



“Barbershop Talks”

A Report on the African American Male
Perspective on Breastfeeding in Multnomah
County.

Written by: Helen Kidane, MPH

Background

[REACH](#), Racial and Ethnic Approaches to Community Health, is a 5-year grant (2018-2023) awarded to the Multnomah County Health Department (MCHD) from the Centers for Disease Control and Prevention (CDC). The purpose of REACH is to address health disparities in the African American/Black, and African Immigrant/Refugee communities in Multnomah County. These communities suffer the highest burden of chronic disease (i.e., hypertension, heart disease, type 2 diabetes, and obesity). These disease disparities are a manifestation of centuries long oppression, discrimination, and subjection to various forms of systematic racism, all still present today. Although Multnomah County Health Department's REACH program does not claim to have all the answers, we take a bold stance to address these problems by leading with the motto "cultural preservation as a means to protecting health."

REACH focuses on three main domains: Physical Activity, Community Clinical Linkage, and Nutrition. Within the nutrition domain, one strategy includes increasing continuity of care and community support for breastfeeding. REACH hopes to increase breastfeeding rates in the black community to ensure our black babies have an opportunity to sustain the long-term positive health outcomes that result from being breastfed. Currently, the REACH community is experiencing negative health outcomes and disparities that are also present nationwide: higher preterm births, higher infant mortality, and lower breastfeeding rates than the white population.

"Racial and ethnic differences in preterm birth rates remain. For example, in 2018, the rate of preterm birth among African-American women (14%) was about 50 percent higher than the rate of preterm birth among white women (9%)." – CDC, 2019.

Preterm births are higher in the black community, regardless of level of education or social-economic status and studies suggest much of that can be attributed to acute stress during pregnancy or life-course exposure to stressors. Additionally, black women experience daily micro aggressions and often lack proper supports. While the best solution is social reform, providing black mothers with culturally specific support needed to feel mentally and physically well, is a necessary step. Multnomah County's Healthy Birth Initiative (HBI) has demonstrated the benefits of providing such support to pregnant and postpartum black women.

Objective

So why focus on breastfeeding? The benefits of breastfeeding have long been understood and acknowledged by the research and medical community. There is much evidence that suggests breastfeeding has positive health effects for both mom and baby. It strengthens

their bond, triggers uterine shrinkage to pre-pregnancy size, helps mom lose pregnancy weight, and even reduces risk for certain cancers. For baby, the benefits are even more pronounced. In addition to providing the most nutritionally balanced meal, breastmilk also protects against many conditions including allergies, eczema, stomach upset, diarrhea, and constipation. Baby is less likely to experience infections, including urinary tract, respiratory, and ear. Research suggests a multitude of longer-term effects for baby as well, such as reducing risk for obesity, type 1 diabetes, meningitis and Hodgkin's lymphoma. Baby is also less likely to die before his/her first birthday.

“Children who were breastfed had 20% lower risk of dying between 28 days and one year than children who weren't breastfed. Longer breastfeeding was associated with lower risk. The effect was the same in both black and white children.” – National Institutes for Health, 2004.

Despite the positive health effects, African American mothers are still less likely to breastfeed than their white or Latina counterparts. Why? How can we change that? REACH is launching a breastfeeding communication campaign aimed at the black family. The campaign will focus on normalizing breastfeeding by providing community support and encouragement for black mothers. Since we recognize it is vital to engage fathers, male partners and family members as active contributors to the success of sustained breastfeeding, we are including men as a key audience of this campaign. We hope to create a holistic campaign that includes the male perspective and empowers mothers to choose breastfeeding.

Why focus on men? There is substantial evidence that suggests the importance of the man's role in sustained long-term breastfeeding. In fact, a study *“Breastfeeding as Men's “Kin Work” in the United States”* (Phobe, 2009) stated that “men's contributions to the breastfeeding relationship can help overcome the lack of structural support for the practice.” Additionally, the study considered “Men as pivotal sources of breastfeeding support.” However, this study did not capture the perspective of black men as no study subjects identified as Black/African American. This is not unique, most studies have poor representation of Black/African American participants. For this reason, it was imperative that REACH hears from the black men in our community about their perspective on breastfeeding.

