The Value of Listening to Grandmothers' Infant-Feeding Stories

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ABSTRACT

The purpose of this study was to examine the usefulness of storytelling as a foundation for communicating with grandmothers about breastfeeding. The benefits of storytelling are applied to an analysis of infant-feeding stories that grandmothers told during a focus group study conducted by the authors. Thirty-five grandmothers participated in the study. A qualitative content analysis of the interview transcripts revealed that grandmothers' infant-feeding stories provided insights into the people (characters) and circumstances (setting) that affected their early experiences of infant feeding. By asking grandmothers to tell their stories, health-care professionals may understand the personal and cultural context grandmothers bring to their support of new mothers and facilitate a place for grandmothers' voices to be heard.

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Grandmothers want to be helpful to new mothers who are breastfeeding, but may not know how to offer appropriate support (Banks, 2003; Grassley & Eschiti, 2007). Many grandmothers have limited experience with breastfeeding. They may not have breastfed their children nor have been breastfed themselves, which reflects the decline of breastfeeding in the United States during the 20th century (Apple, 1987; Cadwell, 2002; Wolf, 2001). Developed in the late 19th century as a safe food for infants whose mothers could not breastfeed, feeding formula rapidly gained popularity as the infant-feeding choice. By 1958, 63% of newborns left the hospital exclusively bottle-fed (Greer & Apple, 1991). This downward trend persisted into the 1970s. Breastfeeding rates were lowest in 1971 when less than

25% of women initiated breastfeeding and only 5% continued for a minimum of 6 months (Ryan, Wenjun, & Acosta, 2002). For many new mothers, formula may have been the infant-feeding method most often chosen by their female relatives (Bentley et al., 1999; Cricco-Lizza, 2004; Meyerink & Marquis, 2002). Because the infant-feeding assumptions and practices that grandmothers learned while formula-feeding do not transfer to breastfeeding (Mulford, 1995), the advice and help they offer may deter rather than facilitate successful breastfeeding. Susin, Giugliani, and Kimmer (2005) found that many grandmothers advocated feeding supplementary bottles, which predicted termination of breastfeeding before 3 months. Grandmothers in another study expressed a lack of confidence in the adequacy of breastfeeding and the belief that the best way they could support new mothers was by formula-feeding infants (Banks, 2003).

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Asking grandmothers to tell their infant-feeding stories could be a strategy for understanding grandmothers' breastfeeding perspectives (Bailey & Tilley, 2002). Although researchers have investigated the significance of health-care providers listening to women's birth stories (Callister, 2004; Farley & Widmann, 2001), grandmothers' breastfeeding stories have not been studied. The purpose of this article is to address this gap in the literature by examining the usefulness of storytelling as a foundation for communicating with grandmothers about breastfeeding. A review of the benefits of storytelling for accessing grandmothers' infant-feeding stories is followed by an analysis of the stories that grandmothers told during a study we conducted. Implications for perinatal education and research are also discussed.

BACKGROUND

Storytelling is an interactive process of sharing stories with others (Banks-Wallace, 2002). A story is a representation of an event or series of events within a particular time and place that assists individuals to examine reality and give meaning to their experiences (Bruner, 1990; Leight, 2002). Sharing their stories can help women validate and understand their experiences of important transitional events such as childbirth and becoming a mother (Behrmann, 2005; Callister, 2004; Farley & Widmann, 2001). Stories help people make sense of their behavior and the behaviors of others (Banks-Wallace, 1999). In her study of the feeding experiences of women who experienced childbirth between 1920 and 1980 in Great Britain, Carter (1995) discovered that most women had a feeding story. She concluded that women constructed feeding stories to explain and defend themselves as women and as mothers. Stories can be a way of accessing experiences from another time and learning how the social-historical context influenced women's experiences and well-being. By asking grandmothers to tell their stories, health-care professionals may facilitate a place for grandmothers' voices to be heard and their breastfeeding perspectives to be understood.

