

An Intergenerational Exploration of Breastfeeding Journeys Through the Lens of African American Mothers and Grandmothers

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Abstract

Background: Many individuals comprise a nursing mother's social support network. Grandmothers within African American families, historically, have played a vital role in the transmission of culture. Understanding intergenerational perspectives within African American families related to infant feeding and scholarship about breastfeeding is critical, given the breastfeeding patterns among African American women.

Research aim: To describe intergenerational perspectives within African American families, where the mother has successfully breastfed.

Methods: A prospective, cross-sectional, qualitative design using semi-structured interviews was used. African American nursing mothers and maternal grandmothers ($N = 14$) residing in the Metro–St. Louis area, who reflected economic and educational diversity, were recruited. Inductive and iterative data analysis, framed by Black Feminist Theory allowed for emerging patterns reflecting the participants' voices.

Results: Three of the six (50%) grandmother participants had breastfed. The majority of the mother participants were married ($n = 5$; 62.5%) and had a college degree ($n = 4$; 50.0%) or a high school diploma ($n = 1$; 12.5%); and four (50.0%) had received the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). Three patterns emerged: (a) intergenerational connections; (b) changes in breastfeeding experiences over time; and (c) going with the flow (referring to the choice to work within the constraints of one's circumstances). Grandmothers supported mothers' breastfeeding decisions; grandmothers who had breastfed benefited from the updated information the mothers provided; and grandmothers who did not breastfeed acquired new breastfeeding knowledge, which informed the ways they supported the mothers.

Conclusion: The intergenerational perspectives surrounding breastfeeding within African American families participating in this study offer future research directions.

Keywords

African American, Black, breastfeeding, breastfeeding support, grandmothers, grandparents, intergenerational, lactation

Background

Although there has been an increase in breastfeeding initiation rates among African American women, they face an upward battle to attain the Healthy People 2020's (United States Department of Health and Human Services, 2010) breastfeeding initiation goal of 81.9%. For example, African American women's breastfeeding initiation rate of 69.4% trails that of Asian women (89.3%), white women (85.9%), and Hispanic women (84.6%), (U.S. Centers for Disease Control and Prevention, 2018). African American women's ability to achieve breastfeeding goals has been constrained by numerous

socio-historical and cultural factors (DeVane-Johnson et al., 2017); and structural barriers (Johnson et al., 2016; Reis-Reilly

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et al., 2018), which include inadequate information and access to professional breastfeeding support (Jones et al., 2015). The persistent breastfeeding rate disparity between African American women and women of other ethnicities continues to be of special concern, considering that breastfeeding is a protective factor against numerous morbidities that disproportionately affect African American people (Anstey et al., 2017; Bartick et al., 2017). Because human milk provides numerous health benefits for mothers and infants, it is important to understand ways to increase African American breastfeeding rates (Bartick et al., 2017; DeVane-Johnson et al., 2017; Victora et al., 2016).

Researchers must situate a scholarly understanding of African American women's breastfeeding experiences within a socio-historical context—one that takes into account their experiences before enslavement and that considers their experiences since. This approach moves beyond deficit narratives and allows for a more comprehensive understanding of the structural and cultural forces that shape contemporary African American women's breastfeeding experiences. For example, historians note that West African women—from whom most African American women are descended—often nursed their children for 2–3 years and abstained from sexual intercourse until the mother weaned the child (Dunaway, 2003; Klein & Engerman, 1978). This practice produced a 3–4 year interval between pregnancies, much longer than European women's norms in the 18th and 19th centuries. Enslavement, however, altered African American women's breastfeeding patterns.

Slave owners often forced African American women to return to harsh and grueling fieldwork within the first 3 weeks after birth, thereby regimenting enslaved infants' feeding schedules (Dunaway, 2003). This disruption of culture and devaluing of African American motherhood and childhood inevitably shaped contemporary African American breastfeeding patterns (Dunaway, 2003). Despite slave owners' efforts to control and commoditize African American women's bodies and reproduction, African Americans continued to nurse and bond with their children (Jones-Rogers, 2019). In addition to enslavement's disruption of African American breastfeeding patterns, present patterns, as researchers have noted, have been shaped by systemic institutional and structural racist practices, including employment conditions, formula companies' race-targeted marketing, and contemporary cultural beliefs (Freeman, 2020; Johnson et al., 2015).

