

Perceptions about infant feeding: A community perspective

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Objectives

- Discuss the community demographics.
- Introduce infant feeding as a “Healthy Community” component.
- Describe the study.
- Identify 7 major breast-feeding barriers.
- Understand infant feeding perceptions.
- Discuss our experience with infant feeding policy changes.

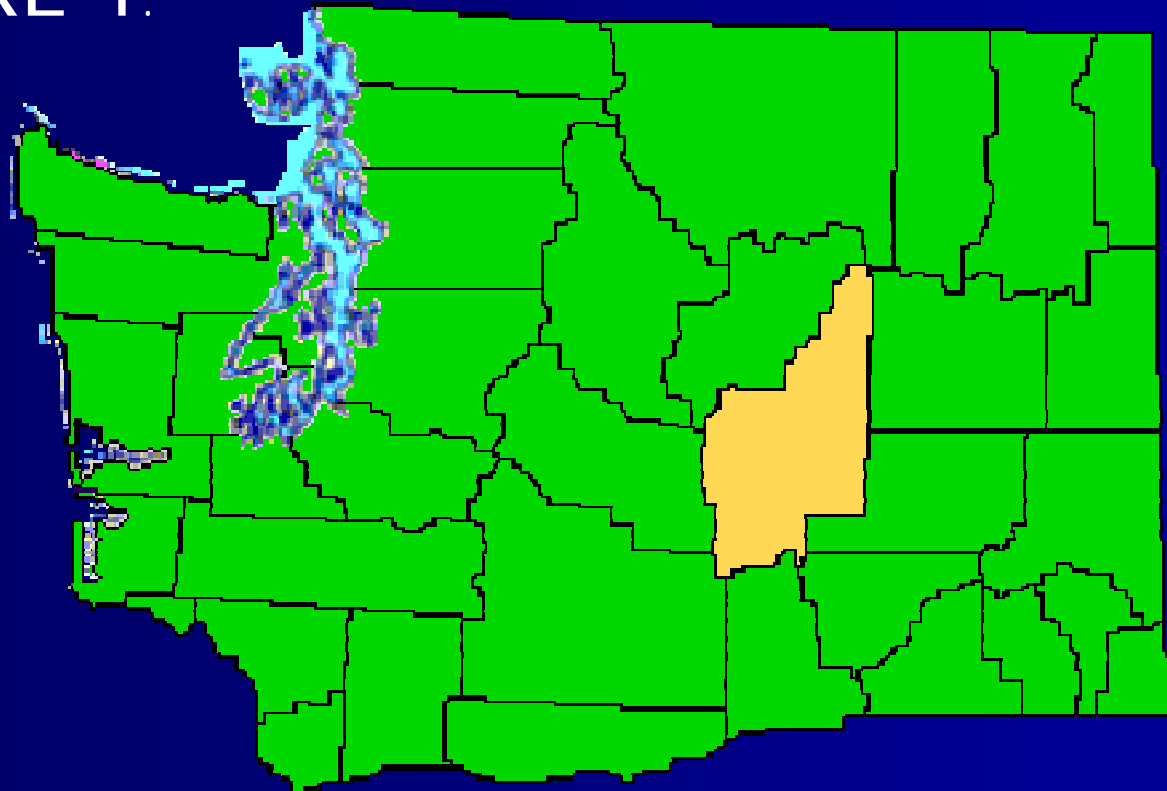
Demographics

Grant County 2006 population: 82,600
3rd fastest growing county in WA (90-00)
76.5% Caucasians, 17.4% Latinos

City of Moses Lake: ~18,000 residents
65.9% Caucasians, 28% Latinos
Median age: 32.3 years
Average household income: \$39,800

Grant County, Washington

FIGURE 1.





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Healthy Communities Moses Lake

- 2002: 12 states selected for pilot projects to improve nutrition and physical activity.
- 10 Washington communities interviewed for a “Healthy Communities” project.
- Moses Lake, WA selected the winner.
- “Healthy communities—Moses Lake” project born.



