

Breast-feeding: A Study of Selected WIC Participants and the
Breast-feeding Decision in Travis County

By

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AN APPLIED RESEARCH PROJECT (POLITICAL SCIENCE 5397) SUBMITTED TO
THE DEPARTMENT OF POLITICAL SCIENCE
SOUTHWEST TEXAS STATE UNIVERSITY
IN PARTIAL FULFILLMENT
FOR THE REQUIREMENTS FOR THE DEGREE OF
MASTERS OF PUBLIC ADMINISTRATION

Spring 1992

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CHAPTER 1

Introduction

The focus of this applied research project will be breastfeeding as the infant feeding method of choice. Why do Black and Hispanic participants in the Women, Infants and Children Program (WIC) in Travis County, served at the Rosewood Zaragosa facility choose to breastfeed or not to breastfeed?

Breastfeeding is the best method of infant feeding for the first six months of life. It is superior to artificial formulas because it provides the ideal food for the healthy growth and development of infants. Research has shown that breastfeeding has a unique "biological and emotional" influence on the health of both mother and child (Nakajima, 1990:171).

Additional research has also shown how breastfeeding provides substantial protection against urinary tract infection during the first six months of life (Pisacane 1991:89); favorably affect the severity of infant botulism (Aaron 1982:571); and reduce the occurrence of infants with gastrointestinal infections if breastfed for thirteen weeks or longer (Howie 1990:14).

Habicht (1986) showed that there was an association between breastfeeding up to six months of age and improved survival of infants throughout the first year of life (Habicht 1986:279). Data provided from research conducted by Michaelsen et.al. revealed that breastfed infants have more of a factor in their blood that strengthens bones, which could decrease their chances

of getting osteoporosis later in life (Michaelsen 1992:401). These studies are only a small representation of the literature that shows why breastfeeding is the best method of infant feeding for the first six months of life.

According to the literature, more mothers breast-fed and for longer periods of time from 1971 through 1984 (Black, 1990:255). This "resurgence of breast-feeding" was among women who were white, older in age, college educated, living in the urban and western regions of the United States, and who had an infant of normal birth-weight. The lowest rates of breastfeeding were among women who were Black, with less than a college education, residing in the rural and southern regions of the country, younger in age, and who had an infant of low birth-weight.

This Applied Research Project focuses its attention on the young mother least likely to breast-feed. They are Black, have less than a college education, reside in the southern region of the country and are young. The literature (Ryan, 1991:1051) also suggests that on an average, young Hispanic mothers are more likely to breast-feed than their Black counterparts.

The Women, Infants, Children's Program (WIC) objective is to enhance infant and maternal health among low income at risk citizens. As part of this agenda, it promotes breastfeeding among its clients. Breastfeeding provides health as well as fiscal benefits because it is less expensive than formula. Hence, this study, which seeks to further elaborate the detriments of breastfeeding among WIC participants, has

significant policy implications. The results of this study should enable WIC program administrators to develop a better system to improve the breastfeeding rates of Travis County WIC participants.

In Chapter 2, the literature concerning factors that influence the breastfeeding decision is reviewed. This chapter will focus on how family, mother, infant's father, friends, culture, education and employment influence a woman's infant feeding choice.

Chapter 3 provides an overview of the WIC Program in Texas and a participant profile of the Rosewood Zaragosa facility. In Texas, the WIC Program is administered by the Texas Department of Health, which contracts with Austin Health and Human Services/Travis County Health Department to provide WIC services.

The methodology used is examined in Chapter 4. The research technique used in this applied research project is focus groups. Six focus groups were conducted at the Rosewood Zaragosa Health Clinic, to determine why WIC participants choose to breast-feed or not to breast-feed.

In Chapter 5 the results of the focus groups are discussed. A comparison of the finding is made with the literature review. In addition, the results of the hypothesis will be discussed.

Chapter 6 is the conclusion of the applied research project. This chapter will also provide a discussion of what needs to be done at the local WIC levels to increase the breastfeeding rates.

CHAPTER 2

Literature Review

Breastfeeding is the best method of infant feeding for the first six months of life. It is superior to artificial formulas because it provides the ideal food for the healthy growth and development of infants. Research has shown that breastfeeding has a unique "biological and emotional" influence on the health of both mother and child (Nakajima, 1990:171).

In the early 1900's, breastfeeding for more than one year was the feeding method of choice for women in the United States. Information on breastfeeding was shared by young mothers, their families, nurses and physicians. The incidence of breastfeeding sharply declined during the next four decades due to urbanization and advancement of technology.

According to the literature, more mothers breast-fed and for longer periods of time from 1971 through 1984 (Black, 1990:255). This "resurgence of breastfeeding" was among women who were white, older in age, college educated, living in urban and western regions of the United States, and who had an infant of normal birth weight. The lowest rates of breastfeeding were among women who were Black, with less than a college education, residing in the rural and southern regions of the country, younger in age, and who had an infant of low birth weight.

The Hypotheses

Family, mother, infant father, friends, WIC nutritionist, culture, education and employment all play key roles in a woman's decision to breast-feed or not to breast-feed.

A review of the literature strongly suggests that women are more likely to breastfeed when they have support. This support consists of family, mother, baby's father, friends and health care workers. The literature also suggests that culture, education and employment also influence the breastfeeding decision.

Family

Barron, et. al. (1988) studied factors influencing duration of breastfeeding among low-income women. These authors found that the longer duration of breastfeeding occurred in those women who had active support from a doula. A doula, defined by the literature, is "an individual who surrounds, interacts with and aids the mothers at any time during pregnancy and within 6 weeks following delivery" (Barron, 1988:1557). In this study, when a doula was present, the average duration of breastfeeding was 23.4 weeks, compared with 12.3 weeks when a doula was not present. Although a doula in this study included family members as well as friends, it was more often the pregnant women's mother.

Cusson (1985) surveyed 68 adolescent females, mostly of middle - and - upper class, about breastfeeding. The results of

this study revealed that increased exposure to breastfeeding, especially early in life, has a positive influence on attitudes. Subjects who were breast-fed had more positive attitudes toward breastfeeding. Grossman, et. al. (1990) found that women who chose to nurse were likely to receive help in their infant feeding decisions from all sources, including their families. In this study, over 90 percent received support in their feeding decisions from family (including their mother and the baby's father).

Research by Sullivan and Jones (1986) yield results that also indicated more adopters and rejecters of the breastfeeding decision, received more assistance from people within their social system such as family members and close friends in deciding their infant feeding method. Advice given was in favor, as well as against breastfeeding.

In Dungy's (1985) research, female relatives and friends are the individuals most frequently mentioned as sources of influence regarding methods of infant feeding. The Joffe and Radius (1987) study of adolescent mothers' infant feeding practices also revealed that individuals who indicated that a family member had talked with them about breastfeeding were more likely to report an intent to breastfeed. The opposite was found in the Romero-Gwynn and Carias study of Hispanic mothers. Family members had little influence in the breastfeeding decision.

Bryant (1982) conducted a study of the impact on kin, friends, and neighbor networks on infant feeding practices of

economically disadvantaged Cuban, Puerto Rican, and Anglo families in Dade County. The paternal grandmother in all ethnic groups is often relied upon for assistance with infant care, but her role as an advisor varies. In the Cuban and Anglo sample, she has little influence in the infant feeding decision. Puerto Ricans, on the other hand, are influenced by her decision.

Other extended female family members are respected as infant feeding advisors by most Puerto Ricans, but only a few Cubans and Anglos in this study were influenced by them on their infant feeding decision. Male members of the extended family network had little influence on any of the three ethnic groups.

McLorg and Bryant (1989) conducted research on influence of social network members and health care professionals on infant feeding practices of economically disadvantaged Black and White mothers. The impact of extended network members (sister, sister-in-law, and other relatives) was relatively minor in both ethnic groups.

Mothers

While the family has influence on breastfeeding decisions, particular family members have been singled out as more important. The girl's mother is an example. As the baby's maternal grandmother, and the new mother's mother, she has a unique perspective and influence.

In research conducted by Bryant (1982), it was found that for most Puerto Rican and Cuban respondents, the maternal

grandmother is the key member of the extended family consulted on infant feeding matters. "Frequently, in fact, the Latin woman who is expecting a child for the first time lives with her mother for several weeks or months during the prenatal period" (Bryant, 1982:1759). Puerto Rican and Cuban respondents who have two or more children also include their mothers in many decisions about feeding patterns and rely upon them to baby-sit or assist with child care.

In contrast, Bryant found that the maternal grandmother has relatively little impact on Anglo families' infant feeding patterns. Approximately one-half of the respondents in this study had mothers living in the Miami area, and several of these had broken all ties with their mothers. None of the Anglo women interviewed considered their mothers as a primary source of advice. "Many explain their reluctance to seek advice from their mothers by pointing out that feeding practices have changed in the last several decades and their mothers are too old or outdated to be a reliable source of information on this subject" (Bryant, 1982:1759).

In contrast McLorg and Bryant found that of all social network members and health care professionals, the baby's maternal grandmother has the most influence on infant feeding (McLorg and Bryant, 1989:268). In this study, contrasting with the role of male partners, maternal grandmothers of over half the Blacks and Whites attempted to persuade their daughters to adopt certain feeding practices. In research conducted by Dungy

(1985), data revealed that the baby's maternal grandmother had the most influence on the method of infant feeding (51 percent). Barron, et. al. (1988) found that mothers played an important part in breastfeeding duration. Mothers were present during the first 2 weeks postpartum for 29 percent of those women breastfeeding for 2 months or less and for 57 percent of those women breastfeeding more than 2 months. Only 19 of the women sought or received advice from their mothers encouraging them to breastfeed. Of that 19, 90 percent of those breastfeeding more than 2 months, and 76 percent breastfeeding 2 months or less, followed this advice (Barron, 1988:1559).

More mothers (or supportive others) were present during the first 2 weeks postpartum for the long-term breastfeeders than for the short-term breastfeeders. "This data supports the theory that the presence of someone (frequently the mother of the new mother) who could support the new mother and help her with household duties would increase duration of breastfeeding by allowing her time to relax, establish her milk supply and become adjusted to her infant's need" (Barron, 1988:1560).

Similar results were also documented by Grossman, Fitzsimmons et. al. (1990). Data from these results revealed that 29 percent of the women received support in the feeding decision from their mothers, and out of this population, 36 percent support the breastfeeding decision.

Research by Scrimshaw et. al. among Mexican women reported that the mother, second to the baby's father, was an important

influence in favor of breastfeeding although it was only at 13 percent.

Similar results were reported in the Romero-Gwynn and Carias Study (1989). Data revealed that the mother was the second in the influence of their milk choice, once again at a low 10.5 percent.

In contrast, in research conducted by Mackey and Fried (1981), nine of the 46 women anticipating breastfeeding had been influenced by their mothers.

Similar results were reported in research conducted by Joffe and Radius (1987), "intent to breastfeed bore no consistent or significant association with any personal characteristics of the adolescent mother" (Joffe, 1987:692). This same study likewise failed to show any association with the mother's reported choice of infant-feeding method (Joffe, 1987:692).

Father

The majority of the literature suggested that the baby's father is influential in the breastfeeding decision. This was particularly true in the data revealed from the research conducted by Grossman, Fitzsimmons and et. al. (1990). In this study 53 percent of the participants chose to breastfeed, and received help in their infant feeding decision from the baby's father.

Black et. al. (1990) conducted research on 120 pregnant women enrolled in the Maternal and Infant Care Project, which

services high-risk pregnancies from the East Central Health District of Georgia. In this sample of predominantly Black women from a WIC program, it was revealed that the method preferred by the father was the second most important variable influencing the decision to breastfeed. This finding supports the study by Bevan et. al. (1984). In this research of 103 WIC participants, 28 out of 39 participants (71.8 percent) chose the father's preferred feeding method (breastfeeding).

Research by Scrimshaw et. al. (1987) looked at women of Mexican origin or descent. Data from this research revealed the husband was an important influence in favor of breastfeeding. It was also noted that more women who were married or planning to be married than unmarried in this sample intended to breastfeed.

Research by Bryant (1982) revealed a difference in the influence of the father in the breastfeeding decision among three ethnic groups studied. In almost all Puerto Ricans and Cuban families, "the husband is the dominant member of the nuclear unit, responsible for making decisions on most matters affecting daily life. The wife, however, is in charge of feeding and caring for the children, and in most cases she makes the decisions pertaining to feeding practices without consulting her husband." (Bryant 1982:1758)

Within the Anglo nuclear family, many husbands participate on an equal basis with their wives in making decisions regarding infant feeding. "In these families, the husband is familiar with the advantages and disadvantages of various feeding methods and

frequently accompanies his wife to the clinic, parenting classes, or appointments with other experts on infant nutrition."

(Bryant, 1982:1758)

The Dungy (1985) study of women in Mexico supported the Bryant (1982) results concerning the influence of fathers in the breastfeeding decision for the Latin participants. Data from the Dungy study revealed that only 3 percent of husbands had influence in the breastfeeding decision. This is consistent with research conducted by Romero-Gwynn and Carias (1989). Only 10.5 percent of infant fathers influenced the infant feeding decision.

As previously stated, the research conducted by Joffe and Radius yielded only 17 percent of the participants to indicate that they would breastfeed. This study also revealed that when the baby's father had talked with the new mothers about breastfeeding, they were more likely to report an intent to breastfeed.

Mackey and Fried (1981), found that 32 fathers (of the 50 total) preferred breastfeeding. Although these fathers had known preferences for breastfeeding, only five women in 50 stated that their husbands had been the main influence upon them in deciding how to feed the baby.

