BREASTFEEDING MEDICINE
Volume 16, Number 2, 2021

DOI: 10.1089/bfm.2020.0308

#EveryGenerationMatters: Intergenerational Perceptions of Infant Feeding Information and Communication Among African American Women

Alexis L. Woods Barr,[1] Elizabeth Miller,[2] Jacquana L. Smith,[1]
Shanita M. Cummings,[3] and Ellen J. Schafer[4]

Abstract

Objective: African American (AA) women look to their mother and maternal grandmother for parenting information and support; this intergenerational communication may reinforce or hinder breastfeeding practices. Rooted in Black Feminist Thought, this study's objective was to use an asset-based approach to explore infant feeding information shared across at least two generations of AA female family members.
Materials and Methods: Fifteen family triads/dyads ($N = 35$ women), residing in Southeastern United States, participated in semistructured interviews in 2019. Qualitative data were analyzed using thematic analysis.
Results: Infant feeding information shared across generations was characterized into six themes: Guidance, Practical assistance, Reservations, Affirmations, Observational learning, and Perceived undermining. Typically, conversations occurred in one of four reproductive life stages (preconception, prenatal, birth, and post-birth) of the youngest adult generation and may have been influenced by each family's feeding history (''One generation breastfed,'' ''Two generations breastfed,'' and ''Three generations breastfed''). Notably, with each additional generation of breastfeeding experience, perceived undermining and reservation reporting decreased. In addition, families reclaimed and reconnected with ancestral breastfeeding practices.
Conclusions: Findings suggest that every generation matters to breastfeeding behaviors in AA families. Therefore, nuanced, family-centered approaches should build on assets within AA families to support them in meeting their feeding goals. Practitioners should recognize the importance of oral tradition as a mode of transmitting infant feeding information among AAs and understand the influence of family feeding history in intergenerational infant feeding communication. When working with AAs, practitioners must be flexible, respectful, supportive, and actively learning about an individual's beliefs and culture, creating space to reframe, without judgment or paternalism.

Keywords: breastfeeding, African American Women, Black Feminist Thought, infant feeding information, intergenerational communication

Introduction

Breastfeeding is advantageous for infants, mothers, families, and society.[1,2] Initiation and duration rates continue to rise in the United States with 84% of all women and 74% of Black* women initiating breastfeeding.[3] Rates differ by geographic location; the Southeastern region has the largest gap between Black women and other races/ethnicities.[3] To improve breastfeeding rates, the U.S. Surgeon General proposed family involvement in breastfeeding support as a critical strategy,[4] underscoring the importance of the family context, where older female family members may play a supportive role in influencing feeding behaviors by sharing their own feeding practices and beliefs.[5] However, many U.S. grandmothers lack breastfeeding

*This study's population is African American, but the term *Black* is used when most appropriate. For example, to reflect how breastfeeding rates are reported, and when explaining Black Feminist Thought.[26]

[1]Carolina Global Breastfeeding Institute, Department of Maternal and Child Health, Gillings School of Global Public Health, University of North Carolina at Chapel Hill, Chapel Hill, North Carolina, USA.
[2]Department of Anthropology, University of South Florida, Tampa, Florida, USA.
[3]Division of Quality and Patient Safety, United Regional Hospital, Wichita Falls, Texas, USA.
[4]Department of Community and Environmental Health, College of Health Sciences, Boise State University, Boise, Idaho, USA.

knowledge and experience, which may influence the support and advice they can provide to new mothers.[6] Grandmothers who are uninformed or misinformed about current breastfeeding recommendations, or hold negative beliefs and attitudes about breastfeeding, may undermine a mother's breastfeeding confidence,[2,7] breast milk supply,[5] and breastfeeding practices.[5] Grandmothers with breastfeeding experience may be able to provide practical breastfeeding knowledge, while grandmothers who lack breastfeeding experiences could potentially convey negative attitudes regarding breastfeeding and encourage formula feeding or supplementation with baby cereal or other solids.[8,9]

The collectivistic structure of African American (AA) families[10] facilitates understanding of intergenerational communication. Within the family structure, family members (blood relatives and fictive kin) share resources and flexible child rearing responsibilities across households and generations.[11] Elders are ''entrusted keepers of communal knowledge and wisdom, informal family historians, and the wisest, most respected members of the family.''[12(p117)] Matriarchs play an important role in preserving and passing down cultural beliefs and family values, which are fundamental to intergenerational support in their flexible family system.[12,13]

While AAs experience persistent, disproportionate health disparities compared to whites,[14] the majority of family health communication scholarship (how families talk with each other about health information) predominantly sample white families.[15–17] Moreover, few studies examine infant feeding communication, specifically among AAs.[18–20] Also, lactation scholars urge future researchers to better understand women's infant feeding decisions.[6,21–23] Grassley and Eschiti[22(p140)] suggested that researchers investigate breastfeeding behaviors among families, including an infant's mother, grandmother, and great grandmother, to ''provide insight into the generational aspects of breastfeeding and enhance the understanding of family influences on women's infant feeding decisions.'' To address these research needs, this study explored the content and context of infant feeding information shared across at least two generations of AA women.

