

FAMILY BELIEFS ABOUT EARLY INFANT FEEDING IN THE RURAL SOUTHEAST UNITED STATES

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Purpose: The purpose of this study was to investigate cultural influences on family beliefs about infant feeding and the manner in which these beliefs are translated into feeding practices.

Method: The study is a longitudinal ethnography. Purposive sampling was used to select 11 mothers living in rural areas in Appalachia. Mothers identified one or two family members or others who influenced their decisions about infant feeding. In-depth interviews were conducted at four intervals during the first 15 months of life. The interviews elicited information about cultural influences on family beliefs about infant feeding, practices related to the introduction of solid foods and beverages, and personal and contextual factors influencing feeding decisions.

Findings: Eleven mothers and fourteen family members including eight domestic partners or husbands, three grandmothers, and three other relatives were enrolled in the study. All live in rural areas. There was no attrition of subjects between interviews. Three mothers were breastfeeding at the time the infant was one to two months of age. None were breastfeeding exclusively by the time the infant was four months old. Mothers were influenced to discontinue breastfeeding by other family members. Mothers who breastfed were influenced by a family history of breastfeeding and by a stated belief that breastmilk was healthier for the infant. No mothers had concerns about infant growth with three mothers stating a preference for a “smaller” infant. All infants were receiving solid foods by the age of four months. Many of the infants received non-recommended foods including mashed potatoes and gravy, biscuits, soda pop, watered down coffee, candy, cookies, and desserts. A majority of infants were receiving fruit juices. Family members influenced feeding decisions and had conflicts with advice provided by “experts”. Foods normally found in infant diets in the last half of the first year were fed during the first six months of life.

Discussion: Several themes were identified to explain feeding decisions. Families fed infants foods that they believed satisfied the infant and made the infant “happy”. Families expressed a desire for a happy infant. Families believed that babies expressed food likes and desires indicating that emotional eating may begin very early in life. Families believed that certain foods such as mashed potatoes and cereal in the bottle improved infant behaviors such as sleep, fussiness, and crying. Cultural practices influenced the low rate of breastfeeding. Families believed that formula feeding offered more control over amount of feeding and that formula “filled up the baby” more than breastmilk. Other beliefs included the belief that table foods were more preferred by the infant than specific infant foods. Fast foods such as hamburgers and pizza were part of the infant diet because the baby was assimilated into the eating practices of the family. Obesity and Type II diabetes are problems in childhood in the region. Infant feeding practices may contribute to these problems.

