someone suggest they formula feed versus women 20 and over in which only 11% of the women had someone suggest they formula feed.
- The majority of women identified health and educational success as their greatest hope for their children. Younger women and women of all age groups who formula fed are significantly less likely to believe there is a correlation between infant feeding methods and their children's health or educational aptitude.

Recommendations

- **Recognize** that some of the best channels for African American women are self-motivated and institutionally supported peer counselors. One-on-one counseling in which women received in-depth education only about breastfeeding often motivated women to breastfeed. All African American women regardless of stated infant feeding preference should receive a one-on-one educational consultation from a peer counselor. Findings suggest that women who say they are going to formula feed receive limited education on breastfeeding.
- **Enhance in-hospital and postpartum peer counseling programs.** Some participants suggested that there was little practical on-site care. Others suggested that nurses seemed to have little time for them, were rough, or provided little privacy. Others suggested that their peer-counselors were key to their success.
- **Include answers to family and childcare issues in WIC literature.** The literature can more directly address the infant feeding concerns of African American women, including extended family care, economic advantages, breastfeeding in public, and breastfeeding tips and support mechanisms for mothers in school or working.
- **Emphasize that breastfeeding increases a child's IQ and results in enhanced lifetime health.** When participants were asked what their greatest hope for their child is the majority said, to get a good education and be healthy. Findings from a follow-up question suggest that a significant number do not correlate the benefits of breastfeeding with the achievement of this goal.
- **Develop materials specifically designed for African American grandmothers, mothers and partners.** Maternal parents may respond to the interchangeability of breastfeeding with formula feeding, and the practical issues of using and storing expressed breast milk. Financial and physical benefits may influence family and partners who are not aware of the benefits of breastfeeding.
- **Recognize that breastfeeding is not necessarily a cultural norm or a known skill in the African American community.** Breastfeeding is completely new or not necessarily a cultural norm to some African American mothers. Some women have never seen another African American woman breastfeeding. This should be a consideration when educating this population, by emphasizing practice and peer experiences with breastfeeding mothers.

- **Introduce flexible combinations of breast and formula feeding.** Findings show that with few exceptions, formula was used at some point by all of the breastfeeding participants. However, some formula feeding mothers expressed uncertainty about the safety of mixing breast milk with formula milk and needed more information.
- **Provide equal comparisons using an illustrated chart,** which openly but simply compares the benefits and challenges of both breastfeeding and formula feeding. Some African American women felt that they were being pushed towards breastfeeding without consideration for their own infant feeding challenges. This target population has stressed that their infant feeding choices are very personal. Decisions do however reflect the attitudes of WIC, family, partners, health-care providers, friends, and co-workers. Some women felt that they were not given balanced comparisons by these channels in order to make their own decisions.
- **Emphasize the benefits for the child to partners,** by associating famous role models with their breastfeeding histories. For example, basketball player Michael Jordan was breastfed for more than a year, and basketball player Sheryl Swopes breastfed her infant on the sidelines during live WNBA games. Responses to the breastfeeding video, featuring Anita Baker, for example, were very positive.
- **Use normalized images of African Americans of breastfeeding,** which show that breastfeeding is convenient, can be done easily and discreetly, and can include the whole family, different age groups, different settings, and by women of varied socio-economic appearance. Caution should be taken to avoid using images of breastfeeding in public, which might contradict the cultural norms of this population.
- **Emphasize the personal health benefits for the mother.** A number of participants who chose formula feeding stated that they would have considered breastfeeding had they known some of the benefits mentioned by breastfeeding mothers. These benefits include such experiences as not having to get up at night, reduced weight loss, loss of postpartum stomach "pouch," or earlier shrinking of uterus size. Knowing these benefits would have influenced their decision-making in favor of some breastfeeding.
- **Give practical advice.** Many breastfeeding mothers are not aware of the obstacles to breastfeeding. Prepare women for common problems and potential pain.

- **Modify the times and duration suggested for breastfeeding.** Emphasize that some breastfeeding is better than no breastfeeding, and suggest that even several days of breastfeeding are beneficial. Suggesting specific lengths of time can seem overwhelming, particularly for working mothers. Some women were also put off by the suggestion that they had to follow a special diet if they selected breastfeeding.
- **Offer electric pumps.** Some hospitals and WIC offices offer complimentary manual pumps to breastfeeding moms. Several participants described experiences with both pumps. The manual pumps caused more frustration. Instead offer electric pumps or discounts on electric pumps to breastfeeding moms, or to moms who breastfeed longer than one month.
- **Offer incremental incentives.** Give special acknowledgment to moms who breastfeed. This can be in the form of a card, incremental certificate, and/or bonus coupon toward a discounted service, such as family photography packages at local businesses.
- **Adopt a different tone.** Adopt a tone that considers the challenges of breastfeeding for working mothers, mothers going to school and mothers with children. Offer breastfeeding as a beneficial option that offers flexibility as well as personal benefits.
- **Create a strategy specifically targeted to prenatal mothers with special attention to first-time mothers.** Women are more likely to breastfeed if they receive in-depth education about breastfeeding during the prenatal months. New mothers need special attention and encouragement. If a woman has a successful first-time experience breastfeeding, she is more apt to breastfeed with subsequent children. Efforts to expand prenatal services would most likely result in higher breastfeeding rates. Participants expressed an interest in small, professionally led discussion groups with prenatal women and postnatal women to discuss infant feeding challenges.
- **Create partnerships with other institutions that offer services to childbearing women such as hospitals and school programs for pregnant and parenting teens.** A WIC liaison could offer education for hospital staff to discourage the use of formula and to encourage cultural sensitivity in educating women about breastfeeding. Findings show that hospitals often offer babies bottles before consulting with the mothers. Schools offer the opportunity to reach teens with breastfeeding educational efforts.

RESEARCH FINDINGS ON INFANT FEEDING
PREFERENCES OF AFRICAN AMERICAN WOMEN



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INTRODUCTION



**The Texas Department of Health
Bureau of Clinical and Nutrition Services
Special Supplemental Nutrition Program
for Women, Infants, and Children (WIC)
The Texas Breastfeeding Initiative**

**Research Findings on Infant Feeding Preferences
of African American Women**

INTRODUCTION

Overview

This report contains findings from one hundred and sixty one-on-one interviews and seven focus groups held with African American women who are WIC clients with low to moderate income. The report also contains findings from interviews with twelve WIC staff members. The research on infant feeding practices in this group was conducted on behalf of the Texas Department of Health, Bureau of Clinical and Nutrition Services, Special Supplemental Nutrition Program for Women, Infants and Children (WIC), in response to national studies and a recent Texas-specific report. These studies indicated that, as the third largest population served by WIC, African American women are less likely to breastfeed than other WIC populations. The goal of the research was to explore the specific factors that determine the infant feeding choices and patterns for African American WIC clients. The findings of this report culminate in a set of recommendations that suggest effective messages and strategies for increased breastfeeding in this target population.

Research Methodology

One-on-one interviews, focus groups, and staff interviews were conducted in Dallas, Tyler, and Austin, Texas. The locations were selected based on the density of African American clients and represent statewide urban and rural geographic diversity. The research was conducted in July, August, and September of 1999.

The one-on-one interviews were gathered from a convenience sample of women at WIC clinics. Each interview lasted approximately 20 minutes and researchers recorded verbatim an-

swers. Focus group participants were recruited via telephone from lists provided by local WIC staff. Each focus group included four to six women, and the age ranges of participants varied from 17 to 45 years of age. Focus groups lasted approximately one hour and fifteen minutes.

Participants in both the focus groups and one-on-one interviews had a range of infant feeding perspectives, knowledge, and experience, which were reflected in their infant feeding practices. Participants included WIC clients who had participated in the program from several months to twenty years, as well as relatively new WIC clients.

Participants were asked to reflect on images of infant feeding and to describe their infant feeding histories, including the challenges and benefits of breastfeeding and formula feeding. Participants were also asked to talk about the influence of mothers, WIC, husbands and partners, and to give feedback on ways that WIC could better serve this target population.

Data Analysis

The researcher audio taped the focus groups and analyzed verbatim transcripts. A hybrid analytical method was used that draws from content analysis and deviant case analysis. Researchers grouped participants' comments into categories. They totaled each occurrence of each category and arrived at conclusions about participants' input. To maximize inter-rater reliability, each researcher completed multiple reviews of the transcripts. The researchers reached consensus on the categories. They refined their conclusions with deviant case analysis, which helped the researchers identify some participants' input as exceptions to the conclusions reached about particular issues.

The survey included both qualitative and quantitative findings. Quantitative findings are reflected in percentages throughout the report. In the case of qualitative findings, researchers used a methodology similar to the focus groups. Common answers were identified, coded and grouped accordingly. Occurrences were totaled to arrive at conclusions for each question. Deviant case analysis considered the exceptions to conclusions about particular topics of conversations.

Readers are cautioned to remember the limits of qualitative research and proceed carefully in using the findings for message design for target populations. The number of respondents is a small representative sampling of eligible populations, chosen from a limited universe of respondents. Findings should be considered more directional than definitive.

Throughout the report verbatim quotes, shown in italics, are used to illustrate findings.

General Research Issues

The research was conducted in clinic settings. The respondents were at the clinic for a variety of reasons, including classroom education, certification, counseling, breastfeeding support, vouchers or other health-related needs. The clinic setting proved to be an effective way to reach the target population within the time frame allotted for this study. It may have resulted in a weighted sampling with more positive responses although participants were assured of their anonymity and that their comments would not be shared with clinic staff.

FOCUS GROUP FINDINGS ON INFANT FEEDING PREFERENCES OF AFRICAN AMERICAN WOMEN



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FOCUS GROUP FINDINGS



**The Texas Department of Health
Bureau of Clinical and Nutrition Services
Special Supplemental Nutrition Program
for Women, Infants, and Children (WIC)
The Texas Breastfeeding Initiative**

**Focus Group Findings on Infant Feeding
Preferences of African American Women**

FOCUS GROUP FINDINGS

Infant Feeding Experiences

This report contains findings from seven focus groups conducted in WIC clinics in Dallas, Tyler, and Austin, Texas. The locations were selected based on the density of African American clients and represent statewide urban and rural geographic diversity. The research was conducted in July, August, and September of 1999. Each focus group included four to six women, and the age ranges of participants varied from 17 to 45 years of age. Participants had a range of infant feeding perspectives, knowledge, and experience, which were reflected in their infant feeding practices.

Participants were recruited via telephone, and included WIC clients who had participated in the program from several months to twenty years, as well as relatively new WIC clients. Each session typically lasted for one hour and 15 minutes. Participants were asked to reflect on images of infant feeding and to describe their infant feeding histories, including the challenges and benefits of breastfeeding and formula feeding. Participants were also asked to talk about the influence of mothers, WIC, husbands and partners, and to give feedback on ways that WIC could better serve this target population.

Participants had a range of infant feeding knowledge experience, from the minimal experience of women pregnant with their first child, to women who had older children. Infant feeding practices also varied, ranging from women who had not made final decisions, women who chose formula feeding, and women who chose to breastfeed and formula feed. With few exceptions, formula was used at some point by all of the experienced participants. There were breastfeeding women in every group. A typical ratio would be one breastfeeding mother to every three formula feeding mothers although a number of participants had tried breastfeeding

for a short period of time. Before each session began, the discussion focus and method of recording was announced. Each session was audio recorded and transcribed.

The analysis of two photographs served as a way to introduce participants to open discussion. The primary goal was to get the group to talk openly about infant feeding practices. Each photograph showed a different woman breastfeeding a baby. These were the same photographs used in the one-on-one discussions in the first phase of the research design. The first photograph showed a young, casually dressed woman in an indoor public setting. The other photograph showed a more mature woman dressed in business clothes in an indoor private setting. This exercise elicited personal identification and stories about infant feeding.

