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Experience of Coparents/Partners of African American Mothers Participating in Breastfeeding Education

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This is to certify that the doctoral study by

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Walden University
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MSN, Walden University, 2017

BSN, New York University, 2013

Doctoral Study Submitted in Partial Fulfillment

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Doctor of Public Health

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Abstract

Coparents and partners of African American mothers are critical in the initiation and continuation of breastfeeding and influence a woman's decision to breastfeed. The purpose of this qualitative study was to explore the experience of coparents/partners of African American mothers participating in breastfeeding education and its impact on the support they provide. Bandura's social cognitive theory provided the theoretical foundation for this study. Data were collected via semi-structured interviews with 11 participants. Data analysis followed the traditional seven steps of interpretative phenomenological analysis. Findings showed that while coparents and partners of African American breastfeeding mothers found breastfeeding education to be beneficial in their role as a support person, the degree of benefit was varied and related to how engaged they were in the educational experience and how prepared they felt to be a support person. Analysis showed that participants' knowledge increased, especially in understanding different aspects of the breastfeeding process. Perceptions of breastfeeding and participants' ability to be an influential and practical support person did not change until after initiating the breastfeeding experience. This study may aid in evoking culturally responsive conversations around education, interventions, and support for African American women while emphasizing the pivotal role that coparents/partners play in the breastfeeding experience. This may include more informed decisions on breastfeeding initiation and continuation, a change in perceptions and acceptance of breastfeeding, and informed strategies that protect, promote, and support breastfeeding through education.

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Dedication

To my Lord and Savior Jesus Christ, You are the head of my life. Thank you for wisdom, patience, and persistence. All glory goes to You first.

To my mom, “Ma.” You see in me what I can’t (and couldn’t) always see in myself. You always say that the world is mine, and because of you I can actually believe that.

To Dad, I finished this for you. I know you are smiling right now. Thank you for always reminding me how proud you are. Because of you, I can be proud of myself.

To Darrell, I love you to life! We didn’t start this journey together, but the finish was worth the wait. Thank you for being my love, my laughter, my calm, my encouragement, my rock, and my prayer warrior.

To my brother, Adam, for always supporting me and understanding my sacrifices. I hope to always make you proud.

To Motley, Ma was right ... you are the best cheerleader. Thank you for always reminding me that every accomplishment is worth celebrating, even the small ones. To my circle (Kirsten, Monique, Erin, Morgan, Dezanii, Tijeerah, Sharon, Jasmine, and Je’Mere), thank you for always checking in. Your friendship can never be overstated.

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Section 1: Foundation of the Study and Literature Review

This study explored the experience of coparents/partners of African American mothers participating in breastfeeding education and its impact on the support they provide. Coparents/partners of the African American mother are critical in the initiation and continuation of breastfeeding and influence a woman's decision to breastfeed. This study needed to be conducted because coparents/partners are often not provided the necessary guidance and education to offer optimal support and influence in their role as social support individuals. Potential social change implications of this study include informing clinical practice, education, and interventions on breastfeeding for the African American community. Section 1 provides the foundation of the research and the literature review.

Background

The benefits of breastfeeding for mothers and infants are widely known. Breast milk comprises macro- and micronutrients, including carbohydrates, proteins, vitamins, lipids, minerals, and bioactive compounds such as growth factors, hormones, digestive enzymes, transporters, maternal cells, and antimicrobial agents (Muro-Valdez et al., 2023). Because of this, breast milk is presumed to fulfill all of the infant's nutritional needs. Breast milk facilitates growth, cognitive function, and optimal development. Several factors, such as maternal health conditions, duration of lactation, dietary choices, and genetic factors, impact the composition of breast milk, dynamically changing to suit the infant's needs (Muro-Valdez et al., 2023). Mothers who breastfeed for at least 6 months experience accelerated postpartum weight loss and reduced likelihood of

developing chronic conditions (Dogan et al., 2023), including a lower risk of ovarian and breast cancer, postpartum depression, Type 2 diabetes mellitus, and decreased blood pressure (Gyamfi et al., 2023; Muro-Valdez et al., 2023). The World Health Organization and the United Nations Children's Fund encourage exclusive breastfeeding for the first 6 months of an infant's life. The World Health Organization recommends breastfeeding initiation within 1 hour after birth and on-demand feeding (Muro-Valdez et al., 2023).

The United Nations Children's Fund (2023) indicated that only 48% of individuals globally reported exclusive breastfeeding in alignment with their recommendations. Boundy et al. (2023) reported in a study about public belief in the maternal health benefits of breastfeeding that although most U.S. adults are aware of the health benefits of breastfeeding for infants, they are largely unaware of the protective effects of breastfeeding for women. Respondents who were male, 60 years old or older, and not married had deficient awareness (Boundy et al., 2023).

Although the breastfeeding benefits for mothers and infants have been widely researched and documented, African American women are less likely to breastfeed compared to other ethnic groups (Comess, 2017). Within the African American community, the breastfeeding experience was tainted during the period of enslavement for African Americans in the United States (Dogan et al., 2023) when enslaved African American mothers were often required to serve as wet nurses (DeVane-Johnson et al., 2022). This negative perception of breastfeeding is different from the culture in West Africa, where most African Americans descended from, as breastfeeding is commonplace for West African women (Dogan et al., 2023). Since this period of enslavement,

additional historical factors, including stereotyping, Reconstruction and the Great Migration, segregation, and formula availability and marketing, have been integrated into African American families and communities socially, culturally, and generationally and continue to influence health beliefs and behaviors today (DeVane-Johnson et al., 2022).

During the period of enslavement for African Americans in the United States, which was from 1619 until the United States abolished slavery in 1865, enslaved women were treated as financial commodities, including breeders, laborers, and concubines. They were raped, physically and psychologically abused, and exploited as sexual objects by their oppressors (DeVane-Johnson et al., 2022)This criminalization and exploitation of female African American bodies marred the self-worth and nurturing qualities of motherhood and indirectly influenced intimate, nurturing acts such as breastfeeding. In forced wet nursing, enslaved African American mothers were obligated to breastfeed the children of their White enslavers, degrading the natural act of breastfeeding and leaving hatred as a natural response to breastfeeding. During this period, enslaved African American mothers had limited time to bond with their infants. Often, their children received less of their mother's milk or had to be supplemented with corn meal, cow's milk, or potentially contaminated water, which led to infections, gastrointestinal issues, and death as African American infants were deprived of the inherent benefits of breastfeeding. Stereotyping further subjugated African Americans to cruel treatment and inhumanity. "Mammy" was depicted as a nurturing African American mother caring for her White master's children. "Jezebel," a name referring to Jezebel in the Bible, was a name used to describe a woman who used sexual actions to manipulate men, and was

used to condone the sexual advances and rape of African American women by their White enslavers (DeVane-Johnson et al., 2022).

During the period of Reconstruction after the Civil War, African Americans were free from slavery, but they faced continued limited rights, a lack of economic opportunities, and racism. They were denied voting rights, medical care, and resources that could help provide for their families (DeVane-Johnson et al., 2022). The Great Migration saw African American men/fathers moving to the northern states for work and better opportunities. Although they were expected to send for their wives and children at a later time, the realities of losing that immediate family support in the household posed complications for African American mothers intending to breastfeed. Segregation, including Jim Crow laws and Black Codes, brought further marginalization and created a new labor system that put African American men and women in roles as sharecroppers. Sharecropping put freed African Americans into lifelong servanthood to White landowners. Jim Crow laws were local and federal laws that segregated public and private White spaces from spaces for African Americans, including restrooms, schools, water fountains, building entrances, and hospital wings (DeVane-Johnson et al., 2022). African American women felt a dual disadvantage as African Americans and as women. African American women were distinguished as second-class citizens within their own African American community. African American women experienced low wages, high rates of sexual harassment in the workplace, and mental and physical stress (DeVane-Johnson et al., 2022).

The development of human milk substitutes, now known as infant formula, was broadcast primarily to White women. Moderate- to low-income families, a large percentage of which were African American, could not afford the superior infant formula (DeVane-Johnson et al., 2022). Ideas about breastfeeding then shifted to an activity reserved for poor African American women. This idea would be ignited by developing a feasible alternative to breastfeeding: infant formula (DeVane-Johnson et al., 2022).

The historical context of breastfeeding in the African American community continues to shape the perceptions and cultural beliefs of breastfeeding and impacts intent, initiation, and continuation (Comess, 2017). Breastfeeding rates for this population continue to be lower than the U.S. national average despite the development and implementation of culturally relevant breastfeeding interventions aimed at African American women (Beauregard et al., 2019). Social and environmental barriers, including insufficient education and support from health care settings, lack of social support, concerns about balancing breastfeeding and work life, and lack of knowledge about breastfeeding, continue to impact the initiation and continuation of breastfeeding for African American women at disproportionate rates (Beauregard et al., 2019). Strategies that protect, promote, and support breastfeeding are paramount for this population (Segura-Pérez et al., 2021).