Fathers who preferred breastfeeding were of all nationalities or origin. Mackey and Fried studied middle class, mostly white older mothers. Hence, it is not surprising that 25 of the 32 fathers preferring breastfeeding were university graduates or post-graduates. According to the authors of this

study, "how the fathers had themselves been fed as babies was more related to their own preferences for feeding method than it was for their wives; of 30 fathers preferring breastfeeding, 23 had themselves been breastfed" (Mackey, 1981:314).

The McLorg and Bryant (1989) research revealed that one-third of the Blacks and Whites reported that their husband or boyfriend tried to persuade them to adopt certain infant feeding practices. The authors stated that

"Whites are more likely than Blacks to have male partners who express opinions, without attempting to persuade. Black mothers, on the other hand, are more likely than Whites to report no input from male partners. Overall, there is a slight association between ethnicity and male partner's influence, with Whites citing somewhat more impact."

Research by Barron et. al. (1988) revealed that all the husbands/boyfriends were supportive of the breastfeeding decision and that their attitude regarding breastfeeding had no influence on breastfeeding duration.

Friends

Aside from family members, other people have been identified by women as influencing their infant feeding decision. A review of the literature which examines the influence of the breastfeeding decision yielded mixed results. Bryant (1982) found the influence of friends to be significant for some racial ethnic groups but not for others. Over half of the Anglo women interviewed viewed friends as important sources of information on infant feeding. The study also indicated that most of these

women turned to their friends for help with feeding problems before consulting relatives. This differs for the Puerto Rican and Cuban respondents. Friends were viewed as poor sources of infant feeding advice. "As some Puerto Rican women explained, it is unwise to be influenced by friends' opinions or to adopt their feeding practices because every baby is different and what works for her (a friend) may not be right for mine," (Bryant, 1982:1760).

Even though Cuban and Puerto Rican women usually do not respect friends as advisors on feeding, "many norms and beliefs about advantages and disadvantages of certain practices are transmitted by these networks. Frequently this information is important in resolving conflicts between advice received from other sources, e.g., health care professionals or relatives, or valuable as reinforcement for decisions a respondent has made which is being questioned by others" (Bryant, 1982:1760).

Research by McLorg and Bryant (1989) indicated that relatively few mothers cited friends (2.1 percent) as the most influential infant feeding advisors. Romero-Gwynn and Carias (1989) had similar results with friends/relatives having influence on the breastfeeding decision at 8.7 percent.

In contrast, research by Barron et. al. (1988) suggests that friends are influential in the breastfeeding decision. They found that more women who breastfed longer than 2 months were more likely to seek help from friends and felt more comfortable

breastfeeding in front of female friends and male friends than those breastfeeding 2 months or less.

Joffe and Radius (1987) found that only 17 percent of the adolescents interviewed indicated they were definitely or probably going to breastfeed their babies. In this study of primarily disadvantaged inner city Blacks, it was revealed that "the greater the adolescents' perceptions of peer support (friends) for breastfeeding, the greater the intent to breastfeed" (Joffe, 1987:692).

The Grossman and Fitzsimmons, et. al. (1990) research on low-income and middle- to upper-income status revealed that friends were important in the infant feeding decision. Forty-nine percent of the women who chose to breastfeed received support from friends. This study indicated that women who chose to nurse were more likely to receive help from all sources.

Friends were found to be important in prolonging the duration of breastfeeding in the research conducted by Sullivan and Jones (1986). In this study, "continuers received more post-delivery support from a friend, and discontinuers received more post-delivery support from a family member or nurse" (Sullivan, 1986:305). On the other hand, the Mackey and Fried (1981) research revealed that the decision to breastfeed was not frequently influenced by friends. Only eight of the 46 women anticipating breastfeeding had been influenced by their friends.

Health Care Workers

Aside from family members and friends, other people have influence in the infant feeding decision. Low income women are the primary users of the public health systems which includes programs such as prenatal, family planning, child health and WIC. These women come in contact with a variety of health care workers. A review of the literature yields mixed reviews for health care workers' influence on the breastfeeding decision. Health Care workers include nutritionists, physicians, nurses, WIC personnel, lactation consultants, and other professional staff of the health care team.

Research conducted by Barron, et. al. (1988) indicated that WIC counselors influence the breastfeeding decision. Sixty-seven percent of this study participated in WIC, 41.5 percent during pregnancy and 55 percent during the breastfeeding experience. More long-term breastfeeders participated in WIC than did short-term breastfeeders.

The Auerbach (1985) research looked at the influence of the lactation consultants' contact on breastfeeding duration in a low-income (WIC) population. Results indicated that one element influencing breastfeeding duration was contact with the lactation consultant. "Half of the women who had no contact with the lactation consultant weaned their breastfeeding babies before eight weeks. Of those women who had one or more contacts with the lactation consultant, 68 percent nursed their infants longer than four months" (Auerbach, 1985:343-344).

The WIC nutritionist was most frequently cited as the source of breastfeeding information and as the most influential person in the infant feeding decision (Bevan et. al., 1984:566). Mothers participating in WIC nutrition education classes were more likely to breast-feed and to introduce solid foods at a later age, according to data found in the research of Brogan and Fox (1984). In the same study, "63 percent of the low-income and 79 percent of the middle-income group marked the physician as having the greatest influence upon their infant feeding practices" (Brogan and Fox, 1984:563).

In research conducted by Grossman and Fitzsimmons et. al. (1990), "women who chose to nurse were more likely to receive help in their infant feeding decision from all health care workers such as M.D./health professional (38 percent), Lamaze class (34 percent), and La Leche League (14 percent)" (Grossman, et. al., 1990:34).

Wiles (1984) conducted research that studied the effect of prenatal breastfeeding education on breastfeeding success and maternal perception of the infant. Data from this research revealed that "primiparas who attended the prenatal breastfeeding education class reported a significantly higher frequency of success at one month postpartum than those primiparous women who did not attend class" (Wiles, 1984:256). "Those subjects who did not receive the prenatal breastfeeding education class reported significantly greater lack of success in breastfeeding, had significantly more negative perceptions of their infants and

reported the infant as the primary factor preventing their success" (Wiles, 1984:257). Similar results can be seen in the research by Young and Kaufman (1988). This research looked at a program to promote breastfeeding at a migrant health center introduced in 1985. "The percentage of women indicating an interest in breastfeeding remained constant in 1985 and 1986 at 31 percent. At time of hospital discharge, 52 percent of these women were breastfeeding (60 percent Mexican-American and 44 percent Black-American)" (Young, 1988:524).

In research conducted by McLorg and Bryant (1989), the majority of Blacks and Whites cite private and clinic pediatricians and WIC personnel as infant feeding advisors. Maternity nurses and nutritionists are mentioned less often. "For less than half the respondents in both groups, the physician is designated as the most or one of the most influential advisors on infant feeding. However, respondents generally do not follow his/her recommendations in their feeding practices" (McLorg, 1989:269). Similar results were also found in research conducted by Scrimshaw et. al. (1987). The doctor (5 percent) and nurse (14 percent) were reported as being influential in the breastfeeding decisions. The same was found in research conducted by Dungy (1985). Health officials were rated at 16 percent as the source of influence concerning the method of infant feeding.

The study conducted by Mackey and Fried (1981) also showed very limited influence of medical personnel in the breastfeeding decision. Only 1 out of 46 women anticipating breastfeeding had

been influenced by a medical person. Slightly higher rates were found among participants in the research by Grossman, Harter, et. al. (1989). Overall, the percentage of women in the project who were breastfeeding rose from 15 percent to 22 percent from the early to later years of the project (Grossman, 1989:38). According to the authors, "a considerable number of women we studied ultimately chose to bottle feed, despite the counseling of the Project Staff" (Grossman, 1989:41).

Research by Bryant (1982) revealed similar results. "Most women in all three ethnic groups followed advice given by friends, relatives and neighbors more consistently than that offered by health care professionals." (Bryant, 1982:1760) Health care professionals in this study influenced the infant feeding decision for Anglos by 6 percent, for Cubans by 8 percent, and for Puerto Ricans by 4 percent (Bryant, 1982:1760). This was also reported in the research conducted by Sullivan and Jones (1986). Most women in the study did not consider nurses or other health professionals influential in their infant feeding decision.

Grossman, Harter et al. (1990) conducted research on the effect of postpartum lactation counseling on the duration of breastfeeding in low-income women. This study consisted of two groups, the control group and the intervention group.

The control group only received "the routine teaching regarding infant care and feeding usually given by the

obstetrical nursing staff on the postpartum floor" (Grossman, 1990:471).

Each woman in the intervention group received lactation counseling by a specialist in the field at bedside. These members were also given certain reading materials and a number at which to contact someone around the clock for lactation advice. The results of the study did not yield significant differences in the duration of breastfeeding.

Culture

In addition to people, one may speculate that cultural differences that exist among different ethnic groups sometimes influenced a woman's infant feeding decision. A major source of information on breastfeeding trends in the United State comes from two sources--The National Survey of Family Growth (NSFG), and the Ross Laboratories Mothers Survey (RLMS). According to the literature, these surveys have documented trends in breastfeeding over the last three decades (1991:1049). Although there are differences in the surveys' methodologies and designs, "both surveys document similar trends in breast-feeding, and these similarities are evident across sociodemographic characteristics" (Ryan, 1991:1049). Both surveys demonstrated that in 1987, breastfeeding was relatively high among white women and the lowest rates of breastfeeding were among Black women. The RLMS indicated that 61.1 percent of Whites, 25.3 percent of Blacks and 49.7 percent Hispanic women breastfed. The NSFG indicate similar

trends (61 percent of White, 23.1 percent of Black and 41.8 percent of Hispanic women breastfed). (Ryan, 1991:1051)

Grossman, Larsen-Alexander, et. al. (1989), found that race was highly associated with breastfeeding. In this study of low-income high-risk women, White women were twice as likely to breastfeed as Black women.

In another study done by Grossman, Fitzsimmons et. al. (1990), half of the population was classified as low-income and the other half was classified as middle-to-upper-income; the same results were found. In this study, breastfeeding rates were 61 percent Whites, 29 percent Blacks, and 80 percent Asians.

Collins, et. al. (1984) studied Women, Infants and Children (WIC) and non-WIC black and White participants. No difference in the percentage of women who planned to nurse was found between the groups. The percentages were very low in both groups. For Whites, 28.9 percent planned to nurse, and 12.4 percent of the Blacks planned to nurse.

Dungy (1989) examined breastfeeding preferences among Hispanic and White women. Information was obtained by a retrospective analysis of birth log data for: 1978, 1980, 1982, and 1985. During each of the study years, breastfeeding rates did increase for both groups, but Hispanic women's rates of breastfeeding were consistently lower than those of the White women.

Wright et. al. (1988) also looked at infant feeding practices among Whites and Hispanics. In this study, all of the

participants were middle-class and utilized the pediatric services of a local Health Maintenance Organization (HMO). The results once again showed that White women were significantly more likely to breastfeed their babies and to do so at each well-child visit throughout the first year of life. "Almost 75 percent of White infants, compared with less than half of Hispanic infants, were breastfed at 2 months of age" (Wright, 1988:498). This study also indicated that Whites "were twice as likely to breastfeed exclusively at every age and delayed the introduction of formula to a mean of 3.3 months, as compared to 2.6 months for Hispanics" (Wright, 1988:498).

Scrimshaw et. al. (1987) looked at factors affecting breastfeeding among women of Mexican origin or descent in Los Angeles. All were clinic patients served at two hospitals associated with the same medical school. Eight-two percent of the women interviewed prenatal planned to breastfeed. This stayed consistent in the university hospital, but dropped to 70 percent in the county hospital. "A greater number of hours a day with the baby in the hospital and earlier initiation of breastfeeding were associated with the hospital where prenatal breastfeeding intentions were more likely to be carried out" (Scrimshaw, 1987:467). Romero-Gwynn and Carias (1989) also had similar results. In their study of breastfeeding intentions and practices among Hispanic mothers in Southern California, intention to breastfeed was significantly associated with mothers' country of origin. "Mothers from Mexico were more

likely to choose breastfeeding than Hispanic mothers born in the United States" (Romero-Gwynn and Carias, 1989:628). The prenatal intention of mothers differed dramatically. Sixty-seven percent of the women of Mexican origin planned to breastfeed compared to 19.7 percent of those mothers born in the United States.

John and Martorell (1989) also looked at breastfeeding in Mexican-American infants from 1970 to 1982. This study was a component of the Hispanic Health and Nutrition Examination Survey (HHANES-MA). Data revealed in this study was similar to the Romero-Gwynn and Carias study. In this study, infants in households in which the preferred language was English, "perhaps reflecting a higher degree of acculturation, were less likely to be breastfed than were infants in Spanish-speaking households" (John and Martorell, 1989:871).

Dungy (1988) studied infant feeding practices and beliefs of Mexican women in the Federal District of Mexico. In this study, 73 percent exclusively breastfed at birth and 8 percent combined breastfeeding with formula. It was also revealed that regardless of personal choice of infant feeding method at birth, 92 percent of the women studied perceived breastfeeding to be the initial method of infant feeding selected by other Mexican women. Of the 39 women who responded and had an opinion, 64 percent perceived breastfeeding to be the initial infant feeding method selected by women living in the United States.

Employment

In addition to culture differences influencing the infant feeding decision, there are factors and constringents such as employment and attending school, that may influence a young mother's infant feeding decision.

Study of employment as a factor in the breastfeeding decision yielded mixed results. In research completed by Collins et. al. (1984), the most frequent reason given for not planning to nurse among women under 20 years old was having to work. Similar results were found in the study conducted by Sullivan and Jones (1986) on the duration of breastfeeding. Most women who planned to work or attend school post-delivery did not continue to breastfeed beyond six weeks.