In the focus groups, women passed around or observed the photographs without much scrutiny of specific details. Many women used the photographs as starting points for telling their own experiences and infant feeding histories. Many of the responses suggested that women did not like the idea of breastfeeding in public; nonetheless, there was an overall perception that breastfeeding was an admirable but difficult practice.

After the warm-up, the focus group was asked questions about the challenges and benefits of both formula feeding and breastfeeding. Both the photographs and the questions on benefits/challenges generated a number of responses about infant feeding choices.

Responses to Infant Feeding Choices in Descending Frequency:

Breastfeeding Benefits:

- The overall best choice
- Healthier for baby
- Less expensive
- The mother and baby bond
- More convenient at night
- Baby allergic to formula
- Helps premature babies
- Baby prefers breast milk
- Immediate immunization
- Intelligence/behavior of breastfed children
- Reduces gas and fecal smell
- Benefits to mother's body and overall health
- Breast milk freezes

Stated Breastfeeding Challenges:

Need to work
Discouraged by possibility of pain or other physical discomfort
Desire to avoid public breastfeeding
Expectations that extended family or baby sitter will care for infant
Concern that baby will not take the bottle
Concern with family support/concern with opinion of mother or other family
Perception that breastfeeding is hard and formula is easier
Baby would not take the breast
Time required for daily breastfeeding/lack of time to breastfeed
Knowledge was inadequate
Experience in hospital with lactation counselor too brief or felt inappropriate
Desire to breastfeed sometimes discouraged by partner
Baby has to breastfeed for months for benefits
Manual pump inadequate
Older children seek to nurse/mouth clothing in public
Spoils the child/breastfed children cry too much
Breastfeeding mothers deal with milk leaking in public
Perception that breast milk stains and formula doesn't
Discomfort with sexual association of breast
Turned off by "horror" stories of breast infections
Breasts too small
Breasts too large

Stated Formula Feeding Benefits:

- Convenience
- Ease for other caregivers
- Less painful
- Avoids need to breastfeed in public
- Nutritional benefits
- More iron
- Perceived as easier than breastfeeding
- Can have a partner/family member take care of night feeding
- Can socialize or work without leaking/or worrying about feeding
- Avoids manual pumping

Stated Formula Feeding Challenges

- Cost of milk
- Night feedings
- Warming bottles
- Doesn't help reduce weight/stomach "pouch"
- Not the best choice
- Baby is allergic to formulas
- Less bonding with baby

Findings suggest that adequate knowledge about breastfeeding may influence women to want to breastfeed or to attempt to breastfeed, but these sources of information may not be enough for women to successfully breastfeed after their initial attempt. Women in the focus groups who successfully breastfed needed multiple sources of information to counter the perception that breastfeeding is a non-norm, and to counter their inexperience with breastfeeding. Women required one-on-one counseling from a motivated WIC counselor, exposure to breastfeeding women in a WIC clinic or in another environment, or practical experience, and foreknowledge that breastfeeding is a skill that must be learned. In addition, women who successfully breastfed required a breastfeeding-specific support network with a knowledgeable and motivated peer counselor or family member during the critical period immediately after the baby's birth. For the most part women who successfully breastfed their babies for more than a month suggested that they had multiple influences that helped to overcome the challenges they experienced. Finally, it was important to women who successfully breastfed that they had strategies and support systems to overcome breastfeeding challenges such as time management, pain, leaking, and electric pumps that worked more efficiently than manual pumps.

Factors Consistent with General Population

The findings of the focus group suggest that African American women in Texas chose infant feeding practices based on some of the same general principals as the entire WIC population. Based on previous studies, these five general principals—health, time management, practical knowledge, convenience, and cost—are found to factor into the infant feeding practices of the general WIC client population in Texas.

Health Issues

Health issues include concern for the baby's nutrition, intelligence, and development and long-term immunity from colds and other childhood diseases.

It's much better; it helps them learn faster, it's just things you hear. It's better for the baby to breastfeed than to bottle feed; that's why I am trying it.

.....

[The doctor] told me to breastfeed regardless of what I did. Go ahead and do it that first week and the baby won't get ear infections or get sick.

.....

They don't get as sick, or as much gas.

.....

Observing the benefits gained by breastfed babies and talking to a motivated counselor who mentioned the benefits to the mother of breastfeeding often encouraged clients to change their opinions of breastfeeding.

[My mother and my son's father] see my son, his health condition, his intelligence, his tolerance level. He's active but he's not destructive.

.....

My baby never had an ear infection until right before she was two. She breastfed 11 months.

.....

For some women, physical issues include breast discomfort or pain and milk production. Some women were concerned that they would not produce enough milk for the baby or that they would not have enough nutrition in their own diets to produce nutrients for the baby.

I work the late shift; I feel that the baby might not get the proper nourishment because I am tired.



He was suckling so much and he wasn't getting enough so I started supplementing with milk.



Infant Feeding Familiarity and Practical Knowledge

Familiarity and practical knowledge influence a woman's infant feeding choice. Formula feeding was seen as easier and more convenient.

It's just easier.



Open the can and put water in it and that's all.



When I wanted to do it [breastfeed], I didn't have anyone to help me do it.



I went to a breastfeeding class so I could learn everything but I still needed the help with her latching on and whatever.



Familiarity and practical knowledge impact the initiation and long-term success with breastfeeding. Lack of knowledge about proper feeding positions, control of leaking, and other postpartum lactation support are also critical to infant feeding choices. Some women expressed concern about the care they received during the critical window of opportunity—when they attempted to breastfeed in the hospital immediately after the baby was born. Familiarity with bottle feeding practices over breastfeeding practices is also an important factor in the choice to formula feed.

Breastfeeding wasn't taught to us.



Finally, it was important to women who successfully breastfeed that they had strategies and support systems to overcome other breastfeeding challenges such as leaking and the duration of feeding practices. The women were unlikely to know about strategies to prevent leaking, or

found that maternity bras were insufficient. One woman had to supplement with a small towel in her bosom.

They're leaking. I've got a towel stuffed in my shirt. They're a leaking mess.



When I first had my baby and I was just worried and my breasts were leaking. Big ole stain right here and I was just walking around. You don't feel it until they get cold.



Cost

Cost is another major factor in how women decide to feed their babies. Cost is also measured in relationship to convenience. Though some form of convenience is sacrificed in both formula and breastfeeding, in relation to cost issues there are different perspectives about which form of infant feeding is least expensive. Many agreed that breast milk is less expensive except that it challenges women who work, attend school or have other small children. Some African American women expressed that they were more economically stressed than other groups. The role of WIC is highlighted in helping to make formula feeding affordable for mothers. Some women said that their babies would get table food or cow's milk if WIC didn't help them with the cost of formula. Some women noted that even with WIC, formula runs out and must be purchased.

It's just expensive.



Sometimes the baby doesn't drink all the formula and you don't want to pour it out because it costs so much. And I think, dang, I wish she'd just drink the stuff. I'd rather her drink it than me pour it out.



I've been coming to WIC about three years. I was embarrassed with my other two kids cause I just thought it was like, what do you call it, like a food stamp and so I didn't mess with it. Then when my friend told me that they give you free milk you don't gotta pay that hundred and something dollars for that milk, I thought, oh, okay.



Thank God for WIC. I'm serious. I'd have to get three jobs, [formula] is so high.



Time Management

Time management factors influence infant feeding decisions, and typically include concern over infant weaning and care if the mother returns to work or has other family demands. Perspectives differ on the convenience of different infant feeding practices. Nonetheless, conceptions of time versus relative convenience play an important role in whether a client chooses formula feeding or breastfeeding. Some women cited that time management and availability of formula, took precedence over the low cost advantages and health benefits of breastfeeding.

Factors More Specific to Target Population

The focus groups show that there are some variations in perceptions and preferences that impact the infant feeding choices of the African American WIC population. In the focus groups, the health benefits for the baby were almost universally known and did influence some women who attempted to breastfeed. However, not all women considered health issues and nutrition for the baby to be the primary factors in their infant feeding decisions. A number of population-specific perceptions and preferences also contributed to the overall reliance on formula feeding. Questions of physical discomfort, the need to work, family and cultural norms, and individual preference are predominant issues for this population. These factors may take precedence over and minimize the health, nutritional value, bonding, and cost advantages of breastfeeding, and may influence the African American WIC population to choose to formula feed more often than they choose to breastfeed.

Physical Discomfort

Findings show that issues of physical discomfort were of major concern for the African American population. Fear of the physical pain sometimes associated with breastfeeding was mentioned very often.

It wasn't that crucial that I had to breastfeed so I didn't cause my breasts were aching.



When I tried it, it hurt.



It hurt worse than the baby.



Breastfeeding hurts and it's uncomfortable to me.



I was really young when I had my first baby, and it never crossed my mind. With my second child, I tried it for two hours and thought I was going to die.



Breastfeeding was often perceived as unnecessarily painful, and this belief was often expressed by women who had never breastfed as well as women with firsthand experience. Women who had chosen to breastfeed had mixed responses about pain. Some women agreed that breastfeeding was painful, but suggested that the pain diminished over time. Others said that they experienced no pain at all.

Some participants gave other reasons why breastfeeding was uncomfortable. Some noted their experiences with hospital staff including insensitivity, impatience with first-time mothers, a lack of gentleness, and lack of time given to overcome the challenges of breastfeeding. Another area of concern was the lack of privacy that they experienced during the critical postpartum time period.

They didn't you know, the people at the hospital they acted like they didn't want to help me or whatever and they didn't have the patience and I didn't have the patience. So I was like, just bring me a bottle.



Every five minutes a nurse comes in there and said, well, you're not breastfeeding. That's a bad plan. And I was like, well, lady, I've been trying to breastfeed, but the lady [the lactation counselor] is pulling on my tits and I'm already tired so I just wanted to dry up.



Well, when I uh, I thought about it when I was in high school but when the nurses came in there, I was, like, you all can show me how to do it. And you know they have those sheets cause it's three people in the room and she didn't even close my curtain. She just pulled out my breast and stuck a pump on it and says this is how you pump it. Started pumping it real hard and it was hurting. Cause my breast was just throbbing. I didn't know they could hurt that bad. And... I didn't even want to fool with it after that.



These findings suggest that this target population associates breastfeeding with physical discomfort. African American women in these focus groups mentioned pain as an issue, more often than in research conducted with women in the general WIC population.³ Where pain was mentioned as an issue by 20% of the general WIC population, at least one-third of the African American women in the focus groups suggested that breast swelling, soreness, and pain associated with breastfeedings was a major issue in their infant feeding choices.

Work

While time management influences the infant feeding practices of all of the WIC populations, the need to work or to return to work was given as a primary factor in infant feeding choices. Other suggestions by women indicated that the African American population had heightened time management issues and that, among other issues, made formula a more convenient choice than breastfeeding. African American women often expressed that their infant feeding choices were influenced by the fact that they had to go back to work sooner, had less free time, and worked more, than other groups. And African American women were more likely to link formula feeding with their needs as working mothers. In addition, many women expressed discomfort with pumping, suggesting that it was inconvenient or painful. Some women did find that electric pumps were easier for them to use than manual pumps. Overall, however, women suggested that breastfeeding would not fit into their busy schedules. None of the women had access to mom-friendly work environments where child care was available or where they were encouraged to breastfeed.

With me working I don't have time. There aren't enough hours to breastfeed and pump and all. Formula feeding takes less time.



African American women have always had to work. Some of our parents were single parents and had to go back to work. They had to go back to work to survive and make a living. It is the same for our generation. Our mothers couldn't stay home like white moms could stay at home and breastfeed, neither can we.



³ As compared to SUMA Productions. *WIC Report-Breastfeeding*. Texas Department of Health, Bureau of Clinical and Nutrition Services, Special Supplemental Nutrition Program for Women, Infants and Children. September 30, 1998. The general population in this study was a representative sample of all WIC clients, and included 65% Hispanic, 20% Caucasian, and 15% Black women.