Methods

The REACH team partnered with Multnomah County Health Department's HBI Program to conduct three focus groups, called Barbershop Talks, hosted at community-based black barbershops. Given the importance of barbershops in the community, it was a natural setting for

these talks. Barbershops have served as a safe haven where black men often congregate to discuss sports, politics, religion, events, and other issues pertinent to the community.

The barbershop talks were hosted at three prominent black barbershops in the community on the following days:

- a) Monday, June 24th, 2019 - The Influential Grooming Lounge
- b) Tuesday, June 25th, 2019 - Champions Barbershop
- c) Wednesday, June 26th, 2019 - Infinity Salon Suites

To encourage honesty and reduce bias, the Barbershop Talk space was designated for men only. Each 120-minute group was facilitated by two male staff members, one from REACH and the other from HBI. Conversations were recorded and another REACH staff took notes. Digital recordings were transcribed. Participants were provided with a \$25 gift card in exchange for their participation. Food was also provided.

The objective of the Barbershop Talks was to identify the general thoughts, attitudes, knowledge and experiences of black men in relation to breastfeeding support for black women. The findings from the talks will inform the REACH team as we develop effective messaging for our breastfeeding communication campaign.

Please see Appendix X for the questions and prompts facilitators used to engage the men in discussion.

Outreach and Recruitment

Multnomah County's REACH and HBI programs worked together to recruit self-identified Black/African American or African Immigrant/Refugee Men residing in Multnomah County. The following methods were used for recruitment: social media platforms, word of mouth, print media, email listservs, and community partner engagement.

Criteria to participate in the focus groups were as follows:

- a) Adults 18 years and older who identify as Black/African American or African Immigrant/Refugee
- b) Self-identified men
- c) Reside in Multnomah County

Participant Profile/ Demographics

Thirty-five black men, ranging in age from 18 to 70, participated in one of the three focus groups. Roughly half of the participants were fathers, and of those who were not, most were a significant individual as either a brother, uncle, father, or grandfather of someone who has or was currently

breastfeeding. A few members did not have any experience with those around them breastfeeding.

Findings

Key Themes

This section presents themes identified during analysis of the focus group transcriptions. Themes represent the shared views of multiple individuals. Quotes that illustrate and allow the respondents' voice to describe the theme are included in italics and brackets. Quotes provide good examples of the theme but are not exhaustive. Opinions or thoughts expressed by one or two individuals are minor themes as indicated in the description.

Cultural Support:

The need for culture and communal support was strong and pervasive. The vast majority of men made some reference to communal support for the black family as the main solution to addressing low rates of breastfeeding. Family, culture, and community are the top three contributing factors to overall perceptions, feelings, and attitudes around breastfeeding. Additionally, men referenced their mothers-in-law (or maternal grandmother of baby) as the single biggest influencer in the decision to breastfeed.

"It's a critical thing (bonding), especially in African Americans, because we're very important about family, creating bonds within a community..." – Champions Barbershop Participant

"My opinion is that breastfeeding is good, I mean it gives the chance for the mother and the child to bond, [...] it gives them essential nutrients that can't be gotten from somewhere else. What influenced my opinion? I would say my mom and my sister, and my brothers. [...] Also, my cultural community has influenced it." - Champions Barbershop Participant

Institutional Support:

Culturally appropriate education, groups, and provider support was identified as critical in the ability to gain confidence and skill in the topic of breastfeeding. With added confidence comes greater support. Many men identified their providers and nurses as their key sources for

information. Unfortunately, these institutions that are so heavily relied upon are also inefficient in their ability to successfully deliver the necessary information and support.

