

A QUALITATIVE DESCRIPTION OF AFRICAN AMERICAN WOMEN'S
BREASTFEEDING EXPERIENCES

BY

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BECKY SPENCER

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Abstract

The low rates of breastfeeding among African American women in the U.S. is a poorly understood, persistent disparity that contributes to higher incidences of morbidity and mortality for African Americans across the lifespan.

Understanding how African American women experience breastfeeding in the context of their day-to-day lives lead to suggestions for new strategies that could promote and protect breastfeeding within the African American population. This aim of this study was to explore the breastfeeding experiences of African American women from a wider demographic who had successful breastfeeding experiences.

Black feminist thought, a critical social theory, provided the theoretical framework and the lens for of discovering not simply what, but how and why certain cultural and environmental factors affect the breastfeeding decisions made by African American women. The Sequential-Consensual Qualitative Design (SCQD), a three stage qualitative methodology, was used to explore the cultural, personal, and political context of African American women's breastfeeding experiences. Stage one included 4 individual interviews with key informants who were African American women who assisted women with breastfeeding. Stage 2 included individual interviews with 17 African American women who breastfed at least one healthy baby. Stage 3 was accomplished through a focus group of 7 African American women who breastfed. Qualitative content analysis from a feminist perspective was used to analyze and code the transcripts of the interviews and focus group.

Codes extracted from the key informant interview data from stage 1 of the study supported and mirrored the 5 key dimensions of Black feminist thought, and provided cultural guidance in the development of the interview questionnaire for stage 2 of the study, accessing the personal voice. Themes that emerged from stage 2 of the study included (a) self determination and intrinsic motivation for breastfeeding, (b) breastfeeding as a spiritual tradition, and (c) empowerment through breastfeeding. The focus group participants in stage 3 of the study confirmed the three themes from stage 2 and discussed ideas for breastfeeding promotion. Themes that emerged from the focus group included: (a) supportive spheres of influence surrounding African American women, (b) corporeal images of the sexual breast versus nurturing breast, and (c) breastfeeding as activism and an act of resistance.

Focus group participants recognized that strengthening support systems is necessary to increase breastfeeding rates in the African American population. Specific targeted areas of support identified by the focus group participants included health care providers, employers, faith communities, and family members. Negative stereotypes of Black women's bodies lead to feelings of vulnerability when breastfeeding in public for some of the participants. Increasing the visibility of breastfeeding in the African American community as an empowering and nurturing experience may be the key to increasing breastfeeding rates and embracing cultural change.

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Chapter 1: Background

Problem and Significance

Breastfeeding rates by race in the United States continue to show a marked disparity in African American women as compared to white non-Hispanic, Asian, American Indian, and Hispanic women (U.S. Department of Health and Human Services [DHHS], *Breastfeeding*, 2012). Although increases in breastfeeding rates among African American women are reflected in the National Immunization Survey from 2000 to 2007, the gap between races has not narrowed despite efforts to promote breastfeeding among African Americans. Table 1 is a comparison of the Healthy People 2010 breastfeeding goals and breastfeeding rates of African Americans, white, and Hispanic or Latino women from 2000 and 2007 (most recent statistics available). The publication of the Healthy People 2020 goals reflects an increase in desired initiation and duration: initiation from 75% to 81.9%, at 6 months from 50% to 60%, at 12 months from 25% to 34.1%, exclusively through 3 months from 40% to 44.3%, and exclusive at 6 months from 17% to 23.7%. The increase in breastfeeding initiation and duration goals situate African American women even further behind in national goals (DHHS, *Breastfeeding*, 2012).

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* (2000) 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 (p. 20).” Research

initiatives that result in increased initiation and duration of breastfeeding in the African American population would have a significant impact in reducing the morbidity and mortality of several diseases and poor health outcomes that affect the African American community, subsequently narrowing the health disparity gap.

Table 1

Comparison of Healthy People 2010 Breastfeeding Goals and Breastfeeding Rates in the African American (AA) Population from the National Immunization Survey (NIS) for 2000 and 2007

	Healthy People 2010 Targets	AA Rates 2000	Non-Hispanic Black or AA Rates 2007**	White Rates 2007	Hispanic or Latino Rates 2007
Early Postpartum	75%	51%	58.1%	77.7%	80.6%
6 Months	50%	19%	27.5%	45.1%	46.0%
12 Months	25%	8%	12.5%	23.6%	24.7%
Exclusive at 3 Months	40%	*	21.9%	35.3%	33.4%
Exclusive at 6 Months	17%	*	8%	14.4%	13.4%

* Exclusive breastfeeding rates at 3 and 6 months were initially collected in the 2004 NIS
 **The Non-Hispanic Black or African American demographic category was added to the NIS in 2003

African Americans in the United States have higher risk for many diseases, and higher incidences of many chronic health conditions that lead to poor health outcomes when compared to white and Hispanic populations. African American children are three times more likely to live in poverty than white non-Hispanic children (Federal Interagency Forum on Child and Family Statistics, 2012).

African American infants are twice as likely to be born with low birth weight when compared to white non-Hispanic or Hispanic infants (Martin et al., 2011).

African American children are also approximately twice as likely to have no health insurance coverage when compared to white children (Campaign for

Children's Health Care, 2006). African American infants have the highest infant mortality rate, over twice the rate of white non-Hispanic infants (Murphy, XU, & Kochanek, 2012). Sudden Infant Death Syndrome (SIDS) is 1.9 times more likely to occur to an African American infant than to a white non-Hispanic infant (Matthews & MacDorman, 2008). Approximately 25% of African American girls between the ages of six and seventeen are overweight, compared to approximately 15% of white non-Hispanic girls (DHHS, National Center for Health Statistics, 2011). African Americans have the highest death rates for all cancer, diabetes, and influenza when compared to all other races (DHHS, National Center for Health Statistics). "For blacks in the United States, health disparities can mean earlier deaths, decreased quality of life, loss of economic opportunities, and perceptions of injustice. For society, these disparities translate into less than optimal productivity, higher health-care costs, and social inequity (DHHS, 2005)."

Breastfeeding decreases the incidence of many disease processes that impact African Americans, and increases positive health outcomes. The existing empirical evidence regarding the effects of breastfeeding on the health of infants and mothers was evaluated and synthesized in the meta-analysis by Ip et al. (2007) for the Agency for Healthcare Research and Quality (AHRQ).

Breastfeeding was found to be associated with a significant reduction in acute otitis media, atopic dermatitis, gastrointestinal infection, lower respiratory infection, asthma, acute lymphocytic leukemia, acute myelogenous leukemia, and SIDS in infants and children. Breastfeeding was also associated with a decreased

incidence of necrotizing enterocolitis in pre-term infants. Infants who were breastfed are likely to have fewer occurrences of obesity and type 2 diabetes later in life. Breastfeeding is associated with reducing maternal risk for type 2 diabetes, breast and ovarian cancer (Ip et al.). Bartick and Reinhold (2010) conducted a breastfeeding cost analysis related to the following pediatric diseases: necrotizing enterocolitis, otitis media, gastroenteritis, hospitalization for lower respiratory tract infections, atopic dermatitis, sudden infant death syndrome, childhood asthma, childhood leukemia, type 1 diabetes, and childhood obesity. They calculated a \$13 billion per year savings in health care costs if 90% of mothers would breastfeed their infants exclusively for six months.

Purpose

In reviewing research regarding breastfeeding very few studies exclusively investigated the experiences of African American women. Many studies had very poor representation of African American women as subjects. Several studies that had larger representations of African American women limited participants to low income mothers or adolescent mothers. Of the studies with fair representation of African American women, few were grounded in a theoretical perspective. Most studies regarding breastfeeding and African American women focused on the infant feeding decisions of African American women with quantitative methodologies. The current literature lacks research regarding the breastfeeding experiences of African American women from varied socio-economic backgrounds from a qualitative perspective. Research regarding the breastfeeding experiences of African American women that is qualitative in nature and explores

how breastfeeding is situated and interpreted in the day-to-day lives of African American women supports the Centers for Disease Control and Prevention's continued call for research to establish a "better understanding of the underlying factors contributing to the (persistent) racial/ethnic differences in breastfeeding" (Scanlon et al., 2010, p. 333).

A qualitative descriptive design with principles of feminist inquiry was used to explore the breastfeeding experiences of African American women. Interpretive in-depth individual interviews and a focus group were conducted to explore the experience of breastfeeding among African American women of varied socio-economic levels who initiated breastfeeding and continued breastfeeding for various durations. A feminist lens allowed the researcher to explore how breastfeeding intersected with day-to-day lived experiences of African American women.

Research Question

The following research questions were explored:

1. How do African American women describe the decision making process leading to initiation of breastfeeding?
2. How do African American women describe the day-to-day experience of breastfeeding?
3. How do African American women describe the decision making process leading to cessation of breastfeeding?

Theory

Black feminist thought, a critical social theory by Collins (2009), provided the feminist theoretical framework for the proposed research. Im (2010) conducted a review of the literature regarding the use of feminist methodology in nursing research. She found that while feminist inquiry in nursing research has increased over the past twenty years, it is still a relatively under-utilized methodology despite its usefulness in research regarding women, minorities, and vulnerable populations. The literature reviewed regarding breastfeeding and African American women for the proposed study revealed one study that used feminist theory. Spencer (2008) advocated using feminist methodology for breastfeeding research because “breastfeeding women negotiate and incorporate dominant ideologies and cultural norms with the reality of their embodied experiences” (p. 1827). Feminist theory is appropriate to guide this study because it resituates breastfeeding as a personal gendered experience that has traditionally been situated in a medical context of health benefits for mother and child (Hausman, 2003).

Nurse scholars, Chinn and Kramer (2008), Hall and Stevens (1991), and Anderson and McCann (2002) have strongly advocated for nursing research based in feminist methodology. Chinn and Kramer (2008) discussed how feminist theory exposes the sociopolitical, historical, and economic forces that have oppressed women, and how realization of this oppression lead to their development of the epistemological domain of “emancipatory knowing” in nursing (p. 80). Chinn and Kramer defined “emancipatory knowing” as “seeing

the larger picture, detecting patterns and structures reflected in day-to-day situations that are problematic and seeking solutions that correct fundamental social inequities and injustices” (p. 80). These activities of emancipatory knowing in nursing are not novel to nursing practice, but they are novel as research activities in the larger scientific community. Hall and Stevens discussed three main components to feminist inquiry, (1) focus on the “everyday lived experiences, ideas, and needs” of women as being valid and having value, (2) the recognition of societal conditions that oppress women, and (3) the drive for societal change in response to revealed criticisms (p. 17).

Anderson and McCann described post-colonial feminist methodology as a convergence of post-colonial scholarship and Black feminist scholarship. Anderson and McCann posited that a post-colonial feminist methodology, “offers an alternative perspective on knowledge development in nursing that might enable us to address more thoughtfully issues of equity in health and healthcare” (p. 11). They explained that the methodology of post-colonial feminism is in the “looking,” and that “social relation,” the situated interactive experiences of people from individual perspectives, “is not a thing to be looked for in carrying out research; rather, it is what is used to do the looking” (20). Finally, Anderson and McCann pointed out that the most important responsibility of the feminist researcher is the dissemination of research findings to a wide population of people in positions that can influence health and social policy changes.

Collins (2009) described African American women’s lived experience as a “criterion of meaning” (p. 275). The lived experiences and stories of African

American women are the vehicle for exposing how multiple oppressions situate African American women in the margins of society. Collins explained, “All African-American women share the common experience of being Black women in a society that denigrates women of African descent. This commonality of experience suggests that certain characteristic themes will be prominent in a Black woman's standpoint” (p. 21). Collins further explained that while Black women share common experiences, the reactions to those experiences vary per the individual, “Diversity among Black women produces different concrete experiences that in turn shape various reactions to the core themes... For example, although all African-American women encounter racism, social class differences among African-American women influence how racism is experienced” (p. 22).

Crenshaw (1994) described the diversity of experiences and oppressions among African American women as intersectionality, or how the societal oppressions of race, class, gender, politics, and economics affect African American women collectively, yet individually in multidimensional and multidirectional ways. Breastfeeding is not solely comprised of the mother/infant dyad; the breastfeeding dyad intersects with the socio-cultural entities of family, work, church, media, politics, and society. The researcher discovered not only the personal experience of breastfeeding for African American women, but also how breastfeeding intersected with all aspects of women's everyday lives.

Significance of the Study

Exploring African American women's breastfeeding experiences through a feminist lens illuminated how individual women experience common cultural themes. Giving voice to African American women's breastfeeding experiences provided the basis for proposals for strategies that promote and protect breastfeeding within the African American population. Nursing 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.

Definition of Terms

"Breastfeeding" is defined for this study as the feeding of a mother's own breast milk to her infant for at least one month in duration. The feeding could have occurred by the infant suckling at the mother's breasts or by consuming breast milk that the mother pumped and provided by bottle or other delivery system. Infants that received a combination of artificial baby milk, or formula, and their mother's own breast milk were considered to be breastfed.

"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 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.

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

“Intersectionality” is a term used in multicultural feminist theory that denotes how the multiple oppressions of race, gender, sexuality, socioeconomics, politics, and religion all shape African American women’s experiences.

“Agency” is the ability of a person to make choices and advocate for him/herself.

Assumptions

1. African American women want to share their breastfeeding experiences.
2. African American women have the ability to recall their breastfeeding experiences.
3. African American women consent to a study by a white researcher.
4. Interviews take place as scheduled with the participants.

Summary

Chapter one described the problem and significance leading to this study. Purpose of the research, research questions, and potential limitations of this study were presented. A review of previous research relevant to this study is presented in Chapter two.

Chapter 2: Review of Literature

Introduction

This chapter presents a review of literature that is relevant to this study regarding African American women and their breastfeeding experiences. Research related to disease specific health disparities experienced by African Americans in the United States, as well as research regarding the protective benefits of breastfeeding for those specific health disparities are presented. Breastfeeding research studies were examined in relation to motivations and detractors to breastfeeding initiation and duration expressed by African American participants. Very few breastfeeding studies include representative numbers of African American participants, and even fewer studies were conducted exclusively with African American participants. Of the studies with representative numbers of African American participants, most researchers limited participants to low income or adolescent populations. Breastfeeding promotional materials aimed at the African American population were examined in relation to the review of breastfeeding research.

The review of literature reveals a gap in information regarding how African American women who choose to breastfeed describe the intersection of their breastfeeding experiences with their relationships and day-to-day activities. Black Feminist Thought (Collins, 2009) served as the theoretical foundation for this proposed study. The use of Black feminist thought used as theoretical grounding in various nursing studies is also presented.

African American Health Disparities and the Protective Benefits of Breastfeeding

The context for a discussion of health disparities and the benefits of breastfeeding is reflected in the *Healthy People 2020* (DHHS, Healthy People 2020, 2011) mission and goals. This part of the literature review has been organized around the second overarching goal of *Healthy People 2020*, Eliminate Health Disparities (DHHS, Healthy People 2020). Seven of the forty-two focus areas established the significance of this study for the health of African American women and children. The seven focus areas include cancer, diabetes, heart disease and stroke, HIV, immunizations and infectious diseases, maternal, infant, and child health, and nutrition and overweight status (DHHS, Healthy People 2020). These focus areas are representative of some of the most significant health disparities affecting the African American population that could be directly impacted with increased initiation and duration of breastfeeding.

Cancer

Breast cancer leads to more deaths of African American women than women from all other race categories. The age adjusted death rate per 100,000 persons for African American women is 31.2 compared to 21.9 for white women and 15.0 for Hispanic or Latino women (DHHS, National Cancer Institute, 2012). African American women are also less likely to achieve five year survival than women of other races (Jamal et al., 2004). The AHRQ report by Ip et al. (2007) reviewed two meta-analyses regarding risk reduction of breast cancer in women

who breastfed that revealed a 4.3% reduction in risk for breast cancer for each year of breastfeeding and a 28% reduction for twelve or more months of breastfeeding respectively concluded that consistent evidence suggests “an association between breastfeeding and a reduced risk of breast cancer” (p. 7). Increased initiation and duration of breastfeeding could have a direct impact on reducing the incidence of breast cancer for African American women.

White women have the highest incidence of ovarian cancer followed by Hispanic/Latino women, Asian/Pacific Islander women, and lastly, African American women; however, African American women have the second highest mortality rates from ovarian cancer (DHHS, National Cancer Institute, 2012). Ip et al. (2007) conducted a meta-analysis on nine studies that examined the relationship between the risk for ovarian cancer and breastfeeding. They report a 21% (95% CI, 9% to 32%) risk reduction for ovarian cancer in women who breastfed as compared to women who never breastfed. They also reported indirect evidence for a dose-response effect of breastfeeding greater than 12 months being associated with reduced risk for ovarian cancer. Ip et al. concluded that evidence suggests a relationship between breastfeeding and a reduced risk for ovarian cancer. Increased initiation and duration of breastfeeding by African American women could have a direct affect on reduction of risk for ovarian cancer for this population.

African Americans have the second highest incidence and death rates for all leukemias after whites. The death rates for African Americans with leukemia, 8.8 per 100,000 population, are a close second to whites, 9.8 per 100,000 population

(DHHS, National Cancer Institute, 2012). Ip et al. (2007) conducted a meta-analysis of case-control studies that examined the relationship between breastfeeding and risk reduction for ALL and AML, and found a 19% (95% CI, 9% to 29%) risk reduction in childhood ALL, and a 15% (95% CI, 2% to 27%) risk reduction in childhood AML that were associated with at least 6 months of breastfeeding duration. Increased initiation and duration of breastfeeding could result in a reduction of the incidence of ALL and AML in African American children.

Diabetes

Diagnosis of diabetes has reached epidemic proportions in the African American population according to the National Institute of Diabetes and Digestive Kidney Diseases (NIDDKD). The age adjusted prevalence of type 1 and type 2 diabetes in the African American adult population over age twenty is 18.7% as compared to 10.2% of the white adult population (National Institute of Diabetes and Digestive and Kidney Diseases, National Institute of Health (2011)). The prevalence of type 1 and type 2 diabetes in African American children ages 0 to 9 years of age is .61 per 1,000 in population as compared to 1.06 per 1,000 in population of white children. In the 10 to 19 year old age category African Americans have a higher prevalence of type 1 and type 2 diabetes (3.22 per 1,000 in population) than whites (3.18 per 1,000 in population). While the prevalence appears only slightly higher for African Americans as compared to whites, the incidence of type 2 diabetes in the 10 to 19 year old African American population is significantly on the rise (SEARCH for Diabetes in Youth Study Group, 2006).

African American youth with diabetes are also more likely to come from low income households (<\$25,000 per year) and single parent homes, that may indicate limited access to health care. The age adjusted mortality rate per 100,000 in population for African Americans with diabetes is 41.3 compared with 19.1 for white Americans (Miniño, Murphy, Xu, & Kochanek, K.D., 2011).

Ip et al. (2007) reviewed two meta-analyses regarding risk reduction for type 1 diabetes in children related to breastfeeding. Both met-analyses suggest a risk reduction, 19% and 27% respectively, for type 1 diabetes with 3 months or more of breastfeeding. Ip et al. recommended caution when interpreting these results because of potential recall bias and suboptimal statistical adjustments for confounding factors in the reviewed meta-analyses. Ip et al. also reviewed a meta-analyses regarding risk reduction for type 2 diabetes later in life and breastfeeding. The risk reduction was reported at 39% for participants who were ever breastfed compared to those who had not been breastfed; however, the authors expressed that these results were likely inflated because of lack of adjustments for confounding factors. Even accounting for flaws in analyses, increased initiation and duration of breastfeeding in the African American population may contribute to risk reduction for type 1 and type 2 diabetes.

Heart Disease and Stroke

Cardiovascular health represents a significant area of health disparity for African Americans. The age adjusted mortality rates per 100,000 in population for heart disease in African American women is 197.5 compared to 147.2 for white

women (DHHS, National Center for Health Statistics, 2011). The age adjusted mortality rates for cerebrovascular disease in African American women is 53.4 in comparison to 38.6 for white women. While Ip et al. (2007) did not find consistent evidence for reduction of risk for cardiovascular disease in adults who were breastfed as infants, evidence is present in the literature that women who breastfeed may have lower risk for cardiovascular disease. Schwartz et al. (2009) found that women who had breastfed for at least twelve months had significantly less incidence of hypertension, diabetes, hyperlipidemia, or cardiovascular disease. Stuebe et al. (2009) found that women who had breastfed for two years or more had a 23% risk reduction for coronary heart disease. Schwarz et al. (2010) found that women who breastfed for at least three months had significantly less incidence of aortic calcification and coronary artery calcification. These studies all accounted for various confounding variables including but not limited to socioeconomic status, body mass index, family history of cardiovascular disease, and age. Increased initiation and duration of breastfeeding in the African American population may have protective benefits against cardiovascular disease for the breastfeeding mother.

HIV

Human Immunodeficiency Virus (HIV) continues to represent a significant health disparity for African Americans despite the pharmacologic advances in treatment. The age adjusted mortality rates per 100,000 in population for African Americans adults with HIV is 19.7 compared to 1.7 for whites (DHHS, National Center for Health Statistics, 2011). “At some point in their life, 1 in 16

black/African American men will receive a diagnosis of HIV, as will one in 30 black women” (Hall, An, Hutchison, & Sansom, 2008). The rate of new infection among African American adult women is fifteen times that of white women and four times that of Hispanic women (DHHS, National Center for Health Statistics, 2011). The highest rates of HIV diagnosis in children are of African American children (12.3 per 100,000 population), as compared to Hispanic children (2.0 per 100,000 population) and white children (0.5 per 100,000 population) (Lampe et al., 2010). During 2004-2007, 69% of all children diagnosed with HIV perinatally were African American, 16% were Hispanic, and 11% were white (Lampe et al.).

A collaborative review of the literature and meta-analysis by the World Health Organization (WHO) in the year 2000 revealed that “infants (of HIV positive mothers) who are not breastfed have a six-fold greater risk of dying from infectious diseases in the first two months of life than those who are breastfed, but that protection decreases steadily with age, and is probably due to lower intakes by older children who also receive complementary feeding” (p. 454). Iliff et al. (2005) studied HIV infected mothers and infants in Zimbabwe with regard to the relationship between infant feeding method and HIV transmission. The authors compared exclusive breastfeeding, predominant breastfeeding, and mixed breastfeeding. Mixed breastfeeding was associated with a greater risk (OR 2.6 to 4.0) for postnatal transmission of HIV between six to eighteen months of age when compared to exclusive breastfeeding. Predominant breastfeeding was associated with a greater risk (OR 1.6 to 2.7) of postnatal transmission of HIV

between six to eighteen months of age when compared with exclusive breastfeeding. Kuhn et al. (2010) studied breastfeeding mothers with HIV in Zambia. Half of the women were told to wean abruptly at four months in accordance with World Health Organization (WHO) guidelines at the time, while the other half continued breastfeeding. The risk of infant mortality increased with weaning and introductory foods between four to eighteen months of age. The authors concluded that mothers with HIV can reduce the risk of infant mortality with extended exclusive breastfeeding.

As a result of the evidence that suggests a decrease in the transmission of HIV through exclusive breastfeeding the WHO changed their infant feeding recommendations for mothers with HIV in 2010. The previous guidelines from 2006 recommended that only HIV positive mothers with low CD4 counts take antiretroviral medications to prevent transmission from mother to child. Breastfeeding exclusively was recommended for six months with abrupt weaning at six months to prevent transmission once complementary foods were added to the infant's diet. The 2010 recommendations recommend that mothers with HIV take antiretroviral medications during pregnancy to prevent transmission, and infants also take antiretroviral medications. Infants of mothers with HIV should be exclusively breastfed for 6 months and complimentary fed for up to one year (WHO, 2010). African American infants born to mothers with HIV could benefit from exclusive breastfeeding because of the apparent protective benefit for HIV transmission and infant mortality; however, the new WHO guidelines have yet to be fully interpreted for pregnant and nursing mothers with HIV in the United

States. The recommendation from the American Academy of Pediatrics advises against breastfeeding for HIV positive mothers (Eidelman & Schanler, 2012).

Immunizations and Infectious Diseases

Ip et al. (2007) found significant risk reductions for acute otitis media, gastrointestinal infections, and lower respiratory diseases in infants who were breastfed. The authors conducted a meta-analysis of five studies regarding otitis media and breastfeeding and found a risk reduction of 23% (95% CI, 9% to 36%) in infants who were ever breastfed compared to infants who were never breastfed. When comparing infants who were exclusively formula fed with infants who were exclusively breastfed for more than three to six months duration, the risk reduction was 50% (95% CI, 30% to 64%). Quigley, Cumberland, Cowan, and Rodrigues (2006) reported a risk reduction for gastrointestinal infections of 64% (95% CI, 26% to 82%) for infants who were breastfeeding as compared to infants who were not breastfeeding. Ip et al. (2007) conducted a meta-analysis of seven studies regarding lower respiratory tract diseases and reported an overall risk reduction of 72% (95% CI, 46% to 86%) for hospitalization related to lower respiratory tract diseases in infants one year of age or younger who were exclusively breastfed for greater than or equal to four months.

Infants who contract acute otitis media, gastrointestinal infections, or lower respiratory tract infections often require medical evaluation. Access to healthcare is a significant health disparity for African Americans. One in seven African American children has no insurance coverage compared to one in thirteen white children (Campaign for Children's Health Care, 2006). "Among African

American children, those who are uninsured are twenty times more likely than those who have insurance to forgo needed medical care” (p. 4). All African American children who are breastfed benefit from the reduced risk for acute otitis media, gastrointestinal infections, and lower respiratory tract infections. While breastfeeding does not impact the health insurance disparity that many African Americans experience, breastfed African American children and their families who have less access to health care benefit from fewer illness visits for medical care.

Maternal, Infant, and Child Health

The prevalence of infant mortality among African American infants is over twice that of white infants. Infant mortality prevalence is 12.9 per 1,000 live births for African Americans compared to 5.6 per 1,000 live births for whites (DHHS, National Center for Health Statistics, 2011). New evidence suggests that high rates of infant mortality for African Americans cross socioeconomic levels within the race. “The infant mortality rate for African American mothers with over 13 years of education was almost three times that of white mothers in 2004” (DHHS, Office of Minority Health, 2010b). Sudden infant death syndrome (SIDS) is one of the top three causes of infant mortality for African Americans. African American infants have 2.1 times higher death rates from SIDS than white infants (DHHS, National Center for Health Statistics). While not one of the top three causes for infant mortality in African American infants, necrotizing enterocolitis (NEC) does affect African American neonates disproportionately. Carter and Holditch-Davis (2008) found in a sample of preterm infants diagnosed

with NEC the frequency that African American infants were diagnosed was significantly higher ($p = .04$) than white or Hispanic infants when accounting for confounding variables.

Ip et al. (2007) conducted a meta-analysis of seven case-control studies regarding the relationship between breastfeeding and SIDS accounting for confounding factors and found a 36% risk reduction (95% CI, 19% to 49%) for infants who were breastfed compared to infants who were never breastfed. Ip et al. also conducted a meta-analysis of four randomized control trials of breast milk versus formula and the relationship to NEC. The authors found a significant association ($p = .04$) between breast milk feeding and a reduction in the incidence of NEC. The authors note that while the association is marginally significant, meaningful clinical significance is evident because of the high mortality associated with NEC. Increased initiation and duration of breastfeeding could significantly reduce the incidence of SIDS in African American infants. African American mothers who express breast milk for their preterm infants may reduce their risk for NEC.

Asthma also represents a significant health disparity for African Americans. Mortality rates for asthma related causes are 3 times greater for African Americans than for whites (DHHS, Office of Minority Health, 2010a). Mortality rates for asthma related causes in children are 7 times greater for African Americans than for white children (DHHS, Office of Minority Health). African American children have more emergency room visits and hospitalizations related to asthma than white children. Ip et al. (2007) conducted a meta-analysis

regarding breastfeeding and asthma and found a 27% risk reduction (95% CI, 8% to 41%) for children who were breastfed for at least 3 months who had no family history of asthma, and a 40% risk reduction for children who were breastfed who had a family history of asthma. Increased initiation and duration of breastfeeding could decrease the morbidity and mortality of childhood asthma for African Americans.

Nutrition and Overweight

Approximately four out of five African American women are overweight or obese (DHHS, National Center for Health Statistics, 2011). Of girls 6 to 11 years of age 24.5% of African American girls are overweight compared to 14% of white girls. Of African American girls aged 12 to 19 years of age 27.1% are overweight compared to 14.6% of white girls. Overweight children and adolescents are at higher risk for developing high cholesterol, hypertension, asthma, orthopedic problems, depression, and type 2 diabetes (DHHS, Assistant Secretary for Planning and Evaluation, 2002). Overweight adolescents have a higher risk for obesity in adulthood. Obesity in adulthood is associated with increased risk for diabetes, high blood pressure, high cholesterol, asthma, and arthritis (DHHS, Assistant Secretary for Planning and Evaluation, 2002). Ip et al. (2007) reviewed three studies regarding the relationship between obesity and breastfeeding. Arenz, Ruckerl, and Koletzko (as cited in Ip et al.) reported a 7% risk reduction for obesity in adolescence and adulthood for those who were breastfed compared with those who were never breastfed. Owen, Martin, and Wincup (as cited in Ip et al.) reported a 24% risk reduction for obesity in adolescence and adulthood.

Harder, Bergman, and Kallischnigg (as cited in Ip et al.) reported a 4% risk reduction for obesity in adult life for every month of breastfeeding. Ip et al. concluded that evidence exists that breastfeeding is protective against obesity into adolescence and adulthood. Increased initiation and duration of breastfeeding in the African American population could impact the incidence of obesity and resulting morbidity.

African American Women and Breastfeeding

The literature was systematically reviewed to identify existing research regarding breastfeeding experiences in the African American population. The search yielded 278 studies. Abstracts and reference lists were evaluated for relevancy and resulted in a total of 37 articles that reported research about African American breastfeeding experiences and included representative numbers of African American study participants. Studies included for review had equal representation or greater of African American participants across various ethnicities. African American women included as participants in all reviewed studies were generally classified as low income or participants of the Special Supplementation Nutrition Program for Women, Infants, and Children (WIC).

Disparity of information. Evidence in the literature strongly suggests that breastfeeding could have a positive impact on reducing many of the health disparities experienced by African Americans; yet, African American mother/infant dyads continue to be the least likely population to engage in breastfeeding in the United States. One possible reason is lack of information regarding breastfeeding relayed to African Americans by healthcare providers.