Family Norms

Family norms such as extended family networks and child rearing beliefs strongly factor into infant feeding choices in this population. As described in an article by Lorrie Yoos, et al titled, *Child Rearing Beliefs in the African-American Community: Implications for Culturally Competent Pediatric Care*, "the extended family tends to be normative, and a number of alternative and shared child care arrangements are common, versus the Caucasian culture which stresses the importance of attachment and the exclusive early relationship between mother and infant." The involvement of an extended family network in infant care may have more influence on African American infant feeding than in other populations. Maternal and partner attitudes may also be reflected in infant feeding choices, as these are often important caregivers. Extended family care giving was a source of stress about breastfed babies. The concern was primarily that there would not be enough prepared expressed milk for the baby when the mother was not around. In addition, some women expressed concern that breastfed babies would be more demanding and would whine and cry more than formula fed babies, and that this would cause problems for other caregivers, or that they would have difficulty weaning their children. Some women also suggested that formula fed babies were easier to care for than breastfed babies.

You're at a babysitter's, and you can't leave a cryin' baby with somebody else all night long.



I mean she's hooked. And I'm still havin' a problem weaning her.



It's embarrassing. It's whatever they want. It's too old for them, and you get tired. My mom, she said, it's time to get her off breastfeeding and she said she's got teeth, take her off and I'm well, she won't. She won't take her bottle, she won't take her little cookies, she won't take it and I don't want her to starve. They pull on you; they want you now.



I work at a daycare and I have seen breastfed babies that are crying and the moms don't come on time.



In addition, the impact of mothers on the infant feeding practices of their daughters may also reflect the choices of previous generations. If the mother or grandmother breastfed, then the daughter had additional resources to help her attempt to breastfeed. If the mother or grandmother formula fed only or had difficulty breastfeeding, there tended to be emphasis on formula feeding.

If you have a lot of encouragement from someone outside, like your mom or your sister or your dad or your grandmother telling you something, you've been around them all your life and you trust them just by nature.



My mom was not pro-breastfeeding. She was raised in the country, she was not breastfed, she didn't have any knowledge about it.



My mom helped me at the hospital after my baby was born. [I said] 'Momma don't touch me like that.' She said 'girl I'm trying to show you how to do it.' Can you just tell me? I want to do it by myself.



If I had a complication, I couldn't go to my mom. She'd be like, just give the baby some Similac.



Men's attitudes are harder to determine. Further research would be required to determine the attitudes of husbands and partners in this target group and in other WIC populations. A diversity of comments made about male attitudes toward breastfeeding ranged from the influence to formula feed so that the male partner could also feed the infant to encouragement to breastfeed that included mixed responses about breastfeeding in public.

My husband he said, you know, he told me, he said, you get the pump so you don't have to breastfeed in public.



He wants me to breastfeed.



My son's father, he was, he thought these belonged to him because we had been together for so long. But now he's totally pro-breast feeding.



Cultural Norms

Focus group findings strongly suggest that public breastfeeding is not seen as a norm in the African American community. Many participants were not used to seeing women breastfeed in public and were shocked when they did see public breastfeeding. In addition, some women felt that they could not breastfeed because they would have to do it in public. Discomfort with

public breastfeeding often came up as an obstacle for women who included this as a reason that they chose formula feeding. Breastfeeding moms in the focus groups elaborated on the solutions they had used so that they could avoid breastfeeding in public. Some women suggested that public breastfeeding was done by other racial and ethnic groups, and not African Americans. Overall, the focus group findings suggest that this population is significantly averse to breastfeeding in public because it is not considered to be a cultural norm.

Like in public you just get a bottle and in breastfeeding you have to flip [the breast] out.



I had to feed him and I was pumping it out and taking it with me. If I wanted to breastfeed him I would go home. That's where it's supposed to be done is at home, not in public.



The only time I did, I did one time. I was like in the car and I put like the baby blankets up on the windows. And like sitting in the back seats with the windows all covered up or whatever. So, if somebody would look, they couldn't see. They would probably have an idea but they couldn't see it.



The findings of the study show that this attitude is a significant variation from the general WIC population. The research findings suggest that breastfeeding is attributed to other ethnic and racial groups, and not seen as a norm for African American women. This suggests that efforts to encourage this target group to breastfeed must emphasize strategies that allow for breastfeeding to be done without the mother needing to expose her breast in public. These strategies are based on those used by African American women in the focus groups who were averse to public breastfeeding. They include the use of electric, manual, or expressed milk administered from bottles prepared before the need to be in public, or the supplemental use of formula for the same purpose. Photographs or illustrations of mothers breastfeeding, designed for educational purposes, should be carefully crafted so as not to suggest a woman is in public.

Some women who chose to breastfeed, for example, had to deal with the attitudes of their families, partners, husbands, and peers about breastfeeding in public. A notable number of women had partners who supported breastfeeding as long as it wasn't done in public.

Another concern was that there are few materials specifically directed at African American women and their infant feeding questions.

Individual Preferences

Several participants expressed a perception of lost independence or being “tied down,” if they breastfed. Some women also expressed a reluctance to instill institutional advice into personal lifestyle choices. There were also specific experiences that exhibited a very low frequency of occurrence in the focus groups, and are therefore suggested to be deviant cases. These deviant cases include perceptions that breastfeeding will result in mutilation and that comparatively small or large breasts prohibit breastfeeding.

*I mean my breasts are just too big...the baby is going to suffocate.
I am a Double D.*



Some women also had the perception that mixed feeding practices would make the baby ill.

Someone told me that I had breastfed and bottle fed at the same time and I shouldn't have done that because that's gonna make him sick.



Successful Strategies

To conclude, the focus group participants were asked to make suggestions about how WIC could better meet the specific needs of its African American clientele and to give feedback on specific strategies. A number of women who successfully breastfed also outlined a number of strategies and other women suggested strategies that would better help them with the challenges of breastfeeding.

I breastfed all three of my children and I didn't have a problem with breastfeeding none of 'em. One thing I hate is getting up in the morning' and they're huge and you have to squeeze 'em out or feed the baby and that's the only way I got relief. But I enjoyed feeding 'em cause I didn't have to fix a bottle late at night.



You can't force...anything. The only thing you can do is give them advice and tell them the benefits.



That their uterus heals back better. That they get their body back cause it burns calories. And just some things [like that] for themselves.



Teach them how to take care of their breast—before the baby comes and to be up front about the pain.



Encourage WIC to have a special program for first-time mothers.



I've learned a lot from this discussion about breastfeeding that I never knew before. I never got to talk to a breastfeeding counselor because I told them I was going to formula feed.



Show famous African Americans who breastfeed.



Conclusions

The focus groups confirm that WIC has successfully conveyed the message that breastfeeding is healthier for your baby. Despite health and other benefits to the baby, this often did not deter people from giving many reasons why breastfeeding was difficult and time-consuming. The African American women in the focus groups also had family and cultural norms to anticipate in their infant feeding decisions. These include the perception that breastfeeding is painful, and that African American women don't want to breastfeed in public. Unfamiliarity in the African American community played a major role in defining the amount of resources and support that women had to make their infant feeding choices.

Lack of knowledge about other issues, however, is still a factor in breastfeeding. This includes lack of confidence about proper feeding positions, experience, and access to postpartum lactation support.

Findings suggest that adequate knowledge about breastfeeding may influence women to want to breastfeed or to initially attempt breastfeeding, but these sources of information may not be enough for women to successfully breastfeed. These sources of information provide the first phase of influence during the prenatal period. The second phase is the critical postpartum period immediately following birth, when women have an option to breast or formula feed. The third phase is after care, when women leave the hospital or other care environment and when lactation support becomes less available.

Women in the focus groups who successfully breastfed had multiple sources of information prior to delivery. These sources may have countered inexperience with breastfeeding and the perception that breastfeeding is a non-norm. In this first phase, women required exposure to

breastfeeding women in a WIC clinic or other environment, or other practical experience, and foreknowledge that breastfeeding is a skill that must be learned. In the second phase immediately following birth, women who successfully breastfed required a breastfeeding-specific support network with a knowledgeable and motivated lactation, peer counselor, or family member during the critical window of opportunity when breastfeeding is still an option. Finally, after women have returned to their home environments, findings suggest the importance for women who successfully breastfed to have strategies and support systems to overcome breastfeeding challenges. Links such as daily calls or help-lines with a peer or lactation counselor could help with issues such as pain, too little milk, and leaking. Other strategies at this stage are specific to the breastfeeding challenges for working mothers, women in school, or those with other young children such as dealing with pain, and expressing or pumping milk for distribution. Women also need to better understand strategies for breastfed babies to smoothly transition from the care of its mother to that of a child care worker.

The findings from this study suggest that the specific needs of African American WIC clients may be overlooked by the general trends in the larger population. A number of specific challenges designed to meet the needs of this population may influence more African American WIC clientele to choose infant feeding practices that include breastfeeding.

RESEARCH FINDINGS ON INFANT FEEDING PREFERENCES OF AFRICAN AMERICAN WOMEN



THE TEXAS DEPARTMENT OF HEALTH
BUREAU OF CLINICAL AND NUTRITION SERVICES
SPECIAL SUPPLEMENTAL NUTRITION PROGRAM
FOR WOMEN, INFANTS AND CHILDREN (WIC)

THE TEXAS BREASTFEEDING INITIATIVE

SURVEY FINDINGS



**The Texas Department of Health
Bureau of Clinical and Nutrition Services
Special Supplemental Nutrition Program
for Women, Infants, and Children (WIC)
The Texas Breastfeeding Initiative**

**Research Findings on Infant Feeding Preferences
of African American Women**

SURVEY FINDINGS

This report contains findings from one hundred and sixty one-on-one interviews with African American women on infant feeding preferences. The intercept interviews were conducted with a convenience sample at WIC clinics in Austin, Dallas, and Tyler Texas. Each interview lasted approximately twenty minutes. Questions explored participants' attitudes, knowledge and cultural norms related to infant feeding. Researchers recorded participants' responses verbatim. Throughout this report verbatim quotes, shown in italics, are used to illustrate findings.

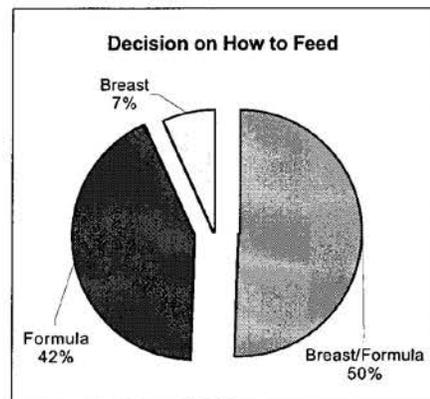
Initial questioning established the participants' infant feeding preferences, and identified the participants as:

- pregnant with their first child
- currently pregnant with other children
- or, not pregnant but the mother of infants or toddlers.

Within each group, women were further subdivided by age into two groups, 19 years of age or younger and women 20 years of age and older.

The largest percentage of women (50%) both breastfed and formula fed their infants or planned to. Forty-two percent (42%) formula fed or planned to formula feed and 7% breastfed exclusively.

Within the 50% of women who breast/formula fed, a significant number (53%) breastfed for less than a month and many of these women only breastfed for a few days. This group of women who



breastfed for a short period of time comprised 27% of the entire study population. Often these women initially identified themselves as formula feeders. It was only after researchers probed that the women revealed they had, in fact, tried breastfeeding for a brief time.

The number of women who attempt to breastfeed but quit early on is significant to the findings of this report. This finding implies that more African American women may try breastfeeding than was previously believed based on other state and national studies. When these women are counted as women who breast/formula fed it increases the number of African American women in the study population who attempt breastfeeding to a level consistent with other populations. It also suggests that a significant number of African American women are willing to try breastfeeding but may need additional support to continue. Within this group of women (50%) quit breastfeeding because of pain. The other reasons women switched to formula were equally divided into women who said they did not want to breastfeed in public, women who couldn't get their baby to latch on, and women who stopped because they had to return to school or work. Strategies specifically targeted to these issues are important to consider in an initiative to raise breastfeeding rates among African American women.