"I think it's all extremely important. I think the education part is the biggest thing though, you know as I was a younger father, if I would have had, or even if me and my wife would have had this type of education on it. I know because she didn't get it in the house, and I didn't get it either, as far as education goes. If there was more opportunities like this, then we would've been more so prepared when the time came." – Champions Barbershop Participant

Attitude toward Breastfeeding:

Attitudes toward the practice of breastfeeding was predominately positive. Most men acknowledged the importance of breastmilk as the ideal food for baby. Some were reluctant to speak on the topic of breastmilk or breastfeeding.

Many men deferred the choice to breastfeed to the mother of the child. They expressed that it was "not their place" to make that decision. This could potentially impact their confidence to engage in conversation about breastfeeding with the mother of the child.

Some men also expressed concern on how breastfeeding could potentially impact their relationship with the mother. There were candid conversations about what pregnancy and breastfeeding would do to the mother's appearance, self-confidence and their intimacy.

"...for nutritious reasons, for fighting diseases, and increasing ...I think it's called antibodies. So basically fight off certain disorders like autism and all these things that are going at a high rate in the African American community. I feel like it's super important to breastfeed the baby naturally as long as you can..." - Infinity Barbershop Participant

Family Influence:

A consistent theme throughout all three focus groups included identifying family and close loved ones as primary influences in their thoughts about breastfeeding. Men were more likely to support breastfeeding practice if those within close proximity (i.e., family) breastfed. The

participants made many references to family and relatives and how they shaped their view. No references to media or external influences were made.

"Most the women in my family breastfed, even being younger I would help my auntie with all her breastfeeding tools and bottles, she needed washed and all the different stuff. So it was a normal thing. I was breastfed. Most of the women in my family breastfed." – Influential Barbershop Participant

Key Findings

This section summarizes the themes into key findings that inform the following recommendations for breastfeeding communication and outreach work for providers and community health organizations.

- Most participants understood the importance of breastfeeding for mother-child bonding, but not the specific medical benefits. Many men acknowledged the superiority to breastfeeding over formula feeding but did not know why or what the benefits were.
- Many Black families are looking for institutional support. Men suggested wanting further engagement from their healthcare providers for education and continuous support.
- Many men acknowledged the importance of having a Black nurse or healthcare provider. Culturally-specific care was identified as important for a multitude of reasons, including how information is delivered and received. Additionally, connection and relatability are fundamental when discussing intimate topics and with presenting with vulnerability of asking for assistance.
- The critical nature of community support and social connectedness was often referenced as pillars to addressing health concerns and supporting positive practices such as breastfeeding in the community.
- Most men did not understand what their role could be, beyond verbal support. When asked how they supported their partners or relative with breastfeeding, most men suggested that they provided verbal affirmation. However, a few mentioned providing additional supports including “ensuring she stayed hydrated,” “give her space,” or taking the baby so “she can get her rest.”
- The age of the man when fathering a child may impact their level of support for breastfeeding. It appeared younger fathers were less prepared to support or encourage breastfeeding, whereas older more mature fathers were more engaged and supportive of breastfeeding practice.

Recommendations

The following recommendations focus on efforts to support and improve breastfeeding initiation, retention, and duration in Multnomah County's black community.

Culturally appropriate opportunities for education and support should be offered to both mom and dad (or partner). The black community thrives on inclusivity and connectedness. Men should not be left out of the conversation and their roles in breastfeeding should be regarded as vital. Men should be encouraged to attend WIC appointments, breastfeeding consultations/groups, and a special effort should be made by providers that highlight the man's role in supporting breastfeeding.

Cultural specificity is imperative. Organizations that provide maternal and child health services should make efforts to engage in opportunities for culturally-specific lactation consultants, nurses, mid-wives, doulas, and other healthcare providers in their efforts to best serve the black community.

Highlight the positive and provide examples. The benefits of breastfeeding have long been understood and acknowledged by the research and medical community. There is much evidence that suggests breastfeeding has positive health effects for both mom and baby. This key information, in its entirety, should be appropriately communicated to the black community.