Kogan, Kotelchuck, Alexander, and Johnson (1994) compared health care provider's advice between non-Hispanic white and Black women and found that Black women reported receiving less prenatal advice from their health care providers regarding smoking cessation (OR 1.29, CI 95%, 1.10 to 1.51), alcohol use (OR 1.20, CI 95%, 1.01 to 1.39), and breastfeeding (OR 1.15, CI 95%, 0.99 to 1.32). Kaufman, Deenadayalan, & Karpati (2009) qualitatively interviewed African American and Puerto Rican mothers of low-income status regarding their perceptions of breastfeeding. The women indicated that they received little to no information regarding breastfeeding from their obstetric-gynecological clinic providers, pediatricians, and hospital staff after delivery of their infants. Beal, Kuhlthau, and Perrin (2003) surveyed African American and white mothers who were WIC clients in Brooklyn, New York. African American women reported receiving less information from their physicians ($p < .001$) and WIC counselors ($p < .001$) regarding breastfeeding than did white women. Cricco-Lizza (2006) qualitatively interviewed Black non-Hispanic mothers regarding the promotion they received regarding infant feeding methods from health care providers. The mothers reported limited breastfeeding education and support from healthcare providers both in the community and in the hospital. They also described health care providers' discriminatory behaviors and failure to listen to their concerns that led to feelings of distrust.

Factors affecting African American antenatal breastfeeding intentions.

Intention to breastfeed has been and continues to be one of the strongest predictors of breastfeeding duration (Bai, Middlestadt, Peng, & Fly, 2010, Donath

& Amir, 2003; Duckett et al., 1998; Janke, 1992, 1994; Piper & Parks, 1996; Racine et al., 2005; Swanson & Power, 2005; Thulier & Mercer, 2009). Evidence of factors that affect the breastfeeding intentions of African American women are present in the literature. Persad and Mensinger (2008) surveyed prenatal urban primiparas ($n = 100$, 86% of participants were African American) and found that women who intended to breastfeed had positive attitudes regarding breastfeeding, had family and peers who supported breastfeeding, attended breastfeeding classes, were older, and had greater incomes and years of education. Saunders-Goldson (2004) also found that African American women who were older and had greater levels of confidence had higher intentions to breastfeed.

Social support was also found among several studies to be a significant predictor of intention to breastfeed among pregnant African American women. Mickens, Modeste, Montgomery, and Taylor (2009) found that African American WIC participants who attended prenatal breastfeeding support groups had stronger breastfeeding intentions (OR 2.17, CI 95%, 5.35 to 13.38) than women who did not attend. Bentley et al. (1999) collected qualitative data from eighty African American women who were WIC participants regarding sources of their intentions to breastfeed and found that grandmother's opinions and experiences, as well as the infant's father's opinions were important influences in African American mothers' breastfeeding intentions. Benefits for mother and baby were also cited by African American women as reasons for their intention to breastfeed (Alexander, Dowling, & Furman, 2010; Hannon, Willis, Bishop-Townsend, Martinez, & Scrimshaw, 2000; Wambach & Koehn, 2004). Fear of pain, maternal

reluctance, embarrassment from breastfeeding in public, and the complexity of breastfeeding have also been reported by African American women as prenatal detractors to breastfeeding (Alexander, Dowling, & Furman; Hannon et al.; Wambach & Koehn). Avery, Zimmerman, Underwood, and Mangus (2009) found that pregnant participants ($n = 152$, 70% were African American) expressed fears regarding the ability to produce a sufficient milk supply.

Decisions regarding initiation and duration among African American dyads. From the existing literature several factors emerged as possible influences on decisions regarding breastfeeding initiation and duration in the African American community. African Americans commonly cite returning to work or school as a reason for early weaning (Hannon et al., 2000; Hurley, Black, Papas, & Quigg, 2008; Lindberg, 1996; Wambach & Cohen, 2009). African American women, on average, return to work at approximately 8 weeks post delivery which is earlier than women of other races. African American women are also more likely to have workplaces that are not supportive of the needs of breastfeeding women (Philipp & Jean-Marie, 2007). Maternal perceptions of poor milk supply (Brownell, Hutton, Hartman, & Dabrow, 2002; Hurley, et al.; Wambach & Cohen), embarrassment with breastfeeding in public and at home (Brownell et al., Corbett, 2000; Kaufman, Deenadayalan, & Karpati, 2009; Wambach & Cohen), and comfort and trust in formula (Corbett ; Cricco-Lizza, 2004; Kaufman Deenadayalan, & Karpati; Nommsen-Rivers et al., 2010) were also repeatedly found to negatively affect breastfeeding duration among African American women. Pain associated with breastfeeding and difficulties with breastfeeding are

also frequently cited as reasons that African American women wean (Brownell et al., 2002; Hurley et al. 2008; McCann, Baydar, & Williams, 2007; Milligan, Pugh, Bronner, Spatz, & Brown, 2000; Wambach & Cohen, 2009).

Protective factors that appear to prolong duration of breastfeeding for African American women were also evident in the literature. Racine et al. (2009) conducted interviews with low income women (96% of participants were African American) and found that women who were intrinsically motivated to breastfeed, as characterized by valuing benefits to baby and mother, breastfed longer than women who were extrinsically motivated, as characterized by a family member encouraging the mother to breastfeed. Meyerink and Marquis (2002) interviewed low income mothers (93% of participants were African American) and found that familial history of breastfeeding was a significant predictor of breastfeeding initiation and duration beyond 1month. Kum-Nji et al. (1999) also found that among African American and white mothers in rural Mississippi (80% of participants) having a close friend or a family member who breastfed was a significant predictor for initiating breastfeeding. Confidence (Avery, Zimmerman, Underwood, & Magnus, 2009) and high self efficacy (McCarter-Spaulding & Gore, 2009) also appear to be associated with prolonged breastfeeding.

Interventions that prolong breastfeeding duration for African Americans. Some evidence exists in the literature for success of community based breastfeeding support interventions that were designed and implemented with predominantly African American low income women. Gross et al. (1998) tested the efficacy of breastfeeding motivational videos, peer counseling, and the

combination of the videos and counseling against standard existing breastfeeding promotion in four WIC clinics in Baltimore, Md. African American women who received one of the three interventions were less likely to have weaned by sixteen weeks postpartum when compared to women receiving standard breastfeeding promotion. Pugh, Milligan, Frick, Spatz, and Bronner (2002) conducted a randomized control study testing the effect of a community support breastfeeding intervention comprised of hospital visits, home visits, and telephone support by a community nurse and a peer counselor. Women in the intervention group were more likely to breastfeed longer than women in the control group. Pugh et al. (2010) repeated this study in a similar population and found similar results. Locklin (1995) qualitatively interviewed seventeen low-income women, ten of whom were African American, who had received breastfeeding support from a peer counselor. The author concluded that the support the women received increased their perceived success in breastfeeding and resulted in feelings of empowerment.

Hospitals that have implemented the *Ten Steps to Successful Breastfeeding* put forth by the Baby-Friendly Hospital Initiative have documented increased initiation and duration in minority populations (Baby-Friendly USA, Inc., 2010). Philipp et al. (2001) and Merewood et al. (2007) reported increased breastfeeding initiation and duration in women who delivered at Boston Medical Center, a Baby-Friendly designated hospital. Philipp et al. reported an increase in initiation among African American mothers from 34% in 1995, to 64% in 1998, to 74% in 1999. Merewood et al. reported African American breastfeeding rates of infants

born at Boston Medical center to be comparable to the overall U.S. population breastfeeding rates at six months postpartum.

Gap in the Literature

While the results of the studies cited above included fair to large numbers of African American participants (50 to 100%), the results of many of the studies are difficult to generalize to the African American population because results were reported across all races, and most of the studies were limited to participants who were low-income, or participants who received WIC benefits. The studies that included only adolescent participants may have results that are not relevant in the adult African American female population.

The reviewed studies suggested several factors that contribute to African American women's decisions to initiate and continue breastfeeding. Intention to breastfeed for African American women appears to be positively influenced by social support, older age of the mother, higher income, more years of education, attending prenatal breastfeeding courses, and perceived benefits for the mother and child. Factors that appear to negatively impact breastfeeding intentions include pain, maternal reluctance, embarrassment from breastfeeding in public, and the complexity of breastfeeding, and fears regarding the ability to produce a sufficient milk supply. Factors that appear to negatively influence initiation and duration of breastfeeding among African Americans include, perceptions of poor milk supply, embarrassment with breastfeeding in public and at home, comfort and trust in formula, pain, and difficulties associated with breastfeeding. Positive factors associated with breastfeeding in African Americans included intrinsic

motivation, a family member or friend that breastfed, social support from family and friends, support from healthcare providers, confidence in breastfeeding, and high self efficacy. What the literature lacks is exploration of why African American women cite these factors and what experiences led them to decision making processes regarding breastfeeding.

Several authors (Hurley et al., 2008; McCann et al., 2007; Sharpes, El-Mohandes, El-Khorazaty, Kiely, Walker, 2003; DHHS, Office of Women's health, 2000; DHHS, Office of the Surgeon General, 2011) have called for culturally sensitive and specific breastfeeding research and interventions. A definition of culturally sensitive or culturally specific research is necessary but not found in any of the presented breastfeeding literature sources. Corbett (2000) asserted that decisions about infant feeding are "the result of cultural adaptation to particular environmental conditions" (p. 74), and called for "descriptions of feeding style and environmental factors that influence styles (as) necessary to design culture-specific and effective interventions to improve the health status of low income Black children" (p. 80). Bentley, Dee, and Jensen (2003) suggested a social and ecological approach to African American breastfeeding research that examines the intersections of macro level factors, including media, welfare reform, hospital and government policy, and micro level factors which include family, community, the workplace, and personal beliefs.

Promotional materials and interventions aimed at increasing the initiation and duration of breastfeeding among African Americans should be developed from research that identifies the specific needs and concerns of African American

women. As this study was conducted in Texas, breastfeeding promotional campaigns implemented in Texas were reviewed. Breastfeeding promotional materials geared to African American women are available through Texas WIC, Texas Department of State Health Services (TDSHS), and the Department of Health and Human Services but references used in the development of these materials are not cited (Barber, Hayes & Cusak, 2006; Texas Department of State Health Services, 2010). In 2004 Texas WIC launched a breastfeeding promotion campaign that targeted African American women in rural areas of Texas. While the campaign did distribute brochures that encouraged African American grandparents and fathers to be supportive of breastfeeding, the campaign's slogan, "Act natural: Breastfeed" did not address either the factors that African American women identified as detractors or facilitators of breastfeeding in the literature (Texas Department of State Health Services). African American women interviewed by Blum (1999) associated the word natural in relation to breastfeeding with "animalistic" which was associated with feelings of humiliation and oppression from the time of slavery in the United States (p. 169).

The current Texas WIC campaign features three slogans, "Rocket Scientist: Breast milk makes babies smarter," "Slim faster: Breastfeeding burns calories," and "World Champion: Breast milk makes babies healthier" (Texas Department of State Health Services, 2010). One of the 3 posters/billboards features a mother and child, while the other 2 feature just a baby. The Texas campaigns continue to focus exclusively on the health benefits for mother and child and do not address the concerns of African American women cited in the literature which include

lack of confidence, embarrassment about public breastfeeding, pain, and trust and ease with formula feeding. McCann et al. (2007) found that African American women were least likely to agree with the benefit that breastfeeding helps a mother to lose weight, so the focus on weight loss and burning calories seems particularly misplaced as a promotional strategy for African American women.

The U.S. Department of Health and Human Services, Office of Women's Health initiated the *Business Case for Breastfeeding* campaign in 2008 (DHHS, Office of Women's Health, 2008). African American women do return to work earlier after childbirth and report returning to work as a reason for weaning more frequently than white women. The main criticism for the *Business Case for Breastfeeding* is that companies targeted tend to have more white-collar type jobs that can provide the necessary space and time for breastfeeding mothers, while African American mothers tend to be employed in more blue-collar type jobs where companies may not have the ability to provide space and time necessary for expressing milk (US Equal Opportunity Employment Commission, 2003).

Black Feminist Thought

Clearly there is a need to understand breastfeeding from the perspective of African American women. Black feminist thought by Collins (2009) provided the theoretical foundation and feminist lens for exploring the intersection of breastfeeding with the day-to-day experiences of African American dyads. Collins explains the core of Black feminist thought to be the lived experiences of Black women. These lived experiences represent valid knowledge that is shadowed by white hegemonic knowledge. Collins explains that self-definition

allows Black women to shed long-held stereotypes and results in empowerment. Black feminist thought demands that the researcher acknowledge and then abandon images and assumptions about Black women that have been historically created by members of white society. Intersectionality, the multidimensional overlapping of race, gender, sexuality, and class that oppress Black women, is another essential component of Black feminist thought. The exploration of these intersections must come from the perspective of the participant. Kelly (2009), a nurse researcher, agrees that the lens of intersectionality is a necessary component of all health related research. Intersectionality unveils health disparities in health care research with the desired outcome of social justice for marginalized patient populations.

While only one article was found in the literatures that used Black feminist thought in breastfeeding research (Robinson & VandeVusse, 2011), the theory has been incorporated into many other studies from the nursing discipline. Kelly (2009) used feminist intersectionality as the basis for the design of a mixed methods study investigating the effect of an intervention for Latina women who have been diagnosed with Post Traumatic Stress Disorder (PTSD) after experiencing intimate partner violence (IPV). Kelly explained that when designing this study the researcher took into consideration the intersecting oppressions of the sexual violation of IPV, the diversity within the ethnic designation of Latina, the stigma of being an immigrant in the U.S., and the cultural stigma of the psychiatric diagnosis of PTSD. Kelly also explained that the use of community-based participatory research supported feminist

intersectionality because the participants and researcher are co-participants in research, and participants were directly involved with the determination of the outcomes of the study.

Taylor (1998) outlined a Black feminist and womanist methodology for inquiry with African American women who experienced IPV. Taylor also emphasized the importance of exploring and acknowledging how intersectionality is experienced by participants, and she added the importance of researcher as participatory witness rather than participant observer. “The researcher who bears witness must be responsible and accountable for progressive critical reflection and interpretation of [participant] stories. The end point of participatory witnessing is to translate the stories in a fashion that is beneficial to African American women and improves their social and material conditions” (p. 56).

Im (2008) used a feminist theory and principles of intersectionality to explore the cancer pain experiences of African Americans. Im found that both pain and cancer are culturally stigmatized among African Americans. The participants described how African Americans’ perceptions of pain are affected by the intersecting experiences of taking care of others, reluctance to take pain medication, faith in God, and the cultural expectation to be strong survivors.

Barbee (1994) used a Black feminist methodology to explore African American women’s experiences of dysphoria and depression. Barbee posits, “Just as women’s models are suppressed through the use of male models, Black women’s experiences are diminished or trivialized by viewing them through white female lenses” (p. 497). Barbee explains that white feminists seek to erase

difference while Black feminists insist “that we have to understand differences among women before we can effectively deal with commonalities” (p. 498). The use of focus groups in this study allowed the participants to articulate their own experiences and perspectives regarding dysphoria and depression. The study revealed how racism, poverty, meeting the needs of their families, and their experiences with the welfare system intersected and caused depression and dysphoria in African American women.

Abrums (2004) used Black feminist standpoint theory as the foundation for a qualitative study regarding how Black women from a storefront church experienced and resisted oppression in health care. Abrams discussed research design in the context of the four dimensions of Black feminist thought as outlined by Collins (2009), including lived experience as a criterion of meaning, knowledge created through dialogue with community members, an ethic of caring, and an ethic of personal accountability. The use of focus groups in this study allowed participants to express their own lived experiences and share them as a community with other participants and the researcher. The ethic of caring and the ethic of accountability were expressed through the researcher’s approach to the analysis and interpretation of the focus group data. Through her analysis Abrams found that the group of African American women she interviewed was very aware of the racism and oppression that they experienced in various healthcare interactions and from various healthcare policies. The women found strength in their faith community and Jesus to survive oppression.

Summary

In Chapter 2 significant health disparities experienced by African Americans were presented, and the evidence from the literature that suggests increased initiation and duration of breastfeeding has the potential to decrease the morbidity and mortality from many diseases that affect the African American population in disproportionate numbers was also presented. Evidence in the literature regarding the factors that influence initiation and duration of breastfeeding in the African American population was examined. A gap in the literature regarding the exploration of African American women's experiences with breastfeeding was revealed. The use of Black feminist thought and intersectionality as theoretical foundations (Collins, 2009) were also examined in several studies conducted by nurse scientists.

Research that exclusively explores African American women's breastfeeding experiences with the aim of discovering not simply what, but how and why certain cultural and environmental factors affect breastfeeding duration is necessary. All socioeconomic levels should be represented to discern between factors that affect duration of breastfeeding related to low-income concerns versus race/cultural concerns. The results of this study, a description of how breastfeeding intersects with the everyday experiences and encounters of African American mothers, will guide the development of interventions aimed at supporting breastfeeding among African American mother/infant dyads with the goal of increased initiation and prolonged duration of breastfeeding that subsequently will decrease health disparities.

Chapter Three: Methodology

Introduction

The methodology of the study is presented in this chapter. The research questions that guided the study are also presented. Rationale for the design, sample, and setting of the study are discussed. A detailed description of both the recruitment plan and data collection procedures with supporting literature is presented. The detailed plan for data analysis is outlined. The chapter concludes with a discussion of the evidence of trustworthiness and rigor within the study and considerations for human subjects that were employed.

Purpose and Research Question

The purpose of this study was to qualitatively explore the breastfeeding experiences of African American women with the goal of discovering how breastfeeding intersects with day-to-day activities and relationships with family, friends, and other community members. The following research questions were explored from a feminist perspective using Black feminist thought (Collins, 2009) for theoretical guidance:

1. How do African American women describe the decision making process leading to initiation of breastfeeding?
2. How do African American women describe the day-to-day experience of breastfeeding?
3. How do African American women describe the decision making process leading to cessation of breastfeeding?

Research Design

The chosen methodology for this study was a qualitative descriptive design because the researcher wished to explore the everyday breastfeeding experiences of African American women from their individual perspectives. Sandelowski (2000) states, “qualitative descriptive studies offer a comprehensive summary of an event in the everyday terms of those events” (p. 336). The review of literature for this study offered some common reasons reported by African American women for intention, initiation, and duration of breastfeeding, but revealed a dearth of information regarding how breastfeeding was situated within the context of their day-to-day lives.

Blum (1999), Hausman (2003), and Van Esterik (1989) argued that breastfeeding in the United States is situated in a medical context versus a social context. As a result, women 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 African American women. 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 was 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.

Groleau, Zelkowitz, and Cabral (2009) constructed the Sequential-Consensual Qualitative Design (SCQD) as a qualitative descriptive research method that used a combination of qualitative inquiry strategies to “strengthen the external validity of qualitative data, making it generalizable and ultimately useful for shaping the opinions of key decision makers and stakeholders” (p. 418). Groleau et al. implemented their method in a study that explored the infant feeding choices of women of low-income status in the Canadian province of Québec. The SCQD method is comprised of three stages of qualitative inquiry. The first stage was “accessing the cultural voice” with the purpose of identifying “key socio-cultural themes that (were) specific to a population” (p.420). In the Groleau et al. study the first stage included three unstructured focus groups with women of low-income status from rural, urban, and suburban Québec regarding their infant feeding choice decisions. In this study, stage one was accomplished through interviews with four key informants who assist women with breastfeeding in the African American community.

The second stage of SCQD was “accessing the intimate voice” with the purpose of exploring the personal experience related to the socio-cultural themes identified from the first stage (Groleau et al., 2009, p.422). In the Groleau et al. study the second stage was comprised of ethnographic individual interviews with women of low-income status regarding infant feeding decisions. The ethnographic interviews were guided by the themes from the focus groups from stage 1. In this study, stage two was accomplished through seventeen individual interviews with

African American women who breastfed using a semi-structured interview guide based upon the socio-cultural themes revealed from the key informant interviews.

The third stage of SCQD was “accessing the political voice” with the purpose of confirming the themes that arise from the first and second stages (Groleau et al., 2009, p.423). In the Groleau et al. study stage three included focus groups with women of low-income status and one clinician workshop. Themes from stages one and two were presented to the focus groups, and reactions from the third stage focus groups were presented to clinicians with the intent of affecting promotion and protection of breastfeeding interventions for women of low-income status in Québec. In this study, stage three was accomplished with a focus group interview of seven African American women who breastfed. Themes from the key informant and individual interviews were presented to a focus group for discussion and recommendation of breastfeeding promotion and protection activities for African American women.

The innovation of this design was the sequential combination of interview methods and analysis that was built from one stage to the next and resulted in a rich cultural qualitative description of African American breastfeeding experiences. A summary of the three stages that comprise SCQD for this study is found in Table 2. The SCQD method encourages researchers to develop tools and interview guides that are population specific so that data collected and resulting analysis are meaningful and representative of the population of study. Groleau et al. (2009) also indicated that the third stage of SCQD had an empowering effect on the participants because they felt part of interpretation of the research and

knew that “their voices and recommendations would eventually find their way to decision makers in public health planning and service delivery” (p.425). The SCQD method is congruent with feminist inquiry principles as it gives voice to the participants regarding their life situations, and promotes social change by encouraging researchers and participants to use the qualitative analysis to recommend health policy change.

Table 2

Sequential-Consensual Qualitative Design: A Qualitative Description of African American Women's Breastfeeding Experiences

Stage	1	2	3
Objective	Accessing the Cultural Voice	Accessing the Intimate Voice	Accessing the Political Voice
Number of Participants (N)	N = 4	N = 17	N = 7
Strategy	Semi-structured interviews with key informants, African American women who assist women with breastfeeding	Semi-structured individual interviews with African American women who breastfed	Focus group interview of African American women who breastfed

Sample and Setting

The study took place in the Dallas/Fort Worth Metroplex area. The 4 key informants interviewed in stage 1 of the study were African American women who were purposively recruited because they were employed as lactation consultants or breastfeeding peer counselors and had experience in assisting African American women with breastfeeding. In stage 2 of the study A purposive sampling with maximum variation strategy was used to identify seventeen English

speaking African American women, 18 years and older, who initiated breastfeeding and continued breastfeeding for approximately one month or longer. In stage 3 of the study invitations to participate in the focus group were extended to the participants interviewed in stage 2 of the study. Invitations were given to 5 additional English speaking African American women, 18 years and older, who had breastfed at least one healthy child.

Participants from all 3 stages had all breastfed at least one child. Seven participants were still breastfeeding. Recent breastfeeding experience ensured a current but reflective perspective of breastfeeding. Li, Scanlon, and Serdula (2005) suggested that breastfeeding recall of mothers is valid and reliable up to three years post weaning. All participants in stage 2 who were not currently breastfeeding had weaned their children within three years prior to the interview. Maximum variation sampling allowed for exploring the specifics of a phenomenon “across a broad range of phenomenally and/or demographically varied cases” (Sandelowski, 1995, p. 181). Sources of variation within this study include, age of mother, parity, socioeconomic status, employment status, education level, and duration of breastfeeding as the literature has suggested that breastfeeding among African American women has been influenced by these characteristics (DHHS, 2012). Socioeconomic variation in sampling in this study allowed for a cultural description of breastfeeding that represents African American women across a broader demographic base.

Exclusion criteria included multiple birth, premature birth prior to 36 weeks gestation, or other infant or maternal conditions that required separation of mother

and child at birth resulting in a delay of initiation of breastfeeding, or significant complications in breastfeeding. Medical conditions that affected the breastfeeding relationship between mother and child were considered complicating factors that could supersede or outweigh the cultural experience of breastfeeding among African American women.

Table 3 provides a summary of demographic information from the 17 participants from stage 2 of the study. The participants ranged in age from 18 to 40 with a mean age of 29. They had from 1 to 6 children. Their annual household incomes ranged from less than \$25,000 to above \$150,000 per year. The mean education level was Bachelor's degree and all women had at least a high school diploma. Seven of the participants were currently accessing WIC benefits and 10 of the participants had ever accessed WIC benefits. Twelve of the participants were employed. The mean hours worked per week was 28. Three of the participants were in school full time. The mean length of breastfeeding was 45 weeks, or approximately 10 months, and the range was 1 month to 30 months.

Table 3

Summary of Demographics of Participants from Stage 2

Characteristic	<i>N</i>	%
Age		
18-25	5	29.4
26-35	10	58.8
36-40	2	11.8
Mean (<i>SD</i>)	29.18 (5.7)	
Highest Education Level ¹		
Trade School	1	5.9
Some College	5	29.4
4 Year College Degree	10	58.8
Graduate Education	1	5.9
Mean (<i>SD</i>)	5.29 (1.2)	
Number of children		
Range	1-6	
Mean (<i>SD</i>)	1.82 (1.4)	
Length of breastfeeding in weeks		
Range	4-104	
Mean (<i>SD</i>)	45(33)	
Employment status		
Yes	12	70.6
No	5	29.4
Hours worked per week		
Mean (<i>SD</i>)	27.8 (20.4)	
Currently participating in WIC		
Yes	7	41.2
No	10	58.8
Ever participated in WIC		
Yes	10	58.8
No	7	41.2
Household annual income ²		
Less than \$25K	5	29.4
\$26-50K	5	29.4
\$51-75K	3	17.6
\$76-125K	2	11.8
Above \$126K	2	11.8
Mean (<i>SD</i>)	2.7(2)	

Note. ¹ Education level rated on scale-elementary school =1 to doctoral degree =7,

² Income rated on a scale-less than \$25K=1 to above \$151K=7 in \$25K increments

Recruitment Overview

Recruitment of the four key informants (SCQD phase 1) was achieved through professional contacts of the researcher. All four key informants were African American women.

Individual interview and focus group participants (SCQD phases 2 and 3) were recruited from Dallas/Fort Worth and surrounding communities. Invitation letters with the contact information of the researcher were distributed to Dallas area WIC clinics, the Dallas WIC Lactation Care Center, lactation consultants within the community, and pediatrician offices. Participants interested in the study contacted the researcher by phone or e-mail. The researcher was contacted by fifteen participants. One participant cancelled the interview on multiple occasions due to scheduling conflicts. Snowball sampling, a participant referring a friend, resulted in three more individual interviews. Participants from phase 2 of the study were offered a baby bath towel, burp cloth, and bib (\$20 value) in appreciation of participation.

Participants from the individual interviews were invited to participate in the focus group. The remaining three focus group participants were recruited through participants from phase two of the study and through professional relationships in the community. All participants in the study were African American women. Institutional Review Board approval from the Texas Department of State Health Services and Human Subjects Committee approval was obtained prior to recruitment of participants. The individual and key informant interviews occurred at a time and place convenient to the participants.

Researcher as Instrument

An essential characteristic of qualitative research is the researcher as primary instrument for data collection and analysis (Merriman, 2009). Merriman posited that the human instrument in qualitative research offers many benefits including, “the ability to be immediately responsive and adaptive...to expand his or her understanding through verbal as well as nonverbal communication, to process information immediately, to clarify and summarize material, ...and to explore unusual or unanticipated responses” (p. 15). Lincoln and Guba (1985) discussed the value of observation by researchers in qualitative research, “observation ...allows the inquirer to see the world as his subjects see it, to live in their time frames, to capture the phenomenon in and on its own terms, and to grasp the culture in its own natural, ongoing environment” (p. 273). The researcher took note of nonverbal cues and body language during interviews and the focus group, the participants’ surroundings, and group dynamics in the focus group. The researcher also documented media messages regarding breastfeeding that are reported throughout the course of the study.

Taylor (1998) introduced the concept of researcher as participatory witness in interviewing African American women. Participatory witnessing has roots in the African traditions of giving testimony and bearing witness. Giving testimony implies sharing significant personal experience while bearing witness implies a responsibility to be a part of the testimony and translate the testimony in a way that is representative of the testimonial. Participatory witnessing promotes an egalitarian connection between researcher and participant that is consistent with

Black feminist thought and feminist methodology. This is particularly important as the researcher is a white academic female studying African American women. The researcher maintained a researcher as participant and participatory witness demeanor and presence by conducting interviews and the focus group in the participants' desired environments, dressing in a casual non-health professional manner, and keeping participants' experiences as the central focus of the study.

Data Collection

Semi-structured in-depth individual audio-recorded interviews of four key informants, seventeen African American women, and a focus groups comprised of seven African American women were conducted by the researcher. Each key informant and individual interview lasted one to two hours. The focus group interview lasted two and one half hours. Key informant and individual interviews took place in local area libraries or participants' homes. The focus group was held in a classroom of a local university.

Key Informant Interviews. Spradley (1979) discussed translation competence as the informant's, or participant's, ability to translate the language and cultural realities of the population of interest. A key informant is a research participant who is deeply encultured and has significant experience with the phenomenon of concern. Although the researcher of the proposed study and the participants shared the same spoken language, the cultural language differs as the researcher is a white female and the participants were African American women.

The four key informants were African American women who have assisted African American women in the Dallas/Fort Worth area. They share a common

concern for breastfeeding within the African American community and personal contact with African American women who choose to breastfeed. Two of the key informants were lactation consultants. The first lactation consultant was a registered nurse who worked in a hospital and in private practice. The second lactation consultant worked in a WIC clinic and had a background in counseling. Two of the key informants were breastfeeding peer counselors who worked in WIC clinics. Both of the peer counselors also participated in community projects to promote breastfeeding. The key informants were interviewed individually in a semi-structured format about the breastfeeding experiences of African American women from their supportive perspective. The interviews served to give insight regarding African American breastfeeding experiences to the researcher and aided in the formation of probing questions for the individual interviews in phase two of the study. The key informant interviews represented the cultural voice of African American breastfeeding experiences. The key informants had an objective yet invested perspective based upon multiple interactions with African American breastfeeding women. The themes abstracted from the key informant interviews served as the cultural thread that connected the three phases of SCQD. An example of the key informant interview guide is in Appendix A.

Individual Interviews. Individual interviews of African American women who breastfed were appropriate for this study because, “the purpose of interviewing...is to allow us to enter into the other person’s perspective” (Patton, 2002, p. 341). The interviews consisted of open-ended questions in a semi-structured format. Interviewing participants from a feminist perspective entailed

asking questions that were aimed at gaining an understanding of women's lives, revealing issues related to social justice and change, and being mindful of and minimizing the power and authority divide between researcher and participant (Hesse-Biber & Leavy, 2007). Black feminist thought (Collins, 2009) served as a feminist lens for the interviews by incorporating the concept of intersectionality within the research questions.

In-depth audio-recorded individual semi-structured interviews with African American women who breastfed began with the open-ended question, "Tell me about your breastfeeding experience." The open-ended question allowed for the participant to choose aspects of breastfeeding that she wished to discuss. Subsequent probing questions were asked to clarify statements and inquire about the intersection of breastfeeding and day-to-day encounters and activities. Concepts and themes obtained from the key informant interviews and concepts from feminist intersectionality were used to form the interview guide. An example individual interview guide is in Appendix B. Interviews did not have a time limit and occurred in a place of the participant's choice. Participants were recruited and interviewed until common themes begin to emerge and evidence of data saturation was evident. Data saturation began to emerge after interview twelve. Five additional interviews were conducted to ensure data saturation. The participants were also asked to answer a demographic questionnaire (Appendix C). The purpose of the demographic questionnaire was to provide a general description of the characteristics of the participants as a group and to verify

maximum variation sampling strategy within the sample of African American women.

