

Ohio Department of Health

WIC AFRICAN AMERICAN BREASTFEEDING FOCUS GROUP PROJECT

2011

FINAL REPORT



Research on
African American
attitudes and
beliefs regarding
breastfeeding

Produced by

RAMA Consulting Group, Inc.



WIC African American Breastfeeding Focus Groups Final Report

Acknowledgements

WIC Local Contacts

Alisa Charles
Barbara Riley
Betsy Buchanan
Cindy Meale
Clark Allen
Fawn Allison
Gretchen Koch
Joanne Tate
John Ridgway
Laura Roach
Michelle Burns
Susan Conover
Tessa Gossett
Tracey Waller

**Ohio Department of Health, Bureau of Nutrition Services
Women, Infants, and Children (WIC) Program
State Level Staff**

**RAMA CONSULTING GROUP, INC.
LEAD CONSULTANT
Mataryun “Mo” Wright, M.P.A.**



ASSOCIATES & FACILITATORS

Tamara Drayton
Jonathan Ross
Marshall Shorts
Tei Street
Quentin Taylor





WIC African American Breastfeeding Focus Groups Final Report

Table of Contents

	Page #
I. Introduction and Research Process	3
II. Participant Profile	7
III. Overview of Key Findings	12
IV. Recommendations	20
V. Appendix	24





WIC African American Breastfeeding Focus Groups Final Report

Executive Summary

Background

The Ohio Department of Health (ODH), Bureau of Nutrition Services, WIC Program is a supplemental nutrition program regulated by the United States Department of Agriculture (USDA), that helps income-eligible pregnant, postpartum, and breast-feeding women, infants and children who are at health risk due to inadequate nutrition. WIC provides supplemental, highly nutritious food and/or formula items, nutrition education, breastfeeding support and referral to prenatal and pediatric health care and other maternal and child health and human services programs. WIC is available in approximately 235 clinics in Ohio's 88 counties and currently serves approximately 280,000 participants on a monthly basis.

The Ohio WIC program desires to increase the percentage of African-American women enrolled in WIC (AAWEW) who initiate breastfeeding and continue to exclusively breastfeed their infants to 6 months of age and beyond. From 2000 to 2009, the percentage of AAWEW who have ever breastfed has increased from 33.6 percent to 46.8 percent. During the same years, the percentage of AAWEW who extended breastfeeding duration increased from 12.7 percent to 16.3 percent. Rates of exclusive breastfeeding are below 3 percent at 3 months or later. While the gains in initiation and duration are promising, more information is needed to grow rates to reach goals established by the Healthy People 2010 Report. Through this report, the Ohio WIC program is seeking insights into attitudes and beliefs, social norms, cultural practices and other socio-ecological barriers that hinder African-American women from breastfeeding and develop a plan of action based upon research findings.

Numerous studies have linked knowledge, beliefs, attitudes, social support and hospital practices to breastfeeding rates among the AAWEW population. However, research has also demonstrated that AAWEW exhibit higher levels of comfort with formula feeding compared to other races and that formula feeding is a social norm in some African-American communities. Family practices, beliefs about infant and child behavior, and challenging life experiences have been documented as influences in infant feeding decisions. Additionally, the Ohio WIC program received negative feedback from individuals and community organizations in response to a statewide breastfeeding awareness campaign that featured an African-American infant. In order to find out what strategies can be done to promote healthy breastfeeding habits among the African-American community, more information was needed to understand the social and cultural contexts of infant feeding practices in African-American communities in Ohio.





WIC African American Breastfeeding Focus Groups Final Report

Ohio WIC desired to research factors that contribute to:

- low rates of African American mothers who breastfeed
- stigmas pertaining to breastfeeding in the African-American community
- better promotion of healthy feeding habits in the African-American community

WIC African-American Women Breastfeeding Planning Project

RAMA Consulting Group, Inc. was engaged by ODH to conduct this research project which is designed to examine beliefs, attitudes, and perceptions of African American women enrolled on WIC. RAMA designed a highly participative process that included the recruitment and facilitation of program participant focus groups, collecting and analyzing survey data, and preparing session specific summaries as well as this statewide report.

Specifically our research process included:

1. Designing focus group question protocols, agendas, and any supporting handouts to collect data and complete analysis
2. Producing a final approach and plan for recruitment, coordination, facilitation and documentation of the 18 focus groups in the targeted urban areas around the State of Ohio
3. Developing a contingency plan for focus group rescheduling due to inclement weather or emergencies
4. Developing a communication plan outlining scheduled meetings and communications between RAMA and ODH
5. Producing of session summary reports including information regarding focus group statistics, analyzed data, and necessary conclusions, where possible
6. Preparing the final report that synthesizes all findings and research activities along with appropriate recommendations





WIC African American Breastfeeding Focus Groups Final Report

Our Approach

The WIC African American Breastfeeding Focus Group project was designed to hear the real insights, perspectives and challenges from program participants. It included capturing the insights from small and large urban cities where African American WIC participants are mostly concentrated. RAMA was assisted by local WIC directors and staff in the recruitment of the participants to ensure that the focus groups were good representations of the target population. Each focus group participant was required to sign an informed consent to acknowledge the intent of the focus group and their agreement to participate. A pre-focus group survey was designed to collect anonymous data on each participant that included demographics and profile information.

Recruitment Insights

The RAMA Consulting Group was assisted by local WIC directors in the recruitment of focus group participants. As sessions were underway, RAMA noticed that there was a trend that WIC participants did not stick to their commitment to attend their scheduled appointments and/or their pre-scheduled focus group sessions. Although the financial incentive offered was likely a motivation to sign up to participate, there were instances where this factor did not play a significant role. As the recruitment process continued, we observed that participants predominately used cell phones as the primary means of contact. The RAMA staff decided to use a strategy of texting participants to remind them of their focus group times the morning of the group. This was done in addition to the normal 24 hr reminder calls prior to the session. After piloting this process during the final 3 focus group sessions, we believe this practice may prove promising in the future. Refer to the table on the following page to see statistics on participants from each city who were scheduled to attend focus group sessions versus those who actually attended.