Dedicate adequate resources to reach and engage younger fathers. Our findings suggest younger fathers are either disengaged or uninformed in breastfeeding related topics. This presents as an opportunity for engagement such as using the peer support model or partnering with relevant community businesses and organizations to host peer support groups and/or info sessions for new fathers.

Shop Talks Photos



Black men gather to discuss breastfeeding topics at The Influential Grooming Lounge, June 24th, 2019

A post event photo after our breastfeeding shop talk at Champions Barbershop





A community member gives his perspective on the role that fathers play in breastfeeding practice.

The shop talk group at Champions tuned in as one member explained why his first child was not breastfed.



Appendix

Appendix B: PRT Form

2019-05
Final

MULTNOMAH COUNTY HEALTH DEPARTMENT PROJECT REVIEW TEAM (PRT) Project Review Request Form

The purpose of having a project evaluated by the Project Review Team (PRT) is to 1) determine whether the project meets the federal definition of 'research' [45 CFR 46.102(d)]¹ or public health practice; and 2) for those projects deemed public health practice, provide guidance on the specific areas related to human subject protection, including risks and informed consent; and confidentiality of personally identifiable health data. The PRT evaluates only obvious potential violations of protocol and human subject protections; it does not mitigate the project leader and his/her manager's responsibility to protect confidentiality of the data and to fully advise participants of potential risks. Additionally, the PRT does not make approval on behalf of the program or division with regard to allocation of resources or support for the project. If the PRT determines the project is research, the project leader must submit the project for IRB review. For projects deemed public health practice, the PRT may recommend changes to procedures related to risks and informed consent. The suggested changes must be made for the PRT to sign-off on the project.

PART I: PROJECT OVERVIEW

Date of Request: June 20, 2019

Project Title: Racial and Ethnic Approaches to Community Health (REACH) Shop Talks

Is this work funded by a grant? If yes,

☒ Yes ☐ No

Grant Number: NU58DP0066576-01-00 (Cooperative Agreement)

Grant Funder: Centers for Disease Control and Prevention

MCHD Project Lead (name, title): Charlene McGee, REACH Program Manager

Project Lead Signature:

Charlene McGee

Program Manager (name, title): Tameka Brazile, Director, Prevention Health Promotion
(if different from Project Lead)

Program Manager Signature:

Tameka Brazile

Partner Organizations/Agencies: Program Design and Evaluation Services (PDES), Multnomah County Health Department/Oregon Health Authority

Primary Contact (name, title): Susan Mabry Van't Hof, MIA, MPH, Research Analyst

Susan Van't Hof

¹ <http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.html>

Division

- ☐ Integrated Clinical Services ☐ Nursing Practice
☐ Tri-County Health Officer ☐ Mental Health and Addiction
☒ Public Health

1. Has this project been considered by an IRB? If yes, ☐ Yes ☒ No

- a. IRB name:
b. What was the result of IRB review?

2. Has this project previously been considered by the Project Review Team? If yes, ☐ Yes ☒ No
☐ Unknown

- a. Date reviewed:
b. Purpose of reconsideration:

3. Please provide a brief overview of project, purpose, methods, objectives, sample size, recruitment process and subjects (1/2 page).

The Racial and Ethnic Approaches to Community Health (REACH) grant is federally funded by the Centers for Disease Control and Prevention (CDC) with a focus on reducing health disparities among Multnomah County's black individuals and communities with the highest burden of chronic disease (i.e., hypertension, heart disease, Type 2 diabetes, and obesity). REACH is focused on three domains: Physical Activity, Community Clinical Linkage, and Nutrition. Included within the Nutrition-related strategies is a black breastfeeding campaign.

