

WHAT ROLE DO FATHERS' CULTURAL EXPERIENCES PLAY IN THE DECISION TO SUPPORT  
BREASTFEEDING?

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## ABSTRACT

Muswamba Aimé Mwamba: What Role Do Fathers' Cultural Experiences Play in the Decision to Support Breastfeeding?  
(Under the direction of Sandra B. Greene)

Breastfeeding is a global concern and a public health priority. Male breastfeeding support is evidenced to influence breastfeeding behaviors. Fathers play a vital role in determining women's choice to breastfeed. Many studies regarding fathers' breastfeeding influence included participants from a variety of ethnic backgrounds. Only a few studies examined African American men's breastfeeding attitudes. Within the U.S. disparity context, Black African immigrant breastfeeding experiences have not been measured.

This study examined what role fathers' cultural experiences play in the decision to support breastfeeding. The social and cultural breastfeeding experiences of Congolese Immigrants compared to those of African Americans were explored, analyzed, and contrasted. Focus group analysis was performed separately to highlight the breastfeeding support distinctions of two Black groups. African American fatherhood practitioners were interviewed as Key informants to augment the knowledge on how to bring breastfeeding awareness in African American communities. The PEN-3 cultural model provided the framework for the data examination.

In the immigrant study, the visibility of the breastfeeding cultural practice enable the breastfeeding perceptions of Congolese fathers. They identify their Congolese origin as a warrant for breastfeeding decision and practice. Breastfeeding is a natural process that does not require prior deliberations between expectant couples. Breastmilk is valued for its God-given virtues rather than its medical benefits.

In the cultural context of African American, family and friends enable breastfeeding support perceptions. Personal experiences and knowledge of breastfeeding benefits are predictors of breastfeeding decision. However, there is not a cultural, existential framework supporting breastfeeding. African American fatherhood practitioners help frame the lack of those existential attributes within their communities such as the breakdown of the urban family unit or the lack of breastfeeding nurturers.

The findings and recommendations of this study guided the development of a dynamic African American men breastfeeding support toolkit designed to be utilized on existing public health structures. Reaching Our Brothers Everywhere Inc. through the New Orleans Barbershop Initiative Program piloted the kit to educate, equip, and empower African American fathers for breastfeeding support in their neighborhood barbershops. This report also estimates an online toolkit development and its marketing to reach Black fathers everywhere.

To my wife Ndaya, for the unconditional support.  
To my breastfed children Mbuyi, Nsanza, Muleba, Thsinsuya, and Nsesa, for the sustained  
motivation.  
To my extended family and my community for their inspirations.

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I grew up in exceptional circumstances that offered me opportunities to grow and strive. People that surrounded me saw in me the gift of learning, that I often took for granted. And they reminded me that I possess potential to reach higher altitudes and made sure that I never settle for mediocrity.

My father, the late Dr. Tshinsuya Mwamba has gone to be with our Lord since 1992. His influence continues to reverberate in my soul and spirit. Academic achievement was his prized measuring stick for success as it boosts personal self-esteem, the foundation of all elevations. From his shoulders, I envision how I would affect my family, my community, and my country, one person at the time. He promoted courage, consistency, and integrity as the qualities on which many other attributes are built, such as respect, dignity, and trust.

To build my personal and professional life, I trusted formal and informal teachers. They came from all walks of life with a message to add my life lessons. I will not be able to name most of them on this short page. If I had to pick one name, however, it is the one of the all competitive Dr. Ndaya Muleba-Mwamba. For over 20 years, she brought me on a daily basis, the gifts of partnership, parenting, and an unquestionable faith. This project was a dedication of the shared joy in the process of accomplishing. To my children and all the future learners, you continue to challenge my set knowledge with your inquisitive spirits, forcing me to keep learning while growing in humility.

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## LIST OF ABBREVIATIONS

CDC	Centers for Disease Control and Prevention
IRB	Institutional Review Board
MLK	Martin Luther King
WIC	Women, Infants, and Children

## CHAPTER I: INTRODUCTION

### 1. Background

Breastfeeding is a global concern and a public health priority [1]. The U.S. Department of Health and Human Services through the Office of the Surgeon General issued a call in the Blueprint for Action on Breastfeeding for research “that identifies the social, cultural, economic, and psychological factors that influence infant feeding behaviors, especially among African American and other minority and ethnic groups [2]. The 2011 Surgeon General’s Call to Action to Support Breastfeeding decreed breastfeeding as a fundamental public health issue and galvanized national attention on breastfeeding and breastfeeding support. Informal sources of support, particularly the male partner, have been demonstrated to have a more significant influence on breastfeeding behaviors than formal support from health care providers [3].

Breastfeeding education for men has been documented for the last 30 years. In their review of the literature addressing fathers and breastfeeding, Bar-Yam and Darby (1997) [4] found a strong association between fathers’ positive attitudes toward breastfeeding and mothers’ intentions to breastfeed. Fathers play a central role in influencing a woman’s choice to breastfeed. Several studies have examined the impact of fathers’ attitudes and encouragement toward breastfeeding on mothers’ decision to breastfeed their infants [5-7]. One study found that beyond mothers’ demographic characteristics and biomedical factors, fathers’ preference

for breastfeeding had the greatest impact on mothers' choice to breastfeed [8]. Similarly, negative attitudes toward breastfeeding and lack of support from fathers have been associated with the decision to formula feed infants. Besides, such studies generally focused on men's knowledge of the nutritional value of breastfeeding rather than their awareness of the social and cultural barriers experienced by some breastfeeding mothers [8].

Many studies regarding fathers' influence and attitudes towards breastfeeding have included predominantly white male participants or male participants from a variety of racial or ethnic backgrounds. However, few studies have been conducted that specifically examine African American men's influence and attitudes regarding breastfeeding. So far, no studies have been focused on African immigrant breastfeeding experiences within the U.S. minority and disparity context.

## 2. Significance

The literature about black immigrants concerning breastfeeding is virtually nonexistent. This research interest comes in response to this void in the literature. As a black immigrant, the researcher felt the need to lift his voice to address the lack of studies of black immigrants in the US. Understanding black immigrants in the context of minority groups, therefore, merit a qualitative approach. Qualitative research is useful because the variables to examine are not known in advance since the subject of black immigrants has not been addressed yet in the breastfeeding literature. Black African immigrants are often indistinguishably included in African American minority category. It is therefore imperative to study the extent of how black

immigrant families experience breastfeeding in the U.S. within the context of the African American minority group.

### **2.1. Meaning of Health Disparity**

Health disparity literature is somewhat weaker in providing concrete, actionable steps that may be taken to remedy these disparities. The first attempt at an official definition for "health disparities" was developed in September 1999, in response to a White House initiative. The National Institutes of Health, charged with developing a strategic plan for reducing health disparities, developed the first definition of health disparities: *"Health disparities are differences in the incidence, prevalence, mortality, and burden of diseases and other adverse health conditions that exist among specific population groups in the United States"* [9]. This definition does not evoke the societal roots of disparities such as segregation, racism, or nativism that cause emotional and physical stress to the body.

The Healthy People 2020 defines health disparities as the persistent, avoidable and, therefore, unfair health differences between socially advantaged and socially disadvantaged groups [10]. Health disparities stem from health inequity. Health inequity results when there is social inequity which emanates from cultural and ideological belief systems that advantage certain groups over others. Differences in social equity are responsible for differences in the distribution of resources within society. Socially disadvantaged groups rank lower in any social structure. As such, they are systematically restricted from full participation in society and full enjoyment of its benefits. Thus, they experience unfavorable social, economic, political, environmental, and cultural conditions that can endanger their health and well-being.

Although much is yet to be learned about the specific pathways by which the social environment creates disease, much progress can be made toward eliminating disparities by acting on current knowledge [11]. The importance of breastfeeding to child survival and development is unquestionable. Breastfeeding levels the playing field so that every infant can get the best start in life. Breast milk is free, and interventions can reach communities with limited access to health systems and infrastructure, thus narrowing the gap in health disparities. A male breastfeeding support intervention is one of the identified health-enhancing resources that may reduce some of the adverse effects of psychosocial factors in African American communities.

## **2.2. Being Black in the USA**

Racial disparities in health in the United States are substantial. As noted by Williams and Jackson [11], "*race is a marker for differential exposure to multiple disease-producing social factors. Thus, racial disparities in health should be understood not only regarding individual characteristics but also in light of patterned racial inequalities and exposure to societal risks and resources.*"

African Americans or Black descendants of slaves are one of the groups of minorities in the U.S. The peculiarity of African Americans has nothing to do with their origin or their physical characteristics that typically identify Blacks because Blacks from other nations have the same identifying traits. The fact that African Americans are called African is an indication of the limited explanation of this group's history [12]. The nationalities of Black American ancestors are a mystery for the vast majority of the group. There would be no Congolese Americans or Nigerian

Americans, just Africans because the tribes and nations were intermixed preventing cohesion through language and national identity.

Following the emancipation proclamation, a new form of slavery became social law, the one-drop rule. The one-drop rule is a social and legal principle of racial classification that was historically prominent in the U.S. It derived from the social idea that any person of mixed slave ancestry constituted a person [12]. This created a unique class of people regardless of their ethnic identity. One is considered "Black" no matter the color of skin. This is a uniquely American creation. Since there was no motherland identity, this community of Blacks without a specific African cultural heritage beyond slavery must depend mostly on each other socially for many years until recently. The X generation may be the first group of Blacks that experienced a more leveled social experience since slavery.

Anti-Blackness is considered the effort of distancing oneself from anything that can be considered Black. Many African communities in the U.S. experience Anti-Blackness. They try to distance or more accurately to distinguish themselves from American-born Blacks. When asked about their ethnicity, Black African immigrants would often respond, "I am not African American, I am African!"

### **2.3. Black African Immigrants in the U.S.**

Black Africans are among the fastest-growing groups of U.S. immigrants, increasing by about 200 percent during the 1980s and 1990s and nearly 100 percent during the 2000s. Rapid growth in the black immigrant population is expected to continue. The Census Bureau projects that by 2060, 16.5% of U.S. blacks will be immigrants [13]. In some metropolitan regions, foreign-born blacks make up a significant share of the overall black population. For example, among the

metropolitan areas with the largest black populations, roughly a third of blacks (34%) living in the Miami metro area are immigrants. In the New York metro area, that share is 28%. Moreover, in the Washington, D.C., area, it is 15% [13].

Black African immigrants generally fare well on integration indicators. Overall, they are well educated, with college completion rates that greatly exceed those for most other immigrant groups and U.S. natives [14]. African immigrants come from a more extensive array of nations. While arriving in the U.S. with some unique health problems, they are generally healthier than African Americans of the same age[14]. Relatively little research has focused on this diverse population. Previous research [15-17] has shown substantial racial/ethnic and socioeconomic disparities in U.S. breastfeeding initiation and duration rates. However, the role of immigrant status in understanding such disparities has not been well studied. There is evidence for significant variation in breastfeeding practices among ethnic subgroups of Hispanic women. For example, breastfeeding rates are significantly higher for Mexican Americans than for Puerto Ricans [16]. However, U.S. national data do not typically report breastfeeding rates for individual subgroups, which can mask sizeable between-group variation.

#### **2.4. Immigrant Health Studies**

A central issue in immigrant health studies is the choice of an appropriate reference group. Some studies have compared immigrants with the majority population, whereas others have compared immigrants to their racial/ ethnic group U.S.-born counterparts [18]. With a heritage from the Democratic Republic of Congo, the researcher has opted to study the cultural role of Congolese Immigrant men 's breastfeeding support experiences within the U.S. context. He proposes to contrast and compare the experiences of Congolese Immigrant fathers to those

of African American fathers. The examination of the similarities and differences in breastfeeding support experiences of African American and black immigrants is not yet addressed in the existing literature. This study would document a better understanding of the role of culture in disparities research within black minority groups and provide valuable insight into tailoring targeted interventions.

One insight would be to use existing public health structures to generate new knowledge and augment the provision of culturally competent models of interventions that would be accessible to all sectors of the Black population in the USA. These data would help to plan and invest in a local African American community as well as in communities of immigrants. This approach would allow recognizing the barriers to breastfeeding interventions in disadvantaged communities and populations. Moreover, secondly, it would allow working with these communities to develop action plans that address those gaps. This would require researchers to address these findings to the need and concerns of these communities 'relevant stakeholders and decision makers.

### **2.5. Father-directed Breastfeeding Intervention**

The Texas Department of Health conducted a Father-to-Father Breastfeeding Support Pilot Program in 2002 [19]. It provided a viable model for increasing breastfeeding rates in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). The pilot concept was based on previous success with a breastfeeding peer counselor program and research documenting the father's attitude as a significant influence on a mother's decision to breastfeed. Data had shown that WIC families that have received both the father-to-father and



the mother-to-mother counseling from their peers had sustained their breastfeeding practice for a longer time [20].

The anticipation of birth and the actual birth of a baby is a period of maximum opportunity to engage with fathers. There is enough empirical research on the role of fathers in breastfeeding choice, but there is not yet a coherent intervention approach. A descriptive study on father's cultural experiences in supporting breastfeeding may lead to the development of measurable tools for public health actions. Studying breastfeeding experiences of Congolese Immigrant and African American fathers should be built upon the shared understanding of what works for diverse minority groups, and therefore help design innovative tools for breastfeeding support in distinctive communities.

### **3. Purpose**

Broad terms such as Black, African, or Black African are entrenched in scientific writings although there is considerable diversity within African descent populations and such terms may be both offensive and inaccurate[21]. To elucidate the U.S. Black-White health disparities, Jen'nan et al. (2005) [22] separated black Americans into the following subgroups: U.S.-born blacks, black immigrants from Africa, black immigrants from the West Indies, and black immigrants from Europe. Their findings suggest that grouping together foreign-born blacks miss essential variations within this population. Rather than being uniform, the black immigrant health advantage varies by region of birth and by health status measure [22].

Understanding the heterogeneity of Black community is an essential step of addressing the reality of health disparity in the U.S. Careful attention to both language and culture are essential

for obtaining accurate representations of infant feeding behavior in diverse Black populations. Understanding how ethnicity and cultural norms in black communities in the U.S. affects health behaviors such as breastfeeding could help design breastfeeding promotion, education, and counseling initiatives that are specific and targeted to the needs of the heterogeneous black communities in the U.S. However, little attention has been paid to the importance of race, ethnicity, and nativity in evaluating breastfeeding behaviors

In comparing breastfeeding behaviors for immigrant versus nonimmigrant participants, Gibson et al. (2006) found that immigrants were significantly more likely to breastfeed than were non-immigrants[23]. Overall, nearly 9 of 10 immigrants' mothers breastfed compared with 1 of 2 nonimmigrant mothers. There is an adverse effect of living in the U.S.: for every year, a foreign-born mother or father resided in the United States, the odds of breastfeeding decreased by 4%. Additionally, there are more substantial differences in breastfeeding rates by immigrant status than by ethnicity. This suggests that immigration status may be a more critical factor in determining breastfeeding than is ethnicity.

Since the current literature lacks research regarding the breastfeeding support experiences of African American men, this study proposes to examine what role fathers' cultural experiences play in the decision to support breastfeeding. Specifically, this study examines the breastfeeding experiences of Congolese Immigrants compared to those of African Americans in the Dallas Metroplex area. The nature of this study is a qualitative approach that would help to explore how breastfeeding is perceived and interpreted in the daily lives of black fathers. This approach is in direct support of the Centers for Disease Control and Prevention continued to call for

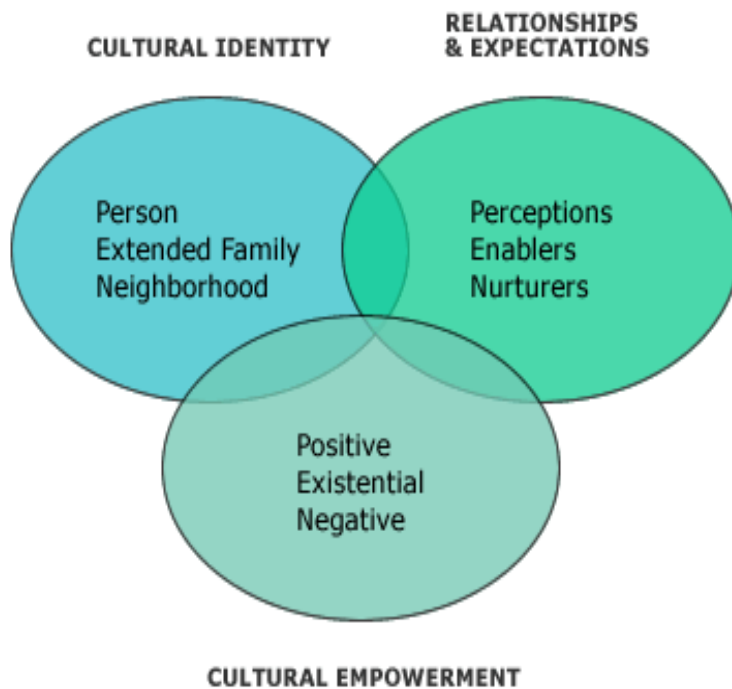
research to establish a "better understanding of the underlying factors contributing to the racial/ethnic differences in breastfeeding" [15].

#### **4. Theoretical framework – the PEN-3 Model**

The PEN-3 cultural model consists of three primary domains: (1) Cultural Identity, (2) Relationships and Expectations, and (3) Cultural Empowerment. Each domain includes three factors that form the acronym PEN; Person, Extended Family, Neighborhood (Cultural Identity domain); Perceptions, Enablers, and Nurturers (Relationship and Expectation domain); Positive, Existential and Negative (Cultural Empowerment domain) [20].

The PEN-3 Model presented here is a synthesis of chapter 3 of the book *"Health and Culture"* by C.O. Airhihenbuwa [24]. The PEN-3 model offers a space within which cultural codes and meanings can be centralized in the development, implementation, and evaluation of health promotion programs. Figure 1.1. shows how the three dimensions of health beliefs and behavior are dynamically interrelated and interdependent (1) Cultural Identity, (2) Relationships and Expectations, (3) Cultural Empowerment.

Figure 1.1. The PEN-3 Model (Airhihenbuwa, 1995)



The first dimension of the PEN-3 model is the Cultural Identity, the three categories of which are Person, Extended Family, and Neighborhood. The second dimension of the PEN-3 are the Relationships and Expectations. Relationships and Expectations have been used by researchers to attempt determination of the factors that influence the individual, and community health actions. The three categories of this second dimension are comprised of perceptions, enablers, and nurturers.

*Perceptions.* Perceptions comprise the knowledge, attitude, values, and beliefs, within a cultural context, that may facilitate or hinder personal, family, and community motivation to change.

*Enablers.* Enablers are cultural, societal, systematic, and structural influences or forces that may enhance or be barriers to change, such as the availability of resources, accessibility, referrals, employers, government officials, skills, and types of services.

*Nurturers.* Another critical element is the degree to which health beliefs, attitudes, and actions are influenced and mediated, or nurtured, by extended family, kin, friends, peers, and the community. The concept of nurturers emphasizes the importance of increasing significantly the number of African American health care professionals who understand and respect African American culture and communities. It is also essential to promote an understanding of cultural beliefs and practices among non-African Americans.

The third and most critical dimension of the PEN-3 model is the cultural empowerment of health behavior. This dimension is pivotal to the development of a culturally sensitive health education program. This final dimension consists of the categories of positive, existential, and negative behaviors.

*Positive behaviors.* These are behaviors that are based on health beliefs and actions that are known to be beneficial and must be encouraged. These behaviors are critical in the empowerment of persons, extended families, and neighborhoods. Affirmation of these behaviors is critical to program success and sustainability, and mainly because they are examples of these cultures' contributions to the global production of knowledge and meaning.

*Existential behaviors.* Existential behaviors comprise those cultural beliefs, practices, and behaviors that are indigenous to a group and have no harmful health consequences, and

thus need not be targeted for change and should not be blamed for program failure merely because they are ill understood.

*Negative Behaviors.* Negative behaviors are based on health beliefs and actions that are known to be harmful to health. Health providers must, therefore, examine and understand them within their cultural, historical, and political contexts before attempting to change them.

In PEN-3, the Es – extended family, enablers, and existential behaviors – are the most potent influences on and for cultural production. The enablers speak to power, politics, and history; the existential speaks to the affirmation of humanity and cultural empowerment; and the extended family speaks to the vitality of sustained positive traditions and influence as well as a significant contribution to the global production of knowledge, meaning, and interpretation. Health educators should focus on both positive (cultural empowerment process) and negative behaviors in a health program. Very often, too much attention is focused on negative behaviors, with few or no rewards offered for positive behaviors. In some instances, educators arrogantly blame the failure to change negative behaviors on the presence of existential behaviors.

## 5. Application of the PEN-3 Model

Employing acculturation as the central concept in the examination of immigrant health outcomes in the United States ignores the socio-historical contexts of migration, the racialization of contemporary immigrants, and the role these factors play in the differential social integration of immigrants [25]. This concept ignores the effect of residence in low-resource communities, low socioeconomic position, and institutional patterns of unequal treatment, all of which

contribute to health disparities. Mostly absent from current formulations of culture in immigrant health research are those that consider the cultures of societal institutions that reproduce inequalities. The use of static definitions of culture in public health research risks homogenizing entire ethnic and immigrant groups and perpetuating racial/ethnic stereotypes [25]. Therefore, the concept, methodology, and language of the research need to determine the question of meanings and relevance for African American and Black immigrants as well. The PEN-3 is appropriate to address both the individual health behavior and the cultural context in which such behavior is expressed and experienced.

The Cultural Identity domain highlights the intervention points of entry. These may occur at the level of persons (e.g., expecting mothers), extended family members (expecting fathers), or neighborhoods (communities). With the Relationships and Expectations domain, perceptions or attitudes about men breastfeeding support, for instance, may be modulated by the societal or structural resources such as breastfeeding myths and beliefs. These societal properties could enable or discourage effective lactation practices, as well as influence family and friends in nurturing breastfeeding decisions and management.

With the Cultural Empowerment domain, health problems are explored first by identifying beliefs and practices that are positive, exploring and highlighting values and beliefs that are existential and have no harmful health consequences, before identifying harmful health practices that serve as barriers. In this way, cultural beliefs and practices that influence health are examined whereby solutions to health problems that are beneficial are encouraged, those that are harmless are acknowledged, before finally tackling practices that are harmful and have negative health consequences.

The PEN-3 cultural model offers an opportunity to promote and respect the notion of multiple truths by examining cultures and behavior and by beginning with and identifying the positives—fathers’ breastfeeding support—before identifying the negative. In this way, men breastfeeding interventions would promote more positive values as they are changing negative ones.

The PEN-3 model was demonstrated to be significant with exploring not only how cultural context shapes health beliefs and practices, but also how family systems play a critical role in enabling or nurturing positive health behaviors and health outcomes[26]. To date, the PEN-3 cultural model has been used to address problems associated with HIV, cancer, hypertension, diabetes, malaria, nutrition, smoking, and other issues requiring an understanding not only of behavior but also of related cultural contexts [26]. This model could provide the framework to respond to the question: “What role do fathers’ cultural experiences play in the decision to support breastfeeding?”

## **6. The significance of the study**

Exploring Black fathers’ cultural role in breastfeeding support using the PEN-3 cultural framework would illuminate how men of different backgrounds experience common cultural themes. Giving voice to the experiences of Black fathers of breastfed infants would provide the basis for proposals for strategies that promote and protect breastfeeding within the African American population as well as the Black immigrant population. Interventions that are tailored to the specific breastfeeding concerns and needs of African American women, their families, and communities could increase breastfeeding rates and extend breastfeeding duration in this



population. Increases in breastfeeding rates and duration in the African American population will directly impact the health of the community; thus, narrowing the health disparity gap for African Americans.

## 7. Research Questions

What role do fathers' cultural experiences play in the decision to support breastfeeding?

**Aim 1:** What are breastfeeding experiences of Congolese Immigrant fathers of breastfed infants?

**Aim 2:** What are breastfeeding experiences of African American fathers of breastfed infants?

**Aim 3:** What unifies and contrasts the breastfeeding experiences of African American and Congolese Immigrant fathers in Dallas County?

**Aim 4.** Plan for change: To develop a Father-directed Breastfeeding Toolkit to be marketed in African American communities.

## 8. Definitions of terms

*"Breastfeeding"* is defined as the feeding of a mother's breast milk to her infant. The feeding could occur by the infant suckling at the mother's breasts or by consuming breast milk that the mother hand-expressed or pumped and provided by the bottle or another delivery system. Infants that received a combination of artificial baby milk, or formula and breastmilk are considered breastfed. Breastmilk could derive from the infant's mother own milk, donor milk, or informal milk sharing.

*"Duration of breastfeeding"* is defined as the length of time that a mother breastfed her infant. Duration begins at the time that a mother first allows the baby to suckle at the breast, or

when the mother begins hand-expressing or pumping and providing milk to her infant. Duration ends with the complete cessation of either suckling at the breast or pumping breast milk for the infant.

In this study, the emphasis is not put on the medical perspective of breastfeeding experiences, instead of the socio-cultural perspective. Fathers of breastfed infants would self-define their own interpretation of breastfeeding success rather than the American Academy of Pediatrics recommendations for breastfeeding duration.

*“African American”* is a self-identified U.S. born person with ancestry from Africa.

*“Congolese Immigrant”* is an individual born and raised in the Democratic Republic of Congo who migrated in the U.S. as a young adult (early twenties).

## CHAPTER II: REVIEW OF THE LITERATURE

### 1. Literature Review methodology

The research question - “What role do fathers ‘cultural experiences play in the decision to support breastfeeding?” – is examined. Four keys words have been entered to review the literature:

1. Breastfeeding
2. Black
3. Immigrant
4. Men

The effect of culture is what is intended to be measured in this study. Culture represents a set or sets of shared behaviors and ideas that are symbolic, systematic, cumulative, and transmitted from generation to generation[24]. Culture comprises a vast structure of language, customs, knowledge, ideas, and values that provides people with a general design for living and patterns for interpreting reality. It was anticipated that the word culture, because of its broader and complex scope, could generate an exhaustive list of articles that might not be pertinent for our research questions. Hence the word culture was not entered in the systematic review of the literature.

#### **1.1. Source**

Seven electronic research databases were selected for their potential characteristics of including the role of men in breastfeeding (Table 1). From the selected list of articles generated

from these databases, bibliographies were explored to access supplemental relevant documents about men and breastfeeding. To ensure that the maximum literature on the research question was captured, representative journals such as "The Journal of Human Lactation," "Breastfeeding Medicine," and the "International Breastfeeding Journal" were also searched. The following table lists the electronic databases searched:

**Table 2.1. Databases**

1.	Pubmed
2.	ISI Web of Science
3.	Scopus
4.	Women's Studies International
5.	CINAHL (excluding Medline records)
6.	Gender Watch
7.	Families and Society Studies Worldwide

### **1.2. Key Words**

Four keywords and their related peers were combined in such a way to maximize the candidates' articles for the research question. Words such as "nursed or nursing" were not included in the research terms as they had the potential to pull data from the nursing and medical profession. Such clinical information would not be directly beneficial to the understanding of the social and cultural impact of Black African immigrants. In the same manner, the words such as "male or males" were avoided as they had the likelihood to bring up studies on animals.

The combined terms were first entered on the Pubmed database, and the number of articles generated was recorded. The operation was repeated six more times by copying and pasting the same combined terms in the pre-selected databases. The numbers of published articles produced were then tabulated to summarize the search.

### 1.3. Search Strategy

#### Phase 1

The first phase of the search strategy was intentionally broad. The combination terms for Breastfeeding and Men have included as well a broad designation of term Black. The immigrant terms were not inserted in this first phase. Table 2 shows how the key terms were organized. Their combinations were entered in the seven selected databases.

**Table 2.2. Key terms organization**

Main Key Word	Combinations of words to capture maximum articles
Breastfeeding	(breastfeeding OR breast feeding OR breastfeed OR breast feed OR breastfed OR breast fed OR lactate OR lactates OR lactation OR lactating)
AND	
Black	(African American OR African Americans OR black OR blacks)
AND	
Immigrant	
AND	
Men	(men OR man OR father OR fathers OR dad OR dads)

#### Phase 2

In the second phase of the research strategy, the keywords for immigrant were considered. The combination terms for the term black were defined more precisely. The African-American term, which is politically correct in the US, was removed and replaced by a group of countries where black people usually live. The following table summarizes the combination words for the second phase.

**Table 2.3. Keywords for immigrant**

Main Key Word	Combinations of words to capture maximum articles
Breastfeeding	(breastfeeding OR breast feeding OR breastfeed OR breast feed OR breastfed OR breast fed OR lactate OR lactates OR lactation OR lactating)
AND	
Black	(Africa OR Caribbean OR South America OR Latin America OR Central America OR Angola OR Antigua OR Barbuda OR Argentina OR Barbados OR Benin OR Botswana OR Brazil OR Burkina Faso OR Burkina Fasso OR Upper Volta OR Burundi OR Urundi OR Cameroon OR Cameroons OR Cameron OR Camerons OR Cape Verde OR Central African Republic OR Chad OR Chile OR Congo OR Zaire OR Cote d'Ivoire OR Ivory Coast OR Cuba OR Djibouti OR French Somaliland OR Eritrea OR Ethiopia OR Gabon OR Gabonese Republic OR Gambia OR Ghana OR Grenada OR Guinea OR Guiana OR Guyana OR Haiti OR Jamaica OR Kenya OR Lesotho OR Basutoland OR Liberia OR Madagascar OR Malagasy Republic OR Malawi OR Nyasaland OR Mali OR Mozambique OR Namibia OR Nepal OR Niger OR Nigeria OR Rwanda OR Ruanda OR Senegal OR Sierra Leone OR Sudan OR Tanzania OR Togo OR Togolese Republic OR Trinidad OR Tobago OR Uganda OR Zambia OR Zimbabwe OR Rhodesia OR Western Sahara OR South Africa OR black OR blacks)
AND	
Immigrant	(immigrant OR immigrants)
AND	
Men	(men OR man OR father OR fathers OR dad OR dads)

**1.4. Inclusion and Exclusion Criteria**

Anticipating the dearth of studies on Black immigrants in the field of breastfeeding, no restrictions on time window, geographic locations, and study designs were suggested. The strategy was to maximize the accessibility of existing documentation about the research question.

**1.5. Preliminary Results**

The phase 1 strategy generated a total of 179 items using the seven selected databases, whereas phase 2 generated only eight items. When reviewing the list for duplicates, the eight

items from phase 1 all disappeared informing us that those items were already included in phase 1. After eliminating duplicated papers, the total count went from 187 to 120. When reviewing the title, the number counted 47 documents left. The following table compares the count of articles generated from the two research strategies.

**Table 2.4. Preliminary Results**

	<b>Databases</b>	<b>Phase 1</b>	<b>Phase 2</b>
	Pubmed	73	7
	ISI Web of Science	49	1
	Scopus	4	0
	Women International	8	0
	CINAHL (exclude Medline records	6	0
	Gender Watch	13	0
	Families plus society Studies Worldwide	20	0
<b>Total</b>		<b>179</b>	<b>8</b>

### **1.6. Literature Theme Map**

From the 187 articles generated from seven selected databases, 23 articles were reviewed in detail. Figure 1 shows how the elimination process used which resulted in a reduction from 187 articles to 23. Since there have been only a few studies examining African American men influence on breastfeeding and no study has yet explored Black African Immigrants and their role in breastfeeding, the literature was organized in 4 areas:

1. Men's role in breastfeeding
2. African American/ black women breastfeeding studies
3. "Black" Men breastfeeding studies
4. Breastfeeding and immigrant status studies.

Figure 2 gathers the different themes covered in the four areas of literature to inform the need to further study African American men as well as black African immigrants and their role in breastfeeding.