Caveats about Accuracy

RAMA Consulting Group has been careful in collecting, aggregating, analyzing and presenting data from a variety of sources to prepare the *“2011 WIC African American Breastfeeding Focus Group Project Final Report”*. Although RAMA has judged its data sources to be reliable, it was not possible to authenticate all data. If readers of the report discover data or typographical errors, RAMA welcomes this feedback and will incorporate corrections into future updates of the report.





WIC African American Breastfeeding Focus Groups Final Report

Focus Group Registration and Attendance Overview

City	Registered Participants	Participants Attended	% Attending
Akron, Ohio (AM)	13	8	61.5%
Akron, Ohio (PM)	18	5	27.8%
Canton, Ohio (AM)	13	5	38.5%
Canton, Ohio (PM)	15	9	60.0%
Cincinnati, Ohio (AM)	24	14	58.3%
Cincinnati, Ohio (PM)	13	8	61.5%
Cleveland, Ohio (AM)	34	17	50.0%
Cleveland, Ohio (PM)	32	16	50.0%
Cleveland, Ohio (AM) <i>Supplemental</i>	13	9	69.2%
Cleveland, Ohio (PM) <i>Supplemental</i>	23	17	73.9%
Columbus, Ohio (AM)	14	10	71.4%
Columbus, Ohio (PM)	19	14	73.6%
Columbus, Ohio <i>Supplemental</i>	11	8	72.7%
Dayton, Ohio (AM)	15	7	46.7%
Dayton, Ohio (PM)	15	7	46.7%
Hamilton, Ohio	19	15	78.9%
Lorain, Ohio	16	8	50.0%
Toledo, Ohio (AM)	15	7	46.7%
Toledo, Ohio (PM)	13	5	38.5%
Youngstown, Ohio (AM)	23	15	65.2%
Youngstown, Ohio (PM)	22	8	36.4%
Total Participants	380	212	55.8%



Ohio Department of Health

WIC AFRICAN AMERICAN BREASTFEEDING FOCUS GROUP PROJECT

2011

FINAL REPORT

PARTICIPANT PROFILE





WIC African American Breastfeeding Focus Groups Final Report

Participant Profile & Survey Responses

Total Focus Group Survey Respondents					
206					
Age					
17 and under	18 - 24	25 - 34	35 - 44	45 - 54	55 - 64
8	85	90	19	3	1
3.9%	41.3%	43.7%	9.2%	1.5%	0.5%
Employment Status					
Full - time		30		14.7%	
Part - time		48		23.5%	
Unemployed		126		61.8%	

Are you aware of the WIC Breastfeeding Peer Helper Groups?		Have you participated in the Breastfeeding Peer Helper Groups?	
Yes	115 (56.7%)	Yes	28 (13.9%)
No	88 (43.3%)	No	173 (86.1%)

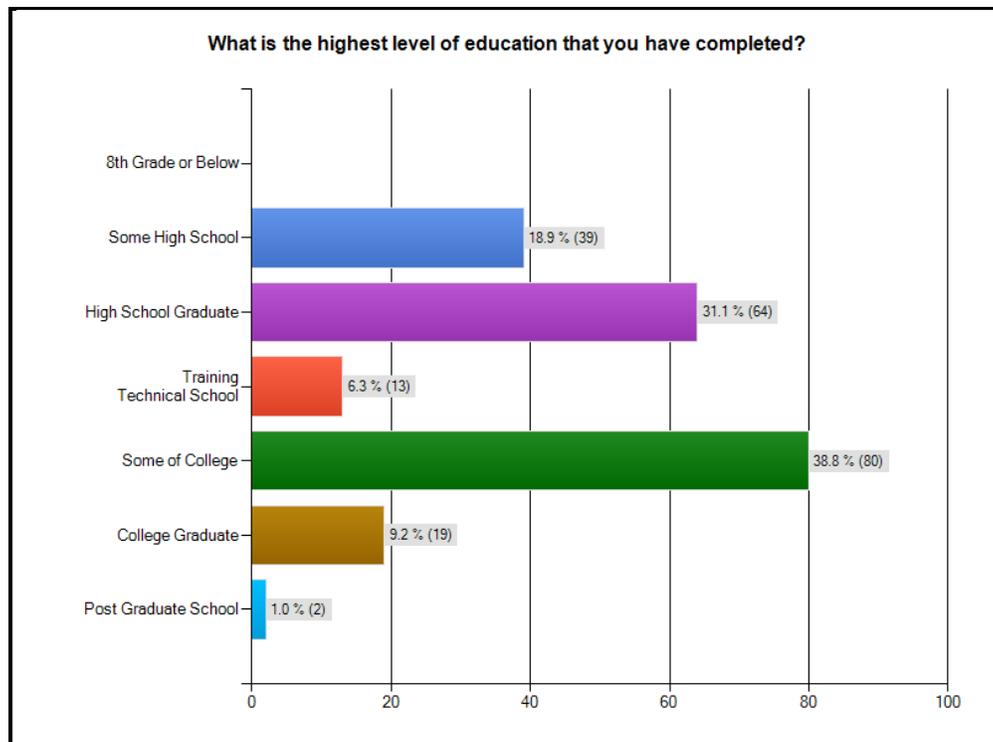


Figure A.