METHOD

As part of a larger study to develop an intervention to facilitate grandmothers' knowledge and support of breastfeeding, we discovered the rich stories that grandmothers told about their infant-feeding experiences. The study methodology and primary findings are reported elsewhere (Grassley & Eschiti, 2007). Thirty-five maternal and paternal grandmothers,

aged 40 to 81 years old, participated in the study. To be included in the study, grandmothers had to have had a grandchild who breastfed within the last 3 years. Table 1 describes the demographic characteristics of the sample. Most participants had at least some college education, were Caucasian, were employed, and had been breastfed by their mothers for an average of 6 months, with a range of 6 days to 13 months. Although most had breastfed their own children, not all breastfed all their children. Thirty-three participated in one of nine focus groups, with two to eight group participants. Although we worked diligently to schedule at least six to seven grandmothers in each focus group, we could not predict how many grandmothers would attend on the actual day, which is why some of the groups were small. Because all but four of the focus group participants

TABLE 1
Demographics (*N* = 35)

Age (in years)	<i>M</i> = 57; Range = 40–81
Education	
Graduate degree	17
Bachelor's degree	7
Some college	10
High school diploma	1
Race	
Caucasian	25
African American	8
Hispanic	2
Employment	
Full time	25
Part time	5
No	4
Missing	1
Parity	
One	2
Two	15
Three	12
Four	3
Five	2
Six	1
Number of children breastfed	
Zero	6
One	9
Two	9
Three	9
Four	1
Five	0
Six	1
Own mother breastfed	
Yes	23 (<i>M</i> = 6.5 months; Range = 0.2–13 months)
No	11
Do not know	1

had breastfed at least one of their own infants, we recruited two grandmothers who had not breastfed for individual interviews. All interviews were audio-taped and transcribed verbatim.

The primary purpose of the focus groups was to talk with grandmothers about their perspectives related to breastfeeding and grandmothers' support of breastfeeding. However, as the grandmothers discussed breastfeeding, they began to tell their stories related to feeding their own children. We then decided to analyze the transcripts for stories using the steps recommended by Banks-Wallace (2002). The first step in analysis was a description of the historical/cultural setting of the study because all stories have a context that embraces the past and the present (Banks-Wallace, 2002). Transcripts were then demarcated into stories, noting the context in which they occurred during the interviews. Using S. S. Barton's (2004) definition of story as "a special kind of narrative characterized by events, characters, and settings arranged in a temporal sequence that implies causality and significance" (p. 523), the grandmothers' feeding stories were extracted from the interview transcripts. Some grandmothers told a complete story all at once. Demarcating the boundaries of other stories was more complex because they were told in parts throughout the interview in response to other women's stories. For example, during her group's discussion of the benefits of breastfeeding, one grandmother said, "I think it's ideal, but it didn't work for me." Later in the interview in response to other stories, she told a story of the difficulties she had initiating breastfeeding. She ended her story wondering if she might have done things differently.

Stories were then analyzed according to characters and settings; these were compared within and across groups. Although the age range of grandmothers was broad, we could not distinguish differences between older and younger grandmothers' stories from the focus group interviews. The final step was to note conspicuous silences or absences that may have occurred in the groups (Banks-Wallace, 2002). A conspicuous silence noted in the focus groups was the absence of the voices of the four women who had not breastfed. Only one of the women told her story during the interviews. The remaining three women seemed hesitant to share their experiences when they were part of a group in which most of the women had breastfed. We then recruited and interviewed two grandmothers individually who had not breastfed to gain a deeper understanding of their

perspectives about breastfeeding. The findings of the analysis of the group and individual interviews are discussed later under a central theme of "Telling My Story." The characters, settings, and memories and emotions of grandmothers' stories are woven into this description of their infant-feeding experiences.

Ethical Considerations

We received approval from the institutional review boards of the Texas Woman's University, the Presbyterian Hospital of Dallas, and the Texas Department of Health. In the original study, women gave written consent for participation in the study.