In research conducted by Wright et. al. (1988), maternal employment was one of the factors related to whether or not a baby was breastfed. Although there was no deference in the choice of infant feeding at birth, "women who worked outside the home were significantly less likely to breastfeed their babies or to breastfeed exclusively at each age. Their babies were also significantly younger when breastfeeding was stopped and when formula was introduced" (Wright, 1988:498).

The Romero-Gwynn and Carias (1989) research also revealed a negative impact of mother's employment postpartum on breastfeeding. "For women in our sample who did not return to work after delivery were 28.6 times higher than for women who returned to work" (Romero-Gwynn, 1989:631).

Data revealed from the Radius and Joffe (1988) study of adolescents indicated that 30 percent of the teens surveyed felt that they could not breastfeed and attend school. (Radius, 1988:159).

In research conducted by Kurinu et. al., data revealed that Black women who planned to return to work part-time versus full-time were more likely to breastfeed rather than formula-feed. Black women who returned to work had a shorter duration of breastfeeding than those not returning to work. Black and White women returning to professional occupations had a longer duration of breastfeeding compared to women returning to sales or technical positions. In addition, White women in professional occupations had a longer duration of breastfeeding than women in clerical positions (Kurinu, 1989:1247-1248).

The MacGown et. al. (1991) research revealed employment status did not significantly affect breastfeeding behavior. This was also found true in research by Grossman, Fitzsimmons et. al. (1990). The data revealed that the infant feeding decision was not associated with return to work or school (Grossman, 1990:32). Once again, the same results were found in research conducted by Mackey and Fried (1981). In this study, no relationship was established between either specific type of occupation or future work plans and the feeding method chosen (Mackey, 1981:314).

Finally, in research conducted by Scrimshaw (1987), data revealed that fewer women planned to breast-feed if they planned

to return to work soon. The proportion breastfeeding increased with later return to work dates.

Education

The literature supports the theory that the higher the mother's head of household's educational level, the more likely the mother will choose to breastfeed. In research conducted by John and Martorell (1989), data revealed that women living in a household headed by an adult with a college education were most likely to breastfeed their infants. Of the 78 couples that participated in the Morgan (1986) research, 69 percent had education beyond high school level. This is consistent with research done by Ryan et. al. (1991). In the National Surveys of Family Growth (NSFG), 71.6 percent of the participants had some college. In the Ross Laboratories Mothers Surveys (RLMS), 72 percent had some college.

Parraga et. al. (1988) looked at feeding patterns of urban Black infants. Forty-two percent of the infants in this study were at least partially breastfed at 3 weeks of age. Fifty-seven percent of this population were high school graduates and/or had additional training, 9 percent had some college, and 2 percent were college graduates. Similar results were found by Grossman, Fitzsimmons, et. al. (1990). The decision to breastfeed was significantly associated with higher maternal education. In this population studied, 53 percent had greater than a high school education, and 78 percent of this population breastfed. Data

from Grossman, Larsen-Alexander, et. al. (1989) also revealed that higher education level was highly associated with the decision to breastfeed. According to the authors of this research, "Low-income women who choose to breastfeed are like their more affluent counterparts, older, better educated, married and more likely to demonstrate good health habits" (Grossman, et. al., 1989:40).

The Wright et. al. (1988) research among middle-class Anglos and Hispanics also revealed that the level of maternal education was associated with breastfeeding patterns. "Women with more than 16 years of education were significantly more likely to breastfeed and to breastfeed exclusively at each age. Furthermore, they breastfed for a longer period of time and delayed the introduction of formula by a full month" (Wright, 1988:498). Similar results were found in research conducted by MacGown et. al. (1991). In this study, only 19 percent of women who had not completed high school initiated breastfeeding, in contrast to 29 percent of the mothers who had completed or gone beyond high school.

The Cusson (1985) research population consisted of female high school students. This research addressed attitudes toward breastfeeding. Students in grades 11 and 12 had more knowledge about breastfeeding than students in grades 9 and 10. "A factor contributing to that knowledge may be that twice as many students in grades 11 and 12 had read or heard about breastfeeding in a course. Students in grades 11 and 12 may also be more mature and

interested in retaining knowledge about breastfeeding" (Cusson, 1985:191). Data from this study also revealed that 49 percent of the study subjects did have positive feelings toward breastfeeding. Forty-six percent had considered breastfeeding future children.

College-educated mothers were more likely than less-educated mothers to breastfeed, to bottle wean late, and to introduce solids at later ages. This data was revealed in research conducted by Brogan and Fox (1984:562). In contrast, the mother's educational background was not found to have a significant role in whether she breastfed, bottle wean late or introduced solids at a later age (Romero-Gwynn and Carías, 1989:629).

Summary Section

Table 2.1 summarizes the literature discusses above. It indicates the results of each study by critical concept, population characteristics and strength of the relationships. For example, it indicates whether the relationship between education and breastfeeding was strong, some or limited.

Summary of the Literature by Factor Influencing the Breastfeeding Decision

| Influence the Breast Feeding Decision | Literature | Population/Sample | Strong | Some | Limited |
|---------------------------------------|-----------------------|---|--------|----------------------|----------------------|
| Family | Barron | low income military w/o a college education (N=40) | • | | |
| | Bryant | Anglos and Latins, clients of the Maternal and Infant Care program (N=76) | | • (Puerto Ricans) | |
| | Cusson | 68 students at an all girl school, upper and middle income | • | | |
| | Joffe | low income inner city adolescent, 91% Black (N=254) | | • | |
| | McLorg | WIC participants 21 Black & 21 White | | | • (Black & White) |
| | Grossman & Fitzammons | postpartum women admitted to Ohio State Univ. Hosp. (N=220) | | • | |
| | Dungy (B) | 77 mothers living in the Federal District of Mexico | • | | |
| | Romero-Gwynn | 132 low income Hispanic mothers participating in the EFN Program in CA. | • | | |
| | Sullivan | 181 low income Black women clients, of a public teaching hospital | | | • |

| Influence the Breast Feeding Decision | Literature | Population/Sample | Strong | Some | Limited |
|---------------------------------------|-----------------------|---|------------------------|------|--------------|
| Mother | Scrimshaw | Low income women of Mexican origin or descent (N=518) | | • | |
| | Barron | Low income military w/o a college education (N=40) | • | | |
| | Mackey | Middle class predominately white 20-40 yrs of age (N=50) | | | • |
| | Bryant | Anglos and Latins, clients of the Maternal and Infant Care program (N=76) | • (Latin) | | • (Anglo) |
| | Joffe | low income inner city adolescent, 91% Black (N=254) | | | • |
| | McLorg | WIC participants 21 Black & 21 White | • (Blacks & Whites) | | |
| | Grossman & Fitzammons | postpartum women admitted to Ohio State Univ. Hosp. (N=220) | | • | |
| | Dungy (B) | 77 mothers living in the Federal District of Mexico | • | | |
| | Romero-Gwynn | 132 low income Hispanic mothers participating in the EFN Program in CA. | | | • |

| Influence the Breast Feeding Decision | Literature | Population/Sample | Strong | Some | Limited |
|---------------------------------------|-----------------------|---|--------------|------|--------------|
| Baby's Father | Scrimshaw | Low income women of Mexican origin or descent (N=518) | | • | |
| | Barron | Low income military w/o a college education (N=40) | • | | |
| | Black | 120 predominantly Black WIC participants (N=120) | • | | |
| | Mackey | Middle class predominately white 20-40 yrs of age (N=50) | | | • |
| | Bevan | WIC participants in New York (N=103) | • | | |
| | Bryant | Anglos and Latins, clients of the Maternal and Infant Care program (N=76) | • (Latin) | | • (Anglo) |
| | Joffe | low income inner city adolescent, 91 % Black (N=254) | | • | |
| | Grossman & Fitzammons | postpartum women admitted to Ohio State Univ. Hosp. (N=220) | • | | |
| | Dungy (B) | 77 mothers living in the Federal District of Mexico | | | • |
| | Romero-Gwynn | 132 low income Hispanic mothers participating in the EFN Program in CA. | | | • |
| | McLorg | WIC participants 21 Black & 21 White | | | • |

| Influence the Breast Feeding Decision | Literature | Population/Sample | Strong | Some | Limited |
|---------------------------------------|-----------------------|---|--------------|------|------------------------|
| Friend | Grossman & Fitzammons | postpartum women admitted to Ohio State Univ. Hosp. (N=220) | • | | |
| | Sullivan | 181 low income Black women clients, of a public teaching hospital | | • | |
| | Romero-Gwynn | 132 low income Hispanic mothers participating in the EFN Program in CA. | | | • |
| | Barron | Low income military w/o a college education (N=40) | • | | |
| | Mackey | Middle class predominately white 20-40 yrs of age (N=50) | | • | |
| | Joffe | low income inner city adolescent, 91 % Black (N=254) | | • | |
| | McLorg | WJC participants 21 Black & 21 White | | | • (Blacks & Whites) |
| | Bryant | Anglos and Latins, clients of the Maternal and Infant Care program (N=76) | • (Anglo) | | |

| Influence the Breast Feeding Decision | Literature | Population/Sample | Strong | Some | Limited |
|---------------------------------------|-----------------------------|---|--------|------|---------|
| Health Care Worker | McLorg | WIC participants 21 Black & 21 White | | • | |
| | Scrimshaw | Low income women of Mexican origin or descent (N=518) | | • | |
| | Barron | Low income military w/o a college education (N=40) | • | | |
| | Mackey | Middle class predominately white 20-40 yrs of age (N=50) | | | • |
| | Averback | WIC participants in Nebraska (N=) | • | | |
| | Bevan | WIC participants in New York (N=103) | • | | |
| | Grossman & Larsen-Alexander | Low income, high risk women from state supported project (N=220) | | | • |
| | Brogan | 100 low income families and 102 middle income families (N=202) | • | | |
| | Sullivan | 181 Black low income women, at a public teaching hospital | | | • |
| | Grossman & Fitzammons | postpartum women admitted to Ohio State Univ. Hosp. (N=220) | • | | |
| | Wiles | 40 primiparous women who desired to breast feed | • | | |
| | Grossman, Harter, et. al. | Low income women who delivered healthy baby at Ohio State University Hospital (N=) | | | • |
| | Dungy (B) | 77 mothers living in the Federal District of Mexico | | • | |
| | Young | Mexican Americans and Black clients of a migrant health center (N=158) | | • | |
| | Bryant | Anglos and Latins, clients of the Maternal and Infant Care program (N=76) | | | • |

| Influence the Breast Feeding Decision | Literature | Population/Sample | Strong | Some | Limited |
|---------------------------------------|-----------------------------|--|----------------------------------|---------------------------------------|---------------|
| Culture | Grossman & Larsen-Alexander | Low income, high risk women from state supported project (N=220) | ● (Anglo) | | ● (Blacks) |
| | Scrimshaw | Low income women of Mexican origin or descent (N=518) | ● | | |
| | John | Mexican-American component of the Hispanic Health and Nutrition Examination Survey 1970-1982 (N=2,402) | ● | | |
| | Ryan | National survey of Family Growth and the Ross Laboratories Mothers Survey (N=83,803) | | ● (Twice as many whites as Blacks) | |
| | Collins | 341 WIC clients and 178 non-WIC clients | | ● (White) | ● (Black) |
| | Wright | Participants of a pediatric service of a HMO. 80% White 20% Hispanic (N=1112) | ● (college) | | |
| | Romero-Gwynn | 132 low income Hispanic mothers participating in the EFN Program in CA. | ● (mothers, origin in Mexico) | | |
| | Dungy (A) | Birth data log for '78, '80, '82 and '85 | ● (Anglo) | ● (Hispanic) | |
| | Grossman & Fitzammons | postpartum women admitted to Ohio State Univ. Hosp. (N=220) | ● (Anglo) | | ● (Black) |

| Influence the Breast Feeding Decision | Literature | Population/Sample | Strong | Some | Limited |
|---------------------------------------|-----------------------|---|---------------|-----------------|--------------|
| Employment | Scrimshaw | Low income women of Mexican origin or descent (N=518) | | | • |
| | Kurinu | Healthy Blacks and WHites at 3 D.C. Hospitals | | • (Black) | • (White) |
| | Mackey | Middle class predominately white 20-40 yrs of age (N=50) | | | • |
| | Radius | 2511 young women attending prenatal clinic | | • | |
| | Grossman & Fitzammons | postpartum women admitted to Ohio State Univ. Hosp. (N=220) | | | • |
| | Sullivan | 181 low income Black women clients, of a public teaching hospital | • | | |
| | Collins | 341 WIC clients and 178 non-WIC clients | • (Blacks) | | |
| | Wright | Participants of a pediatric service of a HMO. 80% White 20% Hispanic (N=1112) | • (Anglo) | • (Hispanic) | |
| | MacGowan | WIC participants in Georgia (N=404) | | | • |
| | Romero-Gwynn | 132 low income Hispanic mothers participating in the EFN Program in CA. | | • | |

| Influence the Breast Feeding Decision | Literature | Population/Sample | Strong | Some | Limited |
|---------------------------------------|---------------------------|--|------------------------|------|---------|
| Education | John | Mexican-American component of the Hispanic Health and Nutrition Examination Survey 1970-1982 (N=2,402) | ● (college) | | |
| | Morgan | Primiparae mothers and newborns in Vancouver Canada (N=78) | ● | | |
| | Parrago | low income urban Blacks unemployed high school graduates (N=116) | ● | | |
| | Ryan | National survey of Family Growth and the Ross Laboratories Mothers Survey (N=83,803) | ● (some college) | | |
| | Grossman & Fitzammons | postpartum women admitted to Ohio State Univ. Hosp. (N=220) | ● | | |
| | Grossman, Harter, et. al. | Low income women who delivered healthy baby at Ohio State University Hospital (N=) | ● | | |
| | Wright | Participants of a pediatric service of a HMO. 80% White 20% Hispanic (N=1112) | ● (college) | | |
| | Brogan | 100 low income families and 102 middle income families (N=202) | ● | | |
| | Romero-Gwynn | 132 low income Hispanic mothers participating in the EFN Program in CA. | | | ● |
| | Cusson | 68 students at an all girl school, upper and middle income | ● (11 & 12 graders) | | |
| | MacGowan | WIC participants in Georgia (N=404) | | | |

CHAPTER 3

Research Setting

The Special Supplemental Food Program for Women, Infants and Children (WIC) is a federal and state supported program designed to improve the nutritional status of low-income women, infants and children. The national WIC program was established in 1972, following a national nutrition survey which found anemia and inadequate growth to be common among American children in low-income families. These conditions can adversely affect brain size and cognitive ability. The program was authorized by Public Law 92-433 (TDH 1991:3).

