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# Mothers' experiences of feeding situations

An interview study

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Mothers' experiences of feeding situations – an interview study

**Aim.** The aim of the study was to describe parents' experiences concerning feeding situations and their contact with the nurse at the Child Health Service (CHS).

**Background.** Some of the most important tasks for the nurse at the CHS are to monitor growth, detect feeding difficulties and give advice concerning food intake and feeding practices.

**Method.** Eighteen mothers differing in age, education, ethnicity and number of children and recruited from different CHS were interviewed. The narratives were transcribed verbatim and analysed by content analysis at manifest and latent levels.

**Result.** All mothers' described that food and feeding were essential parts of their lives requiring a great deal of time and involvement. Two major categories of mothers' attitudes in feeding situations were identified – a flexible attitude and a controlling attitude. Mothers with a flexible attitude were sensitive to the child's signals and responded to them in order to obtain good communication. Mothers who expressed a need for control established rules and routines regarding the feeding situations. Mothers with a controlling attitude expressed receiving inadequate support from the nurse at the CHS.

**Conclusion and clinical implication.** This study shows that some mothers experience inadequate support from the nurse at the CHS. Knowledge about mothers' experiences of feeding situations and their different attitudes towards the child during feeding might improve the CHS nurses' knowledge and help them understand and more adequately support mothers who experience feeding difficulties.

*Keywords: child health services, feeding situations, interviews, mothers' experience, support.*

## Introduction

Good nutrition is essential for a child's growth, development and well-being (Fomon 1993). The period between breastfeeding and complementary feeding is a nutritional vulnerable time (WHO 1998). If a child eats a variety of foods it is more likely that the intake will meet current guidelines (Carruth & Skinner 2000). The knowledge about biological and metabolic mechanisms has made great progress but to avoid nutritional deficiencies associated social sciences studies must be incorporated (Pelto & Hedley 2003). In a study by Pelto *et al.* (2003) a set of 'best-practice complementary feeding behaviours' were proposed by combining psychosocial care and nutritional knowledge. The result showed that the quantity of food offered, frequency with which the children were fed and the responsiveness of the mother during feeding was important. In Sweden, all children from 0-six years are included in the Child Health Promotion programme (CHP), the purposes of which are to detect abnormalities, monitor growth, and support parents in their parenthood (Hall 1996). The nurse at the Child Health Services (CHS) centre is responsible for the majority of this work (Sundelin & Håkansson 2000). One important task is to give advice concerning food intake and feeding practices which are common concerns for parents with small children. Nutrition education may reduce the risk for nutritional disorders but it must depend on the interaction between biological, cultural and social factors (Hall 1996). Baggens (2001) showed that the nurse's choice of issues to discuss at CHS centre was based on issues mentioned in the basic health programme. Other studies have described the contact between parents and the CHS centre concerning support to mothers with newborns (Fägersköld 2001), quality factors concerning CHP and home visits (Jansson 1998), and how parental satisfaction regarding CHS changes over time (Magnusson 2000). However, these studies have not focused on the contact between the CHS nurse and parents concerning feeding situations.

The aim of this study was to describe parents' experiences of feeding situations and their contact with the CHS nurse.

## **Method**

### **Materials**

The study took place in a city in southern Sweden with a population of approximately 250 000, and 24 % of the adults in this population were born outside of Sweden. Among one-year-old children, 32% were classified as immigrants (Reports for official statistics 2002:3). Thirty-five families from three different CHS centres, serving a total of 11 districts, were invited to participate in the study by the CHS nurse. The criterion for participation was that the family had a healthy one-year-old child without any known feeding difficulties. Eighteen mothers who could understand and speak Swedish agreed to participate. Family characteristics are shown in table 1. Most parents came from Sweden (n=25). The immigrant mothers came from Poland (n=2), Croatia (n=1), Congo (n=1) and Afghanistan (n=1) and the immigrant fathers came from Peru (n=1), Afghanistan (n=1), Iraq (n=1), Denmark (n=1), Bosnia (n=1) and Congo (n=1).