Focus Group. The purpose of conducting a focus group is to “listen and gather information” about a particular topic from people who share common interest in the topic (Krueger & Casey, 2009, p. 2). Successful focus groups have a clear purpose, a defined process, and a skilled moderator (Krueger & Casey). The focus group for this study had distinct purpose to discuss the individual and collective breastfeeding experiences of African American women. The focus group had a clearly defined process described in detail below. The researcher functioned as the moderator of the focus group, rather than an interviewer. Krueger (1994) described the function of moderator in contrast to interviewer, “the term interviewer tends to convey a more limited impression of two-way communication...the focus group is not a collection of simultaneous individual interviews, but rather a group discussion where the conversation flows because of the nurturing of the moderator” (p. 6). The two main functions of a focus group moderator are to create an environment where group participants feel comfortable sharing their experiences and insight, and to guide the discussion in a manner to keep the conversation centered on the topic of interest (Krueger & Casey). The researcher received training and experience conducting focus groups during her master’s thesis. The researcher as moderator was careful not to interject personal opinions or to influence participant opinions.

Hesse-Biber and Leavy (2007) described the usefulness of focus groups in feminist research as the ability to focus on “subjugated voices,” or the individual

and collective attitudes and experiences of marginalized populations within society (p. 173). Focus groups conducted with a feminist lens produce what Hesse-Biber and Leavy call a “happening” which is a “conversation that, while prearranged and ‘focused’ by the researcher, remains a dynamic narrative process” (p. 173). The conversations among participants promoted self and collective agency by sharing of experiences using their own language and self-defined concepts.

Upon completion of the in-depth individual interviews and initial analysis, the researcher conducted a focus group of seven African American women who breastfed. Four of the focus group participants were previously interviewed during stage 2 individual interviews. The remaining three participants were a grandmother of breastfed children, an obstetrician, and a lactation consultant. All focus group participants had breastfed at least one child and described themselves as passionate about breastfeeding. The purpose of the focus group was to access the political voice of African American women who breastfed with the goal of composing a collective cultural picture of African American breastfeeding experiences from individual points of view. This cultural picture was then used to create recommendations for appropriate and meaningful breastfeeding promotion campaigns, support avenues, and clinical interventions for the African American community. This was accomplished by asking the focus group members to discuss emerging themes from the individual interviews from a feminist intersectionality perspective.

Questions for the focus group followed the questioning route recommended by Krueger and Casey (2009), and included an opening question, an introductory question, a transition question, several key questions constructed from the themes of the individual interviews, and a closing question. The first question was an opening question. The participants were asked to tell the group their names how many children they have. Participants were encouraged to use an alias to provide anonymity. The second question was an introductory question, “Tell us how you became passionate about breastfeeding.” As a transition the researcher then presented PowerPoint© slides describing the purpose of the focus group and background regarding the theory of Black feminist thought. Participants were asked if they had any questions regarding the purpose of the focus group interview. The researcher then presented each theme from the individual interviews and representative quotes via PowerPoint© presentation. Key questions were asked regarding the participants’ perceptions and personal experiences related to the themes. In closing the participants were asked to make recommendations for breastfeeding promotion and support within the African American community. The focus group questionnaire is displayed in Appendix D.

The participants were encouraged to discuss topics in a conversational manner. Probing questions were asked to clarify meaning and to keep the discussion focused on the breastfeeding experiences of African American women. The researcher took particular note of expressions of agreement and disagreement among the women. Participants were asked to make recommendations regarding breastfeeding promotion and protection in the African American population. The

researcher took written notes during and after the focus group regarding observations. Peer debriefing occurred after the focus group to review observations and reflect on the focus group proceedings. The PowerPoint© slides were e-mailed to the focus group participants with a request to contact the researcher if they had any further thoughts or recommendations. A summary of the focus group proceedings were sent to the focus group participants regarding their recommendations.

Data Analysis

Qualitative content analysis was used to analyze data and describe the breastfeeding experiences of African American women. Sandelowski (2000) described qualitative content analysis as a “form of analysis of verbal and visual data that is oriented toward summarizing the informational contents of that data” (p. 338). Elo and Kyngas (2008) stated that content analysis “is concerned with meanings, intentions, consequences, and context” (p. 108). Qualitative was suited for this study because the researcher intended to formulate a comprehensive description of the experience of breastfeeding for African American women from within the context of their descriptions and meanings. Hesse-Biber and Leavy (2007) discuss the feminist practice of content analysis, “By bringing a feminist lens and feminist concerns such as women’s status, equality, and social justice to the study...feminist researchers employ content analysis in very unique ways and ask questions that would otherwise go unexplored” (p.224). Black feminist thought (Collins, 2009) served as the feminist lens to qualitative content analysis

in this study to explore the experience of breastfeeding among African American women's intersection with everyday experiences.

All audio-recordings of key informant interviews, individual interviews, and the focus group were transcribed either by the researcher or a professional transcription service that specializes in transcription services for academia and is used by several universities. Analysis began with the first interview and continued throughout the study process. The secure data file transfer program through the University of Kansas was used to share transcripts with committee members as the study was conducted at a distance. The inductive, qualitative content analysis process outlined by Graneheim and Lundman (2003) was used to analyze the data and formulate a comprehensive description of African American breastfeeding experience. The unit of analysis was the transcripts of the interviews and focus group as well as the written observations by the researcher.

Initially, the data from each interview were read twice to get a general overview of the data. Transcripts were uploaded into NVivo 9 (QSR International, 2009). Meaning units were identified within the transcripts and observations. The meaning units were then condensed into codes. The process of condensing the meaning units into codes involved taking the selected text that comprised the identified meaning unit and shortening the text while preserving the central idea (Graneheim & Lundman, 2003). The codes were organized into categories and sub-categories. Categories and sub-categories were organized into themes and sub-themes. Although the coding sequence was hierarchical in nature, the analysis process was a constant iterative, reflexive process where the relationships

between codes, categories, and themes were evaluated and re-evaluated after each interview.

Trustworthiness

Trustworthiness is established in qualitative research by addressing five concepts as explained by Lincoln and Guba (1985) and Guba and Lincoln (2005), (1) credibility, (2) transferability, (3) dependability, (4) confirmability, and (5) authenticity. Credibility and dependability was evidenced by prolonged engagement, persistent observation, triangulation of methods and sources, member checks, reflexive journaling, and researcher/faculty debriefing (Lincoln & Guba). Prolonged engagement and persistent observation resulted in data saturation; the researcher continued to conduct interviews and gather data until common themes arose and served to further validate previous analysis. Use of the SCQD methodology (Groleau, Zelkowitz, & Cabral, 2009) with multiple interview methods, and multiple sources provided triangulation. These different perspectives added to the depth and breadth of the phenomenon of African American breastfeeding experience. Further evidence of credibility and dependability was accomplished through evaluation of analysis by dissertation committee members (mentors) via peer debriefing sessions which occurred via Skype conference or telephone because of the distant nature of the mentor/researcher locales.

Member checks were used to assist in validating the major themes that emerged from the analysis and interpretation of all data sources. This took place by summarizing the thoughts and ideas shared by all participants at the end of

each interview. The participants were given the opportunity to further clarify their ideas and contributions. The focus group participants were provided with the PowerPoint slides of the themes and were contacted after the focus group to allow for the opportunity to provide further clarification or additional information. Hall and Stevens (1991) posit, "A feminist research report is credible when it presents such faithful interpretations of participants' experiences that they are able to recognize them as their own" (p. 21). Barbour (1998) also asserted that sharing research findings with participants can have a validating or emancipatory effect for the participants. A narrative summary of the focus group analysis was written in common language and represented the themes that emerged from the study as well as the recommendations for breastfeeding support and promotion within the African American community. The researcher maintained a reflexive journal throughout the study process, documenting thoughts, feelings, and biases that emerged throughout the data collection and analysis process which could influence the outcomes of the study (Lincoln & Guba, 1985). Attention to the position of the researcher in relation to that of the participants was monitored frequently through the reflexive journal in an effort to maintain the researcher as participant relationship versus a scientist/subject relationship.

Transferability of the results of the study was maximized by the SCQD design and maximum variation sampling method. Evidence of confirmability was established through the maintenance of a methodological journal. Qualitative research requires emergent design flexibility as the inquiry is exploratory in nature, and the nature of continuous analysis allows for methodological changes

as themes emerge. The researcher noted all research processes and changes in the methodological journal. The goal of this journal was to create an audit trail of the study process for review.

Guba and Lincoln (2005) discussed the criteria for authenticity in a qualitative study to be fairness, ontological and educative authenticity, and catalytic and tactical authenticity. Fairness was described as a “quality of balance” where all stakeholders’ perspectives are well represented (p. 207). Guba and Lincoln characterize ontological and educative authenticity as the studies ability to raise awareness of the importance of a phenomenon to both the participants and the social and familial contacts of the participants. Similarly Guba and Lincoln described catalytic and tactical authenticity as the degree to which the results of the study prompt action by the participants. The criteria for authenticity in this study paralleled the principles of feminist inquiry, specifically feminist intersectionality. The results of this study give a voice to African American women regarding their breastfeeding experiences and how those experiences intersected with the socio-cultural entities of family, work, church, media, politics, and society in their daily lives.

Human Subjects Consideration

Approval from the Human Subjects Committee at the University of Kansas Medical Center and from the Texas Department of State Health Services was obtained prior to enrolling any participants. A letter of introduction to the study along with an informed consent document was presented to all potential participants (Appendix E, F, and G). Informed signed consent was obtained from

all participants prior to participation in the study (Appendix H, I, and J).

Participants in phase 2 of the study were offered a baby bath towel, burp cloth, and bib (\$20 value) as appreciation for their participation in the study. Potential participants were informed that participation was completely voluntary and that they could withdraw from the study at any time with no recourse. Participants were informed that they would not benefit directly from the study, but they might find empowerment in sharing their experiences. The information gained in this study had the potential to positively impact African American women who choose to breastfeed in the future.

Risks to this study were considered minimal and included potential for emotional distress when recalling personal experiences, and breach of confidentiality. The methods of protecting confidentiality were explained during the informed consent process. Confidentiality was maintained by assigning code numbers to participants. Recordings of interviews and focus groups remain in a locked cabinet and will be destroyed according to the record retention policies of the University of Kansas Medical Center. Participants were asked to use an alias during the individual and focus group interviews. No identifying information was included on data collection forms. Participants were identified by assigned code during the transcription, coding, and data analysis process. All proper names were removed from the transcripts and replaced with a neutral description. Publications arising from the study will contain no identifying information. Participants in the individual and focus group interviews were encouraged to share only what they were comfortable sharing. The researcher explained the focus group procedure

and asked participants if they would feel comfortable sharing information about their breastfeeding experiences in a group setting. Participants in the focus group were informed of the importance of maintaining confidentiality of topics discussed during the focus group and fellow participants' identities.

Time Frame

Human Subjects Committee study approval was received in March of 2011. Renewal was granted in March of 2012. Texas Department of State Health Services study approval was received in June 2011. Data collection began in April of 2011 and ended in June of 2012. Data analysis began with the first interviews and continued throughout data collection.

Summary

Chapter three presented the methodology for the study including design, sample, and setting. Justification for the complex qualitative design was presented. Methods of data collection and analysis were described in detail, and measures of trustworthiness and methodological rigor were explained. The chapter concluded with a description of human subjects considerations. Chapters 4, 5, and 6 are manuscripts written for publication detailing an integrative review of the literature, an examination of the applicability of Black feminist thought as the theoretical framework for the study, and the overall findings and discussion of the study respectively.

Chapter 4

African American Women and Breastfeeding: An Integrative Literature Review

This manuscript was accepted for publication in *Health Care for Women International* and will be in print in early 2013. The manuscript presents an integrative review of the literature regarding African American women and breastfeeding. The manuscript was co-authored by Jane Grassley, PhD, RN, IBCLC.

Abstract

The purpose of this paper is to present a review of literature regarding factors that influence breastfeeding intentions, initiation, and duration in the African American population. Research related to health disparities experienced by African Americans in the United States, as well as research regarding the protective benefits of breastfeeding for those specific health disparities, are also presented. Community and institutional interventions and promotional campaigns aimed at increasing initiation and duration of breastfeeding in the African American population are discussed. Future research regarding African American women's breastfeeding experiences using Black feminist thought as a theoretical foundation is recommended.

Improving the health of women and children is a global health priority as designated by the United Nations and the World Health Organization among other supporting global organizations. Protecting and promoting breastfeeding is vital to health and survival of mothers and infants worldwide. In the United States African American women are the least likely ethnic population to engage in breastfeeding. African American's also have some of the highest incidence of health disparities of all ethnicities in the United States that could be directly impacted by increased breastfeeding initiation and duration. In other countries ethnic minorities have been reported to have higher breastfeeding rates than ethnic majorities. Because breastfeeding is a global concern and priority the breastfeeding experiences and challenges of African American women are relevant to an international audience of all people concerned and involved with improving the health of women and children.

Breastfeeding rates by race in the United States (U. S.) continue to show a marked disparity in African American women as compared to white non-Hispanic, Asian, American Indian, and Hispanic women (U.S. Department of Health and Human Services [DHHS], 2010a). Although increases in breastfeeding rates among African American women are reflected in the National Immunization Survey from 2000 to 2007, the gap between races has not narrowed despite efforts to promote breastfeeding among African Americans. Healthy People 2010 was a series of goals set by the U. S. government to improve the health of its citizens through addressing health disparities among its citizens (U.S. DHHS, 2010b). Progress toward the 2010 goals has been reviewed and Healthy People 2020 goals

have been released with some revised and new goals (U.S. DHHS, 2011). Table 1 is a comparison of the Healthy People 2020 revised breastfeeding goals and breastfeeding rates of African Americans, white, and Hispanic or Latino women from 2000 and 2007.

Table 1

Comparison of Healthy People 2020 Breastfeeding Goals and Breastfeeding Rates in the African American (AA) Population from the National Immunization Survey (NIS) for 2000 and 2007

	Healthy People 2020 Targets	AA Rates 2000	Non-Hispanic Black or AA Rates 2007**	White Rates 2007	Hispanic or Latino Rates 2007
Early Postpartum	81.9%	51%	58.1%	77.7%	80.6%
6 Months	60.6%	19%	27.5%	45.1%	46.0%
12 Months	34.1%	8%	12.5%	23.6%	24.7%
Exclusive at 3 Months	46.2%	*	21.9%	35.3%	33.4%
Exclusive at 6 Months	25.5%	*	8%	14.4%	13.4%

* Exclusive breastfeeding rates at 3 and 6 months were initially collected in the 2004 NIS

**The Non-Hispanic Black or African American demographic category was added to the NIS in 2003

From a global perspective, breastfeeding initiation rates in the United States continue to fall below breastfeeding initiation rates of other countries with similar socioeconomic resources. Table 2 is a comparison of breastfeeding initiation rates in the U.S. and a sample of member countries of the Organization of Economic Co-operation and Development (OECD, 2009). While most countries' governments collect breastfeeding data according to demographics including age, education level, socioeconomic level, and region, only the U.S. consistently

collects breastfeeding data according to race or ethnicity (U.S. DHHS, 2010b). Some studies from the United Kingdom, China, and the Netherlands indicate that ethnic minority populations tend to breastfeed more often than ethnic majority populations in those countries (Bolling, Grant, Hamlyn, & Thorton, 2007; Kelly, Watt, & Nazroo, 2006; van Rossem et al., 2010; Xu et al., 2006). In the U.S. women of racial or ethnic minorities, except for African Americans, breastfeed at similar or higher rates than the white ethnic majority (Table 3) (U.S. DHHS, 2010b). The low rate of breastfeeding among African American women in the U.S. is a poorly understood, persistent disparity that contributes to higher incidences of morbidity and mortality for African Americans across the lifespan.

Table 2

Breastfeeding Rates by Country

Country ¹	Ever Breastfed	Exclusive at ≤ 4 months	Exclusive at 6 months
Japan	96.6%	38%	34.7%
Australia	92%	56%	14%
Italy	81.1%	20%	19%
Netherlands	79%	34%	25%
Spain	77.2%	41.2%	19.3%
United Kingdom	77%	13%	1%
United States	77%	33%	13.3%

¹Source: OECD (2009)

Table 3

Comparison of U.S. Breastfeeding Rates According to Race/Ethnicity¹

Race/Ethnicity	Ever Breastfed	Exclusive at 3 Months	Exclusive at 6 months
Not Hispanic Black or African American	58.1%	21.9%	8%
White	77.7%	35.3%	14.4%
American Indian or Alaska Native	73.8%	27.6%	13.2%
Asian or Pacific Islander	83%	34.1%	14.5%
Hispanic or Latino	80.6%	33.4%	13.4%

¹Source (Department of Health and Human Services [DHHS], 2010)

The author's purpose is to present an integrative review of the literature regarding African American women's breastfeeding behaviors and decision making processes. The integrative review methodology described by Whittemore and Knafl (2005) was used to systematically review studies with diverse methodologies in an effort to formulate a comprehensive description of factors that influence breastfeeding practices in this population.

Background

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 (2000) 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" (p. 20). The Surgeon General's Call to Action to Support Breastfeeding (U.S. DHHS, 2011) identified

the continuing disparity in breastfeeding rates for African American women as unacceptable and poorly understood; although, the tendency for African American women to return to work earlier after birth than women of other races may play a role. Obtaining a greater understanding of low breastfeeding rates in the African American population could result in initiatives that lead to increased initiation and duration of breastfeeding. Increased breastfeeding rates in the African American population will have a significant impact in reducing the morbidity and mortality of several diseases and poor health outcomes that affect the African American community in particular, subsequently narrowing the health disparity gap.

African Americans in the United States have higher risk for many diseases, and higher incidences of many chronic health conditions that lead to poor health outcomes when compared to white and Hispanic populations. African American children are three times more likely to live in poverty than white non-Hispanic children (Federal Interagency Forum on Child and Family Statistics, 2008). African American infants are twice as likely to be born with low birth weight when compared to white non-Hispanic or Hispanic infants (Matthews & MacDorman, 2008). Approximately one in seven black children has no health insurance coverage (Campaign for Children's Health Care, 2006). African American infants have the highest infant mortality rate, over twice the rate of white non-Hispanic infants (U.S. DHHS, 2009). Sudden Infant Death Syndrome (SIDS) is 1.9 times more likely to occur to an African American infant than to a white non-Hispanic infant (U.S. DHHS, Office of Minority Health, 2010). Approximately 25% of African American girls between the ages of six and

seventeen are overweight, compared to approximately 15% of white non-Hispanic girls (Federal Interagency Forum on Child and Family Statistics). African Americans have the highest death rates for all types of cancer, diabetes, and influenza when compared to all other races (U.S. DHHS, 2009). “For blacks in the United States, health disparities can mean earlier deaths, decreased quality of life, loss of economic opportunities, and perceptions of injustice. For society, these disparities translate into less than optimal productivity, higher health-care costs, and social inequity” (U.S. DHHS, 2005, p. 3).

Breastfeeding decreases the incidence of many disease processes that impact African Americans and increases positive health outcomes. The existing empirical evidence regarding the effects of breastfeeding on the health of infants and mothers was evaluated and synthesized in the meta-analysis by Ip et al. (2007). Breastfeeding was found to be associated with a significant reduction in acute otitis media, atopic dermatitis, gastrointestinal infection, lower respiratory infection, asthma, acute lymphocytic leukemia, acute myelogenous leukemia, and SIDS in infants and children. Breastfeeding was also associated with a decreased incidence of necrotizing enterocolitis in pre-term infants. Infants who were breastfed are likely to have fewer occurrences of obesity and type 2 diabetes later in life. Breastfeeding is associated with reducing maternal risk for type 2 diabetes, breast and ovarian cancer (Ip et al.). Bartick and Reinhold (2010) conducted a breastfeeding cost analysis related to the following pediatric diseases: necrotizing enterocolitis, otitis media, gastroenteritis, hospitalization for lower respiratory tract infections, atopic dermatitis, sudden infant death syndrome, childhood

asthma, childhood leukemia, type 1 diabetes, and childhood obesity. They calculated a \$13 billion per year savings in health care costs if 90% of mothers would breastfeed their infants exclusively for six months. Increasing breastfeeding initiation and duration in the African American population would have a direct impact on reducing the health disparities experienced by the race. An integrative literature review was conducted to gain a broad perspective of the factors that are associated with intention, initiation, and duration of breastfeeding among African American women.

Methodology

Whittemore and Knafl (2005) explain that an integrative literature review is appropriate when researchers want to gain a broad perspective or description of a phenomenon of interest. An integrative review can include both qualitative and quantitative studies, as well as theoretical articles. The five stage process for conducting an integrative review includes: 1. problem identification, 2. literature search, 3. data evaluation, 4. data analysis, and 5. presentation of results (Whittemore & Knafl).

Literature Search

The literature search regarding African American women and breastfeeding includes articles that spanned a 17-year period from 1994 to 2011. Keywords including, African American, breastfeeding, lactation, intention, initiation, duration, and infant feeding choice, were entered into four electronic databases including, PubMed, CINAHL, Ovid MEDLINE, and Google Scholar. The search initially yielded 255 studies authored from a broad base of disciplines including

nursing, nutrition, medicine and social science. Abstracts and reference lists were reviewed for additional relevant studies. A total of 278 articles were identified as potential sources.

Data Evaluation

The data evaluation stage of the integrative review included determining inclusion and exclusion criteria for studies and evaluating the quality of the studies with regards to rigor and relevance. Studies were included in the review if all participants were African American, or if African American participants were 25% or greater of the total sample to ensure adequate representation. One study was included for review that was comprised of 17% African American participants because the total sample size was large ($n = 8,310$) and data were aggregated by race/ethnic group (Kogan, Kotelchuck, Alexander, & Johnson, 1994). Studies that included participants of multiple race/ethnic groups, but did not report or compare data according to ethnic group were excluded. A total of 37 studies met the inclusion criteria. Studies included in the integrative review reflect both quantitative and qualitative research methods and diverse designs. One review of literature regarding breastfeeding in low income women was included because of aggregation of study results according to race/ethnicity. Methodological rigor and relevance to the literature review topic were evaluated in all 37 articles. Whittmore and Knafl (2005) recommend a simple rating scale when evaluating both quantitative and qualitative studies with diverse methodologies. Studies were rated low, moderate, or high for methodological rigor, and were rated low, moderate, or high for topic relevance. All included

studies had moderate to high methodological rigor and were highly relevant to the topic.

Data Analysis

Whittemore and Knafl (2005) suggested using content analysis for synthesizing study results for integrative reviews. Content analysis is frequently used in qualitative research, but is useful in integrative reviews with diverse study methodologies because it promotes organization and comparison of categories and themes across study results (Patton, 2002). The inductive content analysis process described by Elo and Kyngäs (2008) was used for this integrative review. This method begins by determining the unit of meaning. In this integrative review the unit of meaning was each study or manuscript. Data from each study are then openly coded, grouped, and finally categorized. Abstraction occurs as categories are collapsed into overarching themes.

Studies in this review were initially coded and grouped according to research design and methodology. Studies were then coded and grouped according to research hypothesis or research question as related to breastfeeding intention, initiation, and duration. Coding and grouping according to the demographic and socioeconomic characteristics of the African American participants, and the study discussions and conclusions was the most time consuming and iterative portion of the content analysis. A matrix was developed to categorize studies based upon the common findings identified among the discussions and conclusions. Themes, or focus areas, intuitively emerged during the iterative categorization process.

Results

The integrative review analysis revealed four focus areas of importance to African American women and breastfeeding, 1) disparity of information regarding breastfeeding relayed by health care providers, 2) factors affecting prenatal breastfeeding intentions, 3) factors affecting initiation and duration of breastfeeding, and 4) community and institutional interventions related to breastfeeding duration. With regard to methods, a majority of the articles employed quantitative designs (24 of 37). With regards to samples and settings, a majority of the articles sampled low income women (26 of 37) in urban settings (26 of 37). See Table 4 for an overview of the selected studies.

Table 4

Factors Related to Breastfeeding (BF) for African American (AA) Women

Focus Area	Author(s), Year	Research Design and Setting	Sample Size, % AA Participants	Factors Reported
Disparity of Information	Beal et al. (2003)	Secondary analysis, USA	<i>n</i> = 8,757 54% AA	AA received less BF information than white women from health care providers (HCP), Women's, Infants, and Children's Supplemental Nutrition program (WIC)
	Cricco-Lizza (2006)	Ethnography, New York	<i>n</i> = 130 100% AA	Received limited BF information from HCP
	Kaufman et al. (2009)	Ethnography, New York	<i>n</i> = 28 50% AA	Received little to no BF information from HCP
	Kogan et al. (1994)	Secondary analysis, USA	<i>n</i> = 8310 18% AA	Received less BF information from HCP
	Lewallen & Street (2010)	Focus groups, Southeastern USA	<i>n</i> = 15 100% AA	Reported receiving ↓ BF info from HCP
Breastfeeding Intentions	Alexander (2010)	Survey of open ended questions, Ohio	<i>n</i> = 179 95% AA	Health benefits = ↑BF intentions Fear of pain, reluctance, embarrassment, complexity = ↓ BF intentions
	Avery et al. (2009)	Focus groups, Illinois, Louisiana, and California	<i>n</i> = 152 56% AA	Fears of insufficient milk = ↓ BF intentions
	Bentley et al. (1999)	Interviews, Maryland	<i>n</i> = 341 100% AA	Social support, health benefits = ↑ BF intentions
	Hannon et al. (2000)	Interviews and Focus groups, Illinois	<i>n</i> = 35 60% AA	Health benefits = ↑BF intentions Fear of pain, reluctance, embarrassment, complexity = ↓ BF intentions
	Mickens et al. (2009)	Survey, California	<i>n</i> = 109 100% AA	Attending prenatal BF support group = ↑ BF intentions

Table 4 (continued)

Focus Area	Author(s), Year	Research Design and Setting	Sample Size, % AA Participants	Factors Reported
Breastfeeding Intentions Cont.	Persad & Mensinger (2008)	Survey, USA	<i>n</i> = 107 86% AA	Positive attitudes, family and peer support, attended BF class, older, higher income, more education = ↑ BF intentions
	Robinson (2010)	Mixed method, surveys and narrative interview, Wisconsin	<i>n</i> = 59 quant <i>n</i> = 17 qual 100% AA	↑ Self efficacy predictive of BF intention
	Saunders-Goldson (2004)	Survey, Military bases Northeastern USA	<i>n</i> = 95 100% AA	Older and higher self confidence = ↑ BF intentions
Breastfeeding Initiation and Duration	Wambach & Koehn (2004)	Focus groups, Midwestern USA	<i>n</i> = 14 86% AA	Health benefits = ↑ BF intentions Fear of pain, reluctance, embarrassment, complexity = ↓ BF intentions
	Avery et al. (2009)	Focus groups, Illinois, Louisiana, and California	<i>n</i> = 152 56% AA	Self confidence in BF = ↑ BF initiation and duration
	Brownell et al. (2002)	Survey, interview, Florida	<i>n</i> = 25 100% AA	Perceptions of low milk supply, public embarrassment, pain, and difficulty = ↓ BF duration
	Corbett (2000)	Qualitative interviews, Southeastern USA	<i>n</i> = 10 100% AA	Public embarrassment, comfort with formula = ↓ BF duration
	Cricco-Lizza (2004)	Ethnography, New York	<i>n</i> = 319 100% AA	Comfort with formula = ↓ BF duration
	Forste (2001)	Secondary analysis, USA	<i>n</i> = 1088 30% AA	83% AA women reported “preferred bottle-feeding” as reason for non-initiation of BF
	Hannon et al. (2000)	Interviews and Focus groups, Chicago	<i>n</i> = 35 60% AA	Returning to work or school = ↓ BF duration

Table 4 (continued)

Focus Area	Author(s), Year	Research Design and Setting	Sample Size, % AA Participants	Factors Reported
Breastfeeding Initiation and Duration Cont.	Hurley et al. (2008)	Telephone survey, Maryland	<i>n</i> = 767 36% AA	Returning to work or school, perceptions of low milk supply, pain, and difficulty = ↓ BF duration
	Lewallen & Street (2010)	Focus groups, Southeastern USA	<i>n</i> = 15 100% AA	↓ Support from family, HCP, and peers = ↓ initiation and duration of BF
	Lindberg (1996)	Secondary analysis, USA	<i>n</i> = 2,431 37% AA	Returning to work or school = ↓ BF duration
	Kaufman et al. (2009)	Ethnography, New York	<i>n</i> = 28 50% AA	Public embarrassment, comfort with formula = ↓ BF duration
	Kum-Nji et al. (1999)	Survey, Rural Mississippi	<i>n</i> = 420 80% AA	Friend or family history of BF = ↑ BF initiation and duration
	McCann et al. (2007)	Structured interview, USA	<i>n</i> = 874 42% AA	Pain and difficulty = ↓ BF duration
	McCarter-Spaulding & Gore (2009)	Survey, New England	<i>n</i> = 125 100% AA	High degree of self-efficacy with BF = ↑ BF initiation and duration
	Meyerink & Marquis (2009)	Structured interview, rural Alabama	<i>n</i> = 150 93% AA	Family history of BF = ↑ BF initiation and duration
	Milligan et al. (2000)	Literature Review		Pain and difficulty = ↓ BF duration
	Nomnsen-Rivers et al. (2010)	Structured interviews, California	<i>n</i> = 532 14% AA	Comfort with formula = ↓ BF duration
Racine et al. (2009)	Semi-structured interviews, Maryland	<i>n</i> = 44 96% AA	Intrinsic motivation = ↑ BF initiation and duration	
Robinson & VandeVusse (2009)	Narrative Interviews, Wisconsin	<i>n</i> = 5 100% AA	Health benefits for baby and mother, ↑ bonding, ↑ family and HCP support associated with BF initiation. Free formula, convenience of formula, ↓ education, ↓ maturity associated with ↓ BF.	