To qualify for WIC services, an applicant must be a pregnant, breastfeeding, or postpartum woman, or infant or child under age five. They must have one or more nutritional health problems as determined by a nutritionist or other health professional at the WIC clinic. Data for assessment for nutritional risk consists of a hemoglobin or hematocrit measurement, height and weight measurements, dietary assessments and maternal and health history. Applicants must also meet established income guidelines. Presently, income guidelines are established at 185 percent of poverty. (TDH 1991:2)

A change in the Child Nutrition and WIC Preauthorization Act of 1990 required the WIC program to coordinate its services with other programs and mandated adjunctive eligibility with three major entitlement programs: Medicaid, Aid to Families with

Dependent Children (AFDC) and the Food Stamp program. This means that a person on any of these programs is automatically income eligible for WIC. (TDH 1991:2)

Funding and Expenditures

The Texas WIC program received a federal grant of \$150,004,0058 and state funds of \$5,332,806 for Fiscal Year 1990. In addition, a total of \$196,965,404 in funding was available to sustain WIC operations throughout fiscal year 1990. (TDH: 1991:5)

Expenditures for Fiscal Year 1990 were \$161,164,310 for food (82.4 percent); \$26,157,869 for administration of WIC's statewide local agencies; and \$9,443,225 (4.8 percent) for administration funds. These administration funds are used to develop and purchase nutrition education lessons and breastfeeding promotion materials to fund outreach efforts and to pay for personnel benefits, travel and supplies. (TDH 1991:5)

Local Agencies

In Texas, the WIC program is administered by the Texas Department of Health (TDH) which contracts with local public and private nonprofit health agencies to deliver WIC services. Local agencies sponsoring the WIC program must:

1. Make prenatal, family planning, immunizations and child health services available to participants;

2. Utilize health professionals to determine the nutritional risk and eligibility of the participants; and
3. Provide nutrition education. (TDH 1991:27)

Participation Profile

During Fiscal Year 1990, 342,534 participants received WIC benefits in the state of Texas. Half of these participants were children under the age of five, 7 percent were postpartum mothers and fewer than 2 percent were breastfeeding mothers. The racial ethnic breakdown were Hispanics, 56 percent; Anglos 24.3 percent and Blacks 18.5 percent.

Pregnant women were the priority group for WIC to reach in Fiscal Year 1990. Of the pregnant women participating in WIC throughout Texas, 14 percent joined WIC in their first trimester; 41.7 percent entered in their second trimester; and 44.3 percent enrolled in their final trimester. The average age for a woman participant was 23 years. About 14 percent of the mothers participating were under age 17.

The most common risk category for infants was "Born to a WIC mother." These infants are born to women who are WIC clients during their pregnancy. The most common risk for children was inadequate diet; and for women, inadequate diet and a high risk prenatal condition.

What TDH is Doing to Promote Breastfeeding

A comprehensive breastfeeding promotion campaign, aimed at potential breastfeeders and the health care providers most likely to influence them brought significant responses at WIC clinic. More Texas WIC mothers chose to breastfeed their babies in Fiscal Year 1990 than in the program's preceding 17 years. "The numbers of breastfeeding WIC participants increased by about 1,000 women per month over the previous year." (TDH 1991:17)

The Texas governor declared October "Breastfeeding Awareness Month" issuing a proclamation urging heightened public awareness of breastfeeding as a health issue. To support this promotion Texas WIC adopted public service announcements produced by Indiana WIC titled "Breast-feeding for all the Right Reasons." (TDH 1991:17)

TDH adopted a new policy officially recognizing breastfeeding as the best form of infant nourishment, and formally encouraging the support of breastfeeding within the state's health care system. TDH requested that all public health clinics display breastfeeding posters and pamphlets in their waiting areas, and that they remove any display of formula cans or formula promotional materials.

In order to optimize the health of Texas' infant population, the Texas Department of Health will support policies which promote breastfeeding.

1. "It will encourage the support of breastfeeding in the health care system. This will be accomplished

in the Public Health sector through the Bureau of Maternal and Child Health and the Bureau of Women, Infant and Children Nutrition. The private sector is encouraged to use procedures and routines that promote and support breast-feeding.

2. Encourage development of support services in the community.
3. Develop public education strategies through various promotional efforts.
4. Encourage industry to promote and support breastfeeding by providing information on practices that foster a positive environment for the breast-feeding employee.
5. Encourage child care facilities to develop policies which will create an environment that allow women to breast-feed." (TDH 1991:19)

In Austin and Travis County the WIC program is managed by the Austin Health and Human Services/Travis County Health Department. The WIC Director for this program oversees eleven WIC sites throughout Travis County. All eleven sites are housed in public health facilities that also provide prenatal, family planning, immunization and child health services for the community.

Participant Profile of the Rosewood Zaragosa Facility

The Rosewood Zaragosa WIC site was the setting for the focus groups conducted for this Applied Research Project. For the months of February and March of 1992, during the time the focus groups were conducted, approximately 2,800 participants received WIC benefits each of the two months. Pregnant women accounted for 7.7 percent, children under the age of one 24 percent, children one to five years of age 53.3 percent, and breastfeeding mothers 3.9 percent.

The racial ethnic breakdown of participants at Rosewood Zaragosa are 43 percent Black, 54 percent Hispanic and 3 percent Anglo. Rosewood Zaragosa is situated in the center of East Austin, which is predominantly a minority community. Approximately 90 percent of the WIC participants at Rosewood Zaragosa participate in at least one of the three major entitlement programs which make these participants automatically income eligible for WIC.

The following chapter discusses the Methodology for this Applied Research Project.

CHAPTER 4

Methodology

Focus groups was the technique used in this Applied Research Project. The focus group is a marketing technique most commonly used by direct marketers in exploratory research (Stone, 1984:444). In a focus group, a small number of people--between 6 and ten--are brought together to discuss a particular topic with a moderator as the leader. This moderator closely follows a topic guide that should be prepared in advance. The early discussion may be broad, because the moderator tries to establish a "friendly tone, making sure that everyone shares in the conversation and reacts to the comments made by other participants" (Lovelock and Weinberg, 1984:135). Group interaction is an important part of focus group interview. "The opportunity to be stimulated by others and respond to their comments distinguishes the group from the individual interview. This can lead to more spontaneous and perhaps more honest comments" (Lovelock and Weinberg, 1984:135).

Strengths of Focus Groups

A primary strength of the focus group as an interview technique is the ability to observe the above mentioned group's interaction. This will be important in this author's research because a limited sample is used. In addition, focus group interviews are easy to conduct (Morgan, 1988:20), and if the

participants are easy to find can be relatively inexpensive. Due to the author's time and income constraints, focus groups proved ideal.

Procedurally, the strength of focus groups lies in their ability to explore topics and generate hypotheses (Morgan, 1988:21). The open-ended nature and emphasis on group participation and interaction makes their findings unique. Focus groups supplement and complement more traditional data collection methods such as the questionnaire and interview.

Weakness of Focus Group

One weakness associated with focus groups is that they are not based in a natural setting. According to Morgan (1988), "As such, there is always some residual uncertainty about the accuracy of what the participants say." (Morgan, 1988:20-21). To offset this problem, the focus groups of this Applied Research Project were conducted in the same classroom where the clients received their bimonthly nutrition education. It was thus much closer to a natural setting than those used in marketing where consulting firms offices are often used. If the setting for the Applied Research Project focus groups is not natural, it is at least familiar and comfortable.

Another weakness associated with focus groups compared to the individual interview is that "the researcher has less control over the data that is generated" (Morgan, 1988:21). According to Morgan, a more controlled approach will need to be developed

prior to the conducting of the focus groups when there is a clear set of pre-defined issues to be compared across separate focus groups (Morgan, 1988:21).

Why Focus Group Technique was Chosen

The focus group technique was chosen because it is suited to the WIC population of Travis County, at the Rosewood Zaragosa facility. A number of the participants have limited reading and comprehension skills. Clients have a history of incorrectly completing questionnaires, developed by State WIC and the City of Austin.

The language barrier was also a reason survey research was not chosen. A large number of the non-English speaking clients cannot read or write. If a detailed questionnaire would have been chosen for use in this Applied Research Project, more assistance would have been needed by the author. I do not speak Spanish and would need an additional assistant to help participants complete the questionnaires.

The Focus Group Conducted

There were six focus groups, composed of seven participants in each group. Five of the focus groups sessions were conducted in English and one in Spanish. There were three categories of focus groups: pregnant women, postpartum mothers, (mothers of infants under the age of 12 months) and teen (ages 13-18 years) who were a mixture of pregnant and postpartum mothers. Focus

groups consisting of all Black participants and all Hispanic participants were conducted for each category.

The focus groups were conducted at the Rosewood Zaragosa Health Clinic in Austin, Texas. The author of this Applied Research Project was the moderator for the English speaking focus groups. The Spanish speaking group was conducted by Anita Ramos, a Public Health Nutritionist employed by the City of Austin, stationed at the Rosewood Zaragosa Health Clinic.

The following table provides a summary of the focus group conducted.

3.1

| Participants | Size | Duration | Age | Edu. | Date |
|------------------------|------|----------|-------|-------|---------|
| 1. Black Pregnant | 7 | 25 min. | 23.14 | 9th | 2/14/92 |
| 2. Black Postpartum | 7 | 30 min. | 30 | 12.85 | 2/21/92 |
| 3. Black Teen | 7 | 40 min. | 15 | 10th | 2/24/92 |
| 4. Hispanic Pregnant* | 7 | 35 min. | 25 | 8th | 3/13/92 |
| 5. Hispanic Postpartum | 7 | 30 min. | 25.85 | 12 | 2/28/92 |
| 6. Hispanic Teen | 7 | 34 min. | 15.14 | 7th | 3/06/92 |

*Group conducted in Spanish

Focus Group Questions

The questions asked during the focus groups were based on the literative review developed by this author and Dr. Shields. The six questions were designed to test the Hypothesis through group discussion. It focused on the factors that influence a woman's decision to breastfeed or not to breastfeed.

Selection of Participants

The six groups were conducted with the full support of the WIC Program Administration. Results of the study will be used to improve the WIC program. WIC participants must come to the Rosewood Zaragosa Center bimonthly. Participants for the six groups were found during this time.

Initially clients of the WIC program of Travis County at the Rosewood Zaragosa facility were asked by the author of this applied research project if they would be willing to return to Rosewood Zaragosa next month to participate in this study. Names and telephone numbers of clients agreeing to participate were recorded, and clients were called to remind them of this date. At time of scheduled focus group, the client did not show up as promised.

Clients that appeared for a schedule group education class were used instead. The women were allowed to substitute a group nutrition education class for a focus group meeting.

In the following chapter, the results of the focus groups will be discussed as well as a comparison with the literature.

CHAPTER 5

Results

The findings of all six focus groups yielded mixed results. Family, mother, infant's father, friends, health care workers, culture and employment/school, didn't always influence a young mother's infant feeding decision. Other factors that were not a part of the hypothesis such as embarrassment and maintaining a certain "appearance" were found to be influential in deciding what method of infant feeding was chosen.

There were distinct differences between the group of young women that indicated Mexico was their place of origin as opposed to the young women that identified the U.S. as their place of origin. Difference among the two pregnant focus groups were also found, although it is the belief of this author that having Mexico as the place of origin as opposed to the United States was a significant factor.

There were more similarities than differences among the two ethnic groups of young postpartum mothers. Here again it is the belief of the author that having all except one of the participants, born and educated through the 12th grade in the U.S., were the primary reasons for the similarities.

The results of the two ethnic groups of teens supports the idea of being "Americanized". All of the teens were born, raised, and educated in the United States. Comparison between the two focus group yielded almost identical results.

In the following discussion, results of the focus group are presented.

Summary Table

The results of the focus groups are summarized in Table 5.1. It indicates the results of each focus group by critical concept and strength of relationships. For example, it indicates whether the relationship between family and breastfeeding had a negative, positive or neutral influence.