**Figure 2.1. The review process of articles**

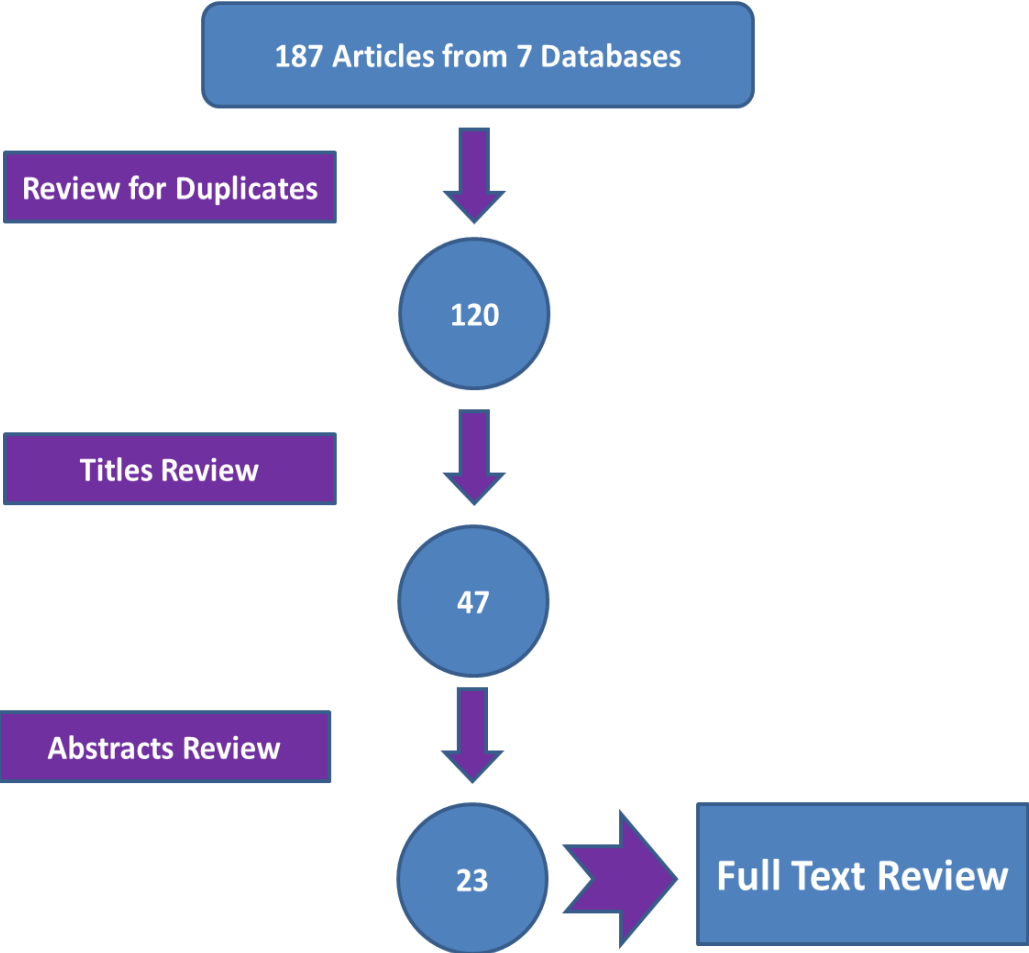
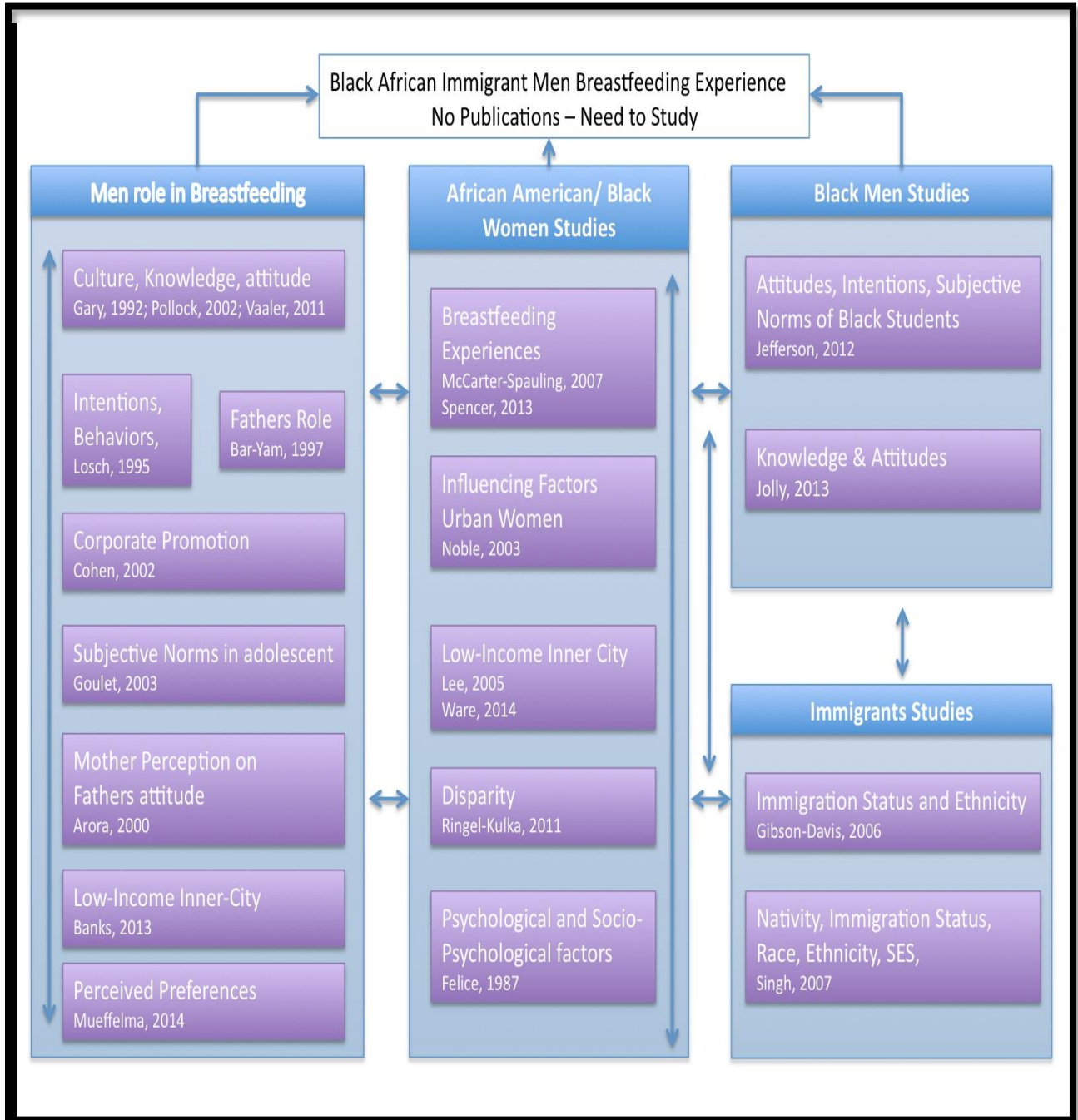




Figure 2.2. Literature Theme Map



## 2. Men and Breastfeeding

In their review of the literature addressing fathers and breastfeeding, Bar-Yam and Darby (1997)[4] found a strong association between fathers' positive attitudes toward breastfeeding and mothers' intentions to breastfeed. Fathers played a central role in influencing a woman's choice to breastfeed. Several studies have examined the impact of fathers' attitudes and encouragement toward breastfeeding on mothers' decision to breastfeed their infants [27]. One study found that beyond mothers' demographic characteristics and biomedical factors, fathers' preference for breastfeeding had the greatest impact on mothers' choice to breastfeed [8]. Similarly, negative attitudes toward breastfeeding and lack of support from fathers have been associated with the decision to formula feed infants. Also, such studies generally focused on men's knowledge of the nutritional value of breastfeeding rather than their awareness of the social and employment-related barriers experienced by some breastfeeding mothers [8].

Other researchers have reported that men had a strong desire for their infants to be breastfed and wanted to be included in the breastfeeding decision [8]. Moreover, most of these investigators researched current fathers or fathers-to-be in birthing classes, hospitals, and prenatal clinic settings [28]. Most studies that linked men's attitude and their role in breastfeeding were examined from the woman's perspective, without consideration for the father's/partner's point of view. In the few studies that surveyed men, the participants were primarily middle or upper-class whites or the research was conducted in countries other than the United States [4, 29].

### **3. Breastfeeding in the African American Context**

#### **3.1. Breastfeeding and Race**

The analysis of demographic variables shows that race is significantly associated with the men's preference to have their infant breastfed. In their study of Men of Diverse Cultures, Pollock et al. (2002) [8] found that African American men scored lower on their preference for breastfeeding compared with all other men in the study. The number of African American men in the study who indicated they preferred their infants to be breastfed was much higher than previously reported in the literature. In all race categories, men who were breastfed themselves were more likely to want their infant breastfed.

Differences were found with the variables of race and age to the items measuring attitudes about breastfeeding in public. African American men, followed by White men, felt that breastfeeding in public was embarrassing. The level of education was not shown to affect their attitudes about breastfeeding in public. African American men's main reasons for wanting their infant to be bottle-fed were (a) breastfeeding in public is embarrassing, (b) breast milk and formula are equally beneficial to the baby, and (c) the mother's health and diet are "not good." On the other hand, many of these same men said that the reason breastmilk was better was that it "made the baby stronger and healthier" and increased attachment between the mother and baby [8].

As stated earlier, researchers identified the male partner's support as an essential factor in a mother's decision to breastfeed [27, 29, 30]. However, researchers evaluating men's breastfeeding preferences found mixed results. Investigators have found that men who were not involved in the breastfeeding decision, were uncomfortable with breastfeeding in public, viewed

that formula was more convenient and viewed that breastfeeding has social limitations for mothers [31]. Studies published before 2005 included populations with only teens, no teens, a rural rather than urban setting, a small sample size, or a different ethnic group [28, 32]. In comparison to older studies, recent studies found that much of low-income inner-city African-American women interviewed were very well informed about the benefits of breastfeeding and that few were deterred by concerns raised in prior studies, such as breastfeeding in public. However, the lack of useful knowledge about the actual process of breastfeeding was still a significant impediment. Both older and more current literature has identified the influence of the father as important to breastfeeding choice [33].

### **3.2. National Breastfeeding Rates of African Americans**

While most countries' governments collect breastfeeding data per demographics including age, education level, socioeconomic level, and region, only the United States consistently collects breastfeeding data per race or ethnicity within its population. In the United States, African American women breastfeed at lower rates than the White ethnic majority [34]. Breastfeeding rates by race continue to show a marked disparity among African American women as compared to white non-Hispanic, Asian, American Indian, and Hispanic women [15]. Although increases in breastfeeding rates among African American women are noted in the National Immunization Survey since 2000, the gap between races has not narrowed despite efforts to promote breastfeeding among African Americans. With the publication of the Healthy People 2020 goals that reflect an increase in desired breastfeeding initiation and duration, African American breastfeeding rates fall even further behind in national goals [16].

Somewhat surprisingly, Lee et al. (2005) [35] discovered that native-born, non-Hispanic African American women were significantly more likely to report that they intended to breastfeed than non-Hispanic white women. Even after adjusting for maternal socio-demographic and behavioral characteristics, native-born, non-Hispanic African Americans were about 60% more likely to anticipate breastfeeding than non-Hispanic whites. This finding stands in contrast to results from nationally representative surveys, which show lower rates of breastfeeding among African American women than among white women. Lee et al. (2005) postulated that the processes involved in carrying out behavioral intentions are likely to be influenced by many factors, such as the availability of social support from partners and other family members, work and time constraints, issues of personal privacy and space, perceived inconvenience, or embarrassment regarding public exposure of breasts. It is also possible that non-Hispanic African American women are less likely than non-Hispanic white women to receive support services, such as a lactation consultation during the postpartum period.

#### **4. Defining “Blacks” in Health Studies**

##### **4.1. African American versus Black**

Jolly et al. (2013) [29] in her community-based, cross-sectional study recruited 81 African American men in three barbershops in the Dallas area. Inclusion criteria were males, age 18 and older, and self-identified as African American race. Based on the classification established by Agyemang et al. (2005) [21], US-born and foreign-born men with any form of Black ancestry were considered African American race. Fifteen percent of the participants reported that they were from several African countries. Eight black women participated in the study of McCarter-

Spaulding (2007) on Black Women's Experience of Breastfeeding [36]. Four reported their ethnic background as West Indian/Caribbean, three as African, and one as American. From the sample of the two studies, what lessons can be learned about breastfeeding behaviors knowing the complex psychosocial determinants of breastfeeding disposition?

#### **4.2. Black Meaning and Scope in Health Studies**

Both race and ethnicity are complex, socially constructed and entrenched concepts. While there is a conceptual distinction between race and ethnicity, these terms are often used interchangeably or as synonyms. The traditional scientific concept of race refers to biological homogeneity as defined by a few phenotypical features. In the USA the collection of data on race is well established and is used widely for epidemiological, clinical, and planning purpose [21]. However, the bulk of genetic differences (90% to 95%) occur within populations, and not between continental grouping, and the genes responsible for different physical characteristics (such as skin color and facial features) that underpin race are few and rarely relate to either behavior or disease.

Ethnicity is a multidimensional concept, which is being used frequently in medical research. It is neither simple nor consistent. It comprises one or more of the following: shared origins or social background; shared culture or tradition that are distinctive, maintained between generations, and lead to a sense of identity and group; and a common language or religious tradition. The characteristics that define ethnicity are, however, not fixed and may change over time, which makes ethnicity challenging to measure and use in research. The concept of ethnicity encapsulates cultural, behavioral, and environmental factors that increase the risk of disease; hence it is crucial in epidemiology and public health. In the USA, the race has been a

proxy indicator for socioeconomic deprivation, which ignores for example, economically advantaged African Americans or new black immigrants. There is considerable diversity within and between U.S. populations who are of African descent, so that black must not be averaged as a homogenous group.

#### **4.3. Black Immigrant in the U.S.**

A record 3.8 million black immigrants live in the United States today. Black immigrants now account for 8.7% of the nation's black population. Rapid growth in the black immigrant population is expected to continue [13]. The U.S. Census Bureau projects that by 2060, 16.5% of U.S. Blacks will be immigrants. Much of the recent growth in the size of the black immigrant population has been fueled by African immigration. Africans now make up 36% of the total foreign-born black population. Among Black immigrants from Africa, virtually all are from sub-Saharan African countries [37].

This large and increasing presence of immigrants highlights the importance of monitoring immigrant health. As the immigrant population grows, his health, as well as the health of his descendants, would have a significant impact on the overall health outcomes of the American population [38]. Contrary to the researcher preconception, it is well documented that immigrants are in better health upon arrival in the U.S. than their American counterparts. This health advantage erodes over time. This phenomenon is known as the healthy immigrant effect.

#### **4.4. Healthy Immigrant Effect**

Three main explanations for an immigrant health gap on arrival in the host country have been advanced in the literature: health screening by host country authorities prior to migration, favorable habits and behaviors of individuals in the home country prior to migration, and

immigrant self-selection whereby the healthiest members of a population are more likely to migrate [39]. This last explanation, however, would not account for the documented phenomena of worsening health and health outcomes with greater acculturation once the immigrant resides in the new country; which is precisely an essential feature of the Immigrant Health Effect [40].

Social support and social capital have been documented to have a protective influence on health and health outcomes. Social networks and support that often characterize immigrant communities may be critical to the healthy immigrant effect. In comparing breastfeeding behaviors for immigrant versus nonimmigrant participants, Gibson et al. (2006) found that immigrants were significantly more likely to breastfeed than were non-immigrants [23]. With the Healthy Immigrant Effect, African Immigrants will soon display the same lower rates. A greater understanding of the healthy immigrant effect has the potential to help improve breastfeeding rates by highlighting what unifies and contrasts the contribution and attribution of Black immigrants in minority breastfeeding data.

## **5. Breastfeeding and Immigrant Status**

### **5.1. The Hispanic Paradox**

As stated earlier, socioeconomic status does not entirely determinate breastfeeding behaviors. For example, Hispanics, who tend to have low educational achievement and household incomes, breastfeed at rates higher than their levels of socioeconomic disadvantage would indicate. Hispanics have twice the poverty rates of non-Hispanic White households, yet similar proportions of Hispanic and White mothers' breastfeed [23]. Conversely, Hispanics and non-Hispanic Blacks have comparable poverty rates, yet the latter are less likely to breastfeed.



Rates of breastfeeding among Hispanic mothers appear to be only weakly correlated with socioeconomic status. Hispanic breastfeeding behaviors may be evidence of the “Hispanic paradox,” the phenomenon in which health outcomes of Hispanics are better than their income levels would indicate in comparison to other populations with comparable socioeconomic status. Proponents of the paradox believe that low levels of acculturation may protect some Hispanics from engaging in damaging American health behaviors [23].

However, beyond the well-documented finding that non-Hispanic Blacks are less inclined to breastfeed, little attention has been paid to the importance of race and ethnicity in evaluating breastfeeding behaviors. It is therefore unknown whether other immigrant mothers who are similar in socioeconomic status to Hispanics have comparable breastfeeding rates and how differences in country of origin may influence breastfeeding [23]. Additionally, although surveys indicate that Hispanic mothers breastfeed at rates like those of non-Hispanic Whites, those surveys do not distinguish between immigrant and nonimmigrant Hispanics. Consequently, it is possible that the Hispanic paradox applies only to Hispanic mothers who immigrated to the US, but that US-born Hispanic mothers have breastfeeding rates commensurate with their lower socioeconomic status. Furthermore, the Hispanic paradox literature is concentrated on Mexicans, so it is unknown if the paradox applies to non-Mexican Hispanic families.

## **5.2. Immigrant Breastfeeding Behaviors**

In comparing breastfeeding behaviors for immigrant versus nonimmigrant participants, Gibson et al. (2006) found that immigrants were significantly more likely to breastfeed than were non-immigrants [23]. Overall, nearly 9 of 10 immigrants' mothers breastfed compared with 1 of 2 nonimmigrant mothers. There is an adverse effect of living in the United States: for every year,

a foreign-born mother or father resided in the United States, the odds of breastfeeding decreased by 4%. Additionally, there are more considerable differences in breastfeeding rates by immigrant status than by ethnicity.

Immigrant women, both Hispanic and foreign-born black women, were about six times as likely to intend to breastfeed as non-Hispanic white women. This difference was not explained by differences in educational levels, marital or cohabiting status, household income, or health-related behaviors. According to Gibson et al. (2006) [23], this finding likely reflects the fact that the immigrant mothers in their sample came mostly from countries where breastfeeding is a culturally and socially normative behavior. This suggests that immigration status and therefore the cultural norms of the native country may be a more critical factor in determining breastfeeding than ethnicity. Indeed, because there was no difference in breastfeeding initiation for non-Hispanic and Hispanic immigrants, the Hispanic paradox may be true of other immigrant groups.

## **6. Literature Result Summary**

### **6.1. Summary of Articles**

Early studies involving fathers in breastfeeding decisions dated from 1992. Until 2005, most studies were surveyed questionnaires that were handed or mailed to identify participants who were mostly middle to upper-middle class whites. Samples were of small sizes, and the settings were primarily hospitals. Blacks participants counted in those studies were not distinguished based on their nativity or their immigration status. Interestingly, studies conducted in other countries, such as in Canada or in England, did not include race in their demographic

categories. For instance, research done in Canada classified Canadian-born from non-born Canadians without specifying if participants were white, Asians, or Blacks.

Studies published after 2005 were cross-sectional designs and focus groups. African American would be distinguished from non-U.S. born blacks. The study design criteria would ask participants to self-select as African American or Caucasian to be included in the study. A sample of African Americans in more recent studies is therefore not biased with the presence of blacks from different ethnic backgrounds. No research has focused explicitly on Black immigrants from other countries. Appendix A provides a summary of reviewed articles.

## **6.2. Gap in the literature**

Many studies regarding fathers' influence and attitudes regarding breastfeeding have included predominantly white male participants or male participants from a variety of racial or ethnic backgrounds. However, few studies have been conducted that specifically examine African American men's influence and attitudes regarding breastfeeding. No study looked specifically at Black African Immigrants and their role in breastfeeding. The current literature lacks research regarding the breastfeeding support experiences of African American men from a qualitative perspective. This study proposes to examine what role fathers' cultural experiences play in the decision to support breastfeeding. The nature of qualitative approach would help to explore how breastfeeding is situated and interpreted in the daily lives of black fathers.

### 6.3. Conclusions

Studies that include fathers show that they have a great deal of influence on women's early infant-feeding decisions. Fathers can provide emotional and practical support to new mothers. Unfortunately, little data are available about how black men perceive their roles as fathers and partners in the context of early infant feeding. No study looks specifically at black African Immigrants and their role in breastfeeding. Black Africans are among the fastest-growing groups of U.S. immigrants, increasing by about 200 percent during the 1980s and 1990s and nearly 100 percent during the 2000s. Black African immigrants are often indistinguishably included in African American minority category. It is therefore imperative to study the extent of how black immigrant families experience breastfeeding in the U.S. within the context of a minority group.

Within the African American breastfeeding rate, there are disparities based on the nativity of black African immigrants. Understanding the heterogeneity of the Black community is an essential step of addressing the reality of health disparities in the U.S. Understanding how ethnicity and cultural norms in black communities in the U.S. affects health behaviors such as breastfeeding could help design breastfeeding promotion, education, and counseling initiatives that are specific and targeted to the needs of the heterogeneous black communities in the U.S.

The current literature lacks research regarding the breastfeeding support experiences of African American men as well as Black Immigrants. This study proposes, therefore, to examine what role fathers' cultural experiences play in the decision to support breastfeeding. The nature of qualitative approach would help to explore how breastfeeding is perceived and interpreted in the daily lives of black fathers. First, the researcher will examine the breastfeeding experiences of Congolese American fathers of breastfed infants. Second, the breastfeeding experiences of African

American fathers of breastfed infants will be explored. So finally, those breastfeeding experiences of African American and Congolese American fathers will be compared and contrasted in order to generate new knowledge such as the influence of the Immigrant Health impact and augment the provision of culturally competent models of interventions that would be accessible to all sectors of the African American population and Black Immigrants populations.

## CHAPTER III: RESEARCH DESIGN AND METHODOLOGY

### 1. Purpose and Research Questions

This study proposes to examine the following research question: What role do fathers' cultural experiences play in the decision to support breastfeeding. The nature of qualitative approach helps to explore how breastfeeding is situated and interpreted in the daily lives of black fathers. Using the PEN-3 cultural model for theoretical guidance, the research questions will be addressed with four aims:

**Aim 1.** What are breastfeeding experiences of Congolese Immigrant fathers of breastfed infants?

**Method:** A secondary analysis of focus groups that were conducted to assess the social and cultural breastfeeding experiences of Congolese Immigrant fathers of breastfed infants.

**Aim 2.** What are breastfeeding experiences of African American fathers of breastfed infants?

**Method:** A secondary analysis of focus groups that were conducted to assess the social and cultural breastfeeding experiences of African American men.

**Aim 3.** What unifies and contrasts the breastfeeding experiences of African American and Congolese Immigrant fathers in Dallas County?

**Method:** The PEN-3 cultural model will guide the comparisons of the two studies to highlight their findings.

**Aim 4.** Plan for change: To develop a Father-directed Breastfeeding Toolkit to be marketed in African American communities.

**Method:** semi-structured interviews of Key informants to guide the development of the plan for change.

Focus group studies of both Congolese Immigrant and African American fathers of breastfed children were conducted in the Dallas County area in 2014. Collected and transcribed data from these two studies will be first analyzed separately to explore the daily breastfeeding experiences of two Black groups and identify common themes while highlighting what makes them unique. Using the PEN-3 model cultural framework, the analyzed data of the two groups of fathers will be then contrasted and compared to assess their cultural roles in breastfeeding support. Key informants in this study are African American community experts who will provide insights on father-directed breastfeeding support and give recommendations for the plan for change.

## **2. Research Design**

The chosen methodology for this study is a qualitative descriptive design because the researcher intends to explore the daily breastfeeding experiences of black fathers from their perspectives. The review of literature for this study documented the vital role of fathers in breastfeeding success but revealed a dearth of information regarding how breastfeeding is situated within the context of their daily lives. Breastfeeding in the United States is situated in a medical context versus a social context. Families look to medical experts for guidance in

breastfeeding practice and behaviors. The scientific literature abounds with evidence that supports breastfeeding for the health benefits for mother and child, yet, the literature lacks sufficient exploration of the social and cultural context of breastfeeding particularly for the African American minority. The examination of the socio-cultural context of breastfeeding must come from a social, or mainstream, context rather than a medical context. A qualitative design that is grounded in the participants' experiences, rather than a medical perspective bridges the divide between what is medically recommended versus what is socio-culturally experienced regarding breastfeeding in the African American population.

### **3. Qualitative Research**

The research questions of this study extend over the domain of male breastfeeding perspective to the specific understanding of the cultural contribution of breastfeeding choice and practice. A qualitative approach is an appropriate method to explore and then elucidate the influence on men in breastfeeding culture. Qualitative research is defined in the Creswell's book [41] as an approach for exploring and understanding the meaning individuals or groups ascribe to a social or human problem. The primary generation of meaning is always social, arising in and out of interaction with a human community. Reaching black fathers of breastfed infants in their communities may generate insights and meaning that can educate the development of appropriate programs to promote and sustain breastfeeding in different black minority groups. That is why Creswell affirmed that the process of qualitative research is mostly inductive. By collecting data in the community of the targeted population (African American and Congolese



Immigrant), cultural meanings of their behaviors regarding their breastfeeding experience can be coded.

Creswell [41] discussed that meanings are varied and multiple, leading to look for the complexity of views rather than narrowing meanings into a few categories or ideas. The goal of the research is to rely as much as possible on the participants' views of breastfeeding experiences. The questions asked were broad and general so that the participants could construct the meaning of a situation, typically forged in discussions or interactions with other persons. Hence, conducting focus groups on men breastfeeding views seem to be the indicated method.

The more open-ended the questioning, the better, as carefully listening to what people say or do in their life settings connects to their social and historical contexts. Meanings are not merely imprinted on individuals but are formed through interaction with others and through historical and cultural norms that operate in individuals' lives. Therefore, the historical and contextual expectations and roles of African American males in breastfeeding are to be distinguished from those of black immigrants in the U.S.

#### **4. Focus Groups**

This study proposes to perform secondary data analysis of two research studies conducted in Dallas County in 2014. The first study was approved and sponsored by the Louise Herrington School of Nursing Baylor University to study African American men's experiences of fathering a breastfed infant. Focus group interviews and observations were the primary source of data collection. The second study was sponsored by the Africana Studies Department of the

University of Cincinnati to examine the Immigrant African Fathers' roles in the decision-making process to breastfeed. In this second study, only Congolese Immigrants fathers of breastfed infants were recruited. Focus groups interviews and observations were also the primary sources of data collection.

#### **4.1. African American Study**

The African American Study was funded by a grant from Baylor University Research Committee. Eight focus groups were conducted from December 2013 to May 2014 and counted 28 fathers of breastfed infants recruited from the Dallas community and areas churches. The researcher contributed in most steps of study from the study proposal to the data collection. The researcher did not facilitate the focus groups. The researcher set all the meeting locations and observed all the focus groups. It was decided that a native African American facilitator be appropriate to conduct the focus groups of native African American fathers. African American fathers' demographic data is synthesized in table 1. Table 2 lists the questions that were asked following the questioning route recommended by Krueger and Casey (2009) [42]. The questions were formulated to capture both the Relations & Expectations dimension and the Cultural Empowerment domain of the PEN-3 cultural model.

**Table 3.1. African American Fathers Demographic Data**

	<b>Mean (SD)</b>	<b>Range</b>	<b>N</b>
Age of father	36.7 (10.7)	18-56	28
# Children	2.5 (1.7)	1-8	28
# Children Breastfed	2 (1.5)	1-7	28
Education Level <sup>a</sup>	AD (1.8)	HS – Doctoral degree	28
Annual Income <sup>b</sup>	\$50K (1.3)	<\$25K-\$150K	27
Length of Breastfeeding <sup>c</sup>	10.8 (7.5)	2-36	50
<sup>a</sup> Grade School, High School, Some College, Associate’s, Bachelor’s, Master’s, and Doctoral Degrees			
<sup>b</sup> >\$25K, \$26-\$50K, \$51-\$100K, \$101-\$150K, >\$151K			
<sup>c</sup> Months			

**Table 3.2. Questions Asked**

(Opening)	1. Tell us your name and how many children you have.
<b>PEN-3 Relationships &amp; Expectations: Perceptions – Enablers - Nurturers</b>	
(Introductory)	2. Tell us how the decision was made to breastfeed your baby.
(Transition)	3. Tell us about your experience with breastfeeding?
(Key)	4. How did you learn about breastfeeding?
<b>PEN-3 Cultural Empowerment: Positive – Existential - Negative</b>	
	5. What were some of the most challenging/rewarding times with breastfeeding?
	6. What do you think African American women need in order to have positive breastfeeding experiences?
	7. What are some suggestions you have for breastfeeding promotion education, and support for African American women/families?
	8. What advice would you give other African American men regarding breastfeeding?
(Closing)	9. Is there anything else that you would like to share with the group regarding fathering a breastfed child?

(Krueger and Casey, 2009)

#### 4.2. Congolese Immigrant Study

“Congolese Immigrant” is defined in this study as an individual who was born and raised in the Democratic Republic of Congo and migrated in the US as a young adult (early twenties). The Congolese Immigrant study was funded by the Taft Research center in association with the Africana Studies Department of the University of Cincinnati to examine the Immigrant African Fathers’ roles in the decision-making process to breastfeed. Four focus groups of 20 Congolese immigrants’ fathers of breastfed children were conducted in summer 2014.

In this study, the researcher was the facilitator for all the focus groups. The researcher originated from the same country as the participants, the Democratic Republic of Congo. Similar questions as the ones listed in table 2 were asked to Congolese immigrant fathers with a perspective of immigration realities. Table 3 synthesizes Congolese immigrant fathers’ biographic data.

**Table 3.3. Congolese Immigrant Fathers Demographic Data**

	Mean (SD)	Range	N
Age of father	37.3 (8.1)	28-53	20
#Children	2.9 (1.9)	1-8	20
# Children Breastfed	2.9 (1.9)	1-8	20
Education Level <sup>a</sup>	BD (1.4)	HS – Doctoral degree	20
Annual Income <sup>b</sup>	\$50K (1.1)	<\$25K-\$150K	19
Length of Breastfeeding <sup>c</sup>	13.9 (7.4)	1-30	58
<sup>a</sup> Grade School, High School, Some College, Associate’s, Bachelor’s, Master’s, and Doctoral Degrees			
<sup>b</sup> >\$25K, \$26-\$50K, \$51-\$100K, \$101-\$150K, >\$151K			
<sup>c</sup> Months			

## 5. Key Informant Interviews

Key informant interviews are qualitative in-depth interviews with people who are profoundly encultured and has significant experience with the phenomenon of concern[43]. African American community leaders or practitioners who operate with father involvement programs were approached according to Afrocentric principles that place African value systems, culture, and experiences at the center of this study. These leaders and practitioners represented the key informants because of their ability to translate the cultural realities and languages of African American fathers regarding breastfeeding support. They brought invaluable insights and recommendations for the plan of change. Following the PEN-3 cultural framework, these leaders and practitioners were interviewed in a semi-structured format about their knowledge and understanding about father-directed breastfeeding support.

### 5.1. Afrocentric Approaches

An essential aspect of the application of Afrocentric approaches to work with African American fathers is gaining the understanding of the associations between African American and African culture. P.E. Stewart [44] stated that: *"it is the continued and sometimes unconscious practice of African traditions and values that make the use of Afrocentric approaches appropriate when working with African American populations."* The themes extracted from the focus group analysis provide clues for question formulations in preparation of the plan for change. Although the researcher of the proposed study shares the same race as the critical informant participants, the cultural language differs as the researcher is a Congolese immigrant and the participants are African American men. Beyond what is common or unique between Black immigrants and African American, the plan for change should be guided and built on what works to the light of

key informants. One Afrocentrism principle is to move individuals and families to a sense of interconnectedness and wholeness while building on positive attributes of each community [44]. To this end, community leaders and practitioners should be consulted and included in the plan for change.

## **5.2. Participants and Sampling**

The participants interviewed were champions in the field of African American men involvement programs. Their names and organizations were identified through online search as well as through referrals following the snowball sampling technique. In selecting these African American leaders, the researcher made sure that they had both successful and unsuccessful experiences developing their programs and also how they measured success in their collaborative practices. Through the lenses of the PEN-3 theoretical model, the researcher inquired about the enablers and nurturers of breastfeeding perceptions in the African American men. Appendix B displays the interview instruments used.

## **5.3. Data Collection and Analysis**

The software program NVivo 12 (QSR International, 2018) was used to transcribe the recorded interviews and perform the data analysis. Permission to disclose the names and the information provided in the interviews was not required. Names and identifying information were removed from the quotes to protect anonymity. The PEN-3 cultural model was the guide to uncover factors that influenced the African American men breastfeeding perceptions and attitudes. Transcribed interviews were subjected to constant comparative analysis method prescribed by Creswell [41] to develop themes and assure the accuracy of coding.

## **6. Qualitative Analysis**

### **6.1. Analysis Plan**

The qualitative content analysis was applied to examine the breastfeeding experiences of black fathers of breastfed children. The qualitative content analysis was the preferred method for this study because the researcher intended to formulate a comprehensive description of the experience of breastfeeding for Congolese Immigrant fathers versus African American fathers. Qualitative analyses were conducted through the lenses of the PEN-3 cultural framework to emphasize similarities or contrast differences between African American and Congolese Immigrant. Their breastfeeding behaviors in their social and historical contexts have helped inform the appropriateness of cultural approach to educate, equip, and empower fathers for breastfeeding support.

All audio-recordings of the focus group were transcribed by a professional transcription service that specializes in transcription services for academia. The units of analysis are the 12 transcripts of the focus group – eight for the African American study and four for the Congolese American study - as well as the written observations by the researcher. The 12 transcripts counted 512 pages and were uploaded into the qualitative data management software NVivo 12.

### **6.2. PEN-3 Model Analysis Tool**

The PEN-3 model as a theoretical framework has been used to centralize culture in the study of health behaviors and to integrate culturally relevant factors in the development of interventions [26]. The model is also used as an analysis tool, to sift through text and data to separate, define and delineate emerging themes. This latter function was used in this study to

analyze data on African American and Congolese American fathers separately. The model was also used for the presentations of results and the interpretation of the findings.

Data analytical approaches that emerged with the use of PEN-3 include (1) Categorization, (2) Cross-Tabulation, and (3) Re-contextualization. With categorization, it is common for studies to utilize the PEN-3 model as an organizing framework to categorize themes generated from qualitative data into one of the three domains of the model: Cultural Identity, Relationships & Expectations, and Cultural Empowerment. Some studies utilized all three domains of the model to categorize the themes generated for data analysis. This study considered also the three domains of the model. How African American and Congolese American men identify themselves vis-à-vis of breastfeeding behaviors. What are their relationships and expectations on breastfeeding practices, and how their empowerments are experienced?

