Attitudes, Influencers, Subjective Norms, and Challenges among Breastfeeding Mothers in Baltimore City.

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**BACKGROUND**

- Benefits of breastfeeding are well-documented in the literature, yet significant racial and socioeconomic disparities in breastfeeding rates remain.
- Little is known about who and what influences low-income Black mothers to breastfeed.

**OBJECTIVES**

- Explore attitudes, motivating factors, and systems of support that contribute to successful breastfeeding.
- Understand breastfeeding community norms and barriers faced among low-income Black mothers in Baltimore City.

**METHODS**

- Breastfeeding mothers recruited through B’more for Healthy Babies’ (BHB) community-based breastfeeding groups and word of mouth.
- Qualitative interviews were conducted among 15 mothers.
- Quantitative Likert Scale survey conducted among 14 mothers assessing knowledge, attitudes, and barriers to breastfeeding and formula-feeding.

**RESULTS**

**Demographics**

- Mothers between ages 17-39
- Total of 36 children, 31 breastfed
- Average breastfeeding length: 10.5 months, range 2-36 months

**Intention**

- Intention to breastfeed began prior to or early in pregnancy
- Significant effort and preparation devoted to breastfeeding journey

**Attitude**

- Health benefits of breastfeeding primary driver (e.g., fewer illnesses, stronger academic performance)
- Negative evaluations of bottle-feeding or formula also strong motivation (e.g., cost, effort, impurities)

**Subjective Norms**

- 60% had a family history of breastfeeding
- 80% had a supportive partner
- Breastfeeding perceived as rare in Baltimore City, with few mothers knowing another breastfeeding peer
- Healthcare and social service providers (e.g., WIC, BHB) were influential in motivating mothers to breastfeed and in assisting with breastfeeding challenges
- Breastfeeding in public remains strong negative subjective norm

**Perceived Control**

- High self-efficacy for breastfeeding
- Low perceived barriers to breastfeeding such as pain, time and embarrassment

**Barriers to Breastfeeding**

<table>
<thead>
<tr>
<th>Barriers to Breastfeeding</th>
<th>Net Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breastfeeding is difficult to do at my job or while working</td>
<td>2.6</td>
</tr>
<tr>
<td>Breastfeeding is embarrassing</td>
<td>1.8</td>
</tr>
<tr>
<td>Breastfeeding takes too much time</td>
<td>2.3</td>
</tr>
<tr>
<td>Breastfeeding is painful</td>
<td>2.7</td>
</tr>
</tbody>
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**Sources of Breastfeeding Support**

<table>
<thead>
<tr>
<th>Sources of Breastfeeding Support</th>
<th>Net Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>My family members or friends are or were supportive of my decision to breastfeed</td>
<td>4.5</td>
</tr>
<tr>
<td>My partner is or was supportive of my decision to breastfeed</td>
<td>4.6</td>
</tr>
<tr>
<td>I have access to professional support</td>
<td>4.1</td>
</tr>
<tr>
<td>Breastfeeding is common in my community</td>
<td>2.7</td>
</tr>
</tbody>
</table>

**CONCLUSIONS**

- Educating mothers and fathers on the benefits of breastfeeding, providing continued lactation counseling and support, and promoting the behavior may increase and normalize breastfeeding in Baltimore City.
- Peer-support initiatives such as community-based breastfeeding groups can reduce social isolation and create positive subjective norms around breastfeeding.