Materials and Methods

Design

Qualitative research is unique because it examines stories, feelings, and thoughts that are often not accessible through other research methods.[24] Thus, this qualitative study used an asset-based approach and Black feminist research perspective to place AA women at the center of data collection and analysis.[25] Thus, Black Feminist Thought[26] (BFT) was the driving force of this study and encompasses core tenants associated with empowerment, overcoming oppression and changing the narrative of Black women. Semistructured interviews focused on resources and strengths present in AA families to identify solutions to aid continued improvements in breastfeeding rates. This study was approved by the University of South Florida Institutional Review Board.

Purposive followed by snowball sampling was used to recruit 15 family triads/dyads ($N = 35$ women). Each triad consisted of the youngest adult generation (youngest generation), her mother/mother figure (middle generation), and her maternal grandmother/grandmother figure (oldest generation). Each dyad consisted of the youngest and middle generations. Maternal grandmother and mother figures included grandmothers, aunts, older sisters, older cousins, and stepmothers who were responsible for raising the youngest generation.

Two interview guides were developed: one for the oldest and middle generations and one for the youngest generation. Interview questions were pilot tested with a unique group of six AA mothers who were not study participants. The first author conducted a single, face-to-face or telephone, audio-recorded interview with each participant.

Setting

AA women residing in Southeastern United States were interviewed in 2019.

Sample

Included participants were U.S.-born, English-speaking adult mothers who self-identified as AA, Black, Negro, or colored, belonged to a family with at least two generations of women willing to participate in the study, at least one generation resided in Southeastern United States, and were not estranged from each other. In addition, the youngest generation needed to have breastfed their child (aged 3 months to 5 years old) for a minimum of 3 months.

AA/Black/colored/Negro was defined as a non-Hispanic, U.S.-born person with African ancestry and shared American history. All participants stated to their knowledge that their parents and grandparents were also U.S.-born, reducing dissimilarity in traditions from cultures outside the United States. In addition, *breastfed* was defined as feeding a mother's own milk, at the breast or expressed, to her infant at least once daily. Women who fed human milk along with infant formula or with baby cereal were considered breastfeeding. *Family* referred to both biological and nonbiological members, reflecting the structural dynamics of AA multigenerational families and kin networks.[27]

Data analysis

Analysis was iterative, starting with keeping field notes throughout data collection. Audio recordings were transcribed, and data were deidentified with pseudonyms. Transcripts and field notes were imported into MAXQDA (version 18.2.0; VERBI GmbH, Berlin, Germany). Two coders independently coded four interviews and resolved disagreements through five cycles of coding.[28] Thematic analysis[29] was used to deductively analyze interviews, while also using inductive coding[30] to identify emergent themes used to make sense of the data. Themes were grouped using thematic maps.[31] Using data collected from participant interviews and field notes, the first author established thick descriptions,[32] which enable other researchers to transfer the research findings to other study settings. Generalizability is often not the goal of primary qualitative research. Nuances within the family communication dynamic were explored resulting in four reproductive life stages of the youngest generation when conversations transpired: preconception [before the youngest generation was pregnant], prenatal [during the youngest generation's pregnancy], birth [the youngest generation's hospital stay], and postbirth [when the youngest generation returned home]. In addition, themes emerged based on each family's feeding history (how many generations breastfed).

Results

Participant characteristics

Thirty-five interviews were conducted with three generations of AA mothers ($N=5$ oldest generation, $N=15$ middle generation, and $N=15$ youngest generation). Participants' age ranged from 24 to 80 years, 57% were married, and all had at least a high school education (Table 1). The youngest generation breastfed their child between 3 months and three and a half years, while 53% of the middle generation and 20% of the oldest generation breastfed at least one child for at least 3 months (Table 2).

Themes

Families discussed components of shared infant feeding information across the following themes: Guidance, Practical assistance, Reservations, Affirmation, Observational learning, and Perceived undermining (Table 3). Family feeding history, (One Generation Breastfed [1-GB], Two Generations Breastfed [2-GB], and Three Generations Breastfed [3-GB]), may have influenced specific content and context of conversations. In 1-GB ($N=4$ families), only the youngest generation breastfed. In 2-GB ($N=9$ families), either the oldest and youngest generation or the middle and youngest generation breastfed. In 3-GB ($N=2$ families), all the three generations breastfed. While the middle and youngest generations were in each feeding group, no oldest generation participants were interviewed in 3-GB. In both 3-GB families, the middle and youngest generations reported that the oldest generation breastfed more than 3 months, which is why they are categorized in this group. Although themes aligned across feeding groups, notable differences existed regarding when conversations occurred (i.e., preconception, prenatal, birth, and postbirth). Figure 1 depicts how themes, family feeding history, and reproductive life stages have been conceptualized.

Guidance. Guidance was the shared infant feeding information that included advice and suggestions between generations. All feeding groups discussed historical aspects of breastfeeding from a pro-breastfeeding context (Fig. 1). Louise explained, ''I tell [my granddaughter] all the time, this is not our first-time breastfeeding. We did it for white people, so we have to know it's good enough for our children too. We deserve to do this too…again.'' And, Valerie recalled,

> ''[I remember] teaching [my daughter] about the history of enslaved women wet nursing for their white slave owner's children. Breastfeeding should not be something that is taboo in our communities because we were the first to do it. I told her, 'We fed their [white] babies, so why don't we think we should feed our own?' I don't know why we ever stopped breastfeeding. I know we may have wanted to distance ourselves from the idea of wet nursing, but that also meant that we wasn't giving our own the very best.''

