

# Factors That Influence Breastfeeding Initiation Among African American Women

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## ABSTRACT

**Objective:** To examine cultural and socioenvironmental factors that affect breastfeeding initiation among African American women.

**Design:** Qualitative descriptive design and conventional content analysis.

**Setting:** A large, inner-city, primary care center affiliated with a 500-bed children's hospital within a large, North-eastern U.S. city.

**Participants:** Participants were 34 U.S.-born African American mothers of healthy term infants 0 to 3 months of age.

**Methods:** Six focus groups were conducted using a 16-question, scripted interview guide.

**Results:** A number of complex issues that influenced breastfeeding initiation included certain cultural beliefs about sexuality, the influence of family and peer networks, information sources, intentions, and a variety of other barriers and facilitators.

**Conclusion:** Our findings suggest that the decision to initiate breastfeeding is not solely determined by the woman within the African American community. Because this decision is contingent on multiple factors external to the woman, it is important to recognize the role that partners, grandmothers, communities, information sources, and health care providers/organizations play in women's decisions. Implementation of multilevel strategies is critical to increase breastfeeding initiation among African American mothers.

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The breastfeeding initiation rate among women in the United States is approximately 81.1% (Centers for Disease Control and Prevention [CDC], 2016). Although this rate is less than that of most industrialized nations worldwide, the U.S. breastfeeding initiation rate has continued to improve since 1972. However, in the United States, African American women initiate breastfeeding at a rate of only 66.3% (CDC, 2016). This indicates a striking disparity when compared with women of other races/ethnicities, particularly White and Hispanic women (84.3% and 83.0%, respectively; CDC, 2016). These rates indicate that African American women are less likely to initiate breastfeeding, which increases the risk for African American infants to experience infant mortality, sudden infant death syndrome (SIDS), childhood morbidities, and chronic health conditions (Spencer & Grassley, 2013).

The short- and long-term nutritional, anti-inflammatory, and immunologic benefits of human milk are well established. Human milk decreases mortality and infectious disease (Eidelman et al., 2012; Ma & Magnus, 2012; Reeves & Woods-Giscombé, 2015; Spatz & Lessen, 2011). This is critically important because African American infants and children are at greater risk for the development of diseases such as asthma (13.4% African American vs. 7.6% White at ages < 18 years), obesity (23.8% African American vs. 13.1% White at ages 6–11 years), infant mortality (2.2 times the rate of White infants), and SIDS (1.9 times the rate of White infants). Human milk decreases the risk of lower respiratory tract infections, asthma, otitis media, gastrointestinal infections, necrotizing enterocolitis, SIDS, and obesity (Eidelman et al., 2012; Hildebrand et al., 2014; Spatz & Lessen, 2011; Ware, Webb, & Levy, 2014).

## In African American women, the decision to initiate breastfeeding is not solely determined by the women but is contingent on multiple external factors.

It is likely that the factors that influence the decision to initiate breastfeeding among African American women include internal (individual) and external (interpersonal, organizational, community, and public policy) factors. Examples such as the conceptual model for breastfeeding behavior by Lee et al. (2009) illustrate how these elements influence breastfeeding intention and initiation through interactions among demographic, socioeconomic, and external modifiable factors (Gross et al., 2014; Lee et al., 2009; Reeves & Woods-Giscombé, 2015; Ware et al., 2014). The conceptual model for breastfeeding behavior was specifically designed to explain breastfeeding intention and initiation through nonmodifiable factors of demographics (race/ethnicity and nativity) and socioeconomic factors (education, employment, income, age, birth order) that interplay with external modifiable factors. External factors include cultural context, social environment, maternal well-being and behaviors, and infant characteristics (Gross et al., 2014; Lee et al., 2009; Reeves & Woods-Giscombé, 2015; Ware et al., 2014).

Lee et al. (2009) provided a detailed examination of breastfeeding practices and modifiable factors among primarily minority (64% African American), inner-city women in Philadelphia, PA. They reported that cultural and social-environmental factors played a central role in the decision to initiate breastfeeding. To understand and address low rates of initiation among African American women, these issues must be investigated further through focused research and analysis (Reeves & Woods-Giscombé, 2015). Therefore, the purpose of our study was to explore perceptions of the facilitators of and barriers to breastfeeding initiation among African American women with a specific focus on cultural and social-environmental factors.

### Methods

We used a qualitative research design to uncover factors that influence opinion, behavior, and motivation about breastfeeding and to explore the social issues associated with breastfeeding initiation among African American women. Focus groups were used to gain women's perspectives on beliefs, practices, facilitators, and barriers to

breastfeeding initiation in the African American community. The institutional review boards of the University of North Carolina at Chapel Hill and the Children's Hospital of Philadelphia approved this study.

### Sample and Setting

The setting was a large, primary care facility affiliated with a 500-bed pediatric hospital within a large Northeastern U.S. city. The facility provides comprehensive primary care for the West Philadelphia community and has the capacity to accommodate more than 45,000 outpatient visits each year. More than half of the population receiving care at this setting self-identifies as Black or African American, and almost 75% are enrolled in Medicaid or Medicaid/Managed Care. African American mothers of infants 0 to 3 months of age were invited to participate.

We purposefully divided participants into two groups: those who were breastfeeding at the time of enrollment and those who were not breastfeeding. Inclusion criteria were U.S.-born African American woman; English speaking (primary language); mother of a healthy term infant within the past 3 months; and at least 18 years of age. Consent was obtained from a total of 61 women because of anticipated high no-show rates for the focus groups; focus groups were discontinued after 34 African American mothers participated. Additional focus groups were not deemed necessary because saturation of themes was reached. Participants included a diverse sample of African American mothers with various demographic characteristics.

### Data Collection

The first author actively recruited eligible women for focus groups on weekdays at the primary care center during their infants' scheduled medical visits. Each eligible woman was approached by a nurse or medical assistant at the center regarding the woman's interest in participation in the study. Interested women remained in their examination rooms to discuss the purpose of the research, requirements of participation, incentives for participation, and interest in enrollment with the researcher via a standardized script. Interested women were informed that they would be asked to voluntarily share their personal experiences about cultural, social, and environmental factors that influenced their decisions to breastfeed their infants in a one-time group session. After they provided informed consent, enrollees were given information about future scheduled focus groups

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