According to Gyamfi et al. (2023), African American women expressed the need for trustworthy breastfeeding education before, during, and after birth for themselves and their significant others. Additionally, African American women require education that meets their unique needs and should include topics such as latching, positioning, and

where or how to obtain follow-up support (Gyamfi et al., 2023). Gyamfi et al. also found social support essential and valuable for breastfeeding African American mothers. However, subjective norms and lack of breastfeeding role models are barriers to breastfeeding initiation and duration. African American women are more likely to endure negative perceptions of breastfeeding from their peers and community (Beauregard et al., 2019). Despite African American women having the highest educational attainment in the United States, educational resources about breastfeeding come from Women, Infants, and Children and other income-based breastfeeding supports or simplistic pamphlets or fliers. African American women are 4 times more likely to die from pregnancy and postpartum complications than their White counterparts (Jackson-Dyer, 2022).

Although positive interactions and good communication between patients and providers are necessary to achieve optional health outcomes, African American women typically experience the most communication barriers. (Jackson-Dyer, 2022). Effective listening is inhibited by prejudice and bias, and although listening, including understanding, analyzing, evaluating, and responding, is crucial to the lactation profession, providers' many years of experience is often used to dispute or ignore the African American woman's words and experiences (Jackson-Dyer, 2022). Lastly, returning to work is frequently associated with a woman's intent to breastfeed. Women who return to work before 12 weeks postpartum, who are planning to return to full-time work, or both are less likely to breastfeed due to barriers related to continuation exclusivity; African American women who are low income often return to work much

earlier than other racial/ethnic groups and are more likely to experience breastfeeding or pumping milk challenges, including inflexible work hours (Beauregard et al., 2019).

Although social support individuals such as a mother's coparent/partner play a crucial role in decisions regarding breastfeeding (Hinson et al., 2018), coparents/partners are often not included in breastfeeding discussions, education sessions, or programs with the mother. Instead, coparents/partners provide influence based on their skill set, knowledge through independently sought educational sources, perceptions, and cultural norms (Dogan et al., 2023). Therefore, coparents/partners are often ill-equipped to stand as efficient support persons during the breastfeeding experience.

Problem of the Study

Prior research showed that family members and partners have a considerable influence on breastfeeding decisions made by African American mothers. Gyamfi et al. (2023) emphasized how family members and partners are some of the critical influences in successfully initiating and continuing breastfeeding. Dogan et al. (2023) found that participants who breastfed for at least 6 months credited their success to having a supportive partner. Hinson et al. (2018) noted that the breastfeeding perspective of the partner influences African American women, who may not breastfeed if their partner expresses reluctance. However, breastfeeding education is primarily tailored to the mother with little to no educational involvement from the mother's preferred support people including the coparent/partner.

However, several researchers found that education for the mother's preferred support people aids in breastfeeding initiation and continuation. Gao et al. (2022)

established that prenatal professional breastfeeding for the family might foster a mother's proficiency in certain breastfeeding skills, such as latch and reduction of subsequent nipple damage that may cause mothers to discontinue breastfeeding. Gyamfi et al. (2023) highlighted how important trustworthy breastfeeding information is for mothers while noting that family members can be considered a source of reliable information if they have accurate knowledge. Coparents/partners are expected to fill a role within a system, both physically and emotionally, but are not always provided the necessary guidance and education to support and influence in the best way possible. Research suggested that future research should explore the impact of including coparents/partners in the breastfeeding education process because there is currently no research on this topic. The research problem that was addressed in this study was the lack of knowledge on how to strengthen social support individuals (specifically coparents/partners) for breastfeeding African American women.

Purpose of the Study

The purpose of this qualitative study was to explore the experience of coparents/partners of African American mothers participating in breastfeeding education and its impact on the support they provide. Findings from this study may aid in evoking culturally responsive discussions around support, education, and interventions for African American women and emphasizing the pivotal role that coparents/partners play in the breastfeeding experience.

Research Question

The research question addressed the experiences of coparents/partners of African American women participating in breastfeeding education: How do coparents/partners of breastfeeding African American mothers understand participating in breastfeeding educational experiences?

Theoretical Framework

The theory that grounded this study was Albert Bandura's social cognitive theory (SCT). Bandura established that people are driven to behavior through a triadic reciprocal interaction between behavior, mental and personal factors, and environmental events rather than inner forces or external stimuli. SCT is an agentic theory of human behavior, meaning that human agency guides behavior. Agency is the ability to intentionally produce specific results through one's actions. The three main properties of agency that interplay in the causal model of SCT include the following:

- forethought: the idea that people motivate and guide themselves through planning, adopting goals, and visualizing the likely outcomes; forethought focuses on visualizing goals to govern behavior
- self-reactiveness: adopting behavior to evaluate individual performance
- self-reflectiveness: a reflection of the efficacy, meaning, and morality of their pursuits

SCT asserts that behavior is a byproduct of intrapersonal influences, engaged behaviors by the individual, and environmental forces (Bandura, 2018). The logical connections between the framework presented and the nature of the current study included that SCT

was appropriate for evaluating the educational process that the coparent/partner has gone through and whether they feel they have learned in a way that influences behavior, with the behavior being breastfeeding.

Nature of the Study

An interpretative phenomenological analysis (IPA) approach was used to address the research question in this qualitative study. In exploring whether increasing breastfeeding knowledge influences coparent/partner support and involvement in the breastfeeding process, this study aimed to inform clinical practice, education, and interventions for the African American community. Consistent with a phenomenological approach, no independent or dependent variable was defined. Increasing breastfeeding knowledge included any formal, informal, or nonformal instruction provided by a licensed health care provider or certified breastfeeding specialist who provides evidence-based education including but not limited to breastfeeding education, discussions, and programs. Interview questions were designed to allow the participants to reflect on the purpose of breastfeeding education for coparents/partners, the impact on what it means to be a support individual, and the significance of being included in breastfeeding education.

For the current study, I sought to recruit 10–15 coparents/partners of African American mothers from the Washington DC metropolitan area, including the District of Columbia; Fairfax County, Virginia; Alexandria, Virginia; Arlington, Virginia; Montgomery County, Maryland; and Prince George's County, Maryland. Inclusion criteria included that the participant must be at least 18 years old, must be a coparent/partner and the primary support person of an African American mother who has

a history of breastfeeding, and must have participated in breastfeeding education with the mother. Data were collected via semi-structured face-to-face interviews conducted, recorded, and transcribed via Zoom. The interview questions followed the SCT components and were consistent with the IPA approach. The analysis followed seven steps consistent with IPA.

Literature Search Strategy

Electronic databases searched included MEDLINE/PubMed, Cumulative Index to Nursing and Allied Health Literature (CINAHL), Science Direct, Google Scholar, and SAGE Journals databases to find current peer-reviewed articles and seminal literature published between 2017 and 2023. The keywords and databases searched included *breastfeeding*, *African American women*, *barriers*, *stigma*, *history*, *beliefs*, *benefits*, *Black*, *father*, *partner*, *paternal*, *social*, and *support.* Seventeen articles were selected for review.

Theoretical Framework

Bandura's SCT grounded this study. Jefferson et al. (2022) used SCT to explore why some African American mothers switched to formula after initially intending to breastfeed. Using a descriptive qualitative design to identify infant feeding exposure, experiences, psychosocial beliefs, and cultural views about breastfeeding and formula, Jefferson et al. identified several critical aspects to increasing breastfeeding duration among African American mothers: (a) comprehensive interventions with various strategies, (b) exposure to other African American breastfeeding mothers, and (c) active engagement of support individuals.

SCT was selected to ground the current study to explore how cognitive and environmental factors influence the type of support a coparent/partner of a breastfeeding African American mother can provide. Theories are developed to explain human behavior. Theories can be used to strengthen research paradigms that focus on a particular point of view by guiding which mechanisms of human functioning should be explored. The limitation of applying theories or models to public health issues is that theoretical conceptions of human nature can influence how people are perceived and what they will become, whether it is proper for that individual or not (Bandura, 1986). The following components of SCT were the basis of the interview questions in the current study:

1. Symbolizing capability (Does the support person see/understand the value of breastfeeding?)
2. Forethought capability (Does the support person believe they know enough about breastfeeding to think they can aid in the task effectively? Does the support person have realistic expectations of the breastfeeding experience?)
3. Vicarious capability (Has the support person had enough observational experience that they feel they can be an adequate support person and model the desired behavior?)
4. Self-regulator capability (Is the support person able to gauge their impact and adjust accordingly?)
5. Self-reflective capability (Does the support person understand the breastfeeding skill and the role of the support person?)

6. The nature of human nature (Is the support person able to offer incentives/rewards [feedback, words of affirmation, verbal encouragement, and confirmation] that will encourage breastfeeding initiation and continuity?)

Literature Review

Previous studies focused on how breastfeeding interventions have yet to show the intended impact on breastfeeding rates for African American women and barriers to breastfeeding that still arise for this population (Beauregard et al., 2019). Previous studies exposed weaknesses in breastfeeding but did not address how to strengthen the barriers the research has identified (Jackson-Dyer, 2022). The vital concepts found throughout the literature review include the significant roles of breastfeeding education, perceptions of breastfeeding, and support systems.

