

Exploring Infant Nutrition and Moving Toward Solutions

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Foreword - Reflections

The following are excerpts written by three mothers who sat on the CHEP Infant Nutrition Project advisory committee. Their words reflect their experiences as mothers as well as research partners.

I feel that everyone needs to know and accept that Mom and Baby are the genesis of our community. Everyone needs to help out if we want a better, safer, healthier community. We need to acknowledge that there is a negative cycle. We need to break that cycle at the major turning point in a mother's life – at the birth of a baby. If we can change the negative cycles of abuse, helplessness and isolation, we will have healthier babies, moms and families. Once we create this, communities that are healthy will naturally form.

We need to be respectful and give respect to new moms. But, we also have to be forceful in acknowledging that the cycles of abuse, helplessness and isolation start at birth and that the mom has the most power to make a positive change.

~ Anita Amyotte

In the first month after my first baby was born, I had a difficult time. With hormones affecting my emotions, I was in constant tears from the pain, the guilt and the isolation.

I was brought up knowing that breastfeeding my baby was the best way and I've been lucky to have been able to breastfeed both of my daughters until the age of two. I was judgemental of moms that chose formula or stopped breastfeeding so early. I am not under this impression anymore. Being on this project has opened my eyes to the difficulties that a lot of moms are going through and I've seen that if I had gone through some of the challenges that some moms go through, I'm not sure if I would have made it. With my financial circumstances, I didn't have any choice. I would never have been able to afford formula let alone keeping it in constant supply without transportation.

~ Chandra Pederson

Being given the opportunity to be on the advisory committee for the infant nutrition study with CHEP over the summer was right up my alley. Being a Mom and childcare provider (on and off for the past five years), nutrition plays a large role in my daily life. So this was something of great interest to me. And with breast versus bottle, well anyone who knows me knows how strongly I feel about this issue. In fact, I think a lot of people probably think I'm a little over-bearing when talking about breastfeeding. In the last year there has been 5 babies born to my family and friends, and my son is the only one still breastfed. Those numbers just don't satisfy me and more importantly the nutritional benefits of these babies.

This study has opened my eyes to the poverty and suffering in my own neighbourhood. I never realized how many women don't breastfeed because they thought their own nutrition was not adequate enough. The sad thing is that these women were not educated in this area to know that your body will not deprive the baby of nutrients, but will make up for it with their own nutritional stores.

The best part of this study would have to have been hearing these mothers' stories. The passion that some of these mothers possessed for the children was beautiful. There was one woman who broke into tears when she was talking about social services and how it has affected her financially and emotionally when it came to raising her daughter. It was very surprising to see because here is this true woman who continues to breastfeed her three year old, breastfeed her niece, and she's real.

~ Nikol O'Brien

Executive Summary

Community Food Security

Food is a basic necessity for health and well-being. The nutrition that we receive during infancy is the foundation for our growth, development and health from childhood to adulthood. As a community, we would like to see all babies receiving the best nutrition. However, many infants and children in our communities live with food insecurity. In Saskatchewan, 18.3% of children live in poverty and therefore with the challenge of food insecurity (Report Card on Child Poverty in Saskatchewan, 2005). Issues of food insecurity affect affluent as well as low income families. Providing the best food for a baby is proving to be a challenge for parents in Saskatoon.

Exploring Infant Nutrition: Purpose and Aim of the Study

The present study has been guided by a vision and goal of building a food secure community, one in which all babies are fed in ways that support good health and well-being. The study explores the issue of infant nutrition in Saskatoon. Specifically, the study aims to:

- assess the current situation regarding choices for infant nourishment;
- understand the challenges regarding access to infant nutrition;
- explore the current use and effectiveness of programs and services related to infant nutrition in Saskatoon; and
- identify what can be done to improve food security for all infants in Saskatoon.