WIC African American Breastfeeding Focus Groups Final Report

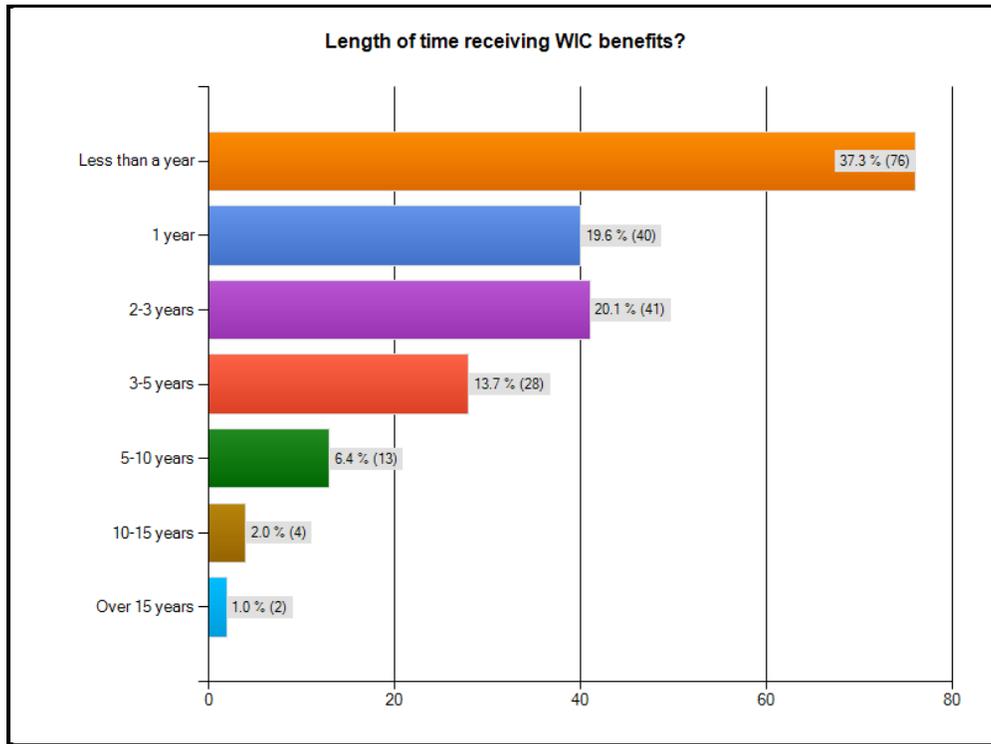


Figure B.

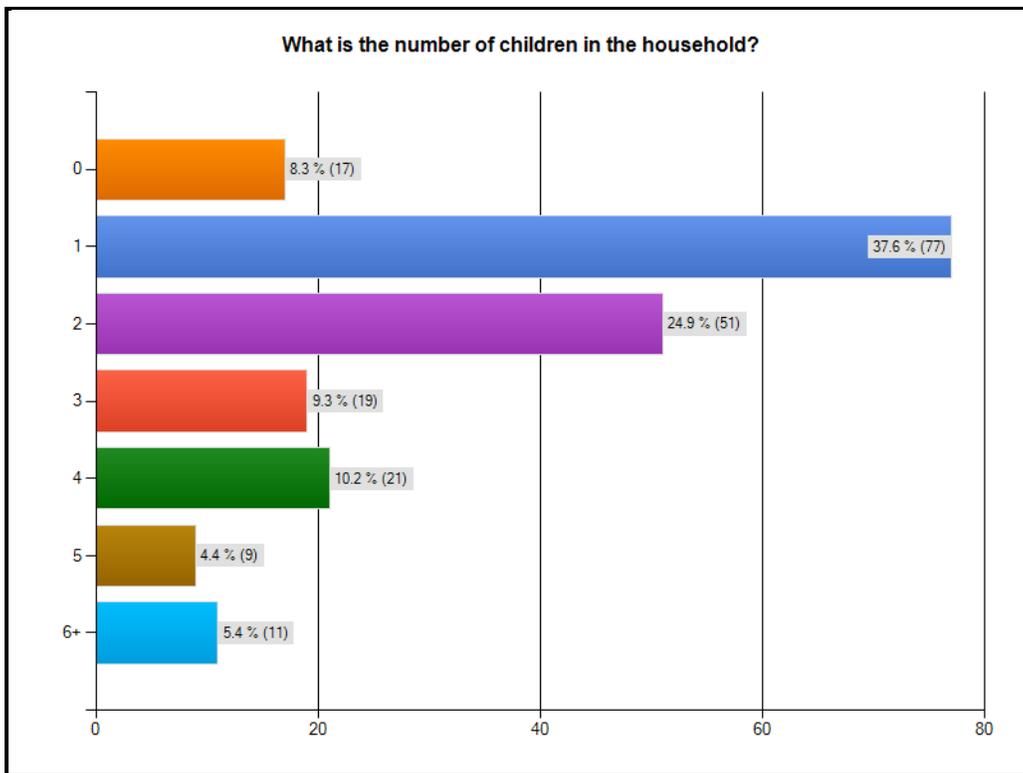


Figure C.