REACH is launching a breastfeeding communication campaign targeting the black community. The campaign's focus is normalizing breastfeeding by providing community support and encouragement for black moms and their support systems. Since we recognize it is vital to engage fathers/male partners and family members as active contributors to the success of sustained breastfeeding, we are including men as key partners of this effort. The intent is to create a holistic campaign that includes the male perspective and empowers moms to choose breastfeeding. The projected launch date is August 2019 in alignment with national breastfeeding month.

In order to develop a campaign that is inclusive of fathers/male partners, REACH is conducting focus groups (i.e., Shop Talks) in partnership with black barber shops, the ACHIEVE Coalition and community organizations to hear the male perspective on supporting the women in their lives to initiate and sustain breastfeeding. The Shop Talks are scheduled for June 25, 26 and 27, 2019 from 7-9 PM.

Methods:

Shop Talks will be held at three local barber shops with separate groups of between 10-20 black/African American adult men recruited from the community via fliers and word of mouth. Fliers contain a phone number and email address to RSVP. We expect the groups to last from 60-90 minutes. They will be facilitated by two Multnomah County Health Department employees, one a REACH staff member, the other an HBI staff member. Food will be provided at each group. Participants will also receive a \$25 gift card for services at the barber shop where the group is held.

Participants will sign an attendance sheet with their name and confirmation they received the gift card for tracking purposes. Facilitators will guide the conversations to learn more about participants' general opinions of breastfeeding and how to support women and moms in their community to encourage breastfeeding. The group will be recorded using a digital recorder. The recording will be used for transcription purposes only and will be destroyed upon completion of the transcription. No personal identifying information will be on the transcription. The attendance sheet will be saved in a locked file cabinet only accessible to REACH staff members.

4. Please describe how the findings of this project will be used.

Findings from the Shop Talks will be used to provide culturally-responsive programming as part of the REACH grant, including policy, systems and environmental changes as well as to specifically inform REACH's breastfeeding campaign.

5. The primary intent of this project is to:

- ☐ Develop generalizable knowledge (primary goal is to learn something for the purpose of benefiting the broader population not just the subject or specific community)
- ☐ Identify or control a public health problem (intended benefits are primarily for the subject or the subject's community)
- ☐ Program evaluation (assess the outcomes of a program with the intent of further development and improvement)
- ☒ Formative evaluation (assessment taking place before or during a project's implementation with the aim of improving the project's design and performance)
- ☐ Public Health Surveillance (collection, analysis, and interpretation of health-related data to protect and promote population health)
- ☐ Other Explain:

Additional information:

PART II: RISKS AND INFORMED CONSENT

6. Describe risks to subjects including potential risks if there were a confidentiality breach:

Risks are minimal, and are limited to a breach of confidentiality. Participants will not be asked to discuss personal or personally-identifiable information, rather they will be asked to speak in general terms about their opinions and experiences. Names will not be tied to anyone's responses. If names are unintentionally recorded on the audio-recording, they will be stripped from/not recorded on the transcription.

5. The primary intent of this project is to:

- ☐ Develop generalizable knowledge (primary goal is to learn something for the purpose of benefiting the broader population not just the subject or specific community)
- ☐ Identify or control a public health problem (intended benefits are primarily for the subject or the subject's community)
- ☐ Program evaluation (assess the outcomes of a program with the intent of further development and improvement)
- ☒ Formative evaluation (assessment taking place before or during a project's implementation with the aim of improving the project's design and performance)
- ☐ Public Health Surveillance (collection, analysis, and interpretation of health-related data to protect and promote population health)
- ☐ Other Explain:

Additional information:

PART II: RISKS AND INFORMED CONSENT

6. Describe risks to subjects including potential risks if there were a confidentiality breach:

Risks are minimal, and are limited to a breach of confidentiality. Participants will not be asked to discuss personal or personally-identifiable information, rather they will be asked to speak in general terms about their opinions and experiences. Names will not be tied to anyone's responses. If names are unintentionally recorded on the audio-recording, they will be stripped from/not recorded on the transcription.

If there were a breach and the recruitment list of names and email addresses/phone numbers or the attendance list were released, there would be no risk to participants in any form. Their names will be on a non-descript list along with other names.