In addition, all groups provided guidance in the prenatal period on experiencing pain and being uncomfortable. Dominique remembered:

> ''[My mom and grandma] said it was going to hurt and everything and how their nipples were blistery… when the ducts get blocked and all that. I was like, 'Ewww.' But I was still gonna do it anyway. I was like, 'That is not gonna happen to me.'''

Breastfeeding is best was a topic shared among 1-GB families (prenatal and post-birth) and 3-GB families (post-birth). Sabrina said:

> ''Oh, we talked about it way before she had [her son]. … I've been trying to coerce her to breastfeed and let her know that I think that's the best thing to do and she was very dedicated to it, and I love her for that…''

Among 2-GB and 3-GB families, physical, psychological, emotional, and financial breastfeeding benefits (all reproductive stages) and the need to have patience (postbirth) were shared. Jennifer stated:

> ''I was telling her how healthy the babies were… the antibodies and what not. You know, and even when it comes to the weight loss… And not only that…I think emotionally, being more connected with the child. So psychological, physical, you know healthier…I also told her what I did.''

Table 1. Demographic Distribution of Three Generations of African American Families by Generational Membership

	G1[a] (N=*5*), *mean (SD), range or* N *(%)*[b]	*G2*[c] (N=*15*), *mean (SD), range or* N *(%)*	*G3*[d] (N=*15*), *mean (SD), range,* N *(%)*
Age, years	71.6 (7.9), 64–80	53.6 (7.2), 36–67	30.6 (3.1), 24–34
No. of live births	3.2 (0.5), 3–4	3.6 (1.0), 1–5	1.9 (1.1), 1–4
Marital status			
Married	2 (40.0)	8 (53.4)	10 (66.7)
Divorced	0 (0.0)	2 (13.3)	0 (0.0)
Widowed	2 (40.0)	0 (0.0)	0 (0.0)
Never married	1 (20.0)	5 (33.3)	5 (33.3)
Education			
High school graduate	3 (60.0)	6 (39.9)	5 (33.3)
Some college	0 (0.0)	4 (26.7)	1 (6.7)
College graduate	1 (20.0)	4 (26.7)	8 (53.3)
Trade school	1 (20.0)	1 (6.7)	0 (0.0)
Technical school	0 (0.0)	0 (0.0)	1 (6.7)

[a]Maternal grandmother/grandmother figure.
[b]*N* (%) of total sample (i.e., down the column).
[c]Mother/mother figure.
[d]Youngest adult generation.

Table. 2. Participant Pseudonyms and Feeding Characteristics

Pseudonym	*Generation*	*Breastfed*[a]	*Family feeding history*
Louise	The Oldest Generation	No	1-GB[b]
Sandra	The Oldest Generation	No	1-GB
Barbara	The Oldest Generation	No	2-GB[c]
Vivian	The Oldest Generation	No	2-GB
Martha	The Oldest Generation	Yes	2-GB
Sherry	The Middle Generation	No	1-GB
Shirley	The Middle Generation	No	1-GB
Yolanda	The Middle Generation	No	1-GB
Karla	The Middle Generation	No	1-GB
Sharon	The Middle Generation	No	2-GB
Gloria	The Middle Generation	No	2-GB
Roxanne	The Middle Generation	No	2-GB
Vanessa	The Middle Generation	Yes	2-GB
Betty	The Middle Generation	Yes	2-GB
Valerie	The Middle Generation	Yes	2-GB
Jennifer	The Middle Generation	Yes	2-GB
Andrea	The Middle Generation	Yes	2-GB
Helen	The Middle Generation	Yes	2-GB
Pamela	The Middle Generation	Yes	3-GB[d]
Sabrina	The Middle Generation	Yes	3-GB
Brianna	The Youngest Generation	Yes	1-GB
Katrina	The Youngest Generation	Yes	1-GB
LaKisha	The Youngest Generation	Yes	1-GB
Tonya	The Youngest Generation	Yes	1-GB
Stacey	The Youngest Generation	Yes	2-GB
Amber	The Youngest Generation	Yes	2-GB
Asia	The Youngest Generation	Yes	2-GB
Dominique	The Youngest Generation	Yes	2-GB
Lashonda	The Youngest Generation	Yes	2-GB
Tiffany	The Youngest Generation	Yes	2-GB
Charlene	The Youngest Generation	Yes	2-GB
Tyesha	The Youngest Generation	Yes	2-GB
Latoya	The Youngest Generation	Yes	2-GB
Kimberly	The Youngest Generation	Yes	3-GB
Rhonda	The Youngest Generation	Yes	3-GB

Participants were grouped by generations instead of by family unit to maintain participant confidentiality. This table was organized by generation, then by breastfeeding behavior, then by family feeding history to extract patterns and trends within and across families.

[a]Breastfed is defined as feeding mother's own milk to at least one child for 3 months or more.

[b]1-GB: One Generation Breastfed; Only the youngest generation breastfed in this family feeding group.

[c]2-GB: Two Generations Breastfed; Either the oldest and youngest generation or the middle and youngest generation breastfed in this family feeding group.

[d]3-GB: Three Generations Breastfed; all three generations breastfed in this family feeding group (Note: The oldest generation was not interviewed in 3-GB families, but the middle and youngest generation reported that the oldest generation breastfed).