### **Data collection**

The interviews were carried out in the families' homes except in one case where it took place in a special room at the CHS according to the mother's wish. At one interview the father was present but did not participate actively. Interviews lasted between 24 and 72 minutes (median 41minutes). All the interviews were performed by the first author (A-CB), audio taped and then transcribed verbatim by the same person. The mothers were asked to narrate their experiences of feeding situations. An interview-guide with open questions specifying areas to be covered in each interview was used. These areas included the child's

personality, experiences concerning the breastfeeding period, the weaning period and feeding situations particularly during the first year. Specific questions were asked including 'Tell me about your experiences concerning feeding your child during the first year. Can you describe a feeding situation from the child's first year? How do you experience feeding your child now? Can you describe a feeding situation from last week '. In addition, the mothers were asked to describe the support they received from friends, relatives, and the CHS nurse. Subsequent questions were asked to clarify statements from the mothers.

## Analysis

The interviews resulted in narratives that also included experiences concerning siblings. The analysis comprises experiences involving both the one-year-old children (n=18) and their siblings (n=14). The text was analysed using qualitative content analysis at both manifest and latent levels in order to discover possible similarities and differences (Neuman 1997). The manifest content analysis focused on the surface structure of the text and what was actually said, and latent content analysis focused on the deep structure conveyed by the texts. This approach is in agreement with Neuman (1997), who discusses a systematic counting procedure to produce a quantitative description of the content in the text and the latent coding which looks for the underlying implicit meaning in the content of the text. Initially, each interview was read as a whole by two of the authors (ACB & IH) to acquire a naive understanding of the text and to obtain a holistic view. In a second phase the two authors independently read the text to look for core meanings. This reading elucidated positive and negative feelings in the participants' experiences of feeding situations. Thirdly, a more structural analysis was conducted where meaning units reflecting the mothers' experiences were identified. The different meaning units were then categorised compared and sorted by content by the two authors. After this the first author



reread all the interviews in order to check that the categorisation suited the entire text.

Finally, the categories were checked and discussed until agreement was achieved among all three authors. The different categories are described and illustrated with quotations from the interviews. Quotations are marked with an M (mother), a number and a page number to indicate the interview from which the quotation was taken.

### Preunderstanding

In qualitative studies researchers must be aware of the fact that preunderstanding is a part of the interpretative process and a guiding tool. Neglecting this in the analysis is not possible or even desirable. Instead, it can be a useful tool in approaching parents and their experiences (Dahlberg *et al.* 2001). To avoid preunderstanding influencing the analysis in a subjective manner the first author wrote a personal description of her wealth of experience as a CHS nurse. The other two authors have extensive experience involving work and research with children and parents.

### Ethical considerations

The families received written information about the study from the CHS nurses. Mothers who agreed to participate were contacted by telephone by the first author (ACB). Informed consent was obtained verbally, by telephone and then in written form at the time of the interview. Confidentiality was assured by a coding system where personal identification and interview transcripts were kept separate. No names were mentioned in the transcripts. The interviewees were not in any way dependent on the interviewer since they were unknown to each other. Being interviewed, especially in one's own home, can be intrusive, so the importance of being sensitive and emphasising the right to decline to answer was kept in mind. Background information was obtained before the tape recorder was turned on. The

study was approved by the local Research Ethics Committee University of Lund (LU 226-02).

## **Result**

All mothers lived together with the youngest child's father. Twelve mothers were still on parental leave and the others had returned to work or to study. Six of the mothers were still breastfeeding, and among the other mothers the partial breastfeeding period was between one month and 10 months (median six months). One mother had started weaning when the child was three months, and the others had started when the child was between four and six months, according to the guidelines from CHS. Most mothers and fathers had an upper secondary school education, while one mother had only three years of education.

All participants related that food was an essential part of their lives and that it required a great deal of time and involvement. All mothers stated that they had the main responsibility for food and for feeding in the family. Most mothers said that if the child ate they achieved a positive feeling and when the child did not eat they were affected negatively. This meant that how they experienced their child's feeding situations influenced to a greater or lesser extent the picture they had of themselves as a mother. If the mother could get her child to eat a sufficient amount she felt like 'a good mother'. On the other hand, if the child refused to eat the mother felt like 'a bad mother'. This included their ability to breastfeed the child. Many of the mothers experienced difficulties in presenting a variety of foods and some even stated that they doubted their own ability with respect to cooking.

### **A flexible or controlling attitude in feeding situations**

Two main categories were identified concerning the attitudes mothers had in feeding situations, a *flexible* attitude and a *controlling* attitude. Table 2 the mothers' attitudes, the

way they acted and how they experienced feeding situations, their description of the child's personality and the mothers' experiences of contact with the CHS nurse are summarised.