The way researchers have studied African American breastfeeding warrants attention. Spencer et al. (2015) noted that researchers studying African American breastfeeding often (a) relied on quantitative methods; (b) focused on socioeconomically disadvantaged African American women; and (c) included non-breastfeeders in the sample. An emerging group of qualitative researchers has relied on focus group methodology to explore African American women's decisions and experiences (DeVane-Johnson et al., 2018; Gross

Key Messages

- Qualitative breastfeeding researchers have infrequently focused on intergenerational infant feeding experiences within African American families.
- The aim of this investigation was to describe African American intergenerational perspectives about successful breastfeeding.
- Mothers became teachers by providing information and updating the grandmothers' breastfeeding knowledge, and grandmothers enjoyed supportive roles during the mothers' breastfeeding journeys.

et al., 2017; Robinson, Davis, et al., 2019; Robinson, Lauckner, et al., 2019). These researchers have suggested the need for more qualitative investigations that capture the lived experiences of Black women across socioeconomic backgrounds and who deliberately chose to breastfeed. We incorporated their recommendations into our study.

Theoretical Foundations

Black Feminist Theory (BFT; Collins, 2000) provided the theoretical framework guiding this study's development. This framework encompasses an intersectional approach to describe the multiple layers and levels of oppressions African American women in the United States face (e.g., race, class, gender). Collins (2000) asserted that these intersections are unique perspectives, different from white mainstream viewpoints. Of Collins' (2000) seven themes inherent within her conception of BFT, the themes of (1) work, family, and Black women's oppression; (2) the power of self-definition; and (3) Black women and motherhood framed our research design and approach (Table 1).

Grandmothers often serve as keepers of cultural knowledge in many cultures. *The Surgeon General's Call to Action to Support Breastfeeding* (U.S. Department of Health and Human Services, 2011) urged researchers to consider grandmothers' roles in influencing mothers' infant feeding decisions and practices. In their exhaustive review of grandmothers' roles in shaping mothers' breastfeeding experiences, Grassley et al. (2012) gleaned that African American grandmothers influenced mothers' decisions to initiate and continue breastfeeding. Moreover, the mothers in their study were more likely to turn to their mothers, instead of health-care providers, when seeking infant feeding information. During enslavement—and since—African American grandmothers have had to play a crucial role in sustaining African American families' cultural practices amid discrimination and persistent social and economic inequities (Frazier, 1939; Hunter, 1997; Martin & Martin, 1978). To broaden the knowledge base about intergenerational aspects of infant feeding within African American families, this investigation

Table 1. Themes Within Collins (2000) Black Feminist Thought Framing our Study.

Theme	Characteristics	Operationalized in our Methodology
Work, family & Black women's oppression	Intersecting oppression of race, gender and class within the family and workplace (pg. 66)	Qualitative research provides space for intersectionality to be visible. Using interview questions asking participants (African American females) to describe their experiences, which naturally bring forward intersections between African American circumstances within a white dominate culture
	There has never been a uniformity of experience among African American women; this needs to be reflected in research (p. 67)	Sample selection sought a broad array of SES participants; using interview techniques that facilitate hearing individual experiences
The power of self-definition	Finding a voice to express a collective, self-defined Black women's standpoint (p. 102)	Using a multiple layered analysis process with the outcome being patterns within the study sample
	Black women having a safe space allowing for self-definition, not clouded by silencing (p. 101)	Interviews conducted by a cultural insider; focusing analysis on making participants' voices heard
Black women and motherhood	There is a different conception of motherhood among African Americans than that 'associated' with the 'ideal' white family (p. 174)	Focusing on African American mothers and grandmothers' descriptions about their motherhood experiences inherently present a non-white perspective. This was aided by the interviewer being a cultural insider.
	The concept of motherhood is central within African Americans (p. 174)	We honored this by focusing on the importance of motherhood
	Motherhood can serve as a site where Black women express and learn the power of self-definition and the necessity of self-reliance (p. 176)	The interviewer made every attempt to create an environment where participants were encouraged to speak openly. Participants spoke openly about how they defined their breastfeeding experiences and their self-reliance.

Note. Adapted from Collins (2000). SES = socioeconomic status

aimed to describe intergenerational perspectives within African American families, where the mother has successfully breastfed.

Methods

Design

The research team employed a prospective cross-sectional qualitative design using ethnographic methods, which facilitate pattern recognition within a specified cultural group. This design was chosen to facilitate flexibility for the researchers to engage with issues at a deeper level, with the goal of producing a more robust and powerful description of the participants' experiences and perspectives (Peters & Halcomb, 2015). Before beginning data collection, research approval was secured from the Institutional Review Board at the University of Missouri—St. Louis.