Notable differences between the groups were the value of breastfeeding and breast milk discussed in 1-GB families (preconception, prenatal, and postbirth), troubleshooting breastfeeding in 2-GB families (postbirth), and the importance of pumping and not buying too many supplies in 3-GB families (postbirth).

Guidance and knowledge transfer were typically shared from older to younger generation, but among 1-GB and 2-GB families, bottom-up transfer occurred where the youngest generation shared their knowledge about milk composition, latching, and pumping with the oldest and middle generations. To illustrate, Katrina remembered conversations with her mother about how much expressed milk she needed to leave for the baby once she returned to work: ''[Mom would say], 'You're not leaving enough milk. She's hungry…she needs more milk.' I'm like, 'No, she's breastfed…trust me. Milk changes to fit her needs…' We went back and forth…like literally every day.''

Practical assistance. Practical assistance included infant feeding information involving the provision of help or material resources to the youngest generation. All groups reported conversations about buying breastfeeding supplies. Sharon remembered: ''I offered to get her the [pillow]…so she could put him on there and breastfeed…And then…I had ordered a pump for her, too. I told her that way she could, you know, pump milk, too….'' In addition, among 1-GB and 2-GB families, older generations offered to care for the baby, while the youngest generation went to work or school (prenatal and postbirth). Sandra remembered, ''She was gonna pump the milk in the bottles and bring it over there to me because I was gonna watch him while she worked.'' Among 2-GB and 3-GB families, older generations provided latch help to the youngest generation (birth and postbirth). Sabrina recalled, ''[M]om was very helpful when it came to getting [my son] to latch on my boobs. At first, I wasn't sure how to do it, but in the hospital, she helped me out…''

Reservations. Reservations included infant feeding information involving worry, fears, or uneasiness from older generations. Among 1-GB families, older generations discussed the following reservations (prenatal and postbirth): working and breastfeeding, having a backup plan, and maternal dietary needs and mental health. Shirley said, ''She told me, 'Momma I'm breastfeeding.' [And I said], 'Oh, OK.' I did ask her how she was gonna be able to breastfeed and work.'' Older generations in 2-GB and 3-GB families were concerned if the baby received enough breast milk, and if the youngest generation pumped enough milk (post-birth). Pamela said,

> ''And when a situation came up and she needed me to watch the kids, I was like, ''So what I'mma feed them? They can't drink out of my tits.' She was like, 'I'll pump.' I'm like, 'Yeah, you need to. You need to pump 'cause anything can happen.' It's nothing worse than having a kid that don't want no milk…that don't want that cow's milk or that manmade milk 'cause they are not used to it. And I said, 'Even with breastfeeding, you need to get them used to a bottle.'''

In addition, older generations in 2-GB families were uneasy with how long the youngest generation breastfed their child. Barbara said, ''[My granddaughter] does it until her kids are big kids…I'm talking about somebody that's over a year old…I told her that that's too long. Her baby is almost 2 and this child is still trying to nurse.''

Affirmations. Affirmations included older generations sharing comfort, assurance, or encouragement with the youngest generation. In all groups, older generations told the

Table 3. Emergent Themes, Definitions, and Examples

Theme	*Definition*	*Examples*
Guidance	Shared infant feeding information that centered on advice and suggestions between generations.	• ''I told her about my understanding and what I had experienced with my kids…that my children had less episodes of ear infections and those things that are sometimes prevalent in bottle fed babies and they were healthy babies.'' (Betty) • ''[I told her to] just try it, you know, and try to get all the latest—latest gadgets and pumps and shields and pads and things. So, I would encourage [my daughter] to at least try it because of the benefits.'' (Helen)
Practical assistance	Infant feeding information that involved the provision of practical help or material resources to G3s.	• ''[When I went to visit my granddaughter], I helped her latch the baby…After she did it, she said, 'Oh yeah, it's fun'…'' (Martha) • ''[M]y son spent his first year of life with [my grandma]. You know, I didn't have to take him to daycare (she watched him for me while I worked).'' (LaKisha)
Reservations	Infant feeding information that involved an expression of worry, fear, or uneasiness from older generations.	• ''I really ain't say nothing. I just told her it's har…the bott…I just said, 'Dang how you gonna do that while you work?''' (Sandra) • ''My mom said, 'You can't eat junk food [while you are breastfeeding] …your milk will taste like it and the baby will stop latching if you do'.'' (Stacey)
Affirmation	Infant feeding information where older generations shared comfort, assurance, or encouragement with G3s.	• ''Like my mother-in-law felt like, 'the baby needed rice cereal'. And my grandmother was saying, 'That's not really a necessity'. And that's kind of a new thing because back in [my grandma's] day, they didn't have to give the baby rice cereal.'' (Brianna) • ''… [My grandma] was like, 'I'm so proud of you. That's how nursing is supposed to be. Sitting up under the shade tree looking at people, just nursing your baby.' So, it really made me feel good to hear that from [her]…'' (Tonya)
Observational learning	Infant feeding information shared between G2s and G3s through observation (not conversation).	• ''…[W]hen I was little and [my mom] had my little sister, I used to get mad at her. It would be time for us to go. And she'd be like, 'Oh no wait, I have to pump' because you could just see [breast milk] coming out. I used to get mad, but I know my mom breastfed all of us.'' (Kimberly) • ''When I had [my son], my daughter used to watch me feed him with the bottle and nurse….'' (Andrea)
Perceived undermining	Infant feeding information that G3s perceived lessened their confidence or hindered their overall breastfeeding success.	• ''I remember my mom and other older family members would say, 'Oh, she needs to sleep through the night. You need to put cereal in her bottle.''' (Katrina) • ''My grandma always wanted to know why I would not cover up and feed my baby. Sometimes she told me to go in the back room until I was finished.'' (Tiffany)