WIC African American Breastfeeding Focus Groups Final Report

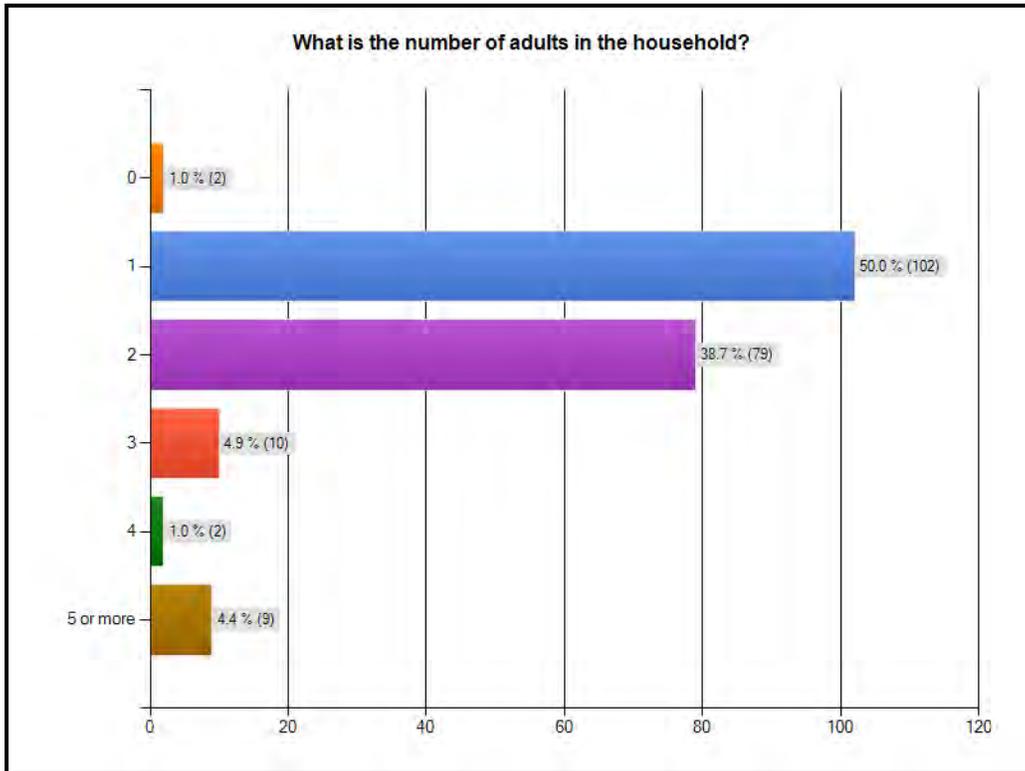


Figure D.

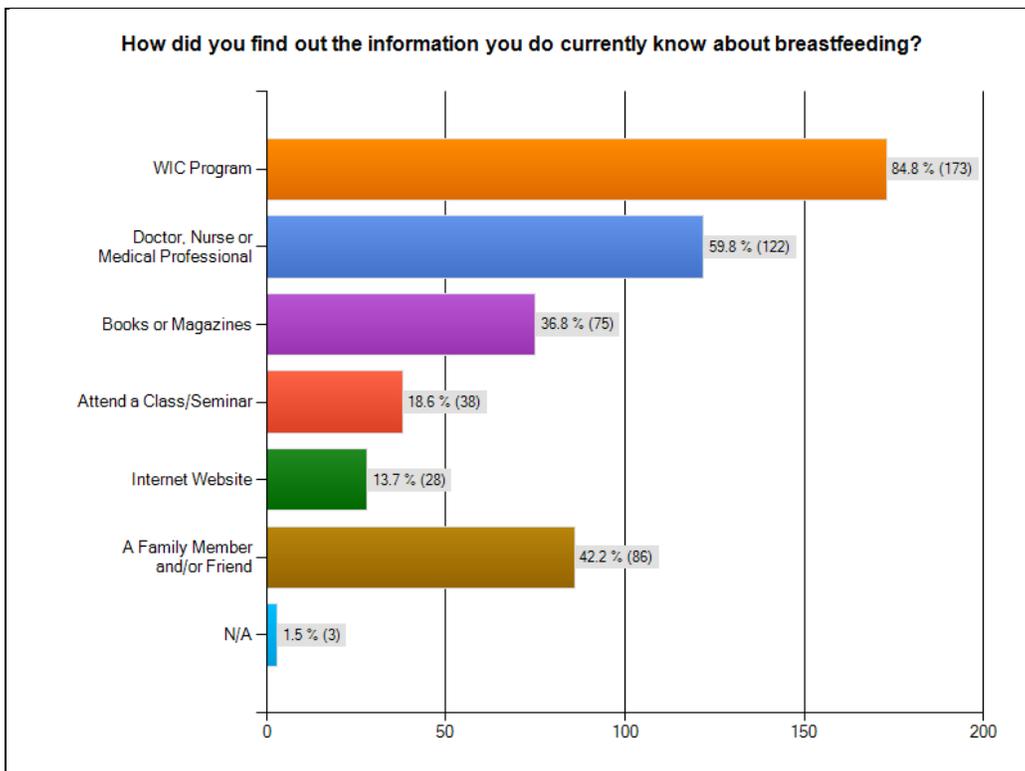


Figure E.