Education

Although breastfeeding has widespread health benefits, many populations need to be better educated on this topic, making breastfeeding initiation and continuation rates vary across cultures (Devane-Johnson et al., 2017). In seeking to understand public beliefs as to the maternal health benefits of breastfeeding, a low percentage of survey participants believed that breastfeeding protects mothers against hypertension, Type 2 diabetes, or breast cancer compared with Healthy People 2030 goals (Boundy et al., 2024). Additionally, older, unmarried, and male respondents are less likely to believe these protective effects (Boundy et al., 2023). In seeking to understand why African American women are less likely to breastfeed compared to other ethnic groups, Comess (2017) found that breastfeeding information and education are not always readily

available to African American women and their support individuals during the prenatal, intrapatrum, and postpartum periods. This lack of information is presumed to contribute to a mother's decision not to breastfeed. Similarly, Devane-Johnson et al. (2017) found that breastfeeding and human milk use directly relate to the quality of information health care providers give. Hinson et al. (2018) emphasized that the source of information and education also impacts breastfeeding initiation. The desire is that the information be readily available and accessible from health care professionals with expertise in breastfeeding, and should be available at preconception, prenatal, and postpartum (Shipp et al., 2022). According to Gyamfi et al. (2023), African American mothers not only want but need information and education that are timely and accurate from stakeholders they trust. This is essential because much of what mothers perceive to be familiar and acceptable in breastfeeding comes from what is heard from health care providers (Villalobos et al., 2021).

Regarding the style or type of education needed, Comess (2017) found that education should be continuous for the breastfeeding mother. Perceptions of approval from important persons are drivers of behavior among Black women (Beauregard et al., 2019), so these perceptions of approval must be from an adequate knowledge base. Devane-Johnson et al. (2017) emphasized that African American women were more receptive to breastfeeding education when another African American woman provided it. However, similar to the research conducted by Gyamfi et al. (2023), the education provided to African American women must be accurate and adequate. Devane-Johnson (2017) noted several studies where African American mothers reported inaccurate and

inadequate information from their health care providers regarding breast milk. Comess (2017) also emphasizes the importance of including the mother's family and friends in breastfeeding education discussions. Gao et al. (2022) stressed that prenatal breastfeeding education for the family can promote mothers' expertise in breastfeeding latch skills, and Gao et al. noted prenatal breastfeeding education because, when conducted prenatally, this in-depth education can facilitate mastery of breastfeeding and decrease undesirable effects such as nipple damage.

Perceptions

African American women often draw perceptions of breastfeeding from what is expected and accepted among their family, friends, and the Black community (Villalobos et al., 2021), and not necessarily from a knowledge base. Perceptions of human milk are an important and essential determinant of whether a mother will decide to breastfeed/feed human milk (DeVane-Johnson et al., 2017). African American women hold two primary perceptions about breastfeeding. The first is that breastfeeding leads to infant spoiling and overattachment (Deubel et al., 2019). Supplementation relieves complete dependence on the mother for nutrition (Deubel et al., 2019). The perception is feeding mother's milk makes babies spoiled, lazy, and weak, while formula makes babies strong, solid, and independent. Also, formula feeding offers a sense of normality and freedom, leaving a chance to return to everyday life (DeVane-Johnson et al., 2017).

The second primary perception is that the baby may not get enough breast milk to meet nutritional needs, thereby requiring formula supplementation (Deubel et al., 2019). The fear that the baby's complete nutritional needs are not being met solely from breast

milk has led to some mothers incorporating cereal in the milk as early as 2 weeks old, despite the American Academy of Pediatrics indicating that infants should receive human milk or formula exclusively for the first 4 to 6 months of life (DeVane-Johnson et al., 2017). Shipp et al. (2022) found similar results while adding that with mothers who breastfeed instead of pumping and bottle feeding, often there is the added uncertainty of whether the baby is getting enough breast milk. Formula is thought to be easier than breastfeeding and just as healthy, while not requiring the addition of Vitamin D.

Additional perceptions about breastfeeding are that there is pain, physical discomfort, or imagined pain where someone said it would hurt and thoughts that breasts are private and sexual, not functional, leading to fears of the potential negative physical consequences of breastfeeding such as sagging (DeVane-Johnson et al., 2017). Breastfeeding is seen as too stressful, while formula allows other family members to feed the infant (Jefferson et al., 2022). Formula is deemed more accessible because the mother does not have to cover up in public when feeding an infant (Jefferson et al., 2022). However, if a mother perceives there to be health benefits related to breastfeeding, it influences her decision to breastfeed exclusively (Shipp et al., 2022).

Support Systems

Support can come in several ways, and the articles in this literature review emphasized support from partners, family members, peers, and health care providers. Support is needed to address multiple factors that influence breastfeeding rates, including historical, social, and cultural factors (Robinson et al., 2019). Gyamfi et al. (2023) emphasized the importance of early postpartum breastfeeding support from key

influencers such as family, partners, the community, and health care professionals. Gyamfi et al. further highlighted key influencers' importance and persistent role in successfully initiating and continuing breastfeeding. Most often, African American women are influenced by the viewpoint of their partners (Hinson et al., 2018). Evidence of this can be seen in a variety of ways. Black women who breastfeed for at least 6 months attributed success to partner support (Dogan et al., 2023). Affirmative support was seen as offering care, doing research, achieving teamwork, and verbalizing praise, while support barriers included politicking bodies, withdrawing commitment, and stripping a woman's agency (Dogan et al., 2023). Additionally, verbal support from partners increases breastfeeding duration and exclusivity (Ogbo et al., 2020). Other supportive acts that improve breastfeeding behavior include aiding in prevention and management breastfeeding difficulties, helping with household and childcare duties such as changing diapers, and the sensitivity of the partner toward the nursing mother's needs (Ogbo et al., 2020). Lastly, breastfeeding plans be made jointly with significant persons such as a partner (Gyamfi et al., 2023), and partners are seen as influential when deciding to stop breastfeeding (Jefferson et al., 2022).

Maternal culture indicates that a woman's knowledge and beliefs are tied to her background and experiences (Gyamfi et al., 2023). Because of this, there is a need to strengthen the health and social environments for African American women to improve breastfeeding outcomes (Segura-Pérez et al., 2021). It is essential to increase interpersonal support to increase breastfeeding initiation because perceptions of approval from important persons are drivers of behavior among African American women

(Beauregard et al., 2019). Social pressures to initiate formula supplementation and lack of support networks are ordinary challenges African American women face in breastfeeding (Deubel et al., 2019). Because family support is seen as a source of breastfeeding support and lack of support is seen as a breastfeeding barrier (Snyder et al., 2021), nonjudgmental support is needed within these social support networks (Shipp et al., 2022).

However, views and experiences of breastfeeding support are multifaceted, and many factors influence the type of support a person can provide. For example, few partners considered themselves knowledgeable about breastfeeding, including limited knowledge of the technique and specific benefits, but wanted to know more (Chang et al., 2021). Regarding the mother's partner, partners wish to receive breastfeeding education tailored to their specific needs. Despite social support factors, such as opinions, values, and beliefs, of a romantic partner influencing a decision to breastfeed (DeVane-Johnson et al., 2017), partners felt it was not their place to influence breastfeeding decisions because it was not their body (Chang et al., 2021). Some assumed their child would be breastfed or had not discussed options with the mother. Additionally, partners felt frustrated when breastfeeding problems arose and thought formula was less problematic (Chang et al., 2021). Some partners pressured mothers to breastfeed, possibly due to lack of breastfeeding understanding or education (Chang et al., 2021).

Social support individuals for the African American mother, including but not limited to her coparent/partner, parents, friends, and family, play an essential role in decisions regarding breastfeeding (Hinson et al., 2018). A recent study showed that African Americans who breastfed longer than 6 months attributed their breastfeeding

successes to the support they received from their partner (Dogan et al., 2023). However, coparents/partners are often not included in breastfeeding discussions, education sessions, or programs with the mother and instead provide influence based on their skill set and knowledge through independently sought educational sources, perceptions, and cultural norms (Dogan et al., 2023). Therefore, coparents/partners are often ill-equipped to stand as efficient support persons during the breastfeeding experience.

Definitions

African American: Those in the United States who identify as an individual of African ancestry tracing their heritage to enslaved Africans brought to the United States. For this study, *Black* and *African American* are used interchangeably (Collins, 2000).

Breast milk: Milk produced by the mammary glands to feed infants and young children; often used interchangeably with human milk (Centers for Disease Control and Prevention, 2024).

Breastfeeding: The practice of feeding an infant or young child breast milk directly from the breast; often referred to as nursing (Centers for Disease Control and Prevention, 2024).

Coparent: A parental figure that shares the responsibility of childrearing; may or may not be the mother's partner (see definition of partner) (Feinberg, 2003).

Education: The process of intentionally engaging the receptive capacities of individuals to provide knowledge, skills of reasoning, values, socio-economic awareness and control, and social interaction (Hahn & Truman, 2015) The three categories of education include:

1. Formal occurs in a structured and organized setting, intentional learning from the learner's point of view, often follows a curriculum.
2. Nonformal takes places outside of a formal school system, intended to increase a learner's knowledge, skills, and competencies.
3. Informal occurs outside of standard learning contexts, often defined as everyday learning undertaken by the individual to teach themselves, based on daily living experiences (Krishna & Chetry, 2024).

Exclusive breastfeeding: Feeding a baby only breast milk apart from medications or vitamin and mineral supplements (Centers for Disease Control and Prevention, 2024).

Partner: A participant in a couple dynamic with whom the mother has a romantic relationship with (Antoniou et al., 2021).