youngest generation ''I'm proud of you'' (postbirth). Amber said, ''[M]y mom would tell me she's proud of me. She would also say 'if that baby want that boob, you give the baby that boob.''' Among 2-GB and 3-GB families, older generations said, ''You can do it,'' ''I support your decision'' and ''You're doing a great job'' (prenatal and post-birth). Pamela expressed: ''And I push [my daughter] because I'm like, 'You can do it.' I gotta give [her] that little bit of hope. 'You can do this. You can do this.''' Among 1-GB families, reassurance and encouragement was communicated to the youngest generation. Yolanda revealed, ''[My daughter] was really down on herself when she couldn't continue to breastfeed and I was like, 'You know what, it's okay. The first couple of months is when you get most of the good stuff anyway.' So, I just like reassured her that it was okay when she couldn't continue to breastfeed….''

Observational learning. Observational learning was infant feeding information shared between the middle and youngest generations through observation. Regardless of feeding history, families reported the youngest generation observed the middle generation's feeding behaviors. Women in 1-GB and 2-GB families recalled the youngest generation observing the middle generation's use of infant formula and/or baby cereal to feed younger siblings. Sherry said, ''We didn't necessarily have conversations [when my daughter was growing up], but she learned how to take care of and bottle feed babies by watching us and then she started babysitting other people's children.'' Women in 2-GB and 3-GB families remembered the youngest generations observing the middle generation breastfeeding and/or pumping. Valerie said, ''…I nursed all of mine. And that's what she grew up seeing. Yeah, it was normal for her.'' Asia remembered, ''As a kid, I saw [my mom] breastfeed my sister. I knew I wanted to do it too…''

Perceived undermining. Perceived undermining was infant feeding information that the youngest generation perceived lessened their confidence or hindered their overall breastfeeding success. Perceived undermining was reported