Examples of comments from women in this group include:

My breasts hurt really bad, the pressure—I thought it would be relieved if the baby sucked on it but it was a horrible experience.



I took warm showers and did all the things WIC told me to do. I tried to stick to it but it was just too painful. I even had a WIC counselor watch me breastfeed.

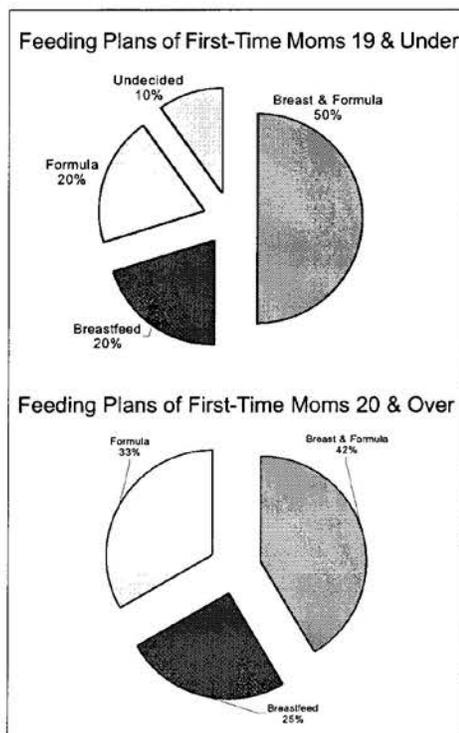


INFANT FEEDING PLANS OF WOMEN EXPECTING FOR THE FIRST TIME

Of the entire population interviewed, 22% were expecting a child for the first time. Almost two-thirds of this population were 19 years old or younger. Exactly one half of these women planned to both breastfeed and formula feed. One-fifth (20%) planned to breastfeed exclusively and one-fifth (20%) planned to formula feed. Ten percent (10%) were undecided.

Women over the age of 19 made up the other third of expectant first-time mothers. Forty-one percent (41%) of these women planned to both formula and breastfeed and 25% planned to breastfeed exclusively. 33% planned to formula feed.

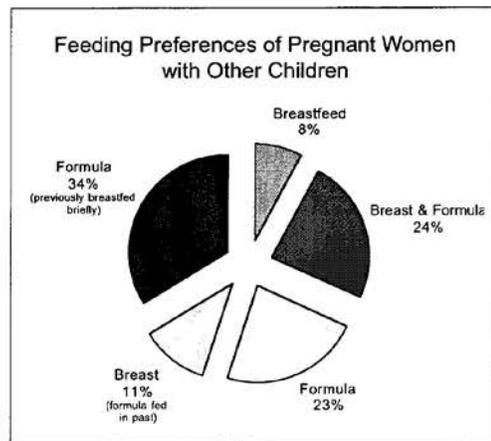
Within the sample population of women expecting for the first time, relatively large percentages in both age groups, 20% of those 19 and under and 25% of those 20 and over, plan to breastfeed. These figures are significantly higher than the number of women who actually breastfeed in the African American population. These figures further support that a number of African American women are willing to consider breastfeeding but post-natal challenges may impact the success of their breastfeeding attempts.



INFANT FEEDING PREFERENCES OF WOMEN WHO ARE CURRENTLY PREGNANT AND HAVE OTHER CHILDREN

Eighteen percent (18%) of the interviewees were pregnant and had other children. Interviewers discussed both their previous infant feeding experience and how they planned to feed their new baby. The following breakdown represents their answers.

- 34% formula fed in the past. Of this 34%, two-thirds said they would exclusively formula feed this baby but notably one third said they were going to try breastfeeding.
- 34% fall into a category of women who briefly attempted breastfeeding in the past but quit within a few days or weeks. Most of these women cited pain as the reason why they quickly switched to breastfeeding. The majority of women in this category plan to formula feed this child. Only a few of these women plan to both breastfeed and formula feed.

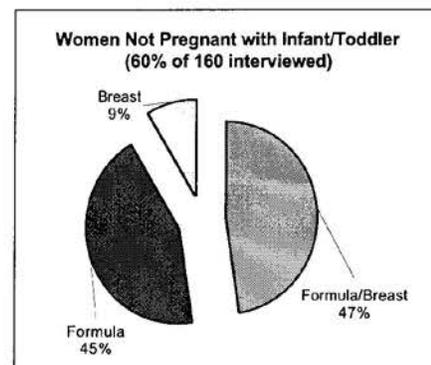


- 24% both breastfed and formula fed in the past and planned to do so again.
- 8% breastfed in the past and plan to breastfeed this baby.

WOMEN WHO ARE NOT CURRENTLY PREGNANT BUT HAVE AN INFANT OR TODDLER

Sixty percent (60%) of the women interviewed fall into this category. Less than 10% of these women breastfed exclusively. 45% formula fed exclusively, and 47% formula/breastfed.

Of this 47%, 65% breastfed for less than a month.



RESPONSES TO PHOTOGRAPHS

To gain insight into the sample populations' attitudes about breastfeeding, women were asked to view two photographs of a woman breastfeeding her infant. The photographs were viewed separately one after another. The first featured a young woman in casual clothing feeding her baby in a school or public setting (although there were no other people in the photograph). The other featured a mature woman in a studio type setting wearing a professional looking, red dress.

Participants were asked to view the photographs and share their thoughts. Most of the answers fall into one of the four following categories:

- The largest percentage of women (35%) made comments about either the health benefits to the baby and/or about bonding.

This is the best thing a mother could do for her baby, shows love. She cares about what's important, getting the baby off to a good start and bonding.

.....

The baby will be close to the mom. I keep reading that in the pamphlet from WIC.

.....

Breastfeeding gives love by holding close, they develop faster.

.....

- Twenty-two percent (22%) responded with a literal description of what was happening in the photograph. Even after interviewers probed with this group in an attempt to gain additional insight a typical response was "she's breastfeeding."
- Seventeen percent (17%) made technical comments about how the women were breastfeeding. Examples include:

She looks nervous.

.....

She's holding her baby upright in a position to get her milk down right. In the other picture the baby's head is down.

.....

She looks like she has a better grip on the baby.

.....

She's breastfeeding the wrong way.



- Seventeen percent (17%) responded to the photographs with comments that reflected a concern for breastfeeding in public.

Oh my God! She's in public, but the baby's got to eat. (vs. picture B) She's in the studio, it's a nice picture, and she's not exposed.



Isn't she suppose to be covered up doing that? She's got to be sure he's got his mouth right.



I couldn't do it the way she is doing it. When I went out in public I always pumped so I didn't have to expose myself.



This is something I wouldn't want to do in public—my sister-in-law did it, but you didn't see it, all of her kids are very intelligent.



- Small percentages of women made comments about either pain or that breastfeeding “wasn't for them.”

She's doing it the better way, but I couldn't do it because it hurts according to my mom.



If that is her preference that's fine. I don't feel comfortable breastfeeding.



REASONS WOMEN IDENTIFIED AS MOTIVATORS TO BREASTFEED OR FORMULA FEED

Why Women Choose Breastfeeding

Women who breast or breast/formula fed, or planned to do either were asked why they chose to breastfeed.

60% of the women stated that the reason they chose to breastfeed was because of the nutritional and health benefits for the baby.

Women's responses often contained multiple reasons for their decision to breastfeed. The following reasons were mentioned but none more than 10% of the time.

- fewer earaches
- saves money
- don't have to get up at night
- easier
- lose weight
- baby will have less digestive problems
- the baby will be smarter
- better bonding between mother and infant

Why Women Choose to Formula Feed

Women who formula fed exclusively or supplemented with formula or were pregnant and planning to use formula were asked why they selected formula.

Women who chose to formula feed exclusively listed the following motivators in their decision.

- 30% identified time challenges as the reason they chose formula. Most of these women either had to return to work, school or were caring for other young children. Within this group approximately one-fourth said their infants would be in the care of others and they didn't want to breastfeed because it might make it more difficult for someone else to feed the baby.
- 21% stated "it was what I decided was best for me." Interviewers probed for more specifics but in most cases were unable to obtain additional insight.

- 16 % said they had heard or experienced firsthand that breastfeeding is painful.
- 10% said they didn't want to have to breastfeeding in public.
- 10% said they planned to continue to smoke and drink and did not want to expose the baby to these hazards.
- 10% sited medical reason for not breastfeeding.

Women who supplemented with formula or who breastfed and then switched to formula cited the following reasons:

- 50% identified time challenges related to a return to work or school.
- 10% said breastfeeding was too painful.

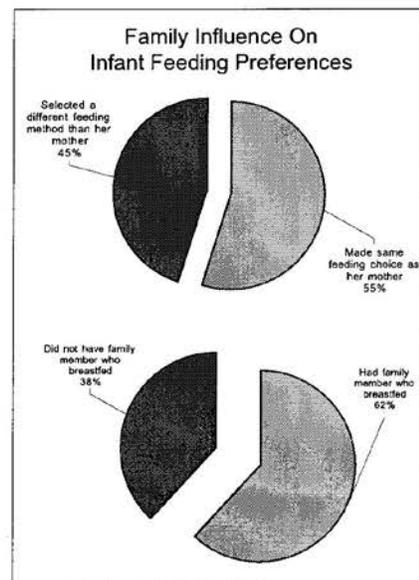
The following reasons were also mentioned less frequently: baby wouldn't latch on, not wanting to breastfeed in public, or that the baby needed more milk.

PRIMARY INFLUENCERS IN A WOMAN'S INFANT FEEDING CHOICE

Family Influence

Within the study population, the infant feeding choice of a woman's mother correlated to the choice of the daughter in approximately 55% of the cases. 45% of the women surveyed selected a different feeding method than their mother, although the feeding method they chose may have partially reflected the choice of their mothers. For instance, 38% of the women whose mothers formula fed elected to breast and formula feed.

One of the most significant findings of this study is that many African American women do not have a role model for breastfeeding. Of the entire population surveyed, 38% said they did not have an extended family member who breastfed. Within the population of women who formula fed, 32% said they did not have a family member who had ever tried breastfeeding.

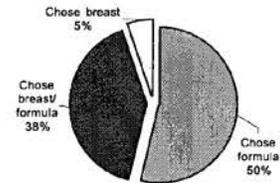


Maternal Mothers Who Formula Fed

67% of the women interviewed were formula fed by their mothers. Although a significant number (38%) of women who selected to breast/formula feed were formula fed as infants.

Infant Feeding Choices of Women Who Were Formula Fed

- 50% selected formula
- 38% selected to breast/formula fed
- 5% chose to breastfeed exclusively

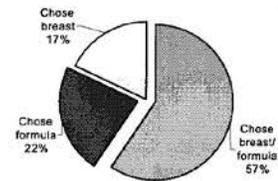


Maternal Mothers Who Breastfed or Breast/Formula Fed

30% of the interviewees were breast or breast/formula fed as infants. The largest percentage of these women identified a combination of breastfeeding and formula feeding as their infant feeding choice.

Infant Feeding Choices of Women Who Were Breast//Formula Fed

- 57% selected to both formula and breastfeed their infants
- 22% selected formula as their infant feeding method
- 17% selected breastfeed as their infant feeding method



The Influence of Cost

When women were asked if they think the amount of money someone has affects how they decide to feed their baby, participants were almost evenly split on their answers. Just over half stated they believe finances play a role in the infant feeding method women choose.

Depends if you don't have a lot of money you have to improvise. You have to meet your baby's needs.

.....

Some people can't afford formula.

.....

Maybe because it is cheaper to breastfeed.

.....

Sometimes because if you don't have a lot of money and you don't know about WIC you might decide to breastfeed.

.....

Yes—in a way, cause WIC helps a lot. If you don't have \$80-\$90 a month to formula feed you have to breastfeed.