Setting and Relevant Context

For several reasons, the St. Louis metropolitan region served as the study's context. First, St. Louis is located in a former slave

state, Missouri, which becomes important in understanding the socio-historical forces that have shaped African American people's experiences in a range of areas. As noted in other slave states located in the South, for decades Missouri created housing and educational laws and practices to disenfranchise Black people (Morris, 2009; Rothstein, 2017). St. Louis remains one of the most hyper-segregated cities in the United States. The city is associated with institutional and structural racism in a range of areas (e.g., health, education, economics, and housing; Gordon, 2009; Massey & Tannen, 2015), resulting in major health disparities existing between African American and white babies in the St. Louis region. According to the Maternal and Child Health Profile of St. Louis (St. Louis County Department of Public Health, 2019), the infant mortality rate was 11.4 % for African American infants compared to 5.1 % for white infants.

A much-anticipated report, *For the Sake of All: A Report on the Health and Well-Being of African Americans in St. Louis—And Why It Matters for Everyone* (Purnell et al., 2015), highlighted how social, economic, and environmental factors shape African American health disparities. This report offered invaluable insights about inequities within the St. Louis region;

however, little attention was given to the high rates of African American infant mortality and African American breastfeeding disparities. As is the case throughout the United States, historical and cultural forces have hampered the breastfeeding efforts for African Americans in St. Louis. For example, there are only two Baby-Friendly Hospitals in Metro-St. Louis, one located in the city of St. Louis and another located in a nearby suburb. According to the *Maternal and Child Health Profile* (2019) report of Saint Louis County Public Health, the infant breastfeeding rates at hospital discharge for St. Louis County were as follows: Black/African American (63.6%); multiple (81%); white (87.4%); Hispanic (90.5%); and Asian American (93.7%). In an effort to support breastfeeding efforts within St. Louis' African American communities, I AM Breastfeeding, a community-based organization, was launched in 2015 in Ferguson, Missouri—after Michael Brown's killing and the subsequent calls for racial justice (Forward through Ferguson, 2015).

Sample

Our target population was African American nursing mothers who had breastfed any amount within the last 24 months and their mothers (called grandmothers throughout). Eligibility criteria for mothers included: (1) maternal age of 18 years or older; (2) having an infant no older than 24 months of age at the time of the maternal interview to reduce recall bias; (3) African-American ethnicity born in the United States; (4) English speaking; and (5) middle-class socio-economic status (SES), defined as mothers who had a college degree (including associate), or low income SES, defined as mothers who qualified for or received government/public services. There were no additional exclusionary criteria. Grandmothers were eligible whether they had breastfed or not; there were no exclusion criteria for grandmothers. However, two grandmothers chose not to participate and did not provide a reason.

Convenience sampling was used (e.g., emails, flyers, mother-to-mother support groups, referrals, and lactation professional networks). Additionally, we used a snowball approach. Nursing mothers who chose to participate were asked whether they thought their mothers (maternal grandmothers) would be interested in participating in the study; they were asked to contact their mothers about this. Interviews were conducted until saturation was reached, a total of 14 participants (mothers $n = 8$; grandmothers $n = 6$). Although there were more mothers participating than grandmothers, we felt that saturation was not reached without the two additional mothers, so their data were included in the study.

Data Collection

The lead researcher, an African American woman, conducted individual interviews with mothers and grandmothers between March 2018 and January 2019. Each interviewee was interviewed once. Written and verbal consent was obtained prior to

the audio-recording of the interview. A short demographic form served to begin the dialogue with each participant. Demographic variables collected were those that have been associated with breastfeeding in the literature (see Supplemental Materials). For example, participants were asked where they were born, if they were raised in the study area, and what it was like growing up in their communities. In addition to collecting demographic data about each participant, a semi-structured interview guide (see Supplementary Materials) was used. This interview guide was grounded in BFT (Table 1) and developed based on the researcher's clinical experiences working with African American breastfeeding mothers and upon the literature cited in the Background section. Interviews lasted 60–90 min and were conducted in a place of the participant's choosing. The majority of the interviews took place in the participants' homes. One interview occurred at a public library and two others at a public university. The nursing baby, and children in some cases, was present during the interviews.

A professional transcription company transcribed each interview. Participants were assigned an interview number for confidentiality. All identifying information was removed during the transcription process and all other research team members were blinded to the identity of the participants. At the end of each interview, each participant received \$50 to acknowledge their contribution. Participants' data were kept confidential and secured in a locked cabinet by the principal investigator.