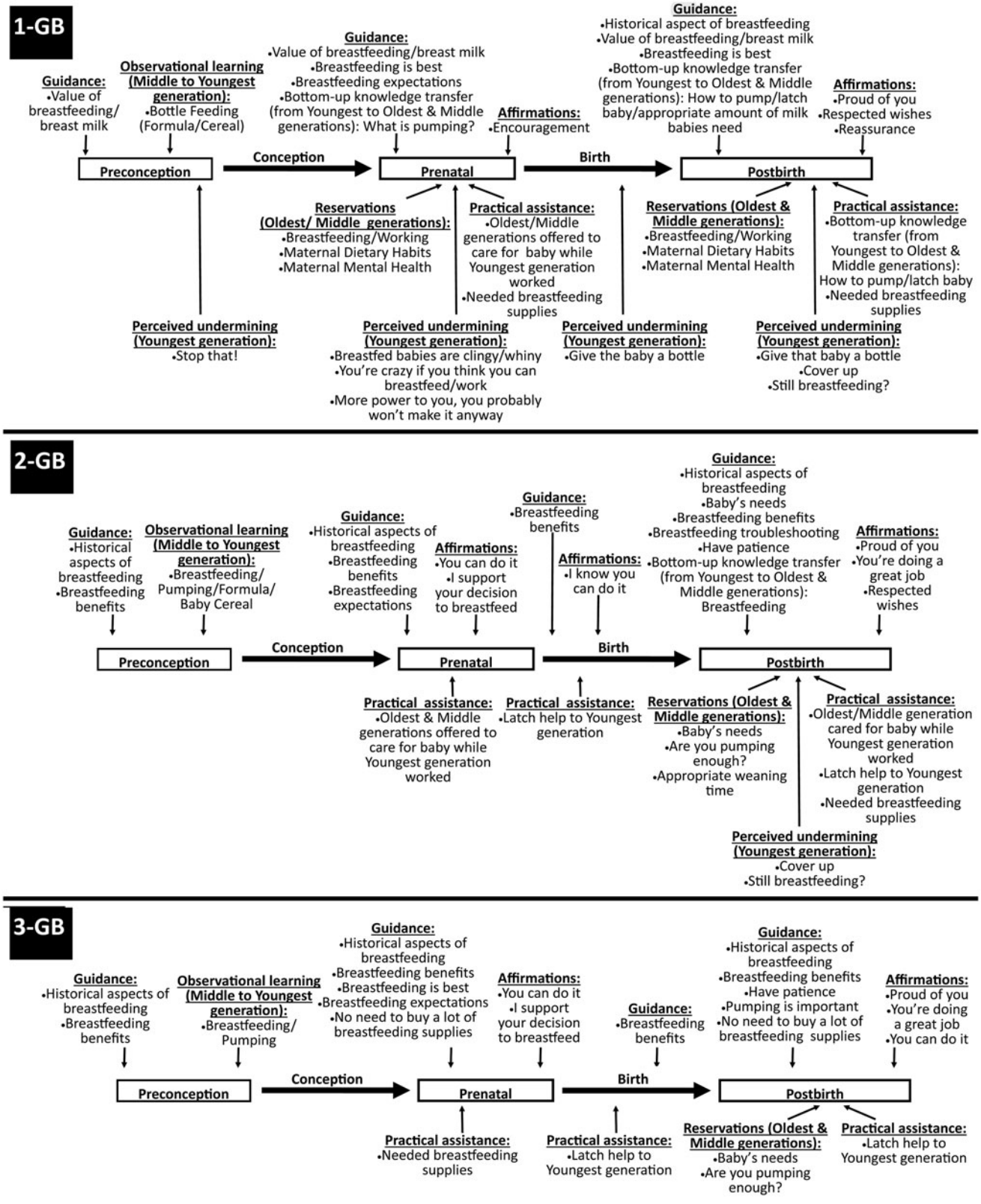

FIG. 1. Intergenerational infant feeding information shared in 1-GB, 2-GB, and 3-GB families. GB, Generation Breastfed.

among the youngest generation in 1-GB families (all reproductive life stages) and 2-GB families (post-birth), but not in 3-GB families. Katrina remembered visiting a cousin in the hospital as a 6-year-old and seeing breastfeeding for the first time. She remembered her mother telling someone on the phone, ''Yeah, she breastfed in front of [Katrina].'' Once they got home, Katrina ''breastfed'' her dolls. Her mom angrily yelled, ''Why are you doing that? Stop doing that.'' According to Katrina, ''…[T]hat was the end of it.'' In addition, Lashonda said, ''With each child, my momma and grandma would ask me all the time how long I planned to nurse for. They thought going past 1 year was too long.''

Discussion

Findings provide evidence to support a multifaceted, family-focused approach to support breastfeeding in AA families because every generation matters to a woman's breastfeeding experience. Data suggest that family feeding history (1-GB, 2-GB, and 3-GB) influenced the content and context of shared infant feeding information within AA families, and provide timely insights into the social support dynamics present within each feeding group. Six themes emerged embodying infant feeding information shared within families: Guidance, Practical assistance, Reservations, Affirmations, Observational learning, and Perceived undermining. Identifying different themes emphasized the value of narratives embedded within grandmother-mother-daughter relationships. Moreover, improved understanding of shared infant feeding information has far-reaching implications for practitioners and researchers who recognize oral tradition as an important mode of transmitting infant feeding information among AAs and understand how it influences infant feeding decision-making. Novel findings include the following: (1) Families used historical aspects of breastfeeding for empowerment; (2) Possible miscommunication occurred within families; and (3) With each additional generation of breastfeeding experience, reporting of Perceived undermining and Reservations decreased.

Historically, AA women's maternal experiences have been negatively affected by practices such as wet-nursing, involuntary breeding, and maternal vilification during chattel slavery and the effects are still ongoing.[33–35] Previous studies found this cultural memory and the enduring legacy of slavery and wet-nursing continued to be passed down in AA families and negatively affect their breastfeeding behaviors.[35,36] However, this study found that families used this historical knowledge to empower the youngest generation to change the breastfeeding narrative within their family. As a result, these families reclaimed and reconnected with ancestral breastfeeding knowledge and practices, which relates to the BFT tenant of Black women using activism to resist oppression.[26] BFT not only challenges the belief that all women share the same lived experiences, but also examines these differing intersectional experiences of women based on race, class, gender, sexual orientation, religion, nationality, and so on.[26] AA women, in America, share a collective experience of living in a society that systematically oppresses them.[34,35] Future studies should use BFT to investigate other cultural knowledge AA women use for empowerment.

All families reported positive infant feeding information shared between generations, yet, the youngest generation reported a negative component—Perceived undermining. Therefore, miscommunication may have occurred between generations; when referencing the same situations, older generations reported expressing reservations, while the youngest generation perceived undermining. For instance, older generations reported worrying about the youngest generation's ability to work and breastfeed, have a backup plan and the necessity to pump breast milk. However, the youngest generation reported hearing, ''You're crazy if you think you can work and breastfeed,'' ''More power to you, you probably won't make it anyway'' and ''Give that baby the bottle'' when the baby is whiny or if the youngest generation ''needed'' to cover up. Older generations may have been unaware that their words mattered to the youngest generation and may not have intentionally tried to sabotage the youngest generation's breastfeeding practices. They may have unknowingly sent messages to the youngest generation, particularly those who may have been more vulnerable due to being the first generation in their family to breastfeed in multiple generations. The oldest and middle generation, especially those in 1-GB and 2-GB families, may have expressed reservations as a way of passing along anticipatory fears about breastfeeding. People behave avoidantly because of expected fear and anticipatory fear influences avoidance behavior.[37,38] Those who work with families (e.g., physicians, lactation consultants, nurses, WIC counselors) should leverage the positive communication between these generations of women while also finding where the touch points are to help these families learn how to curb the perception of undermining.

