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journal homepage: www.elsevier.com/locate/wombi

ORIGINAL RESEARCH – QUALITATIVE

Mothers' attitudes and beliefs about infant feeding highlight barriers to exclusive breastfeeding in American Samoa



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ARTICLE INFO

Article history:

Received 24 February 2015

Received in revised form 15 April 2015

Accepted 15 April 2015

Keywords:

Breastfeeding

Formula

Infant feeding

Mothers

American Samoa

ABSTRACT

Background: In American Samoa, initiation of breastfeeding is almost universal but exclusive breastfeeding, a promising target for obesity prevention, is short in duration.

Aims: (1) To examine American Samoan mothers' feeding experiences and attitudes and beliefs about infant feeding and (2) to identify potential barriers to exclusive breastfeeding.

Methods: Eighteen semi-structured interviews were conducted with American Samoan mothers at 16–32 days postpartum. Interviews focused on mother's knowledge and beliefs about infant feeding, how their infants were fed, why the mother had chosen this mode of infant feeding, and how decisions about feeding were made within her social surroundings. A thematic qualitative analysis was conducted to identify salient themes in the data.

Findings: Intention to exclusively breastfeed did not predict practice; most women supplemented with formula despite intending to exclusively breastfeed. The benefits of breastfeeding were well-recognized, but the importance of exclusivity was missed. Formula-use was not preferred but considered an innocuous "back-up option" where breastfeeding was not possible or not sufficient for infant satiety. Identified barriers to exclusive breastfeeding included: the convenience of formula; perceptions among mothers that they were not producing enough breast milk; and pain while breastfeeding. The important support role of family for infant feeding could be utilized in intervention design.

Conclusion: This study identified barriers to exclusive breastfeeding that can be immediately addressed by providers of breastfeeding support services. Further research is needed to address the common perception of insufficient milk in this setting.

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1. Introduction

Adequate nutrition during infancy and early childhood is essential for growth, health, and development. The World Health Organization (WHO)/UNICEF guidelines for infant feeding recommend exclusive breastfeeding for the first six months, followed by nutritionally adequate and safe complementary feeding with

continued breastfeeding to two years or beyond.¹ Adherence to these guidelines varies widely within and across populations; worldwide it is estimated that fewer than 38% of infants are exclusively breastfed for the first six months of life² despite numerous benefits for mother and infant.^{3–9}

In American Samoa, initiation of breastfeeding is almost universal but the duration of exclusivity is short, with only 28% of infants exclusively breastfeeding at four months of age.¹⁰ This early decline in exclusive breastfeeding is of particular concern in this setting based on evidence that exclusive breastfeeding to four months post-partum is protective against obesity in American Samoan infants.¹⁰ With the population heavily burdened by obesity (35% of infants are overweight/obese by 15 months; 65.6%

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of adults 18–74 years are obese)^{10,11} identifying and implementing strategies to prevent obesity-related disease is imperative and promoting exclusive breastfeeding to the recommended six months may be a promising strategy.

To develop culturally appropriate interventions targeting extended exclusive breastfeeding, an understanding of the existing structural and social barriers to exclusive breastfeeding is needed. This paper contributes to this understanding by examining American Samoan mother's experiences, as well as their knowledge, attitudes, and beliefs, about infant feeding.

2. Methods

2.1. Study design

A longitudinal, mixed-methods study was designed to document and understand determinants of infant feeding practices in American Samoa. Data collection took place between April and September 2013. The study protocol consisted of quantitative questionnaire data collection at three time points: pre-delivery (average 37 weeks gestation), and at approximately 3- and 8-weeks postpartum. A subset of participants also completed semi-structured interviews at the same time points. This paper presents data from those qualitative interviews. Individual interviews were chosen for this study based on knowledge and prior experience that the Samoan culture may promote conformity to a group norm.¹² We hoped that more variation in personal opinion about infant feeding would be achieved through individual interviews than in a focus group setting.

