

A Critical Inquiry of Breastfeeding Attitudes, Barriers and Experiences among African American Women (Extended Abstract)

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Background and Purpose: While the benefits of breastfeeding for mothers and infants are well established in the literature, pervasive racial disparities in breastfeeding initiation and duration exist. In 2008, only 58.9% of African American mothers initiated breastfeeding as compared to 75.2% of White, Non-Hispanic mothers (Allen et al., 2013). This disparity is particularly worrisome when factoring in socioeconomic status. Among African American women living at or below 185% of the Federal Poverty Level, breastfeeding initiation was only 37% (McDowell, Wang, & Kennedy-Stephenson, 2008). Increasing breastfeeding rates has been identified as a central goal of Healthy People 2020, and the Surgeon General has issued a Call to Action in order to address this critical public health issue (U.S. Department of Health and Human Services, 2011). Populations with low breastfeeding rates constitute a critical segment for which targeted research is warranted.

Breastfeeding is associated with a number of benefits for infants. Through breastfeeding an infant receives a complex combination of nutrients and antibodies that have long term impacts on a child's neurological and immunological health (American Academy of Pediatrics, 2012). Infants who are breastfed also have healthier eating habits in early childhood (American Academy of Pediatrics, 2014). Breastfeeding is associated with positive maternal mental and physical health outcomes as well. (Asiodu, 2011; Borra, Iacovou, & Sevilla, 2014; Ma, 2012; Mattox, 2012). Finally, breastfeeding is associated with a reduced risk of infant mortality (Bartick & Reinhold, 2010; Hauck, Thompson, Tanabe, Moon, & Vennemann, 2011). Breastfeeding as a protective mechanism is particularly important in poor African American communities as this population is disproportionately at risk for ill health and infant mortality. Thus it is important to understand the barriers that African American women face related to breastfeeding.

In order to address the stark disparities related to breastfeeding among African American women, a small exploratory study was conducted to investigate women's perceptions and experiences of breastfeeding. In this study we examined the knowledge, attitudes, beliefs, and experiences related to breastfeeding among a small subsample of low-income, African American women. We also examined the degree to which these women identify with the barriers presented in the Women, Infants, and Children-Infant Feeding Practices Scale (WIC-IFPS). Lastly, we investigate their breastfeeding experiences in the postnatal period, as well as their connection to existing breastfeeding support services.

Because of the importance of the aforementioned benefits, breastfeeding is a critical social and behavioral health issue. Breastfeeding decision-making and behavior have been studied extensively in fields such as nursing, medicine, public health, and to a lesser

extent, sociology and social work. Unfortunately, the vast majority of the studies fail to utilize a culturally-grounded and critical lens. Most studies focus on middle class White women, and studies that do include a significant number of African Americans often conflate race and class by collapsing subcategories of women under a broader Women, Infants, and Children (WIC) categorization (Tenfelde, Finnegan, Miller, & Hill, 2012). Given the racialized history of the United States, as well as the historical connection between breastfeeding and slavery, some have argued that race must be at the center of any contemporary research that aims to identify causes of low breastfeeding initiation and duration rates (Asiodu, 2011; Cricco-Lizza, 2007; Lewallen & Street, 2010). Thus this research is rooted in critical feminist theory, acknowledging the impact of intersectionality as it relates to breastfeeding experiences and behaviors (Mattox, 2012). Low-income African American women are situated within a unique cultural milieu, and this design strives to place women's perspectives and experiences at the center of the research.

Methods: Data were collected from a convenience sample of 43 low-income women residing in urban areas of a mid-sized Midwestern city. These women were participating in a prenatal intervention program designed to address the social determinants of infant mortality. This study took a subsample of 34 pregnant and postpartum African American women who were administered separate surveys to critically examine their knowledge, beliefs, and barriers to breastfeeding. Both pregnant and postpartum participants completed the WIC-IFPS, a valid and reliable instrument designed to measure women's knowledge, attitudes, and beliefs about breastfeeding. Frequencies of responses were calculated to determine the extent to which women identified with the beliefs and barriers characterized in the scale. A subsample of 11 African American women in the postpartum period completed a survey that identified their breastfeeding experiences, and explored their connection to breastfeeding support services. All study activities were approved by the Institutional Review Board.

Results: Respondents averaged 24 years old (SD= 4.83 years), 34.2% reported not completing high school, and approximately 85% resided in households with monthly incomes \leq \$800. Overall, participants reported support for, and favorable attitudes towards breastfeeding and acknowledged economic and health benefits. Participants did not, however, overwhelmingly identify with the barriers to breastfeeding presented in the WIC-IFPS. Regarding postnatal breastfeeding experiences, the women reported a number of challenges including getting a proper latch, frequent feedings, and knowing whether or not the baby is getting enough milk. The findings indicate that one of the large challenges present for these women, however, is the gap between the women that have experienced breastfeeding difficulties and their help-seeking behavior. For women in the postpartum period, 54.5% indicated that they have experienced difficulties with breastfeeding, yet only 18.2% had ever sought or received help for questions or concerns about breastfeeding. One hundred percent of the women indicated that a doctor spoke with them about breastfeeding during the prenatal period, however in the hospital, when early intervention is the most critical, 63.6% of the women did not see a lactation counselor.

Conclusions and Implications: Among this small subsample of African American women, the data indicate participants are generally favorable towards breastfeeding. However, relatively few identified with the pre-determined barriers listed on the WIC-IFPS. Examining those barriers using a critical feminist theoretical lens suggests that the instrument may not fully capture the barriers to breastfeeding unique to African American women living in poverty. The data also suggest that despite these women's favorable attitudes toward breastfeeding, they are not able to establish this practice. These findings indicate that African American women may experience unique barriers and hardships with breastfeeding that warrant further investigation. This constitutes a social justice issue, as African American women living in poverty may be experiencing social exclusion with respect to this health behavior.

Regarding postnatal experiences, the gap between reported problems and service delivery represents a critical public health issue and a place with great potential for intervention. Additional research is needed to understand those barriers to receiving support, and creating more effective linkages with relevant breastfeeding resources in the hospitals and in the community. While this study's sample size is small, this particular group of women (African American women living in considerable poverty who breastfeed) can be difficult to locate and engage in research. The information derived from this study offers important insights and suggests directions for further research. Future research should specifically examine barriers unique to African American women living in poverty as this is a critical first step in ensuring women are empowered to achieve their breastfeeding goals, and to ensure that breastfeeding interventions targeting this population are culturally responsive and effective.

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