Others felt the availability of formula from WIC negated the financial challenge of formula feeding.

No because if you don't have money, you can get WIC to help feed your baby.



It is not a factor in a decision because breastfeeding is free and formula is free from WIC.



No because if you don't have money you can get WIC to help you feed the baby.

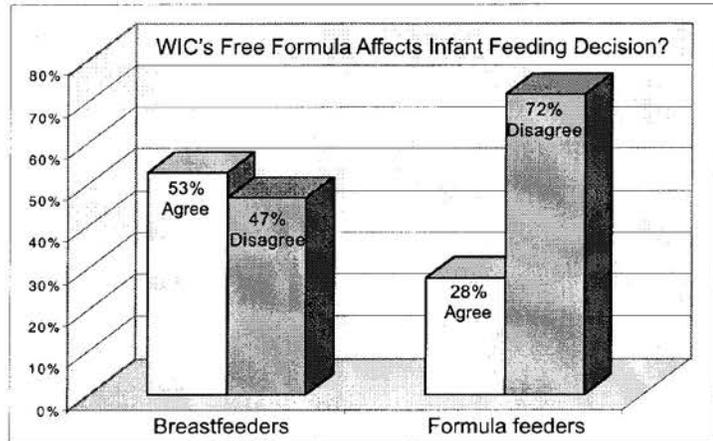


The small number of women who breastfed exclusively were the least likely to think that financial factors influence a women's decision to either breastfeed or formula feed.

No, why should it depend if there are services like WIC that help. Even if I was a millionaire I'd still want to breastfeed.



The participants were also asked if they thought the fact that WIC provides free formula affects the way that people decide to feed their baby. Among women who breast or breast/formula feed, 53% agreed that free formula does make a difference in a woman's infant feeding decision. 47% said they did not believe the availability of free formula made a difference. The reaction to this question among women who selected to formula feed exclusively is notable. The majority, 72%, responded they do not believe the availability of free formula makes a difference.



WIC's Influence

Women who breast and formula fed or breastfed exclusively were asked what they learned at WIC that helped them decide how to feed their baby.

- Slightly more than 50% said learning the nutritional benefits of breastfeeding from WIC influenced their decision to breastfeed.

When I learned about the development of the brain that really influenced me to breastfeed.

When WIC told me about the benefits, it made me think about breastfeeding and I am going to try it for a week.

I think the formula is easier, but maybe this time I will try to breastfeed for the weight loss and healthier baby. Hopefully the baby will have less colds, I don't want my child to get sick.

- Thirty one percent (31%) said they didn't learn anything at WIC that influenced them. Many stated they had already made up their minds.
- Twenty-two percent (22%) said educational materials they received at WIC influenced them.

They gave me pamphlets when I was pregnant. I wasn't going to breastfeed, but I tried it and I didn't mind it so I stuck with it.

They taught me how to eat right. Showed me the Anita Baker video that inspired me, I thought if she can be on tour & do it—all I have to do is go to work and come home so I can do it, though I've heard some monstrous stories.

- 19% said that learning how to hold the baby properly and how to get the baby to latch on was the most influential information.

WIC taught me everything I know about breastfeeding—how to get the baby to latch on and how to pump.



- Other less frequent, but notable answers reflecting WIC’s influence include:
 - Specific amounts to feed the baby.
 - Breastfeeding saves money.
 - Not to feed the baby certain foods too early.

Women who selected to formula feed were also asked what they learned at WIC that influenced their decision.

- 34% referred to issues such as how to prepare bottles, what the proper amount of milk is, and when to introduce various foods.
- 32% of the participants couldn’t recall any information they learned that helped them to decide to formula feed.
- 30% said they didn’t learn anything specific about formula feeding that influenced them. Instead, WIC continued to emphasize the nutritional benefits of breastfeeding.

Comments reflective of women who chose to formula feed include:

I heard breastfeeding makes the baby smarter and healthier; but what does that have to do with anything? I feel because they make formula as close to milk as possible, if you breastfeed the baby it pulls at you in public.



I’ve always felt like it was mostly my decision. I know it is better for the baby, for my 1st baby I didn’t know about the benefits of breastfeeding until I came to WIC. I tried it for a short time but I’m just busy.

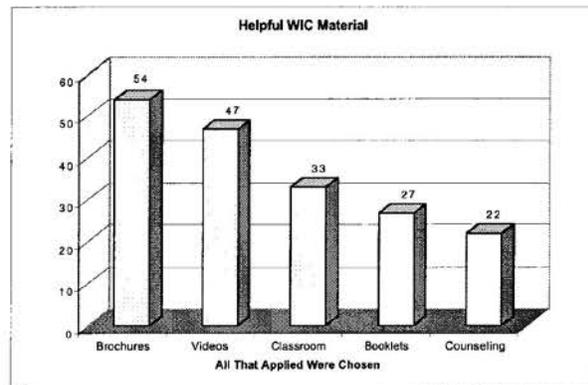


Regardless if women breast or formula fed, the large majority (78%) identified the message that breastfeeding is healthier for your baby as the most important message they learned from WIC about breastfeeding. Eleven percent (11%) said learning how to position the baby was the most important information and 6% said learning about bonding.

PERCEIVED BENEFITS OF WIC DISTRIBUTED EDUCATIONAL MATERIALS

Participants who breastfed or breast/formula fed were asked if any materials or information they received at WIC about breastfeeding were especially helpful? Respondents were told to choose all that applied. (Length of enrollment was not a prerequisite for the study; therefore, some participants may not have experienced all forms of education.)

54% brochures
 47% videos
 33% classroom
 22% counseling
 27% booklets



PERCEIVED INFLUENCE OF FAMILY, FRIENDS, AND THE MEDICAL COMMUNITY

Participants were asked, "Of the following, who helped you decide how to feed your baby." Respondents were told to choose all that applied, and most selected several options. The most influential sources varied among age groups.

Women 19 and under:

38% said mother
 26% said other (friend, aunt, sister)
 33% said doctors/nurse
 24% said WIC
 20% said husbands/partners
 6% said grandmothers

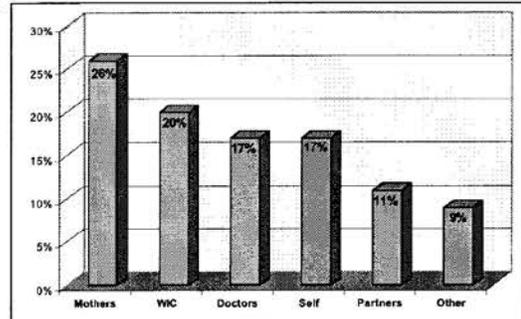
Women 20 and over:

55% said WIC
 51% said doctor/nurse
 36% said mother
 28% said self
 17% said husband/partner
 5% said grandmothers
 23% said other (friend, aunt, sister, cousin)

A follow-up question identified which of these was the most influential.

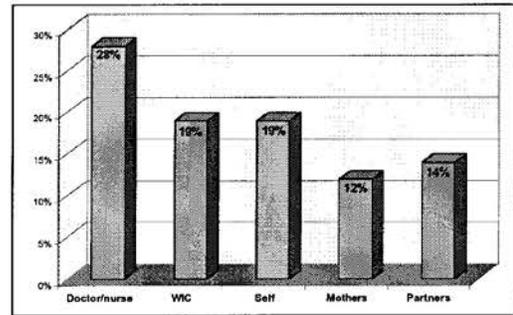
Women under 19 who breastfed or breast/formula fed selected mother (26%) and WIC (20%) as the most influential in their decision.

- 26% said mothers
- 20% said WIC
- 17% said doctors
- 17% said self
- 11% said partners
- 9% other (grandmother, cousins, sister, aunt)



The largest number of women over 20 (28%) who breastfed or breast/formula fed identified either a doctor or nurse as the most influential in their infant feeding decision. They identified WIC and themselves (19% in both cases) as the next most influential sources.

- 28% doctor/nurse
- 19% WIC
- 19% self
- 12% mothers
- 14% partners



Half (50%) of younger women who selected formula identified mothers as the person who was most instrumental in their infant feeding decision. Women over 20 identified themselves as the most influential in their decision. For women in both age groups who selected to formula feed, WIC had little influence.

Women 19 and under:

- 50% mother
- 35% self
- 5% WIC
- 5% doctor/nurse
- 5% husband/partner

Women 20 and over:

- 42% self
- 25% mother
- 10% other
- 10% grandmother
- 7% WIC
- 0% husband/partner

Perceived Pressures for Formula Feeding

Findings suggest that younger women are more prone to pressure from peers or family members to formula feed. Women 19 and under (regardless of feeding preference) are far more likely to have someone suggest they formula feed their infant than women 20 and over. When women were asked if anyone influenced them to choose formula feeding over breastfeeding:

- **77% of the women under 19 who selected to breast or breast/formula feed had someone suggest they should formula feed rather than breastfeed. They identified the following as sources who suggested formula over breast milk.**
 - 37% had a friend who suggested that they formula feed. The reasons friends cited include embarrassment in public, pain, or that breastfeeding is a “hassle.”
 - 23% had boyfriends who suggested they formula feed. The reasons ranged from the father wanting to participate in feeding, to men who did not want their partners to expose themselves in public.
 - 15% had mothers who suggested they formula feed.

My mom said it hurts. She's not supportive—that's a hard thing, she said "I never did that; I didn't get into that, it hurts, it felt like the baby was born with teeth."



Friends say it is going to hurt—oh that is nasty in public—that's what breast pumps are made for.



My baby's father wants me to formula feed so he can participate.



My husband didn't want me to breastfeed because he said you can't do it in public.



- **78% percent of the women 19 and under who selected to formula feed exclusively had someone suggest that formula is the preferred method of infant feeding.**

39% had mothers who suggested they formula feed
38% had friends who suggested they formula feed

- Only 11% of the women 20 and over who selected to breast or breast/ formula feed had anyone suggest formula as the preferred method. Of this small percentage mothers were most likely to suggest formula as the preferred method. A few women also said friends and partners suggested formula. In some cases, participant's comments suggested that influencers may lack knowledge of the benefits of breast milk.

My mother wasn't supportive until I explained the benefits I learned about breastfeeding from WIC. Once she understood that it was better for the baby, she was supportive.



My friends said, "What are you going to do when you go back to work. If you start out breastfeeding they won't go to the bottle when you go back to work."



- 25% of women over 20 who formula fed exclusively had someone suggest that formula is better than breastfeeding. Mothers were identified as the primary influencers. A few women identified medical professionals' support of formula.

My doctor asked whether I was breastfeeding or formula feeding. I told him formula feeding and he said "Fine." WIC had been asking me why don't you breastfeed? I told him I didn't want to show my breasts in public, I don't want people staring at me.



PARTICIPANTS' PERCEIVED CORRELATION BETWEEN INFANT FEEDING METHODS AND THE TWO GREATEST HOPES FOR THEIR CHILDREN—HEALTH AND EDUCATION

Regardless of age, the majority of women's greatest hopes for their children were for them to get a good education and to be healthy. In all age groups at least 70% or more women hoped their children would obtain a good education and be healthy. A corresponding question asked if women believed their decision to breastfeed or formula feed affected the achievement of this goal. The responses varied among age groups and infant feeding preference. Women who select to formula feed their infants, regardless of age, are far less likely to believe there is a relationship between their child's health or educational aptitude and infant feeding. In general, younger women—regardless of how they choose to feed their baby—are less likely to believe there is a correlation.

- Forty-four percent (44%) of women under 19 who selected to breast/formula feed believed infant feeding choices did impact their children's health and educational aptitude. Another 14% thought that the infant feeding method *might* make an impact. Twenty-five percent (25%) believe that there is no relationship between infant feeding methods and the attainment of these goals.
- Sixty-seven (67%) of the women 20 years or older who breastfed exclusively or breast and formula fed believed how they fed their child made a difference in the child's health or educational abilities. Twenty-seven (27%) said they did not think there was a correlation.