Welcome to Moses
Lake

Healthy Communities—beginning

- Moses Lake: outside urban core, small to medium size, ethnically diverse, existing local partnerships, community interest.
- Coalition of outside representatives meets with the community stakeholders.
- Local Advisory Committee formed.
- Advisory Committee meets regularly.
- Project kick-off July 2002.







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Healthy Communities—priorities

Path systems

Goal: Develop a network of linked paths (...) to promote healthier lifestyles throughout the community.

Community Garden

Goal: Revive community gardening (...) to provide greater accessibility to nutritious, fresh produce and to physical activity.

Breast-feeding

Goal: Promote, protect, and support breast-feeding (...) so that good nutrition at birth is a part of good nutrition in life.





Study questions



What are the barriers and enhancers of breast-feeding in Moses Lake mothers (perceptions about advantage or disadvantage of breast-feeding)?

What does the Moses Lake community think about infant feeding in general (at large perception about infant feeding)?

What are the breast-feeding policies and practices at Moses Lake workplaces (barriers and enhancers to breast-feeding at workplaces)?

Survey

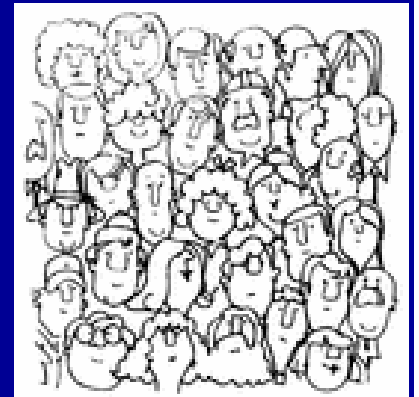
■ Survey methods

- Survey tool from reviewed literature, tested.
- 400 random subjects called over 6 weeks period; phone or mailed interview.

■ Demographic data collected

■ Infant-feeding perceptions and attitudes recorded

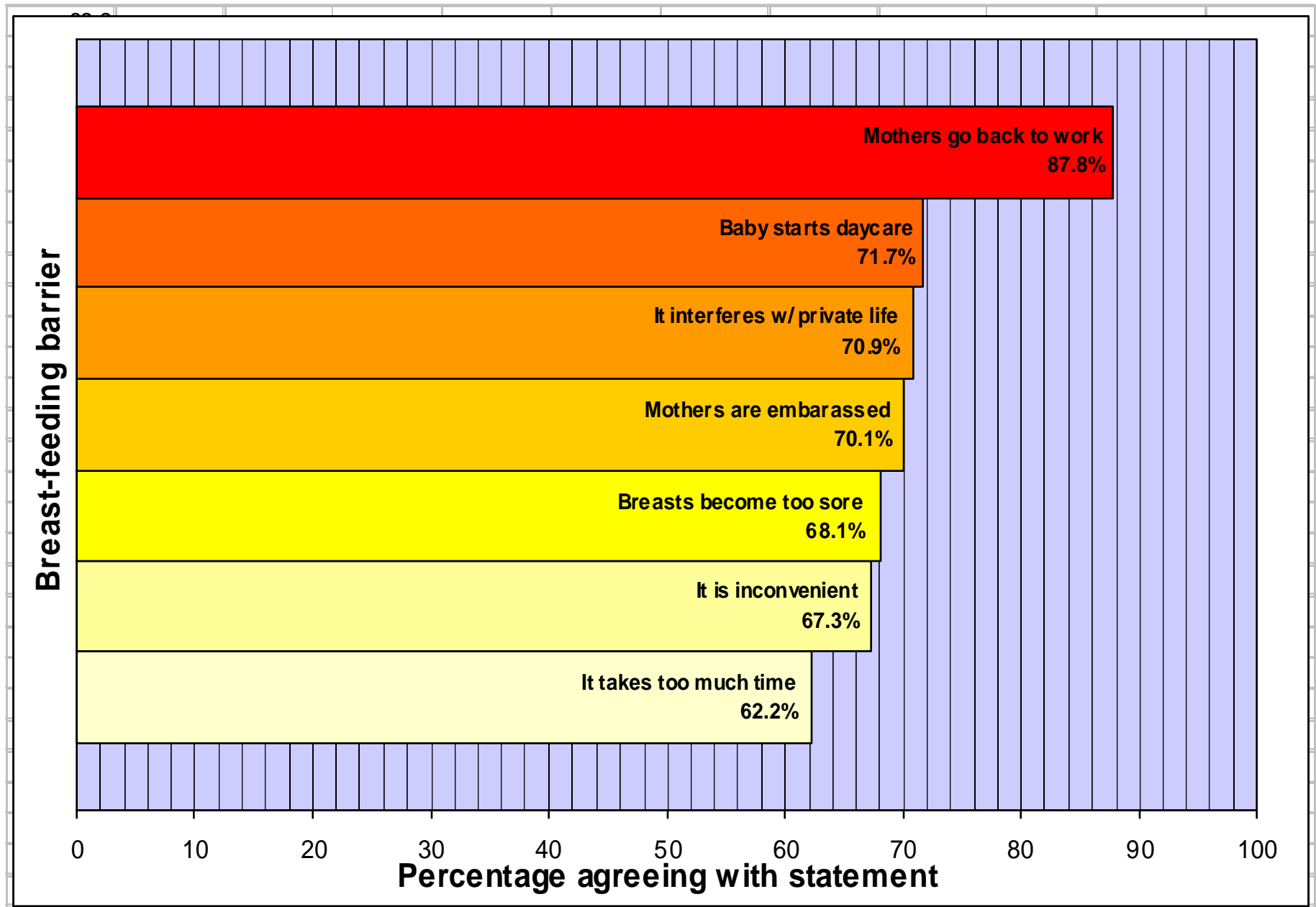
- 45 perceptions statements used.
- 5-grade response scale employed.