In addressing reflexivity to minimize potential researcher bias, we offer greater specificity about the various authors' roles, identities, and contributions to the manuscript. The lead author is one of the few African American International Board Certified Lactation Consultants (IBCLC) in the St. Louis region. To minimize bias in her interaction with participants, she recorded reflections in a reflectivity journal after each interview (Dowling, 2008). She had breastfed her two children beyond the age of 2 years before becoming an IBCLC. Similar to others who have researched the African American experience (Alridge, 2003; Parker & Lynn, 2002), her identity as an insider within the African American breastfeeding experience may have helped with recruiting participants and facilitating rapport with the participants. The second author, an African American male researcher whose children were breastfed, minimized potential researcher bias in his role as an outsider to the data collection and direct data analysis. However, as a cultural insider and scholar, he provided insights about St. Louis as an important context for the study, facilitated the development and the application of the theoretical framework, helped facilitate and ensure rigor during data collection, provided alternative explanations for phenomena, and checked conclusions for cultural and theoretical soundness. The third author, a content expert in lactation and a methodologist, was an outsider to the data collection but participated in data analysis. In this role, she analyzed the data separately from the lead author to seek alternative explanations and interpretations. As a white woman, she was a cultural outsider. We

feel that our cultural, racial, and gender diversity was a definite strength of this study.

Data Analysis

First, each transcript was double-checked with the audio-recording for accuracy. All data were de-identified and given coded numbers. We used an ethnographic approach toward data analysis that included three steps: (1) developing codes reflecting the participants' words, and making every effort to bring the participants' voices forward; (2) categorizing the data into meaningful groups; (3) further analysis of the data into patterns reflecting the whole study sample (Creswell & Poth, 2017; Denzin & Lincoln, 2011). Initial codes were generated by coding the first two transcripts, which began the development of a codebook that continued to develop following each interview. Analysis of the data was inductive and iterative, using a qualitative software analysis program, which allowed for the emerging of new codes. Coded data were then grouped into categories that represented the similar nature of the codes. The research team conducted a second level of abstraction to identify patterns (Table 2) emerging from the categories (Saldaña, 2016).

Results

Characteristics of the Sample

At the time of the study, six (75%) infants were still breastfeeding. Of the nursing mothers, one was fourth-generation and two (25%) were second-generation human milk feeders. The other five (62.5%) participants represented first-generation human milk feeders. Three (50%) of the grandmothers had breastfed for 6 months or longer, and one grandmother was a third-generation human milk feeder. Additional demographic characteristics are displayed in Tables 3 and 4.

Patterns

Three patterns emerged: intergenerational connections; changes in breastfeeding experiences over time; and "going with the flow" (Table 2).

Intergenerational Connections. The connection between mothers and grandmothers to infant feeding emerged in several ways: (1) conversation between the generations entailed the grandmothers' sharing of their breastfeeding experiences; (2) similarities and differences of breastfeeding experiences encompassed the grandmothers recognizing their breastfeeding experience compared to the mothers'; (3) support for mothers' decision to breastfeed occurred whether the grandmothers breastfed or not; and (4) mothers became teachers of the grandmothers due to the current knowledge mothers had acquired about breastfeeding. Grandmothers who had breastfed benefited from

the updated information the mothers provided and grandmothers who did not breastfeed acquired new breastfeeding knowledge.

During their pregnancy and beyond birth, five of the eight mothers had conversations regarding breastfeeding with the grandmothers. All eight of the mothers were familiar with how they were fed as infants. The sharing of infant-feeding experiences did not occur with the grandmothers taking the lead or initiating the discussion. Instead, the conversation would begin with the mother asking the grandmother a breastfeeding question or being concerned about the baby's behavior. One mother stated, "my mom breastfed me, so I felt like it was like an introduction... I knew that it's just like what your body is for. That's what I'm supposed to do." Another nursing mother explained,

I know that she [grandmother] said she wanted me to nurse a couple of times, and I kept asking her why. She was like, "Because [the mother raising the pitch in her voice imitating the grandmother] do you really want your kids drinking that little nasty milk? [formula] That stuff is horrible. It stinks. It's nasty..." She [grandmother] was like, "Well, you should just breastfeed. Just think about it."

A different participant voiced that she knew that her mother [the grandmother] had breastfed all her children. This awareness of breastfeeding traditions was influential in this mother's decision to breastfeed her children. "Honestly, I don't know if I had ever really given it any conscious thought. I knew...from anecdotal stories and things that she [grandmother] had nursed all five of her children for various lengths of time."