Social support: The social structure of an individual's life and the specific functions served by various interpersonal relationships; seen as perceived (subjective construal of the support a person believes is available to them) or received (aid rendered by other persons) (Kent de Grey et al., 2018); any help received from various sources with an emphasis on how the support is perceived by the recipient (Antoniou et al., 2021).

Support system: A network of people, including but not limited to friends, family and peers, that people turn to for emotional and practical support (University of Buffalo, n.d.).

Assumptions

For this study, several assumptions were made. First, it was assumed that each participant is a coparent or partner of an African American mother with a history of breastfeeding. In addition, it was assumed that the participant is the primary support person identified by the mother. These assumptions were necessary as it is inclusion criteria for participation in the study. Second, it was assumed that each participant is truthful in their responses to interview questions and articulated their responses and perspectives to the best of their abilities. This assumption was necessary for accurate data analysis.

Scope and Delimitations

This study addressed the lack of knowledge on strengthening social support individuals (most specifically the coparent/partner) surrounding African American women. Previous studies suggested that future research should explore the influence of including coparents/partners in the breastfeeding education process. Coparents/partners are significant influencers on a mother's decision to initiate and continue breastfeeding. For this study, the identified population was coparents/partners of African American mothers with a history of breastfeeding and the coparent/partner was recognized by the mother as the primary support person. Excluded were coparents/partners of women who did not identify as African American according to the provided definition, coparents/partners of women who did not have a history of breastfeeding, coparents/partners that did not have a history of being a primary support individual during the breastfeeding experience, and coparents/partners that had not participated in or

received any breastfeeding education. Transferability may apply to other individuals who fit the inclusion criteria but were not selected for or included in this study.

Limitations

Limitations included interview bias, as I, the researcher, identify as an African American woman. Challenges with participants included cultural beliefs and socioenvironmental factors related to breastfeeding within the African American community. Steps that were taken to address these limitations included declaring personal biases in advance and taking notes in a reflective and reflexive nature. Additional limitations regarding data collection included that my presence as a researcher may bias responses and participants not equally articulate experiences.

Significance

This study is significant in that social and environmental barriers continue to plague the African American community and create numerous breastfeeding challenges for African American women. Strengthening the coparent/partner support system for African American women is a step toward addressing these barriers. This study may aid in evoking culturally responsive conversations around education, interventions, and support for African American women while emphasizing the pivotal role that coparents/partners play in the breastfeeding experience. Exploring the experience of coparents/partners of African American mothers participating in breastfeeding education and its impact on the support they provide may invoke social change by way of more informed clinical practice, education, and interventions on breastfeeding.

Summary and Conclusions

African American women continue to struggle with breastfeeding rates lower than the United States national average despite the development and implementation of culturally relevant breastfeeding interventions (Beauregard et al., 2019). The vital concepts found throughout the literature review include the significant roles of breastfeeding education, support systems, and perceptions of breastfeeding. Past research has shown that family members and partners have a heavy influence on breastfeeding decisions made by African American mothers (Gyamfi et al., 2023; Hinson et al., 2018). Breastfeeding education is primarily tailored to the mother with little to no educational involvement from the mother's preferred support people, most specifically the coparent/partner. Coparents/partners are expected to fill a role within a system, physically and emotionally, but are not always provided the necessary guidance and education to support and influence in the best way possible. Studies suggest that future research should explore the influence of including coparents/partners in the breastfeeding education process, as there is currently no research on this topic. While social and environmental barriers continue to increase breastfeeding challenges for African American women, strengthening the coparent/partner support system is a step toward removing barriers that impact breastfeeding in this community. In section 1, the background of the study, problem statement, research question, theoretical foundation, nature of the study, literature search strategy and review, definitions, assumptions, scope and delimitations, limitations, and significance of the study were introduced. Section 2 will highlight the study's methodology, including research design and data collection.

Section 2: Research Design and Data Collection

The purpose of this qualitative study was to evaluate the impact that including coparents/partners in breastfeeding education, discussions, and programs has on paternal support for breastfeeding African American mothers. Findings from this study may aid in making clinical practice more relational and may encourage culturally responsive conversations around education, interventions, and support for breastfeeding African American women. Section 2 highlights the research design and data collection, including methodology and ethical considerations.

Research Design

The research question for the study was the following: How do coparents/partners of breastfeeding African American mothers understand participating in breastfeeding educational experiences? I used an IPA approach to answer the research question. This approach was appropriate for this study because it involved a detailed exploration of personal lived experiences and included descriptions of the meaning of experiences to individuals and how the individual makes sense of that experience (see Smith, 2011). Consistent with a phenomenological approach, no independent or dependent variable was defined.

Role of the Researcher

My role as the researcher in the current study was that of an observer. In this role, I was able to record data that were observed and provided via participants' answers as the interview occurred, which allowed me to have control over the line of questioning. I managed researcher bias by identifying and clarifying personal biases that may have

shaped interpretations formed during the study, designing objective interview questions, avoiding language that may have imposed bias, and using language that offered an appropriate level of specificity. Researcher bias may be present in the interpretation of data because I identify as an African American woman.

Methodology

Participant Selection Logic

The target population for this study was coparents/partners of African American mothers. Inclusion criteria included that the participant must be at least 18 years old, must be a coparent/partner and the primary support person for an African American mother who has a history of breastfeeding, and must have participated in breastfeeding education with the mother. Participants were recruited from the Washington D.C. metropolitan area, including the District of Columbia; Fairfax County, Virginia; Alexandria, Virginia; Arlington, Virginia; Montgomery County, Maryland; and Prince George's County, Maryland. A purposive homogenous sampling strategy was used to recruit participants because the target population needed to have a background of specific experiences. Potential participants were identified via referral, opportunity, or snowballing. Social media were also used to recruit participants. Inclusion criteria were explicit, and prospective participants were asked if they met the identified criteria before being officially selected. Interested participants were given instructions to contact me via a Google Form, where they were asked to provide their phone number and email address for correspondence with me.

Participants were offered the opportunity to be identified by their initials to maintain confidentiality if preferred. Saturation indicates whether enough participants have been surveyed to validate a phenomenon being studied. Little has been learned about how sample sizes are justified in qualitative research (Hennink & Kaiser, 2022). Hennink and Kaiser (2022) found after analyzing 23 articles that research generating empirical data reached saturation within a range of nine to 17 interviews or four to eight focus groups. Considering Hennink and Kaiser's results, the sample size for this study was up to 15 participants, with a goal of 10–15 participants.

Instrumentation

Data were collected via semi-structured face-to-face interviews conducted, recorded, and transcribed via Zoom. The data collection instruments were researcher produced. The interview protocol included the following components:

- heading: date, place, name of interviewer, name of interviewee; establish rapport
- standardized instructions for the interviewer to follow
- questions: 13 were established, with room for additional questions as deemed appropriate for follow-up, elaboration, or clarification
- thank you statement and prompt for follow-up questions

Researcher-Developed Instruments

The line of interview questions followed SCT components. The type of data sought was focused on understanding the personal meaning and sense making of coparents/partners of African American women engaging in breastfeeding education in

an effort to consider the impact breastfeeding education has on an individual's ability to be a practical support person. In considering the application of the components of SCT, the following questions were asked of the participants:

1. Symbolizing capability: What do you see or understand to be the value of breastfeeding?
2. Forethought capability: What are some ways you can aid in breastfeeding? What are your expectations of breastfeeding? How did your expectations of breastfeeding change upon deeper understanding of the skill?
3. Vicarious capability: What characteristics make for an adequate support person? What kind of observations have you made that would qualify you to be an adequate support person? What have you learned from your observations that makes you feel you are an adequate support person?
4. Self-regulator capability: What do you understand to be the relationship between you as the support person and the breastfeeding mother? How do you gauge your impact as a support person? What strategies would you use if you found your support was unsuccessful?
5. Self-reflective capability: What skills are required for effective breastfeeding? What skills are required for a person supporting a breastfeeding mother?
6. The nature of human nature: What kind of incentives/rewards can you provide to encourage breastfeeding initiation and continuity?

Additional interview questions included but were not limited to the following:

1. Can you tell me about the type of breastfeeding education you participated in?

2. Can you tell me how it felt to be included in discussions about breastfeeding?
3. In what ways would you say your knowledge about breastfeeding has increased after participating in breastfeeding education, discussions, and/or programs?
4. In what ways has your perception of breastfeeding changed after participating in breastfeeding education, discussions, and/or programs?
5. How do you think your ability to be an influential, practical support person during the breastfeeding process has changed after participating in breastfeeding education?

There were two strategies implemented to ensure validity of the data. By conducting with the intent of prolonged engagement, I invested sufficient time to learn the culture, build trust with stakeholders, understand the scope of target phenomena, and test for misinformation/misinterpretation due to distortion by me or an informant. I clarified researcher bias through self-reflection and created an open understanding about how my background may shape their interpretation of the data. This included bracketing myself by identifying personal experiences related to the phenomenon and not allowing my knowledge or experiences to be engaged with the data and determining experiences (see Creswell, 2013). Verifying the data ensured sufficiency of the data collection instrument.