Since the analyzed data were generated from Black fathers of breastfed children, a cross-tabulation between the Relationships & Expectations (i.e., perceptions, enablers, nurturers) domain and the Cultural Empowerment (i.e., positive, existential, and negative) domain was executed to generate a 3 × 3 table containing nine categories as shown in table 3.9.

**Table 3.4. Cultural Empowerment and Relationships & Expectations**

<b>PEN-3 Domains</b>	<b>Positive</b>	<b>Existential</b>	<b>Negative</b>
<b>Perceptions</b>			
<b>Enablers</b>			
<b>Nurturers</b>			

This approach, which is referred to as the assessment phase of the PEN-3 model, provides the opportunity to arrange the emerging themes at the intersection of two domains to assess for any domain interactions. The 3 × 3 table obtained by crossing the Relationships and



Expectations domain with the Cultural Empowerment domain helped capture the full range of black men breastfeeding experiences from positive to negative. Re-contextualization suggests that the goal is to locate the themes generated from qualitative data within the context of established knowledge. This third approach was considered for the development of the plan for change to propose a culturally appropriate toolkit to educate, equip, and empower Black fathers for breastfeeding support.

### 7. Summary of Methods

Focus group studies of both Congolese Immigrant and African American fathers of breastfed children were analyzed separately to highlight the particularities of breastfeeding experiences of two Black groups. The PEN-3 model cultural framework guided the comparison of the two groups. Key informants augmented the knowledge on how to intervene in African American communities. The following table summarizes the qualitative methods used to describe Black fathers’ cultural experiences to support breastfeeding.

**Table 3.5. Qualitative description of fathers’ cultural experiences to support breastfeeding**

<b>Study Aims</b>	<b>Congolese Immigrants</b>	<b>African American</b>	<b>Comparing Black fathers</b>	<b>Plan for change</b>
Numbers of participants (N)	20	28	48	10
Methods	Secondary analysis of focus group interview of Congolese immigrant fathers of breastfed infants	Secondary analysis of focus group interview of African American fathers of breastfed infants	PEN-3 cultural model to guide comparisons and highlight the findings	Semi-structured interviews with key informants, African American leaders involved in men involvement programs

## 8. Limitations

Secondary data analysis in the broadest sense is an analysis of data collected by "someone else." The first advantages of using secondary data analysis are the saving of time and money since study design and data collection were already completed. Reanalyzing data can generate new insights that may lead to unexpected discoveries. In this study, however, the researcher was involved in the study design and the collection of primary data with the concrete idea in mind to respond to the question of fathers' cultural role in the decision the support breastfeeding.

In the Congolese Immigrant study, the selection of participants was biased, since the researcher was the only person selecting participants intentionally. Social desirability bias was another limitation associated with this inquiry, given the fact that the researcher knew personally many participants involved in the study. Social desirability effect refers to the systematic error in self-report measures resulting from the tendency of participants to avoid embarrassment and project a favorable image to others.

In the African American study, the choice was made to select an African American as a moderator for all the focus groups. The moderator was trained and coached to conduct focus groups by the researcher who observed all the focus group sessions. This choice was made to avoid the potential limitation of this research where an African immigrant researcher is pursuing research with African American Men. The research participants could have viewed the researcher as an outsider or someone who could not feel the experiences of Black native American.

The focus groups for this study had the distinct purpose of discussing the individual and collective breastfeeding experiences of Congolese American and African American men. Breastfeeding is a personal experience, and those men may have chosen not to share some of their experiences with the researcher. While the demographics of African American varied widely across participants, many Congolese Immigrants had a high level of education. Participants with lower education level may have expressed different opinions and experiences than the more educated ones.

The study took place in the Dallas County area and the findings of this research may not be representative of all Black men in this area and outside. Since Blacks in the US are not a homogenous group, such study would favor a nuanced breastfeeding approach to a culturally distinct population within otherwise assumed-homogenous groups. It also would illuminate breastfeeding perceptions among other immigrant groups in Dallas and elsewhere in the US.

Interviewing is an ideal method to collect data on participants' experiences in various endeavors. Semi-structured interviews allow the interviewer to use a written topic guide, men breastfeeding support in our case, to ensure that all question areas are covered while allowing the participants to talk freely. This way, what is most important to the participants can be captured. However, there are a few limitations that are worth noting. Prone to bias is likely since program leaders might want to "prove" that a program is working. Their interview responses might be biased due to their stake in the program. Interview instruments should be designed to allow for minimal biases.

Interviews are time-intensive activities, and their results are not generalizable because small samples are chosen, and random sampling methods are not used.

## 9. Institution Review Board

The African American fathers' study was reviewed by the Baylor University Institutional Review Board and approved on September 24, 2013. The study ID number was 513475-1 under the title: "A Qualitative Description of African American Men's Experiences as Fathers of Breastfed Infants. The Congolese American data derived from a study approved on July 14, 2014, by the University of Cincinnati Institutional Review Board. The study ID number was 2013-7214 under the title: "Examination of African Fathers' Roles in the Decision-Making Process to Breastfeed." Studies purposes and consent forms were explained before starting each focus group. The focus groups were recorded on iPads and transcribed by a professional transcription service that specializes in transcription services for academia. Eight focus groups were conducted with African American fathers of breastfed infants, and the data now resides at the Harrington School of Nursing at Baylor University in Dallas. Four focus groups were conducted with Congolese American Fathers, and the data resides at the AFRICANA department of Cincinnati University. These data were made available for the secondary analysis of our research question using the PEN-3 cultural model. This secondary analysis study, as well as the key informant interviews, were reviewed at the UNC Institutional Review Board.

## CHAPTER IV: RESULTS

### **AIM 1: What are breastfeeding experiences of Congolese Immigrant fathers of breastfed infants?**

This section reports the results of a secondary analysis of four focus groups that were conducted to assess the social and cultural breastfeeding experiences of Congolese Immigrant fathers of breastfed infants. The content of each transcript was analyzed using the computer software program NVivo 12 (QSR International, 2018) and coded based on the focus group questionnaire that was formulated according to the PEN-3 cultural model. The codes drawn from each question constituted the primary codes. Emergent themes were generated from these primary code categories during the coding process.

#### **1.1. Primary Codes for Immigrant study**

Table 1 shows the focus group questions and their corresponding codes. Each code category derived from a question asked during the focus groups. Except for the “Breastfeeding Attitude” code category that was added to the Relationships & Expectations domain of the PEN-3 cultural model and the “Cultural Role” code that was added to the Cultural Empowerment group of codes. The ten categories or primary codes constitute the base of analysis from which 37 themes emerged. The list of emergent themes as well as their representative quotes can be viewed in

the Appendix C. The following section describes few emergent themes that characterize Congolese immigrant breastfeeding expectations.

**Table 4.1. Focus group questions and primary Codes**

Focus group questions	Primary Codes
<b>PEN-3 Relationships &amp; Expectations: Perceptions – Enablers - Nurturers</b>	
Tell us how the decision was made to breastfeed your baby.	BF (*) Decision
Tell us about your experience with breastfeeding?	BF Experience
How did you learn about breastfeeding?	BF Knowledge
	BF Attitude
<b>PEN-3 Cultural Empowerment: Positive – Existential - Negative</b>	
What were some of the most challenging times with breastfeeding?	BF Challenges
What were some of the most rewarding times with breastfeeding?	BF Rewards
What do you think African American women need in order to have positive breastfeeding experiences?	BF Positive Environment
What are some suggestions you have for breastfeeding promotion education, and support for African American women/families?	BF Support System
What advice would you give other African American men regarding breastfeeding?	Advice for AA men
	Cultural Role
BF (*) = Breastfeeding	

**1.2. Description of Emergent Themes of Immigrant Fathers**

From the ten primary codes, 37 themes were coded. Two themes, the Natural Process of breastfeeding and the Unspoken Agreement between immigrant couples seem to drive breastfeeding decision. The two themes describe the fact that the Congolese Immigrant fathers assume that breastfeeding will occur until they are faced with challenges. The primary code of Breastfeeding Challenges generated more emergent themes evoking the gap between Congolese Immigrant fathers’ breastfeeding expectations and their experiences. Breastfeeding in Public theme elevated debates among fathers, but it was not considered as a significant barrier to breastfeeding in this community. Breastfeeding in public was instead discussed in the cultural

context of contrasting breastfeeding experience in North America. The cultural primary code also generated several emergent themes highlighting breastfeeding practices in the U.S. versus in Congo. Emergent themes will be reviewed further in the emergent theme discussion segment.

### **1.3. Emergent Theme Discussion**

Each of the 37 emergent themes is not reviewed in this section. Instead, they are synthesized according to the primary codes to highlight trends in the dominant ideas of this group of fathers as well as an outstanding concept that can illustrate a cultural practice of breastfeeding from an immigrant perspective.

#### **Breastfeeding Decision**

All the participants in this study have been exposed to the practice of breastfeeding while growing up in their home country, the Democratic Republic of Congo. Their general expectation about breastfeeding is that it is going to happen. There was, therefore, no prior discussion with their wives about the infant feeding options expect for two fathers. The first one married an African American lady and worried that she might have different feeding plans for their children:

*My wife is not from Africa. She is an American. So, from the beginning, I had to make sure that we had an understanding when it came to the baby's nutrition. Like I said earlier, being an African and knowing that that is the way we were raised, and we believed in that; I wanted to make sure that my wife was on the same page. So early in our marriage, even before we had the kids, we talked about the subject of baby's nutrition. I was a little scared that she might come up with a different way or seeing things differently when it came to breastfeeding a baby. I was surprised, a pleasant surprise, to find out that she 100% agreed with me that breastfeeding the baby was the best thing for the baby.*

The second father was the only participant in the study whom first-born children were not breastfed. He learned about breastfeeding from his wife who was enrolled in the WIC program:

*My first and second boys were using formula because we didn't have enough experience to give this milk. We found out later on that the two older children had many problems. All the time we had to go to the hospital, see the doctor and stuff. Saying that I have an official conversation with my wife, I do not remember. I am not sure, but one thing is true that my wife was participating in the WIC program. She went there and came back with documentation from an education session. And she shared with me that based on what she learned, breastmilk was the ideal nutrition for children, infants especially. And I saw the difference with my three younger kids, no more trips to the hospital or doctor.*

### **Breastfeeding Experience**

Breastfeeding is not questioned. It is something Congolese Immigrants of the Dallas area do, but not something they talk about. One father said that breastfeeding their children gave them much peace and made their life easier. It was also presumed that all the participants were breastfed. However, only one father shared his breastfeeding experience while discussing the benefits of human milk:

*I think I am an example of what the benefits breastfeeding can do. I am the youngest of a family of eight, and my old brothers used to make fun of me because they were like you were breastfed until 5 [laughter]: you would play and then come back for the breast. But I have been in good health, never been hospitalized, and did very well in school...*

### **Breastfeeding Knowledge**

The breastfeeding knowledge of the participants came from their exposure to the breastfeeding practice while growing up in Congo. They understand that there is value in breastfeeding, yet they were not all connecting the practice of breastfeeding to its medical benefits. One father expressed his acquired knowledge in these terms:

*For me, I have never really watched my kid health, and I do not. Now having worked in an organization that supports breastfeeding, I think to what I observed back home, and I know there is a great benefit. I was watching low-income family, living among them, seeing those children without food, just being on the breast milk alone until the age of 1 to 2. You see them just looking fine even though their parents do not have much to eat. Now I can put the two*



*together now that I have this knowledge. I can say, "oh, that was just the breastmilk." These babies live in dirty places, and you wonder how those kids are surviving in those places. They do not get sick so often. They were just there having a good time. Now I know, without mentioning some practices we used to do when someone had pink eye, they would put breastmilk and the person would be fine in a few days. I can link the two and say yes there is a great benefit. So I can look at my children, they are fine. And I know it's due to breastfeeding.*

### **Breastfeeding Attitude**

Instead of the word attitude, immigrant fathers used the word mentality to express their inward feeling about their relationships and expectations towards breastfeeding:

*We have the mentality that breastfeeding is the best thing a mother can do for her child. My wife as well was raised with the same beliefs, so that is why we went that way and I think that was a good thing that we did for our kids.*

When describing a supportive environment for breastfeeding, there was a system of beliefs that were maintaining these men positive breastfeeding attitude in a new setting and a new lifestyle in the U.S.:

*From the hospital to my relatives and friends we were pretty much on the same page. We have the same mentality and the same culture. And that made things a little bit easier for me. I did not have the challenge to explain to somebody why my wife was doing this. Everybody knew already that it was normal. We need to carry the same mentality that it is normal. Moving to America has changed many things. So, I will say don't let that kind of thing affect your life. Move to America, but keep in your mind that not everything here is good for the baby.*

### **Breastfeeding Challenges**

The Breastfeeding Challenges primary code generated eight themes that spanned from baby attachment to mother anxiety. Breastfeeding in public was a hot topic, but it was not presented as a challenge to breastfeed. It was instead the breastfeeding practice adjustments these fathers had to make in an environment that no longer consider breastfeeding as the norm that triggered the debate:

*The support we give as husbands is because from our culture we are exposed to it. We are exposed to women breastfeeding in public. For us, it is normal to see women breastfeeding. Moving to the Western world, we also are merged in this different background. Saying that now we look at breastmilk as body fluid that no one wants to touch. Whenever you see a woman licking here you feel offended is a demonstration that the background here is different from ours. Now commenting on the breasts becoming saggy, many women in the United States go back for breast implants or breast augmentation. So, I think one of the reasons here in the Western world is that husbands look at women as a thing or an object. So women feel a little bit more insecure when they know that after breastfeeding they will become saggy. That is why I think breastfeeding is a little bit more challenging here.*

### **Breastfeeding Rewards**

About the rewards of breastfeeding, the immigrant fathers shared the health benefits for their children emphatically. The firstborn had a special place as Congolese fathers illustrated their earlier breastfeeding experiences with them. One father insisted on the benefit of losing weight so his wife can fit again in the clothes he bought for her before the pregnancy. Health benefits and the financial rewards were presented as saving since fathers did not need to purchase baby formulas.

*Breastfeeding helped me save money instead of buying the formula. Because the rules were like: you open it, I mean I don't remember because it was that one time if you don't use it within a few days, throw the entire can. I'm like all right; this is \$25 (laughter). That's not gonna work. I also never took my kids to the emergency room. They have been healthy. My first born is going to be five next month, and he has never been sick. That's proven and tested. There is no conversation that we had regarding breastfeeding for the second or third child. It was given. We never talked about "okay, can you go check out the store and see if there is the formula?" There was no such conversation. We knew that that's gonna be the route for the subsequent kids.*

### **Breastfeeding Resources**

To help African American women have positive breastfeeding experience, the Congolese immigrant fathers addressed instead of the issues of immigrant women within their communities

in the Dallas Metroplex. The exchanges between the fathers turned to resources that would support nursing mothers to stay at home for a long time. In Congo, nursing mothers had a support system allowing them to focus solely on the newborn. Once in the U.S., with the lifestyle change, the father is expected to deliver that support system which he was never prepared for in the first place. One father who works from home disputed that not only breastfeeding is not easy but staying at home with small children is even less easy. Other industrialized countries such as Canada champion maternity leave policies that encourage breastfeeding. While breastfeeding policies in the U.S. is still vacillating, immigrant fathers reiterate the importance of keeping the practice of breastfeeding visible in their homes and protecting their heritage in the breastfeeding arena:

*Mothers never cover. It never bothered anybody. We never questioned it. It was natural. It was normal. It is something you have to do. We need to carry the same mentality that it is normal. Doing that is important. And this is what you can gain by doing this. You've got to explain all of those elements, put them together in the way that it makes sense. I think that's how we can reach the gap between the new generation and our generation. Children carry conversations outside their home saying: "I saw my mother doing this." And someone else may say: "She should not do that." So, now you feel embarrassed. When you come home, you look at your mother thinking, "Why are you doing that?" Children would question because they heard something different from what it is happening at home. So, it's the parent's responsibility to provide an explanation: "That's fine, they can do that. But this is the way that we're doing that so don't worry about it." The kid sees that no one is reacting because it is normal. And they learn from that. There will never be any hiding.*

### **Breastfeeding Support System**

Family was mentioned many times as a source of breastfeeding support. However, not all the members of a family are supportive of breastfeeding all the time. The selected excerpts describe how a young couple was attacked by family members who had a different view of breastfeeding duration. The advantage of the extended family definition or support system in Congo resides in

the fact that the new mother tasks are simplified to the care of the baby, family and friends support all other responsibilities.

*The dynamic of things here is so much different than back home. And I'm not a medical expert, but from what I understand, breastfeeding has as much to do with hormone changes as well as psychological attributes that also help the mother produce the breastmilk. So, psychologically, if a woman's mind is not prone to being ready for the breastfeeding, then that production, I guess, decreases or it won't be as consistent. Back home, it was mentioned here they had maids and butlers. Now, see, the mother produces milk even if she doesn't want to produce milk because of the fact that her mind is at peace at things to a certain extent. But then with the women that are here in the U.S., even when they go through that time of not working, they're already thinking about the law here stating that within two months, you have to go back to work. The business of taking care of the home, the business of doing everything that they don't necessarily have to do. The lack of support of family members helping here sometimes, because we've migrated here. And so, you're literally tending for yourself on every aspect.*

### **Advice for African American Men**

Advices to equip African American men for breastfeeding support from an immigrant perspective is encapsulated in the access to education. The immigrant fathers refuted the statement that breastfeeding in America is a white privilege. The following three excerpts is an exchange between three fathers:

*It's not so much a white privilege as much as it is an issue with education. Like, maybe where their point could be validated is that demographically speaking and statistically speaking, you will find Caucasians or white America are a little more educated than black America. And part of education is just that, knowing what benefits you're talking about and what's good for you versus what's not good for you. And so, to me, it's a matter of education.*

*I support the idea of education. At the beginning of your pregnancy you have the opportunity to attend education sessions in many locations. But, you have to know that those education sessions are available out there. African Americans even us African are not aware of those things. Ignorance, you don't know how to find help. I went to this education sessions before all of our four children came. Ever since I have been going there, for the last nine years, I have never seen more than ten African Americans.*

*I think I would say that it's all about misconception. If people are not informed enough, they're going to be doing stuff just like that. You can tell people whatever you want, bring them all of the information, but the decision using breastfeeding is up to them. As educated people, we have to give ourselves the assignment to inform African American. Otherwise, they will continue doing what seems easier to them than what is required, what is important, what is necessary for their infant to grow. I think we need to get in touch with them. This is a country where everybody is free. We, as immigrants, we don't have to work like people who are from here. Where they're doing one step, we have to make four steps because this is their country. They master it, and they have nowhere to go. But for us, we can go to Canada or back to Africa. They have no other option than living here. We need to tell them how we do it in our culture. We don't have to accept everything. We pick and choose what is good for us and what is not. Then we can go forward. The decision to use it or not, it's up to them.*

### **Breastfeeding Cultural Role**

All the participants in this study grew up in Congo where breastfeeding is the norm. They are also exposed to the American culture with its breastfeeding disparity. This reality offers them the opportunity to assess both worlds and the flexibility to select the best of both cultures:

*You differentiate between education and culture. We breastfeed in Africa because it's part of our culture. They breastfeed over here because it's part of their education. It's a standard with us, because we really don't have many options. Today in America, you can buy not only the formula, you can also buy human milk.*

### **1.4. Immigrant Study Findings Synthesis**

The immigrant fathers in this study were all educated with a minimum of a bachelor degree. They spent their formative years in Congo where they witnessed the practice of breastfeeding without being educated about it. They don't question breastfeeding; they do not discuss it with their spouses assuming that it will work automatically until they are faced with challenges. Why breastfeeding, this natural process does not work as expected? Immigrant fathers evoke breastfeeding challenges with their firstborn in the way that demonstrate a poor knowledge

about the science and the practice of breastfeeding. They do not share their personal stories or experiences with breastfeeding since they were all breastfed. Breastfeeding is a cultural norm and not an outlier. Immigrant fathers do not detail the source of breastfeeding pain nor its medical benefits, even if, in their culture, the visibility of breastfeeding is conspicuous.

When asked about the breastfeeding disparity of African American in the U.S., one immigrant father suggested the following answer:

*To me, white people, they know the secret. They are thinking, and they know it is nice to do it. But Black people in America, they just got themselves. It doesn't mean they don't want to do it or they don't have any time. They look for the easy way. That's it. To me, it is just how people think. Does it mean all African people do it that way too? No. We know the secret. We know the secret. We have to keep what we learned while we were young. When you see the Black American people, they're always thinking about what they know. If it's wrong, they are always going to produce what is wrong. So, how are we gonna turn it around? We need to participate within their community to know how they live. What is good, what is not? So, that way, they will know. If it's just to talk like this, they ain't gonna know nothing.*

Culture and education must be distinguished, suggested another immigrant father, to address the reality of breastfeeding disparity among African American. Breastfeeding in Africa is a part of a culture, but in the United States, it is a part of education. Should we then expect that educated Black fathers would support breastfeeding? The following section reports the experiences of African American fathers of breastfed children.

## **AIM 2: What are breastfeeding experiences of African American fathers of breastfed infants?**

Aim 2 reports the results of a secondary analysis of eight focus groups that were conducted to assess the daily breastfeeding experiences of African American fathers of breastfed infants. Transcripts were analyzed using the computer software program NVivo 12 (QSR International, 2018) and coded based on the focus group questionnaire that was formulated according to the PEN-3 cultural model. The codes drawn from each question constituted the primary codes. Emergent themes were generated from these primary code categories during the coding process.

### **2.1. Primary Codes for African American study**

Since identical questions were asked during the focus groups in both studies, the primary code categories for African American study are the same as the ones for the Immigrant study. These categories are listed in table 4.1. Except for the Cultural Role category which is not added to this report. From the nine primary code categories, 91 emergent themes were generated. The emergent themes are listed in appendix D with their representatives' quotes. The next segment describes the main emergent themes for the African American study.

### **2.2. Description of Emergent Themes for African American study**

Four following emergent themes appeared consistently in all the focus group discussions:

- The Baby Priority and Breastfeeding in Public themes from Breastfeeding Experience category.

- Smart and Healthy Kids theme in the Breastfeeding Rewards category
- Be Supportive theme in the Advice for African American Men category

Family influence in breastfeeding decision, breastfeeding pain experience, the pride of fathers as breastfeeding rewards, and proper education as resources for African American women are also themes that came back often in the focus group discussions.

Some topics came only once, yet there were worth citing and counted as a distinct emergent theme. After many focus groups, we expected to hear similar comments until one unanticipated remark was delivered. Such a remark was highlighted because it provided a fresh perspective in breastfeeding father cultural experiences on top of the usual topics. For instance, one father had a wife that smokes, and he was interested to know more about the effect of cigarettes on breastfeeding outcomes. Another father had hired a private breastfeeding counselor. Even if it was not a norm within the black fathers in the study, it was good to note that this type of service was available and someone among them had used it. The next section discusses selected emergent themes based on the primary code categories.

### **2.3. Discussion of Emergent Themes for African American study**

#### **Breastfeeding Decision**

African American fathers of breastfed children have opted for the breastfeeding feeding option for three main reasons: the health benefits, the natural facet of it, and the family influence. Family member effect considered here is separated from their wife contributions to the decision process which was categorized as a distinct theme. When black fathers were the first sold on



breastfeeding, they persuaded their wives by highlighting breastfeeding benefits for women, children, and families:

*What really sold me on it was the fact that I was an asthmatic kid. So, having asthma as a kid was really rough. I wanted to give my child the best chance. So, breastfeeding was for me the only thing we should do. I was all for it. Actually, I recommended it to my wife because she didn't want to do it at first. I was breastfed as a child, but I still ended up with asthma so, you know kind of crazy. But I just felt like she should do it because it bonds the mother closer to the baby and that is something I know she wants.*

### **Breastfeeding Experience**

Black fathers breastfeeding experiences incorporate a broad spectrum of themes including bonding, convenience, mother anxiety, and pumping. Most black fathers, as they mature, agreed at different levels that the newborn takes precedence on their own needs. They might feel neglected at times, but later, they realized that the great benefits offered by a nursing mother outweighed their worries. What was engaging in this breastfeeding experience session was the discussion on breastfeeding in public. Some fathers were relaxed with it, and other were radically opposed to it. There was also the idea that breastfeeding in public was not something black women do.

*And you see somebody breastfeeding like that, and you know it wasn't a black person. It was probably a Hispanic or a white person doing it. Basically, seeing a white person I was like, that's nasty. She could do this somewhere else, you know. Why is she just out in public like this?*

The following excerpts illustrate an array of views on breastfeeding in public, from a moderate and discreet tone to a passionate and radical tone:

*There are those that are for it and those that are entirely against it, and they have their reasons. It's a hot topic, it really is. But I personally wouldn't have really had a problem with*

*it. But again, I would want my wife to feel comfortable with it, because if she's not comfortable, then I'm not comfortable.*

*My wife was so passionate about it. Sometimes she would breastfeed in public just to show that she could do it. I remember we were at the Children's Day parade, she was right in front, and she had a little shawl over her. She would just do it because she could and it's like she was proud of it. She was like: "Look, I can nurse here, I can nurse here, I can nurse here." And I was like, "Okay, all right. So, I was like biting my tongue, you know.*

*My wife would do it so discretely. She would cover up and continue talking and be at the center of the conversation. It was just done in a very discrete way, and you know it didn't really bother anybody or anybody to stop what they were doing to notice it. I think that's the difference that I see now as opposed to when like I said almost 20 years and when we did it.*

*Behind closed doors. You're gonna go somewhere where there is not anybody there. You are still in public because you are not at the house. But she gonna go somewhere. She's not just gonna sit there and pop it out right there and put it in, you know? They are going to go somewhere where there is not anybody around.*

*So, when we started going out, there was a lot of things to remember. She packed stuff. So, I had to remember to do the ice stuff, the container that we put the milk in. It was refrigerated so you could take it out of the house. It was placed correctly in the bags. When we went to the restaurant to eat, we brought the milk with us, and that is what the baby ate. We never ever breastfed in public.*

*You're gonna start forgetting about what other people think about what's going on with you and your significant other. So, don't look who might be looking at my wife titty you know [group laughs]. Don't look at that. Look at your baby home girl at this time, at this moment.*

### **Breastfeeding Knowledge**

Because the benefits of breastfeeding influenced many fathers, it can be assumed that they had enough knowledge to commit to their decision. The three primary sources of this knowledge are family and friends, classes, and literature. Indeed, not all the family members were positive about it. Their negative statements originated more from their ignorance and from the fact that breastfeeding was an outlier and not a common practice:

*I never knew anybody in my family who breastfed. I got sisters, and I don't think they were against it, but they spoke like negative against it. Like "Girl, I can't do that," you know?*

Interestingly, before the quest for this breastfeeding information, there was a perception that breastfeeding was a part of the trend seeking to return to what was considered natural and organic. This trend was led primarily by white women. It was done to declare a statement and not necessarily for the health benefits of the child.

*I kinda looked up at all they had. So, I 've seen it in terms of images on TV, and I've seen some in real life, you know. The women that I did see were primarily white women. And they may cover up and everything. Until I started reading for myself, I just thought they were doing that as a part of the whole idea of organic and natural, and doing something for their kids. So, it was more of a statement as opposed to, I'm doing this because it's the best for my baby.*

### **Breastfeeding Attitude**

African American father breastfeeding perspectives reflected their age, background, and experience as fathers. This study included new fathers and fathers who already had eight children. Their ages varied from 18 to 56 years old. Some men entered fatherhood with no clue about their roles and expectations, and other men were very well prepared. As for the practice of breastfeeding, some fathers were surprised by the low rates of breastfeeding in African American communities. For other fathers, the fact of breastfeeding begun their manhood maturation process. Regardless of their disposition upon entering fatherhood, there was a converging consensus of selflessness that put the needs of the wife and baby in the forefront.

*I might say two words: help, and they need help and selflessness. I know we're talking about pain and a lot of things that hurt. But would you rather deal with the pain now and have the benefits later? Or let them not tolerate the pain and then pay the cost in the medical bills because the child is sickly, or he's underdeveloped. You know, you have to pick and choose which side of the spectrum you wanna be on. That's how I look at it.*

*I would say the same thing, just to embrace it. Be encouraging and really put your wife and the baby before yourself. Easier said than done. It used, and now there's the baby has to be breastfed. So, it takes a priority you know, and it takes longer than giving a bottle. Just trying to embrace the moment, embrace the journey and be supportive. Love – love your wife, love your daughter and lead your home.*

### **Breastfeeding Challenges**

This section on Breastfeeding Challenges generated a variety of emergent themes.

Fathers shared their intimate inadequacies as well as their environmental re-adjustments. One father pondered how he had difficulty redefining his role in the whole breastfeeding progression. Another was jealous about the lack of that special bonding with his child. Three themes dominate the challenges faced by African American fathers. First, their intimate life has become subordinate to the child needs. Second, they recognized the increased responsibilities of the nursing mothers. And third, they blamed the presence of the WIC program that sabotaged mother efforts to breastfeed. It is because of the economic situations of African American communities that the WIC program was prevalent in the breastfeeding conversations.

*What he was mentioning also is economical. A lot of African Americans can't take off for one or two years to raise the kids, to bond with the kids. Unlike Caucasian communities where they may have a spouse who has enough income to take care of all the expenses until the wife has reared the kids.*

Commenting on intimacy, one father shared the shift in the way he looked at his wife. From the sexual being, his wife has become an essential being:

*I didn't think about the sexual component of it. At the same time, I marveled at my wife from being kind of a sexual figure to a necessity essential for my kids' wellbeing. I could reconcile the two. When we began to have kids, she was always feeding, so her breasts were always active. Every so often, she might leak, I was trying to change it from the sexual to the essential, and I'm just like, "It's leaking." You start wondering what does it taste like? Now, I'm not looking at my wife sexually anymore. And so, when it came time for us to do*

*anything, not just to breastfeed, but also just witnessing the birthing, the surgery, and the cutting, and all of that stuff. The sac you pull out. I mean, all of that stuff just like graphic, that's essential. That's not sexual.*

### **Breastfeeding Rewards**

In this session of breastfeeding rewards, fathers bragged about how healthy, athletic, and smart their breastfed children were. They were also proud of their accomplishments in breastfeeding support and described how the family got closer with the commitment of breastfeeding. Financial rewards were also reminded. These rewards were shared with a sense of pure gratitude. The following statements illustrate respectively the spiritual blessing, the family ties, and the financial aspect of the breastfeeding rewards:

*From a spiritual standpoint, God didn't bless us with a child for it to be complicated. For us not to be able to afford this or that, we really haven't had to pay much of anything for our children. Now that they're older, I just bought a game system for Christmas. But early on, everything was given to us.*

*And once again, it does make the family closer together. And it shows that love, that everyone is serving their role, and playing their part. So, it is just a beautiful thing when it is done.*

*Well, me being the finance man, I look at it from a practical side, from just a financial aspect. It was cheaper doing breastfeeding. Once my child stopped getting breastfed, it started hitting my pockets real hard.*

### **Breastfeeding Resources**

Breastfeeding awareness and communication, proper breastfeeding education, the younger age of new mother, and the role of the church were the top emergent themes of this category. African American fathers had creative suggestions to re-engineer their community from the ground up. Starting from the family unit, they suggest simple change such as the

promotion of marriage to more complex inter-generation coaching. The breastfeeding resources for African American women are to be introduced early wherever people gather.

*I think this would go alongside with what you were saying is that they have to see the benefits of the sacrifice because it is a huge sacrifice for the lady. Like you talked about with our community, more mothers are getting younger. More grandmothers probably are really primarily operated in the motherly role. So, we infiltrated schools. We infiltrated hospitals, churches, wherever we have a gathering of people. Teenagers, we are in it, and we stayed in that. That is where it needs to start at. You know, start with them at a very young age.*

### **Breastfeeding Support**

Breastfeeding support derives from different sources. The theme that dominated the discussion on breastfeeding support was on emotional support. The first excerpt describes how a wife recognizes the role of her husband in his breastfeeding success. The second excerpt suggests how beneficial will be the sharing of African American women breastfeeding stories. And the last excerpt shows how fathers themselves have to ability to offer their expertise to support other women.