Survey results: sample

<i>Eligible surveys /total sample</i>	<i>254 /400(63.5%)</i>
<i>Of those male surveys /all men</i>	<i>102 /211(48.3%)</i>
<i>Of those female survey /all women</i>	<i>152 /189(80.4%)</i>
<i>Total sample loss (refusal /non-contact)</i>	<i>146 /400(36.5%)</i>
<i>Of those Men</i>	<i>109 (74.6%)</i>
<i>Of those Women</i>	<i>37 (25.3%)</i>

FIG 2.: Major breast-feeding barriers



Results: breast-feeding barriers

- Returning to work: the chief barrier; 87.8%.
- Top two barriers: environmental barriers (starting work, baby starting daycare).
- Five of seven major barriers: intrinsic or "convenience" barriers.
- Convenience barriers—ranked higher by men
- Health-care barriers—seen as less important.

Workplace— major breastfeeding barrier

- Most prevalent in:
 - Women
 - US-born
 - College-educated
 - Non-WIC participants
 - Working full-time before pregnancy
 - Bottle-fed in the first six months of life

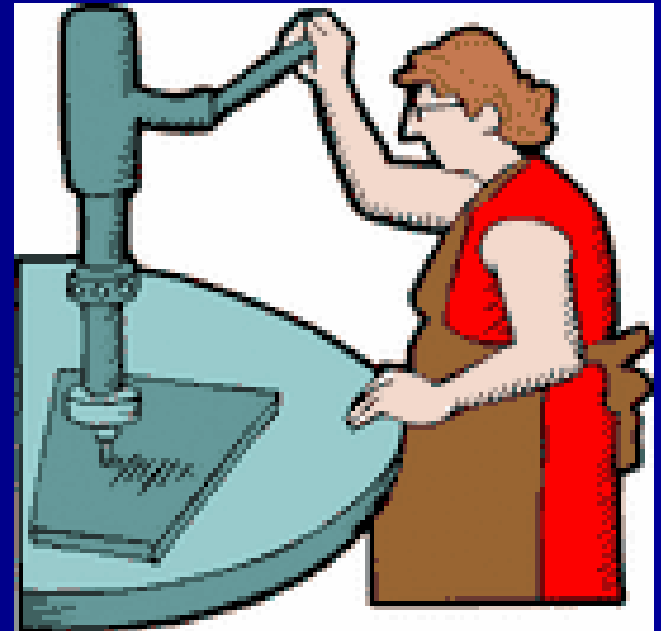
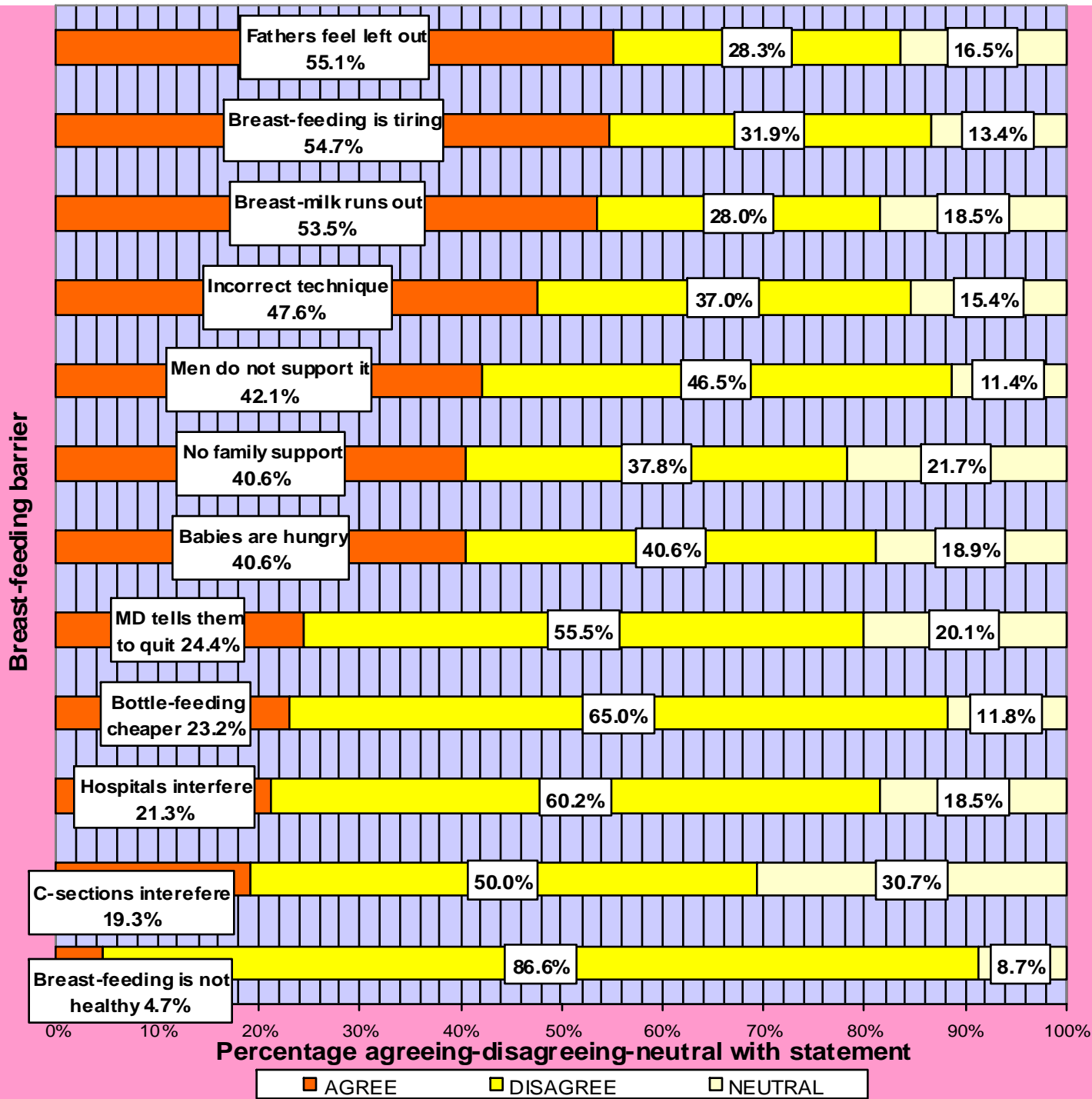