Procedures for Recruitment, Participation, and Data Collection

Data came from the participants via virtual face-to-face interviews via the Zoom platform. I collected the data. The goal was to collect rich, detailed, first-person data

rooted in participants' experience (see Pietkiewicz & Smith, 2014). Data collection was conducted primarily through one to two interviews, including a follow-up interview for clarification and/or validation of findings. My intent was to contact participants for a follow-up interview, if applicable, and follow the same protocol as the initial interview. However, no follow-up interviews were necessary for data analysis. Data were recorded and transcribed within the Zoom platform. I also took notes during the interview process. Multiple methods of recruitment were used to ensure enough participants were recruited, including referral, opportunity, snowballing, and social media. Participants exited the study after the conclusion of the interviews. A short survey was provided to them to reflect on their experience in the study. After submitting the survey, they were given a $10 Amazon gift card.

Data Analysis Plan

The type of data that was sought was focused on the personal meaning and sense making of breastfeeding education for coparents/partners of African American women in an effort to consider the impact breastfeeding education has on strengthening an individual's ability to be an effective support person. Data analysis followed the seven steps of analysis traditional to IPA:

- reading and rereading
- exploratory noting
- constructing experimental statements
- searching for connections across experimental statements

- naming the personal experiential themes (PETs) and consolidating and organizing them in a table
- continuing the individual analysis of other cases
- working with PETs to develop group experiential themes across cases

NVivo software was used for data analysis.

My intent as the researcher was to include discrepant cases in the analysis to enhance the study's credibility. However, there were no discrepant cases found during the data collection and analysis processes. Although discrepant cases may have countered the identified PETs and group experiential themes, presenting contradictory information that made accounts more realistic and valid, there were no discrepant cases. Additionally, divulging discrepant cases would have demonstrated that real life comprises different perspectives that do not always line up or coalesce (Creswell & Creswell, 2018).

Issues of Trustworthiness

There were two strategies implemented to ensure the credibility of the data. By conducting the study with the intent of prolonged engagement, I invested ample time in understanding the scope of the target phenomenon, learning the culture, building trust with stakeholders, and testing for misinformation/misinterpretation due to distortion by me or an informant. Clarifying my bias through self-reflection created an open understanding about how my background may have shaped my interpretation of the findings. This included me bracketing myself by identifying personal experiences related to the phenomenon and not allowing my past knowledge or experiences to engage with

the data and determine the experiences (see Creswell, 2013). Verifying the data ensured the adequacy of the data collection instrument.

The strategy to ensure the findings' transferability was to use thick description. Thick description is a rich and detailed description of the experience and allows the reader to feel a sense of the shared experience (Creswell & Creswell, 2018). With more detailed descriptions, results become more realistic and add to their validity (Creswell & Creswell, 2018).

Strategies to ensure dependability included taking detailed field notes and transcribing in addition to recording (see Creswell, 2013). I ensured that the transcripts did not contain obvious mistakes. Step 1 of data analysis (reading and rereading) was to ensure the transcripts and recordings matched exactly (see Smith et al., 2022). Additionally, I maintained consistency in the data analysis by following the seven steps outlined for IPA. A standard protocol was used to ensure each case was analyzed thoroughly and consistently (see Creswell & Creswell, 2018).

The strategy to ensure the confirmability of the data was to use reflexivity. I bracketed myself to identify any bias and separate it from the data. I wrote analytical memos prior to interviews, during data collection, and during data analysis, and I included a summary of these notes in the study (see Creswell & Creswell, 2018).

Ethical Procedures

Institutional permissions needed for this study included approval from the Walden University Institutional Review Board (IRB number 11-07-24-0628836). Addressing any ethical concerns during recruitment consisted of not pressuring the potential participants

into signing consent forms, respecting cultural norms, being sensitive to vulnerable populations, disclosing the purpose of the study before informed consent is acquired, and ensuring equitable treatment of all potential participants. Addressing ethical concerns during data collection included building rapport with the participants, avoiding collecting harmful information by maintaining consistency in the questions identified in the interview protocol, avoiding leading questions, and ensuring participant privacy.

The data were stored securely on my password-protected device and were accessed only by me and supervising faculty members. Although contact information from the participants was obtained during the recruitment phase of the study, this was necessary for potential follow-ups and for sending the thank you gift to conclude the study. Confidentiality of the participants was maintained throughout the study. There were no relationship risks to note. The data will be stored confidentially for 5 years before being destroyed.

Two potential ethical issues related to the IPA design included researcher bias and informed consent. Researcher bias was addressed through self-reflection to identify how my background may have shaped their interpretation of the findings. This included me bracketing myself by identifying personal experiences related to the phenomenon and not allowing my knowledge or experiences to be engaged with the data and determining experiences. Informed consent was obtained for data collection and data analysis. Consent included but was not limited to the topics covered in the interview and study, confidentiality, and the right to withdraw at any time.

Summary

This qualitative study included an IPA approach to answer the research question. The target population was coparents/partners of African American mothers. A purposive homogenous sampling strategy was used to recruit participants. Data analysis followed the seven steps of analysis traditional to IPA. In addition to the research design, methodology, recruitment, and data collection, this section also addressed trustworthiness issues and ethical considerations. Section 3 presents the findings of the study.

Section 3: Presentation of the Results and Findings

The purpose of this qualitative study was to explore the impact that including coparents/partners in breastfeeding education, discussions, and programs has on maternal support for breastfeeding African American mothers. The research question addressed the experiences of coparents/partners of African American women participating in breastfeeding education. Section 3 highlights the findings from the study, including data collection and analysis, evidence of trustworthiness, and results.

Data Collection

This study consisted of 11 participants. Data collection was conducted via individual interviews via Zoom. Each participant engaged in one interview, which lasted from 40 minutes to 1 hour. However, no time limit was placed on the interview. The interviews were recorded and transcribed within the Zoom platform. Additionally, I wrote analytical memos before and during data collection. There were no variations in data collection from the plan, and there were no unusual circumstances encountered.

Data Analysis

Data analysis followed the seven steps of analysis traditional to IPA:

- reading and rereading
- exploratory noting
- constructing experimental statements
- searching for connections across experimental statements
- naming the PETs and consolidating and organizing them in a table
- continuing the individual analysis of other cases

- working with PETs to develop group experiential themes across cases

During the first step, I read each transcript several times to ensure accuracy with the interview recording. The goal for this step was for me to be fully immersed in the data. In addition, I listened to each interview recording while reading the transcript. I also took time to recollect the interview and take analytical notes regarding any observations or realizations about the interview, which led to the second step of the analysis. Closer analysis was conducted during the second step to further engage with the interview transcript. Exploratory notetaking not only helped foster familiarity with the transcript but also led to interpretive notetaking in which I found a deeper understanding of each transcript and identified abstract concepts in the transcript. Constructing experimental statements allowed me to consolidate my thoughts and articulate the most pertinent aspects of the transcript. Because experiential statements related to the participants' experiences, I took time to understand and analyze each participant's experience through recall related to the notes identified in the second step. Step 4 allowed me to further connect each participant's experiences and connect the experimental statements to more prominent themes, which linked Step 4 to Step 5. In Step 6, I continued the same analytical process with each case. In doing so, I was able to transition into developing group experiential themes across cases. This involved identifying patterns of similarity and differences across PETs to create group experiential themes.

SCT was used as the framework for this study to explore the educational process that the coparents/partners had gone through and whether they thought they had learned in a way that influenced breastfeeding as a behavior. The six components of SCT were

the basis of the interview questions, and analysis focused on evaluating how well the participant achieved each component. In the introduction, participants were asked about the type of breastfeeding education they engaged in and how they felt about participating in the educational experience. Participants engaged in a variety of formal, nonformal, and informal education, including lactation calls, birthing classes, self-research via the internet, reading materials provided by clinicians, postpartum nursing home and virtual visits, videos, and verbal and demonstrative education from doulas, lactation consultants, breastfeeding specialists, pediatricians, and registered nurses. All of the participants appreciated the education, but not all felt directly included in the education. The feelings from the participants included feeling empowered ("I can be an active parent," "I had a legitimate purpose"), distant from the experience ("disregarded"), and indifferent ("good to know," "beneficial," "just taking it all in"). During data analysis, I found that coparents/partners were more likely to feel empowered if they were actively engaged in the conversation. Examples included the lactation consultant speaking with both parents "as a unit" or coparents/partners being encouraged to participate actively in the birthing classes.

Symbolizing Capability

The overarching question this component aimed to address the following: Does the support person see/understand the value of breastfeeding? Each participant was able to provide at least one benefit to breastfeeding. The most common answers included a strong bond between mother and baby, breast milk being better than cow's milk or formula, and various health benefits including infant growth, optimal health, antibodies,

and the most natural and nutritious way to feed an infant. Additional outlier answers included an increase in baby's communication, natural healing properties from breast milk (such as healing sore nipples), and aiding in mother's postpartum recovery. Overall analysis of this component demonstrated that the education aided in understanding the value of breastfeeding.

Forethought Capability

The overarching questions this component aimed to address were the following: Does the support person believe they know enough about breastfeeding to think they can aid in the task effectively? Does the support person have realistic expectations of the breastfeeding experience? Although all of the participants learned about breastfeeding through various educational experiences, most acknowledged that they did not know enough about how to be an adequate support person or aid in the task effectively until they lived through the breastfeeding experience with their spouse. Through the experience, the participants felt the knowledge they had obtained "clicked." Many felt helpless in the early postpartum days to weeks. They acknowledged, in hindsight, that they had unrealistic expectations or assumptions of the breastfeeding experience, including that it was easy, it would come naturally, or their role was that of spectator or passive participant. All participants acknowledged they had to learn how to be an active participant, and that was not a skill that was focused on in education. Some went as far as self-educating via the internet; others learned via trial and error. Some were hopeful the experience would be successful while others expected the experience would be successful because breastfeeding is what mothers are "supposed to do."