WIC African American Breastfeeding Focus Groups Final Report

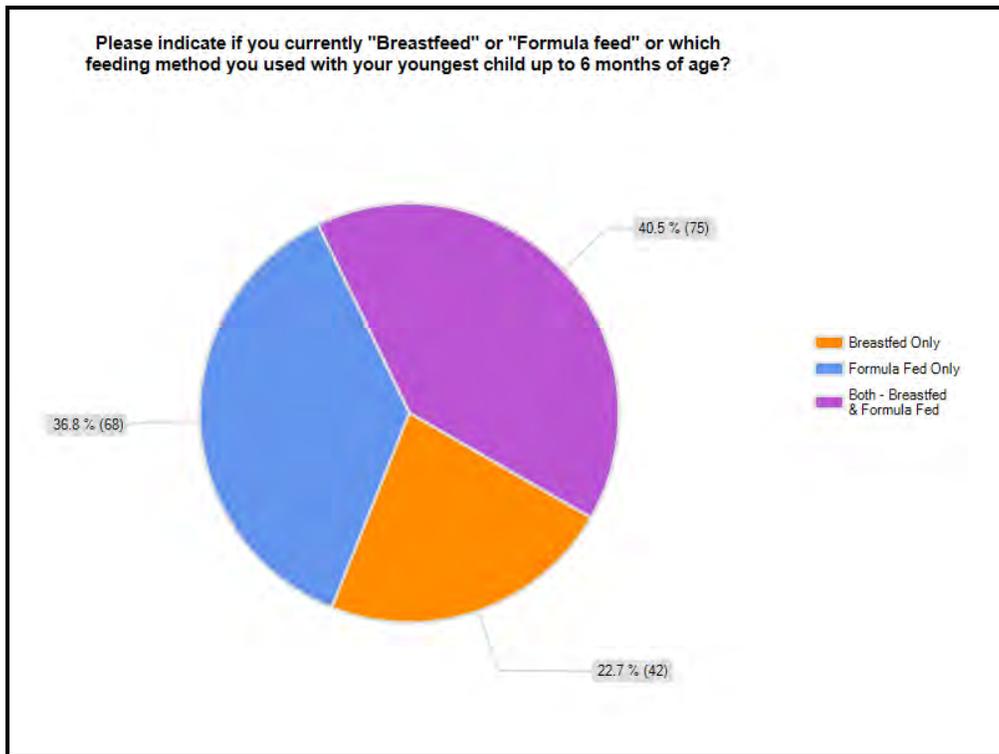


Figure F.

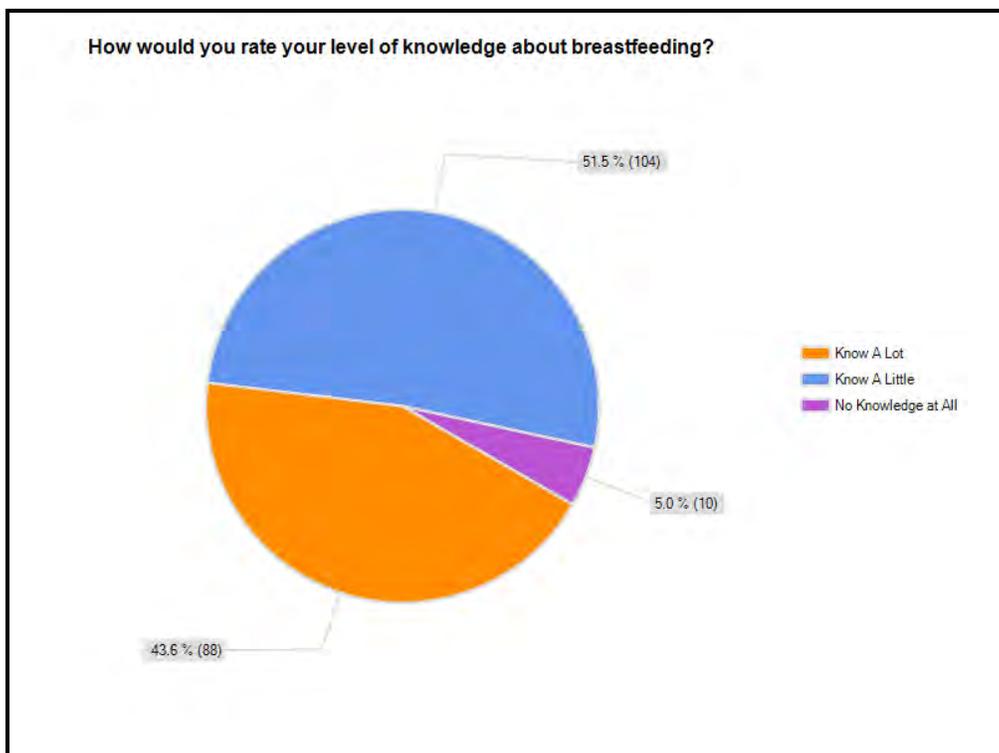


Figure G.



Ohio Department of Health

WIC AFRICAN AMERICAN BREASTFEEDING FOCUS GROUP PROJECT

2011

FINAL REPORT

KEY FINDINGS





WIC African American Breastfeeding Focus Groups Final Report

BREASTFEEDING KNOWLEDGE & BEHAVIORS

Finding #1

MOST AAWEW COULD CLEARLY ARTICULATE SOME BENEFITS OF BREASTFEEDING.

In every focus group, the majority of the participants were able to see the benefits of breastfeeding, including that it was healthier for the baby in terms of nutrition, digestion, and strengthening of immune system. Although most women intuitively believed that breastfeeding was better for the child, there was not consistent evidence that women believed the benefits were compelling enough alone for them to modify their current attitudes about breastfeeding or that knowledge of these benefits outweighed other factors contributing to high formula feeding rates.

Finding #2

WIC IS NOT CONSIDERED A PRIMARY SOURCE OF BREASTFEEDING INFORMATION AND SUPPORT AMONG AAWEW.

Overall, women did not come to WIC for breastfeeding support or information. Most women come to WIC to receive formula and a subsidy of food to feed their families. In only 3 of the 21 focus groups conducted, did participants list WIC as a source of help when they were having feeding issues or needed support for breastfeeding. In most cases, participants are aware that WIC promotes breastfeeding at some level but do not view it as a primary function of the program. Most of the women contacted family members and their medical professionals (doctors, nurses, and nurse's hotline at the insurance company) with questions and issues regarding breastfeeding. This contact traditionally occurs after the delivery of the child.

Finding #3

DURING PREGNANCY, MOST AAWEW CONSIDERED BREASTFEEDING THEIR BABIES.

When considering how to feed their babies, most of the participants strongly considered breastfeeding during their pregnancies. Although many of the women received some negative feedback from family and friends regarding the possibility of breastfeeding, still many paid attention to the information provided by WIC and their healthcare providers. At the point prior to delivery, women typically had a positive attitude toward breastfeeding or are open to the possibility of it being among the methods they will use to feed their child. However, the intention to exclusively breastfeed still is largely undecided among the woman at this stage of motherhood.





WIC African American Breastfeeding Focus Groups Final Report

Finding #4

MOST AAWEW HAVE TRIED TO BREASTFEED THEIR BABIES AT LEAST ONCE.

Upon giving birth, many of the women found themselves attempting to nurse their babies at least once in the hospital. Whether it was encouraged by the nurses present at delivery or a visit from the hospital lactation consultant, most of the women attempted to latch and nurse their babies. When problems were encountered, primarily the first few days at home and due to lack of breastfeeding education, many of the women reverted to formula feeding.

