



How Social, Cultural, and Economic Environments Shape Infant Feeding for Low-Income Women: A Qualitative Study in North Carolina

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ABSTRACT

Background This study focuses on the cultural, social, and economic factors that shape infant feeding practices among low-income mothers.

Objective The objective was to understand factors that inhibit or facilitate breastfeeding practices of low-income mothers, including how they are linked to broader social, cultural, and economic processes.

Design In-depth qualitative interviews were conducted with women about their feeding practices and food environments, including their experiences with breastfeeding and formula feeding.

Participants The sample was comprised of 98 low-income mothers with at least one child between 2 and 9 years old at the time of interview.

Results Sixteen mothers (16.7%) breastfed for 6 months, and six (6.3%) were still breastfeeding at 12 months. Only 11 mothers (11.5%) exclusively breastfed for 6 months. Women reported several factors influencing infant feeding: interactions with medical providers, work environments, shared living spaces and family supports, and concerns about supply and production.

Conclusions This research highlights the complex interplay of economic and social barriers that shape how and what low-income women feed their infants. The study contributes to a better understanding of the social, cultural, and economic constraints faced by women in poverty. To improve breastfeeding rates among low-income women, it is important to examine the impacts of poverty and food insecurity on infant feeding practices.

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US BREASTFEEDING RATES DIFFER WIDELY ALONG lines of race, socioeconomic status, and ethnicity. Of children born in 2014, 68% of black infants were breastfed, compared with 85.7% of white and 84.8% of Hispanic infants. The percentage who were still exclusively breastfed at 6 months old, as recommended by the American Academy of Pediatrics, dropped to 27.9% for white infants, 24.5% for Hispanic infants, and 15% for black infants.¹ Breastfeeding rates are below average for women at or below 200% of the federal poverty line, younger mothers, and women without a bachelor's degree.¹

Public health interventions aim to increase overall breastfeeding rates and reduce these disparities.²⁻⁵ Most interventions focus on individually based “modifiable factors,” including knowledge, social support, intention, and self-efficacy.^{2,4,5} However, several qualitative studies show that women's social and cultural environments—workplaces, home environments, and social networks—have a major impact on breastfeeding.^{2,6,7} As such, researchers increasingly call for more nuanced breastfeeding interventions that

recognize and consider women's diverse experiences and lived realities.⁸ For example, a review of interventions targeting black mothers advocates “an integrative approach to address the multifactorial complexity of interrelated breastfeeding barriers that mothers experience across layers of the social ecological system.”² As others have pointed out, much of this qualitative research has been published in the social sciences, noting a need for better integration of this research into public health research and practice.⁹

There is a particular need for more qualitative research on the complexities of infant feeding.⁹ A 2008 review of 47 qualitative studies focused on identifying policies and factors to “support the breastfeeding mother.”³ However, the majority of the studies included in the review (36 of 47) are relatively small ($n \leq 30$). Furthermore, most utilize focus groups,¹⁰ structured interviews,¹¹⁻¹³ or short telephone interviews. Few incorporate in-depth interviews or ethnographic observations, which are better able to capture complexity and context in participants' circumstances.^{9,14-16} Furthermore, few studies focused on the unique

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breastfeeding experiences of low-income mothers, even though breastfeeding rates are lower for poor mothers and many public health interventions specifically target this population.

This research makes a strong contribution to these gaps in the literature through its method, sample, and theoretical framework. Unlike previous studies, this one is based on in-depth, semistructured qualitative interviews and draws on a larger sample ($n=98$) of low-income women in three counties (two rural, one urban). The aim of this study was to understand mothers' perceptions and experiences of breastfeeding within the broader contexts and environments in which they interact and make feeding decisions. Following calls from researchers for a more nuanced examination of women's infant feeding practices,^{3,9} this study goes beyond a focus on individual modifiable factors to recognize that decisions about infant feeding are made in and through particular circumstances, including structural, environmental, and social contexts and constraints. Four themes emerged from the research. Low-income women's infant feeding practices were shaped by (1) concerns about supply and production; (2) shared living spaces and family networks; (3) interactions with medical providers; and (4) workplace policies and support.