TABLE 5.1

Results Summary of Focus Groups

| | Black Pregnant | Black Postpartum N=2 Breastfed | Black Teen N=2 Breastfeed | *Hispanic Pregnant N=6 Planned to Breastfeed | Hispanic Postpartum N=2 Breastfed | Hispanic Teen N=2 Breastfeed |
|--|-------------------|---|------------------------------------|---|--|---------------------------------------|
| Family | ● | ● | ● | ● | ● | ● |
| Mother | ● | ● | ● | ● | ● | ● |
| Father | ● | ● | ● | ● | ● | ● |
| Friends | ● | ● | ● | + | ● | ● |
| WIC Nutritionist/Healthcare Workers | ● | ● | ● | + | ● | ● |
| Culture | ● | ● | ● | + | ● | ● |
| Employment/School | — | — | ● | ● | + | ● |
| Other (Embarrassment and/or Appearance) | — | — | — | ● | — | — |

- (—) Negative influence
 (●) Neutral
 (+) Positive influence
 (*) Conducted in Spanish

Findings from the Focus Groups

Pregnant Black Focus Group

Work and school were found to have the greatest influence in whether a young mother decided to breastfeed. Four out of seven participants in this group clearly indicated they would not be able to work and breastfeed. "I am working now, and have plans to continue to work after the baby comes. I don't see how I can work and breastfeed too"; "I can't work and take care of two little ones and breastfeed also"; "I have to work, and I don't have anyone to help me so far after the baby comes, so I probably won't be able to breastfeed" were examples of the comments made concerning the work issue.

All seven participants felt that culture did not make it easier or harder to breastfeed. "I don't think race makes a difference"; "I think it is just an individual decision"; "Race doesn't have anything to do with it." Surprisingly, there were two comments that indicated women of other races had been observed breastfeeding more often than Blacks. "I notice a lot of Mexicans breastfeeding at the clinic and not many Blacks"; "Yeah, I see a lot of white women breastfeeding at the mall."

Influence of family members in the breastfeeding decision was not evident in this group. "No one discussed breastfeeding with me (in my family)" and "No one in my family influenced my decision to breastfeed" were the standard statements. Only one

participant stated that her mother had breastfed her and her seven siblings so she decided to breastfeed herself.

The infant feeding choice was not influenced by the infant father within this group of women. Only one participant stated "My husband's mother breastfed all six of them, so he wanted me to breastfeed also, and I did." It should be noted that two women did not really have much contact with the baby's father after becoming pregnant.

The WIC nutritionist or other health care professional were not found to be influential in the breastfeeding decision. Only one participant stated "I am considering breastfeeding because of the nutritionist's views and my doctor also told me it was best." What was disturbing during this discussion was the comment "I believe what the nutritionist said is true, but WIC would not give me formula if it was not just as good".

Although the issue of embarrassment was not originally asked as a focus group question, this issue did surface during the discussion of what is it about being Black that makes it easier/harder to breastfeed. The statement "Yea, I see a lot of white women breastfeeding at the mall and they showed everything, but I have never seen a sister doing it" led to the statement "Yeah, we wouldn't embarrass ourselves like that. But a white woman, they would do anything."

Postpartum Black Focus Group

Once again race was not found by participants to make breastfeeding easier or harder. Only one participant felt that "lighter skin (people) have a harder time breastfeeding than the darker skin (people)." Six out of seven indicated that family members including their mother did not influence their infant feeding decision.

Five participants did strongly indicate work was a factor in their choice not to breastfeed. Surprising three of these participants had comments about not being aware of being able to pump their breast. One participant state "You can always pump your breast and save the milk for when you are away from your baby" led to the statements "It (pumping) was never reinforced with me so since I had to go back to work soon after I had my baby, I didn't breastfeed"; "No one ever talked about pumping with me."

Five out of seven participants indicated that the baby's father did not influence the infant feeding decision. Comments on this topic were similar to the ones mentioned in the previous discussed focus groups.

The influence of the WIC nutritionists' views on a young mother's decision to breastfeed yielded mixed results in this group. Several of the participants stated that they were just not influenced to breastfeed. Another two of the participants indicated that they were not influenced by the WIC nutritionist's views because they did not plan on having anymore children. On

the positive side, there were two participants that indicated if they had another child, they would breastfeed because of the information received from WIC. Another participant stated "I do plan to breastfeed my next child."

Only one participant indicated that embarrassment was not an issue in the breastfeeding decision. The majority of the young women indicated that they would have been uncomfortable breastfeeding in front of anyone especially in public places. One participant stated "I usually breastfeed with only my immediate family around". And another participant stated "I don't think my old man would have felt comfortable with me breastfeeding in front of anyone."

Black Teen Focus Groups

Data from this focus group yielded surprising results. All seven young women agreed that although the WIC nutritionist views are important, only one was influenced to breastfeed. What was interesting during discussion of this question was the interchange between participant concerning previous class discussion and/or individual counseling provided by the nutritionist.

One mother commented "the nutritionist told me that each person is not the same, and I may be able to eat any foods I want to, as long as what I eat included certain foods to balance my meals". This led to several other comments which indicated that the participants had actually watched the films during the group

education process and that drinking alcohol was not good for a pregnant woman.

Also of interest was the discussion of the influence of the participant mother in the infant feeding decision. This discussion once again spanned a wide range from "My mother told me that since I was going to get formula free anyway, why breastfeed"; "Breastfeeding was OK and since I was on the lazy side and I didn't want to get up at night and warm a bottle, I breastfed". Another commented that she didn't want to have a shape like her mother when her kids get older, so she wasn't going to breastfeed.

During the discussion of the baby's father and his views and influence on breastfeeding, appearance once again surfaced. The young mother's comment "My boyfriend said if I fell out of shape because of this baby, he would leave me so I don't plan on breastfeeding". The issue of birth control also surfaced. "My baby's father said he heard that you could not take birth control pills and breastfeed, so I chose not to breastfeed."

The influence of friends brought up the issue of appearance once again. "Some of my friends said breastfeeding was OK, especially if you can lose your weight you gained during your pregnancy faster" led to a young mother deciding during the focus group to breastfeed so she could lose weight faster. There were several comments that indicated one should not always follow the advice of friends.

Surprisingly, only two young mothers felt that attending school or work was a negative influence on the breastfeeding decision. The comment "I want to breastfeed so I will just have to work it out" and "I breastfed and still went to school" shows the determination of these group members when their minds were made up.

Hispanic Pregnant Focus Group

Data from this group yielded interesting results. Six of the seven participants indicated that being Hispanic made it easier to breastfeed because it is culturally expected. "Easier (breastfeeding) because a Mexican is used to breastfeeding a child anywhere"; "Easier (breastfeeding), its our custom"; "Easier (breastfeeding), because it is normal" were typical of the comments. It should be noted that this focus group was conducted in Spanish. Mexico was identified as the place of origin for all but one participant of this focus group.

Four out of seven participants consider the WIC nutritionist and other health care workers influential in their decision to breastfeed or not to breastfeed. "The opinion of all the health care professional help in deciding whether to breastfeed"; "The opinion of a doctor is helpful because of some chances of illnesses. If a doctor told me not to breastfeed because of a medical reason, I would not breastfeed."

Work was not found to be a factor in whether a woman decided to breastfeed. "I will breastfeed when I am at home, and give

formula when at work" pretty well summarized the feeling of the group.

Surprisingly, friends were found to influence the young Hispanic woman breastfeeding decision. Four out of seven identified their friends as influencing their decision to breastfeed. Statements such as "My friends said it is good to breastfeed" and "My friend said it would be good to breastfeed for one year, but I will breastfeed for as long as I want" were generally the comments made.

Only three of seven participants indicated that their mother influenced their decision to breastfeed. It would have been interesting to know if the mothers of these young women were in the U.S.

Hispanic Postpartum Focus Group

Data from this group differed slightly from the previously discussed Hispanic focus group. Four out of seven indicated that race was not a factor in making it either easier or harder to breastfeed. It should be mentioned that this focus group was conducted in English. Six of the seven participants were born and received their education in the United States. All of these participants did complete the twelfth grade.

Four of the seven participants felt that work was a factor in their decision not to breastfeed. "Work was a big issue for me. I have always had to work and I knew that I would have to go back to work in four weeks after I had my baby so why start

something that would be hard to stop"; "I was working and going to school and this was the main reason why I didn't breastfeed" were generally the type of statements that were made.

Interestingly there was a statement that indicated the mother breastfed because she was going to have to return to work.

"Having to work influence me (to breastfeed) because I wanted to have an attachment early with my baby, so that when I went to work he would still know I was mama."

Five of the seven mothers indicated that friends, the baby's father and family members did not influence their infant feeding decision. All five of these women indicated that the baby's father left the feeding decision up to them, and they would support whatever decision they make. Comments concerning friends breastfeeding were basically the same as in the Black postpartum focus group, although one comment was different. "My friends in Mexico all breastfed, but they were surprised that I decided to breastfeed since I had been in the U.S. for several years, when I went home for a visit shortly after the birth of my baby."

Interestingly, embarrassment was found to be an issue for several of the young mothers in this group. "Embarrassment was a problem in my family. I had to go to another room when I was around my husband's family because they were uncomfortable with it." "My mother felt that it was embarrassing"; "My family felt that this was something you did in the privacy of your own home, not in front of friends"; "I would not have felt comfortable breastfeeding out in public like the mall."

Hispanic Teen Focus Group

Data from this group of young mothers revealed surprising results. There did not appear to be any one group of people that were very influential in the breastfeeding decision. Six out of seven participants indicated that the WIC nutritionist or any health care worker did not influence them to breastfeed. Six out of seven participants, also indicated that their infant's father did not influence them to breastfeed. Two out of seven did state that their mothers influenced them to breastfeed.

All seven of the participants clearly indicated that race was not a factor in making it easier or harder to breastfeed. It should be noted that all seven of these participants were born in the U.S. and attended school here.

Only three of seven participants indicated that school/work was a factor in their infant feeding decision. Generally they stated "With me working, had a lot to do with my decision not to breastfeed"; "I decided not to breastfeed because I had to work."

There were several comments among participants of this focus group that indicated the infant's father had a problem with embarrassment as an issue in the breastfeeding decision. "My husband did not want me to breastfeed especially in public. He said you have a hard time trying to find a place to do it in private. My husband was embarrassed for me to breastfeed"; "He (my boyfriend) did not want me to breastfeed. He thought it wasn't good for me to do it in front of people. I did not breastfeed."

Comparison Between the Two Racial Ethnic Groups

Pregnant

Similar results were found between the two pregnant focus groups in neither the family nor the baby's father influenced them. Differences were noted in friends, health care workers, mother, culture and employment.

Results from the Black pregnant focus group revealed that no one significantly influenced them to breastfeed. This was not true for this same group of Hispanic women. Friends and health care workers did influence these women to choose breastfeeding as the feeding method for their infants. The mother (infant's grandmother) in the Hispanic group attempted to influence the young women to breastfeed, although the numbers were much lower than expected.

Employment was not viewed as a negative factor on breastfeeding in the Hispanic pregnant group in contrast to its influence in the same group of Black young women. Also it should be noted that it was culturally expected to breastfeed among the Hispanic women, where as all seven Black participants in this group felt race was not an issue.

Postpartum

The only significant difference found among participants in these two groups was the influence of the health care workers. The Hispanics viewed the health care workers as influencing them

to breastfeed, where as the Black participants in this group were not influenced.

Teen

There was no significant differences between these two groups of young mothers and the influence of family, mothers, baby's father, friend, health care workers, employment/school or culture. Data from this group did reveal that the Black teens were more concerned with "appearance" than their Hispanic counterparts.

Focus Group Results Compared with the Literature

The literature indicated that the maternal grandmother is the key member of the extended family consulted on infant feeding matters in the Hispanic culture. This was not revealed in the data from the Hispanic focus group. Out of 21 participants, only 6 indicated that the mother had influenced their infant feeding method. Research by Mackey and Fried (1981) and Joffe and Radius (1987) were the only studies indicating that the infant's maternal grandmother had little influence.

Similar results were found among the 21 Black participants. Only 3 indicated that their mothers were influential in their choice of an infant feeding method. In the research conducted by McLorg and Bryant, over half the Blacks and Whites attempted to persuade their daughters to adopt a certain feeding practice.

The majority of the literature reviewed suggested that the baby's father is influential in the breastfeeding decision was also not supported among Blacks nor Hispanics participants. Only 9 out of 42 participants indicated that the baby's father was influential in their choice of an infant feeding method. McLorg and Bryant (1984) research indicated that Black mothers are more likely than Whites to report no input from male partners. This was supported by the focus groups. Research by Bryant (1985) also indicated that women in most cases make the decisions pertaining to feeding practices without consulting their husband/mate.

The literature supported the theory that other family members were not as influential in the infants feeding decision as the mother and infant's father. Results from the focus groups supported this theory. Only 2 out of 42 participants indicated other family members were influential in their choice of an infant feeding method. Bryant (1982) found some racial ethnic groups were influenced by friends more than others. Data from the focus groups supported this theory. In the Black pregnant focus group, only 2 participants out of 7 indicated friends were influential in their choice of an infant feeding method whereas in the Hispanic pregnant focus group, 4 out of 7 indicated friends were influential in their choice of an infant feeding method.

The literature yielded mixed results on the influence of health care workers in the choice of an infant feeding method.

This too, was supported by the findings of the focus groups. In the Black group, 3 out of 21 and 9 out of 21 in the Hispanic group indicated that the health care worker were influential in the choice of an infant feeding method.

Both John and Martorell (1989) and Dungy (1988) suggested that if women had strong cultural ties to Mexico and if the preferred household language was Spanish, they would be more likely to breastfeed, than English speaking households. This was supported in the data from the focus groups conducted.

The study of employment as a factor in the breastfeeding decision yielded mixed results. Colling et. al. (1984), Sullivan and Jones (1986), Wright et. al. (1984) and Romero-Gwynn and Carias (1989) research revealed a negative impact of mother's employment on breastfeeding. This was found to be true with the majority of the participants of the focus groups. Twenty five out of 42 participants indicated that work was a factor in their infant's feeding decisions. Research by McGowan et. al. (1991) revealed employment status did not significantly affect breastfeeding behavior. Seventeen out of 42 participants indicated that employment was not a factor in their infant feeding decision.