- d. Describe measures for maintaining confidentiality and security of the data at each place where identifying data will reside (even if only temporarily). Include measures for both hard copy and electronic security, as well as any other media type (e.g. audio tapes).

The list of names and contact information will be kept in a password protected electronic document and will not be used for anything other than recruitment tracking and communicating with participants about the meeting. The hard copy attendance sheet will be secured in a locked file cabinet that only REACH staff members can access.

9.	Will identifiable data be destroyed after the project is completed?	<input checked="checked" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
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- a. If no, describe measures taken to keep data secure for duration of storage:

PART IV: OTHER CONCERNS

10.	Are there any other concerns that are relevant to the Project Review Team's review that should be considered?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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- a. If yes, explain: Time is of the essence with this grant-funded work. The Shop Talks have been advertised widely with a number of community members' attendance already confirmed for next week: June 24, June 25, June 26.

Please scan and submit completed form via email to Jason Thompson (jason.thompson@multco.us)

PART V: Project Review Team Findings

The Project Review Team (PRT) has found the above project to be:

- ☐ Research: IRB review is required. Project notified on _____ (date).
☒ Public Health Practice

If public health practice:

- ☐ No concerns, PRT signs off on the project.
Signed form sent on _____ (date).
☒ PRT has suggested the following changes that are not required:

It is our understanding that the recruitment materials are likely already posted. In the future, it would be beneficial to have some brief description of the topic of the focus groups included in the recruitment material. Although this information may be included when a prospective participant RSVPs, it is common to have a short description in the recruitment flyer. This could include something as small as revising "Share your thoughts at one of our 'Shop Talks' to help improve health in the Black community!" to read "...maternal and child health in the Black Community!"

This suggestion is not required at this time, but we ask that it be considered for future projects.

Suggested changes have been communicated to project lead and the signed form sent on 6/20/2019 (date).

- ☐ PRT has identified the following concerns that require changes to the protocol and PRT form:

Required changes have been communicated to the project on _____ (date).

Response from the project team is requested by _____ (date).

Project team response received on _____ (date).

- ☐ Project team has made the required changes, PRT's concerns addressed, and case is closed. Form signed and sent on _____ (date).
☐ Project team has declined to make the required changes, Division Director Notified, and case is closed as of _____ (date).

SIGNATURES:

MCHD Project Leader:

Charlene McGe
Printed Name:
Title: REACH Program Manager

6/20/2019
Date

Program Manager:

Dr. [Signature]
Printed Name: Director
Title: Prevention & Health Promotion

6.20.19
Date

Chair of PRT:

[Signature]
Printed Name: Jason Thompson
Title: Senior Epidemiologist

6/20/19
Date

cc: MCHD Project Leader
Program Manager
Partner Organization Leads

**Appendix E:
Recruitment
Flyer**

**ARE YOU A BLACK/AFRICAN-AMERICAN
MALE WHO IS BETWEEN THE AGES OF 15-65?**



**Share your thoughts at
one of our “Shop Talks”
to help improve health in
the Black community!**

**Call or text 971-284-4014
to RSVP and to get
more information.**

**Dinner provided!
You’ll also get a
\$25 credit that can be
used for barber services.**

- **Monday, June 24:**
The Influential Grooming Lounge, 7-9 P.M.
3262 NE Martin Luther King Jr Blvd, Portland, OR 97212
- **Tuesday, June 25:**
Champions Barbershop, 7-9 P.M.
5175 NE Martin Luther King Jr Blvd, Portland, OR 97211
- **Wednesday, June 26:**
Infinity Salon Suites, 7-9 P.M.
5233 NE Martin Luther King Jr Blvd, Portland, OR 97211



**Appendix C:
Consent Form**

Multnomah County Health Department
Racial & Ethnic Approaches to Community Health (REACH)
STATEMENT OF CONSENT FOR FOCUS GROUP PARTICIPATION

Purpose: REACH is conducting a focus group to learn more about the male perspective on breastfeeding.