*My wife always says all the time: "I don't really know if I could have done this if you weren't present and helping me out." Just the constant was time-consuming. It's easier per se to create formula, have it set than to go through the sacrifice of breastfeeding. I think it has to be approached from the area of education to be selfless. A paradigm shift with a generational mindset of selfish versus selfless. I think we need more models in our communities to share our stories, our successes, and failures.*

*Even for my family, my sister was pregnant when she was 15 years old, and my mother was more of the mother than my sister. You know if you don't see the benefit of the sacrifice then it's hard for you to see the reason to make that paradigm shift to do it from a cultural perspective that comes through education. Like you said the resources, and definitely, I feel like the support system, but then too from other women who will be courageous to really share their story. I think that other women in our community can share their stories which like a support system too.*

*But of course, the women that I talked to. It's funny. Once again, it's not sexual. It's essential. So, when I start discussing it, I'm talking from a perspective of a married man, and most times it's in a nursery or somewhere, not like on the street or nothing. It's like more intimate surroundings. And so, when I start bringing this up, they probably think I have some type of background in that. So, a lot of the information I was offering, you know, it appeared like they never heard it before. So, I was trying to encourage women.*

### **Breastfeeding Advice**

Be supportive is the constant advice that African American fathers offer. Breastfeeding rates in African American communities were not always that low as the following father reminded the group:

*I am 55 years old. I will be 56 in November. So that is why I was telling the lady that with the study that I saw with those numbers, now let's go back 55 years when I was a baby, an infant. That was the norm, you know.*

Another reality of the African American community is many children are growing up in fatherless homes, and something has to be done to reverse this trend. A father wondered how we could be proactive and create a new identity in our communities:

*But I think that if you look at it now, there's a lot of kids having kids, so you know they don't want to stay moms long because they're not even really mothers themselves. Create a new identity, especially from a generational perspective. I feel like we can create this paradigm shift where we really create a new generational mindset, a DNA of who we are. I mean it's a lot of work. I think you guys what you're doing is you're basically creating this platform, this roadmap and getting men and I love idea of not just husbands, not just daddies, but men in general, if we can get more men in our communities to be exposed to the importance, to the relevance of it.*

Another remedy proposed by another father is self-education:

*That's what we are missing. I think that the biggest problem with why they're not educated because they don't have time to educate themselves. It's not just like white community or Hispanic especially. They have a community that helps.*

## 2.4. African American Study Findings Synthesis

African American fathers in this study came from a wide variety of age, income, and education level. They shared without reserve their breastfeeding experiences. They expanded on their rewards as well as the breastfeeding benefits for their families and communities. They suggested diverse resources to support African American women and families in their breastfeeding aspirations. Following are few of the recommendations black fathers proposed in order to increase breastfeeding rates in African American communities:

- Increase breastfeeding Awareness and Communication
- Provide proper and appropriate breastfeeding education
- Adapt the school curriculum since "kids" are having "Kids."
- Involve the Church since most African American activities are connected to one
- Create a New Generational Identity
- Foster a responsible Community where everyone is involved.

Those resources would require sound leadership. One father painted a picture of how awareness, communication, and leadership are interconnected.

*If I could draw a picture of what the awareness and leadership would be, it would be a seed as the awareness, and the leadership comes with the water to get it to come out. You've got the seed in the ground, but the leadership talks to it speak to it and help it grow. You've got to pull it out, the leadership out of a person for him to be a leader. We all have the potential to be leaders. Some of us more naturally than others. But we're all going to lead to some path, a major group or just your household. Or maybe just you are leading yourself. You look in the mirror every day and pick yourself up. But you have to have this seed first to pull it out, to bring the leadership out. The awareness is the seed. That's where it sits because that's where the information is. Rather than it's blooming. Then you got generations of families doing the right thing, or people doing the right thing.*



Black Fathers involved in this study were all married except one. They were somewhat actively involved in the breastfeeding decision process. They, at least, discussed this feeding option with their spouses or family members. Their education motivated their commitment to breastfeed on the benefits of breastfeeding, family support, and the natural dimension of breastfeeding. This contrasts with the Black Immigrant fathers who assumed that breastfeeding would occur by default and therefore never engaged in a meaningful discussion about the baby feeding options with their spouses. The following section will analyze what the common and contrasting breastfeeding experiences of Black Immigrants and African American fathers are.

**AIM 3: What are the common and contrasting breastfeeding experiences of African American and Congolese Immigrant fathers in Dallas County?**

The section examines the results of the immigrant study compared to the results of the African American study. Starting with the focus group questions that were categorized as primary codes, the emergent themes generated in both studies were compared side by side to pull the common themes from the distinctive ones. Appendix E displays the emergent themes list of each group of Black fathers.

**3.1. Commons Emergent Themes**

From both studies, 21 common emergent themes were identified. Black fathers have mentioned these topics at some point in the discussions, yet no apparent dominant pattern was emerging between the two sets of data. Few of the common emergent themes belonged to different primary code categories. For instance, the theme about the importance of time was coded in the breastfeeding challenge category for the Immigrant study. Immigrant fathers viewed the lack of time as a challenge to the increased expectations and responsibilities of the nursing mothers. African American fathers presented time as a reward since they could reclaim it while their wives were breastfeeding. To contrast the two data, significant themes that only belonged to one study were considered.

### 3.2. Contrasting Themes

To contrast, the emergent themes of the two studies, only themes that appeared in one study were considered. Following are the six themes that were only discussed by Congolese immigrant fathers:

- Unspoken Agreement
- Cultural Role
- Rewards
- Contrasting with Congo
- Attention shift
- Association and Research

In the African American study, 12 emergent themes were counted that were solely introduced by African American fathers:

- Be Supportive
- Recommendations
- Smart & Healthy Kids
- Friends & Black Doctors
- Pride
- Benefits
- Awareness & Communication
- WIC Program
- Pain
- Kids having Kids
- Intimacy
- Church

### 3.3. Findings Synthesis

The same set of questions were asked to both groups of Black fathers, and their answers were entirely different. Congolese immigrant answers tended to be shorter and obvious. They agreed that breastfeeding was a natural process. They felt that they did not need to talk about it. They used their Congolese heritage to justify their breastfeeding mentality. African American on the other end provided elaborated answers that generated 91 emergent themes. When immigrant fathers talked about the breastmilk value, African American would be more specific by sharing their experiences with breastmilk shortage, storage, or over-production. Therefore, a longer list of emergent themes was generated to capture all the responses offered by African American fathers.

One immigrant father referred to the WIC Program as the source of his breastfeeding knowledge. He provided positive comments and seemed grateful about that exposure. African American fathers had both positive and negative comments about the WIC Program. It was a source of breastfeeding knowledge as well as a handicap to breastfeeding practice. The following comment illustrates the antagonistic position of the role of WIC from an African American father perspective:

*My wife qualified for WIC. So, they give you the Similac formula. So, I feel like that was a handicap towards the breastfeeding. She knew that WIC would provide her with the formula every time that she was ready. Versus having her to put in the work and make sure she is eating right to produce enough milk. And just making sure that she was doing what she had to do because it is kind of difficult to stay on top of the diet and to make sure that the breast milk is coming out the way it is supposed to. I feel like the kind of milk that WIC provides was a handicap towards that because she is like, well, we got nine cans you know.*

From the data of both studies, 21 common emergent themes were identified. The Immigrant study counted six themes that were unique for this group. For the African American

group, there were 12 exclusive emergent themes. The two groups of Black fathers responded differently to the same set of questions. Based on their heritage, the immigrant group delivered somewhat unified, short, and obvious answers that were coded in 37 themes, whereas the African American proposed more complexed suggestions to support breastfeeding rate in the U.S. The next section explores the reported results through the lenses of the PEN-3 Cultural Model.

### **3.4. Results Synthesis with the PEN-3 Cultural Model**

The PEN-3 cultural model consists of three primary domains: (1) Cultural Identity, (2) Relationships and Expectations, and (3) Cultural Empowerment. The model helps clarify how Black fathers of different backgrounds experience common cultural themes. Since Black fathers of breastfed children are examined in this proposal, the Cultural Identity domain of the PEN-3 Model is not considered in the result analysis. Fathers do not breastfeed, yet as the Extended family members, their attitudes and behaviors influence the breastfeeding outcomes of nursing mothers. With the Relationships and Expectations domain of the PEN-3 model, those perceptions and attitudes for breastfeeding support were better clarified.

#### **3.4.1. Relationships and Expectations**

The Relationships and Expectations domain was used in this research to determine factors that influence individual, and community breastfeeding actions. The fact that a Black infant breastfeeds for a certain length of time implied the contribution of many factors including the father breastfeeding perceptions that were enabled and nurtured in his environment.

Perceptions comprise the knowledge, attitude, values, and beliefs, within a cultural context, that may facilitate or hinder personal, family, and community motivation to change. Congolese immigrant fathers' contributions to breastfeeding decision were rather passive. Breastfeeding is a natural process that does not necessitate deliberation. Breastmilk is valued beyond the analytic mind of human science. Therefore, breastfeeding is not questioned, it is supposed to happen. However, for African American fathers, the experiences and knowledge of breastfeeding benefits are stronger predictors of breastfeeding decision. To repeat a thought of one immigrant father: "immigrants do breastfeed because of their culture, American do it because of their education."

Enablers are cultural, societal, systematic, and structural influences or forces that may enhance or be barriers to change. Immigrant fathers referred many times during the focus groups that the exposure to the Congolese culture, where breastfeeding is visible, was the experience that forged their breastfeeding mentality. For African American, there was not a mutual structural influence as a base of their breastfeeding perceptions. They invoked rather multiple factors, including family members, wives, and friends, that enabled their active commitment to breastfeeding support.

Another important element is the degree to which extended family nurtures health beliefs, attitudes, and actions. The concept of nurturers emphasizes the importance of increasing significantly the number of African American health care professionals who understand and respect African American culture and communities. One African American father described how he never consulted a Black doctor until he moved to Texas in his late thirties: "*And now I come to Texas, and I've got friends that are doctors. So, they had an influence, but I consider them not*

*really friends, but medical providers. That had to be probably the coolest thing I have ever, ever experienced in my life. This still marvels me. All of our medical providers are Black. My son is gonna turn seven this year. He's never had a non-Black doctor".*

It is also essential to promote an understanding of cultural beliefs and practices among non-African Americans. Association with other immigrant groups nurtured a Congolese immigrant breastfeeding practice: *"I didn't experience any challenge in my environment. First, the doctor that was treating my wife was from India. She pretty much had the same roots and the same culture. Things were pretty much easy right there. Then, we hang out with Spanish and Africans, and it didn't bother anyone. Personally, I didn't have someone from another culture who asked, "What's your wife doing?" or, "What does that mean?"* More importantly, Black immigrants who do not share the same breastfeeding perceptions as African American must embrace their cultural dispositions. In Table 4.4., few emergent themes from both immigrant and African American studies were selected to illustrate their distinctive cultural features.

**Table 4.2. Relationships and Expectations**

	<b>Perceptions</b>	<b>Enablers</b>	<b>Nurturers</b>
<b>Congolese Immigrants</b>	-Natural Process -Unspoken Agreement -Breastmilk value	-Cultural Identity -Breastfeeding Visibility	-Immigrant Associations
<b>African American</b>	-Personal Experience -Family Influence -Breastfeeding Benefits	-Family & Friends -WIC Program	-Black Doctors -African American Providers

### 3.4.2. Cultural Empowerment

With the Cultural Empowerment domain, Black father breastfeeding experiences are explored first by identifying beliefs and practices that are positive. The second step is to explore and highlight the values and beliefs that are existential and have no harmful consequences. And the last step is to identify negative practices that serve as barriers.

Positive behaviors are based on health beliefs and actions that are known to be beneficial and must be encouraged. Explorations of Black father breastfeeding rewards are critical in the empowerment of African American women breastfeeding aspirations as well as breastfeeding support from other fathers. Smart and Healthy kids, Father Pride, Financial Benefits, are some rewards or positive attributes that African American fathers raised. Such positive attributes are to be affirmed and encouraged when engaging Black communities.

Existential behaviors comprise those cultural beliefs, practices, and behaviors that are indigenous to a group and have no harmful health consequences. Congolese immigrants discussed some cultural foods that make the breastmilk flow easily. We did not dwell on these specific topics since it did not affect father mindset of breastfeeding support. In the African American group, existential attributes were not detected. Black fathers in those studies were recruited to share their daily social experiences of being fathers of breastfed children. They were not experts in breastfeeding traditions of their respective cultures.

Negative behaviors are those beliefs and actions that are known to be harmful to the practice of breastfeeding. African American men described community realities that hinder their breastfeeding practices. Kids Having Kids, the Generation Gap, Formula availability are elements that any Health providers must examine and understand within their cultural, historical, and



political contexts before attempting to change them. The contrast to the American way of life was the critical challenge faced by the immigrant fathers. Breastfeeding in public is not a norm in the host country, and when in doubt, they follow the mainstream. Table 4.3. is filled with few themes that characterize the positive, existential, and negative features of the Cultural Empowerment model of the PEN-3.

**Table 4.3. Cultural Empowerment**

	<b>Positive</b>	<b>Existential</b>	<b>Negative</b>
<b>Congolese Immigrants</b>	-BF Visibility heritage -Sacrifice (maturity) -Attention shift	-Culinary Tradition	-Uncertainty in how to fit
<b>African American</b>	-Smart & Healthy Kids -Fathers' Pride -Financial Benefits		-Kids Having Kids -Generation Gap -Poor Awareness & Communication

**3.4.3. Developing Culturally Sensitive Interventions.**

The PEN-3 cultural model offers an opportunity to promote and respect the notion of multiple truths by examining cultures and behaviors. The model begins by identifying positive behaviors. In this study, only fathers of breastfed children were recruited to assess their positive breastfeeding values and dispositions before identifying the negative ones. This way, men-directed breastfeeding interventions would promote more positive values as they are changing negative ones. Interestingly, what is identified as a positive value in the group of immigrant fathers may not be the same for the African American group. The Congolese immigrant breastfeeding authenticity does not collide with the African American reality; it rather enriches it.

In PEN-3, the Es – Extended family, Enablers, and Existential behaviors – are the most powerful influences on and for cultural production. Fathers of breastfed infants represent the extended family aspect of the Cultural Identity dimension. Their implication not only augments the social knowledge of breastfeeding support, but it brings as well a different perspective in the interpretation of breastfeeding behavior. This is illustrated by an observation of an African American father when he talked to mothers: *“But of course, the women that I talked to. It's funny. Once again, it's not sexual. It's essential. So, when I start discussing it, I'm talking from a perspective of a married man, and most times it's in a nursery or somewhere, not like on the street or nothing. It's like more intimate surroundings. And so, when I start bringing this up, they probably think I have some type of background in that. So, a lot of the information I was offering, you know, it appeared like they never heard it before.”* A perspective of presenting breastfeeding as an essential activity is refreshing.

The following aim examines the insights and recommendations of African American community leaders and practitioners regarding father-directed breastfeeding support. The role of the enablers who speak to power, politics, and history of African American was clarified. The existential traditions of breastfeeding in African American communities are crucial in the development of culturally sensitive interventions.

#### **AIM 4. Key Informant Interviews with African American community leaders and Practitioners**

##### **4.1. Key Informants**

This section reports the results of the semi-structured interviews conducted with 12 African American community leaders and practitioners located in 3 regions of the U.S., the Northeast, Southeast, and Southwest, as shown in figure 4.1 and listed in table 4.1. Nine key informants were married with children. Three were single and had no children. At least one of the key informant children were breastfed except one father whom the only son was exclusively formula fed. Besides one single man who had few years as a fatherhood practitioner, the selected key informants had carriers that spanned from 12 to 30 years of fatherhood involvement. One informant was incarcerated for 30 years. He developed his curriculum in prison where he was educated, new inmates. After his release, he continued educating and mentoring young Black men in his community as well as those in his local prisons. All the other key informants were well educated with five of them holding a doctoral degree.

Figure 4.1. Key Informant Locations



Table 4.4. Key Informants

<p>Anthem Strong Families Fatherhood Program <a href="http://www.bethechampion.com">www.bethechampion.com</a> Dallas, Texas</p>	<p>Turn Around Agenda Family Services Oak Cliff Bible Fellowship <a href="http://www.turnaroundagenda.org">www.turnaroundagenda.org</a> Dallas, Texas</p>	<p>Louisiana Department of Health Bureau of Family Health <a href="http://www.nola.gov">www.nola.gov</a> New Orleans, Louisiana</p>
<p>Talbert House <a href="http://www.talberthouse.org">www.talberthouse.org</a> Cincinnati, Ohio</p>	<p>Lucian Families <a href="http://www.lucianfamilies.org">www.lucianfamilies.org</a> Cincinnati, Ohio</p>	<p>Community Service Council in Tulsa <a href="http://www.cscTulsa.org">www.cscTulsa.org</a> Tulsa, Oklahoma</p>
<p>Reaching Our Brothers Everywhere <a href="http://www.breastfeedingrose.org">www.breastfeedingrose.org</a> Atlanta, Georgia</p>	<p>ADK Strategy Group <a href="http://www.adkstrategy.com">www.adkstrategy.com</a> Washington DC</p>	<p>National Partnership for Community Leadership (NPCL) <a href="http://www.npclstrongfamilies.org">www.npclstrongfamilies.org</a> Washington DC</p>
<p>Prince George’s County Health Department <a href="http://www.health.mypgc.us">www.health.mypgc.us</a> Laurel, Maryland</p>	<p>Center for Student Success and Faculty Development <a href="http://www.wau.edu">www.wau.edu</a> Takoma Park, Maryland</p>	<p>Wurzweiler School of Social Work <a href="http://www.yu.edu">www.yu.edu</a> New York, New York</p>

#### **4.2. Key Informant Data Analysis**

The content of each transcript was analyzed using the computer software program NVivo 12 (QSR International, 2018) and coded into nine categories generated from the crossing of the Expectations and Relationship with the Cultural Empowerment domains of the PEN-3 model. The interview questions were aligned with the PEN-3 categories as described in Appendix B. The key informants were good at addressing the breastfeeding topics raised in a precise manner. When they were not familiar with a subject, they would merely acknowledge their lack of expertise in that area. From their interviews regarding father support breastfeeding practices, 24 themes emergent that are discussed in the context of the PEN-3 Cultural Model.

#### **4.3. PEN-3 Cross-tabulation of Cultural Empowerment with Relationships & Expectations**

The cross-tabulation consists of crossing two domains of the PEN-3 Cultural model. The Relationships & Expectations (i.e., perceptions, enablers, nurturers) domain is crossed with the Cultural Empowerment (i.e., positive, existential, and negative) domain to generate a 3 × 3 table containing nine categories. Table 4.5. assembles nine statements of African American practitioners that exemplify attributes of each PEN-3 category. These statements can be read from the positive perceptions to negative nurturers, and they provide a summary of how African American practitioners and leaders identify breastfeeding behaviors in their communities. Key informants, through their relationships and expectations in the African American communities, exploited the historical, existential, and contextual factors that have helped clarify the cultural importance of Black fathers in breastfeeding support.

**Table 4.5. Representative Quotes for PEN-3 Categories**

<b>PEN - 3</b>	<b>Positive</b>	<b>Existential</b>	<b>Negative</b>
<b>Perceptions</b>	<p>In recognizing the benefits of breastfeeding, it is imperative we utilize all resources to promote and encourage breastfeeding. Fathers have been a critical untapped resource. Historically, we have viewed this problem through the lens of inadequate health care, income, and access to services; which are accurate. However, if we do not educate and include fathers in support of their partners, we are further separating mothers and their children from a new supporter who can be there as an ally in concert with her other support</p>	<p>We are very limited in terms of places of worship, where I work, where I socialize. Other than where I work, it is really not a lot of information for men and African American men, in particular, because we have not printed any materials that are promoting that with their face and so on. We want to make sure there's some representation. Somebody they can see to represent them, they can identify with, that this is something we want to support for these reasons. You need to start supporting breastfeeding.</p>	<p>The biggest myth is that breastfeeding is a women's issue. As such, practitioners who are mostly women, are not versed, nor in some cases willing to engage fathers/partners in the discussion. Another barrier is the negative associations around breastfeeding, and breastfeeding in public. Women have stated they are ashamed and shamed to breastfeeding. There is also the feeling that breastfeeding will negatively affect the shape of their breast. Men are also taught to shy away from issues relating to breastfeeding.</p>
<b>Enablers</b>	<p>I do not think there's not a whole lot of father practitioners in the area. Those that I am familiar with, we all try to link that father to the wellbeing of the child. So, every aspect of child care is a vital portion to show, help the men understand what its true value is. I do not think there's a reluctance to have that conversation. I think that conversation typically is embedded in other conversations. There's not a single topic around breastfeeding, but it is a component of the overall health and wellbeing of your partner that breastfeeding can be a subtopic of.</p>	<p>Until recently, coming into the health field, I begin to hear more about breastfeeding by attending conferences and stuff like this. In my community, this is not talked about. This is one of the places that hurt African-American communities, especially the black men, because these conversations are not held among black men. Many black men in the communities I come out are not invited to the tables to have these discussions.</p>	<p>I do not think there is an overt reluctance to discuss breastfeeding, but instead, it is not a priority. For instance, my program exclusively works with fathers; as a result, my program outcomes are not tied to whether the father is aware of breastfeeding information. Had it not been for me intentionally inviting breastfeeding, safe sleep, and other family and children initiatives into my program to present, my clients would not be exposed to it. I am certain other fatherhood practitioners are not as intentional.</p>

<p><b>Nurturers</b></p>	<p>I am not aware of dads who openly, consistently or routinely support breastfeeding. Maybe fathers from immigrant's community</p>	<p>As stated before, there is an insistence on connecting women with other women to support them in the care of their children. As such, many programs do home visiting, doula, midwifery, and parenting for mom and child. However, what is not shown and promoted is that fathers are also at home caring and support pregnant women and their newborns. Culturally, we need to elevate the importance of fathers in support of their families.</p>	<p>Welfare has contributed to women breastfeeding less. The dependence on WIC has led to more women choosing formula, rather than breastfeeding. Companies like Similac, Enfamil, and Gerber are profiting from the decline in breastfeeding numbers. Also, more women are in the workplace, which lessens the likelihood they will breastfeed consistently or at all.</p>
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#### **4.4. Key Informant Emergent Themes Synthesis**

The crossing of the Relationships and Expectations domain with the Cultural Empowerment domain helped capture the full range of black men breastfeeding perspectives from positive to negative as viewed by African American community leaders. Emergent themes are arranged in table 4.6. according to the PEN-3 categories.

A first look at the table shows that the positive and negative columns list more emergent themes compared to the existential column. Within the Cultural Empowerment domain of the PEN-3 model, Existential behaviors include cultural beliefs and practices that are indigenous to the targeted group studied. African American leaders only offered few existential attributes related to breastfeeding practices in their communities. This can also be associated with the little number of emergent themes in the nurturers' row. The interviewed leaders recognize that there is a need to involve more men in breastfeeding support, yet there is not enough cultural relevance to nurture those initiatives.

The lack of cultural relevance displays the commonality of this existential attributes among key informants. These African American leaders and practitioners were not only approached to draw their basic understandings of breastfeeding practices in African American communities, but also to gain their insights and recommendations to start closing the gap of disparity. The following section discusses few emergent themes selected for their contra-intuitiveness.



Table 4.6. Emergent Themes Generated in each PEN-3 Category.

	Positive	Existential	Negative
<b>Perception</b>	<ul style="list-style-type: none"> <li>- Benefits of Fathers' BF Support</li> <li>- Working with AA men</li> </ul>	<ul style="list-style-type: none"> <li>- Personal Experiences</li> <li>- What is unique with AA Community</li> </ul>	<ul style="list-style-type: none"> <li>- Carrier-oriented Women</li> <li>- Family Breakdown</li> <li>- Lack of Education</li> <li>- Nasty</li> <li>- Time</li> <li>- WIC</li> </ul>
<b>Enablers</b>	<ul style="list-style-type: none"> <li>- Church &amp; Community</li> <li>- Practitioner World</li> <li>- Sexual Education Reform</li> <li>- Responsible Fatherhood</li> <li>- Participant World</li> </ul>	<ul style="list-style-type: none"> <li>- Rural</li> <li>- Urban</li> </ul>	<ul style="list-style-type: none"> <li>- Church</li> <li>- Not Connected Fathers</li> <li>- Wellbeing Subtopic</li> </ul>
<b>Nurturers</b>	<ul style="list-style-type: none"> <li>- Need of men supporting BF (11)</li> </ul>	<ul style="list-style-type: none"> <li>- No Cultural Relevance (16)</li> </ul>	<ul style="list-style-type: none"> <li>- Fear to be Ridiculed (2)</li> <li>- Single Motherhood (2)</li> </ul>

#### 4.5. Emergent Themes discussion

##### 4.5.1. Rural versus Urban

These two themes were introduced by fatherhood practitioners who grew up in the country. They painted a dichotomy in breastfeeding exposure and family unit from the rural standpoint versus the urban view. There is a loss of information or common knowledge that is no longer passed down from one generation to the other. Following is the statement of a practitioner early breastfeeding exposure:

*Growing up in the country, because a lot of the family that was there really didn't have a lot of money, breastfeeding was something that was normal for a lot of the women in the community. Because it helped to save money instead of having to buy formula and things of that nature. That just wasn't something that normally a lot of people did. They didn't even really do a lot of the pumping it and putting it into a bottle. They just breastfed, and so I think that was one of the things that I saw early*

*on. Now, I guess as the kids got a little older they started to give them just regular cow milk as opposed to formula. Those were some of the two different things that I saw. The formula was not an option, again, because it was a cost that wasn't something that they could incur with the budget that they had. I think when I started to move around because of being in the military, my dad being in the military, you would see different cultures do it.*

This second statement presents fragmented black families in the urban area which was not as prevalent in the rural area:

*But in the urban areas, that is becoming less of a tradition than in the rural area where I grew up. Families in urban areas tended to be more fragmented. And there's not a lot of information that's being passed down. If you observe the family practice, in the rural area, you are in the family environment with multiple family members and multi-generational. And we see a lot less of that in the urban area where they are really about the same age. But multi-generationally, there's not a wide span of age in those generations. So there tends to be little, the common knowledge is not grown as much, it is not as expansive.*

#### **4.5.2. Practitioners versus Participants**

The interviewed Black leaders and practitioners operate in major cities as listed in table 4.4. Despite their humble beginning, they have attained remarkable credibility in their own practice. However, the world they live in and the world they work in are two different worlds as described by one practitioner.

*In the world I live in, we have that conversation around men. We talk about the hospital and even though men may not go to the hospital for their own health. But they would go to a doctor to find out information to care better for their family. The internet, going out and looking up information and getting information from the internet is something else that is readily available to those men in the world that I live in that have resources, that have higher levels of education that have the opportunity and ability to seek out information formally. Information to validate that thought and learn something from that.*

*The men that I work with are least likely to ask for that kind of information. They are least likely even to consider going to the hospital to a boot camp or anything like that to acquire that information. So, it has to be by way of someone else that they know, that can bring them, make that information available to them. So that becomes a challenge. The idea of not being in a place that "I do not go and I do not take care of my own health." So that means that I do not go to the hospital at all. So, they are not going to go to the hospital to ask something about breastfeeding. They do not take advantage of that information even though the information is there. The internet is not something that they are using for that purpose of simply education. Most of the time when we have those conversations it's going to be around how you best care for your child? What can you do to help your child, help the mother of your child? And then introduce to them bits and pieces of information, you need conversation and dialogue to create the thought process.*

*And don't think about it because it is not part of the normal thought process. A lot of men we are talking about, they are in a survival mode. Their survival mode is, "How am I gonna pay rent? Utilities, I have gotta pay these fines, I have gotta keep this car ready, I have gotta buy the food, I gotta do those things." So, they do not really think about the idea of breastfeeding as part of that, in the same manner of where it rates on all the things I have to do. And it tends to be at the bottom of the list.*

#### **4.5.3. Church versus Church**

The church as an emergent theme appears in both the Positive as well as the Negative side of the Enablers. On the positive side, African American churches have the potential to address health issues in their congregations and communities. On the negative side, the African American churches do not enable breastfeeding support. One practitioner described how negatively nursing mothers are treated in his congregation. Another church-based practitioner described the potential of the church to intervene in health community matters.

*I know my church back home don't let women breastfeed in the congregation. They make them go to the bathroom. I have a problem with that. When I went home for last Thanksgiving, the deacon went to a girl and told her, "You can't be doing that up in the sanctuary. You got to go to the bathroom." I was very upset because to me it's like you're trying to tell this girl who pays her tithes, goes to church, and you're telling her that what she's doing is nasty, and everybody in the church is looking at her as she's shamed in public, getting up from the common sanctuary and going into the bathroom to nurse her baby like something was wrong with her. The pastor of our home church is also a city councilman in my city which makes it doubly hard.*

Black churches also have the potential to engage the community. A based-church practitioner discussed the need of churches to become more involved about the realities in their communities.

*When the church starts to address these issues and make these services available as we do here in our church, make these services available for people to understand and to have a real healthy dialog around, and then Bible-centric dialog, I think it changes the mindset because now it's not something that is a taboo conversation. It will become a conversation that is necessary. In our area at one point in time, we had the highest rate of infant mortality in the state of Texas. That can be attributed to a variety of reasons, but I think with that being said, that was almost a shot between our eyes that said, "We need to step up, and as a church, we need to put our money where our mouth is and where our faith is."*

*If we want to see our community turn around and we want to address this tragedy that's taking place, we need to have ways to educate the community and to be able to provide services to the community so that they are able to get access to it. But we cannot. You can lead a horse to water, but you can't make him drink. We can't make people take advantage of all the resources, but at least making it available, and then also mobilizing our services, we are going into the communities, and to the apartments, and to the schools, so forth and so on. We at least have a fighting chance of being able to plant those seeds, and hopefully, that can eventually sprout.*

#### 4.5.4. Education versus Mentorship

The veteran of all the key informants interviewed has been in the fatherhood practice for three decades. For him, the issue of health disparity and other social issues of African American lies in the lack of education.

*I think your biggest thing, and I've been doing this for a long time, your biggest thing is a lack of education. That's it. There's nothing more than that. That's all it is. It's a lack of education. If we step out on that and say if that's the case, then the question becomes how do you educate?*

Another practitioner argues that education is important, but education alone will not change people. He provides an explication of what is being implemented in his community beyond education.

*What I would like to see happen differently, and this is something we just recently implemented, is that education alone is not going to change somebody. So, even though we're giving exposure to people and they're coming to the classes, and they're getting exposed to the information, what we saw was the follow up was not really there. We have recently implemented more of a mentoring program where with the pregnant moms we have a program that we can come along beside the pregnant moms for up to a year and a half of their child's life. A mentor is assigned to them and a prayer partner. What they do is they basically work with this mom and become a resource to them through their pregnancy, even after the child is born to be able to disciple them and mentor them to act and get some access to different resources if needed.*

*To me, now you have someone that can be an advocate, even if the dad's not there, even if the biological mom and dad is not available or involved in that young lady's life, they can be able to have someone that can be a voice that can be able to encourage them, and also reinforce positive, healthy things that need to happen in the context of raising that child. Now, the guys, we're trying to do the same thing. It's a little more difficult because obviously, they're not carrying a child. They just are doing their thing, working or whatever it is that they're doing. We're trying to create a way where we can also mentor couples, mentor individuals, single fathers as well as the single moms.*

*I think that's the piece that we want to do better and get better at. Then, information is okay, but when you're able to walk along beside somebody and teach them how to apply the information they learned, to continue to reinforce that and to celebrate when they have successes, and to let them know that they still have someone that's there for them, even when they mess up ... I think that is what's going to help change a lot of situations because you start with one family and then hopefully generationally you can change over time. So, hopefully, that one family will reach out to another family and so forth and so on. That's what we're trying to do for right now.*

#### **4.5.5. African American versus American**

What is unique about breastfeeding support in African American communities?

The answer to that question varied from ignorance to excitement. The word "breastfeeding" was not always viewed as a proper word to designate this feeding option in some African American men circle. Another practitioner advanced the idea that low breastfeeding rates are an American phenomenon and not an African American one. A third practitioner added that African American are merely maladapted Withe Americans. The following excerpts illustrate the three raised points.

*Another thing also I noticed about certain black community leaders, those that are maybe over 50, is that they do not like to use the word breastfeeding because it is associated with the word "breast," and I do not know why they think it is a dirty word. Because I will be honest with you, my Daddy said, "Why you gotta call it 'breastfeeding'?" He said, "When we were coming up, we always said, 'She's nursing her baby.'" I said, "Daddy, that is a strange term because to nurse, you are a four-legged mammal. Lions and tigers and bears nurse their babies. Human beings breastfeed.*

*Breastfeeding in American, in general, is not that high. I think I am speaking from my own opinion, but I think that in many ways, the African American experience is a combination of our African history and heritage coupled with Western ideas and thoughts, primarily European, which has become Westernized and Americanised. American Western culture, as a rule, does not embrace breastfeeding anymore. I*

*think that in Western thinking, there's a whole different idea about sexuality and intimacy and touch. I believe that a lot of what we see in breastfeeding is too intimate for the American culture. It is very weird, because American has spun out of a very Puritanical, prudish culture, as you know, and that Puritanical, prudish culture, even in the midst of 2018, still has some influence in how Americans think about things. Even after the sexual exportation of the 1960s and people being freer to express themselves, there are still some things that are just supposed to happen behind closed doors and not in public, and I think breastfeeding is one of those. I think people see it and they respond to it. It is not an African American thing. I think that is an American thing, and we just happen to embrace that also, even subconsciously, as African Americans.*

*African-Americans are maladapted white Americans in terms of their behavior. In other words, black folks want the same thing that the folks of privilege have had for 450 years. So whatever whites do, blacks want to do or have learned to do it. Even though slavery was a peculiar period where black women were breastfeeding white children, I do not think that phobia is there relative to breastfeeding their own. I think the slavery experience ... I know a lot of folks would like to go there. I am a former African-American history teacher. What I am saying to you is that that issue is little or nonexistent when it comes to what you are talking about, in my opinion. To me, your real challenge is understanding how to do the outreach and educating. That is the formula for you.*

#### **4.6. African American Cultural Relevance**

Leaders and practitioners of African American fatherhood programs were interviewed to gain insights and recommendations regarding father-directed breastfeeding interventions. Through the lenses of the PEN-3 cultural model, those leaders are viewed as enablers whose role is to address the power, politics, and history of African American men and to affirm the existential traditions of breastfeeding in their communities. Practitioners who grew up in the country testified about the family unit with multiple and multi-generational members that perpetuated breastfeeding practices.