Mothers who had a flexible attitude in feeding situations were sensitive to the child's signals, listened to the child, responded to her/him to obtain a mutual understanding. A flexible attitude meant that the mother relied on and felt confident in the child's own ability to regulate food intake. The mothers who had a flexible attitude described their children as easy to interpret and as persons with a mind of their own. The mothers felt that they should respect the child's wishes to a certain degree. They felt confident in the feeding situations and related that they were satisfied with how these situations progressed:

*'I've learned that if she eats the potatoes on Monday, then she eats the vegetables on Tuesday and the meat on Wednesday, so I think that because she's nice and strong, she's certainly eating what she needs' (M 9 p 7).*

*'It was OK, there was nothing wrong, I thought he was small and that he needed to breastfeed often and then he wanted to sleep and so he slept' (M 18 p 4)*

*'if she doesn't want to eat then she doesn't, and then I feel that I don't want to force her because then she doesn't need anything' (M 17 p 8).*

Mothers who had a controlling attitude thought they alone were responsible for the child's food intake. One way of controlling what everyone ate was to supervise the food intake. Another way was to use purchased baby food in order to control the amount and the quality of the child's intake. Deciding when the child was hungry based on the time, or making a feeding schedule, could be another way of maintaining control over the child's food intake:

*'So I have to be there to check on who's eating what' (M 5 p 25)*

*'He wanted to breastfeed so often so I recorded every occasion' (M 11 p 3)*

These mothers expressed uncertainty about the child's ability to regulate his/her food intake. They expressed difficulties in interpreting the child's signals and described the child as petulant. Some mothers related feeding difficulties to the child's personality and said they felt they knew what the child needed regardless of what signals the child gave:

*'As a mother, you know your children and you know what they need, I know he needs more than what he's eating' (M 8 s14).*

*'When you make a small portion, and you think this portion is adequate for her then you really want her to eat all of it and if she doesn't you get irritated' (M 12 p 14)*

If the child did not eat when, what or as much food as the mothers expected, different ways of accomplishing their aims were established. The mothers could, for example, use toys to manipulate the child during the feeding situations in order to increase the amount of food intake. They could also use threats or rewards in order to achieve what they wanted:

*'... you almost have to chase her and say now you're going to eat, otherwise we're going to turn off the TV' (M 13 p 7).*

*'If you eat proper now you will get ice cream afterwards and then he will eat' (M 3 p 13)*

#### Support from the CHS nurse

All of the mothers claimed that they received a large number of opinions concerning food and feeding from many different people. A problem for some mothers was that the opinions differed, while others thought getting different advice was beneficial. Then they could choose the advice that suited them best. Mothers with a flexible attitude thought that they

had received adequate support from the CHS nurse. However, they did not need much support from the nurse, as they did not think their child had any feeding difficulties:

*'Then I took my baby to the CHS nurse much more often and I got a lot of support from her' (M 9 p 14)*

*'I haven't received any information concerning food, but I haven't asked for it either' (M 6 p 10).*

Mothers with a controlling attitude experienced inadequate support from the CHS nurse and they did not feel they had received any useful advice. They said that the nurse had not listened to them nor did they feel that the nurse had taken their worries seriously:

*'There was so much that I needed and I didn't think I got it at the CHS centre, they only said yes yes yes, she's doing so well, yes so well, and she's gaining weight nicely so take it easy' (M 7 p11).*

*'It's like take care of yourself here' (M 3 p 19)*

Some of the mothers chose to ask for advice from persons other than the CHS nurse. There were different reasons for that. Some mothers said it was easier to contact a friend and others said their own parents knew best.

## **Discussion**

Both parents were invited to participate in the study, but only mothers agreed to take part probably because the mothers said that they were mainly responsible for their child's food intake and for cooking in the household. It would have been preferable to include fathers to enrich the data and obtain a picture of both parents' experiences. The mothers differed with

respect to age, education, ethnicity and number of children, which provided a variety in the sample. Trustworthiness in qualitative studies refers to creditability, conformability, dependability, and transferability (Lincoln & Guba 1985). All mothers gave rich descriptions about feeding situations and were interested in sharing their views. In the analysis the manifest and the latent analysis agreed which strengthens the result (Neuman 1997). Three researchers were involved in different steps in the analysis to reduce the risk of bias and to justify findings from more than one perspective. It cannot be claimed that the narratives in this study constitute a sample from which generalisations can be made, but rather that they contribute to experiences concerning feeding situations and promote further reflection. Most of the mothers in the present study had positive experiences concerning feeding situations, and since the aim of the study was to describe experiences in families with no known feeding difficulties, this was not surprising.