Table 4 (continued)

Focus Area	Author(s), Year	Research Design and Setting	Sample Size, % AA Participants	Factors Reported
Breastfeeding initiation and duration cont.	Sharpes et al. (2003)	Survey, Washington DC area	<i>n</i> = 210 100% AA	↑ Ego maturity, ↑ belief in health promotion, ↑ trust in medical care was associated with ↑ BF initiation and duration.
	Wambach & Cohen (2009)	Semi-structured interviews and Focus groups, Midwestern USA	<i>n</i> = 23 60% AA	Returning to work or school, perceptions of low milk supply, public embarrassment, pain, and difficulty = ↓ BF duration
Interventions that prolong breastfeeding	Gross et al. (1998)	Experimental intervention study, Maryland	<i>n</i> = 115 100% AA	BF motivational videos and peer counseling = ↑ BF initiation and duration
	Locklin (1995)	Grounded theory, interviews, Illinois	<i>n</i> = 17 58% AA	BF peer counseling = ↑ BF initiation and duration
	Merewood et al. (2007)	Secondary analysis, Massachusetts	<i>n</i> = 350 62% AA	Baby Friendly Hospital initiative = ↑ BF initiation
	Philipp et al. (2001)	Secondary analysis, Massachusetts	<i>n</i> = 582 29% AA	Baby Friendly Hospital initiative = ↑ BF initiation and duration
	Pugh et al. (2002)	Randomized control trial, mid-Atlantic USA	<i>n</i> = 41 96% AA	Community BF support intervention = ↑ BF initiation and duration
	Pugh et al. (2010)	Randomized control trial, mid-Atlantic USA	<i>n</i> = 328 87% AA	Community BF support intervention = ↑ BF initiation and duration
	Wambach et al. (2011)	Randomized control trial, Midwestern U.S.	<i>n</i> = 289 65% AA	Lactation consultant/peer counselor education and support = ↑ BF duration

Disparity of breastfeeding information. Evidence in the literature strongly suggests that breastfeeding could have a positive impact on reducing many of the health disparities experienced by African Americans; yet, African American

mother/infant dyads continue to be the least likely population to engage in breastfeeding in the United States. One possible reason is lack of information regarding breastfeeding relayed to African Americans by healthcare providers. Kogan, Kotelchuck, Alexander, and Johnson (1994) compared health care provider's advice between non-Hispanic white and Black women and found that Black women reported receiving less prenatal advice from their health care providers regarding smoking cessation (OR 1.29, CI 95%, 1.10 to 1.51), alcohol use (OR 1.20, CI 95%, 1.01 to 1.39), and breastfeeding (OR 1.15, CI 95%, 0.99 to 1.32). Kaufman, Deenadayalan, and Karpati (2009) qualitatively interviewed African American and Puerto Rican mothers of low-income status regarding their perceptions of breastfeeding. The women indicated that they received little to no information regarding breastfeeding from their obstetric-gynecological clinic providers, pediatricians, and hospital staff after delivery of their infants. Beal, Kuhlthau, and Perrin (2003) surveyed African American and white mothers who were WIC clients in Brooklyn, New York. African American women reported receiving less information from their physicians ($p < .001$) and WIC counselors ($p < .001$) regarding breastfeeding than did white women.

Cricco-Lizza (2006) qualitatively interviewed Black non-Hispanic mothers regarding the promotion they received regarding infant feeding methods from health care providers. The mothers reported limited breastfeeding education and support from healthcare providers both in the community and in the hospital. They also described health care providers' discriminatory behaviors and failure to listen to their concerns, which led to feelings of distrust (Cricco-Lizza). Lewallen

and Street (2010) echoed a similar theme of “perceived lack of information about breastfeeding” from health care providers from their focus group research (p. 671). Although there is a failure among health care providers when relaying breastfeeding information, evidence in the literature reflects that a strong intent to breastfeed can help women overcome this lack of informational support.

Factors affecting African American prenatal breastfeeding intentions.

Prenatal intention to breastfeed has been and continues to be one of the strongest predictors of breastfeeding duration among women (Bai, Middlestadt, Peng, & Fly, 2010, Donath & Amir, 2003; Duckett et al., 1998; Janke, 1992, 1994; Piper & Parks, 1996; Racine et al., 2005; Swanson & Power, 2005; Thulier & Mercer, 2009). Evidence of factors that affect the breastfeeding intentions of African American women is also present in the literature. Persad and Mensinger (2008) surveyed prenatal urban primiparas and found that women who intended to breastfeed had positive attitudes regarding breastfeeding, had family and peers who supported breastfeeding, attended breastfeeding classes, were older, and had greater incomes and years of education. Saunders-Goldson (2004) and Robinson and VandeVusse (2011) also found that African American women who had greater levels of prenatal confidence and self-efficacy in the ability to breastfeed had higher intentions to breastfeed.

Social support was also found among several studies to be a significant predictor of intention to breastfeed among pregnant African American women. Mickens, Modeste, Montgomery, and Taylor (2009) found that African American WIC participants who attended prenatal breastfeeding support groups had

stronger breastfeeding intentions (OR 2.17, CI 95%, 5.35 to 13.38) than women who did not attend. Bentley et al. (1999) collected qualitative data from 80 African American women who were WIC participants regarding sources of their intentions to breastfeed. They found that grandmothers' opinions and experiences, as well as the infant's father's opinions were important influences in African American mothers' breastfeeding intentions. Benefits for mother and baby were also cited by African American women as reasons for their intention to breastfeed (Alexander, Dowling, & Furman, 2010; Hannon et al., 2000; Wambach & Koehn, 2004). Fear of pain, maternal reluctance, embarrassment about breastfeeding in public, and the complexity of breastfeeding have also been reported by African American women as prenatal detractors to breastfeeding (Alexander, Dowling, & Furman; Hannon et al.; Robinson & VandeVusse 2011; Wambach & Koehn). Avery, Zimmerman, Underwood, and Mangus (2009) found that pregnant participants expressed fears regarding the ability to produce a sufficient milk supply.

Decisions regarding initiation and duration among African American dyads. From the existing literature several factors emerged as possible influences on decisions regarding breastfeeding initiation and duration in the African American community. African Americans commonly cite returning to work or school as a reason for early weaning (Hannon et al., 2000; Hurley, Black, Papas, & Quigg, 2008; Lewallen & Street, 2010; Lindberg, 1996; Wambach & Cohen, 2009). African American women, on average, return to work at 8 weeks post delivery which is earlier than women of other races. African American women are

also more likely to have workplaces that are not supportive of the needs of breastfeeding women (U.S. DHHS, Office of Women's Health, 2000). Maternal perceptions of poor milk supply (Brownell et al., 2002; Hurley et al., 2008; Wambach & Cohen), embarrassment with breastfeeding in public and at home (Brownell et al., Corbett, 2000; Kaufman et al., 2009; Robinson & VandeVusse, 2011; Wambach & Cohen), and comfort and trust in formula (Corbett ; Cricco-Lizza, 2004; Forste, Weiss, & Lippincott , 2001; Kaufman et al.; Nommsen-Rivers et al., 2010) were also repeatedly found to negatively affect breastfeeding duration among African American women. Pain associated with breastfeeding and difficulties with breastfeeding are also frequently cited as reasons that African American women stop breastfeeding (Brownell et al., 2002; Hurley et al. 2008; McCann, Baydar, & Williams, 2007; Milligan et al., 2000; Wambach & Cohen). In their focus group study, Lewallen and Street identified "lack of support" from family members, health care providers, and peers as a theme that African American women reported for decreased initiation and duration of breastfeeding.

Protective factors that appear to prolong duration of breastfeeding for African American women were also evident in the literature. Racine et al. (2009) conducted interviews with low income women and found that women who were intrinsically motivated to breastfeed, as characterized by valuing benefits to baby and mother, breastfed longer than women who were extrinsically motivated, as characterized by a family member encouraging the mother to breastfeed. Sharpes, El-Mohandes, El-Khorazaty, Kiely, and Walker (2003) found similar results through survey data, specifically that African American women who displayed

higher ego maturity and reported greater beliefs in benefits of medical care were more likely to breastfeed their infants. Meyerink and Marquis (2009) interviewed low income mothers and found that familial history of breastfeeding was a significant predictor of breastfeeding initiation and duration beyond 1 month. Kum-Nji et al. (1999) also found that among African American and white mothers in rural Mississippi having a close friend or a family member who breastfed was a significant predictor for initiating breastfeeding. Confidence, a theme expressed in focus groups, (Avery, Zimmerman, Underwood, & Magnus, 2009) and high self-efficacy, as measured by the Breastfeeding Self-Efficacy Scale, (McCarter-Spaulding & Gore, 2009) also appear to be associated with prolonged breastfeeding.

Interventions that prolong breastfeeding duration for African Americans. Some evidence exists in the literature for success of community based breastfeeding support interventions that were designed and implemented with predominantly African American low income women. Gross et al. (1998) tested the efficacy of breastfeeding motivational videos, peer counseling, and the combination of the videos and counseling against standard existing breastfeeding promotion in four WIC clinics in Baltimore, Md. African American women who received one of the three interventions were less likely to have weaned by sixteen weeks postpartum when compared to women receiving standard breastfeeding promotion. Pugh et al. (2002) conducted a randomized control study testing the effect of a community support breastfeeding intervention comprised of hospital visits, home visits, and telephone support by a community nurse and a peer

counselor. Women in the intervention group were more likely to breastfeed longer than women in the control group. Pugh et al. (2010) repeated this study in a similar population and found similar results. Wambach et al. (2011) conducted a randomized control trial testing a lactation consultant/peer counselor team intervention (65% African American adolescent mothers) and found the education/support intervention to significantly increase the duration of breastfeeding in the experimental group as compared to the control and attention control groups. Locklin (1995) qualitatively interviewed seventeen low-income women, ten of whom were African American, who had received breastfeeding support from a peer counselor. The author concluded that the support the women received increased their perceived success in breastfeeding and resulted in feelings of empowerment.

Hospitals that have implemented the Ten Steps to Successful Breastfeeding put forth by the Baby-Friendly Hospital Initiative have documented increased initiation and duration in minority populations (Baby-Friendly USA, Inc., 2010). Philipp et al. (2001) and Merewood et al. (2007) reported increased breastfeeding initiation and duration in women who delivered at Boston Medical Center, a Baby-Friendly designated hospital. Philipp et al. reported an increase in initiation among African American mothers from 34% in 1995, to 64% in 1998, to 74% in 1999, and Merewood et al. reported African American breastfeeding rates of infants born at Boston Medical center to be comparable to the overall U.S. population breastfeeding rates at 6 months postpartum as a result of implementing the Baby-Friendly initiative.

Discussion

The reviewed studies suggested several factors that contribute to African American women's decisions to initiate and continue breastfeeding. Intention to breastfeed for African American women appears to be positively influenced by social support, older age of the mother, higher income, more years of education, attending prenatal courses, and perceived benefits for the mother and child. Factors that appear to negatively impact prenatal breastfeeding intentions include pain, maternal reluctance, embarrassment from breastfeeding in public, the complexity of breastfeeding, and fears regarding the ability to produce a sufficient milk supply. Factors that appear to negatively influence initiation and duration of breastfeeding among African Americans include perceptions of poor milk supply, embarrassment with breastfeeding in public and at home, comfort and trust in formula, pain, and difficulties associated with breastfeeding. Positive factors associated with breastfeeding in African Americans included intrinsic motivation, a family member or friend that breastfed, social support from family and friends, support from healthcare providers, confidence in breastfeeding, and high self efficacy. The literature lacks, however, an exploration of why African American women cite these factors and what experiences led them to decision making processes regarding breastfeeding.

Several authors (Hurley et al., 2008; Lewallen & Street, 2010; McCann et al., 2007; Sharpes et al., 2003; U.S. DHHS, 2000; U.S. DHHS, 2011) have called for culturally sensitive and specific breastfeeding research and interventions. A definition of culturally sensitive or culturally specific research is necessary but

not found in any of the presented breastfeeding literature sources. Corbett (2000) asserted that decisions about infant feeding are “the result of cultural adaptation to particular environmental conditions” (p. 74), and called for “descriptions of feeding style and environmental factors that influence styles (as) necessary to design culture-specific and effective interventions to improve the health status of low-income Black children” (p. 80). Bentley, Dee, and Jensen (2003) suggested a social and ecological approach to African American breastfeeding research that examines the intersections of macro level factors, including media, welfare reform, hospital and government policy, and micro level factors which include family, community, the workplace, and personal beliefs.

Conclusion

Clearly there is a need to understand breastfeeding from the perspective of African American women. The current literature reflects many reasons that African American women report for engaging in breastfeeding at low rates and for short durations. Missing from the literature is a description of how African American women successfully negotiate breastfeeding within their daily lives. Research regarding the breastfeeding experiences of African American women that explores how breastfeeding is situated and interpreted in the day-to-day lives of African American women supports the U. S. Centers for Disease Control and Prevention’s (CDC, 2010) continued call for research to establish a “better understanding of the underlying factors contributing to the (persistent) racial/ethnic differences in breastfeeding” (p. 333). Black feminist thought by Collins (2009) offers a theoretical foundation and feminist lens for exploring the

intersection of breastfeeding with the day-to-day experiences of African American women. Collins explains the core of Black feminist thought to be the lived experiences of Black women. The lived experiences of African American women represent valid knowledge that is shadowed by white privilege, power, and normative assumptions.

Exploring African American women's breastfeeding experiences through a feminist lens will illuminate how individual women experience common cultural themes. Voices of African American women from all socioeconomic levels should be represented to discern between factors that affect breastfeeding decisions related to economic concerns versus race/cultural concerns. Giving voice to African American women's breastfeeding experiences will provide the basis for new strategies that promote and protect breastfeeding within the African American 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.

Chapter 5

Accessing the Cultural Voice of

African American Women's Breastfeeding Experiences:

The Applicability of Black Feminist Thought as a Theoretical Framework

This manuscript will be submitted to *Nursing Science Quarterly* and is a detailed description of the theoretical framework, Black feminist thought. The applicability of Black feminist thought to nursing research, specifically research regarding African American women's breastfeeding experiences is discussed. Analysis of the key informant interviews and the core concepts of Black feminist thought are presented.

Abstract

Research regarding the disparity of breastfeeding rates among African American women has largely not been grounded in Black feminist theoretical perspectives. The applicability of Black feminist thought as a theoretical framework for qualitative research regarding the breastfeeding experiences of African American women is explored. Data analysis of four key informant interviews from a larger study is presented. Codes extracted from the data support the five core concepts of Black feminist thought. The cultural voice of African American women's breastfeeding experiences as expressed from the key informants illuminated the importance of exploring the intersections of race, class, and gender and witnessing and valuing study participants' everyday experiences.

Nursing research grounded in feminist theoretical perspective “foster[s] empowerment and emancipation for women and other marginalized groups” through “illuminating gender-based stereotypes and biases, and unearthing women’s subjugated knowledge” (Hesse-Biber & Levy, 2007, p. 4). Nurse scholars, Chinn and Kramer (2008) and Hall and Stevens (1991) have strongly advocated for nursing research based in feminist methodology. Chinn and Kramer (2008) discussed how feminist theory exposes the sociopolitical, historical, and economic forces that have oppressed women (p. 80). Chinn and Kramer posit that “emancipatory knowing” in nursing is “seeing the larger picture, detecting patterns and structures reflected in day-to-day situations that are problematic and seeking solutions that correct fundamental social inequities and injustices” (p. 80). Hall and Stevens discussed three main components to feminist inquiry, (1) focus on the “everyday lived experiences, ideas, and needs” of women as being valid and having value, (2) the recognition of societal conditions that oppress women, and (3) the drive for societal change in response to revealed criticisms (p. 17). Emancipatory knowing is the goal of feminist based nursing research; understanding how women experience the continuum of health and illness and the intersection of that continuum with everyday life experiences. Emancipatory knowing then leads to effective nursing interventions and health strategies based in women’s realities.

Taylor (1998) and Barbee (1994) urged nurse researchers engaged in research within the African American community to include the perspectives of African American feminist and womanist theorists. Barbee stated, “By essentially

ignoring the realities of Black women, nursing has reproduced the errors of the White feminists” (p.495). The “errors of White Feminists” that Barbee referred to are efforts to “erase difference” among women which results in a one-solution-fits-all mentality (p.495). This erasure of racial difference among women subjugates the unique knowledge and lived experiences of African American women and renders them “invisible” (Taylor, p.53). Race, ethnicity, and culture impact African American women socially and economically and continue to position African American women at a disadvantage in white hegemonic society. This disadvantaged position in society is no doubt one of the reasons that African American women and children experience a disproportionate number of health disparities. African Americans have the highest rates of infant mortality, maternal mortality, heart disease, cancer, stroke, and diabetes when compared to white, Hispanic/Latino, Native American, Asian American, and Pacific Islander race and ethnic groups (DHHS, National Center for Health Statistics, 2011). By exploring African American women’s life experiences and perspectives the inequities that place them at a societal disadvantage are made visible.

Purpose

The author’s purpose is to reveal and demonstrate the applicability of Black Feminist thought (Collins, 2009) as a theoretical foundation for exploring the breastfeeding experiences of African American women. African American women breastfeed at rates significantly lower than white or Hispanic/Latino women (DHHS, Centers for Disease Control, 2012). While breastfeeding initiation rates increased from 51% to 58% from 2001 to 2007 in African

American women, these rates continue to fall short of the Healthy People 2020 breastfeeding initiation goal of 81.9%. White and Hispanic/Latino women had breastfeeding initiation rates of 77.7% and 80.6% respectively as reflected by the National Immunization Survey results of 2007 (most current statistics).

Breastfeeding has a direct impact on decreasing the incidence of many illnesses that disproportionately impact African Americans. An understanding of how breastfeeding is experienced and situated in African American women's lives is necessary for nursing to provide breastfeeding education, support, and promotion that meet African American women's specific needs.

Black Feminist Thought

Black feminist and womanist theorists attempt to raise consciousness about the unique standpoints of African American women and their continued oppression. Collins (2009) is one of the most widely cited Black feminist theorists who illuminated African American women's perspectives and lived experiences through her theory Black Feminist thought. Collins described African American women's lived experience as a "criterion of meaning" (p.275). The lived experiences and stories of African American women are the vehicle for exposing how multiple oppressions situate African American women in the margins of society. Collins (1990) explained, "All African-American women share the common experience of being Black women in a society that denigrates women of African descent. This commonality of experience suggests that certain characteristic themes will be prominent in a Black woman's standpoint" (pp. 21-22). However, Black Feminist thought does not postulate that all African

American women's experiences are homogenous. Collins further explained that while African American women may share common experiences, the reactions to those experiences vary by the individual, "Diversity among Black women produces different concrete experiences that in turn shape various reactions to the core themes... For example, although all African-American women encounter racism, social class differences among African-American women influence how racism is experienced" (pp. 21-22).

Collins (1990) described five core themes central to Black Feminist thought. The first theme is African American women's lived experiences have inherent value. To be fully appreciated this theme is broken down into two perspectives. First, one must acknowledge that African American women view and experience the world through a unique lens. Second, the view from that lens must be valued. An African American woman's experiences are valued through her own self-definition. Collins (2009) describes the stereotypical images that have been imposed on Black women by white dominant society including the Black mammy who dutifully performs domestic chores and provides childcare for the white master's/employers children, the Black matriarch who haphazardly cares for her family absent of a dependable male spouse, the Black welfare mother who is continuously dependent on government assistance, and the sexually deviant and animalistic Black jezebel who exists solely to satisfy men's sexual desires. These destructive imposed identities have denigrated African American women since the days of slavery and have been responsible for their societal marginalization. Self-definition for African American women is more

complex than for white women because African American women must first contest the negative societal imposed images before they can claim their own identities.

The second core theme of Black Feminist thought is African American women have endured and continue to endure a “legacy of struggle” (Collins, 1990). As explained in the previous paragraph, African American women have had to contest and resist destructive stereotypes since the days of slavery. Sojourner Truth (1851/1995) was one of the first women to speak out about the position of African American women in society in her speech “Ain’t I a Woman” at the Ohio Women’s Rights Convention in 1851,

“Nobody eber helps me into carriages, or ober mud puddles, or gibs me any best place! And a’n’t I a woman? Look at my arm! I have ploughed, and planted, and gathered into barns, and no man could head me! And a’n’t I a woman? I could eat as much and work as much as a man-when I could get it-and bear the lash as well! And a’n’t I a woman? I have borne thirteen children and seen ‘em mos’ all sold off to slavery, and when I cried out with a mother’s grief, none but Jesus heard me! And a’n’t I a woman?”
(p. 36).

African American women today continue to bear this legacy of struggle from the days of slavery; they continue to resist the stereotypical personas that were created by white slave owners to suppress the human will and spirit of Black slaves. The racism and oppression that African American women experience

today may not be as overt as lynching or segregation, but it continues to exist in the forms “silent racism” which “refers to unspoken negative thoughts, emotions, and attitudes regarding African Americans...on the part of white people...Definitions imbued with silent racism produce racist actions” (Trepagnier, 2010, pp. 142-145).

The third core theme of Black Feminist thought is race, class, and gender oppression intersect with one another and contribute in multifaceted and complex ways to African American women’s experiences. A historical example of intersectionality in relation to African American women’s lived experiences was Black women’s resistance to the predominantly white feminist movement of the 1970’s. White liberal feminists were solely focused on resisting gender inequality. Black feminists were encouraged to participate in the liberal feminist movement, but they critiqued the movement for not addressing race and class inequalities that were intertwined with the oppression of gender for African American women. Hooks (2000) explained, “White women who dominate feminist discourse...have little or no understanding of white supremacy as a radical politic, of the psychosocial impact of class, of their political status within a racist, sexist, capitalist state” (p. 4).

The fourth core theme of Black feminist thought is African American women take on activist roles within their communities. Collins (2009) described many unique ways that African American women practice activism within their families and communities from acts of resistance to oppression like Rosa Parks’ refusal to move to the back of the bus, to the expression of experiences of racism

and inequality through art, song, and poetry, to formal group organizations through church communities or national activist groups. Collins described “The Black women’s blues tradition” as one way that African American women have come to voice “an aesthetic community of resistance” through music (p. 115). Through expression of historical and personal experiences African American women promote awareness and affect change regarding the intersecting oppressions of race, gender, and class. African American women’s activism is concerned with not only addressing oppression and inequality for Black women, but also for the betterment of the entire African American community.

The fifth core theme of Black feminist thought is awareness of the sexual politics that African American women must negotiate. Through slavery African American women’s bodies were completely controlled and dominated by white slave owners. Women slaves were not allowed to marry and were expected to birth more slaves or property for their owners. These pregnancies were the result of rape by other male slaves or the slave owner himself (Giddings, 1984). Women slaves who worked sun up to sun down in the fields were still responsible for caring for their offspring until they were sold to other slave owners. Some women slaves were brought into the owner’s home to nurse his own white children often depriving the woman slave the ability to nurse her own children (Baumslag & Michels, 1995). The aforementioned persona of the Black jezebel was imposed on African American women slaves by their owners in order to dehumanize the women and provide rationale for rape (Collins, 2009). In an effort to reclaim control of their bodies and resist the Black jezebel persona African American

women have hidden or denied sexuality from public discussion (Hine, 1989). The intent of this dissemblance was protective in nature, but has become problematic in behaviors like breastfeeding where the nurturing and functional African American female body collides with the sexual African American female body.

Literature Review

Despite the encouragement by Barbee (1994) and Taylor (1998) to incorporate Black feminist theory into nursing research, few nursing researchers have theoretically based their studies regarding African American women's health concerns from a black feminist perspective. Several researchers state that black feminist perspective guided their studies, but discuss little more than presenting African American women's perspectives without making reference to the concepts of intersectionality and historical oppression that influence and shape African American women's experiences.

Robinson and VandeVusse conducted the only breastfeeding study with African American women using a "black feminist view"; although Collins' theory of Black feminist thought is not cited (2011, p.321). The authors used narrative analysis to explore the infant feeding experiences, both breastfeeding and formula feeding, of African American women at 3 to 4 weeks postpartum. The themes that emerged from the data were related to Bandura's four sources of self efficacy, i.e. performance accomplishments, vicarious experiences, verbal persuasions, and physiological reactions. Two additional themes were social embarrassment and feelings of regret. Participants were more likely to express positive feelings about

breastfeeding if they (a) had breastfed successfully in the past, (b) had family or peers who successfully breastfed, or (c) had verbal persuasion and support from family and health care providers. Pain and difficulty with breastfeeding and feelings of embarrassment regarding breastfeeding in public were described as barriers to breastfeeding. Some of the participants who chose to formula feed expressed regret for not breastfeeding. While these themes are reflected in the experiences of all women who breastfeed, Robinson and VandeVusse noted that African American women note that they rarely see other African American women breastfeeding and they generally report getting little information about breastfeeding from healthcare providers. The authors urge that more research using a black feminist perspective is necessary to understand how “life experiences affect their (African American women’s) choices” (Robinson & VandeVusse, p. 327).

While only one article was found in the literature that used a black feminist theoretical perspective in breastfeeding research, the theory has been incorporated into other studies from the nursing discipline. Taylor (2005) outlined a Black feminist and womanist methodology for inquiry with African American women who experienced intimate partner violence. Taylor emphasized the importance of exploring and acknowledging how intersectionality is experienced by participants, and she added the importance of the researcher as participatory witness rather than participant observer. “The researcher who bears witness must be responsible and accountable for progressive critical reflection and interpretation of [participant] stories. The end point of participatory witnessing is to translate the

stories in a fashion that is beneficial to African American women and improves their social and material conditions” (p. 56).

Barbee (1994) used a Black feminist methodology to explore African American women’s experiences of dysphoria and depression. Barbee posited, “Just as women’s models are suppressed through the use of male models, Black women’s experiences are diminished or trivialized by viewing them through white female lenses” (p. 497). Barbee explained that white feminists seek to erase difference while Black feminists insist “that we have to understand differences among women before we can effectively deal with commonalities” (p. 498). The use of focus groups in this study allowed the participants to articulate their own experiences and perspectives regarding dysphoria and depression. The study revealed how racism, poverty, meeting the needs of their families, and their experiences with the welfare system intersected and caused depression and dysphoria in African American women.

Abrums (2004) used Black feminist standpoint theory as the foundation for a qualitative study regarding how Black women from a storefront church experienced and resisted oppression in health care. The use of focus groups in the study allowed participants to express their own lived experiences and share them as a community with other participants and the researcher. The ethic of caring and the ethic of accountability were expressed through the researcher’s approach to the analysis and interpretation of the focus group data. Through her analysis Abrams found that the African American women she interviewed were very aware of the racism and oppression that they experienced in various healthcare

interactions and from various healthcare policies. The women found strength in their faith community and in Jesus to survive oppression.

Method

The research presented in this manuscript is the analysis of phase one of a three phase qualitative study exploring the breastfeeding experiences of African American women. Groleau, Zelkowitz, and Cabral (2009) created the Sequential-Consensual Qualitative Design (SCQD) as a qualitative descriptive research method that used a combination of qualitative inquiry strategies to “strengthen the external validity of qualitative data, making it generalizable and ultimately useful for shaping the opinions of key decision makers and stakeholders” (p. 418). Groleau et al. implemented their method in a study that explored the infant feeding choices of women of low-income status in the Canadian province of Québec. The SCQD method is comprised of 3 stages of qualitative inquiry. The first stage is “accessing the cultural voice” with the purpose of identifying “key socio-cultural themes that (are) specific to a population” through key informant interviews (p.420). The second stage of SCQD is “accessing the intimate voices” with the purpose of exploring the personal experiences related to the socio-cultural themes identified from the first stage (Groleau et al., p.422). The third stage of SCQD is “accessing the political voice” with the purpose of confirming the themes that arise from the first and second stages and proposing appropriate solutions (Groleau et al., p.423).

Setting and Sample

Phase one, accessing the cultural voice, was accomplished in this study through four key informant interviews with African American women who assisted other African American women with breastfeeding. Three participants were from the Dallas/Ft. Worth area and one participant was from the Atlanta area. The participants included two African American lactation consultants and two Women's Infants and Children (WIC) breastfeeding peer counselors. These key informants have an objective yet invested perspective based upon multiple interactions with African American breastfeeding women. Institutional review board approval was obtained as well as written informed consent from the participants. The themes abstracted from the key informant interviews served to help design the interview questionnaire and guide the individual interviews in phase 2 of the study with African American women who breastfed. Both lactation consultants were board certified by the International Board of Lactation Consultant Examiners. One of the lactation consultants was an RN who worked in a hospital setting and also had a private practice in the community. The second lactation consultant had a background in counseling and worked for WIC. Both WIC breastfeeding peer counselors had accessed WIC benefits and breastfeeding assistance through WIC with their own children. Both peer counselors assisted women with breastfeeding in WIC clinics and organized and participated in breastfeeding promotion activities within their communities.

Data Collection

The four participants were interviewed individually. The interviews were audio recorded and lasted one to two hours. Observational notes were taken with

each interview. A semi-structured questionnaire was used to allow the participants to share what they believed to be important while also allowing the researcher to cover specific topics. The interviews began with the open ended question, “Tell me about your experience in assisting African American women with breastfeeding.” Topics that were discussed during all interviews at some point included: what challenges, motivates, and discourages African American women they worked with from breastfeeding, how socioeconomic differences within the African American community affect breastfeeding, and what the key informants believed that African American women need to have successful breastfeeding experiences. All interviews ended with the question, “What advice do you have for me when interviewing African American women about their breastfeeding experiences?”

Data Analysis

All audio recorded interviews were transcribed verbatim and uploaded into NVivo 9 software (QSR International, 2010). Qualitative content analysis was used to analyze interview and observational data and describe the cultural voice of African American women’s breastfeeding experiences. Hesse-Biber and Leavy (2007) described the feminist practice of content analysis, “By bringing a feminist lens and feminist concerns such as women’s status, equality, and social justice to the study...feminist researchers employ content analysis in very unique ways and ask questions that would otherwise go unexplored” (p.224). The content analysis was deductive in nature and based upon the theoretical themes of Black feminist thought (Collins, 2009). The qualitative content analysis process outlined by

Graneheim and Lundman (2003) was used to analyze the key informant interview data. The unit of analysis was the transcripts of the interviews and written observations by the researcher. The transcripts were read through twice and meaning units were coded using NVivo 9 software. The meaning units were then organized and deductively related to the 5 core themes of Black feminist thought (Collins, 1990).

Trustworthiness and credibility of the data analysis was achieved by triangulation of data, member checking, peer debriefing with research mentors, and reflexive and methodological journaling (Lincoln & Guba, 1985) . Triangulation of data included interviewing lactation consultants and peer counselors for multiple perspectives as well as taking observational notes during and after the interviews. Member checking was achieved by summarizing the interview with each participant and giving the participant an opportunity to clarify or validate their comments. Reflexive and methodological journals were kept to help clarify the researcher's thoughts as well as provide an audit trail for the study. Debriefing with research mentors was essential in validating the data analysis.

Findings

The key informants expressed themes that were consistent with the five core themes of Black feminist thought (Collins, 1990). Quotes from the key informants that reflect the core themes are presented.

Theme 1: Black Women's Experiences have Inherent Value.

The key informants all expressed a belief that Black women's experiences are generally ignored, or are perceived to be less important than the experiences of those around them. One key informant stated:

Often times in the Black community, the woman is the shoulder to lean on. She is considered the lowest in ranking, but whenever there are problems, she's the one that everyone will turn to fix, bring the solution. And often times she's so busy receiving everyone else's voice that her voice is smothered or it's nonexistent.

