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“How am I supposed to feel?”: Social Support and Black Mothers’ Infant Feeding Decisions

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Introduction

Breastfeeding offers numerous benefits to both mother and infant; yet, compared to their peers, Black women have the lowest rates of breastfeeding initiation and are least likely to exclusively breastfeed their infants for the recommended 6 months. These rates are even lower among black mothers with low income. Previous research has relied on survey measures to assess constructs such as social support in infant feeding behaviors. Yet few studies have assessed these factors qualitatively with Black mothers and even fewer have done so with mothers who have successfully breastfed their infants.

Objective

This study aims to explore Black women’s experiences with social support in their decisions to and success with feeding their infants.

Methods

- 7 mini-focus groups gauged low-income black mothers’ perceptions, attitudes, intentions, experiences, and perceived barriers and facilitators regarding infant feeding practices
- 25 non-Hispanic, U.S.-born, Richmond, VA resident Black mothers who received public assistance and had at least one child <2 years old
- Recruited and interviewed in three different feeding categorizations:
 - Breastfed for ≤3 months (BF3; n=11)
 - Breastfed for ≥4 months (BF4; n=6)
 - Formula fed only (FF; n=8)
- Focus groups were audio-recorded, transcribed verbatim, and analyzed using a grounded theory approach coding specifically to the construct of social support

Type of Social Support	Definition
Emotional Support	Providing love, affection, caring, concern, empathy, trust, encouragement, etc.
Tangible Support	Providing concrete assistance such as tangible goods or services (ex. a car ride, money, childcare, etc.)
Informational Support	Providing resources that aid in problem solving such as knowledge, advice, or general information

Results

Table 1. Distribution of participants by demographic characteristics.

Characteristic	All participants (N = 25)	Formula fed only (n = 8)*	Breastfed ≤ 3 months (n = 11)*	Breastfed ≥ 4 months (n = 6)*
Age of mother (years)				
18-19	3 (12.0)	0 (0.0)	3 (27.3)	0 (0.0)
20-24	15 (48.0)	6 (75.0)	3 (27.3)	3 (50.0)
25-29	7 (28.0)	2 (25.0)	3 (27.3)	2 (33.3)
30 or older	3 (12.0)	0 (0.0)	2 (18.2)	1 (16.7)
Marital Status				
Never married	15 (60.0)	8 (100.0)	4 (36.4)	3 (50.0)
Married	4 (16.0)	0 (0.0)	3 (27.3)	1 (16.7)
Member of unmarried couple	6 (24.0)	0 (0.0)	4 (36.4)	2 (33.3)
Highest level of education				
Less than high school	9 (36.0)	6 (75.0)	2 (18.2)	1 (16.7)
High school graduate	4 (16.0)	2 (25.0)	2 (18.2)	0 (0.0)
Some college	9 (36.0)	0 (0.0)	5 (45.4)	4 (66.7)
College graduate or higher	2 (8.0)	0 (0.0)	1 (9.1)	1 (16.7)
Unknown	1 (4.0)	0 (0.0)	1 (9.1)	0 (0.0)
Student status				
Part- or full-time student	7 (28.0)	0 (0.0)	2 (18.2)	5 (83.3)
Not a student	18 (72.0)	8 (100.0)	9 (81.8)	1 (16.7)
Employment status				
Employed part- or full-time	8 (32.0)	0 (0.0)	5 (45.5)	3 (50.0)
Unemployed/homemaker	17 (68.0)	8 (100.0)	6 (54.5)	3 (50.0)
Annual household income				
< \$10,000	17 (68.0)	7 (87.5)	8 (72.7)	2 (33.3)
\$10,000-\$19,999	1 (4.0)	1 (12.5)	0 (0.0)	0 (0.0)
\$20,000-\$49,999	5 (20.0)	0 (0.0)	2 (18.2)	3 (50.0)
Unknown	2 (8.0)	0 (0.0)	1 (9.1)	1 (16.7)

*Data are presented as n (%).