MATERIALS AND METHODS

Design and Site

This research was conducted as part of a broader study, Voices into Action: The Families, Food, and Health Project (Voices into Action). Voices into Action was a 5-year, US Department of Agriculture (USDA)-funded study about families and food that included interviews, surveys, and community outreach and engagement.¹⁷⁻²⁰ The data presented here are from interviews and surveys collected in the first year of data collection (2012-2013). Voices into Action's research and outreach was carried out in three counties in North Carolina, one urban and two rural. The poverty rate for the two rural areas is just under 20%. In the urban neighborhood, poverty rates are between 19% and 67%, depending on census tract.

Participants and Context

As part of the broader Voices into Action study, mothers and female caregivers with at least one child between the ages of 2 and 9 and with a self-reported income at or below 200% of the federal poverty level were recruited for interviews. Fliers, e-mails, and in-person methods were used to recruit participants from various community settings, including faith communities, food pantries, health departments, and neighborhood events.

In recruiting participants, purposive sampling was used to ensure that the racial and ethnic composition of the sample corresponded with the racial and ethnic composition of the low-income population in the study sites. In total, 138 female caregivers were interviewed. Of the full sample, 29 women were born outside the United States. The results of the interviews with immigrants are not reported in this analysis, primarily because the immigrants' infant feeding experiences were distinctly different from those of the other women in our sample.²¹ Most of these women had grown up in places with different cultural and religious norms around

RESEARCH SNAPSHOT

Research Question: What factors inhibit breastfeeding practices of low-income mothers, and how are these linked to broader social, cultural, and economic processes?

Key Findings: Drawing on in-depth interviews with 98 low-income mothers, this study identified several factors that influenced women's experiences feeding their infants: interactions with medical providers, work environments, shared living spaces and family supports, and concerns about supply and production. To improve breastfeeding rates among low-income women, it is critical to understand the impacts of poverty and food insecurity.

breastfeeding and infant feeding generally. Of the remaining sample of 109, 11 women were either grandmothers or had adopted their children, so they were not included in the present analysis on infant feeding. After immigrants, grandmothers, and adoptive mothers were removed from the sample, 98 black, white, and Latina low-income women remained. These women form the basis for the present analysis (Figure 1).

As part of the broader Voices into Action study, all participants completed three dietary recalls, a demographic survey, and an interview about their food environment, food beliefs, and food practices, including infant feeding practices. In each household, one child between ages 2 and 9 was selected as the "focal child" for the study. The recalls and some survey questions (eg, self-reported health) focused on the caregiver and this one child. These took place mainly in participants' homes, or, in a few cases and as requested by participants, in a public place where researchers could also ensure participants' privacy (eg, a reading room in a public library). Interviews took place between February 2012 and March 2013.

This study focuses on the results of the interview and survey. To develop the interview guide, the research team conducted a thorough review of existing literature about factors influencing family food decisions and developed a series of open-ended questions based on the literature review. Interview questions focused on beliefs, decisions, and practices related

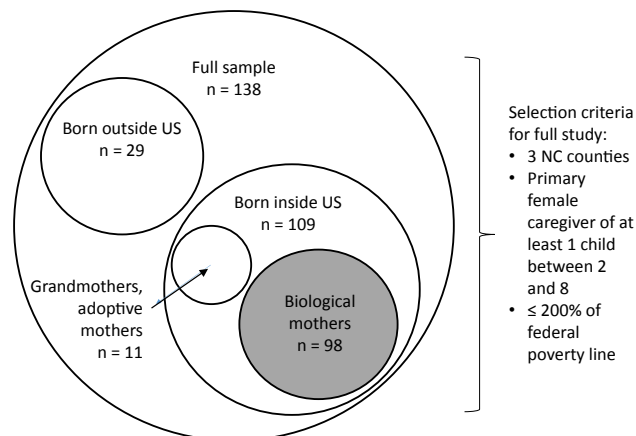


Figure 1. Sample selection for a study to determine how social, cultural, and economic environments shape infant feeding for low-income women.

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