When asked what advice she would give for interviewing African American women about breastfeeding another key informant responded:

Ask them how they're doing just in general. Before you can get to breast feeding, you need to know who that woman is, build a rapport...and listen. That's the biggest thing, listen. Let them share with you, and then listen. Ask, and listen. If you give that one African American woman ten minutes of your time, she'll give you her heart because that's probably more than any one gives her on any given day. She's so used to receiving, being the receptive one, her kids, her employer, the boyfriend who has three other girlfriends.

The key informants all discussed the need to take the time to get to know the African American women they assisted; not just teaching about breastfeeding, but showing genuine care and concern for the mother's overall wellbeing and life

circumstances. Another key informant expressed, “I care about you as a whole, just as a human being I care about you and your well-being. Because there’s no way that I can care about you and don’t care about your baby or don’t care about what you’re going through...Somebody caring about you really, really helps a lot.”

Theme 2: African American Women have Experienced a History of Struggle Against Oppression.

The key informants described experiences that represent racism and oppression that continue to occur in our post-civil rights movement society. “There’s a lot of oppression, I believe, in African American women that is not verbalized. It is just accepted...there’s a saying in a movie I watched. It says, Black women don’t always do what they want to do, but they always do what they have to do.” Another key informant gave an example of what she stated was a common experience with racism:

He (a patient’s husband) didn’t dismiss me but challenged what I would say. Well why would you do it like that? How come it has to be this way? I mean, how many people have breastfed, what’s the big deal? Those types of things. As I kept responding professionally he retreated into his chair and began to receive information. But I had to spend about five minutes or so, maybe more, proving that I had a knowledge base to support the problem before I was accepted as someone who might have the answer.

She also commented on the effects of oppression and racism on some African Americans, “People [African Americans] may not have chosen to elevate themselves from that [oppression] so they identify it as a hereditary norm...so they are complacent, and the people who are not complacent crawl out of the hole.” Oppression is the “hole” that African Americans must struggle to crawl out from that was initiated in the days of slavery and continues today.

Theme 3: African American Women Live at the Intersection of Race, Class, and Gender Oppression.

The key informants discussed the multiple challenges that many African American women juggle on a day to day basis often times lacking sufficient support and resources. One participant explained:

Especially when you're dealing with people who are lower income, there are always going to be different things that are going on in their lives, and breastfeeding may not be that important to them. They may not see – some of them come in here struggling and wondering how they're going to pay the rent or the guy walked out on them. There are other things that are going on in their lives, so then you have to tie a value to breastfeeding.

The key informants who worked primarily with lower income mothers commented that African American women seem to be returning to work earlier in postpartum, sometimes as early as one week after having a baby. Another key informant gave a poignant example:

If you are working at Wal-Mart and you're checking for ten hours a day for \$7.00/hour ...and you've got a boyfriend who doesn't work, and you've got a brand new baby, you're told you should breastfeed. How is that going to happen?

Intersectionality was described as a vital concept for healthcare providers who tend to view breastfeeding only from a clinical standpoint, "The key thing is, they have their own lives, and we're looking at it just from a clinical standpoint. But what is the reality? What are you living, what are you lacking? Where are you not being fed and helped?"

Theme 4: Black Women are Activists within Their Communities.

The key informants did not see helping African American women with breastfeeding as a job; they saw it as an opportunity to help the whole woman and her community. Two of the key informants described assisting African American women as an expression of sisterhood, "It's kind of like a sisterhood. You got the breastfeeding sisterhood, and then you got the African-American sisterhood." Another key informant commented, "For me, each one of these young ladies is my sister, my daughter, my cousin, and my mother, each and every one of them... Yes, you're my sister. Why? Because God made it that way and you matter. That's our job, to show our young girls that they matter." All key informants discussed the pervasive problem of the lack of visibility of Black women breastfeeding in their communities and the need for more visible role models:

To see more people doing it – one thing I’ve always said is it’s common to see white celebrities breastfeeding, but you hardly ever see any black celebrities breastfeeding, and if they do it’s like this is a private matter, and so for a lot of these women, these celebrities are their role models... and they want to be like them, and they’re all private and you never know if they are or not, then who do they have to look up to? They need more peers who are breastfeeding and they need support.

One key informant described herself as a role model to African American women, “So not only are we breastfeeding counselors, we’re role models also.” The key informants are activists in their communities by role modeling breastfeeding and educating the African American community about breastfeeding.

Theme 5: African American Women are Subject to Sexual Oppression and Stereotyping.

Specific reference to African American women’s sexuality was not expressed by the key informants. This might be because the key informants are focused on the functional and nurturing aspects of breastfeeding as lactation consultants and peer counselors. The key informants might also have been uncomfortable with discussing sexuality in the interview. The key informants did discuss stereotypes that are imposed upon African American women. One key informant discussed the stereotype that African American women who access WIC benefits prefer formula to breastfeeding, “And then I think a lot, in our

culture, we're stereotyped too...that Black women don't breastfeed because...they want free stuff." All of the key informants urged the researcher not to place judgment on African American women. Another key informant expressed, "If we want to reach this woman, it starts with us. We have to really want to, and that means we have to be able to see her for who she is, even if she is rolling her neck. We have to be able to see the person inside and not just see the stereotype."

Discussion

The U.S. Department of Health and Human Services (U.S. DHHS), Office of the Surgeon General published *The Blueprint for Action on Breastfeeding* in 2000 which called 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" (p. 20). A decade later in 2011 the U.S. DHHS, Office of the Surgeon General responded to the persistent racial disparity in breastfeeding rates among African Americans in the *Surgeon General's Call to Action to Support Breastfeeding*. Clear influences or solutions were not identified after 10 years of research and breastfeeding promotion and education campaigns. Earlier return to work and working conditions not conducive to breastfeeding were cited as possible reasons that African American women choose not to breastfeed or wean early. Research regarding the effects of breastfeeding education of fathers and increases in breastfeeding rates in the African American community was also cited. The 2011 *The Surgeon General's Call to Action to Support Breastfeeding* clearly identifies the disparity of

breastfeeding rates in the African American community as a poorly understood phenomenon. The lack of research grounded not only in a feminist theoretical framework, but a Black feminist theoretical framework could be a contributing factor in understanding and changing the persistent disparity of breastfeeding rates in the African American community.

Morgen (2006) made a compelling argument that both positivist biomedical and intersectional research paradigms are vital to combating health disparities for minority populations. The positivist biomedical research paradigm is generally quantitative and reductionistic in nature with the goal of identifying cause and effect relationships. Reference to intersectional research paradigms tend to be qualitative and refer to study of the intertwined nature of race, class, and gender oppression in life experiences that are exposed in existing health disparities.

Morgan explains:

The goal of eliminating...racial, ethnic, gender, or class disparities in health will undoubtedly take serious political commitment to changing a wide variety of medical practices, health care institutions, medical training, and public policies... Intersectional scholarship is a paradigm firmly rooted in principles of social justice, principles that are neither in conflict with good science nor central to the positivist biomedical model... There is much to be gained from a robust dialogue among researchers whose work is rooted in positivist biomedical and intersectional paradigms.

Black feminist thought is one such intersectional research paradigm that persuades researchers to not only examine the intersection of race, class, and gender as it is experienced in the day-to-day lives of African American women, but also to be mindful of the historical context of race and racism that continue to situate African American women at the margins of society today.

Conclusion

The analysis of the key informant interviews demonstrates the applicability of Black feminist thought as an appropriate theoretical foundation for exploring African American women's breastfeeding experiences. The five core themes of Black feminist thought are congruent with the key informants experiences and perspectives of assisting African American women with breastfeeding. The cultural voice of African American women's breastfeeding experiences as expressed from the key informants illuminated important perspectives that then served to guide the researcher when qualitatively interviewing African American women about their breastfeeding experiences. African American women should be given the opportunity to express their unique breastfeeding stories. The researcher must be attentive to how African American women describe their breastfeeding experiences, and how breastfeeding intersects with the various spheres of influence surrounding them including their family and peer relationships, their work or school environments, their health care encounters, and encounters with the general public. The researcher must also bear witness to how African American women negotiate challenges and garner knowledge and support for breastfeeding, being mindful to identify and discuss evidence of

discrimination and oppression experienced by Black women. Research grounded in Black feminist thought brings visibility to African American women's experiences and situates those experiences within a broader context of societal and political influences. Understanding the impact of political and societal influences on African American women's health will illuminate where interventions should be aimed to have the greatest impact on reducing health disparities.

Chapter 6

A Qualitative Description of African American Women's Breastfeeding Experiences: Accessing the Cultural, Personal, and Political Voices

This manuscript will be submitted to *Qualitative Health Research* and represents the overall report of research including the findings, discussion, and implications for clinical practice and research.

Abstract

The low rate of breastfeeding among African American women in the U.S. is a poorly understood, persistent disparity. Understanding how African American women experience breastfeeding in the context of their day-to-day lives provided the basis for new strategies that promote breastfeeding within the African American population. The Sequential-Consensual Qualitative Design (SCQD) is a three stage qualitative methodology aimed at exploring the cultural, personal, and political context of phenomena. Data collection was comprised of individual interviews and a focus group. Qualitative content analysis was used to analyze the data. Themes that emerged from the interviews and focus group supported Black feminist thought and included self-determination and intrinsic motivation, spirituality and breastfeeding, empowerment, spheres of influence, breastfeeding as activism and an act of resistance, and images of sexual breast versus nurturing breast. Focus group participants recommended breastfeeding promotion and support initiatives specific to the needs of African American breastfeeding women.

Breastfeeding rates by race in the United States continue to show a marked disparity in African American women as compared to white non-Hispanic, Asian, American Indian, and Hispanic women (U.S. Department of Health and Human Services [DHHS], 2012). White, Hispanic/Latino, and African American 2007 breastfeeding initiation rates were 77.7%, 80.6%, and 58.1% respectively as reported in the National Immunization Survey (DHHS, 2012). Breastfeeding rates at 6 and 12 months and exclusive breastfeeding rates at 3 and 6 months reflect similar racial disparity. Although breastfeeding initiation rates among African American women increased from 51% to 58.1% between 2000 and 2007, the gap between races has not narrowed despite efforts to promote breastfeeding among African Americans. Healthy People 2020 goals reflect an increase in desired breastfeeding initiation and duration: initiation from 75% to 81.9%, duration at 6 months from 50% to 60%, at 12 months from 25% to 34.1%, exclusive through 3 months from 40% to 44.3%, and exclusive through 6 months from 17% to 23.7% (DHHS, 2012). The increase in breastfeeding initiation and duration goals situate African American women even further behind in reaching national goals.

Another goal of Healthy People 2020 is “to achieve health equity, eliminate disparities, and improve the health of all groups” (DHHS, Healthy People, 2011). African Americans experience a disproportionate number of health disparities including the highest mortality rates of heart disease, stroke, diabetes, cancer, and the highest rates of infant and maternal mortality when compared to all other race categories (DHHS, National Center for Health Statistics, 2011). Breastfeeding has been shown to reduce the incidence of sudden infant death syndrome (SIDS),

necrotizing enterocolitis, obesity, diabetes, breast and ovarian cancer (Ip et al., 2007). African Americans stand to benefit the most from breastfeeding, yet continue to be the least likely population to engage in breastfeeding. The *Blueprint for Action on Breastfeeding* (2000) issued through the DHHS and the office of the Surgeon General called 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” (p. 20). However in 2011, *The Surgeon General’s Call to Action to Support Breastfeeding* (DHHS) reflected little understanding gained through research over the last decade regarding the continuing disparity in breastfeeding rates for African American women and reiterated the need for research that will not just explain, but also test strategies for improvement. The tendency for African American women to return to work earlier after birth was the only factor cited in the report as a potential reason for the persistence of lower breastfeeding rates specific to the African American community.

Other factors reported in the literature that appear to have a negative impact on initiation and duration of breastfeeding among African Americans include lack of breastfeeding information relayed by health professionals (Beal, Kuhlthau, & Perrin, 2003; Cricco-Lizza, 2006; Kaufman, Deenadayalan, & Karpati, 2009), lack of family support (Lewallen & Street, 2010), lack of employer support (DHHS, Office of Women’s Health, 2000), perceptions of poor milk supply (Brownell, Hutton, Hartman, & Dabrow, 2002; Hurley, Black, Papas, & Quigg, 2008; Wambach & Cohen, 2009), embarrassment with breastfeeding in public and

at home (Brownell et al., Corbett, 2000; Kaufman et al.; Robinson & VandeVusse, 2011; Wambach & Cohen), comfort and trust in formula (Corbett; Cricco-Lizza, 2004; Forste, Weiss, & Lippincott, 2001; Kaufman et al.; Nommsen-Rivers, Chantry, Cohen, & Dewey, 2010), and pain associated difficulties with breastfeeding (Brownell et al.; Hurley et al.; McCann, Baydar, & Williams, 2007; Milligan, Pugh, Bronner, Spatz, & Brown, 2000; Wambach & Cohen). Factors reported in the literature that appear to have a positive influence on initiation and duration of breastfeeding for African American women include intrinsic motivation (Racine et al., 2009; Sharps, El-Mohandes, & El-Khorazaty, Kiely, & Walker, 2003) a family member or friend that breastfed (Kum-Nji, Mangrem, Wells, White, & Herrod, 1999; Meyerink & Marquis, 2002), social support from family and friends (Bentley et al., 1999; Persad & Mensinger, 2008), support from healthcare providers and peer counselors (Gross et al., 1998; Locklin, 1995; Philipp et al., 2001; Pugh et al., 2010; Wambach et al., 2011), confidence in breastfeeding (Avery, Zimmerman, Underwood, & Magnus, 2009), and high self efficacy (McCarter-Spaulding & Gore, 2009).

Most of the research regarding African Americans and breastfeeding used quantitative methodologies and sampled from predominantly low income populations. Many of the reported factors that influence initiation and duration of breastfeeding for African American women are similar or the same as factors that affect initiation and duration of breastfeeding in all women. Missing from the literature is research that situates how African American women experience and interpret the above positive and negative factors that affect breastfeeding in the

context of their day-to-day lives. It is necessary to include African American women from a more varied socioeconomic demographic in order to explore breastfeeding experiences from a broader scope across race. Several researchers have identified the need for qualitative research methods in further exploring breastfeeding from African American women's points of view (Corbett, 2000; Lindberg, 1996; Robinson & VandeVusse, 2011).

Objective

Our purpose is two-fold: (a) to present a qualitative description of African American women's breastfeeding experiences as they intersected with every day activities and relationships with family, friends, co-workers, institutions, and the greater public and (b) to present new ideas and concepts generated from African American women for breastfeeding promotion within the African American community and among the people and institutions that African American women come into contact with on a daily basis. Black feminist thought (Collins, 2009) was the theoretical framework for this study. Black feminist thought is a critical social theory asserting that African American women experience life at the intersection of multiple oppressions including race, class, gender and sexual oppression. Life at this intersection generates a unique perspective different from White mainstream authority. Collins described African American women's experiences as a "criteria of meaning" (p. 275). Collins (1990) defined 5 core concepts essential to Black feminist thought: (a) there is inherent value in African American women's experiences, (b) African American women have a history of struggle against oppression, (c) African American women live at the intersection

of race, class, and gender oppression, (d) African American women resist oppression through activism within their communities, and (e) sexual politics and stereotypes have an impact on African American women's lived experiences. The core concepts of Black feminist thought provided the lens for exploring African American women's breastfeeding experiences.

Method

The Sequential-Consensual Qualitative Design (SCQD) is a qualitative descriptive research method comprised of a combination of qualitative inquiry strategies to “strengthen the external validity of qualitative data, making it generalizable and ultimately useful for shaping the opinions of key decision makers and stakeholders” (Groleau, Zelkowitz, & Cabral, 2009, p. 418). Groleau et al. created this method to explore the infant feeding decisions of women of low-income status in Québec, Canada and propose strategies generated from the participants. The SCQD method is comprised of 3 stages of qualitative inquiry. The first stage is “accessing the cultural voice” with the purpose of identifying “key socio-cultural themes that (are) specific to a population” (p.420). Stage 1 in this study was comprised of interviews with 4 key informants who assist women with breastfeeding in the African American community. Participants included 2 African American women who were board certified lactation consultants, one working in a hospital setting and her own private practice in the Dallas, Texas area, and one who worked with The Supplemental Nutrition Program for Women, Infants, and Children (WIC) in the Atlanta, GA area, and 2 African American breastfeeding peer counselors both of whom worked in WIC clinics in the Dallas,

Texas area. The participants were purposively chosen because of their experiences of assisting women with whom they shared being African American. All participants self identified as African American as opposed to having emigrated from another country of origin. Interviews occurred face-to-face, lasted 1-2 hours each, and were audio recorded. A semi-structured interview questionnaire was used to loosely guide the interviews. The interviews began with the question “Tell me about your experiences in assisting African American women with breastfeeding.”

Stage 2 of SCQD is “accessing the intimate voice” with the purpose of exploring the personal experience related to the socio-cultural themes identified from the first stage (Groleau et al., 2009, p.422). Themes from the interviews in stage 1 guided the creation of the semi-structured interview questionnaire for the second stage of the study. Stage 2 was comprised of 17 individual interviews with African American women who breastfed. A maximum variation sampling strategy was used to achieve desired sources of variation within this study including age of mother, parity, socioeconomic status, employment status, and education level. Participants were recruited through Dallas, Texas area WIC offices, and lactation consultants. Snowball sampling resulted in additional participants who were acquaintances or family members of other participants. Inclusion criteria included being 18 years or older at the time of the study, self-identification as African American, and having successfully breastfed at least one healthy infant for at least 4 weeks. Success in breastfeeding was defined by the mother rather than the American Academy of Pediatrics recommendations for

breastfeeding duration (Eidelman & Schanler, 2012). The desire was to explore breastfeeding experiences from a socio-cultural perspective rather than a medical perspective. Exclusion criteria included mothers and infants that experienced complex medical conditions such as premature birth requiring neonatal intensive care or congenital birth defects that could have affected the breastfeeding relationship. These are complicating factors that could supersede or outweigh the cultural experience of breastfeeding among African American women. Interviews occurred face-to-face, lasted 1-2 hours, and were audio recorded. The interviews were loosely guided by the semi-structured questionnaire and began with the question, “Tell me about your experiences with breastfeeding.”

The third stage of SCQD is “accessing the political voice” with the purpose of confirming the themes that arose from the first and second stages and proposing ideas and concepts for interventions that support change in the phenomenon of interest (Groleau et al., 2009, p.423). Stage 3 was accomplished with a focus group interview of African American women who breastfed. The participants were purposively chosen. Invitations to participate in the focus group were extended to participants who had been interviewed in stage 2 as well as African American women who were breastfeeding advocates in the community. The focus group was comprised of 7 women. Participants included 4 women who had been interviewed previously and 3 African American women who had not been interviewed including a grandmother of a breastfed grandchild, an obstetrician, and a lactation consultant. Themes and representative quotations from the key informant and individual interviews (Stage 1 and 2) were presented

to the focus group via slide presentation for discussion and recommendation of breastfeeding promotion and support activities in the African American community. The focus group interview lasted 2.5 hours and was audio recorded.

Data Management and Analysis

All interview and focus group recordings were transcribed verbatim and uploaded into NVivo 9 software (QSR International, 2010). Qualitative content analysis was used to analyze interview and observational data from all 3 phases. Integration of a feminist perspective within content analysis is described as, “bringing a feminist lens and feminist concerns such as women’s status, equality, and social justice to the study...feminist researchers employ content analysis in very unique ways and ask questions that would otherwise go unexplored” (Hesse-Biber & Leavy, 2007, p.224). The qualitative content analysis process outlined by Graneheim and Lundman (2003) was used to analyze the data from all transcripts. Observational notes and artifacts in the form of news articles regarding breastfeeding and African American women were also included for analysis. The unit of analysis was the transcripts of the interviews and written observations by the researcher. The transcripts were read through twice and meaning units were coded using NVivo 9 software. The meaning units were then organized into themes and subthemes for each of the 3 phases of the study. Approval for the study was granted by the Human Subjects Committee at the University of Kansas Medical Center and the Institutional Review Board at the Texas Department of State Health Services. All participants received a verbal description of the study,

were given the opportunity to ask questions, and completed written informed consent prior to participation in the study.

Trustworthiness

The same White researcher conducted all interviews and the focus group with African American women. Race-of-interviewer effects refers to the presence of racial divide that can be present when the interviewer is of a different race than the participant, particularly when the interviewer is from the dominant race and the participant is from a marginalized race (Gunaratnam, 2003). The main concerns are that (a) the participant may not feel comfortable or may be fearful of sharing information in the interview because of the perceived power differential, and (b) that the interviewer may impose hegemonic interpretations in the analysis of data. Reducing the race-of-interviewer effects was addressed by embracing Collins theory, Black feminist thought (2009). The researcher conducting the interviews completed a minor in Women's studies with a focus on the writing and lived experiences of women of minority race and ethnicities. Valuing African American women's life experiences and unique standpoint and appreciating the historical context of race, class, gender, and sexual oppression faced by African American women was integral to the data collection and analysis.

Other actions intended to reduce the race mediated power differential in the interviews included allowing the participants to choose the place and time of the interviews and the interviewer wore casual street clothes rather than a lab coat or uniform. The participants were never asked "Why do you think that African American women have lower breastfeeding rates?" in an effort to not ask them to

speak for all women of their race (Gunaratnam, 2003). Stage 3 of the SCQD method also reduced the power differential by involving participants in validating the themes and creating ideas and solutions for promoting breastfeeding in the African American community. Trustworthiness was further addressed in the study by triangulation of data sources including interviews, the focus group, written observational notes, and examination of historical data artifacts. Member checking was accomplished at the end of each interview and the focus group through summarization of participant's responses and validation of interpretation. Peer debriefing occurred with each phase of the study with research mentors, and a methodological as well as a reflexive journal were kept to create an audit trail throughout the study (Lincoln & Guba, 1985).

Findings

The themes that emerged from the data are presented as well as how the themes from stage 1 and 2 of the SCQD methodology informed stages 2 and 3 respectively.

Stage 1: Accessing the Cultural Voice

The purpose of this stage was to explore the cultural context of breastfeeding for African American women and the applicability of Black feminist thought as theoretical guidance for the study. The 4 key informants had all breastfed their own children and were all employed as breastfeeding clinicians and advocates. The key informants described providing breastfeeding assistance to African American women from a wide demographic range within this diverse racial grouping. Three of the participants worked primarily with low income

women, but also provided breastfeeding advice and assistance to friends and family members. The fourth participant worked with women from all socioeconomic levels in the hospital environment and her personal business.

The 5 core concepts of Black feminist thought were thematically deduced from the key informant interviews (Spencer, 2012---see Chapter 5). Key concept (1) There is inherent value in African American women's experiences. The key informants all expressed the importance in caring for the whole woman, not just her breastfeeding needs. They also expressed the belief that African American women's emotions and experiences go largely ignored or are discounted. Key concept (2) African American women have a history of struggle against oppression. The key informants described their belief and experiences of racism and oppression that continue to permeate our post civil rights society. Knowledge of the struggles and inhumane treatment of Africans who were brought to the United States as slaves grounds the racism and oppression that African Americans experience and resist today in an historical context. Key concept (3) African American women live at the intersection of race, class, and gender oppression. This concept of intersectionality was described by the key informants as a vital concept for healthcare providers who tend to view breastfeeding only from a clinical standpoint. African American women's breastfeeding experiences exist within and cannot be separated from the multifaceted context of race, class, and gender oppression. Breastfeeding is a holistic experience that is enmeshed with every facet and interaction in nursing women's lives; therefore, breastfeeding experiences must be appreciated and evaluated in concurrence with everyday life

experiences and interactions. Key concept (4) African American women resist oppression through activism within their communities. The key informants described their experiences in assisting other African American women as much more than a job; they saw their efforts as a means of bettering women's lives and the entire community. Key concept (5) Sexual politics and stereotypes have an impact on African American women's lived experiences. The key informants did not discuss African American women's sexuality or sexual oppression in relation to breastfeeding. They did discuss the damage that stereotyping and judging has on African American women. The key informants described the necessity of resisting stereotypes before African American women can claim their own identities.

The 5 core concepts of Black feminist thought were well represented within the key informants' descriptions of assisting African American women with breastfeeding. The analysis of the key informant interviews and Black feminist thought assisted in formulating the semi-structured questionnaire for the individual interviews in stage 2. Specifically, the participants were given the opportunity to express experiences regarding breastfeeding freely in their choice of context. Questions were included that addressed how family members, peers, employers and co-workers all responded about breastfeeding. The participants were also asked how breastfeeding intersected with their public lives. The key informant interviews also reinforced the importance for the researcher to be a participatory witness in the interview, actively seeking clarification and reaffirming the women's experiences (Taylor, 1998).

Stage 2: Accessing the Intimate Voices

The purpose of this stage was to explore the personal breastfeeding experiences of African American women. The goal was not to discover a singular African American breastfeeding experience, but to appreciate the individual experiences of women within the shared context of race. The majority of research regarding African American women and breastfeeding seems to focus on the 41.9% of African American women who choose not to breastfeed. Participants in this study all considered themselves to have been successful at breastfeeding; therefore, questions were asked regarding what and who were most helpful with breastfeeding, as well as what was most challenging and rewarding about breastfeeding.

The maximum variation sampling strategy yielded 17 participants. The participants ranged in age from 18 to 40 with a mean age of 29. They had from 1 to 6 children. Their annual household incomes ranged from less than \$25,000 to above \$150,000 per year. The mean education level was Bachelor's degree and all women had at least a high school diploma. Seven of the participants were currently accessing WIC benefits. Three additional participants had previously accessed WIC benefits with earlier pregnancies. Twelve of the participants were employed. The mean hours worked per week was 28. Three of the participants were in school full time. The mean length of breastfeeding was 45 weeks, or approximately 10 months, and the range was 1 month to 30 months. Seven of the participants were still nursing their babies at the time of the interview.

The relatively long duration of breastfeeding in this sample as compared to national statistics for African American women may be due to the possibility that women who viewed breastfeeding in a positive manner were more eager to participate in the study and would have had longer durations of breastfeeding. Women of higher income and higher education tend to breastfeed longer, while women who return to work earlier breastfeed for shorter durations (DHHS, 2012). Women in this sample did have a relatively high mean education level, but 10 participants reported an annual household income below \$50,000 with 5 participants reporting an annual household income below \$25,000. Being employed or going to school did not appear to impact the duration of breastfeeding in this sample.

Three main themes emerged from the data in stage 2 of the study:

1. Self-determination and intrinsic motivation to breastfeed
2. Empowerment through breastfeeding
3. Breastfeeding as a spiritual tradition

Self-determination and intrinsic motivation to breastfeed had subthemes of (a) breast is more than best, breast milk is essential, (b) rising above negative influence, and (c) negotiating obstacles and resisting stereotypes. Empowerment through breastfeeding had subthemes of (a) a bonding experience, (b) a sense of accomplishment, and (c) the importance of helping others. Breastfeeding as a spiritual tradition had subthemes of (a) what God intended and (b) faith community support.

Self-determination and intrinsic motivation. All of the participants expressed a strong desire and intrinsic motivation to breastfeed their children. Many women described breastfeeding at very challenging times in their lives and with varying levels of support, with some receiving very little or no support to breastfeed. Most participants described seeking out breastfeeding information before they had discussions about breastfeeding with health care providers or institutions like WIC. The most commonly cited sources of breastfeeding information that the participants sought out were the internet, parenting magazines, and social media websites like Facebook. Participants described having to overcome negative messages about breastfeeding from people they trusted including family, friends, and health care providers.

Breast is more than best, breast milk is essential. The participants described breastfeeding as something that they not only wanted to do, but that they needed to do. Several participants described one of their main motivations for breastfeeding as the health benefits for the baby. One participant stated, “I knew this was something that I felt, not just that I wanted to do, that I needed to do for him.” Another participant stated, “I knew that she needed the breast milk. Well, there we go, yes, I knew she needed breast – breast milk over formula just looking at what I saw of the pluses.” One participant described her motivation to breastfeed as a desire to be a part of a family tradition of breastfeeding, “I’ve never known anything else. I’m, my family is very supportive of it. I lived with my aunt most of my teen years and . . . she breastfed my first cousin until she was

almost two and so that's all I've ever known is breast feeding . . . I was able to do it and that is all I needed.”

Some participants discussed a distrust or dislike of formula as their motivation for breastfeeding. They described needing to breastfeed because they either disliked or did not trust baby formula. One mother remembered reading about a lawsuit against Abbott Nutrition for the sale of contaminated cans of Similac© infant formula. She stated that the lawsuit was occurring at the time of her first child's birth and she did not want her child to consume Similac©.

Another mother explained what she told other mothers about formula:

I get them to go look at a can of formula cause people never read the label. I'm like, "Go read the label. Just go read the label and come back and talk to me." And every time, "Oh my gosh, I don't even know what half that stuff is." I was like, "And you're going to give that to your baby?"

The motivations to breastfeed varied from woman to woman, but all women could point to at least one specific motivation for breastfeeding. The motivations signified an intrinsic desire to breastfeed that resulted in self-determined actions of seeking out breastfeeding support and information.

Rising above negative influence. The participants reported varying levels of support from family, friends, employers, co-workers, and healthcare providers. All participants described at least one negative person or experience that they encountered while breastfeeding. One participant described the act of breastfeeding as being forbidden by her mother when she had her first child at age 16, "But I was still stayin' with my mother. And she didn't want me to do it

[breastfeeding] at all. And me and the father – we were sneakin’ doin’ it [breastfeeding].” Participants expressed feelings of frustration when people they loved and trusted would not support them in their desires to breastfeed. Another participant explained her determination to breastfeed despite people who did not support her, “This [breastfeeding] was something that was important to me. It was almost like my faith. It was I’m not afraid to do this. I’m going to do this. I can do it. I’m capable. I need to just be confident and ignore other people’s opinions or their comments.”

One of the most alarming sources that many participants consistently described as indifferent, contrary, and oppositional to breastfeeding were their healthcare providers, specifically their pediatricians and obstetricians. Many participants described not receiving any information from their health care providers about breastfeeding. Healthcare providers would simply ask, “Are you formula or breastfeeding?” Some remembered receiving some written materials about breastfeeding, but not having discussions about breastfeeding. One participant described a negative discussion about breastfeeding with her pediatrician, “My pediatrician, I remember her having some comments about me exclusively breast feeding. She was like ‘You know you can supplement?’ I said, ‘But why would I?’” Another pediatrician relayed a preference for formula feeding to a participant who was exclusively breastfeeding:

You know and she [pediatrician] would say living in an age that they have great formulas now and they have this and that and she is like, you know you don’t have to breast feed you can do this and that, like it

[breastfeeding] has only been beneficial for the first months. She [pediatrician] goes and then after that you know once he is on solids it [breastfeeding] doesn't really matter.

Some participants specifically sought out obstetricians and pediatricians who were breastfeeding advocates. On occasion the women reported having to change providers in order to find someone who shared their belief systems regarding breastfeeding.