We acknowledge the unequal-sized feeding groups and that no oldest generation participants were interviewed in 3-GB families, but it is worth noting that perceived undermining (youngest generation's perspective) and reservations (older generation's perspective) decreased with increasing generations of breastfeeding experience. With 3-GB families, neither of the youngest generation reported feelings of undermining from older generations. Although this may not be the lived experiences of all AA families, this finding highlights that grandmothers' experiential knowledge may influence maternal breastfeeding confidence.[2,6,21] Considering the influential role AA grandmothers play in infant feeding behaviors,[6] it is wise for clinicians to leverage this influence by including them in infant feeding conversations whenever possible. Face-to-face interactions with grandmothers may not always be possible, due to time, distance, or disability, but engaging them virtually is feasible.[39] As such, practitioners should provide accurate educational breastfeeding information to expel myths or misinformation that either generation may have learned from inaccurate educational channels (e.g., mass media, family members, or friends). In addition, confronting worries—about the practicality of breastfeeding and working, having a feeding back-up plan, and the need to give babies bottles—could serve to dispel fears that older generations may have internalized. Practitioners should explore ways to integrate past family feeding experiences into the assessment of a patient's recorded family medical history to offer tailored breastfeeding support.

This study adds complexity and nuance to lactation literature concerning AA women. Findings suggest areas for assessment that could yield important information about how

families communicate infant feeding information. Because infant feeding information was shared (both knowingly and unknowingly) at four reproductive life stages, culturally sensitive breastfeeding interventions should be implemented at different time points to support, promote, and renormalize breastfeeding in AA communities. Within all 15 families, infant feeding information consisted of guidance, practical assistance, reservations, and affirmation, which align with the major subtypes of social support—informational, instrumental, emotional, and appraisal.[40] Although the expression of social support may have been influenced by family feeding history, positive social support existed in all families. Therefore, through an asset-based approach, public health professionals can identify and utilize an AA family's assets (i.e., female family members) as a method of developing solutions for breastfeeding practices.

Limitations

Potential study limitations include issues of generalizability, recall, and social desirability. Participants' geographic location and study sample size preclude generalizability of the conclusions. Therefore, study context was included along with member checking and thick descriptions to describe findings. To limit recall bias, the age of the youngest generation's child was set to younger than 5 years. Finally, the interviewer was from the same racial background as participants and open to listen to each woman's experiences without judgment, thereby minimizing social desirability bias.

Conclusions

Exploring infant feeding information exchanges within AA families emphasize how experiential knowledge, drawn from shared family narratives, provide new insights into the nuanced social support provided. Thus, health care providers who aim to support and promote breastfeeding in this community should be flexible, respectful, supportive, and actively learning about their beliefs and culture, creating space to reframe, without judgment or paternalism.

Authors' Contributions

The authors confirm contribution to the article as follows: study conception and design, data collection, analysis and interpretation of results, and draft article preparation: A.L.W.B. Table and figure design: A.L.W.B., E.J.S., and E.M.M. Critical revisions of the article and approved the final version to be published: A.L.W.B., E.J.S., E.M.M., J.L.S., and S.M.C.

Acknowledgments

This study was based on a doctoral dissertation conducted by the first author. A special thanks to the dissertation committee members at University of South Florida for their contributions to the study. We acknowledge and thank all study participants and the second coder for making this project successful.

Disclosure Statement

No competing financial interests exist.

Funding Information

Funding for the research reported in this article was provided by the University of South Florida.

References

1. Bartick MC, Jegier BJ, Green BD, et al. Disparities in breastfeeding: Impact on maternal and child health outcomes and costs. *J Pediatr* 2017;181:49–55.
2. American Academy of Pediatrics. Breastfeeding and the use of Human Milk. *Pediatrics* 2012;129:e827–e841.
3. Centers for Disease Control and Prevention. Rates of any and exclusive breastfeeding by socio-demographics among children born in 2016. Published 2019. https://www.cdc.gov/breastfeeding/data/nis_data/rates-any-exclusive-bf-socio-dem-2016.htm (accessed November 8, 2020).
4. U.S. Department of Health and Human Services. The Surgeon General's call to action to support breastfeeding. *Breastfeed Med* 2011;6:3–5.
5. Grassley J, Eschiti VS. Grandmother breastfeeding support: What do mothers need and want? *Birth* 2008;35:329–355.
6. Grassley J, Spencer BS, Law B. A grandmothers' tea: Evaluation of a breastfeeding support intervention. *J Perinat Educ* 2012;21:80–89.
7. Ashida S, Lynn FB, Williams NA, et al. Competing infant feeding information in mothers' networks: Advice that supports v. undermines clinical recommendations. *Public Health Nutr* 2016;19:1200–1210.
8. Bland RM, Rollins NC, Coutsoudis A, et al. Breastfeeding practices in an area of high HIV prevalence in rural South Africa. *Acta Paediatr* 2002;91:704–711.
9. Grassley J, Nelms TP. Understanding maternal breastfeeding confidence: A Gadamerian hermeneutic analysis of women's stories. *Health Care Women Int* 2008;29:841–862.
10. Carson LR. ''I am because we are'': Collectivism as a foundational characteristic of African American college student identity and academic achievement. *Soc Psychol Educ* 2009;12:327–344.
11. Collins PH. The meaning of motherhood in Black culture and Black mother–daughter relationships. In: Zinn MB, Hondagneu-Sotelo P, Messner MA, Denissen AM, eds. Gender Through the Prism of Difference, 3rd ed., Oxford University Press, 2005, pp. 285–295.
12. Hecht ML, Jackson RL, Rineau SA. African American Communication: Exploring Identity and Culture, 2nd ed. Lawrence Erlbaum Associates; 2002.
13. Fabius CD. Toward an integration of narrative identity, generativity, and storytelling in African American elders. *J Black Stud* 2016;47:423–434.
14. Kiuchi Y, ed. Race Still Matters: The Reality of African American Lives and the Myth of Postracial Society. SUNY Press, 2016.
15. Acheson LS, Wang C, Zyzanski SJ, et al. Family history and perceptions about risk and prevention for chronic diseases in primary care: A report from the Family. *Genet Med* 2010;12:212–218.
16. Michael Cohn. How Does Social Media Redefine Friendships and Connections? | Social Media Today. Social Media Today. Published 2014. https://www.socialmediatoday.com/content/how-does-social-media-redefine-friendships-and-connections (accessed August 15, 2018).
17. Wideroff L, Garceau AO, Greene MH, et al. Coherence and completeness of population-based family cancer reports. *Cancer Epidemiol Biomarkers Prev* 2010;19:799–810.