FIG 3. Other Barriers



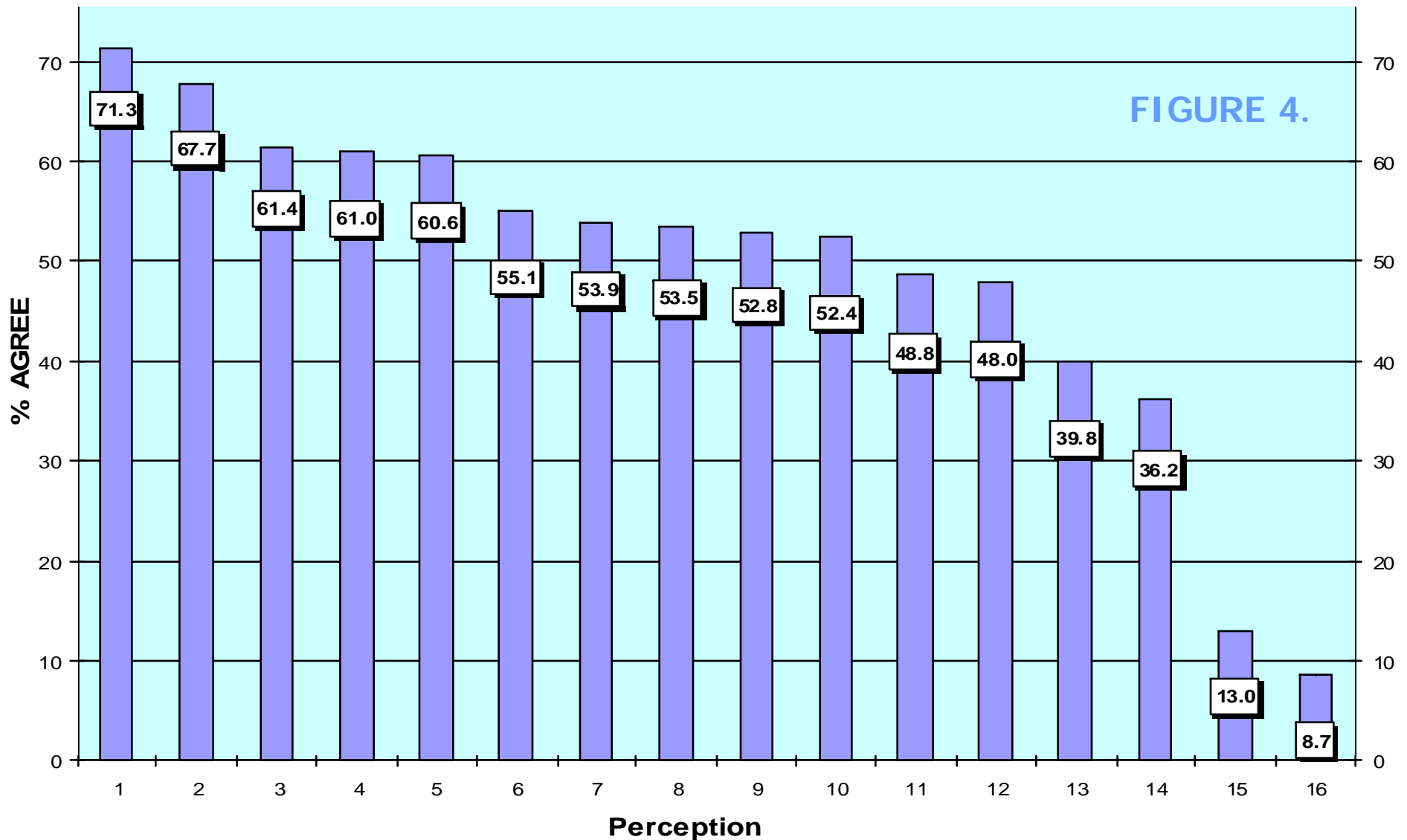


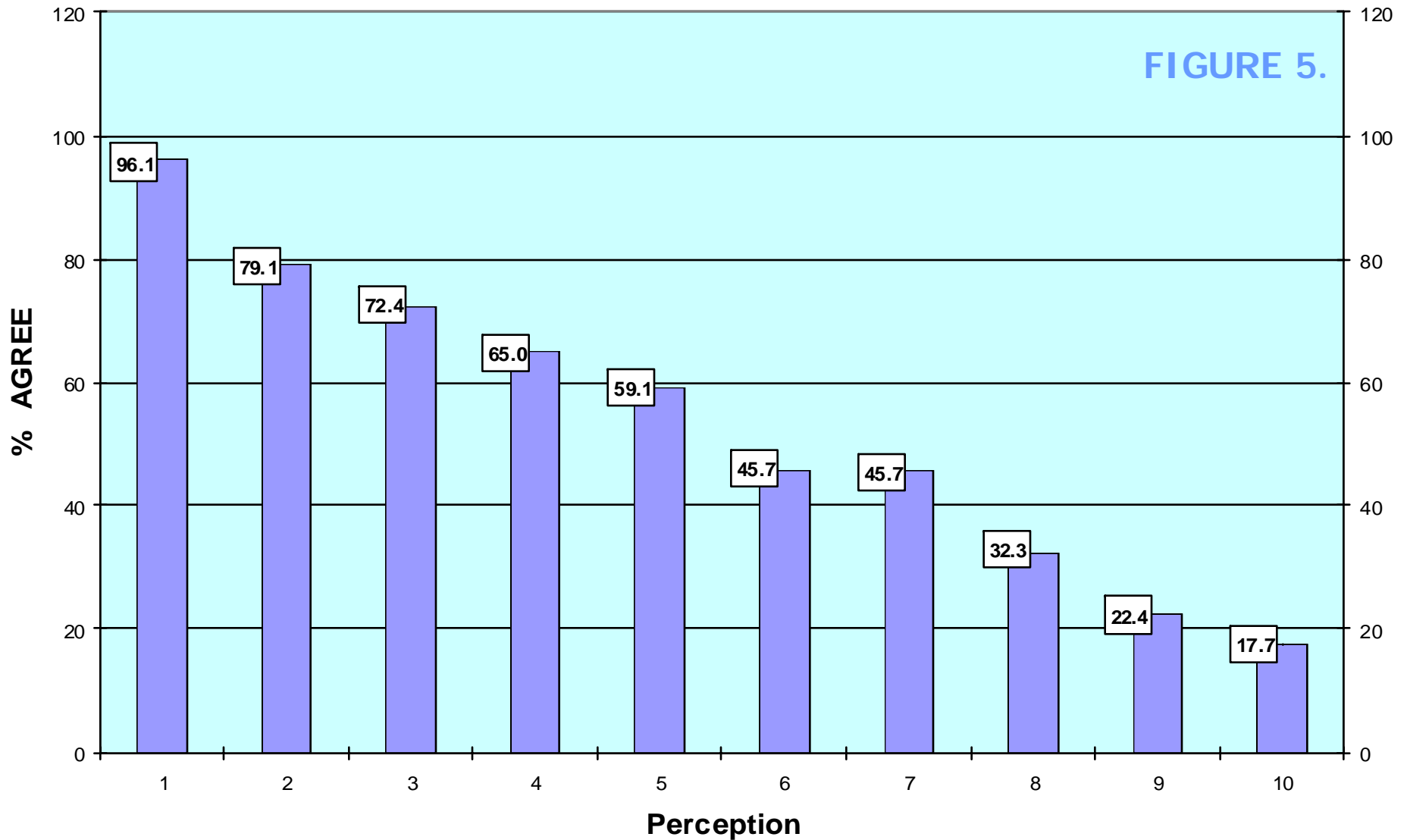
FIGURE 4.

- 1 Health professionals in ML knowledgeable about breast-feeding
- 2 Our hospital supports breastfeeding
- 3 There are many ways how to learn about bottle-feeding in ML
- 4 Schools in our community support bottle-feeding
- 5 Workplaces in our community make it easier to bottle-feed
- 6 It is not customary to breast-feed in public
- 7 Our hospital supports bottle-feeding
- 8 Babies in ML more likely bottle-fed first six months of their life

- 9 Many ways how to learn about breast-feeding in ML
- 10 Health professionals not always supportive of mothers
- 11 These days mothers in ML prefer to bottle-feed their babies
- 12 Fathers influence mothers in method of infant feeding
- 13 These days mothers in ML prefer to breast-feed their babies
- 14 Babies in ML more likely to be breast-fed first six months
- 15 Schools in our community support breast-feeding
- 16 Workplaces in our community make it easier to breast-feed

Results: Figure 4.