Negotiating obstacles and resisting stereotypes. Women described breastfeeding experiences within the context of intersectionality, or the interaction of race, class, and gender oppression. One participant described having to go back to work shortly after the birth of her fourth child because her husband had been laid off and could not find another job. She described working as a cashier at a large retail store, "I had to go back to work so we could, um, survive. . . . I couldn't just leave the register to pump when I needed. At first I was leaking everywhere and then my milk supply dropped and I had to start formula." Her economic needs and employment status did not allow her to continue to breastfeed. Another participant described the repeated experience of being stereotyped:

When I would be out with my daughter we would always get comments and stares and I never knew, like I can tell a steep difference between the way people look at me before I say anything and then when I happen to mention oh I have I've worked on my master's in psychology. It changes. So it was like, "Are you treating me differently because I look like a black

teenage mother?” . . . So that was hard and it was like with breastfeeding people would ignore what I would say . . . It was unless I threw numbers and intellect at them it didn't matter that this was something important to me.

This participant had to resist the stereotype of being a young, uneducated Black mother by proving her intelligence and defending her choice to breastfeed.

Negotiating breastfeeding in public and at work or school was described by many participants as challenging. Breastfeeding and working or going to school required either pumping, or access to the baby. All the women in the study described pumping as a necessary chore and an unpleasant experience. Women in more affluent jobs reported better access to equipment, space, and time to pump. One participant who worked in retail had difficulty in persuading her employer to allow her time to pump until she brought a card explaining the state laws requiring workplaces to give women time to pump. Some participants were reluctant to ask their school administrators or employers for the time and place to pump.

Breastfeeding in public had a similar divide. Some participants were comfortable breastfeeding in public while others felt the need to remove themselves from the view of people and would nurse in their cars, dressing rooms, and nursing rooms if available. Breastfeeding in public restrooms was described as unsanitary and unacceptable by all mothers. One mother explained that she avoided nursing in public altogether because of the transference of negative energy to herself and the baby from what she described as the “evil eye” or

disapproving gaze by people. Another mother used the term “disconnected” to describe the feeling of being erased from the conversations of others when she breastfed in public. Showing skin in public particularly in the African American community was explained as being “taboo” by another participant. Integrating breastfeeding into public life was seen as an obstacle for some participants more so than others.

Empowerment through breastfeeding. All participants were asked to describe their greatest rewards from breastfeeding. One of the first responses of all participants was either the bonding experience with their children or the sense of accomplishment that they felt. Tangible benefits mentioned, including health benefits for the baby and themselves, the economic benefit of saving money, and the convenience of not preparing and washing bottles, were also described as empowering. Families experienced financial empowerment when they were able to put financial savings from not having to purchase formula and pay for care for sick children toward other life necessities. One participant who became pregnant during high school explained that her main motivation to breastfeed was decreasing the financial burden on her parents.

A bonding experience. Breastfeeding was described as facilitating the bond between mother and child as one participant described:

I just feel, um, that I’m there for him. And I’m his mom. Nobody’s – he’s going to have a whole bunch of people coming through his life, but nobody’s going to be like his mom. And to me, that’s – breastfeeding is

going to always be our special connection. That's our special bond. We had our special time that no one can ever take from us.

Another participant described the bonding of mother and child from breastfeeding as lasting long beyond actual duration of breastfeeding, “It [breastfeeding] makes all of us close. Like – even my 13-year-old is – like – close. It does – they help that by when they say it binds you more. It really does.” The bonding experience from breastfeeding can extend beyond the mother and child relationship to a bonding experience for family and community as another participant explained, “This [breastfeeding] isn’t just promoting physical development but this is creating a bonding experience for our family also for our community to see that this is something normal.”

A sense of accomplishment. Participants described breastfeeding as hard work and a labor of love. Many women expressed amazement at their bodies’ ability to produce milk and pride in making the commitment to breastfeed. One participant expressed, “Like the feeling of you and only you supporting and like sustaining her by feeding her, and it's coming straight from you, not some manmade material or formula, it's just all you. So that makes me feel good.”

Another participant described:

Breastfeeding really solidified and helped me to appreciate my womanhood and the way my body is different that allows me to do these awesome things. And not having to reject it or saying that my body’s only . . . this sexual object. It’s functional. It’s really amazing what the human body can do.

All the participants expressed extreme gratitude to sources of support that helped them achieve the accomplishment of breastfeeding including the baby's father or husband, grandparents, other family members, friends, employers, co-workers, lactation consultants and WIC breastfeeding peer counselors. The participants had varying levels of support, but described the support they received as empowering in helping them to get through tough times and to continue with breastfeeding. One participant described the care she received at a WIC lactation care center, "But I felt like that place was like an oasis for me. And so it really, they really helped me kind of open my eyes to see that I can do this, I can get through this hump, and there are other people who have done it." Another participant who was fortunate to have an overabundance of family support from her husband, mother, grandmother, aunt, and cousin stated, "You know having those cheerleaders definitely helped you know just to remind you how important this [breastfeeding] is."

Personal contact with other women who breastfed was also described as empowering women to breastfeed. One participant remembered a conversation with a woman in the military who was breastfeeding and had to leave for a deployment overseas:

And she said, "I have to go . . . I know what I signed up for to serve my country but I just really didn't plan on you know being enlisted to go back so soon." And she was like almost in tears. And I just felt for her . . . all I remember is her pumping for her baby. . . . I just really admire her for doing that. And that image just stuck in my head.

While knowing someone who breastfed was described as empowering, the participants in this sample that had not been exposed to breastfeeding either while growing up or through personal acquaintances were no less successful at breastfeeding.

Importance of helping others. All of the participants in the sample discussed the advice and support that they gave to other African American women who were contemplating breastfeeding or who were breastfeeding and needed assistance. One mother expressed her belief that sharing breastfeeding experiences promotes breastfeeding in the African American community, “But I was like you need to encourage more sisters to do that as well just, you know, just by using your experience.” Another mother described the benefit of mother to mother help:

That is what I wanted to do, give her what I didn't have. You know it would have been nice to have someone to text or gone to Facebook at two o'clock in the morning and say oh my goodness what's going on here? My kid is doing this I need help you know or just to say oh I had a rough night, you know.

The participants felt a strong commitment to helping other women and promoting breastfeeding in their communities.

Breastfeeding as a spiritual tradition. The theme of spirituality and breastfeeding was the most naturally emerging theme that organically arose from the data rather than as responses to a specific question. Reference to God or faith community

support was mentioned by 15 of the 17 participants. The participants expressed faith beliefs that were central to their daily lives. Participants frequently described the ability to breastfeed as a blessing.

What God intended. Breastfeeding was described as more than just a natural, biological, mammalian function of women's bodies. The following quotes express how participants viewed the ability to breastfeed as a gift from God: "I mean God meant for us to do this. That's why we have breasts." "We all see it as a blessing." "God allowed me to be his mother. And that's why I want to give him the best." "I really had to pray that I would be able to breastfeed." "And I think there's a reason that, you know, God designed it this way, as well. When we – we are the nurturers. We are the ones that, you know, are, to me, are the glue to the family." "And I think God made it that way – and I think it (breastfeeding) kind of ushered me into this level of motherhood."

Faith community support. While not all participants attended a church or were part of a faith community, the participants who were part of faith communities described them as places where informal breastfeeding support frequently occurred. One participant described the trust and admiration that she had for women in her church who breastfed:

I looked up to – to a lot of the women at my church. A lot of them have awesome careers, you know that I strive to um, obtain. Um, they're great, um, women, uh, Christian women and, who are my role models. They have families and they're able to do it all. And I'm like, oh wow, I wanna

do that. And so when they come to me with, um, suggestions and, uh, helpful tips on breastfeeding, I'm like oh yeah definitely!

Another participant described that faith communities are also places where fathers can find support from other breastfeeding families, "Within that (faith) community makes it easier for the fathers to talk to each other because they all know what's going on." One participant practiced Islam and explained that the Qur'an not only recommends breastfeeding children for 2 years, but directs fathers to provide for and support mothers during that time. Many participants described attending churches that had special nursing rooms for breastfeeding mothers with a speaker or television that broadcasted the service so they still felt connected to the community. One participant described her church community as not being supportive of breastfeeding. She explained that while her church is full of families with babies and toddlers she never saw or spoke to anyone who was breastfeeding.

Stage 3: Accessing the Political Voice

The purpose of the focus group was to gain clarity and confirmation of the themes from the individual interview data and to propose ideas about breastfeeding promotion in the African American community. Themes and representative quotations were compiled into a slide show that was presented to the focus group. After each theme was presented the members of the focus group were asked to comment about the theme and relate any personal experiences to the theme. After all three themes were presented the group was asked where the future of breastfeeding promotion for the African American community should be

targeted. Three themes emerged from the discussion: (a) supportive spheres of influence surrounding African American women, (b) corporeal images of sexual breast versus nurturing breast, and (c) breastfeeding as activism and an act of resistance.

Supportive spheres of influence surrounding African American women.

The members of the focus group affirmed the themes of self-determination, empowerment, and spirituality and breastfeeding. They discussed the people and avenues of support and lack of support that African American women come into contact with while breastfeeding. One participant discussed the need for continual support from various people or spheres of influence throughout the breastfeeding relationship. She stated, “There were ongoing things that I constantly needed to be educated about and constantly needed support throughout the entire 13 months-up until the last day, even with weaning.” The participants discussed the need to educate family members regarding what mothers need while breastfeeding, specifically the need to trust in the mother’s ability to breastfeed and other ways that family members can bond with the baby outside of feeding.

Several participants discussed the need for better support while at work and how different women’s working conditions required more creative solutions. One participant discussed working with a woman who worked at an oil changing business. There were no offices, just the lobby and a break room. She discussed how they negotiated a plan to pump at work by putting a sign on the break room door, draw the shades, and she would pump for 15 minutes twice per shift. Other spheres of support in need of education and engagement that were discussed

included healthcare providers, pediatricians and obstetricians specifically, and religious leaders and faith communities. The participants stressed that while culturally supportive education materials and advertisements are helpful, personal connections and dialogue are necessary to really connect with women and people in her spheres of influence to promote and gain support for breastfeeding.

Corporeal images of sexual breast versus nurturing breast. The liveliest discussion in the focus group was surrounding the issue of negotiating breastfeeding in public. All participants agreed that seeing more African American women actually breastfeeding would help to normalize the behavior within the culture. The lack of visibility of African American women breastfeeding is in part due to the lack of acceptability of breastfeeding in public. One participant explained the link between the taboo of public sexuality in African American culture and the discomfort and feelings of vulnerability that African American mothers feel:

What if the uncomfortable portion of breastfeeding is related to breasts being sexual objects so you're making people uncomfortable because you're exposing your sexual part of yourself? Sexuality, again, is seen as taboo. So that's frowned upon, you're exposing or inviting, or introducing, and exposing sexuality. And then because of that, people being uncomfortable . . . you're not seeing the African American women, so to speak, breastfeeding in public because you've made us too uncomfortable to breastfeed in public.

Another participant discussed the negative images of African American women's bodies that the media portrays:

The Black woman is so voluptuous, we have the hips, we have the butt, you have the breasts so society has made us so cognizant of our bodies and being of a sexual nature only. That is so prone, you see it in TV, commercials, videos, I mean especially in our youth. That is all you see, and it's almost like a body, but I'm still a Black woman. And so to put it out there, that does create a lot of discomfort just because of how society sees us.

The participants expressed the belief that the negative images attached to Black women's bodies regarding sexuality are in direct conflict to the nurturing, empowering, health promoting images of breastfeeding.

Breastfeeding as activism and an act of resistance. The participants of the focus group all echoed the importance of self-determination to be successful with breastfeeding. They described being their own best advocates by seeking out information and assistance for breastfeeding before having their babies and when they needed help. One focus group participant stated, "Just not taking no for an answer, finding your resources and getting the support that you need, you have to be self-determined, self-motivated, to get the support you need." Self-determination lead to successful breastfeeding experiences, which then lead to breastfeeding activism by the focus group participants. The participants became passionate breastfeeding activists through their own breastfeeding challenges and successes. A participant described her passion for helping other African American

women with breastfeeding, “It’s just something that I’m passionate about and I hope that I can encourage other women to do it and know that’s it’s not so difficult and it’s not something that puts you in bondage.” The participants expressed empathy for the women who described standing up for their desires to breastfeed when faced with opposition from family members, friends, healthcare providers, employers, and the general public. One participant eloquently described the empowerment of African American women through resistance of breastfeeding opposition:

Talking about breastfeeding was another way to transcend cultural barriers and see that women were struggling . . . in all the roles we are struggling with, and when we are promoting it (breastfeeding) . . . this is something that will bring us all together really promoting and not just for me and my little family.

The focus group participants described actively promoting breastfeeding as a way of empowering other African American mothers and their communities. They saw breastfeeding as a means of resisting negative stereotypes and claiming motherhood.

Discussion

Presented in this report are African American women’s breastfeeding experiences and how breastfeeding intersected with their day-to-day activities in their own words. The SCQD methodology facilitated exploring the women’s breastfeeding experiences from cultural, personal, and political contexts (Groleau et al., 2009). Theoretical guidance from Black feminist thought provided the lens

from which to value African American women's experiences and perspectives both from historical and modern day context. Themes from phase 1 of the study, accessing the cultural voice, supported the 5 core concepts of Black feminist thought (Collins, 1990). Themes from phases 2 and 3 of the study, accessing the personal voices and accessing the political voice, revealed common threads among individual African American women's breastfeeding experiences within the shared context of race. The findings highlight the breastfeeding experiences of African American women who considered themselves successful with breastfeeding. Avenues for breastfeeding promotion and support were revealed through appreciating the rewards and challenges that the participants shared regarding their everyday breastfeeding experiences.

Collins (2009) discussed the importance of self-definition as a means of resisting negative stereotypes for African American women. She explains self-definition is a 2 step process. First African American women claim their own identities through voicing their experiences. The second step is "constructing new knowledge" through action (Collins, 2009, p.305). Through self-determination and intrinsic motivation the participants created a new self-definition of breastfeeding and motherhood. The theme of self-determination and intrinsic motivation was confirmed by the focus group participants and was identified as the common denominator for successful breastfeeding experiences.

Participants from stage 2 of the study all described a strong internal desire to breastfeed for a variety of motivational factors. Avery, Zimmerman, Underwood, and Mangus (2009) used the phrase "confident commitment" to

describe women's ability to successfully breastfeed in their focus group study that was comprised of 70% African American participants (p. 147). They found that women who made a strong commitment to breastfeeding prior to the birth of their infants were able to weather breastfeeding challenges and lack of support. All the participants in the current study identified the importance of proactively seeking out breastfeeding education and support rather than relying on healthcare providers or others to offer education and support. Previous studies have also identified that African American women experience a disparity of information received from health care providers (Beal, Kuhlthau, & Perrin, 2003; Cricco-Lizza, 2006; Kogan, Kotelchuck, Alexander, & Johnson, 1994). The lack of breastfeeding encouragement and support offered by pediatricians and obstetricians expressed by a majority of participants in this study urgently requires more investigation and intervention.

Participants in this study expressed great appreciation to sources of breastfeeding support and great frustration toward those persons or entities that were oppositional to breastfeeding. Bentley, Dee, and Jensen (2003) used the Social Ecological Framework to describe various spheres of influence that surround and support African American breastfeeding women including (a) the interpersonal sphere comprised of family, friends, and health care providers, (b) the community/environment sphere comprised of community and workplace, (c) the organizational sphere comprised of larger entities like health care institutions, WIC, and the formula industry, and (d) the policy sphere comprised of governmental and international institutions like the World Health Organization

(WHO) and DHHS. African American women occupy a disadvantaged space in all identified spheres of influence because of historically created negative images and stereotypes that continue to oppress African American women within society. The concept of intersectionality, or African American women's perspectives of how their lives intersect with each sphere of influence regarding breastfeeding experiences, must be taken into account when developing breastfeeding support and promotion initiatives. For example, Black women tend to occupy lower paying jobs that allow them less autonomy in where and when they can pump breast milk. Because of the lack of workplace autonomy and subordinate positions Black women are less likely to feel empowered to ask for consideration and accommodation for pumping at work. Legislation for breastfeeding rights in the workplace is commendable, but may not be enough support for breastfeeding for African American women in the workplace.

One potential source of breastfeeding support that seems largely untapped and underdeveloped for African American women is religious institutions. A majority of women in this study expressed a deep spiritual connection with God and were active within a faith organization. Other studies regarding African American women and health have also revealed that African American women's coping abilities were strengthened by their beliefs in God and spiritual activities like prayer and worship (Abrums, 2004; Kookan, Haase, & Russell, 2007; Polzer & Miles, 2007). Religious institutions and worship services constitute a community of people who share common beliefs and values, and share a trust and belief in the authority figures of the church. The focus group participants agreed

that breastfeeding rates among African American women would increase if African American faith institutions would embrace breastfeeding as a necessity in their communities.

Evidence for religious institutions promoting breastfeeding exists in biblical texts. In Isaiah 66:11-13 in the New American Bible the disciples of Isaiah describe God's gift of prosperity in Jerusalem:

Oh that you may suck fully of the milk of her comfort, that you may nurse with delight at her abundant breasts! For thus says the Lord: Lo, I will spread prosperity over her like a river, and the wealth of the nations like an overflowing torrent. As nurslings, you shall be carried in her arms, and fondled in her lap; as a mother comforts her son, so will I comfort you; in Jerusalem you shall find your comfort.

Breastfeeding is described in the Bible as much more than a biological means of feeding a baby. The breastfeeding mother is depicted as comforting and caring as well as nourishing. In the book of Isaiah the breastfeeding mother is revered and exulted. Løland (2008) discusses the significance of breastfeeding in Isaiah 49:15 of the Hebrew Bible, "Can a woman forget her suckling child, a compassionate mother, the child of her womb? Even if these could forget I cannot forget you." She explained that Isaiah is likening the bond between God and his people to the bond between breastfeeding mother and her child. Gilandi (1999) described the right of the infant to be breastfed in Islamic culture, "Being breastfed during the first stages of life is one of the fundamental rights of an infant which makes ensuring this right one of the parents' basic duties" (p. 90). He further explains the

guidance in the Qur'an to breastfeed for 2 years and the father of the baby's responsibility to provide and support the mother during the duration of breastfeeding as a provision if parents of a nursing child divorce. Even in divorce the baby's right to breastfeed is protected in Islamic culture.

Interpretations of biblical and religious texts reveal that breastfeeding was very important not only for nourishment of infants, but had cultural significance as well. Breastfeeding is reflected in biblical texts as a time in a woman's life when she was considered the most valuable to her community. By educating religious leaders in faith institutions about the historical and cultural significance of breastfeeding as evidenced in religious texts as well as the health benefits for baby and mother, faith communities could become a source of support for African American and all breastfeeding mothers.

Breastfeeding in the public sphere of influence was another significant challenge for African American women in this study. Some participants were comfortable breastfeeding in public while others felt the need to breastfeed in private, or away from public view, because of their own discomfort or enticing the discomfort of others. The mothers who were uncomfortable breastfeeding in public described not wanting to be the focus of negative attention and having feelings of vulnerability rather than embarrassment. Collins (2009) described one stereotype of African American women as the animalistic Black jezebel who invites sexual attention and exploitation. Participants in the focus group clearly identified having to resist this stereotype with regards to breastfeeding in public.

Young (1992) discussed the corporeal binary image of the sexual breast versus the nurturing breast as female sexuality and motherhood in opposition:

The border between motherhood and sexuality is lived out in the way women experience their breasts and in the cultural marking of breasts. To be understood as sexual, the feeding function of the breasts must be suppressed, and when the breasts are nursing they are desexualized . . .

Breasts are a scandal because they shatter the border between motherhood and sexuality.

Some women in this study had reconciled the corporeal images of sexual breast with the nurturing breast, while other women, their families, and the general public had not. Guidance for women who express fears of breastfeeding in public generally includes dressing in clothes that allow for discreet breastfeeding and covering the baby with a blanket. The African American participants in this study described negative reactions and feelings of vulnerability with the act of breastfeeding in public as well as the exposure of breast or skin. Covering up does not solve society's opposition to breastfeeding in public. Addressing the negative sexual images of African American women in the media and promotion of breastfeeding as a nurturing, normal behavior is essential to increasing breastfeeding rates in the African American population.

Self-determination and intrinsic motivations lead to successful breastfeeding experiences for African American women who participated in this study. Successful breastfeeding experiences lead to feelings of empowerment for the participants. Feelings of empowerment lead to sharing their experiences of

breastfeeding and assisting other African American women with breastfeeding. Collins (2009) discussed the importance of activism among African American women. Collins defined Black women's activism as oppositional to Black women's oppression. Elements of Black women's activism include self-definition, self-valuation, self-reliance, and sisterhood. Collins also described the African American women's dedication to survival of their children as an essential element of Black women's activism and group survival. The participants' descriptions of their breastfeeding experiences mirror Collins' elements of Black women's activism.

The WIC breastfeeding peer counselor model is an excellent example of Black women's activism as described by Collins (2009). To become a WIC breastfeeding peer counselor a mother had to have breastfed a child while receiving WIC benefits. The mothers receive breastfeeding counseling training and are employed by WIC to encourage and support other mothers receiving WIC benefits to breastfeed. Replication of this model outside of WIC would benefit a wider demographic of African American women. Encouraging and providing financial assistance for more African American nurses, dieticians, and other professionals to pursue breastfeeding educator or consultant training, and International Board of Lactation Consultant Examiners (IBLCE) certification will provide more African American leaders to the lactation community and promote more visibility of African American breastfeeding advocates in the communities they serve. The formation of support groups for breastfeeding African American women both in the community and through social media sites like Facebook or

Twitter will increase the visibility and normalization of breastfeeding. Increasing breastfeeding advocacy within African American communities is an act of resistance against negative stereotypes of African American women and health disparities within the African American community.

Limitations of the study were identified. While the SCQD methodology supports transferability of the study results, the findings may not be representative of all African American women's breastfeeding experiences. While demographic variability for income, age, parity, and employment status was achieved, the education level of the participants was relatively high. African American women with lower education levels than high school may have expressed different experiences with breastfeeding.

Implications

Several clinical and research initiatives were identified by the focus group participants. Research with pediatricians and obstetricians regarding attitudes and knowledge of breastfeeding is necessary. Educational initiatives and strategies for including breastfeeding education and support into health care visits will help physicians integrate breastfeeding into patient care. Health care providers should be educated to ask women, "What do you know about breastfeeding?" rather than, "Are you going to breastfeed or formula feed?" Taking the time to discuss how breastfeeding will intersect or is intersecting with her day-to-day activities will help to identify areas of concern and promote both culturally appropriate and situation specific care. Health care providers need to be educated to discuss breastfeeding with the family members of African American mothers. Family

members should also be asked, “What do you know about breastfeeding?” and “What concerns do you have regarding breastfeeding?” Family members of breastfeeding African American mothers need to be educated on activities other than feeding the baby that will facilitate family bonding and assist the mother while breastfeeding. Assisting African American mothers in finding sources of support for breastfeeding in the community and at work will encourage continual care and support which may help women prolong breastfeeding duration.

Encouraging faith community leaders to embrace breastfeeding by raising breastfeeding awareness among the congregation and encouraging mothers in the congregation to breastfeed will help to normalize breastfeeding. Faith community leaders need to be educated about the health benefits of breastfeeding as well as the historical and cultural significance of breastfeeding as reflected in biblical texts. While several studies have revealed that belief in God and spiritual activities like prayer are ways that African American women cope with stress, illness, and oppression (Abrums, 2004; Kookan, Haase, & Russell, 2007; Polzer & Miles, 2007), no research initiatives regarding religious beliefs or faith community support of breastfeeding could be found in the literature. Promoting breastfeeding in faith communities as a nurturing, nourishing, and normal behavior could help to resolve the sexual breast versus nurturing breast dichotomy and diminish the sexual oppression and stereotypes of African American women.

Focus group members indicated that while images of African American women breastfeeding on billboards, in educational materials, and pamphlets are necessary and beneficial, mother-to-mother dialogue is most beneficial in

normalizing breastfeeding. African American mothers who were successful with breastfeeding should be encouraged to form support networks through community organizations like faith institutions, community centers, or through social media sites. Social media may be an excellent medium for reaching large numbers of women to provide education and promotional materials as well as a medium to connect with other mothers about breastfeeding. Research should be done regarding the effectiveness of using social media platforms in promoting and supporting breastfeeding in the African American community.

Conclusion

Focusing on African American women's successful breastfeeding experiences illuminated factors necessary for success as well as common challenges and obstacles. Continuing to bring voice to successful African American breastfeeding stories will help empower more African American women to breastfeed. Through breastfeeding African American women can empower their communities by decreasing health disparities, diminishing negative stereotypes, promoting the health and survival of their children, and creating strong family bonds.

Chapter 7

Summary

The three manuscripts in chapters 4, 5, and 6 present a clearer understanding of the individual breastfeeding experiences of African American women within the shared context of race. The first manuscript presented in chapter 4 is a comprehensive integrative review of the literature regarding African American women and breastfeeding following the methodology outlined by Whittemore and Knafl (2005). Factors that appear to be protective of breastfeeding and that appear to negatively impact breastfeeding in the African American community were highlighted. Missing from the literature was an understanding of how these factors intersect with the day-to-day lived experiences of African American women and influence decision making processes regarding breastfeeding. Black feminist thought was proposed as a method to examine African American women's breastfeeding experiences and how they intersect with day-to-day activities.

The second manuscript in chapter 5 is a detailed examination of the applicability of Black feminist thought as a theoretical framework for exploring the breastfeeding experiences of African American women. The key informant interviews in stage 1 of the study were deductively analyzed and the five core concepts of Black feminist thought were found to be represented within the data. The key informant interviews and the core concepts of Black feminist thought provided cultural perspective and sensitivity for individual interviews in stage 2,

accessing the personal voices, and stage 3, accessing the political voice of African American women's breastfeeding experiences.

The third manuscript in chapter 6 presented the overall findings, discussion, and implications of the study. The theoretical framework, Black feminist thought, and qualitative content analysis from a feminist perspective enabled the researcher to examine the breastfeeding experiences of African American women through a unique lens and revealed novel interpretations. Statistics suggest that African American women are more likely to breastfeed if they are wealthier, have higher levels of education, and are not employed. These factors did not seem to impact the breastfeeding decisions for the participants in this study. Self-determination was the most important factor identified in the decision making process to breastfeed from the individual interview data. This theme was confirmed by the focus group participants. This theme was also supported by previous research by Avery, Zimmerman, Underwood, and Mangus (2009). They used the phrase "confident commitment" to describe women's ability to successfully breastfeed in their focus group study that was comprised of 70% African American participants (p. 147). They found that women who made a strong commitment to breastfeeding prior to the birth of their infants were able to weather breastfeeding challenges and lack of support.

A strong internal desire to breastfeed for a variety of different reasons led the women in this study to seek out information and support for breastfeeding. Finding adequate support from the various spheres of influence that surrounded the women including family, friends, employers, and healthcare providers was

challenging for some of the participants; however, lack of support did not deter the strong internal desire to breastfeed. The focus group participants identified several areas of support that require investigation and intervention including pediatricians and obstetricians, immediate and extended family members, and employers. These same areas of support were identified in previous research studies (Bently, Dee, & Jensen, 2003; Cricco-Lizza, 2006; Robinson & VandeVusse, 2011). Another area of support that was identified as being largely untapped was faith communities. A majority of the participants in the study were women who expressed a connection with God and were active participants in faith communities. Historical evidence of respect and reverence for breastfeeding women was presented as interpreted in several religious texts including the Christian Bible, the Hebrew Bible, and the Qur'an. Reconnecting breastfeeding and spirituality from a historical perspective in faith communities could not only provide greater community support for breastfeeding, but could also help provide a nurturing image of breastfeeding that contrasts with the negative sexual images and stereotypes of Black women.

Self-determination and intrinsic motivation led women to seek out information and support, which lead to successful breastfeeding experiences. Successful breastfeeding experiences resulted in feelings of empowerment for the participants in this study. Feelings of empowerment led to helping and encouraging other African American women with breastfeeding. Focus group participants identified the need for breastfeeding to be more visible among African American women. African American mother-to-mother support was

identified as a way to share the rewarding experiences of breastfeeding as well as help women overcome obstacles and challenges with breastfeeding.

Limitations of the Study

While the SCQD methodology enhances transferability of study results, the findings may not be representative of all African American women from geographic areas outside Texas. Breastfeeding is a personal experience and African American women may have chosen not to share some of their experiences with the researcher. While the demographics of age, parity, and income varied widely across participants, a majority of the participants had a fairly high level of education, with the majority of participants having a college degree. African American women who have a high school equivalent education or less may have expressed different opinions and experiences than more educated African American women.

Another limitation of this particular research was that the researcher is a Caucasian female pursuing research with African American women. The research participants could have viewed the researcher as an outsider, or representative of the dominant power ideology. Gunaratnam (2003) discussed this phenomenon as race-of-interviewer effects. Abrums (2004) was a Caucasian researcher investigating how African American women deal with oppression in health care. She discussed the importance of immersing herself in Black history and Black feminist epistemology. The minor courses in Women's Studies, including U.S. Women of Colors, taken at Texas Woman's University provided the researcher the opportunity to read, discuss and internalize the historical and current context

of feminist concerns of women from varied ethnic backgrounds. The classes provided the researcher with the feminist lens and exploration of cultural perspectives through which to approach the phenomena of African American women's breastfeeding experiences. Other actions taken to minimize the race-of-interviewer effects included allowing the participant to choose the place and time of the interview, being careful not to ask participants to speak for all women of their race, and the researcher dressing in a casual manner rather than in a lab coat or uniform. While race-of-interviewer effects were a concern, recruitment of participants was not difficult and all participants were eager to share their breastfeeding experiences.

Strengths of the Study

The first key strength of the study was examining breastfeeding experiences of African American women who considered themselves successful with breastfeeding. Previous studies focused predominantly on African American women who did not breastfeed and factors related to why African American women breastfeed for shorter durations than women of other ethnicities. While the participants of this study described challenges and obstacles to breastfeeding, they also described great rewards and benefits from breastfeeding for their children, themselves, and their communities. Understanding how the participants overcame the challenges and obstacles they faced and how they achieved success with breastfeeding lead to new interpretations of what African American women need to be successful with breastfeeding. The use of Black feminist thought as the theoretical framework was the second key strength for the study because it

challenged and encouraged the researcher to stay grounded in the lived experiences of the participants, and also provided a historical frame of reference for African American women's experiences.