The following chapter will provide a conclusion to this Applied Research Project with recommendations for improvement of breastfeeding education in the WIC program.

CHAPTER 6

Conclusion

The focus of this Applied Research Project was to determine why Black and Hispanic participants in the WIC program in Travis County, served at the Rosewood Zaragosa facility choose to breastfeed or not to breastfeed.

Data from this research project yielded mixed results. When reviewing all six focus groups, the hypothesis was not supported. Family, mother, infant's father, friends, culture, education and employment did not always play key roles in a woman's decision to breastfeed, although they were contributing factors in many instances.

The WIC program provides prenatal education to prospective and new mothers who receive supplementary foods. The WIC nutrition education program stresses the value of breastfeeding over formula. However, many of the participants from WIC still do not breastfed.

As data from the results chapter revealed, there was no singular or uniform set of influences for breastfeeding in the Black focus group. On the other hand, the Hispanic pregnant group results generally supported the hypothesis that culture, friends and the healthcare workers did influence the young mother's decision to breastfeed.

The postpartum group among both races were similar in their views except about the influence of the health care workers. The

Hispanics viewed the health care workers as the only positive influences in the breastfeeding decision. However, the Black participants in this group were not influenced.

Among the teen focus groups there were no positive influences in the breastfeeding decision.

RECOMMENDATIONS

1. Interventions to promote breastfeeding should provide mothers who elect to breastfeed with the support needed to foster a successful breastfeeding experience.
2. Intervention strategies should address pumping techniques very specifically and expose the women to the various pumps available as well as teach hand expression and collection and storage of breast milk.
3. It may be useful to invite the teen's boyfriend and mother, given the impact of these individuals on the teen's breastfeeding attitudes. Once a teen decides to breastfeed, significant support is required following delivery to ensure a positive experience. Here the concept of the breastfeeding peer counselor is especially important. Seeing one's peer, breastfeed discreetly in the clinic waiting room and during group education sessions, should demonstrate the positive appearance of breastfeeding.
4. The health care workers should stress that the appearance of each woman's breast are hereditary. That

breast comes in all different shapes and sizes, and regardless of its appearance, it is perfectly designed to nourish their children.

5. It is important that health professionals educate and instruct Black and young mothers about the convenience of breastfeeding. Once a mother indicates that she plans to nurse she must be encouraged and supported in her effort.
6. It would be particularly helpful if the WIC program could get national support and endorsement for breastfeeding among Black leaders. Many young Blacks have not grown up in an environment where breastfeeding was the expected way of infant feeding.

BIBLIOGRAPHY

- Aaron, Stephen S., Karla Damus, Barbara Thompson, Thaddeus Midrue and James Chin. "Protective Role of Human Milk Against Sudden Death From Infant Botulism." The Journal of Pediatrics, Vol. 100, No. 4 (April 1982):568-573.
- Auerbach, Kathleen, G., "The Influence of Lactation Consultant Contact on Breast-Feeding Duration in a Low-Income Population." Nebraska Medical Journal (September 1985):341-346.
- Baish, Mary Jo, Robert A. Fox, and Barbara A. Goldberg, "Breastfeeding Attitudes and Practices Among Adolescents." Journal of Adolescent Health Care, 10 (1989):41-45.
- Barron, Sharon P., Helen W. Lane, Thomas Hannan, and John C. Williams, "Factors Influencing Duration of Breast-Feeding Among Low-Income Women." Journal of the American Dietetics Association, Vol. 28, No. 12 (1988):1557-1561.
- Bevan, Mary Lundquist. "Factors Influencing Breast-Feeding in an Urban WIC Program." Journal of the American Dietetics Association 84 (1984):563-567.
- Black, Rebecca F., Vicki N. Jones, and Robert A. DuRant, "Infant Feeding Decisions Among Pregnant Women from a WIC Population in Georgia." Journal of the American Dietetics Association 90 (1990):255-259.
- Brogan, Barbara D., and Hazel M. Fox, "Infant-Feeding Practices of Low- and Middle-Income Families in Nebraska." Journal of The American Dietetic Association 84 (May 1984):560-563.
- Bryant, Carol Anne. "The Impact of Kin, Friend and Neighbor Networks on Infant Feeding Practices." Social Science Medicine 16 (1982):1757-1765.
- Collins, Terence R., James D. Leeper, Tamar Milo, and Sarah De Meijher, "Perceptions and Knowledge of Breast-Feeding Among WIC and Non-WIC Pregnant Women in Alabama." The Alabama Journal of Medical Science (1984) 21:145-148.
- Cunningham, Allan S., and E. F. Patrice Jelliffe, "Breast-Feeding and Health in the 1980's: A Global Epidemiologic Review." The Journal of Pediatrics, Vol. 118, No. 5 (May 1991):659-666.
- Cusson, Regina M., "Attitude Toward Breast-Feeding Among Female High School Students." Pediatric Nursing (May/June 1985):189-191.

- Dungy, Clairbourne, "Infant Feeding Practices and Beliefs of Mexican Women: Implications for Breast Feeding Support Programs in the United States." Journal of Nursing, 85-23-29.
- Dungy, Claibourne, "Breast Feeding Preference of Hispanic and Anglo Women 1978-1985." Clinical Pediatrics (February 1989) Vol. 28, No. 2:92-94.
- Grossman, Lindsey K., Christina Harter, Larry Sachs and Amparo Kay,. "The Effect of Postpartum Lactation Counseling on the Duration of Breast-Feeding in Low-Income Women." American Journal of Disease of Children 144 (April 1990):471-474.
- Grossman, Lindsey KL., Sharon M. Fitzsimmons, Janet B. Larsen-Alexander, Larry Sachs, Christina Harter. "The Infant Feeding Decision in Low and Upper Income Women." Clinical Pediatrics (January 1990):30-37.
- Grossman, Lindsey K., Janet B. Larsen-Alexander, Sharon M. Fitzsimmons, Leandro Cordero, "Breastfeeding Among Low-Income, High-Risk Women." Clinical Pediatrics (January 1989) Vol. 28, No. 1:38-42.
- Habicht, Jean-Pierre, Julie Da Vanzo and William P. Butz. "Does Breatfeeding Really Save Lives Or Are Apparent Benefit Due to Biases?" American Journal of Epidemiology, Vol. 123, No. 2 (1986):279-290.
- Hawkins, Luann, Francine H. Nichols, and James L. Tanner, "Predictors of the Duration of Breast-Feeding in Low-Income Women." Birth 14:4 (December 1987):204-209.
- Howie, Peter W.J., Stewart Forsyth, Simon A. Ogston, Ann Clark, Charles du V Florey. "Protective Effect of Breastfeeding Against Infection." British Medical Journal, 300 (January 1990):11-16.
- Joffe, Alvin, and Susan M. Radius, "Breast Versus Bottle: Correlates of Adolescent Mothers' Infant-Feeding Practices." Pediatrics, Vol. 79.5 (May 1987):689-695.
- John, Meredith, and Reynaldo Matorell. "Incidence and Duration of Breast-Feeding in Mexican-American Infants, 1970-1982." American Journal of Clinical Nutrition 50 (1989):868-874.
- Jordan, Pamela L., and Virginia Woll. "Breast-Feeding and Fathers: Illuminating the Darker Side." Birth 17:4 (December 1990):210-213.
- Kovar, Mary Grace, Mary K. Serdula, James S. Marks, and David W. Fraser, Pediatrics (1948):117-140.

- Kurinu, Natalie, Patricia H. Shiono, Sandi F. Ezrine, and George G. Rhoads, "Does Maternal Employment Affect Breast-Feeding?" American Journal of Public Health, Vol. 77, No. 4 (April 1987):467-470.
- Lovelock, Christopher H., and Charles B. Weinberg. Marketing for Public and Nonprofit Managers. New York: John Wiley and Sons, 1984.
- MacGowan, Robin J., Carlos A. MacGowan, Mary K. Serdula, J. Michael Lane, Riduan M. Joesoef, and Frances H. Cook, "Breast-feeding Among Women Attending Women, Infants, and Children Clinics in Georgia, 1989." Pediatrics 87 (March 1991):361-366.
- Mackey, Susan, "Infant Breast and Bottle Feeding Practice: Some Related Factors and Attitudes." Canadian Journal of Public Health 72 (September/October 1981):312-318.
- Manstead, A.S.R., C.E. Plevin, and J.L. Smart. "Predicting Mothers' Choice of Infant Feeding Method." British Journal of Social Psychology 23 (1984):223-231.
- McLorg, Penelope A., and Carol A. Bryant. "Influence of Social Network Members and Health Care Professionals on Infant Feeding Practices of Economically Disadvantaged Mothers." Medical Anthropology 10 (1989):265-278.
- Michaelsen, Kim Fleischer, Julia Sidenius Johnson, Gösta Samuelson, Paul A. Price and Clause Christiansen. "Leume Bone γ -Carboxyglutamic Acid Protein In a Longitudinal Study of Infants: Lower Values in Formula-Fed Infants." Pediatric Research, 31 (1992):401-404.
- Morgan, David L. Focus Groups as Qualitative Research. Portland State University, Newbury Park, California: Sage Publications, 1988.
- Morgan, Judith. "A Study of Mothers' Breast-Feeding Concerns." Birth 13:2 (June 1986):155-158.
- Nakajima, Hiroshi, and James P. Grant. "Appendix 3: Protecting, Promoting and Supporting Breast-Feeding: The Special Role of Maternity Services." Int. Journal of Gynecology and Obstetrics (Suppl. 1) (1990):171-183.
- Neifert, Marianne, Jane Gray, Nancy Gary, and Bonnie Camp. "Factors Influencing Breast-Feeding Among Adolescents." Journal of Adolescent Health Care, 9 (1988):470-473.
- Parraga, Isabel M., Mary Ann Weber, Alexis Engel, Kenneth G. Reeb, and Edith Leiner. "Feeding Patterns of Urban Black Infants." Journal of the American Dietetics Association 88 (1988):796-800.

- Pisacane, Alfredo, Liberatore Graziano, Gianfranco Mazzeo, Benedetto Scarpellini and Gregorio Zona. "Breastfeeding and Urinary Tract Infection." The Journal of Pediatrics, Vol. 120, No. 1 (January 1992): 87-89.
- Radius, Susan M., and Alvin Joffe. "Understanding Adolescent Mothers' Feeling about Breast-Feeding." Journal of Adolescent Health Care 9 (1988):156-160.
- Romero-Gwynn, Eunice, and Lucia Carias. "Breast-Feeding Intentions and Practice Among Hispanic Mothers in Southern California." Pediatrics 84 (October 1989):626-632.
- Ryan, Alan S., William F. Pratt, Jeffrey L. Wysong, Gregory Lewandowski, James W. McNally, and Fritz W. Krieger. "A Comparison of Breast-Feeding Data from the National surveys of Family Growth and the Ross Laboratories Mothers Surveys." American Journal of Public Health (August 1991) 81:1049-1052.
- Scrimshaw, Susan C.M., Patricia Engle, Lola Arnold, and Karen Haynes, "Factors Affecting Breast-Feeding Among Women of Mexican Origin or Descent in Los Angeles." American Journal of Public Health. Vol. 77, No. 4 (1987):467-470.
- Stoland, Nada, and Christine Peterson. "A Modest Proposal: Breast-Feeding for the Infants of Adolescent Mothers." Advanced Psychosomatic Medicine 12 (1985):81-90.
- Stone, Bob, Successful Direct Marketing Methods. Lincolnwood, Illinois: Crain Books, 1984.
- Sullivan, Joan, Linda Corson Jones. "Breastfeeding Adoption by Low-Income Black Women." Health Care for Women International (1986) 7:295-309.
- Supplemental Food Program for Women, Infants and Children. 1990. Annual Report Texas WIC. Austin, Texas.
- Wiles, Leslie S. "The Effect of Prenatal Breast-Feeding Education on Breast-Feeding Success and Maternal Perception of the Infant." Journal of Nursing (July/August 1984):253-257.
- Wright, Anne L., Catherine Holberg, Lynn M. Taussig, and the Group Health Medical Associates Pediatricians. "Infant-Feeding Practices Among Middle-Class Anglos and Hispanics." Pediatrics (September 1988) 82:496-502.
- Yoos, Lorrie. "Developmental Issues and the Choice of Feeding Method of Adolescent Mothers." (Jan./Feb. 1985):68-72.

Young, Suzann A., and Mildred Kaufman. "Promoting Breast-Feeding of a Migrant Health Center." American Journal of Public Health Vol. 78, No. 5 (1988):523-525.

Focus Group Questions/Topics
Anita Fincher

Introduction

Getting the group comfortable. Begin with a few ice breaker questions and a discussion of the purpose of the project.

We want to know your feelings about breastfeeding.

Why it is a good idea and why it is not a good idea to breastfeed.

How did you chose your baby's feeding method.

1. How influential was your **family** (mom, dad, sisters, aunts, etc.) in your decision to breastfeed or not to breastfeed?
2. What are the views of the **baby's father** on breastfeeding?
How did it influence your decision?
3. What are your **friends** views on breast feeding?
How did it affect you?
4. How important are the **WIC Nutritionist's** views on your decision to breastfeed?
5. What is it about being "**Black**" (or **Hispanic/Mexican**) that makes it easier/harder to breastfeed?
6. Are you **working/going to school**? What effect has that had on your infant feeding decision?

Who watches the baby/access to baby?

Conclusion. Thank them for their participation.

Pregnant Black Focus Group

Question 1. How influential was your family (mom, dad, sisters, aunts, etc.) in your decision to breastfeed or not to breastfeed?