FINDINGS: TELLING MY STORY

The grandmothers in our study expressed a desire to tell their own stories to other women of becoming new mothers and grandmothers. One participant eloquently expressed the importance of grandmothers telling their stories in the following narrative:

One of the things I've found is, as my daughter gave birth to children and breastfed, it brought up many issues of my own unresolved, from my own mother. . . . And so, we are talking about a line of women here, and I didn't know that that was going to happen to me and my concerns about that. . . . I would really like to see women tell their story.

The grandmothers' stories provided insights into the people and circumstances that affected whether or not they breastfed their children. Central to the grandmothers' stories was a description of the setting where they initiated infant feeding and the main characters who influenced their feeding decisions. Main characters included their mothers and health-care professionals.

Characters: Grandmothers

Women told stories of how grandmothers, with their beliefs and attitudes, influenced their decisions about infant feeding. Several talked about how their mothers or mothers-in-law were embarrassed by breastfeeding because they believed breastfeeding was "a trashy thing to do" or because purchasing formula was a sign of economic prosperity. One grandmother shared, "My mother very much advocated the convenience of modern technology. [She said], 'You've got all of the formula out there. Why would you put yourself through that [breastfeeding]?'"

Other grandmothers told stories of how their mothers had supported their decision to breastfeed.

One grandmother who had grown up in the upper Midwest of the United States appeared to come from an unbroken line of women who had breastfed. Her grandmothers breastfed her mother and father, her mother breastfed her, and she breastfed her two children. She told a story about how the nursery nurses instructed her mother, who had an abundant milk supply, to pump her milk for the premature infants. Her mother told her, “It’s so much easier, in the middle of the night to just get up and just breastfeed.” She remembered that her nursing education included breastfeeding information, an unusual occurrence in the 1960s. She transmitted her knowledge and positive experience with breastfeeding to her daughter and daughter-in-law. Both had chosen to breastfeed and looked to her for support. When the nurse caring for her daughter admitted that she did not know how to help her daughter latch her baby, the daughter replied, “Well, my mom does.”

Characters: Health-Care Providers

Health-care providers were also central characters in the grandmothers’ stories about their infant-feeding decisions. One grandmother who had lived in Germany talked about the nurse who, during her pregnancy, gave her information about breastfeeding and asked if she wanted to breastfeed. She shared her response, “I said, ‘I don’t know. I am going to read all the pamphlets. And from there I decided I was going to do it [breastfeed]. I was seeing a lot of the German women [breastfeed].’” Another grandmother’s pediatrician encouraged her to breastfeed. Although she had planned to feed formula, her pediatrician had written a prescription that she breastfeed her newborn in the hospital. She successfully established breastfeeding while in the hospital, and her daughter refused formula after they were discharged home. Her pediatrician then encouraged her to continue breastfeeding, which she did for more than a year. Another grandmother told a story of the lack of support she received from her physician:

Well, I received nothing but opposition the first time. In fact, my pediatrician told me that I would be stupid to even try to do that if I planned on going back to work . . . it definitely not only was not encouraged, it was severely discouraged.

Other grandmothers told stories of wanting to breastfeed, but their health-care providers convinced them to feed formula when they or their infants

developed complications such as toxemia or having cesarean surgery. Some of the grandmothers, however, resisted this authority. One grandmother, who had a difficult and traumatic childbirth during which she and her daughter almost died, was advised by her mother, her husband, the nurses, and her physicians not to breastfeed; they claimed breastfeeding would be too difficult. However, she ignored their concerns after talking with a La Leche League volunteer who encouraged her to breastfeed:

[By] this time, I had been very traumatized by the hospital and everything else that was going on, so for me, I felt like that this [breastfeeding] was something that I absolutely had to do, regardless of what anybody else thought, and so anyway, um, and it did wind up just being an awesome experience. When you almost lose a child, you know, there is, you love every moment with that child and you just treasure it . . .