I think breastfeeding actually helps, I can see the difference between breastfed and formula fed children.



Maybe they say milk is better for their mind but I am not sure if they have proved it.



- Women 19 years or younger who selected formula were significantly less likely to believe a connection existed between infant feeding and the attainment of these goals for their children. Sixty percent (60%) said they did not believe that their infant feeding choice affected either the ability to excel educationally or their child's health. Only 16% believed infant feeding choices affected these issues. The remaining percentage of participants said they were unsure or didn't know the answer.

If formula agrees with my baby then it shouldn't matter.



- Women in the 20 and older age group who formula fed were less likely to believe infant feeding corresponded to their child's health or educational ability. Fifty-five percent (55%) said they do not believe there is a relationship between feeding choices and the health and educational aptitude of their child. Twenty-nine (29%) believed there was a relationship.

No, because the way he is fed I don't think that has anything to do with his way of life. It's how I raise him. I formula fed him and he is very intelligent.



No, I just don't think that breastfeeding and formula feeding have anything to do with his education or the way he thinks.



Participants' Thoughts on Why Breastfeeding Rates are Lower Among African American Women

Women were asked to reflect on why they believe breastfeeding rates are lower among African American women than other ethnic groups. Women in all groups were most likely to identify time challenges or modesty as reasons they believe African American women are less likely to breastfeed. Women in both age groups who formula fed identified time challenges because of work or school as the most significant reason they chose formula. In this group women were also more likely to say African American women may find breastfeeding inconvenient to their life-style. They believed breastfeeding would limit their freedom or social lives.

Younger women who formula fed were less likely to suggest ideas for increasing rates among African American women. In the younger group, the majority (66%) said they didn't think anything could be done. In contrast, a majority (63%) of women 20 and older group who formula fed believe education is the answer. Women who breast or breast/formula fed also identified education as the best strategy to increase breastfeeding rates.

Women 19 and under who breast or breast/formula feed:

- 25% lack of education
- 20% believed the African American women don't breastfeed because of modesty issues
- 15% identified time issues—either work or felt that it was inconvenient
- 12% weren't sure about the validity—some said all my friends do
- 10% thought pain may play a role in the decision

What can be done?

- 54% more education
- 13% don't know
- 33% other

Women 19 and under who formula feed:

- 30% don't know
- 26% identified time because of work or that breastfeeding is inconvenient
- 15% identified modesty as an issue
- 10% other

What can be done about it?

- 66% said they didn't think women would change and that nothing could be done about it.
- 26% said more education
- 13% other

Women 20 and over who breast or breast/formula fed:

33% said that African American women didn't have the time because of work or that breastfeeding is inconvenient.

17% said that it is easier to just get formula

15% identified modesty issues

11% said African American women need more education

11% questioned the statistic and thought African American breastfeeding rates were higher

10% said they didn't know

What can be done about it?

64% believed women needed more education

10% said they didn't know what could be done

10% believed women needed more support

14% said other

Women over 20 who formula feed:

25% don't have time/inconvenient

25% don't know why

14% believed it was a modesty issue

10% felt women needed more education

17% other

9% other

What can be done about it?

63% identified education as the answer

15% other

10% don't know

10% won't change.

Comments regarding this issue include:

I don't think they are educated on it. It is easier to go out and get formula, I also wondered what my friends would think about breastfeeding—it could be embarrassing.



I agree because you don't see many African American women out breastfeeding, they don't want anybody looking at them.



Maybe African American women just don't take the time. My personal experience was that it was just too uncomfortable.



Now a days there are more black women I know who are starting to breastfeed.



Have more one-on-one education, encourage people to not be embarrassed in public, show them how much formula costs.



It is not a big thing in our culture, Mexican/Hispanics have it in their culture, most blacks look at breasts as sexual things, but if it was just a sex object you wouldn't produce milk for your child.

(First-time mother under 19 who plans to breastfeed.)



I don't know it's just how you look at things. I don't think my child and my breasts go together, it's not comfortable.



I wouldn't think you can do anything about it. Tell them it is more nutritious—some people will not listen.



I didn't know that. Most of my African American friends breastfeed.



More information on pumping. I didn't know until my second pregnancy that you can freeze milk, that's when I went back to school.



Many have to go back to work, they don't have time or a support system.



*Maybe because we don't have time to sit at home and all that, most of us are
working moms.*



*I don't think most of them know the importance of it. They get frustrated that it
hurts or the baby doesn't want it.*



*Because black women don't like to stay in one place, it's more convenient to
formula feed.*



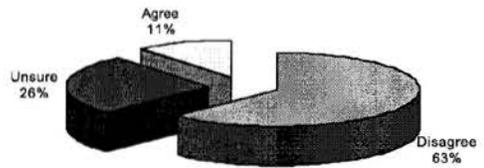
*They think it is yukky, or they don't want to be seen in public or if they have to
have someone else take care of the baby they want to make sure the baby will take
the bottle—we like to go out.*



Participants were asked a series of statements about breastfeeding and asked to respond in one of the following ways: agree, disagree, or unsure. Following are the results.

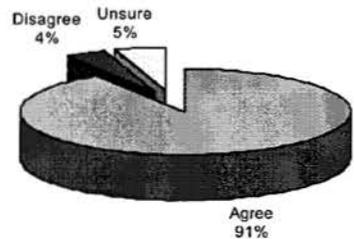
Breastfeeding makes your breasts get out of shape.

The majority (63%) of women regardless of age disagreed with this statement. Twenty-eight percent (26%) of the interviewees responded that they were unsure, and 11% said they agreed. Women over 20 were more likely to disagree with this statement while younger women were more likely to be unsure.



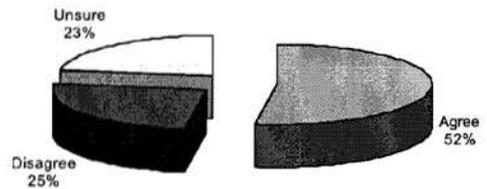
Breastfeeding is healthier for the baby.

The large majority (91%) of women agreed with this statement regardless of their infant feeding preference or age.



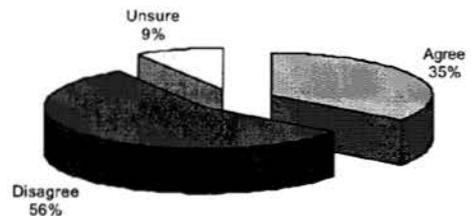
Breastfeeding hurts.

Just over half (52%) of all participants interviewed agreed with this statement. Twenty-four percent (25%) disagreed and 23% were unsure. Within the age groups and feeding preferences the most significant difference was among women 20 years of age and older who breast or breast/formula fed. Forty-five of this group (45%) disagreed with this statement.



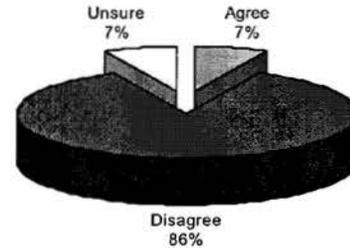
Women who breastfeed have to expose themselves in public and that can be embarrassing.

Fifty-six percent (56%) of the women disagreed with this statement. Thirty-five percent (35%) of the women agreed and 9% were unsure.



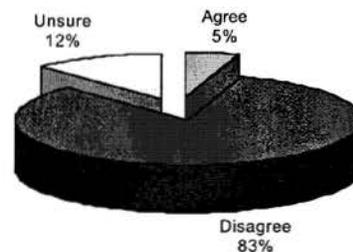
Breastfeeding is unsanitary

Eighty-five percent (86%) of participants disagreed with this statement, 7% were unsure and 7% agreed. Women under 19 who selected formula feeding as their infant feeding preference were the most likely to agree (10%) or said they were unsure (15%).



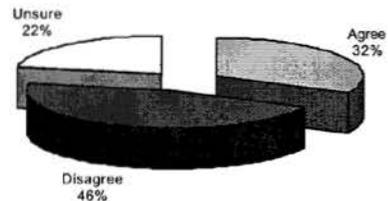
Breastfeeding interferes with your love life.

The large majority of women (83%) of the participants disagreed with this statement, 12% were unsure and 5% agreed. There were no significant differences among age groups or infant feeding choices.



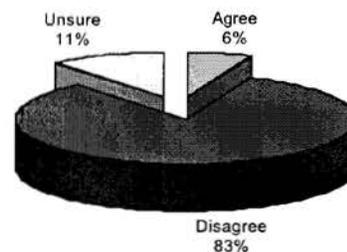
Most men prefer for their wife or girlfriend to formula feed.

Forty-one percent (46%) of the participants disagreed with this statement, 32% agreed, and 22% were unsure. Percentages were almost identical among all groups.



Breastfeeding is from the past; people don't have to do it anymore.

Eighty-three percent (83%) of the interviewees disagreed with this statement, 11% percent were unsure and 6% agreed.



When women were asked what infant feeding method they would recommend to other women they responded in the following ways.

Women 19 and under who breast or breast/formula fed:

- 88% recommend breast/formula.
- 12% said they believed a woman's infant feeding choice is an individual decision

Women 19 and under who formula fed:

- 35% would advise breastfeeding
- 33% would advise formula feeding
- 35% believed it was a personal decision

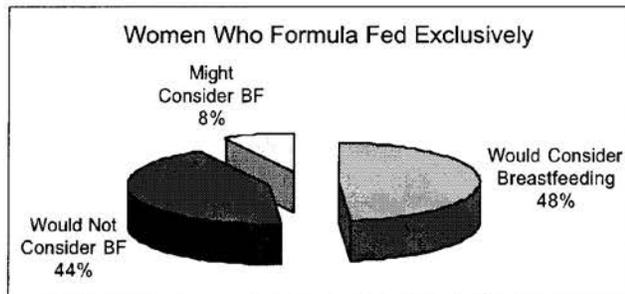
Women 20 years and older who breast or breast/formula fed:

- 73% recommend new moms to breastfeed
- 20% believe it is an individual decision
- 8% recommend formula

Women 20 years and older who formula fed:

- 43% believed it is an individual decision
- 30% recommend formula
- 27% recommend breastfeeding

When women who formula fed exclusively were asked if they would ever consider breastfeeding, 49% said they would, 44% said they would not, and 8% said maybe.



Typical comments from women who said no:

No, it's nasty in public to go out to restaurants to the mall or anywhere.



No, that hurts, I tried it. You have to get past the first two weeks, I don't like the pain.



Women who said they would try breastfeeding made comments similar to the following:

Yes, because I know the benefits. With my first baby I was just overwhelmed.



Yes, if I had more time off work.



CONCLUSION

The survey findings further support that a significant number of African Americans do not have role models for breastfeeding. Without role models, African American women are more likely to select formula feeding with which they are more familiar. WIC plays an important role in educating African American women who may otherwise not be exposed to the benefits of breastfeeding. A significant number attribute their decision to breastfeed to information they learned from WIC. Efforts to reach women during the critical postpartum phase will also help raise breastfeeding rates. Many women admitted to trying to breastfeed but quitting after just a few days. In most cases women identified pain as the reason they quit.

As with the general WIC population, women find breastfeeding a challenge because of work, school, or caring for other small children. For African American women this challenge may be exacerbated by the fact that breastfeeding in public is taboo. Any initiative to raise breastfeeding rates among African Americans must include culturally appropriate strategies to address this concern.

Most women in the study said their greatest hope for their child is that they receive a good education and stay healthy. A significant number did not make a correlation between breastfeeding and these life goals. Campaigns to encourage breastfeeding should emphasize the positive impact on lifetime health and enhanced IQ's of breastfed children.