- A) No one in my family influenced my decision to breastfeed.
- B) No one discussed breastfeeding with me.
- C) My mother breastfed all eight of us so I decided to breastfeed myself.
- D) No one discussed breastfeeding with me.
- E) I had an aunt on my father's side who breastfed, but no one in my family discussed breastfeeding with me.
- F) No one in my family influenced me to breastfeed.
- G) My mother tried to encourage me to breastfeed, but I did not want to.

Question 2. What are the views of the baby's father on breastfeeding? How did they influence your decision?

- A) My old man was in jail, so what the hell could he say.
- B) Once I became pregnant, I did not have any contact with the baby's father.
- C) He wanted me to breastfeed, but I didn't want to, so I did not breastfeed.
- D) He said he would support whatever decision I made.
- E) My husband's mother breastfed all six of them, so he wanted me to breastfeed also and I did with my first child.
- F) He didn't care. He said it was left up to me.
- G) He didn't care.

Question 3. What are your friends' views on breastfeeding? How did they affect you?

- A) None of my friends breastfeed so we never really discussed it.
- B) The subject never came up with my friends.

- C) I had a few friends that said they had tried it but it hurt too much.
- D) I had a few friends that were for it and a few friends that were against it. The reasons varied from it was too time consuming, it hurt, they were embarrassed. I still decided not to breastfeed.
- E) My best friend breastfed, so I decided to give it a try.
- F) I had a few friends that breastfed and they really didn't have any problems, so I think I am going to try to breastfeed.
- G) My friends and I never discussed it, but I am thinking about breastfeeding anyway.

Question 4. How important are the WIC Nutritionist's views on your decision to breastfeed?

- A) The nutritionist and doctor suggested that I should breastfeed, but I really don't think I will.
- B) Although I believe what WIC tells me about breastfeeding, I still have not made up my mind.
- C) The nutritionist's and other health care workers' opinion has not influenced me to breastfeed.
- D) The nutritionist's view is important but it is not really her having to make the decision to breastfeed or not.
- E) I am considering breastfeeding because of the nutritionist's views and my doctor also told me it was best.
- F) I believe what the nutritionist said is true, but WIC would not give me formula if it was not just as good.
- G) Yeah, that's right.

Question 5. What is it about being "Black" that makes it easier/harder to breastfeed?

- A) I don't think race makes a difference.
- B) Me either.
- C) I think it is just an individual decision. Race doesn't have anything to do with it.

- D) I notice a lot of Mexicans breastfeeding at the clinic and not many Blacks, but I don't think it really has anything to do with race.
- E) Yeah, I see a lot of white women breastfeeding at the mall and they show everything, but I have never seen a sister doing it.
- F) Yeah, we wouldn't embarrass ourselves like that. But a white woman, they would do anything.
- G) I don't think race makes it easier or harder.

Question 6. Are you working/going to school? What effect has that had on your infant feeding decision.

- A) I am working, and plan on working after my baby comes. I don't see how I can work and breastfeed too.
- B) I am working and going to school so I don't think I will have time to breastfeed.
- C) Well, I don't plan on going back to work right away, so I just may breastfeed. I have not decided yet.
- D) I can't work and take care of two little ones and breastfeed too. I just think it will be too much.
- E) I have to work, and I don't have anyone to help me so far when the baby comes, so I probably won't breastfeed.
- F) My husband and mother say they will help so I will probably breastfeed even though I have to go back to work six weeks after the baby comes.
- G) I am not going right back to work after the baby comes so I am thinking about breastfeeding.

Question 6b. Who watches the baby/access to baby?

- A) Mother.
- B) Mother.
- C) Aunt.
- D) Next door neighbor.
- E) Sister (she works at night).
- F) Mother-in-law.

G) Baby's father (he works at night).

Postpartum Black Focus Group

Question 1. How influential was your family (mom, dad, sisters, aunts, etc.) in your decision to breastfeed or not to breastfeed?

- A) I didn't care what my family members said. My mother breastfed all ten of us, and I was going to breastfeed my children.
- B) I never really discussed it with my family.
- C) I have a good friend that breastfed and told me her breastfed baby was not as sick as her first child, so I decided to breastfeed. I never really talked to my family.
- D) The subject never really came up with my family.
- E) I have a few friends that were for breastfeeding and some that said it hurt too much. I decided not to breastfeed. I never talked with my family.
- F) My mother talked to me about breastfeeding, but I felt that I would be too tied down, so I decided not to breastfeed.
- G) I never really discussed it with my family.

Question 2. What are the views of the baby's father on breastfeeding? How did they influence your decision?

- A) Well, with my first baby when the baby was four days old, my husband called the doctor because my baby was a premature baby and he was only eating every four to five hours and my husband thought I was starving the baby because he didn't want me to breastfeed. (So he accused me of child abuse.) With my second baby he was supportive of my decision to breastfeed.
- B) My husband wanted me to, but I said no.
- C) Well, my mother wanted me to, more than my husband, but I chose not to anyway.
- D) The baby's father did not say anything.
- E) My husband wanted me to, and I did.
- F) My husband wanted me to breastfeed the baby. He wanted me to breastfeed him also.
- G) My baby's father didn't care. It was my choice.

Question 3. What are your friends' views on breastfeeding? How did they affect you?

- A) I didn't care what my friends said. I had already decided to breastfeed.
- B) They never commented one way or the other. It wasn't a factor.
- C) With my next baby, I plan to breastfeed because my cousin lost a lot of weight, so I really want to breastfeed.
- D) My friends didn't say one way or the other.
- E) I have a good friend that breastfed so I decided to.
- F) It never came up for discussion.
- G) I have one friend for breastfeeding and several against it, but I still was not influenced to breastfeed.

Question 4. How important are the WIC Nutritionist's views on your decision to breastfeed?

- A) I don't plan on having any more children, so the WIC nutritionist's views really don't make a difference.
- B) Me too. I am not having any more children.
- C) If I had another child, I would consider it, since you all say it is nutritional.
- D) I breastfed my first two, and if by some miracle I became pregnant again, I would breastfeed my next one because of the information I had gotten since starting WIC.
- E) I do plan to breastfeed my next child.
- F) No one influenced me to breastfeed.
- G) I feel like the nutritionist knew what she was talking about, but I chose not to breastfeed anyway.

Question 5. What is it about being "Black" that makes it easier/harder to breastfeed?

- A) I don't think it makes any difference.
- B) Yes, I agree.

- C) They say the lighter skin have a harder time breastfeeding than the darker skin.
- D) Where did you hear this?
- E) From a book called "Our Bodies, Ourselves". Redhead and blondhead people are more tender than darker skin people.
- F) That's why I didn't breastfeed. It hurts.
- G) Race doesn't have anything to do with it.
- H) Yeah, I agree.
- I) I don't think being Black has anything to do with it.

Question 6. Are you working/going to school?

- A) Work.
- B) Work and School.
- C) Work.
- D) Work.
- E) Work.
- F) Work.
- G) At home.

What effect has that had on your infant feeding decision?

- A) I had to feed my baby on my lunch break (I live near the hospital I worked at) so work was not an issue.
- B) That's an idea--I never thought of that.
- C) You can always pump some milk.
- D) But it was never reinforced with me so since I had to go back to work soon after I had my baby, I didn't breastfeed.
- E) Me either. No one ever talked about pumping.
- F) It is a social status.

- G) I always felt about breastfeeding like you had a ball and chain attached to you, but now I see it isn't like that (since I have been coming to WIC).
- H) I was at home and I still did not breastfeed.
- I) Besides WIC encouragement, I just never heard the benefits of breastfeeding, and how you can have a life and still breastfeed so I didn't breastfeed because of work.
- J) I heard breastfeeding is easier.
- K) I heard that breastfeeding babies have a bond with mothers, but I still feel close to my child.
- L) Yeah, me too.
- M) Me also.

Question 6b. Who watches the baby/access to baby?

- A) My mother-in-law.
- B) My cousin.
- C) A sitter.
- D) My husband (he works nights).
- E) My mother.
- F) My mother.
- G) Daycare.

Question 7. Was embarrassment a factor that influenced you not to breastfeed?

- A) I don't think I would have been comfortable breastfeeding in front of anyone.
- B) Yeah, me too.
- C) I don't think my old man would have felt comfortable with me breastfeeding.
- D) I didn't have any problem with embarrassment when I breastfed.
- E) I usually breastfeed with only my immediate family around.

F) I don't think I could have breastfed at the mall or out in public.

Teen Black Focus Group

Question 1. How influential was your family (mom, dad, sisters, aunts, etc.) in your decision to breastfeed or not to breastfeed?

- A) My mother told me that since I was going to get formula free anyway, why breastfeed.
- B) I think it would be better for the baby if I breastfeed, so that's how come I plan on breastfeeding.
- C) My mom said breastfeeding was ok and since I was on the lazy size and I didn't want to get up at night and warm a bottle so I breastfed.
- D) I am not going to breastfeed, nobody in my family breastfed, they say it is more nutritionist but I don't care. I am not breastfeeding.
- E) I have always heard that breastfeeding was better for the baby so I am going to breastfeed. No one in my family has ever discussed breastfeeding with me, but I heard them talking about it on television.
- F) No one in my family discussed breastfeeding with me. I did read some of the pamphlets that I got from WIC, when I was pregnant.
- G) I don't think I will breastfeed. I want to be like my mother. I want to have a good shape when my children get old like my mother has now, and she didn't breastfeed.
- H) But you know they have these bras that can support you.
- I) Yeah, but you have to pay for them, don't you?
- J) Well yes, but I hear that it helps your back.

Question 2. What are the views of the baby's father on breastfeeding? How did it influence your decision?

- A) Well, my boy friend said if I fell out of shape because of this baby he would leave me, so I don't plan on breastfeeding.
- B) I don't think it is any of my baby's fathers business how I will feed my baby.
- C) Well, my boy friend told me it was my decision, and he did not care what I did, so I told him I would not breastfeed.

- D) My boy friend said it was my decision to do whatever I wanted to.
- E) My baby's father and I don't talk any more, so I wouldn't care what he wanted me to do.
- F) My baby's father wanted me to breastfeed, but I did not want to.
- G) We never discussed it.
- H) I know this girl that had three babies in three years.
- I) Did she breastfeed?
- J) No.
- K) How can you be pregnant three times in 3 years?
- L) Maybe she should have breastfed. I heard if you breastfeed you can't get pregnant.
- M) My baby's father said he heard that you could not take birth control pills and breastfeed, so I chose not to breastfeed.

Question 3. What are your friends views on breastfeeding? How did they affect you?

- A) Everybody has an opinion so you listen to some, and some you don't.
- B) Some of my friends say it is so nasty until they wouldn't do it, other friends of mine said it was ok.
- C) Well, sometimes you can't pay any attention to your friends and you just do what you have to do.
- D) Some of my friends said breastfeeding was ok, especially if you lose your weight you gained during your pregnancy faster.
- E) Well, I was big before I got pregnant and I don't think all the breastfeeding in the world can help me lose this weight.
- F) Most of my friends that have babies didn't breastfeed, but since you said you can lose weight faster, I just may breastfeed.
- G) My friends said I should breastfeed so that my baby wouldn't get sick, so I am thinking about it.

Question 4. How important are the WIC Nutritionist's views on your decision to breastfeed?

- A) The formula is free, and the WIC program gives it to us, so why breastfeed? Are they telling you this to save the government money?
- B) Since you get more food cards for yourself if you choose to breastfeed, I just may take the nutritionist's suggestion and breastfeed.
- C) Even though the nutritionist says it is best to breastfeed, you have to cut out a lot of your favorite foods.
- D) Yeah, I heard you couldn't eat certain foods too.
- E) Yeah, no spicy foods.
- F) Well the nutritionist told me that each person is not the same, and I may be able to eat any foods I want to, as long as what I eat included certain foods to balanced my meals.
- G) The nutritionist doesn't have any children, so how does she know?
- H) Well, she showed the film that said the same thing she said.
- I) I still say, you have to be on a certain diet to breastfeed.
- J) What's a good diet?
- K) Eat foods that are good for you.
- L) Well, I know you like to drink and you need to stop because you are pregnant anyway, because on the film we saw, it said that when you drink, the baby drinks.
- M) My grandmother use to give me a little beer to put me to sleep at night.
- N) Yeah, and you drink now too.

(Here I had to stop the conversation and ask the question again to get them back on the track.)

- O) Yes, the nutritionist views are important, but I still chose not to breastfeed.
- P) Yes, I agree, the nutritionist views are important.

- Q) Me too.
- R) I agree, her views are important but that will not be why I choose to breastfeed or not to breastfeed.
- S) The nutritionist has been encouraging me to breastfeed ever since I first got on WIC.

Question 5. What is it about being "Black" that makes it easier/harder to breastfeed?

- A) A lot of Blacks are just not into health like Whites. White people eat whole wheat bread, steam vegetables, and we eat collard greens and a lot of fried foods. So we would really have to change our diets to breastfeed.
- B) This lady I used to work for would come home at lunch time and pump her breast, and when her husband came home, he would feed the baby the pumped milk. I don't think I am in to that.
- C) Maybe we should start eating better and breastfeed our babies, so they will be healthier. I was reading an article that says our diet are killing us.
- D) I believe you are right.
- E) I don't think being Black makes it harder to breastfeed. Not a lot of Blacks breastfeed though.
- F) I don't think race has anything to do with it either.
- G) I agree with what you said. I think it is just what the person wants to do.

Question 6. Are you working/going to school? What effect has that had on your infants feeding decision?

- A) I was going to school but I quit after I got pregnant. I plan on going back when school starts in August.
- B) I stayed in school during my entire pregnancy.
- C) I am still in school, but I have been sick a lot, so I am thinking about dropping out.
- D) I am in school now because I am not showing as much, but once I started showing, I will probably drop out and go back after I have my baby.
- E) Why? Nobody cares if you are pregnant and going to school.