This grandmother validated and affirmed her choice to persevere as she ended her story of resistance. She expressed her pride that this child, whom she breastfed beyond a year, had chosen to breastfeed her own children and become a La Leche League volunteer, helping other women breastfeed.

Setting: Beginning Breastfeeding

The setting where the women initiated and established breastfeeding was important to their stories. One grandmother learned to breastfeed among a community of women in the Central American village where she was a volunteer. She described what it was like being in a culture where breastfeeding was the norm for infant feeding:

[E]ven though they didn’t come up to me and say, “This is how you breastfeed, or this is why it’s a good idea,” through osmosis they taught me just marvelous things. I never met a Mayan Indian woman who couldn’t breastfeed [soft laugh], you know, and um, so I would say that it was very easy for me with my first child, um, to breastfeed. It was part of the cultural tradition among the people I was living among at the time.

This grandmother breastfed both her daughters into their third year, even though her own mother was not supportive of her decision. She attributed her success with breastfeeding to the Mayan women’s example.

Several women found themselves in unsupportive hospital settings where infant-feeding practices did not encourage successful establishment of breastfeeding.

One grandmother, who had cesarean surgery with her first child, received little support from her hospital nurses to initiate breastfeeding. She said:

That's 35 years ago, and I didn't really get any encouragement to breastfeed or anything. They started feeding both of my children cereal in their bottles before they were ever brought to me . . . probably the third day . . . and I was ignorant . . . they didn't like what I had to offer . . .

She then linked her story to her daughter's breastfeeding experience. She said:

I just wasn't properly educated on it and I regret it. And then my daughter had a real bad experience the first time, and um, she just breastfed until every feeding she was crying and then finally gave it up. I might have been a bit of a bad influence on my daughter.

She ended her story by expressing her regret. She said, "And I'm embarrassed that I had no more planning or forethought to not have my own plan of what I wanted."

Memories and Emotions

Becoming a grandmother can elicit memories and powerful emotions from the past. Some of the grandmothers in our study seemed to link their stories to their daughters' experiences with breastfeeding. One grandmother remembered her own early postpartum experience with strong feelings of inadequacy as she described supporting her daughter. She said, "I wanted to take that pressure off of her because I knew that pressure; if I couldn't breastfeed the baby, I could at least help with the pressure."

Some of the grandmothers saw their daughters' breastfeeding of their infants as an affirmation of their own infant-feeding choices. One woman, who had breastfed her daughters for extended periods, talked about her experience of watching her daughters breastfeed their children. She said, "I loved breastfeeding myself, and it has been just as fulfilling to watch my daughters with their children, and I just think it's been wonderful for them." Others expressed regrets. One grandmother became tearful as she shared her enjoyment of watching her daughter interact with her grand-

son while they were breastfeeding. Her own mother had discouraged her from breastfeeding. She said:

I look at my daughter, and I look at what she has with her son, and I wish I had had that. And I mean my kids are great and they turned out great, but I wish . . . I envy what she has. She is a great mom.

The grandmothers also shared memories that were amusing, particularly about breastfeeding in the presence of friends or family. A paternal grandmother told a story of going to breastfeed her first infant in a back room during a large family gathering. She was followed by several young children. She remembered:

A 5- or 6-year-old asked me what I was doing, and I said, "I'm feeding my baby." And she said, "Well, are you hiding a bottle under your shirt?" Because she had absolutely no clue that milk came out of your body. . . . And so I explained, thinking, "Gee, I hope her mother doesn't get upset that I have explained this to her."