STAFF INTERVIEW FINDINGS ON INFANT FEEDING PREFERENCES OF AFRICAN AMERICAN WOMEN



THE TEXAS DEPARTMENT OF HEALTH
BUREAU OF CLINICAL AND NUTRITION SERVICES
SPECIAL SUPPLEMENTAL NUTRITION PROGRAM
FOR WOMEN, INFANTS AND CHILDREN (WIC)

THE TEXAS BREASTFEEDING INITIATIVE

STAFF INTERVIEWS



**The Texas Department of Health
Bureau of Clinical and Nutrition Services
Special Supplemental Nutrition Program
for Women, Infants, and Children (WIC)
The Texas Breastfeeding Initiative**

**Staff Interview Findings on Infant Feeding Preferences
of African American Women**

As part of the study on African American breastfeeding initiatives, twelve staff members were interviewed to explore their knowledge, attitudes, and perceptions of infant feeding issues among African American WIC clients. Staff members interviewed included several peer counselors; others serve as nutritionists or local managers. Their employment with WIC ranged from one to twelve years. Researchers asked staff members a series of questions in a one-on-one interview setting and recorded their responses verbatim. The majority of staff members interviewed are African American.

Findings support that education on breastfeeding is particularly important for African American WIC clients who may not be familiar with the benefits of breast milk. Findings from the staff interviews reinforce most of the findings from the one-on-one interviews and focus groups.

Expand Peer Counseling Efforts

The research conducted with both clients and staff supports that the greatest opportunity WIC has to influence African American women is through peer counselors who establish a relationship with clients and can assist them in the critical prenatal and postpartum times. Their assistance is equally critical during a woman's pregnancy and also bedside at the hospital immediately following birth. As one staff member commented:

Women are willing to work through the challenges if they know what will happen. They also need to know they have someone there they can trust. They really need someone with good bedside manner.



Staff expressed some concern that scheduling and the limitations of the current peer-counseling program do not offer this opportunity.

Women really need a one-on-one counseling session. They need to be scheduled on a day when a peer counselor is available.



We need more time to counsel regardless of the client's race. Breastfeeding counselors are here but their time is limited.



Have counselors who are onsite more so that the staff and clients really get to build a relationship with her.



Staff also expressed a desire to improve the services offered to prenatal women.

With pregnant clients we have a special challenge because they don't get to see them very much.



With prenatal clients WIC needs to try and see them more frequently during their pregnancy. The current structure is not really conducive to meeting their needs.



Other suggestions by staff include use of facilitated discussions with African American women about breastfeeding and an offer of a breastfeeding support gift for women at the hospital.

Develop a breastfeeding kit, which can be given out at the hospital with a card listing their personalized breastfeeding counselor—who should be someone they already have a relationship with. Pump, pads, Pampers/diapers, a cute book to record baby's activities and something personal like lotion.



Staff stated that prenatal attention is particularly important for first-time moms.

First-time mothers need extra help. They need someone to tell them what to expect with sore nipples, leaking, and what happens when the milk lets down.



One suggestion made by staff is to establish a special prenatal tract that solely focuses on infant feeding.

Staff also cited special challenges presented by hospital attitudes toward infant feeding. Most women receive formula as a gift at the hospital and then assume they should use it. Several staff said women have told them they do not get the help they need at the hospital.

We see a lot of babies who get a bottle right away.

•••••

Clients need support immediately after the birth of the baby. I have heard women say the nurses are rough with them and don't care.

•••••

Some staff expressed disappointment over a perceived disproportionate amount of funding for formula as compared to their pay and other factors related to promoting breastfeeding.

We were out of pumps for a month, but we are never out of formula.

•••••

Instead of having us tag food—get women to do outreach at people's home or at the hospital. The one-on-one contact is super important. Women do best when they have built a relationship with a staff member.

•••••

As part of the interview staff members, were asked to share their thoughts on why African American women have lower breastfeeding rates.

• Work/School

Several staff members said that African American women are particularly time challenged because many are single mothers without much of a support network. Many return to work shortly after the birth of a baby and often have other small children.

Black women have to work more than they used to. Many have low paying jobs with long hours and pumping is not realistic for them.

•••••

Most mothers on the program have a financial need. They have to go back to work or school within two to three weeks of having the baby and they are still establishing a milk supply. Manual pumps just don't cut it. It would be cheaper for WIC to give electric pumps than formula.



• Lack of knowledge or support

Many staff members stated that African American women face special challenges in regards to breastfeeding because it is not a cultural norm.

Many lack family support and role models. They lack personal knowledge because they have never been exposed to it.



For many it is a cultural issues; their mothers didn't breastfeed so they've never seen it.



They don't have the family support. A lot of people who say no have never been exposed to it.



When I talk to them they don't know anything about it—they don't know why they should breastfeed.



• Issues specific to younger women.

In the interviews with staff, issues specific to younger teen mothers surfaced. While older women may have time challenges related to work, school, or caring for other children, in many cases younger women still have an active social life which influences their decision to use formula. Also, mothers and peers often influence younger women to choose breastfeeding. In addition, younger women represent the group least knowledgeable about breastfeeding.

A lot of the young ones barely know about sex—how are they going to know about breastfeeding?



A lot of African American women at this clinic are young—they are still selfish with their time. They want their freedom. They are afraid the bonding will interfere with being able to go where they want, when they want.



They don't want to have an interruption in lifestyle; they think breastfeeding will tie them down.



Peer pressure is particularly strong among the younger girls.



They consider breastfeeding to be inconvenient even though it is really more work to sterilize bottles but they don't see that as work.



I heard from one women that her friends just wanted to get their shape back and to go party, and not be tied down.



One staff member suggested that WIC peer counselors should work closely with local schools who have classes for pregnant and parenting teens. The counselor could present breastfeeding education and encourage the development of a lactation area for young mothers who attend school. This opportunity may also counter some of the peer pressure young women experience if they select to breastfeed.

Influence of mothers or husbands/partners.

Findings on the influence of mothers and husbands/partners support the findings from the focus groups and one-on-one interviews. The younger a women is the more likely she is to be influenced by her mother, particularly if the mother is going to assist in the care of the infant. Often mothers who will be helping care for the baby suggest to the daughter that a formula fed baby will be less fussy and easier for her to care for.

Many of the girls' mothers who are the baby's grandmother are young (in their 30's) and they will be caring for the baby. They tell their daughters—I am not going to take care of a crying baby—a breastfed baby is not going to want to take a bottle from me.



When asked their thoughts on the attitudes of African American men about breastfeeding most staff members commented that they have minimal interaction with men. Furthermore, most of the clients in the target population are single mothers whose children do not have an actively involved father. Staff members did comment on the effectiveness of the brochure *Especially for Dads*. Another consideration mentioned by staff is that of the three largest populations WIC serves, (Hispanic, Caucasian, and African American) African American men are less likely to have had a family member breastfeed. Therefore, in many cases, they are unfamiliar with it.

Conversations with both staff and clients indicate that education targeted to family members and fathers is often helpful to gain their support for breastfeeding. Staff suggested that education targeted to men should emphasize the improved health and intelligence of breastfed babies and the cost savings of breastfeeding.

Some suggested initiating a greater push to get dads to classes or to sessions with peer counselors. One suggestion was to offer a prize to the father who attends a series of educational efforts. Staff recommended a car seat or something for the baby as appropriate prizes.

Some men just need to be educated. They want to be able to participate in being able to feed the baby. They don't understand the advantages and options offered by breastfeeding.



A couple of staff members said that the women typically want to please the father and in some cases this means not breastfeeding. They suggested that fathers who are educated on the benefits of breastfeeding are more likely to encourage it. They can play an important role in getting women to try breastfeeding.

Staff members' comments on their perceptions on the attitude of African American women toward breastfeeding.

Staff members almost universally responded that African American women have the attitude that breastfeeding hurts. Staff said that many of their clients experienced firsthand pain associated with breastfeeding while others are responding to anecdotal information. Regardless, this is a major concern and roadblock to breastfeeding among African American women. Two breastfeeding counselors who are African American felt that for some women pain was an excuse.

The main reason I hear from African American women that they don't want to breastfeed is that it is painful. A lot of times they may be speaking from a couple of day's experience. Sometimes the nurses at the hospital give the baby a bottle before the baby breastfeeds. This affects the way a baby sucks and can make it more painful for the mother.



A lot of women in their twenties have had a bad experience with pain.



Several staff members did describe a greater resistance among their African American clientele to the suggestion of breastfeeding. In several interviews staff described how African American women are more likely to be adamant about their decision to exclusively use formula. In most cases, the staff said the negative attitude about breastfeeding indicates a lack of education. Once women were educated on the benefits of breastfeeding, they were generally more open to the possibility. A few staff members felt that with a notable portion of African American women the encouragement to breastfeed fell on deaf ears. The reluctance to consider breastfeeding by some women is also supported by the percentage (44%) of the women who formula feed who responded in the one-on-one interviews that they would never consider breastfeeding. (Women who formula fed comprise 42% of the entire study population.)

Sometimes it is hard to get information from clients about their feelings on breastfeeding. In some cases they have very strong feelings about it. They get defensive or insulted by the suggestion. Not necessarily the majority, but it is notable.



Some women are very negative about breastfeeding. They turn a deaf ear on it. It is hard to break that barrier. They've heard it hurts.



Comments staff said they frequently hear from African American women who are resistant include:

I just don't want to do it.



I don't want a baby hanging on me.



I can't do it in public.



When staff members were asked what the most common questions African American women have about breastfeeding several said that many African American women don't ask questions about breastfeeding.

They don't usually ask too many questions. Many of them already have their minds made up.



Others listed the following as common questions:

Can I breastfeed and bottlefeed?

How long do I have to breastfeed?

Will it hurt?

Staff's Perception of Cultural Appropriateness of WIC Materials

The large majority of staff interviewed said they thought WIC's breastfeeding education materials are culturally sensitive and adequate for the needs of African American women.

Many commented on the effectiveness of the Anita Baker video. Although a few said the video was seven years old and needed updating.

Most staff said they prefer materials that show a diverse clientele. For the most part they felt the WIC materials met this criteria. They emphasized the importance of showing African American talking about their breastfeeding experiences.

One suggestion for an improvement in materials is to feature a single mother household or to show a woman who lives at home with her mother. These lifestyles are reflective of a majority of the target population.

Fear of not getting formula

A couple of staff members mentioned that women are fearful that committing to breastfeeding means they won't get formula and they want to know that option remains available.

In conclusion, staff members believe that the best way to encourage African American women is through peer counselors. The current staff limitations of time and resources must be considered as strategies are developed to increase breastfeeding rates among African American women.

Staff members highly recommend expanding the peer counseling program so peer counselors can establish a relationship with women and follow her through her pregnancy. In some areas, peer counselors already help women bedside in the hospital during the critical postpartum hours. This critical approach increases the success of breastfeeding efforts within the African American population. Educational efforts to reach mothers and partners is also an important strategy to help change cultural attitudes surrounding breastfeeding. As with the interviews and focus groups, staff said that pain is a major roadblock to breastfeeding success among African Americans. Education to help women understand how to alleviate pain and what to expect physically when they breastfeed remains a critical element to the success of a breastfeeding initiative targeted to African Americans.