Grandmothers noted breastfeeding differences and marveled at technological advances in breastfeeding since the birth of their children. The grandmothers felt the advances today made it more convenient to breastfeed in comparison to when they raised their children, illustrated by the following:

And she would plug up her pump and sit there, and I'm like, "Girl, that's a shame."

"You got two things on here, [pointing to both breast] and you're just watchin' TV and pumpin' away." I'm like, "I didn't have that luxury." ... "And I got a manual pump..." And she was like, "Ooh, Momma, that is too much work." [Laughs].

A similarity in experiences was a mother/grandmother dyad and their involvement with breastfeeding support groups. The grandmother had received breastfeeding support from nursing mothers within her church. The congregation was 90% white.

It just seems like the natural thing to do. It didn't seem awkward to me... by me having lots of women around me, I mean, I had easily 20, 30 women around me all the time...

Table 2. Patterns of Intergenerational and Successful Breastfeeding (N = 14).

Patterns	Definitions	Codes	Definitions
Intergenerational Connections	<ul style="list-style-type: none"> The ways that mother/GMA dyads spoke about their relationship related to infant feeding including: Communications between generations; similarities and differences in experiences; support for mothers' decisions about BF and Moms' become teachers of GMAs The ways in which the BF experiences of the mother/GMA dyads changed over time including: Agency (mothers felt they had made BF happen; GMA BF due to support from family; sources of information & support) 	<ul style="list-style-type: none"> BF experiences-GMA BF experience-mom GMA's BF perceptions GMA's stepping back Learning together Intergenerational discussion BF Reasons for BF-mom Reasons for BF-GMA Familiarity history with BF-GMA Familiarity history with BF-mom Feeding practice Mom driven action-PP Mom driven action-prenatal Mom seeking support Mom-sources of BF support PP GMA support Sources of bf support PP-GMA Sources of information PP-mom Sources of information prenatal-GMA Sources of information prenatal mom 	<ul style="list-style-type: none"> The GMA bf experience when she was BF any of her children The mom BF experience when she was BF any of her children GMA observations of the generational differences GMA allows the mom to make her own decision about BF Bf mom shared updated bf information and newly learned bf information with GMA BF discussions shared between mom & GMA The mother's explanation for why she chose to BF The GMA's explanation for why she chose to BF GMA having a close friend or family member who has bf or an experience of the other women BF Mom having a close friend or family member who has BF or an experience of other BF women The family beliefs and traditions on how babies should receive nourishment What action did mom take after birth of baby to ensure she met her BF goals What actions did mom take before birth of baby to ensure she met her BF goals. Mom seeks the advice of the GMA regarding BF or child rearing Mom PP BF types of sources of support Ways in which GMA lent support to BF mom GMA-PP BF types & sources of support The places or persons mom got information regarding BF PP The places or persons GMA got information regarding BF prenatal The places or persons mom got information regarding BF prenatal
Ways BF support was achieved			

(Continued)

Table 2. Continued

Patterns	Definitions	Codes	Definitions
Going with the flow	<ul style="list-style-type: none"> Moms choice to work within life circumstances despite complexities and difficulties to maintain the baby/mother nursing relationship 	<ul style="list-style-type: none"> BF return to work-GMA BF return to work-mom Problem solving-GMA Problem solving-mom 	<ul style="list-style-type: none"> How GMA accommodated returning to work or school & BF or if she did not accommodate it How mom accommodated returning to work or school & BF or if she did not accommodate it Ways that GMA found solutions to a challenging situation Ways that mom found solutions to a challenging situation

Note. Sample consisted of breastfeeding (n = 8) and grandmothers (n = 6); BF = breastfeeding; PP = postpartum; GMA = grandmother.

Table 3. Grandmothers' Demographic Characteristics (N = 6).

Characteristics	n (%)
Age at the time of interview (yrs.)	
55–60	4 (66.7)
61–67	1 (12.5)
Relationship status	
Married	4 (66.7)
Cohabiting	0 (0.00)
Single	2 (33.3)
Educational level at birth of first child	
<High School	1 (16.7)
High School	2 (33.3)
Some College	1 (16.7)
College Degree	2 (33.3)
Received WIC	2 (33.3)

Note. WIC = Special Supplemental Nutrition Program for Women, Infants, and Children. Missing value: Age = 1.

that was in my immediate access, immediate circle, that I could call on, or refer to, or discuss with.

The mother received support from a predominantly white mother-to-mother support group. Differences in experience

Table 4. Maternal Demographic Characteristics (n = 8).