In the urban arena where all the key informants are operating, there is an agreement in the breakdown of the family unit. The family concept has been redefined as being mothers and children as observed by a New York City practitioner:

*Every single one of these programs, these agencies, that are apparent in human services, social work appear for the sole purpose of working with families. And I am using quotation marks, regarding that. Families. But families have been redefined to mean women and children. So, you know it is very difficult for somebody who has not been supported. I have spoken all over this country about fatherhood, and I have spoken to practitioners all over the country, and they all tell me the same thing. We have support. We have resources for moms, which there are not a lot as it relates to the actual needs that they have but they do have those services in place. When it comes to African-American males and their particular needs, there aren't services in place. In addition, there aren't services providers in place that come from their social-economical background, that understand the cultural differences in their communities, that understand that men and women are different.*

Wherever there is a mother; there is a father insisted a fatherhood practitioner from Washington DC. Men are different, but they are vital untapped resources to support their families. Households also are different. Because of that, it is uneven how an intervention approach must be. Regardless of their disposition, fathers need to be educated and mentored regarding the benefits of their involvement. Conventional and nonconventional approaches were tested in the Washington DC area to access and empower African American men.

*The nonconventional thing is going into the prisons. The reason why I say that is because that is where a lot of fathers are, and one of the things that you have to understand, too, about that is that because they are in jail does not necessarily mean that they do not have influence over what the mother of their child does. I spent a lot of time of my career in correctional facilities. You have just got to make*



*the connection and then educate them on what you are trying to do, then take it from there. That is number one.*

*Number two. I think that you have to go to work with our faith institutions. Educate the leadership and request access to any issue associated with fatherhood or motherhood, particularly fathers. You have always got to begin with the emphasis on the benefits to the child. Bar none. Do you have to start there because who does not want to help your baby? Who does not want the best for children? To me, is how you gain access to the prisons, and also in the context of the faith community. Even though a faith community is not bustling, overflowing with a lot of men, the men who are there are probably more inclined to be receptive to what you are talking about, understanding from a Christian standpoint. They understand that children are gifts from God and that they are going to be readily attuned to that and are going to be responsive to the type of things that you are trying to get at. That is number two.*

*The other thing is that you have got a lot of these fatherhood programs now out there. So, it is a no-brainer there. They are going to be receptive to you, big time. It is just a matter of you finding out where those fatherhood programs are and working through those community-based organizations and some of those Healthy Start, 0 to 3. What you have in terms of the public programs that may give you access to fathers who are receptive? There will be Early Start, that is 0 to 3. Head Start, that is from 3 to 5, and Healthy Start, that starts once the child is conceived.*

#### **4.7. African American Breastfeeding Support Relevance**

Among the dominant issues faced by African American men, how the subject of breastfeeding ranks in their list of priorities? One practitioner and scholar from Maryland said that breastfeeding was too intimate for the American culture: *"Americans, in general, don't do it, and they find it rather, quite frankly, repulsive. When you see women, who have ... I am going to use this term loosely ... the nerve to breastfeed publicly, it turns people off because I think it is too intimate."*

Another practitioner and scholar from New York City believed that the research subject for this community was not a prevailing issue, but an outlier. Breastfeeding is not a necessity in Black communities as it relates to African American males and what their current needs are. The following excerpt illustrates his position:

*There's been a disconnect in how human service professionals and policies have engaged our communities. It has served to separate us, to separate our families. It has empowered our women to be leaders in our communities and denigrated our men in ways that even our women are now no longer looking to their societal options.*

*So, before we can even address the importance of breastfeeding it was just very important you ask me a question. You know, I am aware of all the medical and all the healthy benefits that breastfeeding has for children. But when you got somebody that can't even feed himself, you got somebody that's not even employed as dealing with incarceration and dealing with police brutality and dealing with racial profiling. Issues that present in breastfeeding are minuscule.*

*So, I think that that is the biggest concern in going into African American communities. How do you appeal to this population who their needs are not being met? But, you are coming and bringing information about support of somebody else that's seemingly is being supported by the system. So, it is hard for men in the community to say that I am all behind breastfeeding, because you know, well mom has already got WIC, she has already got housing. As a matter of fact, because I am on child support, this is the reason why she has all these things. And now I am supposed to come and now be an advocate and a supporter of this? Half the time I am not even living at home.*

*So, these are issues that are happening and until those issues get addressed a conversation is going to be difficult. So, part of what you have to do is find a way to bridge the gap. To bring some understanding to what they are going through as men before you can talk about what they need to do for somebody else.*

The third practitioner was far from being a scholar. At age 16, he was put in prison where he spent 30 years. From ignorance about any benefit of breastfeeding practice, this practitioner became a strong advocate of breastfeeding support:

*Before I cared less about breastfeeding because it meant nothing to me, whether a woman breastfeeds or not because I did not care. I was under the impression that it was just something black people did not really even much care about doing, so it was non-existent in my world. I have seen women breastfeeding and, you know, I just looked, and it was not any big thing to me. As I said, I cared less. It had no bearings on my life, or how I looked at it. I never had any questions as to why she is breastfeeding or what it is for. I just didn't really care nothing about it.*

*But now, what has become unique is it is the excitement of black, African American men, now wanting to do it. That is unique because first, they did not know anything about it, but now that they are being educated on it, now they are excited about it. That is unique itself, to have men who consider unconcerned about these issues, now they have a different outlook because they have been educated on it. The benefit of having more fathers to participate is to bring more awareness to the community, more healthy kids in the community, and getting men involved into something that's powerful, and the support of breastfeeding to their women. I think it bridges a gap in the community with men, kids, and women for that cause.*

The importance of breastfeeding support through African American men is not questioned. The challenge lies in how to access, educate or mentor these men. This research proposed examining the cultural role of Black fathers from two distinct backgrounds. The leaders in fatherhood programs were invited to assess the context of how this father-directed breastfeeding support can take shape in the community. The following chapter discusses and documents those cultural roles in breastfeeding decision.

## CHAPTER V: DISCUSSION

### 1. The Research Question

This study proposed to examine what role fathers' cultural experiences play in the decision to support breastfeeding. The breastfeeding experiences in the daily lives of Congolese Immigrants compared to those of African Americans in the Dallas Metroplex area were explored, compared, and contrasted. Focus group analysis of both Congolese Immigrant and African American fathers of breastfed children were performed separately to highlight the social and cultural distinctions of breastfeeding support of two Black groups. African American community leaders and practitioners were interviewed as Key informants to augment the knowledge on how to intervene in both African American and Immigrant communities. The PEN-3 cultural model provided the framework for the data examination.

### 2. The PEN-3 Cultural Model

The PEN-3 cultural model consists of three primary domains: (1) Cultural Identity, (2) Relationships and Expectations, and (3) Cultural Empowerment. Each domain includes three factors that form the acronym PEN; Person, Extended Family, Neighborhood (Cultural Identity domain); Perceptions, Enablers, and Nurturers (Relationship and

Expectation domain); Positive, Existential and Negative (Cultural Empowerment domain)[26]. This framework was used to centralize the cultural role of Black fathers' breastfeeding support. From the analysis of the data to the emergence of themes, the model was utilized to present the results and interpret the findings. Selected emergent themes from the three sets of data analyzed are arranged in table 5.1. according to two PEN-3 domains, the Relationships and Expectations domain, and the Cultural Empowerment domain.

**Table 5.1. PEN-3 Domains and Emergent themes.**

<b>PEN-3 Domains</b>	<b>Congolese Immigrants</b>	<b>African American Men</b>	<b>Key Informants</b>
<b>Relationships &amp; Expectations</b>			
Perceptions	-Natural Process -Unspoken Agreement -Breastmilk value	-Personal Experience -Family Influence -Breastfeeding Benefits	- Personal Experiences - What is unique with AA Community
Enablers	-Cultural Identity -Breastfeeding Visibility	-Family & Friends -WIC Program	- Rural - Urban
Nurturers	-Immigrant Associations	-Black Doctors -African American Providers	- No Cultural Relevance
<b>Cultural Empowerment</b>			
Positive	-BF Visibility heritage -Sacrifice (maturity) -Attention shift	-Smart & Healthy Kids -Fathers' Pride -Financial Benefits	- Church & Community - Practitioner World - Sexual Education Reform - Responsible Fatherhood - Participant World
Existential	-Culinary Tradition	?	- Rural - Urban
Negative	-Uncertainty in how to fit	-Kids Having Kids -Generation Gap -Poor Awareness & Communication	- Church - Not Connected Fathers - Wellbeing Subtopic

### 3. The Congolese Immigrant Cultural Role

In the Congolese cultural context, breastfeeding support perceptions, beliefs, and attitude are enabled by the visibility of breastfeeding practice in Congo. Immigrants fathers identified their African origin as strong enough to grant their breastfeeding decision and support. Breastfeeding is perceived as this natural process that does not require a verbal agreement between expectant couples. Breastmilk is valued for his God-given virtues rather than its medical benefits. Immigrant fathers acquire breastfeeding knowledge through association and research which happened much later when they are faced with infant feeding challenges.

As a Congolese immigrant, the researcher of the proposed study brought his Afrocentric approaches to work with African American fathers to gain more understanding of the associations between African American and African culture. One Afrocentrism principle is to move individuals and families to a sense of interconnectedness and wholeness while building on positive attributes of each community [44]. The data of African American fathers of breastfed children were explored with the same purpose of seeking that unifying cultural pattern in breastfeeding support. One revealing statement delivered by an immigrant father is that Congolese immigrants breastfeed because of their culture, American do it because of their education.

#### **4. The African American Cultural Role**

In the cultural context of African American, breastfeeding support perceptions, attitudes, and beliefs are enabled by family and friends. African American fathers' breastfeeding support journey starts with an identifiable circumstance that can be traced to a personal experience with the family members or friends in their neighborhood. For African American fathers, personal experiences and knowledge of breastfeeding benefits are predictors of breastfeeding decision. Emergent themes such as Smart and Healthy Kids, Financial Benefits, and Fathers' Pride are few positive breastfeeding attributes that African American fathers documented. On the negative side, they recognize the breakdown of the family unit where many children are becoming parents themselves. Yet, there is not a mutual existential influence enabling their commitment to breastfeeding support. African American community leaders or practitioners who operate with father involvement programs frame those existential attributes in the context of African American communities.

#### **5. Key Informants Cultural Affirmations**

In PEN-3, the Es – Extended family, Enablers, and Existential behaviors – are the most powerful influences on and for cultural production. Key informants are viewed as enablers whose role is to address the power, politics, and history of African American men and to affirm the existential traditions of breastfeeding in their communities. What is unique about those African American communities? First, they are located in urban

areas where all the interviewed leaders and practitioners operate. One common observation from the key informants is the breakdown of the African American family in urban areas. As noted by a practitioner and scholar in New York City, the family is redefined to mean women and children in most social and human services throughout the nation. Black fathers who are vital untapped resources for breastfeeding support are further separated from mothers and their children.

Second, there is an absence of community agents that nurture breastfeeding behavior. Often women are connected to other women to support them in the care of their children. For instance, programs that do the home visit to support mothers and children, don't report that fathers are also in those homes caring about their family members such as fathers of breastfed children. The role of these supporting fathers needs to be culturally documented.

Third, to culturally empower the role of black fathers in breastfeeding decision, the PEN-3 framework recommends identifying first the beliefs and practices that are positive instead of focusing on behaviors that serve as barriers. In table 5.1., emergent themes listed as positive in the Cultural Empowerment domain of PEN-3 are to be encouraged before criticizing the negative ones. Participant World, Responsible Fatherhood, Sexual Education Reform, and the role of the Church in Black communities are the realities to be explored to document a culture of Black father breastfeeding support.



## 5.1. Participant World

Opposed to the World of fatherhood practitioners that have resources, high level of education, and the ability to seek information formally, the world of participants is a world of survival. Breastfeeding considerations do not rank among the top concerns in this world, and if mentioned, these considerations are generally embedded in the family wellbeing conversations. A practitioner in Washington DC area proposes seven keys to help Black fathers to support their wife in breastfeeding: *"I think an interdisciplinary and holistic approach for African American men to address the seven different keys in their life. What I mean is that spiritual, physical, emotional, mental, financial, occupational, and social. Those are seven key areas that I will strongly fill in an African-American man. As he starts addressing those areas, he will be able to redefine his role not only in the community but his role as a man and as a father"*.

African American fathers recruited in this study came from a wide variety of age, income, and education level. They did not all belong to the world of participants as described above. Some of them were very far from being in the survival mode. They all shared without reserve their breastfeeding experiences. They expanded on their rewards as well as the breastfeeding benefits for their families and communities. They suggested diverse resources to support African American women and families in their breastfeeding aspirations. Their suggestions were affirmed by key informants as well. Following are some recommendations African American fathers proposed to increase breastfeeding rates in African American communities:

- Increase breastfeeding Awareness and Communication
- Provide proper and appropriate breastfeeding education
- Adapt the school curriculum since "kids" are having "Kids."
- Involve the Church since most African American activities are connected to one
- Create a New Generational Identity
- Foster a responsible Community where everyone is involved.

## 5.2. Responsible Fatherhood

The notion of responsible fatherhood was raised by all key informants, even the ones that were not fathers yet. Except of one African American father, all the fathers of breastfed infants recruited in both studies were married. The marital status was not a requirement for the study selection. It is interesting that married men responded favorably to participate in the study. One African American father equated breastfeeding success with marriage: *"I equated successful breastfeeding with marriage, or in a committed relationship because wives change. The body is not as sexual; it is more essential. I stay with my wife because I am committed and not because I am sexually attracted. I am still with her because I am committed. And that is where the marriage part comes in."*

The veteran of all the informants interviewed had 30 years of fatherhood practice in the Washington DC area. His views on responsible fatherhood go beyond marriage. He defined responsible fatherhood in these terms: *"As far as the fathers are concerned, some of it will have to do with whether or not he has access and whether or not he is in a stable relationship with the mother. In other words, if I were to give you definitions of*

*fatherhood, the dimensions of fatherhood, I would say one is access, two is engagement, and three is responsibility. What I mean by responsibility, it is really like a catch-all of everything that you do to care for your child. Again, they are all linked together. If you do not have access, you cannot engage. And if you cannot engage, you cannot exercise your responsibility. So, I think that when you get them with child, non-married and non-resident fathers, you have barriers associated with that. All right. Any issue associated with fatherhood or motherhood, particularly fathers, you have always got to begin with the emphasis on the benefits to the child. Bar none. Do you have to start there because who does not want to help a baby? Who does not want the best for children?"*

Any conversation of the father role in breastfeeding support cannot be made in isolation, but it must be tied to the idea of being responsible for your child. Outside of that frame, key informants agreed that a breastfeeding discussion would be somewhat difficult in African American neighborhoods. It is more practical to appeal to those men heart by saying: "Wouldn't you want your child to have the best opportunity to be healthy or to have a healthy childhood and then growing and becoming a young adult and eventually an adult?"; rather than getting in the bonding discourse of breastfeeding. Some key informants feel that Black men may already have issues with negative images or unhealthy images of relationship and bonding that may be foreign concepts to them since they may have never experimented them with their parents.

Besides the concept of responsible fatherhood, it was discussed how important is to establish a genuine relationship with the community members served. Most of the

fathers engaged by practitioners are in conflicting relationships with the mothers of their children. Practitioners first approach is working to help them resolve or improve that relationship. And rarely, there is anything around the idea of breastfeeding. For those in relationships or presently pregnant, ideas on how to support that pregnancy are introduced. That begins a conversation that could lead to the idea of breastfeeding.

"Rules without relationship equals rebellion."

"There is no authority without relationship."

These two phrases exemplify how to build a genuine relationship between practitioners and participants. Practitioners must first invest in that relation. Rather than presenting themselves as professionals, they are giving themselves while identifying what they have in common. In the general conversation, the identified topic becomes the subject of that relationship. The relationship is not different from the three dimensions of responsible fatherhood, access, engagement, and responsibility. As a practice or a set of actions, responsible fatherhood cannot happen outside of an authentic relationship.

### 5.3. Sexual Education Reform

How to educate Black men on breastfeeding support without touching at their sexual perception of it? In all the three studies, even if there were not an explicit question on the subject of sexuality, a discussion on intimacy was advanced in their personal experiences with breastfeeding. Another aspect recommended by both African American fathers and the key informants was the introduction of breastfeeding and parenting in middle school sexual education curriculum. One African American father made his point in these terms: *"If you are gonna teach sex education in the schools on the anatomy of the body and its chemistry or something, let's talk about breastfeeding. Let them know that breastmilk is a chemical that the body produces that is very healthy for the babies. And just like animals. You talk about animals, how animals breastfeed. So, I think if they can get it into the schools and that would really bring it out to the front."*

Traditional reproductive and sexual education must be reformed. Pregnancy prevention, even abortion is thought in schools, but when a child is born, there is no curriculum on how to care about that child. If you are going to parent that child, here are the things that you need to be aware of to be able to have a healthy child and healthy parenting experiences such as educating the parents or the future parents on the benefits of breastfeeding.

In the immigrant study, only one father presented the sharing of the breast with the baby as a personal challenge: *"A challenge I can foresee, and maybe other men can speak to, is basically sharing the breast with the baby, to be blunt. It is something that if not*

*managed well can lead to a feeling of rejection, that the man feels rejected. That is probably something that is very up there in terms of personal challenge."*

A key informant embraced the idea that it is important to discuss the breast as both a sexual organ and a source of nutrition for the baby: *"But the thing about it, what I do believe is that, and forgive me for saying this, but my views have kind of changed, is that the breast is a sexual organ. But it is also is a nutritional source for the baby. We have to find a middle ground where these men are not stripped away from the sexuality of how they are intimate with their females. But at the same time, we have to also work with them in terms of understanding that this is the primary source for the baby to get the most optimal health nutrition from the mother. It is like a cross-communication between the actuality versus what is real."*

A father of 4 breastfed children reconciled this dichotomy by viewing the breast as both sexual and essential: *"I did not think about the sexual component of it. At the same time, I marveled at my wife from being a sexual figure to a necessity essential for my kids' wellbeing. I could reconcile the two. When we began to have kids, she was always feeding, so her breasts were always active. Every so often, she might leak, I was trying to change it from the sexual to the essential."*

#### **5.4. Church Reform in Black Community**

*"The fact that you are bringing it here because out in our communities, regardless of the denomination, we are heavily influenced by religious organizations. People know their pastors, but they do not know who the mayor of the city."* This comment was given

during the focus group session that was being conducted in an African American church. A fatherhood practitioner who operates within a church argued that the church needs to be reformed to address realities that are going on in the community. The root issue from a spiritual perspective is the sin, but practically speaking, young men are afraid to step up to the plate and become fathers. Money is always an issue: "I cannot afford to take care of a child, I cannot raise a child." There also trust issue in terms that they did not know each other, and yet they have a baby together. Regardless of the issue, the church ought to meet them at their level. When the church starts addressing these issues and making services available for people to access, communities can turn around.

## **6. Scope and Limitation**

### **6.1. Generalizability & Transferability**

Generalizability and transferability refer to the extent to which the findings in this study could be generalized or transferred to other settings or groups. This qualitative research is based on breastfeeding support data from narratives and observations of 60 Black men. This type of study requires an understanding and co-operation between the researcher and the participants, such that texts based on focus groups, interviews, and observations are mutual, contextual and value bound. The personal history of the researcher influences his interpretation of the documents. Being himself a father of breastfed children, the researcher interpretation of breastfeeding realities in Black communities is dependent on subjective meanings. In qualitative content analysis, there

is no single correct meaning or universal application of research findings, but only the most probable meaning from a particular perspective, which from this study is from an immigrant standpoint. Generalizability and transferability must deal with establishing arguments for the most probable interpretations and must increase if the findings are presented in a way that allows the reader to look for alternative explanations.

An alternative that was not considered in this study is the experiences of Black fathers of non-breastfed children. If taken into account, their information would enrich the interpretation and meaning of the findings in ways that challenge any generalizability and transferability. *Graneheim and Lundman (2004)* [45] argue that the authors can give suggestions about transferability, but it is the reader's decision whether or not the findings are transferable to another context. To facilitate transferability, it is valuable to give a clear description of culture and background, selection and characteristics of participants, data collection and process of analysis [45]. A comprehensive presentation of the findings with appropriate quotations will also enhance transferability.

## **6.2. Cultural Disparity**

Black Africans are among the fastest-growing groups of U.S. immigrants, increasing by about 200 percent during the 1980s and 1990s and nearly 100 percent during the 2000s [13]. Rapid growth in the black immigrant population is expected to continue. The Census Bureau projects that by 2060, 16.5% of U.S. blacks will be immigrants [37]. Because of this anticipated expansion, studies on immigrant populations should be multiplied to document a better understanding of the role of culture in disparity research. The



populations examined in this report lived in the Dallas County area and the findings of this research may not be representative of all Black men in this area and outside. Yet, the results already illuminate how men from different backgrounds experience common cultural themes.

In 2014, the Dallas/Fort Worth Metroplex counted 7 % of non-US born Blacks which was negligible compared to the 34 % in Miami/Fort Lauderdale area or the 28 % in New York City area [13]. Nigeria and Ethiopia are the two largest birth countries for Black African immigrants to the U.S. In Dallas, the two countries represent more than a third of the populations from Africa origin [46]. In the early 1990s, the small Congolese community of Dallas was composed of young adults who emigrated in the U.S. to pursue their education. The immigrants enrolled in the focus groups came from this educated batch. Since 2000, the Congolese immigrant profile has changed. Nearly 11,000 Congolese refugees were resettled in the United States with Texas hosting the single largest concentration of Congolese [47, 48]. These resettled refugees came with a very low literacy level offering further opportunities to nuance cultural role in health disparity research. How has culture permeated the breastfeeding perceptions of these newcomers? Is a study design grouping the participants for the same origin by educational background provides new insights into the understanding of breastfeeding attitude in men?

A similar design could be applied to African American studies by separating fathers that are at or near the poverty line to those that are above the poverty line. This model

would create two rubrics aligned with the two worlds defined by African American fatherhood practitioners. The world of practitioners where men are a little more affluent and actualized will be contrasted to the world of participants in term of breastfeeding support and outcomes. Research would help frame the issues of working Black fathers who may not be engaged in public services and issues of families near the poverty line who may not be aware of other resources available to them. In Dallas, the Courts or Child Protective Services that often order fathers to attend some parenting classes, have built a pipeline of services with local fatherhood programs to help families access various parenting resources. Research would help tailor and catalog these resources to identify the best practices for targeted communities.

### **6.3. Building on Existing Structures**

An insight gained from the key informants is the fact that some practitioners have built their practices on existing public health structures. For instance, one practitioner working model was to educate African American fathers in correctional facilities. Recently, the Louisiana Department of Health Bureau of Family Health in partnership with Reaching Our Brothers Everywhere Inc. launched the barbershop initiative program consisting at reaching and educating Black fathers in their neighborhood barbershops. The findings and recommendations of this report were incorporated in the approaches to reach these African American men for Breastfeeding support. The dynamic principle of the African American breastfeeding toolkit was applied to educate, equip, and empower for breastfeeding support by centering the conversations around their child wellness.

That exposure confirmed the need to develop an online toolkit application tailored to African American men that is portable and able to reach Black fathers in their privacy.

**CHAPTER VI: PLAN FOR CHANGE:  
To develop a Men Breastfeeding Toolkit to be marketed  
in the African American community of South Dallas**

**1. Introduction**

African and black immigrants come from a wider array of nations. While arriving in the U.S., they are often indistinguishably included in African American minority category. This study, guided by the PEN-3 cultural model, has illuminated black fathers' cultural expectations and relationships toward breastfeeding behaviors. An African American Fathers-directed Breastfeeding Toolkit is constructed with the understanding of what is distinct and common about black immigrants and African American. The toolkit approaches and components are based on what works in African American communities as African American fatherhood practitioners recommended it.

Breastfeeding as human nature is influenced by many factors such as difficulties in lactation, poor community acceptability, or perceived insufficient milk. One of the positive aspects known to influence breastfeeding is support from partners. Fathers' breastfeeding beliefs played a key role in mothers' final decision of infant feeding options. However, fathers often don't know how to offer support due to a lack of breastfeeding knowledge. This is especially true in African American minority communities. Low breastfeeding initiation and duration rates amongst African American women is a public health concern. One way to improve those low breastfeeding rates is

to educate, equip, and empower African American men through the development and marketing of men breastfeeding toolkit.

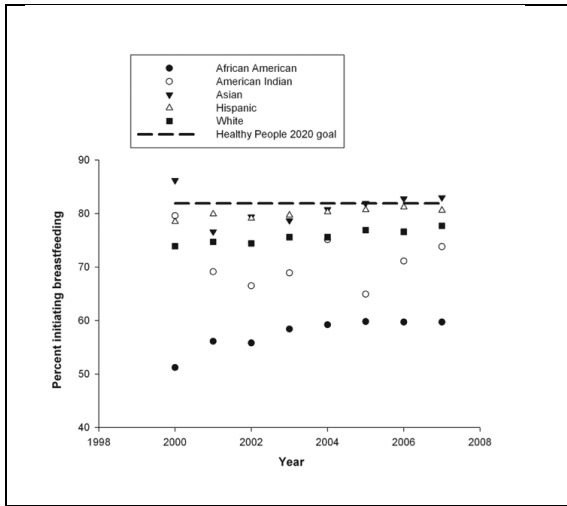
The anticipation of birth and the birth of a baby is a period of maximum opportunity to engage with fathers. Fatherhood practitioners concurred that culturally competent approaches are the ones that put the father-child relationship at the center. The purpose of the three dimensions of fatherhood, access, engagement, and responsibility, is then to multiply opportunities to create intimate moments of connectedness that link the father to the child first and then to the mother. Breastfeeding becomes a way of linking African American men to the overall health and wellbeing of the dyad. Such approaches require a range of cultural factors that are present and active in African American communities. Leaders of these communities have recommended approaches and components that have been incorporated into the design of an African American men breastfeeding toolkit. The toolkit approaches, components, and recommendations are located in appendix G.

## **2. Goals and Objectives**

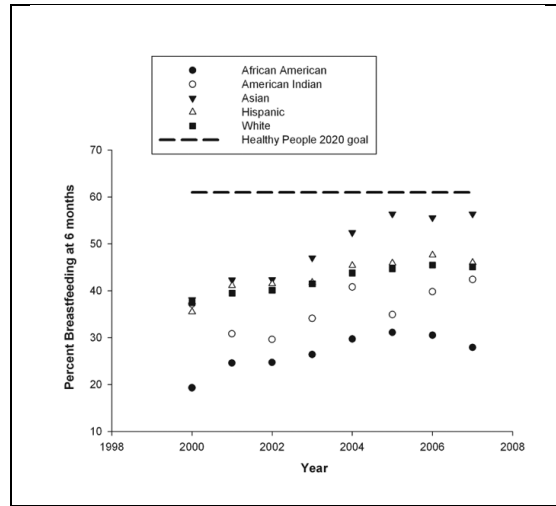
Health disparities continue to exist for African American women's breastfeeding initiation and duration rates in comparison to Caucasian and Hispanic women. For every birth year between 2000 to present, African-American mothers continuously have lower rates of breastfeeding initiation in comparisons to Caucasian and Hispanic women [34]. Data indicates that while 77.7% of Caucasian women and 80% Hispanic women, initiated breastfeeding, only 59% of African-American women initiated breastfeeding [34]. Figure

6.1. and 6.2. display breastfeeding initiation rates and rates at six months by race/ethnicity from 2000 to 2007.

**Figure 6.1. Rates of initiation of breastfeeding by race/ethnicity from 2000 to 2007**



**Figure 6.2. Rates of breastfeeding at six months by race/ethnicity from 2000 to 2007**



*Jones et al. 2015*

With the purpose to educate, equip and empower men and their families to be supportive of mother breastfeeding goals, an African American men breastfeeding toolkit is one marketing strategy to start closing the gap of the disparity between African American and white American. The strategy consists of disseminating this breastfeeding toolkit in African American communities through the existing public health infrastructures. The African American community of South Dallas known as the Martin Luther King (MLK) area is used in this report as an example to illustrate this marketing strategy.

### **3. Needs and Problem Assessment**

#### **3.1. The State of Breastfeeding**

Over the last 30 years, the United States has tried to increase the breastfeeding initiation, duration, and exclusivity rates through awareness campaigns, government programs, and national goal setting. The U.S. Surgeon Generals' Calls to Action, Healthy People 2020, White House Task Force on Childhood Obesity and Breastfeeding Promotion and Support have provided community organizations and individual mothers with federal resources and recommendations to increase the rate of initiation within the U.S. [49]. Moreover, the Academy of Paediatrics (AAP), WHO, and UNICEF have all endorsed breastfeeding for its positive health outcomes. Breastfed infants have fewer ear, respiratory and urinary tract infections and fewer diarrheal episodes [50]. Breastfeeding provides long-term preventative effects for the mother and child, including reduced risk for obesity and reduced risk of pre-menopausal breast cancer and osteoporosis for the mother.

Despite the known positive health implications and the attention given by renowned organizations and the federal government, the United States continues to perform poorly for breastfeeding rates and breastfeeding policies in comparison to developed nations [51]. In 2013, rates of breastfeeding initiation among women in the U.S. were reported at a high of 79% [50]. This percentage is close to the Healthy People 2020 goal of 81.9% for infants who are ever breastfed. However, breastfeeding duration and exclusivity rates decline to 19% six months later [50]. This percentage is drastically further away from the Healthy People 2020 goal of 60.6% of infants breastfed at six months [52]. Without an

innovative approach to increasing percentages, slow progress would persist in increasing the United States breastfeeding initiation and duration statistics.

Low breastfeeding initiation and duration rates amongst African American women is a public health issue. The 2011 Surgeon General call to action to support breastfeeding stated that greater effort needs to be put towards targeting support systems to improve duration rates. One way to improve those low breastfeeding rates is to educate, equip, and empower African American men for breastfeeding support. The development of a dynamic toolkit guided by the expertise of African American community leaders and practitioners from around the nation, is an excellent prospect to solidify a supportive system for all women in Black communities. Since not all Black communities are uniform, the marketing strategy follows the core principles of African American communication while adjusting the message delivery to each community. This report targets the Martin Luther King community of south Dallas for illustrative objectives.

### **3.2. Technology**

A few years ago, public health initiatives started to utilize social media to engage with their target population, to communicate with their target group, spread important messages, and influence health decisions made by the target population [50]. In recent years, Snapchat, Facebook and Instagram have been the leading vehicles to engage in conversation with society. Increasingly, mothers research their problems on the Internet; they participate in mother-to-mother forums and use Facebook to answer their questions. They are already familiar with the technology, and most are very enthusiastic about it.



Videoconferencing can help bridge the gap between high need and limited access to lactation consulting services. A lactation consulting organization in the Houston area had piloted videoconferencing for breastfeeding assessment. Texas can be geographically challenging. It has large urban areas with heavy traffic congestion, and vast, remote rural areas. Transportation is a major deterrent for residents of these areas to access professional lactation care. Video conferencing is considered as a useful piece of technology to provide distance lactation care to African American families in the comfort of their home.

Looking at data generated by the pilot video conferencing conducted in Houston, it is anticipated that mothers would be enthusiastic about not having to travel with their young infant to receive support at one location and still receive answers to their individual health questions. The advantages include a potential cost saving for participants, increased access to lactation support for common breastfeeding issues, and meeting participants demand immediate problem solving during early postpartum. Videoconferencing can help mothers gain support and assurance from a lactation consultant at a critical point and help them resume breastfeeding. It can become increasingly popular as the cost of transportation increases and the cost of technology decreases. Communicating with clients in a method they are familiar with also increases the effectiveness of the message. Today mothers are online seeking new information sources and health care messaging. It only makes sense to adapt nursing assessment approaches and techniques to align with this emerging technology.

### 3.3. Gamification Principles

Gamification is the application of game characteristics to non-gaming applications. Gamification in the business world utilizes the traditional characteristics of games, as well as harnessing the digital game mechanics, and has become very popular in recent times [53]. The real power of all the combined characteristics of Gamification lies in the engagement factor.

Games have been around since the dawn of time, evidence of which dates back thousands of years to the ancient Egyptians, Mesopotamians, and Mayans. For centuries, games have been a way of socializing [54]. The concept is to engage Black fathers gaming activities with the purpose of gaining knowledge on the role of man in breastfeeding support and responsible fatherhood while striving to achieve different levels of game rewards.

Here are some of the elements that help make the gamified approach works:

- Realistic: The toolkit uses simulation to test the father breastfeeding knowledge.

Active use of breastfeeding stories for context and emotional engagement. The setting should be realistic. There are characters (African American Men) and narratives (stakeholders' interaction in their communities)

- Lots of game mechanics for fun and engagement, e.g. lifelines, bonuses and panel elements to enhance the gamification feel.
- Dynamic feedback: Little and often (satisfaction, scores, levels)

- Gives learners an opportunity to learn in their environment at their pace, to practice and learn from their mistakes.
- Levels: Smooth learning curve with lots of attention to achievement.
- Scoring: Creates a sense of competition with lots of built-in opportunities to win bonuses and rewards.

The financial project to develop an online application of the African American men breastfeeding toolkit based on gamification principles is presented in this plan.

### **3.4.The Human Touch**

Competition is fun, and most people respond positively to rewards. An eye should be kept out for those who learn just enough to win the game or to avoid public embarrassment. The toolkit should encourage ongoing, continuous self-improvement that does not end when the game does. The type of environment in which people learn is important. The toolkit should encourage socialization - online and offline, and encourage peers and colleagues to work together, or reach out to mentors, to solve the problem presented within the game application. Experienced fathers should be involved in the assessment of game performance. Time should be allocated to talk about what participants have experienced and what they could have done differently.