Most women believe formula feeding to be an easier and more convenient method of feeding the child. In most cases, a nutritional benefit to the child is not the primary consideration at the point when women choose to continue or terminate breastfeeding. While it is encouraging that most African American women have tried to breastfeed, more emphasis and support must be given to the reason why mothers stop and how to increase their duration. In contrast, the participants found it appropriate to formula feed their babies most often based on the convenience, the discomfort of breastfeeding, and the lack of education of how to successfully breastfeed.

EDUCATION AND SUPPORT

Finding #5

MOST AAWEW DID NOT KNOW HOW TO PROPERLY LATCH A BABY ONTO THEIR BREAST FOR FEEDING.

Although most of the women considered breastfeeding when they were pregnant with their babies, most of them did not enroll in a breastfeeding class. There is also little evidence that they inquired about proper techniques either from WIC, other support institutions or even trusted friends and family. Therefore, there was a lack of knowledge of proper technique and expectations of the breastfeeding experience. In many cases, the women literally expected for the process to be as simple as putting the child on the breast and feeding would naturally occur.





WIC African American Breastfeeding Focus Groups Final Report

Once the mothers delivered their babies and attempted to nurse them, they realized that the breastfeeding knowledge was important in order to know how to latch the baby on properly and sustain the decision to nurse. Many mothers shared the experience of pain from improper latching, frustration, and engorgement. However at that point of realization, many felt like it was too late to get the information, digest it, and be successful and thus discontinued breastfeeding their babies. This has contributed to a low success rate for the African American moms even while breastfeeding attempt rates remain high.

This finding does not suggest that these educational opportunities did not exist. Admittedly many women knew that WIC offered some type of support for breastfeeding and chose not to take advantage of these services. This further supports the conclusion that WIC is not currently viewed as a breastfeeding support service as much as a nutritional food subsidy program. Therefore, it is not intuitive for women to expect this type of support to be available from WIC.

Finding #6

MOST AAWEW AGREED THAT BREASTFEEDING COULD BE SUPPORTED BY HAVING A WIC CONSULTANT PRESENT TO ASSIST DURING CRITICAL STAGES.

Many of the women expressed a level of comfort when speaking to their WIC consultant. It was expressed by the women in predominantly all of the cities that the presence of a WIC lactation consultant to assist with nursing at the hospital and at some point in the week following their hospital stay would be helpful in supporting the decision to breastfeed beyond the first few days of delivery. The WIC staff is in a position to be a “trusted partner” to the woman in supporting breastfeeding beyond strictly an education and resource provider role.

The role of trust among African American woman is a significant factor in deciding who they are influenced by and thus what decisions are made. The often long term relationship that the women have with WIC through the food packages component position the program to play a more trusted role among African American participants. This established relationship can be an important factor in strengthening supports for breastfeeding both prior to and after delivery.





WIC African American Breastfeeding Focus Groups Final Report

EXTERNAL INFLUENCES AND KEY MESSAGES

Finding #7

THE LARGEST INFLUENCE AAWEW HAVE ON CARING FOR AND FEEDING OF THEIR BABIES IS THEIR FAMILIES.

As a family oriented culture, overwhelmingly all of the women looked to elder family members for advice and support in motherhood before calling upon a “professional”. The African American new mother is more likely to call upon and believe the advice (appropriate or ill advised) of her own mother, grandmother, or aunt most often. This is often based on the trust or “experience” factor, which plays a significant role in who influences feeding decisions and what behaviors will be supported at home.

The advice provided, both solicited and unsolicited, formed the attitudes and opinions of the new mothers regarding their feeding choices. For example, if there are a number of people in the family who have *not* breastfed their babies, the mother is least likely to make the choice to breastfeed or be successful in her decision to breastfeed. Alternatively, if there are just one or two people in the family who have breastfed their babies, the African American new mother will connect with them and form a support team, and will tend to be more successful as a breastfeeding mother. This finding supports efforts to target appropriate messaging at the entire African American support system rather than just the mothers, since they will likely be influenced by individuals who do not come in contact with WIC.

Finding #8

MANY AAWEW CAN NOT DECIPHER THE MISCONCEPTIONS FROM TRUTH REGARDING BREASTFEEDING INFORMATION RECEIVED FROM FAMILY AND FRIENDS.

African American families and close friends naturally provide information and advice to pregnant and mothering loved ones with whom they come in contact. However, there are some things passed down from generation to generation that are not completely accurate but are *perceived* as fact. Therefore, they are having an effect on the decisions of the new moms. Some of the more common items expressed and believed were:

- Breastfeeding hurts
- Breastfeeding would cause some form of physical change to the breasts (i.e., breasts will sag, get small, or grow)
- The baby will not get enough milk from the mother and will therefore need formula as a subsidy
- Breastfeeding makes your baby smarter
- A small breasted woman is incapable of successfully breastfeeding





WIC African American Breastfeeding Focus Groups Final Report

Although most of the misconceptions are having a negative impact on the feeding decisions of African American moms, some of the information, such as ‘breastfeeding makes your baby smarter’ and ‘breastfeeding makes your baby healthier’ is having a positive effect. The positive effect is exhibited by the moms at least attempting to breastfeed while in the hospital so that the babies can “at least have the colostrums to provide antibodies.”

CULTURAL DYNAMICS

Finding #9

AFRICAN AMERICAN MOTHERS HAVE MORE BREASTFEEDING SUCCESS WHEN THEY HAVE MADE A COMMITMENT TO BREASTFEEDING PRIOR TO DELIVERY. When the mother has made a commitment to breastfeeding prior to delivery, she will get and read all of the information provided. She will align and surround herself with the proper support people, as well as prepare herself through education with the appropriate classes. Many of the African American mothers are ill equipped because they have not totally committed to breastfeeding their babies prior to delivery. In most cases it is something that has crossed their minds or been considered, which is evident in the disproportionate number of women who are attempting to breastfeed versus those who have actually taken the classes. Inspiring mothers to commit to breastfeeding during pregnancy provides a greater opportunity to better educate and prepare the mother for success.