Characteristics	n (%)
Age at time of interview (yrs.)	
19–25	2 (25)
26–30	4 (50)
31–35	2 (25)
Parity	
1	3 (37.5)
2	3 (37.5)
3	1 (12.5)
4	1 (12.5)
Relationship status	
Married	5 (62.5)
Cohabiting	2 (25.0)
Single	1 (12.5)
Educational level at birth of first child	
<High School	2 (25.0)
High School	1 (12.5)
Some College	1 (12.5)
College Degree	4 (50.0)
Employment status	
Employed fulltime	6 (75)
Unemployed	2 (25)
Received WIC	4 (50.0)
Breastfeeding at time of interview	6 (75.0)

Note. WIC = Special Supplemental Nutrition Program for Women, Infants, and Children.

were expressed by the grandmother (above). “I would say hers was even better, because they not only practiced it, but they really focus on true educating.”

Whether the grandmothers breastfed or not, they were supportive of the mothers’ breastfeeding decisions and allowed the nursing mother to make her own decision by stepping back. The three grandmothers who had not breastfed expressed their support and explained why they had chosen not to breastfeed.

I didn’t breastfeed my children. I didn’t even try. But I commend her [mother] on [breastfeeding] because they say breastfeeding is—the breastmilk is the best ... And it was a lot of single parents that were working. We didn’t know anything—actually, you know, about pumping the breastmilk, and putting it in a bottle and freezing it. So, it was—we all—just, we bottle fed. We believed in that strongly.

The dialogues between the grandmothers and the mothers often led to the mothers teaching and updating the grandmothers regarding the latest knowledge about breastfeeding or disregarding grandmothers’ unsolicited advice. Additionally, the grandmothers commended the mothers for being “independent” and “self-sufficient” and for taking the initiative to research breastfeeding, “She was doin’ a lotta research. You know.” In one particular case, a mother expressed that a grandmother, who had breastfed all four of her children, advised the mother to keep the nipples washed between feedings. The mother described what actions she took to confirm the validity of this advice. Instead of updating the grandmother, she discarded the practice.

Changes in Breastfeeding Experiences Over Time. The ways the grandmother/mother dyad expressed breastfeeding support shifted from one generation to the other in terms of (1) one’s sense of agency in the breastfeeding experience and (2) the sources of information and support received. Mothers felt they made breastfeeding happen. When asked, “who was the most helpful person?” during their breastfeeding journeys, three of the eight mothers confidently credited themselves first and then their babies.

Me! [Laughter] and that’s just because I did the research. Because I was so diligent about, you know, adamant about bein’ successful.... So that’s when I personally sought out support groups on social media, on Facebook.... And then, you know, I found the [local support group].

A grandmother, who came from a long line of breastfeeding women said, “my mother—she suggested it, the breastfeeding, cuz she said she had breastfed all us. And she said that it was good for the baby.... And then, also, my mother-in-law convinced me, too.”

Grandmothers also acknowledged the support they received from spouses. One grandmother, who had four

children and had stayed home with three of her children, recalled,

If I went to the store or something and the baby had to feed, I would go get in the backseat of the car, or I would go in the bathroom, which I didn’t care for.... My husband was very supportive ... the men were accustomed to it.

Another grandmother, when asked about her husband’s thoughts about breastfeeding in public, recalled, “my husband, he didn’t have no reaction to it. It was just I did it. And if he had something against it or anything, he didn’t tell me about it [Chuckles].”

Collectively, the mothers felt as though their persistence in locating breastfeeding information by searching the internet, reading websites, and locating community and Facebook support groups helped them achieve breastfeeding success. For example, seven of the eight mothers (88%) reported using breastfeeding apps, searching the internet, watching YouTube for breastfeeding visuals, or joining Facebook breastfeeding groups. “And there’s a Facebook group Breastfeeding for Black Mothers. I joined a lot of those and just read people’s posts.” Differently, grandmothers reported obtaining information from the public library, parenting magazines, or pamphlets from the doctor’s office.

Going With the Flow. The breastfeeding mothers and grandmothers sometimes faced challenging life circumstances; they used phrases like “going with the flow,” “you have to do what you have to do,” and “you have to adapt” to describe their approaches. In essence, this refers to the participants’ choice to work within the constraints of their circumstances. One grandmother stated,

It was kinda hard because... I didn’t have a car—so I had to ride the bus—I had a [manual] pump. But, me bein’ a young girl, I didn’t know I should pump milk and have a bottle—before we would go out. So, when we livin’ in Illinois, I had to catch two busses. We got there, and after he saw the doctor, he was hungry, and I thought, “Oh, my god.”... Back then, you know, you just couldn’t be sittin’ out in the open breastfeedin’ your baby. So, I would go in the ladies’ room.