The five core concepts of Black feminist thought (Collins, 1990) guided the researcher's exploration of African American women's breastfeeding experiences. The first core concept, African American women's experiences are valuable, encouraged the researcher to focus on each individual woman's experiences and testimony. The second concept, African American women have struggled against a history of oppression, challenged the researcher to learn about the oppressions and stereotypes of African American women from the days of slavery and to be open to seeing how those oppressions and stereotypes continue to marginalize African American women today. The third concept, the oppressions of race, class, and gender intersect in complex and multifaceted ways, encouraged the researcher to be open not just to what factors affect African American women's breastfeeding experiences, but how those factors intersect with day-to-day experiences and influence decision making regarding breastfeeding. The fourth concept, Black women are activists within their communities, encouraged the researcher to be open to seeing how African American women are empowered by breastfeeding and how sharing their breastfeeding experiences with other women empowers their communities. The fifth concept, African American women negotiate sexual politics and stereotypes, challenged the researcher to explore how sexual stereotypes affect African American women's views of their bodies and subsequently how they negotiated breastfeeding around other people.

The Sequential-Consensual Qualitative design was the third key strength of the study. The three stage design allowed for exploration of African American women's breastfeeding experiences across multiple sources and perspectives. The three stages built on each other and facilitated an iterative data analysis process. Stage 1, accessing the cultural voice, provided a view of African American women's breastfeeding experiences from the perspective of African American women who assist women with breastfeeding both from a health care perspective and a peer counseling perspective. Stage 2, accessing the personal voices, allowed the researcher to be a participatory witness of the breastfeeding experiences of individual African American women from a broad demographic range within the context of race. Stage 3, accessing the political voice, brought a community participatory perspective to the study by encouraging the focus group participants to appraise the themes from stages 1 and 2, and formulate ideas for breastfeeding promotion in the African American community. The result was not only a rich description of how breastfeeding intersects with the day-to-day lived experiences of African American women, but also clear guidance on areas that require further investigation and intervention.

Implications for Practice and Research

Themes from the individual interviews in stage 2 of the study, self-determination, spirituality and breastfeeding, and empowerment, represent common threads in individual African American women's breastfeeding experiences and how those experiences intersected with their daily lives. Themes from the focus group discussion in stage 3 of the study, spheres of influence

surrounding breastfeeding women, corporeal images of the sexual breast versus nurturing breast, and breastfeeding as activism and an act of resistance, represent areas where breastfeeding support and promotion should be targeted within the African American community.

The study revealed several implications for clinical practice and research. Support for breastfeeding decision-making, initiation, and continuation, as well as attitudes regarding breastfeeding need to be studied among pediatric and obstetric physicians as well as other maternal child health providers. Breastfeeding and lactation education should be further integrated into medical school and residency programs, and as continuing education opportunities for practicing physicians. Learning objectives should include how to address the psychosocial support needs of breastfeeding mothers as well as the biological mechanics of breastfeeding and medical assessment of breastfeeding mothers and babies. Breastfeeding education for physicians must also include information on how breastfeeding can combat many of the health disparities experienced by the African American community. Education programs intended for physicians exist through the Academy of Breastfeeding Medicine (Academy of Breastfeeding Medicine, 2008), Wellstart International (Naylor & Wester, 2009), and the American Academy of Pediatrics (Feldman-Winter, 2008), but these programs are not easily accessible or widely promoted. All three of the educational programs are predominantly medically focused and lack emphasis on the psychosocial aspects of breastfeeding. Physicians must be encouraged to examine their own biases and stereotyping of

African American women. With education, support, and a genuine ethic of caring all Black women can have successful breastfeeding experiences.

Faith communities are also a target area where breastfeeding promotion could be introduced. Engaging faith community leaders to promote breastfeeding within their congregations as a cultural tradition as well as a health promotion behavior will help to normalize breastfeeding to a broader community audience. While several studies have revealed that belief in God and spiritual activities like prayer are ways that African American women cope with stress, illness, and oppression (Abrums, 2004; Kookan, Haase, & Russell, 2007; Polzer & Miles, 2007), no research initiatives regarding religious beliefs or faith community support of breastfeeding could be found in the literature. Research initiatives with the aim of historically examining the cultural and religious traditions of breastfeeding could provide a nurturing and empowering image of breastfeeding that contrasts and yet is complimentary to the medicalized image of breastfeeding promoted so prevalently today. Promotion of the nurturing image of African American women breastfeeding will counter the stereotypical negative sexual images of African American women's bodies that permeate the media and pop culture.

Mother-to-mother breastfeeding support could also be modeled from existing breastfeeding support programs like the WIC breastfeeding peer counselor program that would provide trained breastfeeding peer support within faith communities. Mother-to-mother support within faith communities will increase visibility of African American women who breastfeed and supports

activism and empowerment within the community. Parish nurses or faith community wellness committees could provide an entry and organizational support for breastfeeding promotion in faith communities.

Further research is necessary regarding ways to engage and persuade breastfeeding support among entities within the various spheres of influence that African American women interact with on a day-to-day basis. Research regarding effective ways to encourage breastfeeding support from employers of lower income wage jobs and nontraditional employment settings is necessary. African American women return to work earlier after pregnancy and are more likely to work in lower-wage jobs (Philipp & Jean-Marie, 2007). Abdulwadud and Snow from the Cochrane Collaboration (2007) reported that not enough research has been published to evaluate the effectiveness of workplace support for breastfeeding. Only one study that examined the working and breastfeeding experiences of low-income women was found in the literature and reported that low-income earning women who work in administrative and manual labor jobs tend to wean early after returning to work (Kimbrow, 2006). Providing space and time to pump breast milk is more difficult for some employers than others, and women who have lower paying jobs may feel less empowered to request accommodations for breastfeeding. Research is necessary to evaluate the effectiveness of the Business Case for Breastfeeding campaign (U.S. DHHS, Office of Women's Health, 2008) for women of minorities in lower-wage earning jobs.

Social media was described by many participants as a way to connect with other breastfeeding mothers and as a source of breastfeeding education and information. Social media has the benefit of being able to reach much larger and wider audience of people and eliminates time, space, and transportation issues that deter many people from attending breastfeeding classes or support groups. Facilitated breastfeeding support and educational groups designed within a social media platform could be piloted and analyzed for satisfaction, number and diversity of participants, and efficacy.

Conclusion

Focusing on African American women's successful breastfeeding experiences illuminated factors necessary for success as well as common challenges and obstacles. Continuing to bring voice to successful African American breastfeeding stories will help empower more African American women to breastfeed. Initiatives aimed at engaging support and increasing visibility of breastfeeding will help to normalize breastfeeding within the African American community. Through breastfeeding African American women can empower their communities by decreasing health disparities, diminishing negative stereotypes, promoting the health and survival of their children, and creating strong family bonds.

References

- Abdulwadud, O. A. & Snow, M. E. (2007). Interventions in the workplace to support breastfeeding for women in employment. *The Cochrane Library*, 3
doi: 10.1002/14651858.CD006177.pub2
- Abrums, M. (2004). Faith and feminism: How African American women from a storefront church resist oppression in healthcare. *Advances in Nursing Science*, 27(3), 187-201.
- Alexander, A., Dowling, D., & Furman, L. (2010). What do pregnant low-income women say about breastfeeding? *Breastfeeding Medicine*, 5(1), 17-23
- Anderson, J.M. & McCann, K. (2002). Toward a post-colonial feminist methodology in nursing research: Exploring the convergence of post-colonial and black feminist scholarship. *Nurse Researcher*, 9(3), 7-27.
- Avery, A., Zimmermann, K., Underwood, P.W., & Magnus, J.H. (2009). Confident commitment is a key factor for sustained breastfeeding. *Birth*, 36(2), 141-148.
- Baby-Friendly USA, Inc. (2010). *Ten steps to successful breastfeeding*. Retrieved from <http://www.babyfriendlyusa.org/eng/index.html>
- Bai, Y., Middlestadt, S.E., Peng, J., & Fly, A.D. (2010). Predictors of continuation of exclusive breastfeeding for the first six months of life. *Journal of Human Lactation*, 26(1), 26-34.
- Barbee, E.L. (1994). A Black feminist approach to nursing research. *Western Journal of Nursing Research*, 16(5), 495-506.
- Barber, K.M., Haynes, S.G., & Cusack, J. (2006). An easy guide to breastfeeding

for African American women. Retrieved July 20, 2010 from

<http://www.womenshealth.gov/pub/BF.AA.pdf>

- Barbour, R. (1998). *Meddling with mythology: AIDS and the social construction of knowledge*. New York: Routledge.
- Bartick, M. & Reinhold, A. (2010). The burden of suboptimal breastfeeding in the United States: A pediatric cost analysis. *Pediatrics*, 125(5), 1048-1056.
- Baumslag, N. & Michels, D. L. (1995). *Milk, money, and madness: The culture and politics of breastfeeding*. Westport, CT: Bergin and Garvey.
- Beal, A.C., Kuhlthau, K., & Perrin, J.M. (2003). Breastfeeding advice given to African American and white women by physicians and WIC counselors. *Public Health Report*, 118(4), 368-376.
- Bentley, M.E., Caulfield, L.E., Gross, S.M., Bronner, Y., Jensen, J., Kessler, L.A., & Paige, D.M. (1999). Sources of influence on intention to breastfeed among African American women at entry to WIC. *Journal of Human Lactation*, 15(1), 27-34.
- Bentley, M.E., Dee, D. L., & Jensen, J. L. (2003). Breastfeeding among low-income, African American women: Power, beliefs, and decision making. *The Journal of Nutrition*, 133(1), 305S-309S.
- Blum, L.M. (1999). *At the breast: Ideologies of breastfeeding and motherhood in the contemporary United States*. Boston: Beacon Press.
- Bolling, K., Grant, C., Hamlyn, B. & Thornton, A. (2007). *Infant feeding Survey 2005*. The Information Centre: London.
- Brownell, K., Hutton, L., Hartman, J., & Dabrow, S. (2002). Barriers to

breastfeeding among African American adolescent mothers. *Clinical Pediatrics*, 41(9), 669-673.

Campaign for Children's Health Care (2006, September 28). No shelter from the storm: America's uninsured children. Retrieved from <http://www.childrenhealthcampaign.org/tools/reports/no-shelter-key-findings.html>

Carter, B.M. & Holditch-Davis, D. (2008). Risk factors for NEC in preterm infants: How race, gender, and health status contribute. *Advances in Neonatal Care*, 8(5), 285-290.

Centers for Disease Control and Prevention (2010). Racial and ethnic differences in breastfeeding initiation and duration by state: National Immunization Survey. *Morbidity and Mortality Weekly Report*, 59, 327-334.

Chinn, P.L. & Kramer, M.K. (2008). *Integrated theory and knowledge development in nursing*, (7th ed.). St. Louis, MO: Mosby Elsevier.

Collins, P. H. (1990). *Black feminist thought: Knowledge, consciousness, and the politics of empowerment*. Boston, MA: Unwin Hyman.

Collins, P. H. (2009). *Black feminist thought*. New York: Routledge.

Corbett, K.S. (2000). Explaining infant feeding style of low-income Black women. *Journal of Pediatric Nursing*, 15(2), 73-81.

Crenshaw, K. (1994). Demarginalizing the intersection of race and sex: A Black feminist critique of antidiscrimination doctrine, feminist theory and antiracist politics. In J. James & T.D. Sharpley-Whiting (Eds.), *The Black feminist reader* (pp. 208-238). Malden, MA: Blackwell Publishing.

Cricco-Lizza, R. (2004). Infant-feeding beliefs and experiences of Black women

- enrolled in WIC in the New York metropolitan area. *Qualitative Health Research, 14*(9), 1197-1210.
- Cricco-Lizza, R. (2006). Black non-Hispanic mothers' perceptions about the promotion of infant-feeding methods by nurses and physicians. *Journal of Obstetric, Gynecologic, and Neonatal Nursing, 35*(2), 173-180.
- Donath, S.M. & Amir, L.H. (2003). Relationship between prenatal infant feeding intention and initiation and duration of breastfeeding: a cohort study. *Acta Paediatrica, 92*, 352-356.
- Duckett, L., Henly, S., Avery, M., Potter, S., Hills-Bonczyk, S., Hulden, R., & Savik, K. (1998). A theory of planned behavior-based structural model for breast-feeding. *Nursing Research, 47*(6), 325-336.
- Eidelman, A.I. & Schanler, R.J. (2012). Breastfeeding and the use of human milk: Policy statement of the American Academy of Pediatrics. *Pediatrics, 129*, e827-e841. doi: 10.1542/peds.2011-3552
- Elo, S. & Kyngas, H. (2008). Qualitative content analysis process. *Journal of Advanced Nursing, 62*(1), 107-115.
- Federal Interagency Forum on Child and Family Statistics (2012). *America's Children in Brief: Key National Indicators of Well-Being*. Retrieved from <http://www.childstats.gov/americaschildren/eco.asp>
- Forste, R., Weiss, J., & Lippincott, E. (2001). The decision to breastfeed in the United States: Does race matter? *Pediatrics, 108*, 291-296. doi: 10.1542/peds.108.2.291
- Giddings, P. (1984). *Where and when I enter: The impact of Black women on race*

- and sex in America*. New York, NY: Amistad.
- Gilandi, A. (1999). *Infants, parents, and wet nurses: Medieval Islamic views on breastfeeding and their social implications*. Danvers, MA: Brill.
- Graneheim, U. H., & Lundman, B. (2004). Qualitative content analysis in nursing research: Concepts, procedures and measure to achieve trustworthiness, *Nurse Education Today*, 24, 105-112.
- Groleau, D., Zelkowitz, P., & Cabral, I.V. (2009). Enhancing generalizability: Moving from an intimate to a political voice. *Qualitative Health Research*, 19(3), 416-426.
- Gross, S.M., Caulfield, L.E., Bentley, M.E., Bronner, Y., Kessler, L., Jensen, J., & Paige, D.M. (1998). Counseling and motivational videotapes increase duration of breastfeeding in African-American WIC participants who initiate breastfeeding. *Journal of the American Dietetic Association* 98, 143-148.
- Guba, E.G. & Lincoln, Y.S. (2005). Paradigmatic controversies, contradictions, and emerging confluences. In N.K. Denzin & Y. S. Lincoln (Eds.) *The sage handbook of qualitative research* (3rd ed.), (pp. 191-215). Thousand Oaks, CA: Sage.
- Gunaratnam, Y. (2003). *Researching race and ethnicity: Methods knowledge and power*. Thousand Oakes, CA: Sage.
- Hall, I.H., An, Q., Hutchinson A.B., & Sansom, S. (2008). Estimating the lifetime risk of a diagnosis of the HIV infection in 33 states, 2004-2005. *Journal of Acquired Immune Deficiency Syndrome*, 49(3), 294-297.
- Hall, J.M. & Stevens, P.E. (1991). Rigor in feminist research. *Advances in*

Nursing Science 13(3), 16-29.

Hannon, P.R., Willis, S.K., Bishop-Townsend, V., Martinez, I.M., & Scrimshaw, S.C. (2000). African-American and Latina adolescent mothers' infant feeding decisions and breastfeeding practices: A qualitative study. *Journal of Adolescent Health* 26, 399-407.

Hausman, B. (2003). *Mother's milk: Breastfeeding controversies in American culture*. New York: Routledge.

Hesse-Biber, S.N. & Leavy, P.L. (2007). *Feminist research practice: A primer*. Thousand Oaks, CA: Sage.

Hine, D. C. (1989). Rape and the inner lives of Black women in the middle West. *Signs*, 14, 912-920.

Hooks, B. (2000). *Feminist theory: From margin to center* (2nd ed.). Cambridge, MA: South End Press.

Hurley, K.M., Black, M.M., Papas, M.A., & Quigg, A.M. (2008). Variation in breastfeeding behaviors, perceptions, and experiences by race/ethnicity among a low-income statewide sample of Special Supplemental Nutrition Program for Women, Infants, Children (WIC) participants in the United States. *Maternal and Child Nutrition* 4, 95-105.

Iloff, P.A., Piwoz, E.G., Tavengwa, N.V., Zunguza, C.D., Marinda, E.T., Nathoo, K.J., Moulton, L.H., Ward, B.J., & Humphrey, J.H. (2005). Early exclusive breastfeeding reduces the risk of postnatal HIV-1 transmission and increases HIV-free survival. *AIDS*, 19(7), 699-708.

Im, E. (2008). African American cancer patients' pain experiences. *Cancer*

Nursing, 31(1), 38-48.

Ip, S., Chung, M., Raman, G., Chew, P., Magula, N., DeVine, D., Trikalinos, T., & Lau, J. (2007). *Breastfeeding and maternal and infant outcomes in developed countries* (AHRQ publication no. 07-E007). Rockville, MD, Agency for Healthcare Research and Quality.

Jamal, A., Clegg, L.X., Ward, E., Ries, L.A., Wu, X., Jamison, P.M., Wingo, P.A., Howe, H.L., & Thun, M. (2004). Annual report to the nation on the status of cancer, 1975-2001, with a special feature regarding survival. *Cancer*, 101(1), 3-27.

Janke, J. R. (1992). Prediction of breast-feeding attrition: Instrument development. *Applied Nursing Research*, 5(1), 48-53.

Janke, J. R. (1994). Development of the Breast-Feeding Attrition Prediction Tool. *Nursing Research*, 43, 100-104.

Kaufman, L., Deenadayalan, S, & Karpati, A. (2009). Breastfeeding ambivalence among low-income African American and Puerto Rican women in North and Central Brooklyn. *Maternal and Child Health Journal*.

Kelly, U.A. (2009). Integrating intersectionality and biomedicine in health disparities research. *Advances in Nursing Science*, 32(2), E42-56.

Kelly, Y.J., Watt, R., & Nazroo, J.Y. (2006). Racial/ethnic differences in breastfeeding initiation and continuation in the United Kingdom and comparison with findings in the United States. *Pediatrics* 118, 1428-1435.

Kimbro, R.T. (2006). On the job moms: Work and breastfeeding initiation and duration for a sample of low-income women. *Maternal and Child Health*

Journal, 10(1), 19-26.

Kogan, M.D., Kotelchuck, M., Alexander, G.R., & Johnson, W.E. (1994). Racial disparities in reported prenatal care advice from health care providers.

American Journal of Public Health, 84(1), 82-88.

Krueger, R.A. (1994). *Focus groups: A practical guide for applied research* (4th ed.). Thousand Oaks, CA: Sage.

Krueger, R.A. & Casey, M.A. (2009). *Focus groups: A practical guide for applied research* (4th ed.). Thousand Oaks, CA: Sage.

Kuhn, L., Sincala, M., Semrau, K., Kankasa, C., Kasonde, P. Mwiya,

M.,...Aldrovandi, G.M. (2010). Elevations in mortality associated with

Weaning persist into the second year of life among uninfected children born

to HIV-infected mothers. *Clinical Infectious Diseases*, 50(3), 437-444.

Kum-Nji, P., Mangrem, C.L., Wells, P.J., White, P., & Herrod, H.G. (1999).

Breastfeeding initiation: Predictors, attitudes, and practices among Blacks and

whites in rural Mississippi. *Southern Medical Journal*, 92(12), 1183-1188.

Lampe, M.A., Nesheim, S., Shouse, R.L., Borkowf, C.B., Minasandram, V.,

Little, K., Kilmarx, P.H., Whitmore, S., Taylor, A., & Valleroy, L. (2010).

Racial/ethnic disparities among children with diagnoses of perinatal HIV

infection 34 states, 2004-2007. *Journal of the American Medical Association*,

303(13), 1246-1248.

Lewallen, L.P. & Street, D.J. (2010). Initiating and sustaining breastfeeding in

African American Women. *Journal of Obstetric, Gynecologic, and Neonatal*

Nursing, 39, 667-674. doi:10.1111/j.1552-6909.2010.01196.x

- Li, R., Scanlon, K.S., & Serdula, M.K. (2005). The validity and reliability of maternal recall of breastfeeding practice. *Nutrition Reviews*, 63(4), 103-110.
- Lincoln, Y. S. & Guba, E. G. (1985). *Naturalistic inquiry*. Newbury Park, CA: Sage Publications.
- Lindberg, L.D. (1996). Women's decisions about breastfeeding and maternal employment. *Journal of Marriage and the Family* 58(1), 239-251.
- Locklin, M.P. (1995). Telling the world: Low income women and their breastfeeding experiences. *The Journal of Human Lactation*, 11(4), 285-291.
- Løland, H. (2008). *Silent or salient gender? The interpretation of gendered God-language in the Hebrew Bible, exemplified in Isaiah 42,46, and 49*. Tübingen, Germany: Mohr Siebeck.
- Martin, J. A., Hamilton, B. E., Ventura, S. J., Osterman, M. J. K., Kirmeyer, S., Matthews, T. J., & Wilson, C. (2011). Births Final Data for 2009. *National Vital Statistics Reports*, 60(1) Retrieved from http://www.cdc.gov/nchs/data/nvsr/nvsr60/nvsr60_01.pdf
- Matthews, T. J. & MacDorman, M. F. (2008). Infant mortality statistics from the 2005 period linked birth/infant death data set. *National Vital Statistics Reports*, 57(2). Retrieved from http://www.cdc.gov/nchs/data/nvsr/nvsr57/nvsr57_02.pdf
- McCann, M.F., Baydar, N., & Williams, R.L. (2007). Breastfeeding attitudes and reported problems in a national sample of WIC participants. *Journal of Human Lactation* 23(4), 314-324.
- McCarter-Spaulding, D. & Gore, R. (2009). Breastfeeding self-efficacy in women

- of African descent. *Journal of Obstetric, Gynecologic, and Neonatal Nursing*, 38, 230-243.
- Merewood, A., Patel, B., Newton, K.N., MacAuley, L.P., Chamberlain, L.B., Francisco, P., & Mehta, S.D. (2007). Breastfeeding duration rates and factors affecting continued breastfeeding among infants born at an inner-city U.S. Baby-Friendly hospital. *Journal of Human Lactation* 23, 157-164.
- Merriman, S.B. (2009). *Qualitative research: A guide to design and implementation*. (2nd ed.), San Francisco: Josey Bass
- Meyerink, R. O. & Marquis, G.S. (2002). Breastfeeding initiation and duration among low income women in Alabama: The importance of personal and familial experiences in making infant feeding choices. *Journal of Human Lactation* 18, 38-45.
- Mickens, A.D., Modeste, N., Montgomery, S., & Taylor, M. (2009). Peer support and breastfeeding intentions among Black WIC participants. *Journal of Human Lactation*, 25(2), 157-162.
- Milligan, R.C., Pugh, L.C., Bronner, Y.L., Spatz, D.L., & Brown, L.P. (2000). Breastfeeding duration among low income women. *Journal of Midwifery and Women's Health*, 45, 246-252.
- Miniño, A. M., Murphy, S. L., Xu, J., & Kochanek, K.D. (2011). Deaths: Final data for 2008. *National Vital Statistics Reports*, 59(10). Retrieved from http://www.cdc.gov/nchs/data/nvsr/nvsr59/nvsr59_10.pdf
- Morgen, S. (2006). Movement-grounded theory: Intersectional analysis of health inequities in the United States. In A. J. Schulz & L. Mullings (Eds.), *Gender*,

race, class, and health: Intersectional approaches. San Francisco, CA: Josey-Bass.

Murphy, S.L., Xu, J., & Kochanek, K.D. (2012). Preliminary Death Statistics 2010. *National Vital Statistics Reports*, 60(4). Retrieved from http://www.cdc.gov/nchs/data/nvsr/nvsr60/nvsr60_04.pdf

National Institute of Diabetes and Digestive and Kidney Diseases, National Institute of Health (2011). *National Diabetes Statistics*. Retrieved from <http://diabetes.niddk.nih.gov/dm/pubs/statistics/#fast>

Nommsen-Rivers, L.A., Chantry, C.J., Cohen, R.J., & Dewey, K.G. (2010). Comfort with the idea of formula feeding helps explain ethnic disparity in breastfeeding intentions among expectant first time mothers. *Breastfeeding Medicine*, 5, 25-33.

Organization for Economic Co-operation and Development (2009), *OECD Family Database: CO3 Breastfeeding rates*. Retrieved from www.oecd.org/els/social/family/database

Patton, M.Q. (2002). *Qualitative research and evaluation methods*, (3rd ed.). Thousand Oaks, CA: Sage Publications.

Persad, M.D. & Mensinger, J.L. (2008). Maternal breastfeeding attitudes: Association with breastfeeding intent and socio-demographics among urban primiparas. *Journal of Community Health*, 33(2), 53-60.

Philipp, B.L. & Jean-Marie, S. (2007). *The courage to love: Infant mortality commission implications for care, research, and public policy to reduce infant mortality rates African American women and breastfeeding*. Joint Center for

Political and Economic Studies Health Policy Institute, Washington, D. C.

Retrieved from <http://www.jointcenter.org/hpi/sites/all/files/IM->

[Breastfeeding.pdf](#)

Philipp, B.L., Merewood, A., Miller, L.W., Chawla, N., Murphy-Smith, M.M.,

Gomes, J.S., Cimo, S., & Cook, J.T. (2001). Baby-Friendly hospital initiative improves breastfeeding initiation rates in a U.S. hospital setting. *Pediatrics*, *108*(3), 677-681.

Piper, S., & Parks, P. L. (1996). Predicting the duration of lactation: Evidence from a national survey. *Birth*, *23*, 7-12.

Polzer, R. L. & Miles, M. S. (2007). Spirituality in African Americans with diabetes: Self-management through a relationship with God. *Qualitative Health Research*, *17*, 176-188. doi: 10.1177/1049732306297750

Pugh, L.C., Milligan, R.A., Frick, K.D., Spatz, D., & Bronner, Y. (2002). Breastfeeding duration, costs, and benefits of a support program for low-income breastfeeding women. *Birth*, *29*(2), 95-100.

Pugh, L.C., Serwint, J.R., Frick, K.D., Nanda, J.P., Sharps, P.W., Spatz, D.L., & Milligan, R.A. (2010). A randomized controlled community-based trial to improve breastfeeding rates among urban low-income mothers. *Academic Pediatrics*, *10*(1), 14-20.

Quigley, M.A., Cumberland, P., Cowden, J.M., & Rodrigues, L.C. (2006). How protective is breast feeding against diarrhoeal disease in infants in 1990s England? A case-control study. *Archives of Disease in Childhood*, *91*(3), 245-250.

- Racine, E.F., Frick, K.D., Strobino, D., Carpenter, L.M., Milligan, R., & Pugh, L.C. (2009). How motivation influences breastfeeding duration among low-income women. *Journal of Human Lactation* 25, 173-181.
- Robinson, K. M., & VandeVusse, L. (2011). African American women's infant feeding choices: Prenatal breast-feeding self-efficacy and narratives from a Black feminist perspective. *Journal of Perinatal and Neonatal Nursing*, 25, 320-328. doi:10.1097/JPN.0b013e31821072fb
- Sandelowski, M. (1995). Focus on qualitative methods: Sample size in qualitative research. *Research in Nursing and Health*, 18, 179-183.
- Sandelowski, M. (2000). Focus on research methods: Whatever happened to qualitative description? *Nursing & Health*, 23, 334-340.
- Saunders-Goldson, S. (2004). Factors associated with breastfeeding intentions of African American women at military health care facilities. *Military Medicine*, 169(2), 111-116).
- Scanlon, K.S., Grummer-Strawn, L., Li, R., Chen, J., Molinari, N., Perrine, C.G. (2010). Racial and ethnic differences in breastfeeding initiation and duration, by state-National Immunization Survey, United States, 2004-2008. *Morbidity and Mortality Weekly Report Centers for Disease Control and Prevention*, 59(11), 327-334.
- Schwarz, E.B., Ray, R.M., Stuebe, A.M., Allison, M.A., Ness, R.B., Freiberg, M.S., & Cauley, J.A. (2009). Duration of lactation and risk factors for maternal cardiovascular disease. *Obstetrics and Gynecology*, 113(5), 974-982.
- Schwarz, E.B., McClure, C.K., Tepper, P.G., Thurston, R., Janssen, I., Matthews,

- K.A., & Sutton-Tyrrell, K. (2010). Lactation and maternal measures of subclinical cardiovascular disease. *Obstetrics and Gynecology*, 115(1), 41-48.
- SEARCH for Diabetes in Youth Study Group (2006). The burden of diabetes mellitus among US youth: Prevalence estimates from the SEARCH for Diabetes in Youth Study. *Pediatrics*, 118(4), 1510 –1518.
- Sharps, P.W., El-Mohandes, A. E., & El-Khorazaty, M.N., Kiely, M., & Walker, T. (2003). Health beliefs and parenting attitudes influence breastfeeding patterns among low-income African-American women. *Journal of Perinatology* 23, 414-419.
- Spencer, B. (2012). *Accessing the cultural voice of African American women's breastfeeding experiences: The applicability of Black feminist thought as a theoretical framework*. Unpublished manuscript.
- Spencer, L. (2008). Research methodologies to investigate the experience of breastfeeding: A discussion paper. *International Journal of Nursing Studies*, 45, 1823-1830.
- Spradley, J.P. (1979). *The ethnographic interview*. Belmont, CA: Wadsworth Thompson Learning.
- Stuebe, A.M., Michels, K.B., Willett, W.C., Manson, J.E., Rexrode, K., & Rich-Edwards, J. W. (2009). Duration of lactation and incidence of myocardial infarction in middle-to-late adulthood. *American Journal of Obstetrics and Gynecology*, 200(2), e1-e8.
- Swanson V, Power K. (2005). Initiation and continuation of breastfeeding: theory of planned behaviour. *Journal of Advanced Nursing*, 50(3), 272-282.