Vicarious Capability

The overarching question this component aimed to address was the following: Does the support person have enough observational experience that they feel they can be an adequate support person and model the desired behavior? Most participants did not have education that was geared toward the support person, so they did not have much observational experience from the vantage point of a support person. The participants lived through what one described as "on-the-job training," which enabled them able to describe qualities of an adequate support person and identify ways in which they fit those qualities or could have been better. For participants who had multiple children (seven of 11 participants), they acknowledged that their ability to be an adequate support person grew with each subsequent child more than being able to model an observed behavior. However, one observation that some of the coparents/partners were able to identify was that, as the breastfeeding parent, the mother was in the leading role. This role was unfamiliar to participants because many were in more of a leading role in their relationships. These participants acknowledged that they had to learn how to allow their breastfeeding partner to take the lead and embody characteristics of a follower.

Self-Regulator Capability

The overarching question this component aimed to address was the following: Can the support person gauge their impact and adjust accordingly? This component was addressed by asking the participants to describe the relationship between a breastfeeding mother and a support person. Participants agreed that this relationship can work in tandem sometimes, and sometimes the two individuals work on separate tasks but toward

a common goal. The most frequent answers to how the participants could gauge their impact was through open communication with the breastfeeding mother, feedback from the breastfeeding mother, and the success of the breastfeeding session and/or breastfeeding experience. In their adjustments, the participants surmised that they had to feel comfortable and adequate in their role as support person and use skills such as critical thinking, taking initiative, and receiving verbal and nonverbal cues. Two participants mentioned having independent partners who took whatever support they could offer, whether it was perceived by their partner to be helpful or not. In doing so, the self-regulator skills were even more important.

Other adjustments included asking questions, eliciting feedback, and engaging in self-reflection. One participant mentioned going to therapy to sort out his frustrations in his role as a support person, another participant leaned on his faith and prayer, and another solicited advice from other coparents/partners in similar situations. Much of this was learned over time and not necessarily because of the education. It was more of a process of trial and error to learn how to be impactful. After reflection, all participants acknowledged their support got better over time and sometimes after multiple children, or could have been better overall but more so through the breastfeeding experience than the education experience they learned how to gauge their impact and adjust accordingly.

Self-Reflective Capability

The overarching question this component aimed to address was the following: Does the support person understand the breastfeeding skill and the role of the support person? All participants were able to mention characteristics important to the

breastfeeding skill. The top answers included patience, persistence, and good communication. Three identified tactile skills related to breastfeeding, such as cueing the infant to latch and the actual latching process, and skills related to pumping, such as storing milk and cleaning bottles or breast pump parts. All participants were able to mention characteristics important for the role of support person. Some answers were identical to characteristics important to the breastfeeding skill. Outlier skills mentioned included active listening, flexibility, selfless/loving, and managing stress (their own and the mother's stress). One participant mentioned it was essential for him to understand and acknowledge "the things he cannot do." Many participants mentioned that these skills were learned or implemented along the way but were not mentioned in the education. However, the one key role of the support person that several participants mentioned they learned in their educational experience was keeping mother stress free.

Nature of Human Nature

The overarching question this component aimed to address was the following: Is the support person able to offer incentives/rewards (feedback, words of affirmation, verbal encouragement, and confirmation) that will encourage breastfeeding initiation and continuity? Common answers included encouragement with constant reminders of benefits to breastfeeding (including financial benefit mentioned by two participants), positive affirmations such as "you're doing great," "we're in this together," and "the baby is healthy and happy," offering the breastfeeding mother time to rest or for herself between feedings, and taking on tasks while their partner rests, such as feeding the infant with bottle, household chores, tending to the baby, or running errands. Participants also

mentioned “rewarding” their partner with things she likes; one participant mentioned date nights while another mentioned his partner’s favorite sweet treat that she removed from her diet while breastfeeding: sugar cookies. Some participants had trouble addressing this topic and said they did not see tasks such as these as incentives but rather as a part of their obligation as a coparent/partner who is a support person. There were no discrepant cases found during the data collection and analysis processes.

Evidence of Trustworthiness

Two strategies implemented to ensure the credibility of the data included prolonged engagement and clarifying researcher bias. Ample time was spent understanding the participants’ experiences. Each participant was encouraged to share as much as they felt comfortable, and no time limit was placed on the interview. I made a note to spend time clarifying data to prevent misinformation and misinterpretation. I also took time to clarify any bias by identifying my personal experiences and beliefs related to breastfeeding and my intent to separate that from the participants’ experiences. The strategy to ensure the data’s transferability was to use thick description. I asked open-ended questions and allowed ample time for the participants to share their experiences without interruption. Follow-up and clarifying questions were posed as appropriate, and engaging statements were used to promote thick description. Strategies to ensure dependability included taking detailed field notes and transcribing recordings. Transcription was conducted in the Zoom platform, and transcripts were confirmed for accuracy by reviewing the transcript and the recording simultaneously. Analytical memos were taken before and during data collection to capture timely descriptions. The strategy

to ensure the confirmability of the data was to use reflexivity. I bracketed myself to identify any bias and separate it from the data. I also wrote analytical memos prior to interviews, during data collection, and during data analysis, and included a summary of these notes in the study.

Results

The research question was the following: How do coparents/partners of breastfeeding African American mothers understand participating in breastfeeding educational experiences? To conclude the interview, I asked the participants three questions related to their overall understanding of their educational experience: How has their knowledge on breastfeeding increased? How has their perception of breastfeeding changed? How has their ability to be an influential, practical support person changed? Analysis showed that participants' knowledge increased, especially in understanding different aspects of the breastfeeding process including understanding "there is so much to it," baby cues, how to organize and be involved in ways outside of actively breastfeeding, how to anticipate their partner's needs, how to collaborate, how to listen, and the stages of breastfeeding. Overall, the participants gained a sense of confidence going into the breastfeeding experience even though there were still many unknowns, with one participant stating his educational experience "gave me the confidence to support." However, perceptions of breastfeeding and participants' ability to be an influential and practical support person did not change until after initiating the breastfeeding experience. Perceptions were not directly related to the educational experience. Many participants thought of the breastfeeding experience as on-the-job

training. They found that the knowledge they obtained in their education did not really "stick" until they lived through the experience and were able to reflect on their ability to support.

All participants found their educational experiences to be beneficial. However, in reflection, some felt that their education could have been lengthier; others learned more than they thought they would. This conclusion was based on how engaged they were in the educational experience and how effectively they could translate that education into practice. One participant mentioned that they now feel equipped to "advocate for anyone that was on the fence on whether they wanted to do (breastfeeding) or not" while another participant stated he feels confident in his ability to "share information with them" if he knew someone who would be a support person to a breastfeeding mother. In contrast, one participant felt that, in hindsight, he may have been a better support person if he had a deeper understanding of what breastfeeding mothers need, how breastfeeding impacts a mother physically and emotionally, and whether there was education directed to the support person.

Summary

All participants found their educational experiences to be beneficial to a support person. However, the degree of benefit was varied and related to how engaged they were in the educational experience and how prepared they felt to be a support person. Analysis showed that the participants' knowledge about breastfeeding increased. Perceptions of breastfeeding and participants' ability to be an influential and practical support person did not change until after initiating the breastfeeding experience. Perceptions were not

directly related to the educational experience. Section 3 summarized the study's findings, including data collection, data analysis, and results. Section 4 highlights the application to professional practice and implications for social change.

Section 4: Application to Professional Practice and Implications for Social Change

The purpose of this qualitative study was to explore the experience of coparents/partners of African American mothers participating in breastfeeding education and its impact on the support they provide. An IPA approach was used to address the research question in this qualitative study. In understanding whether increasing breastfeeding knowledge influences coparent/partner support and involvement in the breastfeeding process, this study aimed to inform clinical practice, education, and interventions for the African American community. Key findings included that although the participants all found their educational experiences beneficial to a support person, the degree of benefit was varied and related to how engaged they were in the educational experience and how prepared they felt to be a support person. Section 4 summarizes the application to professional practice and implications for social change.

Interpretation of the Findings

The findings of this study confirm what is known about breastfeeding support systems. Prior research showed that family members and partners have a considerable influence on breastfeeding decisions made by African American mothers (Gyamfi et al., 2023). However, breastfeeding education is primarily tailored to the mother with little to no educational involvement from the mother's preferred support people, including the coparent/partner. Coparents/partners are expected to fill a role within a system, both physically and emotionally, but oftentimes are not provided the necessary guidance and education to support and influence in the best way possible. The current study showed that although coparents/partners of African American breastfeeding mothers found

breastfeeding education to be beneficial in their role as a support person, more inclusion in the education was needed. Although knowledge on breastfeeding increased, perceptions of breastfeeding and the participants' ability to be an influential and practical support person was not learned until engaging in the breastfeeding experience. This demonstrates that tailoring breastfeeding solely to the mother does little to engage the support individual.