RESEARCH FINDINGS ON INFANT FEEDING PREFERENCES OF AFRICAN AMERICAN WOMEN



THE TEXAS DEPARTMENT OF HEALTH
BUREAU OF CLINICAL AND NUTRITION SERVICES
SPECIAL SUPPLEMENTAL NUTRITION PROGRAM
FOR WOMEN, INFANTS AND CHILDREN (WIC)

THE TEXAS BREASTFEEDING INITIATIVE

RECOMMENDATIONS



**The Texas Department of Health
Bureau of Clinical and Nutrition Services
Special Supplemental Nutrition Program
for Women, Infants, and Children (WIC)
The Texas Breastfeeding Initiative**

**Research Findings on Infant Feeding Preferences
of African American Women**

RECOMMENDATIONS

- **Recognize** that some of the best channels for African American women are self-motivated and institutionally supported peer counselors. One-on-one counseling in which women received in-depth education only about breastfeeding often motivated women to breastfeed. All African American women regardless of stated infant feeding preference should receive a one-on-one educational consultation from a peer counselor. Findings suggest that women who say they are going to formula feed receive limited education on breastfeeding.
- **Enhance in-hospital and postpartum peer counseling programs.** Some participants suggested that there was little practical on-site care. Others suggested that nurses seemed to have little time for them, were rough, or provided little privacy. Others suggested that their peer-counselors were key to their success.
- **Include answers to family and childcare issues in WIC literature.** The literature can more directly address the infant feeding concerns of African American women, including extended family care, economic advantages, breastfeeding in public, and breastfeeding tips and support mechanisms for mothers in school or working.
- **Emphasize that breastfeeding increases a child's IQ and results in enhanced lifetime health.** When participants were asked what their greatest hope for their child is the majority said, to get a good education and be healthy. Findings from a follow-up question suggest that a significant number do not correlate the benefits of breastfeeding with the achievement of this goal.
- **Develop materials specifically designed for African American grandmothers, mothers and partners.** Maternal parents may respond to the interchangeability of breastfeeding with formula feeding, and the practical issues of using and storing expressed breast milk. Financial and physical benefits may influence family and partners who are not aware of the benefits of breastfeeding.

- **Recognize that breastfeeding is not necessarily a cultural norm or a known skill in the African American community.** Breastfeeding is completely new or not necessarily a cultural norm to some African American mothers. Some women have never seen another African American woman breastfeeding. This should be a consideration when educating this population, by emphasizing practice and peer experiences with breastfeeding mothers.
- **Introduce flexible combinations of breast and formula feeding.** Findings show that with few exceptions, formula was used at some point by all of the breastfeeding participants. However, some formula feeding mothers expressed uncertainty about the safety of mixing breast milk with formula milk and needed more information.
- **Provide equal comparisons and provide illustrated charts,** which openly but simply compare the benefits and challenges of both breastfeeding and formula feeding. Some African American women felt that they were being pushed towards breastfeeding without consideration for their own infant feeding challenges. This target population has stressed that their infant feeding choices are very personal. Decisions do however reflect the attitudes of WIC, family, partners, health-care providers, friends, and co-workers. Some women felt that they were not given balanced comparisons by these channels in order to make their own decisions.
- **Emphasize the benefits for the child to partners,** by associating famous role models with their breastfeeding histories. For example, basketball player Michael Jordan was breastfed for more than a year, and basketball player Sheryl Swopes breastfed her infant on the sidelines during live WNBA games. Responses to the breastfeeding video, featuring Anita Baker, for example, were very positive.
- **Use normalized images of African Americans of breastfeeding,** which show that breastfeeding is convenient, can be done easily and discreetly, and can include the whole family, different age groups, different settings, and by women of varied socioeconomic appearance. Caution should be taken to avoid using images of breastfeeding in public, which might contradict the cultural norms of this population.
- **Emphasize the personal health benefits for the mother.** A number of participants who chose formula feeding stated that they would have considered breastfeeding had they known some of the benefits mentioned by breastfeeding mothers. These benefits includes such experiences as not having to get up at night, reduced weight loss, loss of postpartum stomach “pouch,” or earlier shrinking of uterus size. Knowing these benefits would have influenced their decision-making in favor of some breastfeeding.

- **Give practical advice.** Many breastfeeding mothers are not aware of the obstacles to breastfeeding.
- **Modify the times and duration suggested for breastfeeding.** Emphasize that some breastfeeding is better than no breastfeeding, and suggest that even several days of breastfeeding are beneficial. Suggesting specific lengths of time can seem overwhelming, particularly for working mothers. Some women were also put off by the suggestion that they had to follow a special diet if they selected breastfeeding.
- **Offer electric pumps.** Some hospitals and WIC offices offer complimentary manual pumps to breastfeeding moms. Several participants described experiences with both pumps. The manual pumps caused more frustration. Instead offer electric pumps or discounts on electric pumps to breastfeeding moms, or to moms who breastfeed longer than one month.
- **Offer incremental incentives.** Give special acknowledgment to moms who breastfeed. This can be in the form of a card, incremental certificate, and/or bonus coupon toward a discounted service, such as family photography packages at local businesses.
- **Adopt a different tone.** Adopt a tone that considers the challenges of breastfeeding for working mothers, mothers going to school and mothers with children. Offer breastfeeding as a beneficial option that offers flexibility as well as personal benefits.
- **Create a strategy specifically targeted to prenatal mothers with special attention to first-time mothers.** Women are more likely to breastfeed if they receive in-depth education about breastfeeding during the prenatal months. New mothers need special attention and encouragement. If a woman has a successful first-time experience breastfeeding, she is more apt to breastfeed with subsequent children. Efforts to expand prenatal services would most likely result in higher breastfeeding rates. Participants expressed small, professionally led discussion groups with prenatal women and postnatal women who breastfeed would help to normalize breastfeeding among African American women.
- **Create partnerships with other institutions that offer services to childbearing women such as hospitals and school programs for pregnant and parenting teens.** A WIC liaison could offer education for hospital staff to discourage the use of formula and to encourage cultural sensitivity in educating women about breastfeeding. Schools offer the opportunity to reach teens with breastfeeding educational efforts.

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APPENDICES



Focus Group Guide

WIC Infant Feeding Survey

Staff Questionnaire

FOCUS GROUP QUESTIONS INFANT FEEDING STUDY FOR WIC

Moderator tells what a focus group is and gives ground rules. Mention tape recorder. Explain why we are taping.

1. Please tell us your name, how long you have been coming to WIC, and something funny your baby did this week. For pregnant women, ask them to share something interesting about their pregnancy.
2. First, I would like you to look at a photograph and tell me your thoughts. What do you think when you look at this photograph? (Show photo #1)
3. Now, please tell me what thoughts come to mind when you look at this photograph? (Show photo #2)
4. In general, what are some of the challenges you have had breastfeeding or formula feeding your baby?
5. In general, what do you think are the benefits of formula feeding?
6. What do you think are the challenges of formula feeding?
7. In general, what do you think are the benefits of breastfeeding?
8. What do you think are the challenges of breastfeeding? (If they mention that they have tried, but were unsuccessful, ask if they sought help. From whom?)
9. What did you learn at WIC that helped you decide how to feed—breastfeed or bottle feed—your baby?

10. Now I am going to read down a list of people and I would like to hear your opinions about how influential you think these people are in helping women decide how to feed their baby. (Probe for personal experiences.)

- Mothers
- WIC
- Husbands/Partners

What do you hear men say about breastfeeding. We've heard...

They want women to breastfeed because it is best for the baby.

They want women to bottle feed so they can participate.

They think breastfeeding is "nasty."

They don't want their partner to do it in public.

11. Data shows not as many African American women breastfeed as other ethnic groups. Why do you think this is the case?

12. What do you think could be done to change this?

13. If you could give WIC one piece of advice about how they could better meet your needs as they relate either to breastfeeding or bottle feeding, what would you say?

WIC INFANT FEEDING SURVEY AFRICAN AMERICAN WOMEN

SCRIPT: My name is _____ I work for an outside company and I am doing a survey for the Texas Department of Health about ways to feed your baby and WIC. Everything you say to me is confidential. I will not even record your name. What you say to me will not affect the care you receive at this clinic. There are no right or wrong answers. Are you willing to participate?

Key: B = Both BF = Breastfeeding FF = Formula Feeding

1. First identify the interviewee as:

_____ Currently pregnant with first child. Is planning to:
A) breastfeed B) formula feed C) both.

_____ Currently pregnant and has other children.
A) Has breastfed in the past and is planning to breastfeed this baby. B) Breastfed in the past is planning to formula feed C) Will breastfeed and formula feed D) Formula fed in the past will formula feed this baby. E) Formula fed but will breastfeed in the future. E) Started BF rapid switch to FF

_____ Not pregnant, has children.
A) Is currently breastfeeding B) Breastfed in the past and then began formula-feeding C) Formula fed only D) Started BF- rapid switch to FF

2. First, I would like for you to look at a photograph and tell me your thoughts. What do you think when you look at this photograph? (show photo #1)

3. Now, please tell me what thoughts come to mind when you look at this photograph? (show photo #2)

BF 4. Describe to me why you decided to breastfeed?

FF 5. Describe to me why you decided to formula feed?

B 6. What did you learn at WIC that helped you decide how to feed your baby?

BF 7. Are there any materials or information that you received at WIC about breastfeeding that were especially helpful? Check all that apply. If so, please describe?

- brochures
- videos
- booklets
- posters
- counseling
- classroom education
- other

B 8. Of the following, who helped you to decide to breastfeed/formula feed your baby? Please check all of the following who helped you. *(If the interviewee breastfed and formula fed gather information on breastfeeding)*

- Mother
- Friends
- Sister
- Husband/partner
- Doctor
- Nurse
- Information from WIC
- Other, please explain:

Tell me about those conversations - what did they say that helped you decide?

B 9. Based on your answers to the previous question. Who was the most influential in helping you decide to breastfeed/formula feed.

Probe - Why? What did they say?

B 10. Do you think the amount of money someone has affects how they decide to feed their baby? Why?

B 11. How do most of the women in your family feed their baby's?
(probe-who)

B 12. Do you know anyone in your family who breastfed?

B 13. How were you fed as a baby? Formula /Breast/Both /Not Sure

FF 14. Was there anyone who influenced you to chose formula feeding over
breastfeeding? Who:

- Mother
- Friends
- Sister
- Husband/partner
- Doctor
- Nurse
- Information from WIC
- Other, please explain
- self

FF 15. Are you comfortable telling me what they said?

B 16. What is your greatest hope for your child?

B 17. Do you think that if you breastfeed or formula feed affect this? Why or Why not?

B 18. Data shows not as many African American women breastfeed as other ethnic groups. Why do you think this is the case?

B 19. What do you think could be done to change this?

B 20. How would you advise a new mother to feed her baby? Why?

FF 21. Would you ever consider breastfeeding?

If so, please tell the reasons why you would consider breastfeeding?

If not, why not?

Now I am going to read you a few statements. Tell me if you agree or disagree with, or are unsure about, the statements.

22. Breastfeeding makes your breasts get out of shape. Agree/Disagree/Unsure

23. Breastfeeding is better for your baby's health. Agree /Disagree/Unsure

24. Breastfeeding hurts. Agree/Disagree/Unsure

25. Women who breastfeed have to expose themselves in public and that can be embarrassing. Agree/Disagree/Unsure

26. Breastfeeding is unsanitary. Agree/Disagree/Unsure

27. Breastfeeding interferes with a person's love life. Agree/Disagree/Unsure

28. Most men prefer for their wife or girlfriend to formula feed.
Agree /Disagree/Unsure

29. Breastfeeding is from the past, people don't have to do it anymore.
Agree /Disagree/Unsure

- B 30. Based on your experience at WIC, if you could give WIC one piece of advice about how they could better educate you about breastfeeding, what would it be?
- B 31. Do you think the fact that WIC provides free formula affects the way people decide to feed their baby? (probe - why?)
- B 32. Were you aware that women who breastfeed their babies receive additional food from WIC?
- B 34. What was the most important information that you learned about breastfeeding from WIC?

Location _____

Age

_____ 19 or under

_____ 20-25

_____ 26-30

_____ over 30

STAFF QUESTIONS FOR AFRICAN AMERICAN BREASTFEEDING INITIATIVE

- What percentage of your clients are African American?
- Breastfeeding rates among African American women are low as compared to other groups. Why do you think this is the case? What could WIC do about it?
- From your experience, what is the attitude of African American women regarding breastfeeding?
- Are there certain reactions to the suggestion of breastfeeding that you commonly hear from African American women?
- What are the most common questions African American women ask about breastfeeding?
- In your opinion, are the materials you have to educate women about breastfeeding adequate for African American women? (Explain) Suggested changes?
- What influence do you think mothers have on their daughter's infant feeding decision?
- What influence do you think fathers/partners have on infant feeding decisions?