

Diet and health inequalities (DIO) food project: Feeding intentions and practices of parents and carers of infants (0-6 months) living on a low income in the UK. [Protocol].

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Diet and Health Inequalities (DIO) Food Project: Feeding intentions and practices of parents and carers of infants (0-6 months) living on a low income in the UK

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Description

Maternal and infant food insecurity is poorly characterised and understood in the UK. Food insecurity (FI), defined as “the state of being without reliable access to sufficient quantity of affordable, nutritious food” (USDA, 2021), is associated with poor dietary quality and poor health outcomes (1). Amplified by the current cost of living crisis, indicators suggest infants are amongst the most food insecure of our citizens (2, 3). Food charities have reported unprecedented demand for help from families with young children and babies (0-12 month olds) (4) and parents’ report experiences of eating less and cutting back on energy use as (often normalised) coping mechanisms to deal with deepening levels of poverty in the UK (5-10). These indicators are also of great concern when considering women’s’ nutritional requirements during pregnancy, and for those women who wish to breastfeed or intend a mixture of breast and bottle feeding. The World Health Organisation and UNICEF recommend: “Exclusive breastfeeding, without any additional food or fluids, not even water, for the first six months”, with continued breastfeeding along with complimentary food for up to two years of age (11). However, infant feeding practices research indicates some food insecure mothers struggle to meet breast feeding recommendations due to their experiences of insufficient breastmilk volume, and personal concerns about the nutritional quality of their breastmilk, based on their lived experiences of the highly constrained quantity and quality of food they consume (2, 12, 13). Pressure to access infant formula impacts negatively on maternal mental health for those families who are struggling with the costs of living (14, 15). The cost of infant formula has grown exponentially in the last 18 months (16) which should be of significant public health concern given that many UK families continue to rely on infant formula to feed their babies during the first 6 months of life. Additionally, UNICEF guidelines recommend against the direct provision of infant formula through food and baby banks (17). There is emerging evidence that already food insecure families struggle to afford infant formula in the UK (14) and formula milk has been reported as one of the most shoplifted items from retail and pharmacy stores (18). Much has been done to track household and childhood food insecurity experience, and to secure the Right to Food for children in Scotland and the UK through policy development (19). In the context of the current cost of living crisis there is now a need to gain a better understanding of maternal and infant food insecurity in the UK (20), to

identify key priorities and policy actions concerning the impact of household food insecurity experience at this crucial life stage (21). Using a health equity lens (22), we propose conducting a qualitative research investigation of family food management and infant feeding practices in households with low income, food insecure parents of infants 0-6 months. To the best of our knowledge this is the first such study to investigate the impact of food insecurity on family and infant feeding practices in the UK, using this approach and framing. The aim of this qualitative research study is to capture parents' and carers' lived experiences and perceptions of the relationship between the current food system and other influences impacting infant feeding practices, associated with the current cost of living crisis. Parents from food insecure households in England and Scotland who have had a baby and responsibility for the care of a baby aged 0-6 months, during the period January 2022 till April 2024, will be asked to relate their feeding experiences and perspectives that are concerned with the first six months of the baby's life. Participants will be asked to reflect on their experiences of feeding their infant (including their feeding intentions) during this cost-of-living crisis context and with the UNICEF guidelines in mind.

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Study Information

Research Aims

The aim of this qualitative research study is to capture parents' and carers' lived experiences and perceptions of the relationship between the current food system and other influences impacting infant feeding practice, associated with the current cost of living crisis. The study will seek to recruit parents from food insecure households in England and Scotland who have had a baby and responsibility for the care of a baby 0-6 months, during the period January 2022 till April 2024. We will identify our 'experts of food insecurity by experience' through a screening process, which will use the same modified version of the Food Insecurity Experience Scale. We will ask our participants to relate their feeding experiences and perspectives that are concerned with the first six months of the baby's life. This period is when, in the life course of infancy, according to UNICEF recommendations and guidelines, babies should be exclusively breast fed (11). Participants will be asked to reflect on their experiences of feeding their infant

(including their feeding intentions) during this cost-of-living crisis context and with the UNICEF guidelines in mind.