SCT was selected to ground this study to evaluate how cognitive and environmental factors influence the type of support a coparent/partner of a breastfeeding African American mother can provide. The participants had strong opinions regarding their infant feeding preferences if they had a sound understanding of the value of breastfeeding. Participants who had a deeper educational foundation rooted in educating the breastfeeding mother and support person as a pair were found to have an easier time adjusting to their role as support individuals. The coparents/partners were better able to set realistic expectations regarding the breastfeeding experience, believed they had the tools to aid effectively, and were able to articulate ways in which they could aid from a primary support role. Participants gained observational experience that demonstrated how to address basic breastfeeding needs, had strong communication and critical thinking skills that allowed them to gauge their impact and adjust their support accordingly, and understood the breastfeeding skill and the important role they played as a support individual. Additionally, they understood the impact of incentives and were able to incorporate them.

Limitations of the Study

Limitations to this qualitative study included subjectivity, influence of researcher bias, generalizability, difficulty in replicating findings, and difficulty ensuring confidentiality. Subjectivity refers to the identification of themes that are subject to the researcher's interpretations, which was the case in IPA analysis. With subjectivity, individuals may provide different interpretations of the same set of data based on a variety of internal and external factors. Additionally, because the researcher has direct contact with the participants during data collection, the researcher may have consciously or subconsciously impacted data collection and/or analysis.

Because qualitative studies such as this tend to use smaller samples, the results may not be considered generalizable, as was the case in this study that focused on coparents/partners within a specific ethnic demographic. Because of this, findings may not be transferable to those who do not fit the inclusion criteria. Due to this challenge in transferability, replicating the findings may also present a challenge. Because individuals have varied experiences, feelings, and backgrounds, producing similar results under the same methods and similar circumstances but different target population will be unlikely. Although I maintained confidentiality in the reporting of results, there was still the risk that participants were not comfortable providing certain information to me during data collection. Face-to-face interviews made it challenging to enhance confidentiality with the participants.

Recommendations

Although social and environmental barriers continue to increase breastfeeding challenges for African American women, strengthening the coparent/partner support system is a step toward removing barriers that impact breastfeeding in this community. Future research should explore ways to improve education for coparents/partners of African American mothers. This may include research on how to support health care practitioners and health educators, integrate the use of technology to increase reach within communities, implement breastfeeding education in the antepartum period, establish more accessible learning, and/or improve overall health literacy.

Future research may also focus on varied coparent/partner dynamics and other support individuals who were not included in this study. This may include but is not limited to same sex coparent/partner dynamics or family members, friends/peers, and community members as support individuals. Additionally, this study focused on breastfeeding support for African American individuals and did not consider mothers from other ethnic backgrounds in the African/Black diaspora. Lastly, future research may include similar methodology but have a researcher who does not identify with any of the target population's inclusion criteria.

Public Health Practice and Field-Based Products

Recommendations for public health practice regarding breastfeeding focus on strategies that protect, promote, and support breastfeeding for the African American population.

Policy Brief Memo

The focus of the policy brief memo is to highlight the breastfeeding dilemma within the African American community and provide policy recommendations aimed at increasing maternal breastfeeding support systems and improving the health and safety of infants. The steps included in the implementation of these recommendations include identifying how the need aligns with national goals, exploring evidence-based resources related to the goals, and engaging with community partners. The policy brief memo can be found in Appendix A.

Executive Summary

The purpose of the executive summary is to provide considerations for program development and implementation strategies. The suggestion is for the development of an educational experience designed to educate coparents and partners of breastfeeding mothers about breastfeeding, including ways to strengthen their influence as a support person to a breastfeeding mother. Implementation should start with assessing individual and community needs for breastfeeding education. Once a needs assessment has been conducted, a health (breastfeeding) education plan can be established that addresses the identified needs within the community. The executive summary can be found in Appendix B.

Positive Social Change

On individual, family, organizational, and societal/policy levels, this study may aid in evoking culturally responsive conversations around education, interventions, and support for African American women while emphasizing the pivotal role that

coparents/partners play in the breastfeeding experience. Exploring the experience of coparents/partners of African American mothers participating in breastfeeding education and its impact on the support they provide may effect social change by informing clinical practice, education, and interventions on breastfeeding. On the individual level, strengthening breastfeeding support systems may lead to more informed decisions on breastfeeding initiation and continuation, while on the family level, it may lead to a change in perceptions and acceptance of breastfeeding. On an organizational level, this study may inform strategies that protect, promote, and support breastfeeding through education. On a societal level, strengthening breastfeeding support systems may aid in accomplishing the Healthy People 2030 goal of improving the health and safety of infants.

Conclusion

Support individuals have a considerable influence on breastfeeding decisions made by African American mothers. The purpose of this qualitative study was to explore the experience of coparents/partners of African American mothers participating in breastfeeding education and its impact on the support they provide. The research question addressed the experiences of coparents/partners of African American women participating in breastfeeding education. An IPA approach was used to answer the research question. The theory that grounded this study was Bandura's SCT. Theories are developed to explain human behavior. Theories can be used to strengthen research paradigms that focus on a particular point of view by guiding which mechanisms of human functioning should be explored. The limitation of applying theories or models to

public health issues is that theoretical conceptions of human nature can influence how people are perceived and what they will become, whether it is proper for that individual or not. Addressing ethical concerns during recruitment consisted of not pressuring the potential participants into signing consent forms, respecting cultural norms, being sensitive to vulnerable populations, disclosing the purpose of the study before informed consent was acquired, and ensuring equitable treatment of all potential participants. Addressing ethical concerns during data collection included building rapport with the participants, avoiding collecting harmful information by maintaining consistency in the questions identified in the interview protocol, avoiding leading questions, and ensuring participant privacy. Recommendations for public health policy and practice regarding breastfeeding focused on strategies that protect, promote, and support breastfeeding for the African American population.

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Appendix A: Policy Brief Memo

Title

Improving Breastfeeding Rates through Education

Background

Past research has shown that family members and partners have a heavy influence on breastfeeding decisions made by African American mothers. Currently there is a lack of knowledge on how to strengthen social support (most specifically the coparent/partner) surrounding breastfeeding African American women.

Within the African American community, the breastfeeding experience was tainted during the period of enslavement for African Americans in the United States. Since this period of enslavement, additional historical factors, including stereotyping, Reconstruction and the Great Migration, segregation, and formula availability and marketing, have been integrated into African American families and communities socially, culturally, and generationally and continue to influence health beliefs and behaviors today.

The historical context of breastfeeding in the African American community continues to shape the perception and cultural beliefs of breastfeeding and impacts breastfeeding intent, initiation, and continuation. Breastfeeding rates for this population continue to be lower than the United States national average despite the development and implementation of culturally relevant breastfeeding interventions aimed specifically at African American women. Social and environmental barriers, including insufficient education and support from health care settings, lack of social support, concerns about

balancing breastfeeding and work life, and lack of knowledge about breastfeeding, continue to impact the initiation and continuation of breastfeeding for African American women at disproportionate rates. Pertaining to social support, coparents/partners are expected to fill a role within a system, both physically and emotionally, but oftentimes are not provided the necessary guidance and education to support and influence in the best way possible. This study highlighted that coparents/partners found their educational experiences to be beneficial to a support person. However, the degree of benefit was varied and directly related to how engaged they were in the educational experience and how prepared they felt to be a support person.

Policy recommendations

Strategies that protect, promote, and support breastfeeding are paramount for this population. This will include education, whether it be formal, informal, or nonformal instruction, provided by a licensed health care provider or certified breastfeeding specialist that provides evidence-based education, including, but not limited to, breastfeeding education, discussions, and programs. Steps to be implemented should include identifying how the need aligns with national goals, exploring evidence-based resources (EBRs) related to the goals, and engaging with community partners.

One of the goals outlined in Healthy People 2030 is to improve the health and safety of infants. Included are two key objectives pivotal to this policy brief memo: to increase the proportion of infants who are breastfed exclusively through age six months and to increase the proportion of infants who are breastfed at one year (Healthy People 2030, n.d.-a). Peer support and education are two strategies mentioned to achieve this

objective, as it is critical to meet the recommendation that infants be exclusively breastfed for the first six months and continue through their first year (Healthy People 2030, n.d.-b). While the U.S. Preventative Services Task Force recommends primary care clinicians provide interventions such as support and information on breastfeeding to pregnant women and new mothers (Healthy People 2030, n.d.-b), one recommendation this policy brief memo will highlight is to also provide that same support and information to the coparent/partner. This step will help bridge the gap between the mother and their support individual and provides resources and support to coparents/partners as they support the mother. The Surgeon General's Call to Action to Support Breastfeeding encourages mothers to engage in conversations with their support individuals, including family, friends, employers, child-care providers, and others, to establish a supportive environment for breastfeeding (U.S. Department of Health and Human Services, 2011). However, this study demonstrated that a supportive environment is further established when coparents/partners are included in the education. One crucial key to policy recommendations and implementation is engaging with community partners that are already working to improve health and well-being goals through the Healthy People 2030 goals. This would include organizations that already have partnerships with the Office of Disease Prevention and Health Promotion and have efforts in place specifically related to Healthy People 2030. This policy brief memo also recommends engaging community resources, including but not limited to, community-based clinics, primary care offices, and breastfeeding and/or birthing classes by licensed personnel.