DISCUSSION

The stories presented by the grandmothers in our study suggest insights into the personal and cultural context that a grandmother may bring to her support of the new mothers in her family as they initiate and establish breastfeeding. Most of the women in our study became new mothers in the 20th century, when the United States experienced a rapid decline in breastfeeding with the development of infant formula as the preferred method of infant feeding and a decreased confidence in women's ability to breastfeed (Apple, 1987; Greer & Apple, 1991; Mulford, 1995). Most of our study's participants gave birth in the 1960s and early 1970s, when common hospital and infant-feeding practices made successful breastfeeding difficult. Separation of mothers and newborns on the postpartum unit, early supplementation of breastfeeding, and early introduction of solids contributed to the cultural belief that "breastfeeding can be a difficult, even impossible undertaking, and that human milk is prone to inadequacy" (Wolf, 2001, p. 201). A common message from this period advocated that because no strong evidence demonstrated breastmilk had significant health benefits for infants, infant formula was a convenient, safe substitute for breastfeeding (Apple, 1987). These beliefs and practices were reflected in the stories from the grandmothers in our study,

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providing access to the sociohistorical context that influenced our study participants' infant-feeding experiences and perspectives (Banks-Wallace, 1999). Although the number of participants in our study was small, mostly Caucasian, and did not include grandfathers or great-grandparents, the study's findings suggest implications for perinatal education and research.

Implications for Perinatal Education

Grandmothers want to tell their stories. One grandmother in our study said, "The women I know who have gotten the news that they are going to be a grandmother for the first time want to talk to somebody about it." Sharing their stories seemed to help the women in our study validate and understand their experiences of becoming new mothers, a function of storytelling documented in the literature (Banks-Wallace, 1998; Behrmann, 2005; Carter, 1995; Farley & Widmann, 2001). The events surrounding giving birth and breastfeeding are powerful. Just as Simkin (1991, 1992) found that women's memories of giving birth are vivid and accurate even when recalled 20 years after the event, the women in our study vividly remembered the events surrounding feeding their infants, particularly if their experiences were disappointing. A surprising finding was the connections that grandmothers made between their stories and those of their daughters. Infant feeding, particularly breastfeeding, seems to be a significant event in women's lives that they remember vividly (Behrmann, 2005). Callister (2004) argued that women need to tell their birth stories to integrate the significance of the birth event into their lives. Grandmothers, therefore, may need to tell their infant-feeding stories.

Perinatal educators and other health-care professionals can provide opportunities for grandmothers to tell their infant-feeding stories individually or in groups. The grandmothers who participated in our focus groups suggested that during pregnancy, grandmothers might enjoy meeting with other grandmothers to talk about their experiences. Telling stories in a group has advantages because the experience creates a common experience among women and minimizes participants' perceptions that they need to shape stories to meet the expectations of the group's moderator (Banks-Wallace, 2002). Listening to others' stories could also provide practical information and problem-solving strategies for supporting breastfeeding (Banks, 2003; Banks-Wallace, 1998; Farley & Widmann, 2001). Aubel,

Touré, and Diagne (2004) used songs, stories, and group discussion to teach grandmothers in Senegal current breastfeeding information. In a First Nations community in Canada, a grandmother led talking circles with a group of elders to talk about their breastfeeding knowledge and attitudes as well as effective practices these grandmothers could use to support their daughters who were breastfeeding (Banks, 2003). We found, however, that grandmothers who did not breastfeed appeared to be reticent to share their stories in a group setting in which most members breastfed. They may be more comfortable sharing their stories individually or within a group of grandmothers who did not breastfeed.

A grandmother's own infant-feeding experiences may influence her ability to be supportive of breastfeeding. From their study of breastfeeding in Sweden, Ekström, Widström, and Nissen (2003) concluded that grandmothers' own infant-feeding experiences influenced the support they offered their daughters, particularly if the grandmothers had received only minimal support or had had a disappointing experience. Ekström et al. (2003) advocated that health-care providers elicit grandmothers' perceptions as part of their care of new mothers. When evaluating an antepartal-education-nurse-intervention to promote breastfeeding in Great Britain, Winterburn, Jiwa, and Thompson (2003) found that some grandmothers needed to talk about their own experiences before they could receive information about breastfeeding. Perinatal educators and other health-care providers can use their encounters with grandmothers throughout the childbearing year as opportunities to facilitate grandmothers' support for breastfeeding by asking them about their infant-feeding experiences and perspectives as well as offering current information about breastfeeding.