In most instances, when a woman was adamant about formula feeding her baby and expressed that she was uncomfortable breastfeeding, the act of breastfeeding had been sexualized. There were a few participants who were extremely inflexible about formula feeding their babies. It was revealed that the discomfort came at the thought of a baby suckling at her breast. The thoughts were reinforced by family and close friends who were unsupportive of breastfeeding, all of whom agreed that breasts were for sexually intimate encounters.

Finding #10

IN THE AFRICAN AMERICAN COMMUNITY, A “FAT” BABY EQUALS A HEALTHY BABY. African American people value the size and weight of a baby and use it to determine whether or not the baby is healthy. This is often reinforced by the support system of the African American mother and despite the determination of the medical professional. It was expressed many times in the focus group that formula was used as a subsidy to help a baby gain weight or when it seemed as though the baby was not getting full from the mother’s milk. It is important that the mothers understand that the babies get all that they need from the nutrients in the mother’s milk and that it is not necessary for a baby to be deemed overweight to be a healthy child.





WIC African American Breastfeeding Focus Groups Final Report

Finding #11

MANY AFRICAN AMERICAN MOTHERS ATTRIBUTE THEIR PERSPECTIVES ON BREASTFEEDING TO THEIR GENDER AND NOT AS A RESULT OF THEIR CULTURE.

When asked if they thought some concerns were culturally-based, many of the African American mothers were quite confident that many of the issues were not cultural. For example, the idea that breasts would be altered (sag, get smaller) as a result of breastfeeding was consistently one of the first responses when the participants were asked about the advice they received and what they would tell others to consider. However, many of the participants agreed that this was a “woman thing,” not a cultural thing.

The primary areas that most of the focus groups considered to be cultural were cost, comfort, and convenience – the cost of formula, the cost of time, the comfort of the mother when it was time to nurse the baby, and the time convenience to the working mother. Many of the women reaffirmed that many African American homes are operated by a single parent. These three areas become of major concern to the daily responsibilities of these single parents. Therefore the goal of future marketing and communications should likely make the behaviors seem more mainstream and focus less on trying to differentiate the message to African Americans. While the delivery method may vary for this community, it is likely that a more inclusive message that demonstrates that African American women are acting in ways consistent with other “mainstream” women could prove more valuable.

Finding #12

MOST AAWEW EXPECT TO HAVE THE SOLE RESPONSIBILITY OF CARING FOR THEIR BABIES, WITHOUT THE PRESENCE OF THE CHILD’S FATHER.

Many African American WIC households are dominated by single mothers who have assumed the responsibility of both traditional parental roles. The mother makes all of the decisions, including feeding decisions, based upon convenience and a lifestyle without input or consideration of the baby’s father. The participants were asked, “*What factors would you ask me to think about as I made my decision whether to formula feed or breastfeed?*” Overwhelmingly, all focus group consistently stated that they consider the mother’s schedule (work/school), the mother’s comfort level, and the mother’s finances to be the most important factors. Some of the women, however mostly the breastfeeding mothers, included the baby’s welfare within the factors to consider. Therefore, many of the participants ultimately opted for formula feeding to accommodate lifestyles that include demanding work/school schedules and multiple children.





WIC African American Breastfeeding Focus Groups Final Report

However, it is important to note, that this lack of expectation regarding the presence of the child's father does not always suggest that the father is not in the life of the child. In some instances, parents may still be together or have amicable circumstances that support co-parenting. Even in these cases however, the women are constantly preparing for an eventual absence of the father in the child's life. Although perhaps subconscious in some instances, these mothers make decisions about child care and feeding practices based on what is the most efficient ways of maintaining their household responsibilities and providing for their child regardless of present or future support from the father.



Ohio Department of Health

WIC AFRICAN AMERICAN BREASTFEEDING FOCUS GROUP PROJECT

2011

FINAL REPORT

RECOMMENDATIONS





WIC African American Breastfeeding Focus Groups Final Report

RECOMMENDATIONS

1. **Co-brand WIC as a breastfeeding support service as well as a supplemental food program** - It was expressed multiple times that WIC is the place where mothers and mothers-to-be go to get a food subsidy and to obtain formula for their infants. In order to instill the nutritional value and overall benefits of breastfeeding, it should be understood that WIC is also “The Breastfeeding Headquarters.” When the participants were asked who they called when they needed breastfeeding help, a minority of women reported that they called WIC. When there are issues that arise with the feeding of infants, WIC is well-positioned to be one of the first places mothers think to call, instead of a last resort.

Making WIC appear as more of a wellness center, focusing on nutrition and education classes, is important to the branding efforts. It was expressed that the meetings with the dietician were “boring and irrelevant.” That is because the motive for WIC recipients is attaining formula, and mothers were not interested in receiving the education they needed to have in order to raise healthier children and have more nutritious breast milk.

The re-branding should include a major marketing effort illustrating breastfeeding for all cultures as a societal norm. Because of the stigma attached with breastfeeding in the African American community, we believe this is an instance where targeting the community directly with marketing efforts may have little or even the opposite effect. WIC should begin with a campaign that promotes the *education* of breastfeeding and raise awareness of the natural feeding. In the focus groups, the mothers could clearly articulate the benefits of breastfeeding versus formula feeding. However, the issues rose with the process of breastfeeding and the day-to-day activities surrounding nursing (i.e., using a breast pump).