- F) I am not in school any more. I plan on getting my GED later.
- G) I am not in school either.
- H) I am not in school right now. I baby sit during the day for my sister.

(Response to second part of question)

- A) I am not going to breastfeed so it will not make difference.
- B) I want to breastfeed, so I will just have to work it out.
- C) I think going to school will make it harder to breastfeed.
- D) Yeah, I agree with that. When do you have time to do anything if you are in school and have to breastfeed when you are at home.
- E) My mother told me that I still have to help around the house after I have my baby so I didn't even think about breastfeeding and school.
- F) I breastfed and still went to school.
- G) I plan on breastfeeding and since I am at home, school nor work made a difference.

Who watches the baby/access to baby?

- A) My mother.
- B) My friend.
- C) My grandmother.
- D) I am going to school that has a day care.
- E) My grandmother.
- F) My cousin.
- G) My mother.

Pregnant Hispanic Focus Group

Question 1. How influential was your family (mom, dad, sisters, aunts, etc.) in your decision to breastfeed or not to breastfeed?

- A) My mother helped me with my decision to breastfeed.
- B) Myself.
- C) Myself, because my husband does not want me to breastfeed.
- D) My mother-in-law tells me I should breastfeed.
- E) My mother.
- F) The nurses in the hospital told me it is good to breastfeed.

Question 2. What are the views of the baby's father on breastfeeding? How did they influence your decision?

- A) The baby's father said not to breastfeed because it would make me too thin, but I feel better with the decision to breastfeed because it is better than the bottle.
- B) The baby's father supports me to breastfeed and this has helped me decide to breastfeed.
- C) My husband has encouraged me to breastfeed and I will.
- D) My husband said it was up to me if I wanted to breastfeed.
- E) My husband said it would be better for the baby so I will breastfeed.
- F) My husband said it was up to me, but I will because I feel it will be better for the baby.
- G) My husband said it is up to me.

Question 3. What are your friends' views on breastfeeding? How did they affect you?

- A) My friends said it would be good for me to breastfeed the baby.
- B) My friends said it would be good, and I planned on breastfeeding.

- C) My friends say to breastfeed for one year, but I will breastfeed for as long as I want.
- D) My friends didn't say anything about breastfeeding.
- E) My friends didn't say anything either.
- F) My friends say it is good to breastfeed.
- G) We never discussed it.

Question 4. How important are the WIC nutritionist's views on your decision to breastfeed?

- A) I feel it is important to know everyone else's opinion but I feel my opinion is also very important.
- B) I feel that if a doctor tells me not to breastfeed because I was sick or something was wrong with my baby, then I will not breastfeed. The doctor knows if I should breastfeed.
- C) The opinion of a doctor is helpful because of some dangers of illnesses. If a doctor told me not to breastfeed for a medical reason, I would not breastfeed.
- D) The opinion of health professionals helps in deciding to breastfeed.

Question 5. What is it about being Hispanic/Mexican that makes it easier/harder to breastfeed?

- A) Easier, because a Mexican is used to breastfeeding a child anywhere.
- B) Easier, it is our custom.
- C) Easier, because it is normal.
- D) Easier, because it is our custom.
- E) Difficult, because it is our custom.
- F) It is a bit difficult but I believe everyone has their own opinion.
- G) It does not matter. I feel better if I breastfeed.

Question 6. Are you working/going to school? What effect has that had on your infant feeding decision?

- A) In a way, difficult because how can you breastfeed if you are at school all day. If it is planned out, I could breastfeed.
- B) I will breastfeed when I am at home and give formula when at work.
- C) That's what I do. The formula from WIC will help.
- D) At night when I am at home, I will breastfeed and when I work during the day, I will give formula.
- E) Me too.
- F) Formula only.

Question 6b. Who watches the baby/access to baby?

- A) My in-laws watch the baby.
- B) Friend and I take turns watching the children.
- C) My sister-in-law of my husband.
- D) Neighbor.
- E) My mother.
- F) My husband.
- G) Baby is always with me.

Postpartum Hispanic Focus Group

Question 1. How influential was your family (mom, dad, sisters, aunts, etc.) in your decision to breastfeed or not to breastfeed?

- A) Well, I will be honest with you. No one influenced me at all. As a matter of fact, that is probably why I didn't breastfeed--because no one could really persuade me to. But I did think about it, but I knew I was probably going to give formula.
- B) My mother-in-law was very influential in my decision. She was always there when I had problems too. She even helped me out with housework during the early months.
- C) My mother or other family members never discussed it with me. But I tried with my first one and didn't have anyone to help me with problems so I just didn't try it with my last one.
- D) No one in my family discussed it with me.
- E) My mother encouraged me.
- F) No one influenced my decision.
- G) No one influenced my decision.

Question 2. What are the views of the baby's father on breastfeeding? How did they influence your decision?

- A) We never discussed it.
- B) He said it was fine if I want to do it. He supported me after I made my decision to breastfeed a lot also.
- C) He really didn't care. It was my decision.
- D) My husband said it was up to me.
- E) My baby's father was really for breastfeeding and he did influence my decision.
- F) The baby's father really did not have any influence on my choice of feeding method and since we were not married, I really did not care what he said.
- G) My baby's father was for breastfeeding, but said it was my decision, so I could do whatever I wanted to.

Question 3. What are your friends' views on breastfeeding? How did they affect you?

- A) My friends are really supportive in breastfeeding, but I chose not to, but with my next one, I think I will.
- B) My friends in Mexico all breastfeed, and some of my friends here too. But my friends from Mexico when I went to visit them soon after having the baby were surprised that I breastfeed even though I have been in the United States for several years.
- C) None of my friends breastfeed. They thought it was "icky". But that still was not why I chose not to breastfeed.
- D) I didn't have any friends that breastfed, so we never really discussed it.
- E) It varied for me. A few of my friends were for it, and some were against it. Basically, the friends that were against it were embarrassed. The friends that were for it said it was easier and you did not have to worry about getting up at night and heating a bottle and bother with packing bottles when you go out. They did not influence me to breastfeed.
- F) Same as what she said. My friends expressed opinions both ways but they did not influence me to breastfeed.
- G) I have a few friends for breastfeeding because they said it was the best food for the baby and they were less sick. I also had a few friends that felt it was too much trouble. They did not persuade me to breastfeed.

Question 4. How important are the WIC nutritionist's views on your decision to breastfeed?

- A) Well, it is important that someone stressed the benefits of breastfeeding to you. Although I still chose not to breastfeed, I liked getting information on how the baby grows and develops. The nutritionist group discussion and films were very interesting.
- B) WIC was influential in getting me to breastfeed. I was so broke when I had my baby, I didn't have money to buy extra formula when my formula would run out. (My friends told me that the formula that WIC gives would not last a whole month.)
- C) I just had my baby before I got on WIC and if I had known then what I know now about breastfeeding, since coming back to WIC, I think I would have breastfed.

- D) The nutritionist and the other health care people have given me so much information until I think I will definitely breastfeed my next baby.
- E) The nutritionist's view is very important to me. That did help me to choose to breastfeed.
- F) So, so. It really did not influence me to breastfeed.
- G) The nutritionist's views were important but it only reinforced my decision to breastfeed.

Question 5. What is it about being "Hispanic/Mexican" that makes it easier/harder to breastfeed?

- A) I guess our descendants (ancestors) do play a part in an hispanic feeding method for her baby. Our mothers and grandmothers did not have a choice. They had to breastfeed because there was no formula. That was the only way they knew how to feed the baby.
- B) Most hispanic mothers years ago breastfed because they did not work. But today because of the economy we all have to work, so we cannot all breastfeed like our mothers and grandmothers. Now it is just so much harder to breastfeed.
- C) I don't think race is an issue.
- D) Yeah, race really does not have anything to do with it.
- E) I don't think being Hispanic really has anything to do with choosing to breastfeed or not to breastfeed.
- F) I don't know about that. I have always heard that the best way to keep a baby quiet is to breastfeed.
- G) Not really.

Question 6. Are you working/going to school? What effect has that had on your infant feeding decision?

- A) Work was a big issue for me. I have always had to work, and I knew that I would have to go back to work in four weeks after I had my baby, so why start something that would be hard to stop.
- B) Well, I breastfed my first two kids also, so I knew how to train my breast how to produce milk at certain times, so having to go back to work did not influence my breastfeeding decision. And on WIC, they help you with formula when you are away from your baby at work.

- C) Having to work influenced me because I wanted to have an attachment with my baby early so that when I went to work he would still know I was mama.
- D) Work and having other kids was just too much for me to breastfeed.
- E) Work had a big impact on me. I breastfed for the first four weeks and never gave my baby a bottle. Once I started back to work, we had a real hard time getting the baby used to a bottle when I was away from him. So the next time I would do both from the beginning.
- F) I was working and going to school and this was the main reason why I did not breastfeed.
- G) I was not working or going to school but this did not influence my decision not to breastfeed.

Question 6a. Who watches the baby/access to baby?

- A) My mother.
- B) My mother.
- C) My husband.
- D) My husband.
- E) My mother.
- F) My mother-in-law.
- G) My mother-in-law.

Question 7. Was embarrassment a factor that influenced anyone not to breastfeed?

- A) Embarrassment was a problem in my family. I had to go to another room when I was around my husband's family because they were uncomfortable with it.
- B) Around my own family everyone breastfeeds (my mother and aunts and grandmother) so it was no big deal.
- C) My mother felt that it was embarrassing.
- D) My family felt that this was something you did in the privacy of your own home, not in front of friends.
- E) I would not have felt comfortable breastfeeding out in public like the mall.

Teen Hispanic Focus Group

Question 1. How influential was your family (mom, dad, sisters, aunts, etc.) in your decision to breastfeed or not to breastfeed?

- A) No, I was no influenced at all about breastfeeding, although my mother breastfed.
- B) My grandmother tried to encourage me to breastfeed, but I chose not to.
- C) My mother tried to influence me about breastfeeding but I chose not to.
- D) My mother influenced me, although I had decided to breastfeed anyway.
- E) No one influenced me to breastfeed.
- F) My mother influenced me to breastfeed. She breastfed all of us.
- G) No one influenced me to breastfeed, although my mother and grandmother discussed it with me.

Question 2. What are the views of the baby's father on breastfeeding? How did it influence your decision?

- A) My husband wanted me to breastfeed so he would not have to help at night feeding the baby. I breastfed.
- B) My husband did not want me to breastfeed especially in public. He said you have a hard time trying to find a place to do it in private. My husband was embarrassed for me to breastfeed.
- C) He (my boyfriend) did not want me to breastfeed. He thought it wasn't good for me to do it in front of people. I did not breastfeed.
- D) My boyfriend wanted me to but I chose not to.
- E) My baby's father wanted me to, but I chose not to.
- F) My baby's father did not care one way or the other. He said it was left up to me.
- G) My baby's father did not care. He said it was my decision.

Question 3. What are your friends' views on breastfeeding? How did they affect you?

- A) I never talked it over with my friends and I felt it was my decision anyway.
- B) My friends felt it was easier since you did not have to heat up the milk or pack bottles or sterilize them. They were all for breastfeeding and I breastfed.
- C) My friends all breastfed and they told me breastfed babies were not as sick as formula fed babies, but I still chose not to breastfeed.
- D) I never talked about it with any of my friends. I didn't want to breastfeed anyway.
- E) I had half that were for breastfeeding and half that were against it. The friends for breastfeeding said it was good not having to pack bottles and sterilize bottles. My friends against it said when you go to the mall or wherever, and the baby is crying, what would you do? I chose not to breastfeed anyway.
- F) Some of my friends had negative ideas, but I still had made up my mind to breastfeed.

Question 4. How important are the WIC nutritionist's views on your decision to breastfeed?

- A) My doctor was all for it as well as WIC but I chose not to anyway. I just couldn't breastfeed.
- B) Same thing. The doctor and WIC told me about the importance of breastfeeding, baby would not catch colds, but I chose not to breastfeed so they really did not influence me.
- C) Same thing. (WIC or other health care professionals did not influence me).
- D) Same thing.
- E) The second time around I just decided not to breastfeed because I already had a little one, and that baby was a colicky child and tried all types of formula. When I tried to breastfeed her, she wouldn't take it. So the nutritionist and doctor did not influence me.
- F) The nutritionist and doctor did not influence me because I had already decided to breastfeed. I breastfed my first baby and she is healthy so I decided to breastfeed my other too.

- G) WIC helped a lot, especially the nutrition education classes and the individual counseling when I had problems with breastfeeding.

Question 5. What is it about being "Hispanic/Mexican" that makes it easier/harder to breastfeed?

- A) No, I don't see any differences between the races that would make it easier or harder to breastfeed.
- B) I agree. I don't see it any different.
- C) I don't see any difference.
- D) I don't think there is a difference.
- E) I agree, no difference.
- F) No differences.
- G) I don't think it is an issue. All my female relatives breastfed in and outside the home.

Question 6. Are you working/going to school? What effect has that had on your infant feeding decision?

- A) With me working had a lot to do with my decision not to breastfeed.
- B) I decided not to breastfeed because I had to work.
- C) I was going to school but I really didn't want to breastfeed anyway.
- D) Me too. I was going to school, but I did not want to breastfeed.
- E) I was at home so it didn't affect me, but I breastfed anyway.
- F) I was at home, but I still did not want to breastfeed.
- G) I was working so I breastfed when I was home, and pumped my breast to give to my baby when I was not.

Question 6b. Who watches the baby/access to baby?

- A) My mother.
- B) My grandmother.

- C) An aunt.
- D) My boyfriend's mother.
- E) My boyfriend.
- F) My sister.
- G) A friend.