### **3.5.Legislation**

Currently, two federal laws have been enacted to support breastfeeding; the first is the Right to Breastfeed Act (H.R. 1848), which was embedded in the Treasury-Postal

Appropriations bill (H.R. 2490). Section 647 of the bill states: "Notwithstanding any other provision of law, a woman may breastfeed her child at any location in a Federal building or on Federal property, if the woman and her child are otherwise authorized to be present at the location. The state of Texas has enacted the law to breastfeed on public property.

The second federal law, section 4207 of the Patient Protection and Affordable Care Act (ACA) requires employers to provide reasonable break time and a private, non-bathroom place for nursing mothers to express breast milk during the workday, or one year after the child's birth (USBC). In addition, the ACA includes comprehensive lactation support and counseling by a trained provider during pregnancy or in the postpartum period, as well as costs for renting breastfeeding equipment. The state of Texas has addressed breastfeeding practices through the following legislation:

- 2001, Texas Health Code Ann 161.071 requires the Department of Health to establish minimum guidelines for the procurement, processing, distribution, or use of human milk by donor milk banks. (HB 391) [55]
- 1995, Texas Health Code Ann 165.002 authorizes a woman to breastfeed her child in any location [55]
- 1995, Texas Health Code Ann 165.0002 provides for the use of a "mother-friendly" designation for businesses who have policies supporting worksite breastfeeding. (HB 340). The law provides for a worksite breastfeeding demonstration project and requires the Department of Health to develop recommendations supporting worksite breastfeeding. (HB 359) [55].

### 3.6. Social Factors

In addition to progressive federal and state legislation, there is also a need for ongoing public awareness campaigns to transform men's and women's perception of breastfeeding practices. From a historical perspective, the poor health of artificially fed infants spawned widespread recognition by the 1910s. Two sets of public health campaigns resulted. One designed almost solely by local public health officials and urged mothers to breastfeed for as long as possible. The other one involved public health departments and supporters, including citizens, municipal government, medical charities, and private physicians. The lay and medical communities realized that pasteurization nullified the differences between human and cows' milk [56]. With readily available clean cows' milk, breastfeeding crusades and breastfeeding itself seemed antiquated and unnecessary.

In 1950, however, the media played an essential role among women regarding breastfeeding. Media advertising of infant formula as the "feeding method of choice" for infants had a significant impact on mothers [56]. The infant formula campaign provided explicit messages about infant feeding options to women who were entering the workforce and searching for ways to feed their babies when they needed to be away from them for extended periods of time [57]. Women with infants worked long hours in industrial factories where breastfeeding was challenging to promote.

In 1970, the feminist-inspired women's health reform movement renewed interest in breastfeeding. However, between 1984 and 1989, initiation rates declined 13%, from

almost 60% to 52%. In 2001, 69.5% of U.S. mothers initiated breastfeeding. Comparing this to other ethnic groups, only one group of women have embraced breastfeeding in large numbers - White, college-educated women. Not only have Black women initiated breastfeeding at almost half the rate of White women, but also the majority of Black women who do breastfeed, introduce formula to their infants while still in the hospital [57].

Much of the last century, mothers were given poor advice and were discouraged from breastfeeding to the point that breastfeeding became an unusual choice in the United States. The formula companies have succeeded with their advertising in convincing most of the world that formula feeding is as good as breastfeeding and that there is, therefore, no need to make a big deal about women not breastfeeding [58].

### **3.7. Gender Roles**

Another social factor that needs to be considered is gender roles from a socio-cultural context. For instance, engaging men in breastfeeding practices may be challenging in Dallas, Texas due to the states' conservative nature of gender roles. One way to gain acceptability of the revised male role could be done by framing the message as men being concerned for the well-being of women in their lives. African American fatherhood experts advocate the well-being of the child as the driver to involve Black men in breastfeeding conversations. The toolkit marketing strategy addresses how African American men can support breastfeeding in public spaces, addresses men's feelings of being unprepared for assisting women in the breastfeeding process and

explains how caregiving can lead to greater participation and bonding with their child.

Masculinity is another social factor that is heightened in the African American community. African American men in most communities are expected to be tough, which can be traced back to slavery when African American men were called boys [59]. Some heterosexual African American men may hesitate to take on a feminine role for fear of being labeled homosexual, which could lead them to be socially marginalized or lead to physical aggression by members in their community. Unfortunately, homophobia is pervasive in the African American community and has led to the perpetuation of many public health problems.

To shift African American men's role, the marketing strategy needs to address how relationships and expectations in communities play a factor in changing men's role in breastfeeding practices. The women's empowerment movement could be one strategy to transform men's and women's view of men's role in breastfeeding practices through the gender equality movement [60]. In the past gender equality was solely associated with the advancement of women's right in society, however, recently the movement has taken on a broader agenda by seeking to advance cultural view of men and women roles in society [60]. African American men may embrace the movement because a lot of them in America are disempowered compared to Caucasian men.

#### 4. Stakeholder Analysis

Table 6.1. Stakeholders in MLK Area

	Stakeholders	Activities	Impact/ Influence
1.	International agencies (i.e., WHO; UNICEF)	Breastfeeding recommendations and guidelines	Evidence-based training products and resources
2.	Federal agencies (i.e., Whitehouse Task Force, Centers for Disease Control and Prevention; Department of Health and Human Services)	Funding/Grants/Research in best practices	Nation Policies and Politics (lobby)
3.	State agencies (State Health Department)	Best practices, cost savings	Favorable to produce and disseminate culturally favorable tools
4.	Local agencies (Women, Infant, and Children program)	Tailored intervention in the community.	Training, advocacy, and recruitment of staff within the community
5.	Accrediting agencies (Academy of Pediatrics)	Breastfeeding medical benefits	Impact on policy and legislation
6.	Non-government organizations (i.e., Save the Children)	Localized Interventions	Advocacy
7.	Religious leaders/ faith-based organizations	Community identity/ community penetration	Trust/ community volunteers
8.	Providers (Hospitals, state and local health departments)	Healthcare training in cultural competency	Increase availability of appropriate breastfeeding education
9.	Breastfeeding Pumps Companies	Sponsorship/ funding	Breastfeeding education events and seminar
10.	Formula companies	Competing directly with breastfeeding	No favorable influence on breastfeeding support and protection
11.	African American Men	Family members support/social ties/ BF culture	Increase involvement/ Develop BF support skills
12.	African American women (grandmothers, wives, sisters, daughters)	Support outside the medical field	Family ties/ redefining BF norms for African American mothers



## **5. African American Men Breastfeeding Toolkit**

### **5.1. Engaging Men and Fathers**

Fatherless homes create negative cycles. Twenty-four million children in America live apart from their fathers. Boys who grow up without fathers are more likely to become unmarried fathers themselves at a young age, perpetuating the cycle of absentee fatherhood. Girls growing up without fathers are more likely to fall victim to early sexual involvement and teenage pregnancy, perpetuating the cycle of single-parenthood [61]. Research shows that children and families do better when fathers are involved. Children exhibit better school performance, increased self-esteem and improved relationships with peers, while parents feel less stress when they support each other and co-parent. African American fathers who are untapped resources for breastfeeding support can start breaking the negative cycles of fatherless homes.

### **5.2. Defining “Fathers”**

The word "Fathers" includes biological fathers as well as father figures such as grandfathers, uncles, mother's partner. Fathers may be the single head of a household, married, cohabitating, or non-residential. The toolkit is designed on evidenced-based responsible fatherhood that focuses on giving fathers the knowledge and skills to better understand their social, cultural, economic, legal, and developmental impact on their children. A focus on fathers should not stigmatize children. Fathers are to assume personal responsibility for their past, current, and future attitudes and behaviors. The toolkit provides tips to keep stakeholders sensitive to those kids who do not have a father

or significant male figure in their lives when holding, for instance, a special event recognizing fathers.

### **5.3. Defining the toolkit**

The African American men breastfeeding toolkit is based on a review of fatherhood involvement programs and a collection of tangible steps recognized as being useful in including fathers by African American community experts. This toolkit provides African American communities with options and recommendations to empower African American men to be supportive of their wives or partners breastfeeding choice and practice. The toolkit allows user flexibility and retention by applying the dynamism of games. African American fathers would immerse in breastfeeding interactive scenarios that would increase their breastfeeding knowledge and especially the understanding of their role in breastfeeding choice, support, and practice. The toolkit can be personalized and tied to a reward system redeemable as incentives in the local communities.

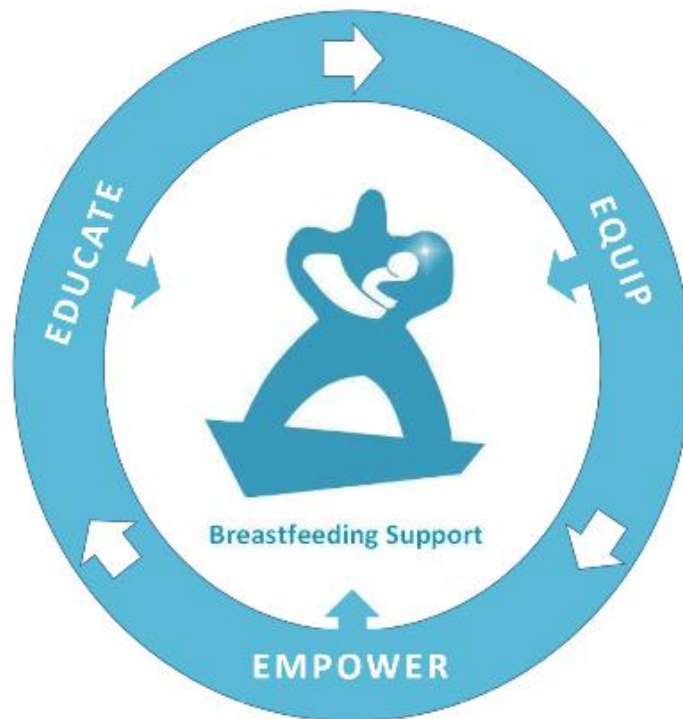
### **5.4. Toolkit Approaches**

The toolkit considers a variety of strategies based on the variety of African American communities it is targeting. Father groups differ, fathers differ, and their settings differ. Fatherhood programs, maternity wards, prisons, churches or institutions of faith can all incorporate this information to educate, equip, and empower fathers to be supportive of breastfeeding options. Fathers can be reached directly and indirectly by accessing people who are in contacts with them such as social workers, family planning organization, or the education system. In African American communities, the child is the center of

interaction to access and engage with fathers within the framework of responsible fatherhood.

Fathers play a critical role in breastfeeding support. By educating, equipping, and empowering, the toolkit will impact breastfeeding rates in African American communities and provide awareness of rates' disparities. It will also reveal the unique ability of African American men to protect the choice to breastfeed. Figure 6.3. displays the dynamic approaches of the toolkit illustrating the interactions of the father for the child wellbeing.

**Figure 6.3. Toolkit Dynamic Approaches**



### **Educate**

Everything the community needs is already present in that community. The toolkit educates the African American fathers in their communities with the skills and resources

they need to be confident in assisting with making infant feeding choices. Through interactions with communities, the toolkit promotors help to address challenges faced by fathers, build strong relationships, and lay the foundation for healthy family dynamics.

### **Equip**

Through building relationships within the community, resources are documented and developed to help African American fathers learn their value in the life of their children and how to best support their significant others to breastfeed. With the rapid pace of innovation experienced today, the toolkit is adapted and adjusted to stay abreast of strategies that work for the African American fathers while building a catalog of best practices.

### **Empower**

Knowledge is power only when it is shared. As Maya Angelou once said “Do the best you can until you know better. Then when you know better, do better.” The toolkit strategy empowers African American fathers, one father, and one community at a time to help them to know better when it comes to making infant feeding decisions. When fathers know better, they will do better in helping provide their infants with the best start through breastfeeding.

## **5.5. Toolkit Components**

The toolkit is conceptualized to be dynamic with its three components. Fathers who acquire breastfeeding knowledge through education are now equipped with more resources to engage

in the wellbeing of their children. They can also empower their peers in the community with the acquired tools. As they are honing their skills of mentorship, they eventually will multiply opportunities to educate, equip, and empower themselves and others for breastfeeding support. Table 6.2. provides keys elements of the toolkit. Appendix H provide a broad picture of the toolkit components.

**Table 6.2. Toolkit Components**

<p><b>Educate</b></p> <ul style="list-style-type: none"> <li>• <b>Relationship</b></li> <li>• <b>Repetition</b></li> </ul>	<ul style="list-style-type: none"> <li>• Access – Engagement - Responsibility</li> <li>• Community Identity – Build from a place of strength.</li> <li>• Connected to Child wellness – Advantages of Breastfeeding - Bonding</li> <li>• Availability &amp; Consistency</li> <li>• Imagery (literature, brochures, clinics, and offices). Make the environment father-friendly.</li> <li>• Breastfeeding Financial advantages</li> <li>• Interdisciplinary, holistic approach</li> </ul>
<p><b>Equip</b></p> <ul style="list-style-type: none"> <li>• <b>Resources</b></li> </ul>	<ul style="list-style-type: none"> <li>• Documentation of best practices</li> <li>• Referrals and network with other organizations</li> <li>• Value transfer - common approach with the distinct delivery message</li> <li>• Include the father in the evaluation effort</li> </ul>
<p><b>Empower</b></p> <ul style="list-style-type: none"> <li>• <b>Responsibility</b></li> <li>• <b>Mentoring</b></li> </ul>	<ul style="list-style-type: none"> <li>• Provide father with opportunities of Mentoring – Monitoring - Teaching</li> <li>• Build community Partnerships</li> <li>• The power is not in the information but on the sharing of information.</li> </ul>

**6. Target Market – South Dallas Community**

The South Dallas Community known as the Martin Luther King (MLK) community is located south of downtown Dallas across the highway 30. The neighborhoods of the South Dallas are a diverse mixture of businesses and residential areas, many of which

have over 100 years of history. The crown jewel of the area is Fair Park, home of the annual State Fair of Texas as well as year-round attractions - museums, gardens, concerts, and special events. The primary target audience for the breastfeeding intervention is the low-income African American families of childbearing age. The marketing strategy for the toolkit focuses on educating, equipping, and empower African American men for breastfeeding support. The secondary target audience is people and entities influencing the decision to initiate and continue breastfeeding such as healthcare staff, community leaders, and local businesses.

### 6.1. Basic Statistics

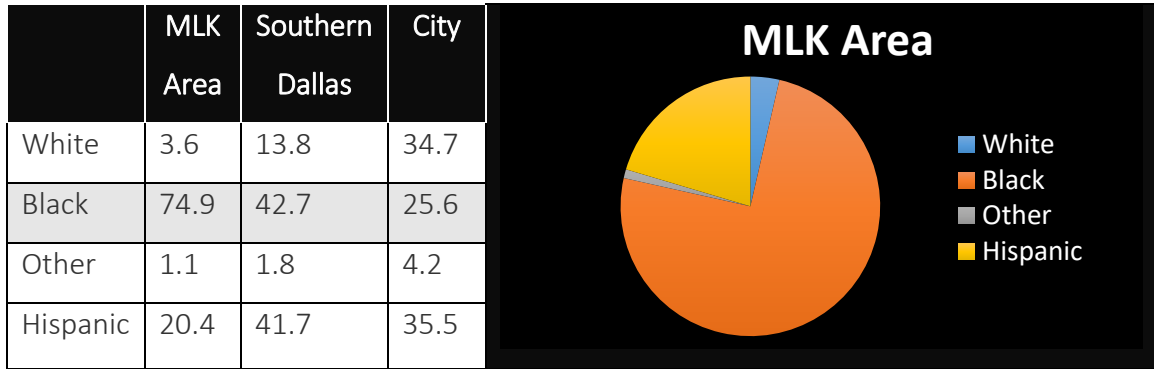
**Table 6.3. Basic Statistics in MLK Area**

	MLK Area	Southern Dallas	City
Population	35,357	516,270	1,254,549
Population Density	3,918.1	3,052.0	4,035.3
Households	11,954	154,551	456,955
Household Size	2,89	3,30	2.69
Household Density	1,318.0	913.6	1.469.8
Median Age	34.5	30.9	32.4
Per Capita Income	\$ 10,446	\$ 13,558	24.837
Business Establishments	1,901	16,312	71,264
Business Density	209,6	96.4	229.2
Employment	13,655	129,826	710,363
Employment Density	1,505.5	767.5	2,284.9

*Source: Employment – Dunn and Bradstreet 2017*

## 6.2. Population by Race

**Figure 6.4. Population by Race in Dallas Area**



*Source: US Census Bureau 2017*

## 7. Positioning

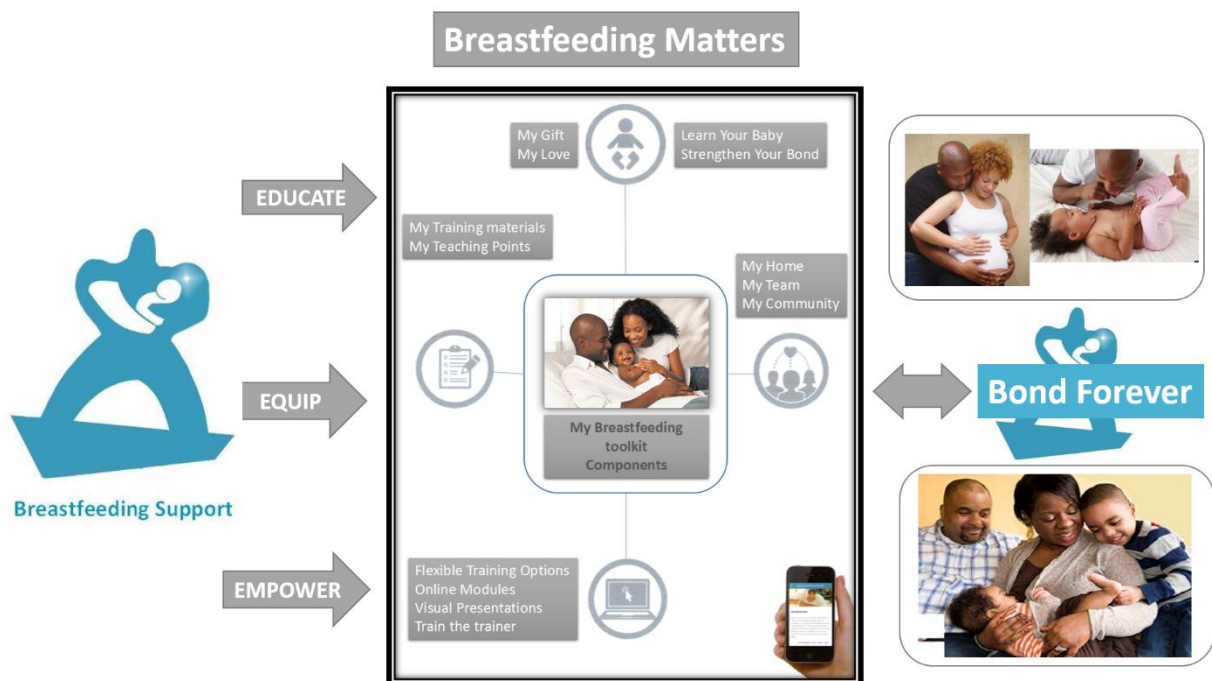
No organization can succeed if its products and offerings resemble every other product and offering. The African American men breastfeeding toolkit offers a strategy to reach African American men where they are and bring them back to local community services by centering the intervention on the well-being of the child and by using available technology such as the gamification principles to access them. Such technology principles have not been used to educate fathers for breastfeeding support, specifically African American fathers. The toolkit marketing strategy is built on the segmented area in South Dallas where 75 percent of the population is African American. The toolkit development targets expecting African American men.

There is a need in the MLK area to improve infant health outcomes. Men breastfeeding support is a viable and superior strategy to satisfy that need. The toolkit's position in this market is to offer a unique picture of how fathers can bond with their baby forever, and this bonding starts very early by involving father. The marketing

strategy also enforces the father bonding image by penetrating agencies, organizations, and businesses in the MLK area. The strategy has a provision for participating fathers to redeem rewards and incentives in the MLK local community. The value proposition of father-child bonding and the community cohesion around the nursing mother support system for the sake of the infant health is what the toolkit intends to incorporate in the mind of prospective fathers in the MLK community.

By analyzing the market, the competition, and the local culture, "Bond Forever" constitutes a competitive frame of reference identified by African American community experts to position the toolkit in educating, equipping, and empowering African American men for breastfeeding support. Figure 6.4. describes the position plan of how African American fathers can bond with their baby forever.

**Figure 6.5. Positioning Plan**





**8. Market Research**

The toolkit is specially developed to target African American fathers for breastfeeding education and support at the Martin Luther King (MLK) center located in South Dallas. Currently, the center uses word of mouth as a powerful tool to relay messages in the community. Incentives for wellness and health promotion are well received in this community. These two observations are considered in the development of this marketing strategy to attract more men into breastfeeding education. Gamification principles are considered as the viable way to create stickiness to the program and to help fathers commit to the intervention. Indeed, the power of gamification characteristics lies in the engagement factor. Otherwise, the gamification would not have real value on its own, but the mere fact that it has the power to draw clients back to an intervention is the differentiator. The toolkit is built to create partnerships with agencies, organizations, and businesses in the MLK area. The following table list the services present in the MLK area. Those services would be targeting as well to create a supportive breastfeeding environment where fathers would be educated, equipped and empowered.

**Table 6.4. Services offered in South Dallas**

<u>Services offered at the MLK location.</u>	<u>Nearby Health Services</u>
<ul style="list-style-type: none"> <li>• Dallas Public Library</li> <li>• Senior Citizens of Dallas</li> <li>• American Cancer Society</li> <li>• Community Prosecutor</li> <li>• Child Care Dallas Head Start</li> <li>• Dallas Metro Care Services</li> <li>• Dental Clinic</li> <li>• Diabetes Awareness</li> <li>• Domestic Violence</li> <li>• Human Services</li> </ul>	<ul style="list-style-type: none"> <li>• Take Care Clinic at select Walgreens</li> <li>• Mission Care Health Services</li> <li>• STD Test Express</li> <li>• Treemont Healthcare Rehabilitation Center</li> <li>• Metrocare Service</li> <li>• Garland Health Center</li> <li>• Apple of Your Eye Health Care Services Inc</li> <li>• Fresenius Medical Care</li> <li>• US Government Public Health Service</li> <li>• Cps Health Service Blue Sage</li> </ul>

## **9. Pricing**

The most significant opportunity in this marketing strategy is to educate at the same time African American fathers for breastfeeding support as well as the community stakeholders using the same platform. This collective approach could help overcome the conventional threats of segmented services in the MLK area and the unspoken culture of man isolation. Bonding fathers to the babies from the very beginning would influence their commitment to their families and their communities. With the versatility of the toolkit, fathers could be reached in their isolation. Gaming principles would influence their compliance to the breastfeeding intervention, and the accumulated challenges would open discussion in their own space first and then in the MLK community. For the first time, fathers would have breastfeeding resources developed with them in mind.

## **10. Marketing Communications**

Reaching men is challenging. Keeping them for a promotional and educational purpose is even more challenging. Some of the factors that would influence the success of this intervention are:

- Identification of fathers through the mother.
- Intervention connected to child well-being
- Incentives tied to father education
- Education connected to the gamification principles
- The powerful word of mouth in the community
- Collective approach when community partners are involved in the education of young men and the reward redemption of their educational progress.

- Portability of the education when fathers are reached in their pockets (cell phone) and do not need to report at any location where they may not feel valued.

### **Assembling Team of Local Leaders**

Successful dissemination for African American Breastfeeding toolkit would not just "happen." The communication strategy requires to assemble a local support team to fashion the intervention in the way that addresses the needs of African American fathers as well as the need for future fathers. The local leaders would help examine the best practices for a successful intervention. They would expend the buy-in from team circle and administrators of local agencies, organization, and businesses. They would identify designated entities with specific responsibilities such as the number of the number of fathers being reached, the size of the geographic area covered, breastfeeding rates, and types of contacts.

### **Promoting Intervention to Local Services**

It is crucial to building buy-in and support from MLK community services before the beginning of the intervention. Well before launching the program, community leaders should be consulted to assess the importance of the father support in increasing breastfeeding rates in the community.

### **Setting Referral System**

A referral system should be explored within the community. Beyond word of mouth, involved and prospective fathers should depend on a referral system from local services

to provide timely and appropriate follow-up. When faced with an issue requiring a high level of expertise, fathers should be directed to the right source.

### **Community Partnership**

There are many potential partnerships within the community that can enhance the effectiveness of the African American men breastfeeding toolkit such as hospitals, government agencies and, nearby private clinics. Community organizations that reach the same target population served such as the Head Start Program has a federal mandate to support breastfeeding. Minority health organizations, teen pregnancy centers, parenting groups, and child care providers are other potential community partners.

## **11. Branding**

**Figure 6.6. Toolkit logo**



The toolkit logo is designed to create a mental construct that connects the value of bonding between the father and his baby. The four fundamental elements of designing logos are accuracy, cultural relevance, comprehensibility, and narrativity [62].

### **Accuracy**

Men do not get pregnant and can't breastfeed their babies. However, they can positively influence and protect the health of their babies. The image in the above logo

shows a muscular man carrying a healthy baby whose health is symbolized by the star above the baby's head.

### **Cultural Relevance**

The blue color is a masculine color in the U.S. It is distinguished in many settings from the pink color of the female gender. The choice of the blue color was never questioned nor challenged during the toolkit logo design process. No one has tried to analyze its symbolic and historical meaning. Is it, therefore, safe to say that the blue color is ingrained in the American cultural fabric as the color of the male gender?

### **Comprehensibility**

Comprehensibility refers to the degree that an individual can rationally understand a logo in a target population. Comprehensibility relies on whether the information and messages delivered through a logo are logically designed, therefore, rationally acceptable by an individual. The toolkit logo does not contradict this definition, and it is anticipated to be well received the MLK community.

### **Narrativity**

The experience of designing a logo for the toolkit was rather intuitive. The color, the shape, the man, the baby, and the star spoke to the inner world of both men and women who designed the logo. The narrativity in logo design is presented to pursue the double task of the rapidity and the sustainability of the information provided. Having recruited members of the targeted population intuitively honored the principles of logo design and the value it creates in the branding of a father-directed breastfeeding intervention.

## **12. Digital Marketing**

The five methods of digital marketing considered for the marketing this breastfeeding tool targeting African American men are listed below:

1. Search engine optimization by continuously improving the relevancy of the website content. This would allow the visibility of the website among the top sites addressing men and breastfeeding support.
2. Pay per click would drive the traffic to the toolkit website for specific keywords such as bonding, men, dads, fathers, and breastfeeding.
3. Social media strategy such as a Facebook page describing the content of the toolkit that could be liked by followers. Other social media that would drive father breastfeeding support content could be extended to Twitter and youtube channels for videos, stories, and testimonies.
4. Email marketing mailing list by building a list of fathers that would receive notifications of the intervention updates
5. SMS or Short Message Service is also a tool that would help reach father in their privacy.

## **13. Budget for Online Toolkit Development**

The estimation for this web-based toolkit project for African American men in the MLK area accounts four significant variables: time, requirements, resources (cost, labor, materials, infrastructure), and risks. The development of this online and offline toolkit that is user-friendly and complex enough that it could be personalized and could also

track the user progress. Users could be all the breastfeeding stakeholders with the particular focus on the African American men in the MLK area. Several components of the toolkit are anticipated as followed:

- Main User Interactive areas
- Best Practices materials areas
- Authentication/Authorization
- Application administrative area
- Integration with other systems
- Development & Infrastructure security
- Infrastructure
- User Interface and user experience
- Testing

The duration of this project is estimated to be about 28 weeks without interruptions. The major risks related to the size consideration is any possible interruption due to illness or unavailability of the key members of the project team. Any scope creep that could be added on top of the identified set of requirements and related tasks, and the unforeseen integration complexity with the platform systems.

Regarding the cost of the project, it was estimated to be about \$134,750. The cost is based on the resources needed on the project working 8 hours a day, assuming that 5.5 FTE (Full Time Employee) will be working simultaneously throughout the project with a total of 13 FTE in total involved in the project.

**Table 6.6. Hourly rate of requested personnel**

Requested	Personnel	Hourly rate
1	Project manager	\$120
1	Business analyst	\$90
1	Security engineering	\$150
1	System administrator	\$120
3	Software engineer	\$120
2	Testing engineer	\$90
1	User Experience Architect	\$180
1	User interface designer	\$120
2	Front-end developer	\$130
15	EC2 Servers at Amazon Web Services	\$117

*Resources needed for the web-based toolkit project*

Below is the list of features from the toolkit project along with their respective estimates for all the resources planned for the delivery.



**Table 6.7. Online toolkit Cost Estimation**

Components	Estimates (days)	Costs based on average hourly rate (\$175/hour)
Main User Interactive Areas	25	= 175 * 25 * 5.5 = \$24,062.50
Authentication/Authorization	15	= 175 * 15 * 5.5 = \$14,437.50
Best Practice Materials Areas	10	= 175 * 10 * 5.5 = \$9,625.00
Security considerations	15	= 175 * 15 * 5.5 = \$14,437.50
Administrative area	10	= 175 * 10 * 5.5 = \$9,625.00
Integration	20	= 175 * 20 * 5.5 = \$19,250.00
User Interface & User Experience	30	= 175 * 30 * 5.5 = \$28,875.00
Infrastructure considerations	5	= 175 * 5 * 5.5 = \$4,812.50
Testing	10	= 175 * 10 * 5.5 = \$9,625.00
<b>Total</b>	<b>140</b>	<b>= \$134,750.00</b>

*Project Size and Cost Estimation*

## **14. Timetable**

### **1<sup>st</sup> year:**

1. Program planning/development of interventions
2. Recruitment of MLK Local Leaders
3. Identification of participating local services
4. Online toolkit development
5. Start of phase 1 of program implementation – training of participating local services.
6. Pre-test phase 2 of intervention – African American fathers of breastfed infants

**2<sup>nd</sup> year:**

Program implementation- African American fathers, expecting fathers, and future fathers.

**3<sup>rd</sup> year:**

Program: Program intervention, Program evaluation

**APPENDIX A: SUMMARY OF ARTICLES**

Author, year, title	Design	Location/ Setting	Sample	Demography	Nativity/ Ethnicity
Gary L. et al. 1992. Attitudes of Expectant Fathers Regarding Breast-Feeding.	Survey	Five private hospitals in Houston	258 expectant fathers	81 % White 8 % Black 6 % Hispanic	No distinction in black population for their origin
Arora et al. 2000. Major Factors Influencing Breastfeeding Rates: Mother's Perception of Father's Attitude and Milk Supply.	Surveys of 28 questions mailed	community-based medical center in northwestern Pennsylvania	245 mothers	85.5 % White 11.3 % Black 2.6 % other 0.6 % Asian	Baby's father's feeling major factor of bottle-feeding. No analysis on Ethnicity or Nativity
Pollock et al. 2002. Men of Diverse Cultures: Knowledge and Attitudes About Breastfeeding.	Demographic survey and two questionnaires	New Orleans inner city teaching hospital	100 men from diverse cultures	67 % AA 11 % White 11 % Hispanic	African American in the study includes all blacks regardless of their origins
Goulet et al. 2003. Attitudes and Subjective Norms of Male and Female Adolescents Toward Breastfeeding.	Questionnaires designed to measure attitudes	Quebec, four high schools of grades 7 to 11	439 adolescents (203 males and 236 females)	No demographic data by race, only country of origin, Canada and others	No Blacks No Africans
Noble et al. 2003. Factors Influencing Initiation of Breastfeeding among Urban Women.	Five pages questionnaire plus an interview	Bronx Lebanon Hospital	100 postpartum women (50 breast-feeders & 50 formula feeders)	49 % Hispanics 47 % AA	Nativity was considered in this study
Lee et al. 2005. Factors Associated with Intention to Breastfeed Among Low-Income, Inner-City Pregnant Women.	A cross-sectional clinical prevalence study	Philadelphia health centers	2,690 women	Six groups for race/ethnic background	AA are separated from foreign-born blacks
Gibson-Davis & Brooks-Gunn. 2006. Couples' Immigration Status and Ethnicity as Determinants of Breastfeeding.	A longitudinal birth cohort study	Child Wellbeing Study – 75 hospitals in 20 cities.	4207 mothers and 3013 fathers	A distinction of Hispanic, non-Hispanic black & Whites. Also immigration status	Non – Hispanic black considered as one group

Author, year, title	Design	Location/ Setting	Sample	Demography	Nativity/ Ethnicity
Singh et al. 2007. Nativity/Immigrant Status, Race/Ethnicity, and Socioeconomic Determinants of Breastfeeding Initiation and Duration in the United States, 2003.	Cross-sectional data	2003 National Survey of Children's Health	33 121 children aged 0 to 5	Eight ethnic immigrant groups included in the analysis	A distinction between immigrant blacks and natives Measure of acculturation
Vaaler et al. 2007. Men's Attitudes Toward Breastfeeding: Findings from the 2007 Texas Behavioral Risk Factor Surveillance System.	Data from the Texas sample	2007 Behavioral Risk Factor Surveillance System	2,145 men	61 % White 7 % AA E – Hispanic 18% S - Hispanic 8 %	The analysis included US-born and Born outside the US
McCarter-Spaulding. 2007. Black Women's Experience of Breastfeeding: A Focus Group's Perspective.	One Focus group using a structured interview format	University of Massachusetts Lowell	8 Blacks	8 Blacks	4 West Indian/Caribbean 3 Africans 1 American
Alexander et al. 2009. What Do Pregnant Low-Income Women Say About Breastfeeding?	Prospective cross-sectional survey	McDonald Women's Hospital, Cleveland	176 Women interviewed	95 % AA	No Nativity No Immigrant
Avery & Magnus. 2011. Expectant Fathers' and Mothers' Perceptions of Breastfeeding and Formula Feeding: A Focus Group Study in Three US Cities.	18 focus groups	Three major cities (San Francisco, Chicago, and New Orleans)	121 participants in 18 groups	Respondents who self-identified as other than AA or Caucasian were excluded	No mixing blacks for a different background.
Jolly et al. 2013. Knowledge and Attitudes Toward Breastfeeding in an African American Male Population.	3 Part survey instrument with 33 questions	3 AA barbershops in the Dallas area	81 African American men	85 % reported born in the US	Did not consider nativity and immigration status in the study
Ware et al. 2014. Barriers to Breastfeeding in the African American Population of Shelby County, Tennessee.	9 Focus groups	Shelby County, Tennessee	86 participants	All participants self-identified as AA from Memphis	No mixing of black of different background

Mueffelmann et al. 2014. Perceived Infant Feeding Preferences of Significant Family Members and Mother's Intention to Exclusively Breastfeed.	Cross-sectional, analysis	secondary data from Infant Feeding Practices Survey II	4690 participants	81,5 % White 6.2 % Blacks 7 % Hispanics	No distinction within blacks
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## APPENDIX B: KEY INFORMANT INTERVIEW INSTRUMENTS

To ensure consistency between interviews, the instructions grouped in the three subsequent tables would be used as a guideline for each meeting to increase the reliability of the findings [63]. The questions will be developed from the themes generated from the focus group within the PEN-3 theoretical framework. Table 6 provides sample questions derived from the PEN-3 dimensions of Cultural Empowerment crossed with Relationships & Expectations.