The branding efforts will need to include a positive ad campaign:

- hanging materials in waiting areas and individual healthcare offices
- radio ads
- television interviews (some with well known women)
- billboards
- meetings with various agencies in support of WIC re-branding efforts

The employees may need additional training about breastfeeding, in order to speak intelligently to WIC recipients in a way that discourages the use of formula and offers it only as a last alternative for infant feeding.





WIC African American Breastfeeding Focus Groups Final Report

2. **Explore mandatory breastfeeding class or provide strong incentives for participation** - As a federal program it is likely difficult to make participation in any program component mandatory – even when the benefits are well documented. When the mothers were asked, *“If your baby was born prematurely and needed your breastmilk to survive, would you give your baby your milk?”* Almost unanimously, the mothers said yes. It was also expressed by the mothers that most of them tried to breastfeed at least once and wished they had the breastfeeding knowledge to continue. Therefore, the implementation of mandatory feeding classes for all pregnant mothers is a key component. The courses, which might be spread over three separate classes, could potentially include the following modules:
 - An introduction to breastfeeding (or a refresher course for previous breastfeeding moms)
 - How to use a breast pump effectively
 - Managing your life while breastfeeding your baby
 - “Real talk” with other breastfeeding moms
 - Pair them with their peer helpers during this class

It is also advisable to incorporate a 24-hour Breastfeeding Hotline for new mothers having issues, so they can receive proper information before giving up.

3. **Establish firm and consistent peer helper groups across the state** - While many of the cities have established or are forming peer helper groups, there seems to be inconsistency with the implementation of the groups. We do not suggest uniformity overall with the groups since local needs should also be incorporated. We do suggest however that the peer helper groups use a common curriculum, materials and actively work to engage WIC moms from all cultural backgrounds on an ongoing basis. Some of the have been more aggressive about connecting the new breastfeeding moms with the more experienced breastfeeding moms while others seem to have a non-existent peer helper group. Due to this inconsistency, there needs to be defined parameters that are the same for all of the local WIC offices.

Recruitment for the peer helpers seemed to be relatively easy in the focus groups. There were many women present that were eager to help and seemed like a good fit for peer helpers. Peer helpers could be incentivized as well for their success in recruiting new moms.

Lastly, the marketing of the groups is important to the success of the program. The mandatory breastfeeding classes are a great avenue to facilitate the formation and foundation of the peer helper groups.





WIC African American Breastfeeding Focus Groups Final Report

- 4. Encourage the formation of support groups** - Women enjoyed the time together with one another exchanging information and sharing thoughts. Many African American women have “Strong Woman Syndrome” and feel the need to figure things out and make it happen without the support of anyone else. The problem is that most of these women need an outlet to vent or to get help, but refuse to admit to it. Hosting support groups, without calling them “support groups,” is a way to give the ladies an opportunity to share, while maintaining their pride. For example, occasionally, vouchers could be distributed in a group setting so that the women have the opportunity to share. To encourage initial interest it may be necessary to “mask” the breastfeeding subject matter in the marketing for the group and include it as a component of larger topic. For example, an “African American Healthy Club” might deal with topics that range from breastfeeding to shedding baby weight to even exploring new recipes together. By subtly, engaging the women consistently in breastfeeding learning opportunities, WIC can begin building a culture of breastfeeding among the population without a significant investment of time and money.
- 5. Hire more African American lactation consultants** - Many of the ladies expressed having someone that “looks like them” to talk to about breastfeeding. Although the pool of consultants may seem small right away, we suggest that this become a priority for the WIC program. Hiring regional consultants who are “on-call” and cover a wider geographic region may be a cost-effective way to begin providing this support as well as address the scarcity of the consultants. Additionally, partnering with African American organizations as well as educational institutions to articulate the need for this career may prove helpful to increasing the available pool.

We also encourage that WIC look to create opportunities for active peer helpers or breastfeeding advocates from the program to be enrolled in lactation consultant certification programs. These individuals are likely best equipped to understand the skills and techniques of breastfeeding as well as the cultural dynamics that accompany minority communities and the WIC population in general.



Ohio Department of Health

WIC AFRICAN AMERICAN BREASTFEEDING FOCUS GROUP PROJECT

2011

FINAL REPORT

APPENDIX





WIC African American Breastfeeding Focus Groups Final Report

Focus Group Session Questions

1. As an opening to the discussion, let's brainstorm around this topic of breastfeeding. What do you believe are reasons why woman should or should not breastfeed their children?
2. Let's suppose I was an African American expecting mom in the middle of my pregnancy and have begun to think about feeding options of my baby. I have heard all kinds of things about why I should breastfeed, use formula, when I should start it and stop it, and if I should do both methods. As a mom yourself, what factors would you ask me to think about as I made my decision of whether to breastfeed or formula feed or both?
 - 2a. Do you think any of the opinions you just shared are cultural or come as a result of being African American?
3. During your pregnancy, what were your thoughts about how you would feed your baby? Did these thoughts change after you delivered? If so, how and why?
4. During your pregnancy, what advice were you given about how to feed your baby by your family and friends? Did this advice change after you delivered? If so, how and why?
5. As you reflect on your own decision whether or not to breastfeed, what outside factors would you say most influenced that decision for you?
6. As African Americans we tend to be very family oriented in how we get information and make decisions. Who are the key people in your life whose opinion you trust about caring for your newborn child?
 - 6a. How important is it for you to have a loved one or friend to support you breastfeeding in order for you to begin or continue to do it. Why?
7. Regardless of if you breastfed or not, whom did you ask for advice in feeding your baby either when deciding how to feed or when you encountered issues?
8. What one thing would that person need to say to you (or did that person say to you) to have you to seriously consider breastfeeding your child? In other words, what key message from them would really hit home for you in making that decision?
9. What misconceptions (or untruths) exist about Breastfeeding among African American woman?
 - 9a. Do you believe these misconceptions (or untruths, myths) are having an impact on the number of African American woman who breastfeed? Why and How?