Another grandmother described how she managed breastfeeding while dining out, “I felt comfortable because [mother-in-law and mother] told me to take a blanket, a receiving blanket, and I would throw it over me—and I would feed the baby... I didn’t never think about nobody’s reaction.”

The mothers and grandmothers’ narratives expressed the demands of family life, society, and breastfeeding. A new mother of a 3-month-old baby said,

If you wanna keep your job, you should return soon. I’m really gonna be depressed if I don’t have a job. [Laughter] ...

To keep up with my professional life, 'cause I'm more than just a mother—I'm a professional woman.... Society definitely makes it challenging.

Mothers sometimes met with negative people or experiences while breastfeeding. One mother explained,

Like the amount of [breastfeeding] knowledge that I bring to the table [today], I'm treated differently. Because with my oldest [child], I felt like—thinking back at the time, I didn't notice it. But now, thinking back, they treated me kinda bad. Like, it was no support. They was just like talking over me, then discussing stuff amongst themselves and not including me. And then with the second [child] it got a little bit better. Now, with this one, [third child], I was able to choose whichever I wanted to do.

Another mother, who worked as a teacher's assistant in an early childhood school, reported,

There's a lotta women that are havin' babies and breastfeedin' now in there [the workplace] but I'm the only African American woman ... and I was even asked, [by the principal] "How long are you gonna do this [breastfeed] for? Um, because I just don't have enough staff to make this work." ... But they make it work for them [white women co-workers].... No one's ever said, like [to the mother] are you havin' a hard time? Because they're not makin' sure that I get to pump."

This mother further expressed her concerns about being stereotyped,

I feel like, but for everyone else, it's somethin' beautiful.... I think it's that, it's just the fact that I feel like they're [the white mothers] more important. It's just a privilege. The whole, "We're just more important." ... I know, they feel like they're better parents and we're not, so "Just feed your baby a bottle."

At times, figuring out a workable plan was too complicated; therefore, mothers and grandmothers decided that in lieu of a plan, it was easier "going with the flow." They felt they could better manage challenges by doing one or all of the following: ignoring their personal feelings and preferences and the feelings of others; negotiating expectations with family members; countering negative stereotypes of Black motherhood; and working out a plan to ensure prolonged and extended breastfeeding durations when returning to work or school.

Three weeks following birth, this participant returned to college to finish the semester requirements, "I just went with the flow. It was so much going on. I do more planning now."

Another mother explained that she depleted sick-leave time and vacation time to stay home to increase her breastfeeding duration. "I was adamant that I was going to do a

better job with it [breastfeeding].... So I successfully nursed her for 15 months."

A grandmother explained her mixed emotions regarding the challenges with working and breastfeeding,

It was hard, I think I was goin' through some kinda parent separation or somethin'—because I was always thinkin' about the babies. Bein' separated, goin' to work, bein' away from the kids, you know.... It was stress, depression.... I ended up quittin' the job, to stay at home.

In a separate interview, the mother explained that the grandmother (above) suggested that she stay home until the children go to school. However, the mother stated,

I don't think you need to stay at home and not work because, in my personal experience, when I worked just part-time and I got out of the house with my two kids, I was able to have a little life for myself.

Discussion

The findings presented in this article must be understood within a history of systemic racial and gender inequities, policies, and practices throughout the United States that have severely disrupted Black women's ability to nurse their children over time. Whereas the focus was not specifically on the participants' responses to racism, we have brought attention to the participants' journeys, which reflect their experiences of structural and institutionalized racism, through the use of an intergenerational approach. The three identified patterns crossing the whole sample were derived from the data (not predetermined), giving voice to Black women's intergenerational experiences—a foundational component of BFT. The importance of using an intersectionality approach was evident throughout the data and is reflected in the patterns that emerged.

For example, participants spoke about the importance of not acting in ways that portrayed stereotypical misconceptions about Black women, echoing the pervasiveness of BFT among the participants. Of particular importance was the participants' repeated mention of "going with the flow," which reflected the ways Black women problem-solved everyday constraints related to their infant feeding within an environment that was less than supportive at times. Perhaps this was a skewed sample; however, researchers need to understand this cultural perspective when working in African American communities. It also is possible that participants felt comfortable enough to be forthright about their thinking because they were interviewed by an African American woman who understood lactation issues. This added depth of responses highlights the value of having researchers who understand the

culture in which they are working (insiders) and the importance of their conducting studies within their own communities. Collins (2000) refers to this as having a safe place to self-define and not be silenced.