Focus Group: This focus group will be an informal discussion among 10-20 community members like yourself. This focus group will be led by a facilitator, who will ask questions and guide the discussion. A note-taker will be present to record ideas, experiences and quotations from the discussion. The discussion will also be recorded using a digital recorder. The purpose of the recording is so that we make sure our note-taker doesn't miss anything. The audio from the recording will be typed up and we will pull ideas, experiences and quotations from it.

Risks: You will be asked to share your experiences and opinions. Recalling some of these events may be emotionally uncomfortable. Participation in the focus group is completely voluntary. Not participating or leaving the focus group will not affect any Multnomah County Services you receive. You do not have to answer any questions or comment on anything that makes you uncomfortable. You can leave the focus group at any time.

Other participants will hear your comments and opinions. Please only share information that you are comfortable with others hearing. All participants will be required to sign a confidentiality agreement, agreeing to respect the privacy of everyone in the group and to not share any information outside of the group. Facilitators and program evaluators are not allowed to share personal information; any reports published will omit names and personal identifiers, although quotations and experiences will be shared.

Benefits: Participating in this focus group will assist the Multnomah County Health Department REACH program in designing a communication campaign on breastfeeding with a goal of improving the health of African American and Black babies, children and families.

Incentives: To show our appreciation to you for taking time out of your day to come today, we would like to give you a \$25 gift card and provide dinner. Your participation is completely voluntary and you may leave at any time for any reason.

Questions: If you have any questions about your participation in this focus group, please feel free to ask them now or at any time during the session.

Please print and sign your name below and indicate whether you are participating in the focus group today.

____ Yes, I would like to participate in today's focus group and I have received my gift card.

____ I agree to respect the privacy of all individuals taking part in today's focus group. Information shared in today's discussion will not be discussed outside of this group.

_____(sign) _____(date)

**Appendix A:
Focus Group Guide & Questions**

Facilitators used the following question prompts to engage the men in discussion:

1. What do you think about AA/B women breastfeeding? Who or what helped shape your opinion on breastfeeding? Prompt: Tell us about an experience in your life with a woman breastfeeding.
2. Have any women in your life ever breastfed?
3. Did you support and encourage any woman in your life's decision to breastfeed? How and why or why not?
4. What fears (if any) did you have around your partner breastfeeding?

	<p>a. Prompt with examples: common fears are that breastfeeding may cause changes to partner's body, may impact sex life with partner.</p> <p>5. How can we support you so that you can be successful in your role supporting breastfeeding?</p> <p>6. What advice would you give to your brother, son, friend, or another black Man whose partner is considering breastfeeding or currently breastfeeding?</p> <p>7. If you had to do it over again what would you have done to support or encourage breastfeeding?</p> <p>8. How would you support a black woman breastfeeding in public?</p>
Appendix D: Audio Transcripts	<p><i>The Influential Grooming Lounge</i> https://docs.google.com/document/d/1pOwucBP9HO8LRkM_nx8PfIDDkIg0sCYvaFHpvPeN5TM/edit</p> <p><i>Champions Barbershop:</i> https://docs.google.com/document/d/1Z6xgwKleaYt3l9WJOulYs_xNd35jv18lfBFJUd1QSBg/edit</p> <p><i>Infinity Salon Suites:</i> https://docs.google.com/document/d/1gk8VrbStDYqsQgkE0yu8FzfgSQYx6beN0yO4iMbppHQ/edit</p>

Sources:

- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3267540/>
- Content source: Division of Reproductive Health, National Center for Chronic Disease Prevention and Health Promotion
- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4361938/>
- NIH/National Institute Of Environmental Health Sciences. (2004, May 4). Breastfeeding Decreases Infant Mortality. *ScienceDaily*. Retrieved December 3, 2019 from www.sciencedaily.com/releases/2004/05/040503054402.htm