2.2. Sample

A convenience sample of 46 pregnant women (Samoan ethnicity, ≥ 18 years old, with uncomplicated singleton pregnancies), due to deliver between May and July 2013, were recruited into the study from prenatal clinics at the Lyndon B Johnson Tropical Medical Center (LBJTMC) in Pago Pago, the capital city, and the Tafuna Family Health Center, Tafuna before being followed up postnatally in their homes. Both prenatal clinics provide care to low risk pregnancies, while LBJTMC also serves women with high risk pregnancies (as the only full service hospital on the island). Participants were approached in person, in the clinic waiting room, by study research assistants, and invited to participate. Of 69 potential participants approached, 61 met eligibility criteria and received a description of the study purpose and procedures. This explanation took place in a private area outside of the clinic. Research staff described clearly the longitudinal nature of the study and the time commitment associated with it. We were also cognizant of the fact that, due to our recruiting in the prenatal clinic, women may have had concerns about declining participation affecting their care. We were careful to explain that the research was independent of the prenatal care clinic and their providers, that declining participation would not affect their care, and that we would not be sharing with the providers the identities of those participants who accepted or declined participation.

Of the $n = 46$ women recruited, all completed a quantitative questionnaire (the pre-delivery questionnaire) at the time of recruitment. Twenty-one of the 46 were then asked to participate in a semi-structured qualitative interview (which was completed immediately following the quantitative questionnaire). These 21 participants were purposively sampled to equally represent women planning to exclusively breastfeed, mixed- and formula feed, and participants were identified based on the intentions for feeding they expressed in the pre-delivery questionnaire. At 3- and 8-weeks postpartum, we were able to recontact 12 of these 21 to

complete a follow up interview ($n = 6$ at both time points, $n = 6$ at week 3 only; 18 interviews total), with the remainder lost to follow up from both the wider study and this qualitative sub-study.

2.3. Semi-structured interview procedures

All interviews were conducted in English by a female Brown University undergraduate student researcher (EAS), trained in facilitation of interviews by RKR, with minimal interpretation by a Samoan research assistant as needed. One participant required extensive use of a translator. The Samoan interviewer transcribed and translated all Samoan portions of that interview. Prior to the pre-delivery interview, the interviewer (EAS), introduced herself and explained to participants that her interest was in their personal experiences and invited participants to use their own words to describe their own experiences and opinions. She shared with participants that she herself had no experience of infant feeding, and therefore she was interested to learn from them, and that there were no right or wrong, or more or less relevant responses.

The pre-delivery interviews, conducted in a private space at the prenatal clinic, were short, three-question interviews, designed to explore intentions for infant feeding and identify sources of social support (Table 1). Responses to the pre-delivery questions were used to inform the post-partum qualitative interview agendas which focused on mothers' knowledge and beliefs about infant feeding, details of how their infants were actually being fed, why the mother had chosen this feeding method, and how decisions about infant feeding were made within her social surroundings. For example, if a woman expressed pre-delivery that her main sources of support in making decisions about infant feeding were likely to be her partner/husband and her mother, the interviewer

Table 1
Semi-structured interview guide: topics and example sub-questions.

Pre-Delivery	
	You mentioned in the questionnaire that you plan to feed your baby [survey response: breast milk, formula etc.] why do you think the baby should be fed this way? Who was important in helping you make the decision about how you would like to feed your baby? Do you think anyone else will be sharing responsibility for feeding the baby with you?
Post-Partum Interviews (3- and 8-weeks)	
1.	Feeding Your Baby Can you tell me about the way you planned to feed your baby before he/she was born? How are you feeding the baby now? (If the mother reported something different than planned: can you tell me how you feel about doing ____ when originally you planned to ____?) Why did you decide to breastfeed/formula feed/feed a combination? Where did you get information to help you make that decision?
2.	Family's Role in Feeding Does anyone besides you/your partner feed the baby? Who takes care of the baby most of the time? Do any of your family buy food for the baby? Who decides what the baby is fed? Whose opinions about feeding the baby are most important to you?
3.	Public Experiences Do you breastfeed your baby in public? What is that experience like? If not, would you feel comfortable breastfeeding in public?
4.	Feeding and Infant Health Can you describe some of the things that you think of a healthy baby – how do they act? What do they do? How do babies tell you when they are hungry? Have you ever had trouble recognizing your baby's hunger? How do you know when to feed the baby? How do you know when they are full?
5.	Feeding Education Do you feel that you know what the best way to feed a baby is? Has anyone educated you about infant feeding? Is there anything you don't know about infant feeding that you would like to learn?
6.	General Question: Is there anything else about feeding babies in American Samoa that you would like us to know?

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