As part of breastfeeding education during pregnancy, perinatal educators can encourage expectant parents to ask their mothers to share their infant-feeding stories to understand the perspective they bring to becoming grandmothers. This dialogue may facilitate communication within families about expectations related to offering breastfeeding support. Table 2 presents possible questions that were adapted from our study's focus group guide and from narrative questions suggested by Sakalys (2003).

Implications for Research

Women's health research is grounded in women's voices and experiences (Callister, 2004; Im & Meleis,

Grandmothers' stories could be a rich data source for understanding and addressing the cultural messages from the past that influence mothers' infant-feeding decisions.

2001). "What matters to people keeps getting told in their stories of their life" (S. S. Barton, 2004, p. 525). By listening to grandmothers' stories, researchers can address issues that are central to grandmothers' lives (Callister, 2004). The findings of our study support the need for more research about grandmothers and their infant-feeding experiences. Although the relationship of grandmothers' feeding choices to those of their daughters' has been established in the literature (Arlotti, Cottrell, Lee, & Curtin, 1998; S. J. Barton, 2001; Bentley et al., 1999; Mahoney & James, 2000; McIntyre, Hiller, & Turnbull, 2001; Whelan & Lupton, 1998), only a few researchers have investigated grandmothers' perspectives on infant feeding (Banks, 2003; Ingram, Johnson, & Hamid, 2003; Masvie, 2006). Because most of the women in our study were breastfed by their mothers and/or had breastfed, the perspectives of grandmothers who chose not to breastfeed are needed. Using focus-group methodology, these grandmothers could be asked to tell their infant-feeding stories. The grandmothers in our study did not represent diverse cultural groups, particularly countries where breastfeeding is still the cultural norm. Group storytelling may be a way to discover these grandmothers' perspectives about breastfeeding. Focus groups have been used to investigate the breastfeeding beliefs and practices of Tamang women living in Nepal (Masvie, 2006) and of South Asian women living in Great Britain (Ingram et al., 2003).

Levels of breastfeeding rates vary in the United States according to region. For example, according to the *Breastfeeding Report Card* published by the Centers for Disease Control and Prevention (2007), the Mountain and Pacific states generally have higher breastfeeding rates than those in the Southeast. Our study took place in an urban area of Texas. A larger study encompassing other regions could be conducted to identify differences and similarities among grandmothers' experiences across a broader spectrum.

Grandmothers' infant-feeding stories can be the foundation for developing and evaluating interventions that facilitate their knowledge and support of breastfeeding. Our study identified a connection between grandmothers' and mothers' feeding

TABLE 2
Eliciting Stories: Questions

Tell me about feeding your own children as infants.
What happened? What was it like for you?
What has been your experience with breastfeeding?
What do you see as the advantages of breastfeeding?* As the disadvantages?*
What do you imagine for yourself as a grandmother?

Note. *Questions that elicited stories during the study interviews.

stories. An ethnographic study of family breastfeeding that includes mothers, grandmothers, and great-grandmothers might provide insight into the generational aspects of breastfeeding and enhance understanding of family influences on women's infant-feeding decisions. Finally, grandmothers' stories could be a rich data source for understanding and addressing the cultural messages from the past that influence mothers' infant-feeding decisions.

CONCLUSION

Grandmothers are not a homogeneous group, even when they became new mothers during the same time decade or were of the same ethnicity. By asking grandmothers to tell their stories, health-care professionals may facilitate a place for grandmothers' voices and perspectives to be heard and understood. Storytelling gives health-care professionals access to the cultural and personal context that grandmothers bring to their support of new mothers and provides a foundation for communicating with new mothers and, thereby, facilitating their support of breastfeeding.

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