If helpful, please select the type of aim (non-exhaustive list):

Exploring

Research question(s)

- What food-related challenges have parents and families, who have had a baby from the period January 2022 to April 2024, experienced during the first 6 months of their infants' lives?
- What are parents/carers' experiences of realising (or otherwise) their feeding intentions during their infant's first 6 months, when exclusive breast feeding is recommended?
- What factors do parents/carers' perceive as helping or hindering their infant feeding experiences and aspirations, in relation to food industry, social policy, healthy service and third sector domains?

Anticipated Duration: 03/2023- 09/2024

Design Plan

Study design: Qualitative Interview Study

Sampling and case selection strategy

Maximum variation sampling will be used to purposively sample and recruit a broad range of participants. These will include individuals of different genders, ethnicities, geographic location of residence (i.e. urban, rural/remote), household status (children, living alone), health conditions, age and socio-economic and food insecurity status (as determined using a short form version of the FAO Food Insecurity Experience Scale (FIES, <http://www.fao.org/in-action/voices-of-thehungry/fies/en/>). We aim to recruit parents through community-based and social media recruitment channels. Conscious of the sensitivities and challenges to personal identity associated with being a parent, particularly for women who are living with low income and caring for a young family (23), our approach to the research is underpinned by consideration and humility in the face of the significant challenges that many families with young children and babies are experiencing at the current time.

Data Collection

Data source(s) and data type(s)

Original data will be collected/ generated through qualitative interviews with eligible participants.

Data collection methods

Once eligibility has been confirmed, the participant will be invited to an online, telephone or face-to face interview depending on their preference and availability, guided by a semi-structured interview topic guide. While arranged around a set of predetermined questions, the semi-structured nature allows flexibility to explore and follow up interesting insights not necessarily covered by the topic guide to gather rich data on experiences, thoughts and beliefs around a specific topic from someone with personal insight.

Data collection tools, instruments or plans

A brief screening questionnaire will be administered ahead of an interview taking place to determine eligibility. Guided by a semi-structured interview topic guide, interviews will be audio recorded and transcribed verbatim with any identifiable information removed. Field notes will also be generated as the research takes place, based on the researcher's observations and other notable and relevant information.

Stopping criteria

We aim to recruit up to 25 participants. The final sample size will be dictated by data saturation, i.e., recruitment will stop when no new information emerges from the interview data.

Analysis Plan

Data analysis approach

Thematic analysis will be undertaken, following steps outlined by Braun and Clark (2006). We aim to identify and analyse themes and sub themes and obtain rich, detailed interpretation of the data.

Data analysis process

E.H. and F.D. will be involved in the thematic analysis of the interview data, following the steps outlined by Braun and Clarke (2006): familiarising ourselves with the data, generating initial codes then themes, reviewing then naming the themes and writing up. The anonymised interview and focus group transcripts will be uploaded to the qualitative data management software package NVivo 12 for data management purposes.

Credibility strategies

- Have different researchers analyse the data
- Peer debriefing
- Reflexivity

- An ethic of caring

Please provide a short rationale for why you selected particular strategies and how they are appropriate given your study's aim(s) and approach, or specify your credibility strategies if not on the above list.

Both E.H and F.D will analyse the interview data independently and discuss their findings at regular intervals. The findings will be shared and discussed with the wider DIO Food project team during monthly meetings and with our expert advisory group. To ensure that we are conducting the research sensitised to those concerns, we have convened a, small, short life expert advisory group drawn from parent groups, public health professional and academic stakeholder groups, with expertise in family and infant food insecurity to help us ensure the study approach enables and encourages parents to participate in the study in a dignified and meaningful manner. We believe this approach will help ensure that we include appropriate safeguards to protect vulnerable parents. We also hope the advisory group members will be able to provide their thoughts on the findings as they emerge and provide advice to guide our dissemination of the results to those stakeholders who need to be aware of the findings. Qualitative research is situated within a specific context, time and space which should be acknowledged. Throughout data collection and analysis, researchers will reflect and be mindful of the personal factors, i.e., lived experiences, beliefs, assumptions and emotional responses which they believe may influence or bias various aspects of data collection, interpretation and reporting. Conscious of the sensitivities and challenges to personal identity associated with being a parent, particularly for women who are living with low income and caring for a young family, our approach to the research is underpinned by consideration and humility in the face of the significant challenges that many families with young children and babies are experiencing at the current time.

Miscellaneous

Reflection on your positionality (optional)

No response