- Taylor, J.Y. (1998). Womanism: A methodologic framework for African American Women. *Advances in Nursing Science*, 21(1), 53-64.
- Taylor, Y. (2005). No resting place: African American women at the crossroads of violence. *Violence Against Women*, 11(12), 1473-1489.
- Texas Department of State Health Services (2010). *WIC nutrition: African American breastfeeding promotion*. Retrieved from http://www.dshs.state.tx.us/wichd/bf/african_americanbf.shtm#Promotion
- Thulier, D. & Mercer, J. (2009). Variables associated with breastfeeding duration. *Journal of Obstetric, Gynecologic, and Neonatal Nursing*, 38(3), 259-268.
- Trepagnier, B. (2010). *Silent racism: How well-meaning White people perpetuate the racial divide* (2nd ed.). Boulder, CO: Paradigm Publishers.
- Truth, S. (1995). Women's rights. In B. Guy-Sheftall (Ed.), *Words of fire: An anthology of African-American feminist thought* (p. 36). New York, NY: The New York Press. (Original work published in 1851).
- U.S. Department of Health and Human Services (2005). *Health disparities experienced by Black or African Americans, United States*. Retrieved from <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5401a1.htm>
- U.S. Department of Health and Human Services, Assistant Secretary of Planning and Evaluation (2002). *Childhood obesity*. Retrieved October 11, 2010 from http://aspe.hhs.gov/health/reports/child_obesity/
- U.S. Department of Health and Human Services, Centers for Disease Control (2010a). About Healthy People. *Healthy People*. Retrieved from

http://www.cdc.gov/nchs/healthy_people/hp2010.htm

U.S. Department of Health and Human Services Centers for Disease Control

(2011). About Healthy People. *Healthy People*. Retrieved from

<http://www.healthypeople.gov/2020/about/default.aspx>

U.S. Department of Health and Human Services Centers for Disease Control

(2010b). *Breastfeeding report card-United States, 2010*. Retrieved from

<http://www.cdc.gov/breastfeeding/data/reportcard.htm>

U.S. Department of Health and Human Services, Centers for Disease Control

(2012, June 8). *Breastfeeding*. Retrieved from

http://www.cdc.gov/breastfeeding/data/NIS_data/index.htm

U.S. Department of Health and Human Services, Centers for Disease Control and

Prevention and National Cancer Institute (2012). *United States Cancer*

Statistics: 1999–2008 Incidence and Mortality Web-based Report. Retrieved

from <http://apps.nccd.cdc.gov/uscs/cancersbyraceandethnicity.aspx>

U.S. Department of Health and Human Services (2009). *Health, United States,*

2009. Retrieved from <http://www.cdc.gov/nchs/data/hus/hus07.pdf#029>

U.S. Department of Health and Human Services, National Center for Health

Statistics (2011). *Health, United States, 2011*. Retrieved from

<http://www.cdc.gov/nchs/data/hus/hus11.pdf>

U.S. Department of Health and Human Services, Office of Minority Health

(2010a). *Asthma and African Americans*. Retrieved from

<http://minorityhealth.hhs.gov/templates/content.aspx?ID=6170>

U.S. Department of Health and Human Services, Office of Minority Health

(2010b). *Infant mortality and African Americans*. Retrieved from

<http://minorityhealth.hhs.gov/templates/content.aspx?lvl=3&lvlID=8&ID=3021>

U.S. Department of Health and Human Services, Office of the Surgeon General

(2011). *The Surgeon General's call to action to support breastfeeding*.

Washington, DC. Retrieved from

<http://www.surgeongeneral.gov/library/calls/breastfeeding/calltoactiontosupportbreastfeeding.pdf>

U.S. Department of Health and Human Services, Office on Women's Health

(2000). *Health and Human Services blueprint for action on breastfeeding*.

Retrieved from

<http://www.womenshealth.gov/archive/breastfeeding/programs/blueprints/bluprntbk2.pdf>

U.S. Department of Health and Human Services, Office of Women's Health

(2008). The business case for breastfeeding for business managers: Steps for

creating a breastfeeding friendly workplace. *The National Women's Health*

Information Center. Retrieved from

<http://www.womenshealth.gov/breastfeeding/government-in-action/business-case-for-breastfeeding/#easySteps>

US Equal Employment Opportunity Commission (2003). *Women of color: Their*

employment in the private sector. Retrieved from

<http://www.eeoc.gov/eeoc/statistics/reports/womenofcolor/womenofcolor.pdf>

Van Esterik, P. (1989). *Beyond the breast-bottle controversy*. New Brunswick,

NJ: Rutgers University Press.

- van Rossem, L., Vogel, I, Steegers, E.A., Moll, H.A., Jaddoe, V.W., Hofman, A., Mackenbach, J.P., & Raat, H. (2010). Breastfeeding patterns among ethnic minorities: The Generation R Study. *Journal of Epidemiology and Community Health, 64*, 1080-1085.
- Wambach, K. & Koehn, M. (2004). Experiences of infant-feeding decision-making among urban Economically disadvantaged pregnant adolescents. *Journal of Advanced Nursing, 48*(4), 361-370.
- Wambach, K.A. & Cohen, S.M. (2009). Breastfeeding experiences of urban adolescent mothers. *Journal of Pediatric Nursing, 24*(4), 244-254.
- Wambach, K.A., Aaronson, L., Breedlove, G., Williams Domian, E., Rojjanasrirat, W., & Yeh, H.W. (2011). A randomized control trial of breastfeeding support and education for adolescent mothers. *Western Journal of Nursing Research, 33*, 486-505.
- Whittemore, R. & Knafl, K. (2005). The integrative review: Updated methodology. *Journal of Advanced Nursing, 52*, 546-553.
- World Health Organization (2010). *Guidelines on HIV and infant feeding: Principles and recommendations for infant feeding in the context of HIV and a summary of evidence*. Geneva, WHO. Retrieved October 11, 2010 from http://whqlibdoc.who.int/publications/2010/9789241599535_eng.pdf
- World Health Organization Collaborative Study Team on the Role of Breastfeeding on the Prevention of Infant Mortality (2000). Effect of breastfeeding on infant and child mortality due to infectious disease in less developed countries: A pooled analysis. *Lancet, 355*, 451–455.

Xu, F, Binns, C., Nazi, G., Shi, L., Zhao, Y., & Lee, A. (2006). A comparison of breastfeeding among Han, Uygur, and other ethnic groups in Xinjiang, PR, China. *BMC Public Health*,6, 196-203.

Young, I. M. (1992). Breasted experience: The looking and the feeling. In D. Leder (ed.), *The body in medical thought and practice* (215-230). Boston, MA: Kluwer.

Appendix A

Sample Key Informant Interview Guide

1. How did you become interested in supporting mothers who want to breastfeed?
2. What is your role in supporting African American women who want to breastfeed?
3. How would you describe the breastfeeding experiences of African American women?
4. Do you believe that the breastfeeding experience for African American women is different than white women or women of other ethnicities from your supportive perspective?
5. In our experience, what are some of the challenges that African American women have with breastfeeding?
6. How would you describe the differences, if there are, in breastfeeding experiences of lower income African American women to moderate or upper income African American women?
7. Please share a story, or stories, about an African American woman/women that you assisted with breastfeeding.
8. What do you think African American women need in order to have positive breastfeeding experiences?
9. From your perspective, what things seem to motivate African American women to breastfeed?
10. From your perspective, what things discourage African American women from breastfeeding?
11. What questions do you believe would be important to ask AA women to gain an in-depth understanding of their breastfeeding experiences?

Probing questions will be asked to clarify and garner more detail based on participants' responses.

Appendix B

Sample Individual Interview Guide

1. Tell me about your experience with breastfeeding?
2. How did you make the decision to breastfeed?
3. How did you learn about breastfeeding?
4. Who was most helpful to you in learning about breastfeeding? What did they do that you found helpful?
5. What was the least helpful advice you received about breastfeeding?
6. What were some of the most challenging things about breastfeeding?
7. What were some of the most rewarding things about breastfeeding?
8. How did people that surround you on a day to day basis (family, friends, co-workers, etc) respond to your decision to breastfeed?
9. Describe the kinds and amount of help people living with you provided while you were breastfeeding.
10. Describe the kinds and amount of help members of your community provided while you were breastfeeding.
11. Was your breastfeeding experience what you thought it would be like? How was it like what you anticipated?
12. Was your breastfeeding experience different than what you thought it would be like? If it was different, tell me how it was different than what you anticipated.
13. How did breastfeeding fit into your everyday life?
14. If you worked while you were breastfeeding, tell me about how breastfeeding fit in with your work.
15. Tell me about your decision to stop breastfeeding?

16. Is there anything that you would change about your breastfeeding experience?
17. What would you tell a pregnant African American mother about breastfeeding?

Questions may be added, deleted, or modified based upon the analysis of the key informant interviews.

Probing questions will also be asked to clarify and garner more detail based on participants' responses.

Appendix C

Demographic Questionnaire

Please answer the following questions:

1. How old are you? _____

2. Describe your ethnicity/race.

3. How many children have you given birth to? _____

4. What is your highest level of education? (please circle)
Grade school
High School
Trade school
Some college
Associates degree
Bachelor's degree
Masters degree
Doctoral Degree

5. Are you employed? (please circle)
Yes No

6. How many hours do you work per week? _____

7. Do you participate or receive benefits from Special Supplemental Nutrition Program for *Women, Infants, and Children (WIC)*? (please circle)

Yes No

8. What is the total amount of your annual income?
 - a. Less than \$25,000

 - b. \$26,000 to \$50,000

- c. \$51,000 to \$75,000
- d. \$76,000 to \$100,000
- e. \$101,000 to \$125,000
- f. \$126,000 to \$150,000
- g. above \$151,000

Breastfeeding:

Please circle the answer that best describes breastfeeding at each age of your baby. Breastfeeding is defined as your baby receiving your breast milk either at the breast or by bottle.

1. One week old
 - a. No breastfeeding
 - b. Some breastfeeding, mostly formula
 - c. About equal breastfeeding and formula
 - d. Mostly breastfeeding, some formula
 - e. All breastfeeding
2. Two weeks old
 - a. No breastfeeding
 - b. Some breastfeeding, mostly formula
 - c. About equal breastfeeding and formula
 - d. Mostly breastfeeding, some formula
 - e. All breastfeeding

3. 1 month old
 - a. No breastfeeding
 - b. Some breastfeeding, mostly formula
 - c. About equal breastfeeding and formula
 - d. Mostly breastfeeding, some formula
 - e. All breastfeeding
4. 3 months old
 - a. No breastfeeding
 - b. Some breastfeeding, mostly formula
 - c. About equal breastfeeding and formula
 - d. Mostly breastfeeding, some formula
 - e. All breastfeeding
5. 6 months old
 - a. No breastfeeding
 - b. Some breastfeeding, mostly formula
 - c. About equal breastfeeding and formula
 - d. Mostly breastfeeding, some formula
 - e. All breastfeeding

6. 9 months old
 - a. No breastfeeding
 - b. Some breastfeeding, mostly formula
 - c. About equal breastfeeding and formula
 - d. Mostly breastfeeding, some formula
 - e. All breastfeeding

7. 12 months old
 - a. No breastfeeding
 - b. Some breastfeeding, mostly formula
 - c. About equal breastfeeding and formula
 - d. Mostly breastfeeding, some formula
 - e. All breastfeeding

8. At what age (in weeks or months) did you completely stop giving your baby your breast milk either at breast or by bottle? (Please be as specific as possible, for example 4 months and 1 week old, or 13 weeks)
_____.

Appendix D

Sample Focus Group Interview Questions

- (Opening) 1. Tell us your name (alias) and how many children you have.
- (Introductory) 2. Tell us how you became passionate about breastfeeding.
- (Transition) 3. Explained the purpose of the focus group to participants and described Black feminist thought.
- (Key) 4. From my individual interviews with African American women who breastfed, (theme/subtheme) was a common sentiment or experience. Tell me what you think about that.
- (This question will be repeated with the common themes/subthemes from the individual interview analysis)
5. What do you think African American women need in order to have positive breastfeeding experiences?
6. What are some suggestions you have for breastfeeding promotion, education, and/or support for African American women?
- (Closing) 7. Is there anything else that you would like to share with the group regarding African American women and breastfeeding?

Appendix E

Letter of Invitation to Potential Participants

Individual Interviews

(Individual interview-Flesch-Kinkaid grade level 8.0, reading ease 68.6)

I am a nursing student and I am conducting a breastfeeding study. I am interested in learning about the breastfeeding experiences of African American women. I am most interested in learning about how breastfeeding fit in with your day-to-day life. Would you be interested in sharing your experiences with breastfeeding in an interview with me? The interview will take about an hour and I may need to call you with follow up questions after the interview. The interview will be audio taped. The interview can be at a time and place that is best for you. You only have to share what you feel like sharing with me, and you can drop out of the study at any time.

If you are an African American woman age 18 years or older who breastfed a healthy baby for 1 month or more you are able to join the study. If you agree to join the study you will be asked to sign a letter of consent. Joining the study is totally voluntary and I will not share your name with anyone. As a thank you for your interview you will be offered a baby bath towel, burp cloth, and bib (\$20 value). If you would like to be in the study, or have any questions about the study please call me at my cell phone number below.

972-400-8985

Thank you for your consideration,

Becky Spencer, RN, MSN
University of Kansas School of Nursing

Appendix F

Letter of Invitation to Potential Participants

Focus Group

(Focus Group Interview-Flesch-Kinkaid grade level 8.2, reading ease 67.2)

I am a nursing student and I am conducting a breastfeeding study. I am interested in learning about the breastfeeding experiences of African American women. I am most interested in learning about how breastfeeding fit in with your day-to-day life. Would you like to share your experiences with breastfeeding in a focus group interview with me? A focus group will be a group of 5-8 African American women who have breastfed a baby. I will ask the group to talk about what breastfeeding was like. I will also ask your opinion on some ideas about breastfeeding that I learned about from other African American women who breastfed a baby. The interview will take about an hour and I may need to call you with follow up questions after the interview. The interview will be audio taped. The interview can be at a time and place that is best for the group. You only have to share what you feel like sharing with me, and you can drop out of the study at any time.

If you are an African American woman age 18 years or older who breastfed a healthy baby for 1 month or more you are able to join the study. If you agree to join the study you will be asked to sign a letter of consent. Joining the study is totally voluntary and I will not share your name with anyone. If you would like to be in the study, or have any questions about the study please call me at my cell phone number below.

972-400-8985

Thank you for your consideration,

Becky Spencer, RN, MSN
Doctoral candidate
University of Kansas School of Nursing

Appendix G
Letter of Invitation to Key Informants

(Focus Group letter-Flesch-Kinkaid grade level 8.7, reading ease 63.4)

I am a nursing student and I am conducting a breastfeeding study. I am interested in learning about the breastfeeding experiences of African American women. You are being asked to take part in this study because you are in a position to support and educate African American women about breastfeeding. Would you be interested in sharing your experiences in supporting African American women with breastfeeding in an interview with me? The interview will take about an hour and I may need to call you with follow up questions after the interview. The interview will be audio taped. The interview can be at a time and place that is best for you. You only have to share what you feel like sharing with me, and you can drop out of the study at any time.

If you agree to join the study you will be asked to sign a letter of consent. Joining the study is totally voluntary and I will not share your name with anyone. If you would like to be in the study, or have any questions about the study please call me at my cell phone number below.

972-400-8985

Thank you for your consideration,

Becky Spencer, RN, MSN
Doctoral candidate
University of Kansas School of Nursing

Appendix H

RESEARCH CONSENT

Individual Interview Participants

TITLE: A Qualitative Descriptive Description of African American Women's Breastfeeding Experiences

You are being asked to join a research study. You are being asked to take part in this study because you are an African American woman who has breastfed a baby. You do not have to participate in this research study. The main purpose of this research is to learn about the concerns and needs of African American women who breastfeed their babies in order to help more African American women breastfeed successfully in the future. Research studies may or may not benefit the people who participate.

Research is voluntary, and you may change your mind at any time. There will be no penalty to you if you decide not to participate, or if you start the study and decide to stop early.

This consent form explains what you have to do if you are in the study. It also describes the possible risks and benefits. Please read the form carefully and ask as many questions as you need to, before deciding about this research. You can ask questions now or anytime during the study. The researcher will tell you if they receive any new information that might cause you to change your mind about participating.

This research study is part of a course requirement for the KU School of Nursing PhD program. Dr. Karen Wambach is the faculty mentor to Becky Spencer who is conducting the study. A total of about 20-25 participants who are African American women aged 18 years or older will be interviewed for the study.

BACKGROUND

African American women are least likely to breastfeed among women of other races despite efforts to promote breastfeeding in African American populations of the US. Very little research has been done that asks African American women to describe their breastfeeding experiences as they relate to their day-to-day activities.

PURPOSE

By doing this study, the researcher hopes to learn about breastfeeding experiences of African American women with the goal of discovering not simply what, but how and why certain factors affect their breastfeeding decisions. Findings from the research could be used to design breastfeeding promotion, education, and counseling initiatives that specifically address the concerns and needs of the African American community.

PROCEDURES

If you are eligible and decide to participate in this study, your participation will last approximately 1-2 hours for the interview and possibly another hour for a follow-up contact. Your participation will involve:

- An interview with the researcher asking questions regarding your breastfeeding experiences.
- A follow-up interview may be asked of you to qualify or seek further information and review the transcribed information.
- The interviews will be recorded and transcribed by the researcher. Your identity will be held in confidence by using a numbered code as the identity marker for your transcribed interview comments and only known to the researcher and her assistant.
- All recordings will be destroyed after the analysis of the data is completed.
- The transcriptions of recordings from each interview will be maintained in a secured file for 5 years as required by the research review board and then destroyed.
- You will be asked to fill out a demographic information form that will ask for information like gender, age, ethnic background and breastfeeding history.

RISKS

You may feel uncomfortable discussing your breastfeeding experiences. If at any point you are not comfortable you may skip a question or stop participating all together. The treatment of the information will be confidential although there is some risk that the information might be released. In order to minimize these risks, your information will be kept confidential. You are free to give only the information you choose to and will be maintained only by the researcher.

NEW FINDINGS STATEMENT

You will be told about anything new that might change your decision to be in this study. You may be asked to sign a new consent form if this occurs.

BENEFITS

You will not directly benefit from participating in this research study. The researcher hopes that the information obtained in this study will help nurses and other health care providers better understand the concerns and needs of African American women regarding breastfeeding.

ALTERNATIVES

Participation in this study is voluntary. Deciding not to participate will have no effect on your relationship with the researcher or services you receive from your health care provider.

COSTS

There is no cost for being in the study.

PAYMENT TO SUBJECTS

As a thank you for your time and participation you will be offered a baby photo album (\$20 value).

INSTITUTIONAL DISCLAIMER STATEMENT

If you think you have been harmed as a result of participating in research at the University of Kansas Medical Center (KUMC), you should contact the Director, Human Research Protection Program, Mail Stop #1032, University of Kansas Medical Center, 3901 Rainbow Blvd., Kansas City, KS 66160. Under certain conditions, Kansas state law or the Kansas Tort Claims Act may allow for payment to persons who are injured in research at KUMC.

CONFIDENTIALITY

The researcher will protect your information, as required by law. Absolute confidentiality cannot be guaranteed because persons outside the study team may need to look at your study records. The researchers may publish the results of the study. If they do, they will only discuss group results. Your name will not be used in any publication or presentation about the study.

QUESTIONS

Before you sign this form, Becky Spencer or her research assistant should answer all your questions. You can talk to the researcher if you have any more questions, suggestions, concerns or complaints after signing this form. If you have any questions about your rights as a research subject, or if you want to talk with someone who is not involved in the study, you may call the Human Subjects Committee at (913) 588-1240. You may also write the Human Subjects Committee at Mail Stop #1032, University of Kansas Medical Center, 3901 Rainbow Blvd., Kansas City, KS 66160.

SUBJECT RIGHTS AND WITHDRAWAL FROM THE STUDY

You may stop being in the study at any time. Your decision to stop will not prevent you from getting treatment or services from your healthcare provider. The entire study may be discontinued for any reason without your consent by the investigator conducting the study.

CONSENT

Becky Spencer or her research assistant has given you information about this research study. They have explained what will be done and how long it will take. They explained any inconvenience, discomfort or risks that may be experienced during this study.

By signing this form, you say that you freely and voluntarily consent to participate in this research study. You have read the information and had your questions answered.

You will be given a signed copy of the consent form to keep for your records.

Print Participant's Name

Signature of Participant

Time

Date

Print Name of Person Obtaining Consent

Signature of Person Obtaining Consent

Date

Appendix I

RESEARCH CONSENT

Focus Group Participants

TITLE: A Qualitative Descriptive Description of African American Women's Breastfeeding Experiences

You are being asked to join a research study. You are being asked to take part in this study because you are an African American woman who breastfed a healthy infant. You do not have to participate in this research study. The main purpose of research is to create new knowledge for the benefit of future patients and society in general. Research studies may or may not benefit the people who participate.

Research is voluntary, and you may change your mind at any time. There will be no penalty to you if you decide not to participate, or if you start the study and decide to stop early. Either way, you can still get medical care and services from your own health care provider.

This consent form explains what you have to do if you are in the study. It also describes the possible risks and benefits. Please read the form carefully and ask as many questions as you need to, before deciding about this research.

You can ask questions now or anytime during the study. The researchers will tell you if they receive any new information that might cause you to change your mind about participating.

This research study will take place in the Dallas/Fort Worth Texas area with Becky Spencer, MSN, RN as the researcher. Her dissertation advisor is Dr. Karen Wambach at the University of Kansas School of Nursing. About 28 people will be in the study.

BACKGROUND

A significant gap in breastfeeding rates exists between African American and other races despite efforts to promote breastfeeding among African American women. The proposed qualitative descriptive study will explore and describe the breastfeeding experiences of African American women with the aim of discovering not simply what, but how and why certain factors affect breastfeeding duration.

PURPOSE

Findings from the research could be used to design breastfeeding promotion, education, and counseling initiatives that are specific and targeted to the needs of the African American community.

PROCEDURES

If you are eligible and decide to participate in this study, your participation will last approximately 1-2 hours for an initial interview and possibly an additional 30 minutes to 1 hour for a follow-up interview. Your participation will involve:

- A focus group interview comprised of 5-8 women who have breastfed their children with the researcher asking questions about breastfeeding experiences.
- A follow-up interview may be asked of you to qualify or seek further information and review the transcribed information.
- The focus group will be recorded and transcribed by the researcher. Your identity will be held in confidence by asking you to choose a name other than your own as the identity marker for your transcribed interview comments.
- All recordings will be destroyed after the analysis of the data is completed.
- The transcriptions of recordings from each interview will be maintained in a secured file at the University of Kansas, School of Nursing for a period of not less than 6 years as required by the Kansas University Medical Center Research Institute and then destroyed.
- You will be asked a short series of questions regarding yourself such as gender, age, income level, education level, and length of breastfeeding experience.

RISKS

You may feel uncomfortable discussing your experiences with breastfeeding in the focus group. If at any point you are not comfortable you may skip a question or stop participating all together. The treatment of the information will be confidential although there is some risk that the information might be released. In order to minimize these risks, your information will be kept confidential. You are free to give only the information you choose to and will be maintained by the researchers.

There may be other risks of the study that are not yet known.

NEW FINDINGS STATEMENT

You will be told about anything new that might change your decision to be in this study. You may be asked to sign a new consent form if this occurs.

BENEFITS

There are no known benefits to participating in this research. Sharing experiences of breastfeeding during a focus group may provide women with reflection and satisfaction.

The researcher hopes that learning about the breastfeeding experiences of African American women will provide knowledge that will facilitate design of future breastfeeding promotion, education, and counseling that will help support African American women to breastfeed more often and for longer duration.

ALTERNATIVES

Participation in this study is voluntary. Deciding not to participate will have no effect on the care or services you receive from your or your baby's medical provider.

COSTS

There is no cost for being in the study.

PAYMENT TO SUBJECTS

You will be offered a gift of a baby bath towel, burp cloth, and bib as a gesture of thanks for your participation in the study.

IN THE EVENT OF INJURY

If you experience any problems during this study, you should immediately contact Becky Spencer at 972-400-8985. Your call will be returned that day. A member of the research team will decide what type of treatment, if any, is best for you at that time.

INSTITUTIONAL DISCLAIMER STATEMENT

If you think you have been harmed as a result of participating in research at the University of Kansas Medical Center (KUMC), you should contact the Director, Human Research Protection Program, Mail Stop #1032, University of Kansas Medical Center, 3901 Rainbow Blvd., Kansas City, KS 66160. Under certain conditions, Kansas state law or the Kansas Tort Claims Act may allow for payment to persons who are injured in research at KUMC.

CONFIDENTIALITY AND PRIVACY AUTHORIZATION

The researchers will protect your information, as required by law. Absolute confidentiality cannot be guaranteed because persons outside the study team may need to look at your study records. The researchers may publish the results of the study. If they do, they will only discuss group results. Your name will not be used in any publication or presentation about the study.

Your health information is protected by a federal privacy law called HIPAA. By signing this consent form, you are giving permission for KUMC to use and share your health information. If you decide not to sign the form, you cannot be in the study.

The researchers will only use and share information that is needed for the study. To do the study, they will collect health information from the study activities and from your medical record. You may be identified by information such as name, address, phone, date of birth, social security number, or other identifiers. Your health information will only be used by the researcher, members of the research team, the KUMC Human Subjects Committee and other committees and offices that review and monitor research studies. Study records might be reviewed by government officials who oversee research, if a regulatory review takes place.

All study information will have your name and other identifying characteristics removed, so that your identity will not be known. Because identifiers will be removed, your health information will not be re-disclosed by outside persons or groups and will not lose its federal privacy protection.

Your permission to use and share your health information remains in effect until the study is complete and the results are analyzed. After that time, researchers will remove personal information from study records.

QUESTIONS

Before you sign this form, Becky Spencer, or other members of the study team should answer all your questions. You can talk to the researchers, including Dr. Wambach (913-588-1639), the dissertation adviser, if you have any more questions, suggestions, concerns or complaints after signing this form. If you have any questions about your rights as a research subject, or if you want to talk with someone who is not involved in the study, you may call the Human Subjects Committee at (913) 588-1240. You may also write the Human Subjects Committee at Mail Stop #1032, University of Kansas Medical Center, 3901 Rainbow Blvd., Kansas City, KS 66160.

SUBJECT RIGHTS AND WITHDRAWAL FROM THE STUDY

You may stop being in the study at any time. Your decision to stop will not prevent you from getting treatment or services at KUMC. The entire study may be discontinued for any reason without your consent by the investigator conducting the study.

You have the right to cancel your permission for researchers to use your health information. If you want to cancel your permission, please write to Becky Spencer. The mailing address is, 4641 Biltmore Dr., Frisco, TX 75034. If you cancel permission to use your health information, you will be withdrawn from the study. The research team will stop collecting any additional information about you. The research team may use and share information that was gathered before they received your cancellation.

CONSENT

Becky Spencer or the research team has given you information about this research study. They have explained what will be done and how long it will take. They explained any inconvenience, discomfort or risks that may be experienced during this study.

By signing this form, you say that you freely and voluntarily consent to participate in this research study. You have read the information and had your questions answered.

You will be given a signed copy of the consent form to keep for your records.

Print Participant's Name

Signature of Participant

Time

Date

Print Name of Person Obtaining Consent

Signature of Person Obtaining Consent

Date

Appendix J

RESEARCH CONSENT

Key Informants

TITLE: A Qualitative Descriptive Description of African American Women's Breastfeeding Experiences

You are being asked to join a research study. You are being asked to take part in this study because you are in a position to support and educate African American women about breastfeeding. You do not have to participate in this research study. The main purpose of this research is to learn about the concerns and needs of African American women who breastfeed their babies in order to help more African American women breastfeed successfully in the future. Research studies may or may not benefit the people who participate.

Research is voluntary, and you may change your mind at any time. There will be no penalty to you if you decide not to participate, or if you start the study and decide to stop early.

This consent form explains what you have to do if you are in the study. It also describes the possible risks and benefits. Please read the form carefully and ask as many questions as you need to, before deciding about this research.

You can ask questions now or anytime during the study. The researcher will tell you if they receive any new information that might cause you to change your mind about participating.

This research study is part of a course requirement for the KU School of Nursing PhD program. Dr. Karen Wambach is the faculty mentor to Becky Spencer who is conducting the study. A total of about 20-25 participants who are African American women aged 18 years or older will be interviewed for the study.

BACKGROUND

African American women are least likely to breastfeed among women of other races despite efforts to promote breastfeeding in African American populations of the US. Very little research has been done that asks African American women to describe their breastfeeding experiences as they relate to their day-to-day activities.

PURPOSE

By doing this study, the researcher hopes to learn about breastfeeding experiences

of African American women with the goal of discovering not simply what, but how and why certain factors affect their breastfeeding decisions. Findings from the research could be used to design breastfeeding promotion, education, and counseling initiatives that specifically address the concerns and needs of the African American community.

PROCEDURES

If you are eligible and decide to participate in this study, your participation will last approximately 1-2 hours for the interview and possibly another hour for a follow-up contact. Your participation will involve:

- An interview with the researcher asking questions regarding your breastfeeding experiences.
- A follow-up interview may be asked of you to qualify or seek further information and review the transcribed information.
- The interviews will be recorded and transcribed by the researcher. Your identity will be held in confidence by using a numbered code as the identity marker for your transcribed interview comments and only known to the researcher and her assistant.
- All recordings will be destroyed after the analysis of the data is completed.
- The transcriptions of recordings from each interview will be maintained in a secured file for 5 years as required by the research review board and then destroyed.
- You will be asked to fill out a demographic information form that will ask for information like gender, age, and ethnic background.

RISKS

You may feel uncomfortable discussing the breastfeeding experiences of women that you have worked with. If at any point you are not comfortable you may skip a question or stop participating all together. The treatment of the information will be confidential although there is some risk that the information might be released. In order to minimize these risks, your information will be kept confidential. You are free to give only the information you choose to and will be maintained only by the researcher.

NEW FINDINGS STATEMENT

You will be told about anything new that might change your decision to be in this study. You may be asked to sign a new consent form if this occurs.

BENEFITS

You will not directly benefit from participating in this research study. The researcher hopes that the information obtained in this study will help nurses and

other health care providers better understand the concerns and needs of African American women regarding breastfeeding.

ALTERNATIVES

Participation in this study is voluntary. Deciding not to participate will have no effect on your relationship with the researcher or services you receive from your health care provider.

COSTS

There is no cost for being in the study.

PAYMENT TO SUBJECTS

There will be no payment for your participation in this study.

INSTITUTIONAL DISCLAIMER STATEMENT

If you think you have been harmed as a result of participating in research at the University of Kansas Medical Center (KUMC), you should contact the Director, Human Research Protection Program, Mail Stop #1032, University of Kansas Medical Center, 3901 Rainbow Blvd., Kansas City, KS 66160. Under certain conditions, Kansas state law or the Kansas Tort Claims Act may allow for payment to persons who are injured in research at KUMC.

CONFIDENTIALITY

The researcher will protect your information, as required by law. Absolute confidentiality cannot be guaranteed because persons outside the study team may need to look at your study records. The researchers may publish the results of the study. If they do, they will only discuss group results. Your name will not be used in any publication or presentation about the study.

QUESTIONS

Before you sign this form, Becky Spencer or her research assistant should answer all your questions. You can talk to the researcher if you have any more questions, suggestions, concerns or complaints after signing this form. If you have any questions about your rights as a research subject, or if you want to talk with

someone who is not involved in the study, you may call the Human Subjects

Committee at (913) 588-1240. You may also write the Human Subjects Committee at Mail Stop #1032, University of Kansas Medical Center, 3901 Rainbow Blvd., Kansas City, KS 66160.

SUBJECT RIGHTS AND WITHDRAWAL FROM THE STUDY

You may stop being in the study at any time. Your decision to stop will not prevent you from getting treatment or services from your healthcare provider. The entire study may be discontinued for any reason without your consent by the investigator conducting the study.

CONSENT

Becky Spencer or her research assistant has given you information about this research study. They have explained what will be done and how long it will take. They explained any inconvenience, discomfort or risks that may be experienced during this study.

By signing this form, you say that you freely and voluntarily consent to participate in this research study. You have read the information and had your questions answered.

You will be given a signed copy of the consent form to keep for your records.

Print Participant's Name

Signature of Participant

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