18. Fox EL, Pelto GH, Rasmussen KM, et al. Who knows what: An exploration of the infant feeding message environment and intracultural differences in Port-au-Prince, Haiti. *Matern Child Nutr* 2018;14:1–10.
19. Frerichs L, Andsager JL, Campo S, et al. Framing breastfeeding and formula-feeding messages in popular U.S. magazines. Women Health 2006;44:95–118.
20. Peritore NR. Communicating social support: Understanding complexities of breastfeeding communication among African American mothers. Published online 2016.
21. Lewallen LP, Street DJ. Initiating and sustaining breastfeeding in African American women. *J Obstet Gynecol Neonatal Nurs* 2010;39:667–674.
22. Grassley J, Eschiti VS. The value of listening to grandmothers' infant-feeding stories. *J Perinat Educ* 2011;20: 134–141.
23. Reid J, Schmied V, Beale B. ''I only give advice if I am asked'': Examining the grandmother's potential to influence infant feeding decisions and parenting practices of new mothers. *Women Birth* 2010;23:74–80.
24. Berg B. Qualitative Research Methods for the Social Sciences, 9th ed. New York, NY: Pearson; 2017.
25. Brown N. Negotiating the insider/outsider status: Black feminist ethnography and legislative studies. *J Fem Scholarsh* 2012;3:19.
26. Collins PH. Black Feminist Thought as Oppositional Knowledge. *Departures in Critical Qualitative Research* 2016;5:133–144.
27. Billingsley A. Climbing Jacob's Ladder: The Enduring Legacy of Black Families. New York, NY: Simon & Schuster, 1992.
28. Campbell JL, Quincy C, Osserman J, et al. Coding in-depth semistructured interviews: Problems of unitization and intercoder reliability and agreement. *Soc Methods Res* 2013; 42:294–320.
29. Braun V, Clarke V. Using thematic analysis in psychology. *Qual Res Psychol* 2006;3:77–101.
30. Bryman A, Burgess RG. Analyzing Qualitative Data. New York, NY: Routledge, 2002.
31. Cormack J, Postăvaru G, Basten G. Analyzing Qualitative Minigroup Data Using Thematic Analysis. Thousand Oaks, CA: Sage Publications Ltd., 2018.
32. Geertz C. Thick description: Toward an interpretive theory of culture. In: Turning Points in Qualitative Research: Tying Knots in a Handkerchief, Lincoln YS, Denzin NK, eds. Turning Points in Qualitative Research: Tying Knots in a Handkerchief. Walnut Creek, CA: AltaMira Press, 1973;310–323.
33. Louis-Jacques AF, Marhefka SL, Brumley J, et al. Historical antecedents of breastfeeding for African American women: From the pre-colonial period to the mid-twentieth century. *J Racial Ethn Health Disparities* 2020;7:1003–1012.
34. Roberts D. Killing the Black Body: Race, Reproduction, and the Meaning of Liberty. 2nd ed. New York, NY: Vintage Books, 2016.
35. West E, Knight RJ. Mothers' milk: Slavery, wet-nursing, and black and white women in the antebellum south. *J South Hist* 2017;83:37–68.
36. DeVane-Johnson S. Shifting the gaze of African American infant feeding to a psychological, cultural, and sociohistorical lens. Dissertation. University of North Carolina at Chapel Hill. 2016. https://cdr.lib.unc.edu/concern/dissertations/z603qx47w (accessed August 17, 2019).
37. Kirsch I. Efficacy expectations as response predictors: The meaning of efficacy ratings as a function of task characteristics. *J Pers Soc Psychol* 1982;42:132–136.
38. Bandura A. Social Foundations of Thought and Action: A Social Cognitive Theory. Englewood Cliffs, NJ: Prentice Hall, 1986.
39. Palmquist AEL, Wouk K, Parry KC, et al. Ready, Set, BABY Live Virtual Prenatal Breastfeeding Education for COVID-19. *J Hum* 2020;36:614–618.
40. Heaney CA, Israel BA. Social networks and social support. In: Glanz K, Rimer BK, Viswanath K, eds. Health Behavior and Health Education: Theory, Research and Practice, 4th ed., San Francisco, CA: Jossey-Bass, 2008;189–207.

Address correspondence to:
Alexis L. Woods Barr, PhD
Carolina Global Breastfeeding Institute
Department of Maternal and Child Health
Gillings School of Global Public Health
University of North Carolina at Chapel Hill
135 Dauer Drive
Chapel Hill, NC 2799
USA

E-mail: alexiswoodsbarr@unc.edu