- **Workplaces and schools** viewed as strongly breast-feeding unfriendly.
- Bottle-feeding perceived as **majority behavior** (especially in non-US born, those working full-time, those perceiving media as bottle-friendly).
- Prior experience with **bottle-feeding** (as a child or now) more likely to generate negative breast-feeding responses.



1 Breast-feeding is good for the baby

2 Bonding is possible with either bottle- or breast-feeding

3 Breast-feeding is better for mother's health

4 Breast-feeding should continue for at least six months

5 Bottle-feeding is more convenient

6 Babies prefer to taste of breast milk over bottle milk

7 It is very convenient to breast-feed

8 Bottle-feeding is good for the baby

9 Bottle milk tastes better for the babies

10 It is healthier for mothers to bottle-feed

Results: perceptions about feeding method



- **Breast-feeding** perceived as highly beneficial for the infant and mother.
- Women, individuals with higher incomes, those college educated, not working—**highest breast-feeding favoritism.**
- Past or present breast-feeding experience—**greater agreement with breast-feeding** statements.
- **No WIC exposure**—more positive breast-feeding attitudes.

Community assessment— conclusions



- Community seen as knowledgeable about breast-feeding benefits.
- Bottle-feeding of infants—perceived majority behavior.
- Major challenges—barriers outside of one's control (workplaces etc.)
- Interventions should be directed at overcoming environmental barriers.

Key perceived breast-feeding barriers and facilitators in Moses Lake

BREAST-FEEDING BARRIER	BREASTFEEDING FACILITATOR
WORKPLACE*	PART-TIME EMPLOYMENT OR NO EMPLOYMENT+
DAYCARE*	PERSONAL BELIEF THAT BREAST-FEEDING IS GOOD FOR THE BABY+
INTERFERENCE W/ PRIVATE LIFE**	PERSONAL BELIEF THAT BREAST-FEEDING GOOD FOR MOTHERS+
EMBARRASSMENT W/ BREASTFEEDING**	HIGHER EDUCATION+
BREAST TENDERNESS**	LACK OF WIC PARTICIPATION+
INCONVENIENCE**	EXPOSURE TO BREAST-FEEDING-FAVORING MEDIA**
EXPOSURE TO BOTTLE-FEEDING INFANTS*	EXPOSURE TO BREAST-FEEDING INFANTS**
POOR (LOW) BREAST-FEEDING "IMAGE" IN THE COMMUNITY*	POSITIVE BREAST-FEEDING "IMAGE" OF THE HEALTHCARE SYSTEM**
MEN NEGATIVE ABOUT HEALTH CARE*	WOMEN DETERMINED ABOUT FEEDING METHOD+
LOW SOCIOECONOMIC STATUS*	HIGHER SOCIOECONOMIC STATUS+
NON-US BORN*	US-BORN+

*ENVIRONMENTAL BARRIER;

** "CONVENIENCE" BARRIER;

+INTRINSIC FACILITATOR;

++ENVIRONMENTAL FACILITATOR

Breast-feeding interventions

- **Moses Lake Breastfeeding Coalition (40+)**
 - First meeting in December 02
 - Monthly meetings.
- **Interventions priorities**
 - City Council support.
 - Hospital initiative.
 - Workplaces breast-feeding practices.
 - Breast-feeding friendly daycares.
 - Mother-baby rooms in the community.



Policy Changes

- City Council Breast-feeding Declaration
 - Compromise to a proposed city ordinance
- “Baby-friendly” hospital initiative
 - Rural hospitals under formula industry pressure
 - Labor and delivery policy change
- Workplaces breast-feeding policies
 - Slow but gradual progress
- Breast-feeding friendly daycares

Acknowledgments



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