Positive Professional Network Support

Mothers in all three groups report that health professionals and clinical staff provided informational, tangible, and emotional support that impacted their infant feeding decisions. Mothers attempting to formula feed their infants explained the provision of formula after delivery while still in the hospital to be instrumental in knowing which type of formula their infant needed.

“They already [...] tested your baby, you know, for what type of Merck that she drinks, or he drinks, and when you go, they already have some ready for you.” (BF3)

Receiving information from professionals in the hospital and clinical settings was described as necessary for problem solving and overcoming challenges when engaging in such infant feeding practices as breastfeeding.

“[...] the little lactation specialist, she came in, and she would tell me, you know, skin-to-skin makes him feel closer, and just the connection was what really drew me in.” (BF4)

Positive Family Support

The provision of emotional and tangible support from families was seen by mothers in all feeding groups to be instrumental to successfully engaging in specific infant feeding behaviors. Providing encouragement free from judgement seemed to be the biggest type of emotional support received by mothers in all groups while providing tangible supports like family members providing childcare, helping with feedings, and giving rides to important places like the grocery store or WIC clinic were seen as invaluable in mothers’ infant feeding experiences.

“[...] my family [...] they just always stood by what I wanted to do, they never went against me [...] they told me what they think was best, but they never try to pressure me to not, you know, stop breastfeeding.” (BF3)

Dissonance in Informational Support

Regardless of the group mothers were in, there were a series of challenges related to receiving unsolicited advice and advice or information that did not align with what the mothers intended or wanted to do when it came to feeding their infants. For mothers in the BF3 and BF4 groups, information referring to breastfeeding as difficult or painful resulted in challenges engaging in breastfeeding altogether. Conversely, mothers who wanted to formula feed their infants (FF) found challenges in the form of encouragement to engage in breastfeeding as opposed to formula feeding.

“[...] at the hospital] they tried to encourage me to breastfeed [...] but that’s not something that I wanted to do cause I never did it before and I wasn’t curious about it, I just decided just to bottle feed.” (FF)

“[...] my mom, she really wanted me to formula-feed, she did not want me to breastfeed. And I can understand where she’s coming from [...] but at the same time, like, if it’s your choice [...] I feel like they should be accepting of that rather than trying to discourage you from doing it.” (BF4)

“but my mother had six kids so she breastfed one time but the rest of them was formula and I asked my grandma, ‘Did you breastfeed,’ you know, she breastfed but it hurt, it’s like kind of scaring me. So I just went along with the formula.” (BF3)

Results

A Need for Social Support

Regardless of their infant feeding intentions, desires, or experiences, mothers in all feeding groups expressed a need for more social support in all its forms from members of their social networks. Not only was there an expressed need for support, but there was also discussion of a need for education given to members of mothers’ social networks in an effort to address false information and mitigate situations of dissonance in approaches to infant feeding. Overall, mothers generally felt having a newborn was a time in which support was integral to successfully feeding their infant regardless of how they chose to engage in feeding practices.

“[...] give support, support to [...] those moms that [...] decide to breastfeed. Give them support, meaning, they need a aide.” (FF)

Conclusions & Implications

Conclusions

This study addresses a gap in the understanding of facilitators and barriers to breastfeeding among Black women with varying durations of breastfeeding experience. Mothers, regardless of breastfeeding duration, reported experience with and a need for varying types of social support including informational, tangible, and emotional support.

The provision of these types of support especially tangible (i.e., providing formula or breast pumps) and informational support (i.e., advice about infant feeding) were shown to both positively and negatively impact mothers’ decisions about infant feeding.

Implications for Practice

There is a clear mother-identified need for increases in various types of social support. Furthermore, there is a need for addressing knowledge among members of Black mothers’ social networks to ensure provisions of social support facilitate maternal autonomy in decision making regarding infant feeding practices. These findings support existing health psychology literature showing that social support can both positively and negatively impact health behaviors and can impact the psychosocial health of individuals. Findings from this study raise questions regarding the impacts of social support on the perceptions of choice in infant feeding practices for Black mothers.