Appendix B: Executive Summary

Title

Support System Education to Increase Breastfeeding Rates

Introduction

African American women continue to struggle with breastfeeding rates lower than the United States national average despite the development and implementation of culturally relevant breastfeeding interventions. One way to address this disparity is by strengthening the knowledge and skillset of the support system.

Problem

Past research has shown that family members and partners have a heavy influence on breastfeeding decisions made by African American mothers. Currently there is a lack of knowledge on how to strengthen social support (most specifically the coparent/partner) surrounding breastfeeding African American women. The specific research problem that was addressed through this study is the lack of knowledge on how to strengthen social support individuals (most specifically the coparent/partner) surrounding breastfeeding African American women.

Population

The most impacted population by breastfeeding disparity in the United States is the African American community. Social and environmental barriers continue to plague the African American community and create numerous breastfeeding challenges for African American women.

Key findings

All the participants found their educational experiences to be beneficial to a support person. However, the degree of benefit was varied and directly related to how engaged they were in the educational experience and how prepared they felt to be a support person. Analysis showed that the participants' knowledge about breastfeeding did increase. Perceptions of breastfeeding and their ability to be an influential and practical support person did not change until after initiating the breastfeeding experience. It was not directly related to the educational experience.

Suggestions for program development

The suggestion is for the development of an educational experience specifically designed to educate coparents and partners of breastfeeding mothers about breastfeeding, including ways to strengthen their influence as a support person to a breastfeeding mother. Program development should follow the framework of the Social Cognitive Theory (SCT). Albert Bandura established that people are driven to behavior through a triadic reciprocal interaction between behavior, mental and personal factors, and environmental events rather than inner forces or external stimuli. Bandura's SCT suggests that behavior is a byproduct of intrapersonal influences, engaged behaviors by the individual, and environmental forces. SCT should be utilized to evaluate the educational process that the coparent/partner has gone through and whether they feel they have learned in a way that influences breastfeeding as a behavior.

Suggestions for implementation strategies

Implementation should start with assessing individual and community needs for breastfeeding education. This study has established the need for deeper breastfeeding

education within the African American community. A full needs assessment will address several things: what the purpose of the assessment is, what is already known based on existing data, whose needs are being assessed, what can be changed, how the information retrieved will be used, and what available resources are available to conduct a needs assessment. Once a needs assessment has been conducted, a health (breastfeeding) education plan can be established that directly addresses the identified needs within the community. Through the needs assessment, and most specifically in identifying community resources related to the needs assessment, one should also listen for opportunities to further engage with the community and identify other means of providing education to the community. Strategies that protect, promote, and support breastfeeding are paramount for this population.

Considerations

Challenges with the target audience may include cultural beliefs and socioenvironmental factors related to breastfeeding within the African American community. African American women are less likely to breastfeed compared to other ethnic groups. This is primarily due to the tainted view of breastfeeding established during the period of enslavement for African Americans in the United States. The historical context of breastfeeding in the African American community continues to shape the perception and cultural beliefs of breastfeeding and impacts intent, initiation, and continuation. African American women typically experience the most communication barriers. Effective listening is inhibited by prejudice and bias. While

listening is crucial to the lactation profession, their many years of experience are often used to dispute or ignore the African American woman's words and experiences

Key takeaways

African American women continue to struggle with breastfeeding initiation and continuity, which is largely rooted in negative perceptions of breastfeeding. Strategies that protect, promote, and support breastfeeding are paramount for this population. Educational experiences have been found beneficial to a support person. However, the degree of benefit was varied and directly related to how engaged they were in the educational experience and how prepared they felt to be a support person. An educational experience should be developed specifically to educate coparents and partners of breastfeeding mothers about breastfeeding, including ways to strengthen their influence as a support person to a breastfeeding mother. Program development should follow the framework of the Social Cognitive Theory (SCT), which will be utilized to evaluate the educational process that the coparent/partner has gone through and whether they feel they have learned in a way that influences breastfeeding as a behavior. Implementation should start with assessing individual and community needs for breastfeeding education. Challenges with the target audience may include cultural beliefs, communication barriers, and socioenvironmental factors related to breastfeeding within the African American community.

Fact Sheet: Support System Education to Increase Breastfeeding Rates

Basic Information

African American women continue to struggle with breastfeeding initiation and continuity, which is largely rooted in negative perceptions of breastfeeding. Strategies that protect, promote, and support breastfeeding are paramount for this population.

Important Facts

1. Educational experiences have been found beneficial to a support person. However, the degree of benefit was varied and directly related to how engaged they were in the educational experience and how prepared they felt to be a support person.
2. An educational experience should be developed specifically to educate coparents and partners of breastfeeding mothers about breastfeeding, including ways to strengthen their influence as a support person to a breastfeeding mother.
3. Challenges may include cultural beliefs, communication barriers, and socioenvironmental factors related to breastfeeding within the African American community.

Program Development and Needs Assessment

Program development should follow the framework of the Social Cognitive Theory (SCT), which will be utilized to evaluate the educational process that the co-parent/partner has gone through and whether they feel they have learned in a way that influences breastfeeding as a behavior. Implementation should start with assessing individual and community needs for breastfeeding education.

Appendix C: Interview Protocol

Heading

Good morning/afternoon/evening! This interview will be conducted, recorded, and transcribed via Zoom. Are you ready to begin the recording? (Allow participant to answer yes/no)

(Begin recording) Welcome! It is (date/time). My name is Samantha Hickson. I am a Doctoral candidate at Walden University pursing a Doctorate in Public Health. As the primary researcher for this study, I will be facilitating the interview today. A little about myself:

I have been a Registered Nurse for 11 years. My background is in pediatric nursing and nursing education. My interest in breastfeeding started early in my career as a nurse in the neonatal intensive care unit, where breastfeeding and the use of breastmilk is heavily integrated in the plan of care for the patients. Part of my obligation as a researcher is to identify and clarify any personal biases. My personal experiences as an African American woman may shape the way the data results are interpreted. While I have strong personal opinions about breastfeeding and have participated as a support person to breastfeeding mothers, I do not have any personal experiences with breastfeeding itself. I will do my best to ensure that my past knowledge and experiences regarding breastfeeding to not undermine your experiences in my analysis.

Can you tell me a little about yourself? (Participants shares about themselves)

Standardized instructions for the interviewer to follow

I have a bit of background information to share with you before we get started.

As a reminder, your participation is voluntary, and you may withdraw your participation at any time. This study poses minimal risk. The consent form has information on where support can be found if distress arises. Did you keep a copy of the consent form? (allow participant to answer)

The questions you will be asked are focused on understanding the personal meaning and sense making of your experience while engaging in breastfeeding education to consider the impact breastfeeding education has on an individual's ability to be a practical support person.

The overall goal of this interview is for you to provide a detailed description of a personal lived experience. Although my goal is to complete this interview in one conversation, follow-up may be necessary to clarify or confirm your responses. You will be notified of your official exit of the study. A short online survey will be provided to you to reflect on your experience in the study. Upon survey submission, you will be gifted via email an Amazon gift card for $10.

One additional reminder: the information I have received and will receive from you today will be stored securely on a password-protected device owned by myself and accessed only by myself and supervising faculty members. Confidentiality will be maintained throughout the study to anyone else.

Do you have any questions or concerns before we proceed with the interview? (Allow participant to answer)

Questions

Great! Let's start with a couple introductory questions to get you acclimated. In addition to the recording, you may see me looking down at my paper. It is because I am taking notes.

Can you tell me about the type of breastfeeding education you participated in?

Can you tell me how it felt to be included in discussions about breastfeeding?

1. Symbolizing capability:
    a. What do you see or understand to be the value of breastfeeding?
2. Forethought capability:
    a. What are some ways you can aid in breastfeeding?
    b. What are your expectations of breastfeeding?
    c. How did your expectations of breastfeeding change upon deeper understanding of the skill?
3. Vicarious capability:
    a. What characteristics make for an adequate support person?
    b. What kind of observations have you made to that would qualify you to be an adequate support person?
    c. What have you learned from your observations that makes you feel you are an adequate support person?
4. Self-regulator capability:
    a. What do you understand to be the relationship between you as the support person and the breastfeeding mother?

   b. How do you gauge your impact as a support person?
   c. What strategies would you use if you find your support is unsuccessful?
5. Self-reflective capability:
   a. What skills are required for effective breastfeeding?
   b. What skills are required for a person supporting breastfeeding mother?
6. The nature of human nature:
   a. What kind of incentives/rewards can you provide to encourage breastfeeding initiation and continuity?

Additional interview questions to include (but not limited to):

1. In what ways would you say your knowledge about breastfeeding has increased after participating in breastfeeding education, discussions, and/or programs?
2. In what ways has your perception of breastfeeding changed after participating in breastfeeding education, discussions, and/or programs?
3. How do you think your ability to be an influential, practical support person during the breastfeeding process has changed after participating in breastfeeding education?

Thank you statement and prompt for follow-up questions

That concludes all the questions I have for you right now. Do you have any questions for me? (Allow participant to ask questions). This info is on your consent form: This study will be published online in Scholarworks (a publication of Walden University doctoral research) where it can be viewed free of charge. You will be notified when the publication is available and receive a summary of the study.

Thank you so much for taking time out of your busy schedule to participate in this study.

Have a great one!