### Introduction Key Components

-Thank you	I want to thank you for taking the time to meet with me today.
-Name	My name is Muswamba Mwamba, and I would like to talk to you about your experiences participating in your organization (name of program). Individually, as one of the components of our overall program evaluation is the involvement of African American men, I am assessing your program effectiveness to capture lessons that can be used in future father-directed breastfeeding interventions.
-Purpose	
-Confidentiality	
-Duration	The interview should take less than an hour. I will be recording the session because I do not want to miss any of your comments. Although I will be taking some notes during the session, I cannot possibly write fast enough to get it all down. Because we are recording, please be sure to speak up so that we do not miss your comments.
-How the interview will be conducted	
-Signatures of Consent	All responses will be kept confidential. This means that your interview responses will only be shared with research team members and we will ensure that any information we include in our report does not identify you as the respondent. Remember, you do not have to talk about anything you do not want to, and you may end the interview at any time.
	Are there any questions about what I have just explained? Are you willing to participate in this interview?

Interviewee	Witness	Date
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*(Boyce and Neale, 2006)*

**Interview Sample Questions**

150

<p>-No more than 15 open-ended questions</p> <p>-Ask factual before an opinion</p> <p>-Use probes as needed</p>	<p><b>Positive perception</b>          What knowledge, attitudes and circumstances influence you positively to work with African American men? Can you elaborate on some benefits of having more fathers support breastfeeding in your community?</p> <p><b>Existential perception</b>          Please describe what is unique in your community about fathers’ breastfeeding support?</p> <p><b>Negative perception</b>          What are some barriers, myths, or misconceptions about breastfeeding practice that is driving the current rates of breastfeeding in the local families?</p> <p><b>Positive enablers</b>          What are some available, accessible, and affordable resources fathers can utilize to support positive breastfeeding behaviors?</p> <p><b>Existential enablers</b>          Describe adequate resources traditionally available in your community for support of breastfeeding decisions and actions?</p> <p><b>Negative enablers</b>          Do you know local leaders or fatherhood practitioners who demonstrate a reluctance to discuss breastfeeding practice or support?</p> <p><b>Positive nurturers</b>          Do you know fathers who openly support breastfeeding in public or publicly advocate the benefits of breastfeeding in your community?</p> <p><b>Existential nurturers</b>          Describe the cultural practices of supporting and caring for pregnant and newborn at home?</p> <p><b>Negative nurturers</b>          What are the influences of significant others and community contexts in negatively shaping breastfeeding decisions and choices that contribute to the reduction of breastfeeding practice?</p>
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Closing Key Components

-Additional Comments  -Next steps  Thank you	Is there anything more you would like to add?  I will be analyzing the information you and others gave me and submitting a draft report to the organization chair in one month. I will be happy to send you a copy to review at that time if you are interested.  Thank you for your time.
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*(Boyce and Neale, 2006)*



**APPENDIX C: EMERGENT THEMES AND REPRESENTATIVES QUOTES OF IMMIGRANT FATHERS.**

<b>Primary Codes</b>	<b>Emerging Themes</b>	<b>Sources</b>	<b>References</b>	<b>Representative Quotes</b>
<b>BF Decision</b>	Natural Process	4	30	“Our roots”. We all saw our grandma, mother, aunt, cousin, year after year after year. So, it’s already there. I saw my mother sitting there breastfeeding my younger brothers and sisters. It’s there, you know? Me and my wife knew as soon as day one by our roots that it is very important for the kids to be breastfed, and that’s why we did it. And we’re very happy about it.
	Unspoken agreement	4	24	Back home when we have a baby, it is automatic to be breastfed. They don't expect the kids in Africa to have the bottles. We don't discuss the matter of breastfeeding. We just assume that it's going to happen.
	Parenting Class	2	3	We really didn't talk about breastfeeding. We actually did not talk about it, but when we went to a parenting class, they advised us to breastfeed. They encouraged that, beside the culture that encouraged breastfeeding.
	Prior Discussion	2	3	We have friends who say we're going to breastfeed them for the first few months. So, when we went to the hospital, we discussed it and we said, you know what, we're just going to breastfeed them until 4 or 5 months. After that, we're going to give them formula.
<b>BF Experience</b>	Expectation	3	2	The only time we questioned about breastfeeding was when she was having pain. She went on for two weeks having pain, and then, at the hospital, one nurse was observing the way she was breastfeeding. When we went back for the first appointment, she was able to help her correct the latch.
	Convenience	2	3	There is another thing, it's convenience. We didn't have to carry around bottles and stuff like that. It was whenever she wants to feed, it's right there and it gave us a lot of peace. When we slept, we would sleep long time instead of waking up and getting all these formulas ready. It made our life a little easier not to have to prepare all these bottles.
	Breastmilk value	4	8	I think the milk that the mother produces has some ingredients that you cannot reproduce in the lab or with today’s technology. You can try to match that but you

<b>BF Knowledge</b>				won't be able to get it exactly. Because first, the way it is composed and the way it happens is beyond human being knowledge.
	Association/ Research	2	6	I think for us we did a lot of research on that. When my wife got pregnant, we had about five other friends whose wives were pregnant, so we had a lot of communication and the dos and don'ts, the things we found on the internet, advices from you guys as well. And we came to find out that it was probably the best approach.
	Formula Awareness	3	4	I have never really looked at formula. I never really did the formula. To me it's like kids survive with it so, I'm not going to have questions it. If we have to go to formula, we'll go to formula. I never really looked at or research on formula because I'm like okay millions, billions of kids lived on it so it's fine. That was plan B.
<b>BF Attitude</b>	Attention	2	7	Your point is that for me it doesn't matter whether the baby is being breastfed or not. When the wife has a baby, the attention shifts completely. It's just something that comes with the territory.
	Bonding	2	7	Because it's natural. There are a lot of benefits. The fact of carrying your child: that closeness, that contact make the baby secure.
	Child Priority	2	4	Because we were mentally prepared for it, saying that's what's gonna be. So, I step aside. So, the priority is the baby that needs to be fed.
<b>BF Challenges</b>	Mother Anxiety	3	6	Not knowing if the baby is full becomes a psychological challenge. The mothers are not just kind of frustrated but also kind of anxious. Maybe you want to start a conversation about something else then you need to look after the baby maybe he didn't have enough. On the personal level, you feel like you don't have the time that you want to have or even if it's watching a movie or having a conversation.
	Baby Satisfaction	2	2	In the beginning with the first child, we were all learning. The challenge was not knowing if the baby was full or not. And nobody basically gets peace until she is convinced that the baby is done. With the bottle you know okay it was 2cc or units it's done he can't consume more than that.
	Formula Cost	3	4	Milk is expensive in Africa (everyone agrees) so you might as well breastfeed. Here you have options.
	Attachment	1	1	She was basically giving milk straight from the breast and I guess for me the challenge was she was very much attached to those kids. She didn't have a lot of

				time for me. She's very attached to her. I mean, at any time she's ready to give the milk and it doesn't matter what she's doing, she's available. I think that's a challenge.
	Public	4	9	As a matter of fact, we had to restrict ourselves in a certain way. For my culture as a kid, it was common for women to breastfeed in public. But here, it is actually not okay. It is not seen the same way. At times, I had to remind my wife to cover herself when breastfeeding to make sure that the breast is not visible. To make sure that the baby is underneath the cover. It wasn't a challenge.
	Pumping	4	6	I remember the very first pump we had was a manual pump. I spent hours pumping the milk.
	Sharing the breast	1	1	A challenge I can foresee and maybe other men can speak to, is basically sharing the breast with the baby, to be blunt. It's something that if not managed well can lead to feeling of rejection, that the man feels rejected. That's probably something that is very up there in terms of personal challenge.
	Time	2	4	So, for me, if I can have something, I can say it's also like the way of living here. The mom goes to work also. When she comes back, she can be tired to breastfeed the baby. We also have to keep that in mind, too. That mean it's easier for mom to stay home or have a part-time job. If you are tired, it become like burden. In our country, for example, woman doesn't work a lot. We don't really know the concept of stress and bills.
<b>BF Rewards</b>	Rewards	3	19	For me I think the benefit was great to support my wife and we went through it together so it was a good thing. we were learning together. Sometimes in the middle of the night we wake up we google things. It was fun. The kids are healthy. It's great benefit.
	Nutrition	1	1	On top of that, to make the milk flow, the African culture has some specific diets like "Mayi ya Pondeu" and some soup. When the woman drinks it, she produces more milk so the baby can have enough milk to be full.
<b>BF Resources</b>	Physical Appearance	2	5	My wife decided that she was not going to breastfeeding because she said she is young and she just doesn't want her breasts to sag. Once the baby came, it was my mother who was like her supervisor who has been coaching her for everything that changed her mind.

	Staying at Home	3	5	Early on we made the decision before we started having kids that once we started having kids my wife would stay at home until we're done having kids.
	Visibility	2	2	Sometimes the kids question the visibility of breastfeeding because they heard something different from what is happening in the house. Parents responsibility is to explain that it is a normal process. They learned that from home and there will never be any hiding.
<b>BF Support System</b>	Emotional	3	9	I was a cheerleader for my wife. I was just excited, happy, and said come on let's do it. In the store sometimes we would be shopping, the baby would start crying and I would look for a place for her to sit down here breastfeed the baby.
	Family	3	7	Creating also a support system because I remember when we had our kids and my wife was breastfeeding them and everywhere we would go, even family members would attack us. "You still doing this? It's six-month-old, man!" They would attack us with all kind of concepts and things like that.
	Financial	3	5	That's where the difference comes between the woman that works and the woman that don't work. My wife, she doesn't work. So, it's easier for her to do a lot of things and not feeling so overwhelmed. She gives me my time to rest because she knows I gotta rest and go to work. And I think the more time the woman has at home with the kid, the better.
	Intellectual	1	1	For us, we did, even before our son was born, we did the research online. We did all the classes, phone calls, meeting with other people. When he was born, we first bought the manual pump and I was [laughter] working on... So, we were like this is it. There's nothing else that is gonna change our decision
	Physical	2	5	And also, playing some soft music. I also encouraged her usually to get into one of the quiet rooms so she can have quiet time with the baby, giving her massage while she was breastfeeding. So, we were doing it, we were pretty much doing it together because whenever I was around we were doing it together. I was there when she needed.
<b>Advice for AA men</b>	Education	4	18	We need to continue educating our people regardless of what the reaction is. They have their own reasons to be resistant because people who are here are not really correct as well. So, we never back down, we continue to educate those people by creating some organization, association. We should continue, I don't think we

				should stop because that will always be there. Trying to reach as much people as we can.
<b>Cultural Role</b>	Contrasting with Africa	2	14	In Africa, it depends on who was around to support. When we got here, the standard of living decreases, you know? Out there, maybe somebody helping you. You have aunties, you have the butlers. But once you get here, you are the butler. There's nobody else who is helping you.
	Culture	3	20	You differentiate between education and culture. We breastfeed in Africa because it's part of our culture. They breastfeed over here because it's part of their education. It's a standard with us, because we really don't have many options
	Doctor Office	3	3	I'll say, before the birth, it was very different. When she was coming from a consultation with the doctor, I don't think they talked a lot about breastfeeding. But when the baby came, that's when they started talking about it in the hospital.
	Hospital Role	4	7	Actually, personally, I was positively surprised on how the hospital was pushing breastfeeding. It's like, for them, talking about formula was maybe 10%, everything else was about breastfeeding.
	Survival	2	4	I was watching poor family, living among them, seeing those children without food, just on the breast milk alone until the age of one to two. You see them, they were just fine even though parent didn't have much to eat and sometimes came to ask for food for their kids. Now I can put the two together and now that I have this knowledge, I can say, "oh, that was just the breastmilk."
	Social Class	3	4	In Africa, we are saying that if you breastfeed, if you exclusively breastfeed, it means you are poor. And those that are providing formulas, it is because they can afford it due to their higher social rank.

**APPENDIX D: EMERGENT THEMES AND REPRESENTATIVE QUOTES OF AFRICAN AMERICAN FATHERS.**

<b>Primary Codes</b>	<b>Emerging Themes</b>	<b>Sources</b>	<b>References</b>	<b>Representative Quotes</b>
<b>BF Decision</b>	Benefits	6	21	We saw the benefits of breast feeding as we talked about earlier, about the obesity, the IQ, the teeth strength, and things of that nature. Once I found out that, I was sold.
	Doctor	5	8	We found out through a fertility specialist. My wife couldn't have children the old-fashioned way. So, once we did get pregnant, that was one of the first thing they advised us to do.
	Family	7	14	My mom was really heavily involved. We never really thought about doing anything other than breastfeeding. I think because my mom breastfed me and her mom breastfed her and her sisters. Her sister had already breastfed and she kind of said I can do it too. So, I think that helped out a lot. I didn't have to really say anything to get it going.
	Indifference	2	3	Me personally, I didn't ever do any research on it or anything like that. I felt it was her decision. I would have definitely supported breastfeeding just by word of mouth. From what I hear, it's the best way to go. It seems more natural to me and it seems healthier, you know.
	Private Counsellor	1	1	I know when my wife and I had decided to do that, we had to pay people to come in and teach us. We bought instruments. We didn't have a manual pump, we had an electric one.
	Wife Decision	4	10	Because she was a strong proponent of it. She really wanted to do it, then I got behind it. I wasn't gonna get in her way. Who am I to say, "No, I don't think you should do that." I think because she showed so much enthusiasm for it, that I wanted to be there for her. Quite honestly, if she didn't show a lot of passion for it, I probably would be kind of nonchalant about it.
	Mutual Decision	2	3	Well, I think for me because my kids are so young, I think it was kind of like a decision that we both had made. I think it was an underlying decision. But the fact that they were premature because they were twins, they came like a couple weeks early. The way that we grew up was the fact that if the mother breastfeed it was

				more nutritious, child would be healthier. So, we automatically just knew that we were gonna breastfeed our kids.
	Natural Process	6	17	And to me, not only naturally, but just the fact that your body gives you cues in terms of when you can do it, when you need it, you know.
	Personal experience	4	9	What really sold me on it was the fact that I was an asthmatic kid. So, having asthma as a kid was really rough. Basketball pretty much saved my life, but I wanted to give my child the best chance. So, breastfeeding was for me the only thing we should do. I was all for it.
	Public Health Classes	3	6	I was educated by WIC. We basically went to all the sessions, you know. I watched all the videos and I was there from day one with all my kids and they educated me.
BF Experience	Baby Priority	8	15	The health of the kids was always more important. I understood the benefits. I was sold on that. So whatever mental hang-ups I had, I realized that was my issue
	Breastmilk Under-production	2	8	We're experiencing now. She feels like he's not eating enough or he's not getting enough. That's the reason why they went to the paediatrician today. We learned that even though she feels that way, her breasts keep up with him.
	Bonding	4	6	That in-sync relationship that mother has with child. I just started really kind of promoting that to her, and I guess my passion ironically for her about that portion of it got her excited about it. And because I was kind of frightened if she didn't do it. I really can't force her to do it, but this is my kid.
	Convenience	2	2	It doesn't cost any extra accommodations in terms of equipment you have to purchase, or certain times you can do it. It's always there and available.
	Formula Trend	3	3	I know when I was coming along, I didn't think it was an option. I never thought it was an option. I was young then, but just hearing my mother speak, it wasn't an option. Everything was formula. The new thing was formula. It was modern. It was almost kind of a wave like diapers.
	Mother Anxiety	2	6	So, you know, I've had to keep her encouraged. She feels like she's a bad mother because she's not able to produce enough milk. She's just real down on herself. She knows that breast feeding is the best option for my child.
	Pain	7	13	Painful. When the baby started learn how to latch on, he got hooked to it. He was pulling real hard to get it out. And she will flinch sometimes and said it hurts. What

				actually he was doing, he was sucking on it so much that you skin will break around there. So yeah, so it's definitely painful.
	Public	8	62	As far as breastfeeding in public, just knowing my wife, I don't think that's something that she would have been comfortable with. Now me, I would have been comfortable with it. You know, I talk to dads every day and that's a problem.
	Pumping	5	14	she'd pump and put it in the freezer or refrigerator. I remember I used to have to help hold it or do something with the pump, and I'm like, "Oh, my God, can't let anybody see me doing this.
	Shortage	5	7	So, it's been kind of rough but I mean, I really wish that she could breastfeed her. I wish there was a way that she could produce enough milk, but you know, it's just not happening and I have just come to accept it. I'm happy that she was able to breast feed early post-partum.
<b>BF Knowledge</b>	Classes	5	7	Being our first child, we went to classes. And they broke it down piece by piece, section by section, when the baby was to get here, what we need to do, preparing when the baby gets here and all that stuff. The bathing and how to do the bathing technique down. Like I said, it's something we just had to learn.
	Family & Friends	4	12	We were told just kinda listen, you know. We just been hearing the good benefits of it from the elders, the mothers, and cousins. You know, just listen. When I get a kid, I'm gonna do that.
	Literature	3	8	If you could see the science behind breastfeeding. When I first learned about it, it blew my mind. There was no other option for my children, my wife and I. There is so much research done within breastmilk itself. You just Google it, YouTube video. There are so many videos, side by side comparisons of formula versus breastmilk and things like.
	One on one	3	3	We paid people to teach us how to get this accomplished. My wife is a very educated lady, and she looked at what was most nutritious for our son. So, I paid attention to it. A very large local hospital in the Dallas area is where we were going to do all our delivery, and aftercare. After listening to a lot of the things that they were talking about, I bought in to it.
	Prior Preparation	3	5	We started planning everything. Where do we want them to go to school? What kind of parents are we gonna be. How we're gonna discipline them. And how're



				they gonna eat? And so, that's when my wife started really reading a lot of things about breastfeeding. I don't know if I would've been as much of a supporter of it if she wasn't so aggressive with it.
<b>BF Attitude</b>	Exposure	2	5	I'm a little surprised that the African American community is the lowest about breastfeeding rates. That's all I ever knew. I thought you're supposed to breastfeed. It's just a little shocking for me, especially because it's free. I actually heard a commercial encouraging breastfeeding a couple years ago on the radio.
	Ignorance	1	2	But again, I was not educated enough on that topic to know how important it really was. I learned more once we started. The decision was her decision, and I bought into the decision. She sold me into it. I didn't know how the instrument worked. We had to learn how that worked.
	Maturity Process	2	3	My wife introduced me to breastfeeding because I'd never seen it done when I started. It wasn't until later on when I was already married when I became exposed to other groups, cultures, and breastfeeding.
	Providence	2	4	It made you disciplined. Because you realized you both were invested for a common goal, which is to give your children the best that you possibly can. That's why I say to myself, I'm proud that I was – with God's - able to provide a good, nurturing setting for my wife to perform her motherly duties to our children and everything. Because you know, black men keeping a job, and being committed and dedicated, we can kind of throw out the door.
	Sacrifice	3	10	She's been there ever since we had our first daughter, and that was important for the both of us. It took some sacrifice and everything else from two incomes to one, but we're maintaining. We're doing fairly well, so. The kids are flourishing, so that's the main thing.
	Breast Sharing	2	5	Since we can be honest, you know, another challenge was having to share the breasts with the baby. Those are my toys. It's my favourite part of my wife. And so, it wasn't a deal-breaker by no means. Because I love my child, and I understand all the health benefits and so forth, but quite honestly, it was a little different. It was just kind of weird for me. It took a while for me to get my mind around that – okay, my baby's gonna be sharing these as well.

<b>BF Challenges</b>	Breastmilk over-production	3	3	Our challenges were that my daughter wasn't on the system. My wife breasts would fill up and being so big that it would make her so sore. She even tried to force my daughter to breastfeed when she wasn't ready. But, she wouldn't do this and it was more aggravating to her. I almost made her stop, but she kept wanting to do it and finally my daughter sort of got onto the system. During nights and early morning, it was painful because her shirt would be soaking wet or the breasts filled. She couldn't lay in a certain way. She was just very irritable. So that was probably my biggest challenge.
	Breastmilk storage	1	7	That's a challenge because once you run out of milk, and the mom is at work, you will be like, "How am I gonna feed my baby?"
	Father Worries	4	5	But again, there was no negative challenges where you're just frustrated about things. It wasn't that. It was more like what you said, there was a joy. Late night when my son is sleeping, I was afraid of SIDS and stuff like that.
	Finding my niche	2	3	Through the first go around it was just me just trying to find out where did I fit in the whole breastfeeding thing. At first, I thought I wasn't going to be able to fit in because she's going to be doing all of the work, breastfeeding and stuff. Where does my role come in? That was by far the biggest challenge just trying to find my niche, how could I be helpful in the whole. Once we got started, we started the team.
	Intimacy	5	14	You don't get what you want, you know what I'm saying? Be real. Because now she's tired or sore, or something. And that affects you. I mean hey, I'm a man, I know I have needs. I don't know about y'all but that's just one side of that.
<b>BF Challenges</b>	Lack of sleep	1	4	The biggest thing for her was sleep. When you're pumping for twins, you still have to eat because you still have to produce the milk. So, I was like what do I need to be doing? I've never been a father before. So, the biggest challenge for us as couple to pump the milk, freeze it, and take it to the hospital, which was close to our house.
	Lack of special Bonding	1	1	A part of me felt a little jealous because she had this special bond with the baby, and I didn't have that yet, you know. So that's one challenge and I'm being selfish in these comments.
	Limited freedom	1	2	The breastfeeding, they run away from it 'cause there's a lot of stuff to do. Some women can't just sit around and pump milk and breastfeed. They want to move

BF Challenges				around with their home girls. They rather just get the Similac and make the bottle. That's why more African Americans are using Similac.
	More responsibilities	5	11	It was just hard with the first baby because she was like getting introduced to all that responsibility at one time on top of breast feeding. All of that she didn't know. At that time, we didn't have the WIC yet. She felt like she was at a disadvantage because she had a baby and had to be that mother first and I just let her know I was on the same boat being empathetic.
	Motherhood Worries	4	6	The challenge was just getting her started on the breastfeeding. She got to get up to feed the baby and she was like, you get to sleep while I got to sit up to feed the baby. Like she was on the disadvantage for being a mother. Like I said, the post-partum thing because she's just emotional. They're just up and down and it's your fault. Then you know you get them a break away from the baby and they're agitated over you. You're going out too late and you know, just the worries of motherhood.
	Parents	1	2	One of the biggest obstacles we had were her own parents because they wanted to be able to keep the kids over the weekend. They realized they couldn't breastfeed and made couple of comments here and there, like, "All right. Don't you think it's time to stop now?" 'Cause my daughter, she breastfed up until she was almost 30 – 32 months.
	Physical Appearance	1	1	They don't look the same. They're not sexual beings, so you know what? When you're in love with the person you married, there's a bond that not only secures you, but secures your spouse to know that you're not going anywhere. That I am unattractive in their mind because of the stretch marks or the stomach and the sagging breasts, and everything else. They are feeling self-conscious in their mind.
	Sexual to Essential	2	6	I didn't think about the sexual component of it. At the same time, I marvelled at my wife from being kind of a sexual figure to a necessity essential for my kids' wellbeing. I could reconcile the two. When we began to have kids, she was always feeding, so her breasts were always active. Every so often, she might leak, I was trying to change it from the sexual to the essential, and I'm just like, "It's leaking"
	Smoking	1	1	We read upon it. You know, I don't know if it's true or not, but if she's smoking cigarettes. It's the way you breastfeed – pump the milk out. You know, so pump that part of the milk out, and you can go back. You can breastfeed. Is that true?

	When to wean	3	3	My baby wouldn't take the formula. She would only take the breastmilk. So, it took almost a year, 13, 14 months before she actually stopped because my daughter would use that as a pacifier. It took a long time for us to get to the bottle and it was just a long, ongoing process because she breastfed for so long. It's hard because we have to fight her and hear her cry.
	WIC Program	4	13	So, I feel like that was the biggest challenge and that's what really caused her to go towards the formula, instead of putting in the work to change her diet and maybe going to a doctor more and working closer with the physician to see why the breastmilk wasn't coming out like it was supposed to. I feel like that was a big challenge towards the situation.
	Working mothers	2	5	Black people, we are always fending for yourselves, trying to take care of the kid, while keeping an eye on another kid. Who has time to breastfeed when I gotta go to work? While your work atmosphere like McDonald does not let you talk about that.
<b>BF Rewards</b>	Closeness	3	8	It brings your family closer together. Temporarily, I did not see my wife as sexual. It made me respect her even more. I saw her as even more beautiful. I was just proud that she was able to nourish our family.
	Finance	6	12	To me, the big benefit is economical. My son was unplanned. It's not like a home was built and everything was in place before that. Money was tight. So, breastfeeding was definitely an option. A benefit, should I say, for that. I think benefits economically, and of course, my son doesn't get sick a lot.
	Happy Wife	1	3	Happy. I feel like she felt like she succeeded in a sense of nursing our little girl. She had difficulties, but she persevered. The closeness and the bonding that she was able to do with our daughter made all the difference.
	Peace of mind	4	5	I felt privileged that I was able and capable of doing that. I could imagine a single mom in desperate situations with all the stress and things. I can see how breastfeeding is the least amount of my worries when I have so many other things in front of me.
	Pride	7	20	That for me, it's always important as a man that you can support and take care of your family and your wife. And I am kind of pride myself that I was able, with God's

				help, to provide a nurturing surrounding that she didn't have to worry about anything outside of just our kids, in terms of providing for her.
	Routine	2	7	The alertness. The fact that we could kind of get them on a schedule. Because everything was centred around when she fed the baby. So once that was normalized in terms of feeding, a certain routine was established with no need of an alarm clock.
	Smart & Healthy Kids	8	40	I never even put the two together. Kid is smart. [Laughs] I mean, I think he's smarter than average, but I never even thought about it when I always felt like it made him faster. He seems to be incredibly athletic.
	Time	4	5	In terms of not having to warm up a bottle. It's right there for you. You know, if she's there, then she can do it any time. It saves time. It's easy.
<b>BF Resources</b>	Awareness and communication	5	16	I think there are needs to communicate more to our younger brothers and sisters about breastfeeding and the benefits. I think there's just not enough awareness.
	CD & DVD	1	3	Since you're recording, you can put it on a disc. It's just like what we do with music. Put it on a disc, and if you see a pregnant African American woman who are walking out there. You can just tell her: "Hey, take this home. Listen to it. We had a meeting with a group of guys talking about breastfeeding. I'm gonna let you hear what they thought about it."
	Celebrity	3	10	Beyoncé. Now how many people, how many kids poor or rich know Beyoncé? If Beyoncé is breastfeeding, do I need to teach about it? I'm just going to say, Beyoncé is doing it. Why don't you? So, the fact that she breastfed and she was public with it, I have nothing to say, I just have to show the picture. The image talks more.
	Church	4	13	The fact that you're bringing it here because out in our communities, regardless of the denomination, we are heavily influenced by religious organizations. People know their pastors, but they don't know who the mayor of the city.
	Commitment	1	3	I will say that if we were in a lesser committed relationship, I don't know how it could work. I mean till death do us part. Even if you gain weight, it doesn't bother me, because I'm not going anywhere. That's always been my mindset. That's what marriage is about. It's about commitment. Somewhere, it messed things up sexually a little bit. It wasn't like I was gonna leave or go anywhere. And I think she

BF Resources				appreciated that. She knew that. She knew that I wasn't gonna be completely turned off to where I wanna just run away or anything.
	Coping with Trends	1	2	A lot of times they see it as an option to a point. We are in a microwave society now. Why do this when I have the formula now. You see it as so enriched and you see it as readily available. All you have to do is rush and see fathers in the stores and they're just buying it, you know.
	Early Promotion	3	4	They had babies and bottles. They are teaching them how to do that, but what they're doing is teaching formula. They're teaching outside milk. So, I'm saying we need to catch them at early stages to let them know how important breastfeeding is. You got to be careful of making sure they get the proper education, so they're not exposing themselves in a negative way when it comes to what their body can be used for as far as breastfeeding.
	Family Support	3	9	I think family is key. Just trying to keep family around these young people and educating the influencers of the family. Because that's who the young people go back to, and if they have a mom or uncle or somebody that's not telling them the right thing, they're probably not gonna do the right thing.
	Generational Identity	3	11	I think just being completely vulnerable, open and honest about the situation. Creating more network of support whether it's through churches, through communities, or organizations where young women and older women whomever the case can really be a part of an identity. Create a new identity of motherhood. Like what does motherhood look like? What is the role of the mother? What does it look like?
	Kids having kids	5	14	Women are having these babies so early while they can't even take care of themselves. They don't know what's good for them, let alone what's gonna be good for a baby. So, I think that's one big problem we have in African American households, for the most part; a lot of kids are having kids. Also, I think we need to look breastfeeding as being beneficial for the kids. A lot of times it could be a lot of different things to why women don't breastfeed. It could be pain.
	Leadership & Information	2	5	I think it starts with leadership. With us in the household being strong leaders to our spouses, or the mother of our children and then to our kids. You show them the

<b>BF Resources</b>				information that they need. It's right there. Mold them and build their character when they're in these predicaments.
	Proper Education	7	14	The proper education on how to do it correctly. What discourages a lot of women from breastfeeding is their first experiences that are usually painful or unsuccessful.
	Responsible Community	4	9	One thing I learned about the African culture. Everybody raises them together. You know what I'm saying? I hold you responsible. Your kid comes to my house. Do what your daddy says. That's what we're going by. You're not going to slack because you're over here. That's how I live. You know what I'm saying? That's how it should be.
	School Curriculum	5	12	If you're gonna teach sex education in the schools on the anatomy of the body and its chemistry or something, let's talk about breastfeeding. Let them know that breastmilk is a chemical that the body produce that's very healthy for the babies. And just like the animals. You talk about animals, how animals breastfeed. So, I think if they can get it into the schools and that would really bring it out to the front.
	Social Media	2	2	And with the social media that's going on now, that's where you can get all the information out.
	Stay at home mom	2	6	I think because she was at home, she was more relaxed. She didn't have to worry about having the pump, having to go off into a closet at work and store the milk or whatnot. Now, it wasn't our intent. We didn't have any philosophy on it. She said, "I'll go back to work after six months." Well, now, that turned into a year, and you know, she never did go back.
	Visibility	3	6	It's funny, for me I have seen it on TV and stuff like that. And I have seen it for African countries and everything else. I used to associate it with poverty, ironically enough. I just assumed that these people of lesser means didn't have any other options. So, all they had was breastfeeding. These people may not have been exposed to the education, in some of these third world countries, they had no other option. All they knew was to naturally breastfeed. So, I used to associate it with not being educated enough or exposed enough to the benefits of it.
	WIC BF Support	3	5	Now if you don't have Obama Care or you don't have insurance which is not true now, everyone has one, WIC provides it for free for one year. There are different kinds of pumps, the resources are there. It's just the information is not there.