Because of their different attitudes toward feeding, the mothers had different ways of making their child eat properly. Mothers with positive experiences said that they were sensitive to the child's signals and responded to them. These mothers, who had a flexible attitude, gave a positive picture of their child as being easy to interpret, and they experienced having received adequate support from the CHS nurse. On the other hand, the mothers who had negative experiences concerning feeding situations, and who said that their child ate less than they expected, described feelings of helplessness and inadequate support from the nurse. Furthermore, the mothers did not feel they had received any useful advice from the CHS nurse. This is in line with findings from a study by Baggens (2001). She investigated the advice-giving sequences at the CHS and found that it was the nurse who took the initiative regarding which subjects were discussed. The mothers who sought help in the present study felt that the nurse did not listen to their concerns regarding either

the child's food intake or that the feeding situations were not going well. These children were growing normally according to the mothers, and this could be the reason why the nurse was not worried about their food intake. In response to the mothers' concern, the nurse showed them the child's growth chart. However, this did not satisfy the mothers. Instead they felt that the nurse disregarded their worries. A study by Andrews (1999) showed that when parents sought advice, the nurse felt she was expected to act like an 'expert', and she then redirected the question back to the parents in order to encourage them to find their own solutions. Andrews (1999) concluded that there is a need for flexibility and individualisation in the sense that the nurse should be able to be 'traditional' and give advice as well as to be able to empower the parents so that they can find their own solutions. This is in accord with the results in our study, where the mothers who experienced difficulties concerning feeding situations did not feel that the CHS nurse gave any useful advice. The nurse may not have perceived the mothers' need for more concrete advice. Jansson *et al.* (1998) showed that the CHS nurse and the participating mothers had largely the same perception of good health care. However, the nurses stressed competence and continuity as important components of good health care while the mothers appreciated information/ advice and support. If redirecting questions back to the parents is a reflection of nursing competence, according to the study by Andrews (1999), this might be why the nurses in our study did not give adequate advice and support to mothers who sought help.

In a study by Fägerskiöld (2001), first-time mothers expected the CHS nurse to be supportive. In that study, being supportive meant that the nurse should have faith in the mother's own capacity, be accessible, approachable, and have knowledge about children's development and requirements. The mothers in our study who experienced inadequate support mentioned that the nurse did not share their worries concerning the child's food

intake. On the other hand, the nurse showed faith in the mother's own capacity and told the mother not to worry. This might be the reason why she did not give any advice concerning feeding situations. Interestingly, the mothers in our study who expressed a need for control concerning feeding situations were almost all first-time mothers, which indicate that this might be a more vulnerable group. Among these mothers, four had a younger child and they said that they had a flexible attitude concerning feeding situations involving the second child. On the other hand, one mother expressed a need for control concerning the food intake of all her children. This indicates that support and advice from the CHS nurse must be individualised.

## **Conclusion**

Food and feeding were of great importance to the mothers in this study and required a good deal of time and commitment. Mothers in this study who expressed negative feelings concerning feeding situations did not feel they had received adequate support from the CHS nurse. The children were growing normally and this might have contributed to the fact that the nurse did not share the mothers' worries concerning food intake and feeding situations. Since the nurse at the CHS has major responsibility for the basic health programme, it is essential that knowledge concerning mothers' experiences of feeding situations be increased to prevent nutritional disorders. The results from this study stress the importance of individual attention and support, and increased knowledge concerning mothers' experiences of feeding situations might result in improved support from the CHS nurses.



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Study design: A-C.B, IA. IH.

Data collection: A-C B.

Data analysis: A-C B. IA. IH.

Manuscript preparation: A-C.B, IA. IH.

Table 1. Family characteristics

Variable	Mothers	Fathers	Children (n=18)	Siblings (n=14)
Age mean year (range)	28 (20-42)	30 (23-42)	1,2 (0,8-1,3)	6,5 (3-13)
Education:				
Nine-year compulsory				
school / upper	1/13/4	2/14/2		
secondary school				
/university				
Born outside of Sweden	5	6	0	1

Table 2 Mothers' attitudes in feeding situations

Variables	Flexibility	Control
Mother's way of acting	Sensitive	Manipulative
	Listens to the	Threats
	child's signals	Rewards
Mother's experience of feeding situations	Positive	Negative
Child's personality	Determined	Petulant
Mother's experiences of CHS nurse	Adequate support	Inadequate support
	Did not seek help	Sought help

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