Similar to some earlier scholars (Billingsley, 1992; Du Bois, 1975; Ruiz, 2008), this intergenerational exploration highlights the importance of situating grandmothers as important figures in shaping families' cultural practices and values. However, knowledge about and acceptance of breastfeeding has changed during the participants' lifetimes, along with the availability of resources, which was reflected by the mothers' initiatives seeking current information and sharing it with the grandmothers. The intergenerational transfer of infant feeding behaviors was evident among the grandmothers; however, mothers made infant feeding choices that were more independent than those their mothers had made. Although the differences between these two generations may reflect the broader societal trends in infant feeding during the past 50 years, mothers and grandmothers spoke about the importance and the influence of their interconnections.

Previously researchers have suggested that grandmothers' lack of breastfeeding knowledge and experience discouraged breastfeeding (Banks, 2003; Grassley & Eschiti, 2007), which we did not find in this study. The grandmothers served in the role of supporter—a role historically assumed by African American grandmothers to ensure the viability of the family and future generations (Billingsley, 1992; Collins, 2000). Similar to the findings by Rodriguez Vazquez et al. (2017), when the grandmothers in our study could not provide technical or practical support, they provided other types of support (e.g., childcare, attended their grandchildren's births, joined the mothers at breastfeeding and prenatal classes, ran errands for the mother, purchased a breast pump). With one exception, mothers did not mention the grandmothers as "the most helpful" with breastfeeding. However, grandmothers' notions and perceptions of support might differ from the mothers' perceptions. African American grandmothers attempted to support their families while socializing the mothers to become self-reliant and independent, which reflected the BFT theme of the power of self-definition (Collins, 2000).

The way one decides to feed infants is a learned practice, which may or may not be passed from one generation to the next (DeVane-Johnson et al., 2017). Based on our findings, the intergenerational transmission of infant feeding behaviors was a bit different than expected. Perhaps it reflected an evolving understanding of current Black motherhood that could be contrasted with existing paradigms. This is important and worthy of noting since earlier research depicted grandmothers as possibly having negative influences on a nursing mother's initiation and duration rates (Emmott & Mace, 2015). The idea of updating grandmother's breastfeeding knowledge by

"learning together," as suggested by two African American grandmother participants in Grassley and Eschiti's (2008) study, was echoed in this study. To better understand the intergenerational breastfeeding support within African American families and how it influences feeding outcomes, the conditions under which practices become passed across generations needs greater exploration, perhaps by including three or more generations in future research. Given that traditionally within the African American community the extended family is important in the family structure, extended kin needs to be included in future studies.

We suggest that it is crucial for scholars to move beyond truncated histories of African American women's breastfeeding experiences and to approach this scholarship with an intergenerational lens. Much can be learned by following the approach of one of the breastfeeding mothers, who was deliberate about approaching breastfeeding as the continuation of an African American historical tradition and cultural legacy. We encourage future explorations of this phenomenon, as suggested by other breastfeeding researchers (DeVane-Johnson et al., 2018). Such explorations could allow for the transcending of frameworks that result in deficit and pathological portrayals and offer new insights about ways to promote and sustain breastfeeding as an African American cultural practice.

Limitations

As with many qualitative studies, our sample size was small, and the findings must be understood within the time and place in which it took place. It is likely that other researchers working during different time periods in different geographic areas would have different results. Infant demographic and feeding data were not collected, as the focus of this study was maternal perceptions. However, it is a missing piece that can be considered a limitation. Another possible limitation is two grandmothers' lack of participation for reasons unknown to the researchers, which may have affected the results in ways we are unable to determine. Although our study focused on African Americans, our findings cannot be extrapolated to the entire population of African Americans, which is very diverse. We built into our analysis process steps to minimize reflexivity; however, it is possible that researcher bias was present during the data collection and analysis.

Conclusions

The intergenerational influences surrounding breastfeeding among our participants (mothers and grandmothers) offered a perspective not often examined. This perspective also raises many questions about the history of infant feeding within African American communities, which could, if

answered, lead to more effective breastfeeding promotion and support programs. To better understand intergenerational experiences and knowledge within the African American community, further intergenerational research is required.

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Supplemental Material

Supplemental material for this article is available online.

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