BF Support System	Emotional	5	18	My wife always says all the time: "I don't really know if I could have done this if you weren't present and helping me out." Just the constant was time consuming. It's easier per se to create formula, have it set than to go through the sacrifice of breastfeeding. I think it has to be approached from the area of education to be selfless. A paradigm shift with a generational mindset of selfish versus selfless. I think we need more models in our communities to share our stories, our successes and failures.
	Financial	3	5	So, economics plays a big part in having more time to actually breastfeed the kid so they move to the fast thing. You know, buy something, some milk, quick whatever it is.
	Hospital	5	8	A big reason why we were able to breastfeed was because we had our baby at Baylor. At Baylor, they were real proponents of breastfeeding. Like the nurse would come in, and my wife was having trouble getting my son to latch on. The nurse was real patient and gave her tips and so forth and worked with her.
	Information reputable Source	2	4	I have to go to the source. When I don't know something, I have to get information from a good reputable source. I'm doing the right thing because people of reputation and knowledge recommend it, or don't recommend that.
	Marriage	2	8	I equated successful breastfeeding with marriage, or in a committed relationship because the wife changes. The body is not as sexual, it's more essential. I stay with my wife because I'm committed and not because I'm sexually attracted. I'm still with her because I'm committed. And that's where the marriage part comes in.
	Material	1	2	She was just using the straight pump by herself. She didn't have an electrical pump. So, I just told her, "Just hold on. You're gonna get your electric pump.
	Partnership	3	6	Because my wife didn't go through any pain. It was just me just trying to find my niche and find out how I could make myself useful in this supporting my spouse.
BF Support System	Physical	4	8	At early stages because she wasn't pumping, my role was limited as related to what I could do to help. All through the night, she would have to wake up. So, once she was able to start pumping, I was able to play a bigger role in providing the substance and stuff for our little girl.
	Protection	2	5	We're under that umbrella. And I love Jesus, I'm gonna tell you. Saying we are under that – the male is appointed to be the head of the household and if he's not



				there to be that head, then everything is out of order. Because the woman can't be both.
	Self-education	2	4	That's what we missing. I think that's the biggest problem with why they're not educated because they don't have time to educate themselves.
Advice for AA men	Be Supportive	8	56	Be as supportive as you can. Your wife has carried your child for nine months and I was told even before my wife even had our children, when you come out of that delivery room, you will not be the same. You see your wife that brought the life, this other life into this world. You will not be the same and from that point you will say, I'd do anything I can for this woman. You can benefit also from that skin to skin contact. That's the way we bond with them, too.
	Friends & Black doctors	2	24	It trips me out because until I was like 30-something, I don't think I'd ever had a black doctor. I don't think I even knew very many. And now I come to Texas, and I've got friends that are doctors. So, they had an influence, but I consider them not really friends, but medical providers. That had to be probably the coolest thing I have ever, ever experienced in my life. I'm still marvelled by this. All of our medical providers are black. My son is gonna turn seven this year. He's never had a non-black doctor.
	Generation Gap	1	5	That's why it's so hard to get the young ladies to breastfeed. They don't have enough coaching from the elders. Because at one time, we were babies making babies. You got mother and daughter close in age. So, it wasn't nothing handed down.
	Recommendations	6	42	In the African American race, we got to do things twice as good, or twice as hard, or twice as whatever. Whatever it is in life. So why not give them the opportunity from birth. From a life perspective, you want a healthy kid. Like, we've all said it, breastfeeding a kid for brain development. We don't have that education in the African American arena just based on the numbers.
	Self-Worth	1	5	I think teaching abstinence is not working, obviously. But I think we need to teach more self-worth. Know what you're worth. If you teach a person what they're worth, then they're less likely to disappoint themselves. Because that's one person you're really disappointed in when you have to deal with those consequences.

<b>Advice for AA men</b>	Single BF father	1	2	I want to commend him for coming. He's not married, but he's sticking right there with her. He's right there for her. You ain't gonna find a lot of African Americans that's gonna do that. I don't know about white or Hispanic, but he loves his son, evidently, he loves her. He's there for her and I think he's headed in the right direction.
	Spiritual	3	9	And from a spiritual standpoint, God didn't bless us with a child for it to be complicated. I didn't have to worry about food because the baby could nurse from my wife. So, it just felt natural. It was beautiful. This is what God intended.

APPENDIX E: COMPARATIVE LISTS OF EMERGENT THEMES

Primary Codes	Emergent Themes for Congolese Immigrants	Emergent Themes for African American
BF Decision	<b>Natural Process</b>	Benefits
	Unspoken agreement	Doctor
	<b>Parenting Class</b>	Family
	Prior Discussion	Indifference
		Private Counsellor
		Wife Decision
		Mutual Decision
		<b>Natural Process</b>
		Personal experience
		<b>Public Health Classes</b>
BF Experience	Expectation	<b>Baby Priority</b>
	<b>Convenience</b>	Breastmilk Under-production
		<b>Bonding</b>
		<b>Convenience</b>
		<b>Formula Trend</b>
		<b>Mother Anxiety</b>
		Pain
		<b>Public</b>
		<b>Pumping</b>
		<b>Shortage</b>

<b>BF Knowledge</b>	<b>Breastmilk value</b>	<b>Classes</b>
	Association/ Research	Family & Friends
	<b>Formula Awareness</b>	Literature
		One on one
		Prior Preparation
<b>BF Attitude</b>	Attention	Exposure
	<b>Bonding</b>	Ignorance
	<b>Child Priority</b>	Maturity Process
		Providence
		Sacrifice
<b>BF Challenges</b>	<b>Mother Anxiety</b>	<b>Breast Sharing</b>
	Baby Satisfaction	<b>Breastmilk over-production</b>
	<b>Formula Cost</b>	<b>Breastmilk storage</b>
	Attachment	Father Worries
	<b>Public</b>	Finding my niche
	<b>Pumping</b>	Intimacy
	<b>Sharing the breast</b>	Lack of sleep
	<b>Time</b>	Lack of special Bonding
		Limited freedom
		More responsibilities
		Motherhood Worries
		Parents
		Physical Appearance
		Sexual to Essential
		Smoking
		When to wean
		WIC Program
	Working mothers	
<b>BF Rewards</b>	Rewards	Closeness
		Finance

		Happy Wife
		Peace of mind
		Pride
		Routine
		Smart & Healthy Kids
		<b>Time</b>
<b>BF Resources</b>	Nutrition	Awareness & communication
	Physical Appearance	CD & DVD
	<b>Staying at Home</b>	Celebrity
	<b>Visibility</b>	Church
		Commitment
		Coping with Trends
		Early Promotion
		Family Support
		Generational Identity
		Kids having kids
		Leadership & Information
		<b>Proper Education</b>
		Responsible Community
		School Curriculum
		Social Media
		<b>Stay at home mom</b>
		<b>Visibility</b>
	WIC BF Support	
<b>BF Support System</b>	<b>Emotional</b>	<b>Emotional</b>
	<b>Family</b>	<b>Financial</b>
	<b>Financial</b>	<b>Hospital</b>
	Intellectual	Information reputable Source
	<b>Physical</b>	Marriage
		Material

		Partnership
		<b>Physical</b>
		Protection
		<b>Self-education</b>
Advice for AA men	<b>Education</b>	Be Supportive
		Friends & Black doctors
		Generation Gap
		Recommendations
		Self-Worth
		Single BF father
		Spiritual
Cultural Role	Contrasting with Africa	
	Culture	
	Doctor Office	
	<b>Hospital Role</b>	
	Survival	
	Social Class	

**APPENDIX F: EMERGENT THEMES AND REPRESENTATIVE QUOTES OF KEY INFORMANTS.**

<b>PEN-3 Codes</b>	<b>Themes</b>	<b>Sources</b>	<b>References</b>	<b>Representatives Quotes</b>
<b>Perception - Positive</b>	Benefits of father BF support	12	15	The benefit of having more fathers to participate is to bring more awareness to the community, more healthy kids in the community, and getting men involved into something that's powerful, and the support of breastfeeding to their women. I think it bridges a gap in the community with men, kids, and women for that cause.
	Working with AA men	10	10	I would say that most of the fathers that I work with today probably have minimal contact with the mother of their child in terms of the intimacy of breastfeeding. I would say that a lot of them probably, a lot of the babies are probably fed with the bottle 'cause I hear them talk about having to buy milk
<b>Perception - Existential</b>	Personal Experiences	6	7	Breastfeeding was not a part of my childhood or family experience; it was not discussed, debated or considered. We were very poor. Growing up, with family, relatives, friends, I never heard of anyone breastfeeding.
	What is Unique in your community	10	16	I think from a historical standpoint, I think the African-American men have not been viewed as fathers in terms of traditional sense. The old sense of African-American men being viewed as a father has been very limited in the visual discourse, as well as I think in terms of communication. You don't see African-American men being viewed as good fathers, or just fathers in general. I think it sends a very negative message to the community.
<b>Perception - Negative</b>	Carrier oriented Women	1	2	She was identifying herself with more of a, "I can go to work, I can do my own things, and I don't need a man." So, this particular activity could be viewed as something that's identified with somebody that's the opposite of how she saw herself.
	Family Breakdown	6	7	You don't have the traditional families anymore where you have grandma, and aunts and uncles, and grandparents all around and both parents in the same household.

	Lack of Education	2	7	I think your biggest thing, and I've been doing this a long time, your biggest thing is a lack of education. That's it. There's nothing more than that. Then the question becomes how do you educate?
	Nasty	1	1	It's nasty; shouldn't be done in public; it interferes with sex; cant' smoke, drink or party
	Time	3	4	I hear moms talk about that, "I ain't got time for that because once I start doing the breastfeeding, that's all he's gonna want," or "she's gonna want and she's not gonna want the bottle. I don't have time to be sitting there, doing it all the time."
	WIC	1	1	I think now that you see that there's an easier access to formulas and things of that nature, even though it's so expensive, there are, I guess organizations and agencies through WIC or through other places that people are able to get access to these things without having to incur a lot of the cost of what it would have been before.
<b>Enablers - Positive</b>	Church and the community	1	1	the church needs to become more real about the realities that are going on in our community. When the church starts to address these issues and make these services available for people to understand and to have real healthy dialog around, and then Bible-centric dialog, I think it changes the mindset because now it's not something that is taboo conversation. It will become conversation that is necessary.
	My World	1	1	The world I live in, the world I work in are basically two different worlds. The world I live in men have resources, higher levels of education, and have the opportunity and ability to seek out information formally.
	Reforming Sexual Education in Schools	1	1	The whole process to how we do sexual education at schools has to be reformed. They do still have to talk about how to prevent from getting pregnant and they do talk about abortion, but what they don't talk about is once that child is in this world, if you are going to parent that child, here are the things that you need to be aware of in order for you to be able to have a healthy child and healthy parenting experience.



	Responsible fatherhood	2	3	I think any discussion that is not tied to the idea of just being a responsible parent is going to be hard. It has to be tied to the whole idea of responsible parenting and being in your child's life.
	The world of my work	1	5	Their survival mode is, "How am I gonna pay rent? Utilities, I've gotta pay these fines, I've gotta keep this car ready, I've gotta buy the food, I gotta do those things." So, they don't really think about the idea of breastfeeding as part of that, in the same manner of where it rates on all the things I have to do.
<b>Enablers - Existential</b>	Rural	2	2	You're in the family environment with multiple family members there. Multi-generational.
	Urban	1	3	But in the urban areas that's becoming less of a tradition than in the rural area where I grew up. Families in the urban areas tended to be more fragmented. And there's not a lot of information that's being passed down.
<b>Enablers - Negative</b>	Church	1	5	I know my church back home don't let women breastfeed in the congregation. They make them go to the bathroom. I have a problem with that.
	Connecting father	1	1	So even if they never marry, there are enough intimate moments that's engaged in that process where he stays intimately involved with the mother and the child. That makes it better for the child and the mother in the long run.
	Subtopic of wellbeing	1	2	Breastfeeding is a way of linking him to that. Understanding that overall health and wellbeing of the child is, we're linking him to that process to maintain some level of contact with that child and with the mother. Even if he decided to walk away, they walk away from each other, if they have enough of those intimate moments of connectedness, then he doesn't abandon the relationship.
<b>Nurturers - Positive</b>	Lack of men BF Support	9	11	I'm not aware of dads who openly, consistently or routinely support breastfeeding.
<b>Nurturers - Existential</b>	No Cultural Relevance	10	16	When we give our information, we don't necessarily go from a culture perspective. For the most part, there hasn't been a lot of emphasis on any cultural relevance or cultural best practices when it came to breastfeeding. That's something that we probably have to look at.
	Fear to be ridiculed	1	2	I think one of the things would be the fear of being ridiculed about breastfeeding in public. I think that, that would be something that both people think they drew negative attention.

<b>Nurturers - Negative</b>	Single motherhood	2	2	A single mother with multiple children. The idea of being the sole provider, sole caretaker for those children, "How do I do this and take care of these other kids at the same time, so I'll have enough time to do all of that? So, the easiest way for me is to stick a bottle in his mouth."
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**APPENDIX G: BREASTFEEDING TOOLKIT THEME AND REPRESENTATIVE QUOTES**

AA Breastfeeding Toolkit	Themes	Sources	References	Representatives Quotes
<b>Toolkit Approaches</b>	Access Engagement Responsibility	1	1	if I was to give you three dimensions of fatherhood, I would say one is access, two is engagement, and three is responsibility. What I mean by responsibility, it's really like a catch-all of everything that you do to care for your child. There're all linked together. If you don't have access, you can't engage. And if you can't engage, you can't exercise your responsibility. So, I think that when you get them with child, non-married and non-resident fathers, you have barriers associated with that.
	Approach according to SES	1	6	So maybe you separate it. Have fathers that are at or near the poverty line and then you have fathers that are above the poverty line. Create two rubrics that describe the outcomes and how they feel about breastfeeding, your assessment will be a totally different.
	Availability and Consistency	1	1	I think that there's going to be certain scenarios where it is going to require for it to be the same race. I think there's going to be scenarios where it doesn't matter. I think what matters probably more so than the races aspect is just the availability and consistency.
	Connect to Kid	1	2	you're not going to have any problem talking with black men when it comes to their children. They are going to readily respond. You're not going to have any barrier to that. That's why I said that when you approach them, the approach has to be about don't you want your kids to be as healthy as possible early on.
	Curriculum for AA & Barbershop	1	10	Culturally, African-American men raise their kids differently, so you have to use that curriculum. Having real discussions with these men about everyday struggles of being a black father, trying to get a job, trying to get a better education so you can get a good-paying job, living conditions, environment.
	Educating at all levels	2	12	Programs in middle schools and high schools. Middle schools because kids are starting to have sex in 7th and 8th grade. If a child is born, unplanned, at least you will have educated the parents or the future parents on the benefits of

				breastfeeding. It's an educational process. Once the folks get educated, what you're going to do is lower resistance.
Toolkit Approaches	Imagery	1	1	That would be ideal to eradicate a lot of those images and mobilize more African American men about putting literature in doctor offices, clinics, churches and so forth. But, you've got to look at it from a program perspective. That is very pricey. So, you have to be able to be effective inexpensively. The mass text and social media will probably be more bang for the buck.
	Mentoring program	1	1	Education alone is not going to change somebody. A mentoring program is to be implemented. A mentor is assigned to them. What they do is they basically work with this mom and become a resource, even after the child is born to be able to disciple them and mentor them to act and get some access to different resources if needed.
	Realistic Approach	1	2	I just think I go back to a realistic approach, that educating them about the advantages of breastfeeding and left them with a constant approach. Let them make their decision. Give them the information and allow them to make their own decision. Most time we go into the community, push things off on these brothers without allowing them to make their own decisions.
	Referrals	1	1	As far as what's working is the fact that we have a large population of individuals, for better or for worse, that are being forced to have to go through some type of parenting classes. I don't try to get into the judgment of why they have to come. We all have issues in our life that we struggle with. But, for whatever reason, God has all set to create a pipeline of individuals that are coming from CPS and the courts who are having to take parenting classes.
	Value transfer	1	3	I think that each region of the United States is gonna have to use a similar approach and they can tweak the message for whatever it is in their community.
	AA ID	2	5	Most African-Americans are maladapted white Americans in terms of their behaviours. In other words, black folks want the same thing that the folks of privilege have had for 450 years. So whatever whites do, blacks want to do. Alright. Or have learned to do it.

<b>Toolkit Components</b>	Build from a place of strength	1	10	Approach fathers with new concepts from a place of strength and that means understanding what he's doing now and then taking what we understand about the value of breast feeding and connecting that in some way to your strength.
	Money	2	2	I think we have to look at the root issues. Now, we know the root issue obviously from a spiritual perspective is going to be sin, but practically speaking, we know that a lot of young guys who are afraid to step up to the plate and be fathers, money is always going to be a big issue. "I can't afford to take care of a child. I can't raise a child."
<b>Toolkit Components</b>	Relationship & Connectedness	3	10	You have to start with relationship with the mom. Because if you can have, whether you're married or not, that child see you guys getting along in a positive way whether you are together or not. Then you are actually helping that child manage what we call adverse childhood experiences.
	Repetition	1	4	Have them see it on a repeated basis. Have other individuals that men tend to look up to state that process. have them continue to state those kinds of things. Come up with those visual kinds of things that show the immediate value of you choosing to do this. Short videos, maybe some way of making that happen as well. But how do you get them to the video. That becomes the other challenge.
	Seven levels	1	4	I think an inter-disciplinary, holistic toolkit for black, for African-American men to address the seven different keys in their life. What I mean is that spiritual, physical, emotional, mental, financial, occupational, and social. Those are seven key areas that I strongly feel an African-American man needs to address. He will be able to redefine his role not only in the community, but his role as a man and as a father.
	Visualisation & Education	1	10	we're visual, we have to publicize that information. Put it in places where men go. Have them see it on a repeated basis. Have other individuals that men tend to look up to state that process. dad's visualizing that whole process. Now taking that and converting that over to the education process.
	AA uniqueness	3	8	Breastfeeding in American in general is not that high. I think I'm speaking from my own opinion, but I think that in a lot of ways, the African American experience is a combination of our African history and heritage coupled with Western ideas and thoughts, primarily European, which has become

<b>Recommendations</b>				Westernized and Americanized. American Western culture as a rule does not embrace breastfeeding anymore.
	BF in Public	1	2	When I see women breastfeed in public, like they'll put the little blanket over the baby and all that, I still turn my head. I'm like, "I shouldn't be looking at it."
	Black Immigrants	3	8	I think that if you are not an African American, especially if you're not two or three generations African American, it's sometimes difficult for Africans or Blacks across the diaspora to understand the African American psyche in relationship to historical racism and Jim Crowism, and what that does to the psyche and the human spirit, even generations out.
<b>Recommendations</b>	Human Services for AA	1	2	You want me to support somebody whose already been supported. Every single one of these programs, these agencies in human services and social work appear for the sole purpose of working with families. And I'm using quotation marks, in terms of that. Families. But families have been redefined to mean women and children. So, you know it's very difficult for somebody who has not been supported to support.
	Overcome Rejection	1	2	When you're not surprised to see the ugly side, and you don't go nowhere, you don't respond to that and you stay there, over time you whittle away the belief system that they have in place.
	Rules without relationship	1	8	Rules without relationship equals rebellion. In essence we have to really nail the relationship first. I'm not presenting who I am, I'm not a professional, I'm giving you just me and I'm trying to identify if there is something that we can have in common. In general conversation, I'm able to identify that one topic of a relationship.

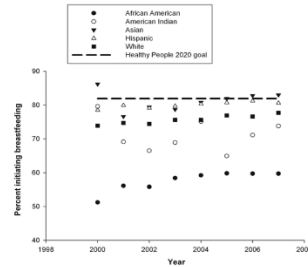
## APPENDIX H: AFRICAN AMERICAN MEN BREASTFEEDING TOOLKIT



### African American Men Breastfeeding Toolkit

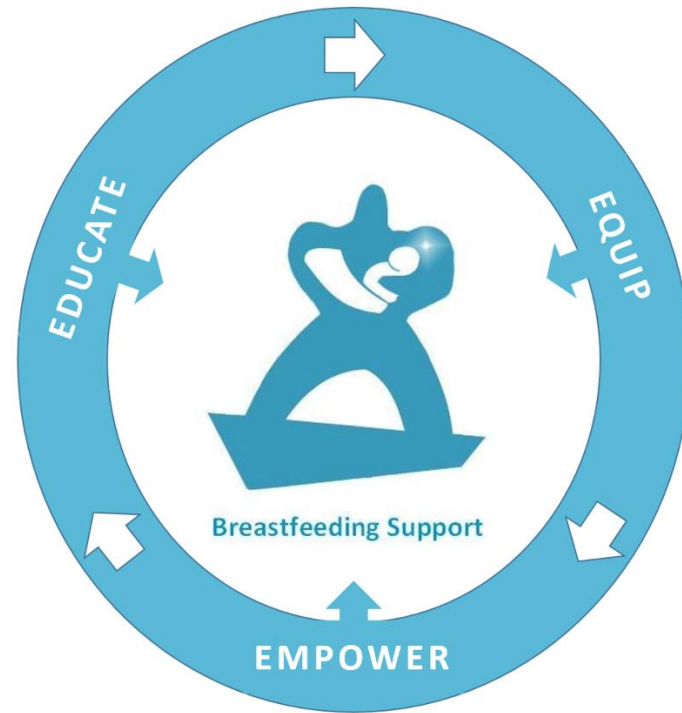
Breastfeeding is a global concern and a public health priority. Male support influences breastfeeding behaviors. Fathers play a central role in determining women's choice to breastfeed.

Health disparities continue to exist for African American women's breastfeeding initiation and duration rates in comparison to Caucasian and Hispanic women. For every birth year between 2000 to present, African-American mothers continuously have lower rates of breastfeeding initiation in comparisons to Caucasian and Hispanic women



One viable way to improve those low breastfeeding rates is to educate, equip, and empower African American men through this breastfeeding toolkit.

The anticipation of birth and the birth of a baby is a period of maximum opportunity to engage with fathers. The purpose of this toolkit is to multiply opportunities to create intimate moments of connectedness that link the father to the child first and to the mother. Breastfeeding is a way of linking African American men to the overall health and wellbeing of the dyad.





**Building trust  
Developing relationships  
Making personal contacts**

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**Getting Fathers involved**

- ❖ Learn father's name. A simple "Good Morning" can make a father feel welcome.
- ❖ Engage father in short conversations.
- ❖ Ask if he has any questions or concerns.
- ❖ Listen to and answer his questions
- ❖ Welcome father with enthusiasm, Keep eye contact and positive body language
- ❖ Make him feel important in the parenting Process and family development.
- ❖ Control your biases to built trust

**Ways to make fathers share what is important in their relationship with their child**

- ❖ What type of relationship you have with your father?
- ❖ What has your childhood taught you about parenting?
- ❖ When did something really special happen between the two of you?
- ❖ Have you changed something about yourself because of your child?
- ❖ What have you done to make things better for your child?
- ❖ What habits help you and your partner raise your child together?
- ❖ When things look rough, what keeps you going?

**RELATIONSHIP**



**Children Benefits with Involved Fathers**

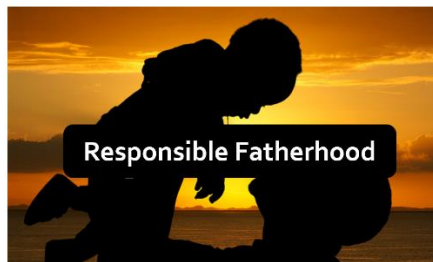
**Social Benefits**

- ❖ Greater empathy
- ❖ Healthier relationships with peers
- ❖ Higher self-esteem
- ❖ More self-control
- ❖ Less impulsive behavior
- ❖ More generous

**Intellectual Benefits**

- ❖ Increased curiosity
- ❖ Less fear in new situations
- ❖ Greater tolerance for stress
- ❖ Better coping mechanism
- ❖ Higher verbal skills
- ❖ Better school performance

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**Responsible Fatherhood**

Confidence comes with spending time with the baby ... and with practice.

**Fathers Benefits from being involved with their children**


- ❖ Fathers gain self-confidence
- ❖ They are better at expressing their emotions
- ❖ They have a greater sense of overall wellbeing

**RELATIONSHIP**





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### Men Breastfeeding Support

Baby Benefits


- ❖ Breastfeeding stimulates brain growth.
- ❖ Breastmilk helps the baby's IQ reach its full potential
- ❖ Breastmilk lowers the baby's risk of allergies, asthma and infections.
- ❖ It may mean fewer doctor visits.
- ❖ Breastfeeding is less expensive than formula.

Mother Benefits

- ❖ Breastfeeding helps mothers stay calm and bond with the baby
- ❖ The hormones produced while nursing help mothers relax
- ❖ Breastfeeding helps mothers to lose the baby weight.
- ❖ It protects Mom against excessive bleeding after delivery
- ❖ It delays the return of her period, and lowers her risk of cancer.


Breast Feeding

- Enhanced Natural Immunity
- Reduced Allergy Risk
- Bonding
- Weight Normalization (mom)




Formula Feeding


- High Sugar Exposure
- High GMO Exposure
- Increased Allergy Risk
- Synthetic vitamins
- Increased Risk Fat Deficiency



RELATIONSHIP



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### Father Concern About Breastfeeding

Feeling left out if his partner breastfeeds

Father breastfeeding support is so important while mother is breastfeeding, and there are lots of ways he can help. There are also many ways a father can bond with the baby without being involved with feeding! Soothing, bathing, playing are just other alternatives

Pain his partner may experience with breastfeeding

In general, there should be little or no pain with breastfeeding. If the mother and the baby are having a hard time, the father can take them to the lactation consultant or the doctor for help.

Whether his partner will make enough milk

In general, if the mother eats healthy and keeps herself well hydrated, she will make the amount of milk the baby needs.


That breastfeeding will interfere with his sex life with his partner

Having a baby changes your sex life whether the baby is given breastmilk or formula. The first 6 weeks are tiring for the mother. Her body needs time to heal from the trauma of birth. Both of you will need to adjust to the big change in your home life. You will need to plan for time alone with each other. This will be true no matter how the baby is fed.

That breastfeeding will ruin his partner's breasts

Breastfeeding does not damage women breasts. Any changes in breasts' appearance are caused by the pregnancy itself, whether or not she breastfeeds.

RELATIONSHIP





## Early Involvement

- ❖ A father's early involvement strengthen the bond with the baby
- ❖ It eases the transition into fatherhood.
- ❖ Attend prenatal classes to learn about breastfeeding and how to be supportive during labor
- ❖ Pack the hospital bag and prepare for the baby by getting items like a crib, car seat and stroller.
- ❖ Care for the mother by doing things such as household chores or rubbing her feet or back.
- ❖ Make sure that mother can get the rest she needs.

## Involvement Resistance

- ❖ Efficiency – "It's faster if I feed the kids myself."
- ❖ Quality – "I do a better job of changing the babies' diapers."
- ❖ Sympathy – "I don't want to bother him while he's watching TV."
- ❖ Admiration – "He works so hard...he shouldn't have to come home and feed the kids, too."
- ❖ Anger – (This happens a lot when the couple is no longer romantically involved.)
- ❖ Cultural beliefs about gender roles – "Men don't prepare meals or change diapers...that's women's work."



RELATIONSHIP



Breastfeeding Support



## Bond Forever

### Building father-child Relationship

- ❖ Learn children relationships strengths
- ❖ Follow child's lead during playtime
- ❖ Identify children need and understand the children's behavior.
- ❖ Father perceptions and expectations of his child
- ❖ Build a common understanding about his child's development.
- ❖ Seek opportunities to master parenting skills and to reinforce positive father-child interactions

### Ways to bond with children

#### During Pregnancy

- ❖ Attend prenatal appointments.
- ❖ Listen to the baby's heartbeat and feel the baby kick.
- ❖ Talk, sing or read to the baby
- ❖ Help Mom get ready for the baby
- ❖ Get things like a crib and car seat.

#### After Birth

- ❖ Provide comfort, perhaps
- ❖ Hold the baby skin-to-skin
- ❖ Massage the infant
- ❖ Sing or talk to the baby.
- ❖ Cuddle and sooth the baby when upset.
- ❖ Gently rock baby to sleep.
- ❖ Burp the baby after breastfeeding.
- ❖ Change diapers or dress the baby.
- ❖ Give baby a bath.
- ❖ Play the baby with toys
- ❖ Take baby for a walk.
- ❖ Make the baby laugh with funny faces or voices.
- ❖ Take baby to a doctor's appointment.
- ❖ Teach a new activity
- ❖ Listen to their child talk and responding to them

RELATIONSHIP



Breastfeeding Support

### Parenting and Breastfeeding Resources

- ❖ Provide opportunities to learn about breastfeeding in the parenting context
- ❖ Encourage new fathers to seek out information and support related to fathering.
- ❖ Provide online resources guide for father breastfeeding support
- ❖ Create parenting networks or peer groups to gain support and knowledge.
- ❖ Support men in their development as fathers or father figures.
- ❖ Recognize father strengths in some areas
- ❖ Equip them to develop other fathers

#### Important roles played by fathers

- The Provider Father**  
Provides the basics – food, clothing and shelter – by contributing to the family's economic wellbeing.
- The Interactive Father**  
Spending time with their father gives children a chance to learn communication skills, social rules, and the values that are important to their family.
- The Nurturing Father**  
Provides an environment where children feel important and cared for.
- The Affectionate Father**  
A child's first relationships need to be filled with love and warmth. Fathers should give kisses, smiles, hugs and affirming words to their children.
- The Responsible Father**  
Fathers show they are responsible by giving their children guidance, keeping them safe, and teaching them about the world.
- The Committed Father**  
Commitment shows children that they belong. They learn that their father will look out for their best interests.

## Best Practices – Father Story Catalog



Donta, a young African American man, came for the first time to the women clinic with his partner. They were expecting their first child. The couple seemed worried. With hesitation, Donta accepted to talk with a fatherhood practitioner. Donta sadly told him that he has been looking for work for a while with no luck at all. The practitioner guided him to a board with job postings. Donta took notes of job offers and went back to the practitioner office. He seemed more relaxed and more engaged in the conversation. They discussed the bonding with his baby, breastfeeding, and how he could support his partner.



During his session with the fatherhood practitioner, the controversial Marcus stated that God made the mother to produce milk to feed the baby". He also added that science is wrong. He did not believe in science. Breastfeeding helps the mother if she is going through mild or post-partum depression explained the practitioner. When a mother breastfeeds her baby, she releases hormones that make her relaxed and affect in a positive way how she feels and thinks. The father was amazed by what he was learning. The counselor added that it does not stop there. The same hormones enter the breastmilk since her milk originates from her blood. The baby consumes these hormones in her milk with the result that he relaxes too



Bruce was very emotional because he saw his father becoming an alcoholic, abusing his mother, and eventually leaving his family. He was telling Bruce never to follow his example. However, unfortunately, Bruce had to start working from the age of 14, until today to be able to help the family. Bruce had a child very young and is now paying child support. Therefore, Bruce confided to us that he does not want his baby to go through what he went through. He wants his life to be stable, he was very supportive of his wife and was very glad to learn about the benefit of breastfeeding within the context of responsible fatherhood.



Breastfeeding Support

## RESOURCES

## My Home – My Team – My Community

### Making Effective Referrals

- ❖ Prepare dads for what to expect.
- ❖ Before referring fathers to an agency, know the agency's process and how the father will be treated.
- ❖ Check back with fathers about whether or not referrals are helpful.
- ❖ If the referral was less helpful: Work with dads to understand roadblocks they may have encountered.
- ❖ If the referral was helpful: Ask dads to share their referral experience with other fathers and families.



### Expand Father Network

Effective referrals include fathers at every step of the referral process. Fathers may have had unhappy experiences with social services agencies in the past. For example, they may have been excluded as part of the family unit. As a result, many men may be reluctant to engage with family service and support programs. By setting expectations with fathers and with community partners during the referral process, partnership will flourish. Through successful referrals with community partners, fathers support network will expand

### My Home – My Health

- ❖ Focus on health and health services
- ❖ Engage fathers in discussions about their physical, mental and emotional health
- ❖ Remind fathers that they need to take care of
- ❖ themselves to be able to take care of their
- ❖ children and family.



Breastfeeding Support

## RESOURCES

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**MENTORSHIP**

**Father Need Assessment**

- ❖ Assess the needs of men and fathers
- ❖ Prioritize implementation effort
- ❖ Make inventory of available resources

**Understanding the Needs of Fathers in the Community**

- ❖ What is the geographic area being served, and what are the racial and ethnic groups in the community?
- ❖ What attributes of the community make it easy or difficult to address fathers' needs?
- ❖ What are the fathers' cultures?
- ❖ What are fathers' beliefs about their fatherhood role?
- ❖ What activities or services might interest or benefit fathers? What services are needed by fathers and father figures in the community that the community lacks?
- ❖ What kind of work opportunities are there for fathers?
- ❖ How many fathers are struggling with special issues, such as substance abuse, domestic violence, depression, probation and parole, and relationship problems?
- ❖ Do the fathers have literacy concerns?
- ❖ What would fathers like the program to do better?
- ❖ What support is needed to further engage fathers and father figures in the program?

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**MENTORSHIP**

Breastfeeding Support

## Engaging Fathers



- ❖ Finding fathers who are committed and consistent
- ❖ Create a volunteer program to reach out to other Dads
- ❖ Making a list of different ways that fathers can volunteer

### Marketing to Men

- ❖ Reach fathers through their partners or other public health infrastructure
- ❖ Plan sessions exclusives to fathers
- ❖ Make the program practical with clear purpose, and value to themselves and their families.
- ❖ keep titles and descriptions short but accurate and focused on the children or the family.

### Effective Men Facilitation Groups

- ❖ Look to father interests and keep tips practical
- ❖ Know the uniqueness of how men parent
- ❖ Highlight things that fathers do that show their strengths as a parent
- ❖ Do more asking than telling
- ❖ Have conversations that encourage a balance between learning new information and building on existing strengths

MENTORSHIP



Breastfeeding Support

## Evaluation Process



- ❖ Include fathers in the evaluation process
- ❖ After implementing some of the strategies described in this toolkit, it is important to evaluate how they work
- ❖ This assessment provides insight into what works for the community and how best to improve the toolkit approach.

### Evaluation Questions to Consider

- ❖ How important is the role played by men in children's lives?
- ❖ Do fathers believe there is value to using this toolkit?
- ❖ Is the physical environment welcoming to fathers?
- ❖ What biases may be influencing your efforts to engage men?
- ❖ Are there resources available that speak to fathers?
- ❖ Do promotion materials reflect fathers in the wording and images?

MENTORSHIP



Breastfeeding Support

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