Infant Nutrition: The Study Voices

Nine focus groups and nine stakeholder interviews were carried out during July and August of 2006. A total of 97 people took part in the study, with 81 focus group participants and 16 stakeholders. Focus groups included mothers and fathers with young children or infants who were currently connected to existing community organisations. 68% of focus group participants relied on government transfer payments (Social Assistance Program, Employment Insurance or Student Loans) as their main source of household income, with 50% of these being Social Assistance. Stakeholders were invited to participate based on their role in the community with respect to infant nutrition, new parents and/or nutritionally at-risk populations.

Participants were asked to discuss their experiences and perspectives regarding three general topic areas:

- infant feeding practices, including barriers and challenges;
- programs and services used by parents and caregivers to assist with feeding infants; and
- recommendations and suggestions for improving infant nutrition practices and services in Saskatoon.

Barriers for Parents

Our results suggest that infant food security is an immediate concern in Saskatoon. Families face many challenges that limit successful breastfeeding practices and access to infant formula. Sustainable breastfeeding was a difficulty identified by participants. For those families using infant formula, expense and access were consistent stresses.

Participants discussed many barriers which impact their ability to provide adequate nutrition for infants. These barriers include:

- **Poverty:** Poverty influences social isolation, living conditions and ability to meet basic needs.
- **Access to Services:** Many programs and services are inaccessible due to geographic location and the expense of transportation. Often, staffing capacities are not sufficient to meet clientele demands.
- **Financial:** Many families do not have an income comparable to the cost of living. Nutrition is compromised as families struggle to support other basic needs, such as housing.
- **Mother's Health and Nutrition:** A child's health can be directly related to a mother's health, in both pre-natal and post-natal periods. Food security is a familial discussion.
- **Social Support:** Health care and family support are influential in understanding appropriate feeding practices. Support builds confidence and ability to access services.

Moving Toward Solutions: Recommendations for Improving Infant Nutrition

Parents bear the primary responsibility of caring for infants and toddlers. As access to good food is a social determinant of health, it is a collective responsibility to ensure the nutritional well-being of infants. Governments, community agencies, and health care providers are obligated to work with parents to address the nutritional security of the most vulnerable population. Efforts to improve and support infant food security must focus on community programming and social policy change. The following recommendations are based on the results of our study:

A. Expand Services

- Reduce barriers to participation in community programs by offering transportation and childcare or programs during more accessible hours for those who work or attend school.
- Offer programs such as *Food For Thought* in partnership with high school life-skills/life transitions classes.
- Offer satellite extensions of programs outside of Saskatoon's core neighbourhoods.
- Decrease the geographic area that Public Health Nurses service.
- Ensure that clients understand rights under existing Department of Community Resources (DCR) programs.

- Continue support for *CHEP's Good Food Box* and initiate enhancements such as home delivery service.
- Offer a *Good Food Box* or another food-based coupon in honour of volunteer time for community or public programming.
- Investigate the feasibility of, and funding for, specialty *Good Food Boxes* that would be more suitable for families with infant children.
- Investigate the feasibility of offering the *Good Food Box* as a monthly supplement to Social Assistance Program recipients, or a check-off system for interested families.
- Expand the food donation requests to the public during *Saskatoon Food Bank* drives to include infant foods.

B. Expand Programming Opportunities

- Create “Mothers’ Centres,” which could be located in Saskatoon’s core neighbourhoods and others.
- Create affordable day care spaces in Saskatoon’s core neighbourhoods.
- Establish a grocery store in Saskatoon’s core neighbourhoods.
- Create a parent’s phone-in help line.
- Develop a consolidated resource manual for all services related to infant nutrition in Saskatoon.

C. Support Breastfeeding

- Require maternity ward staff and physicians to obtain continuing education in breastfeeding practices on an annual basis.
- Increase the availability and accessibility of certified lactation consultants to post-natal mothers.
- Offer continuing breastfeeding support, in the form of home visits, to mothers up to and beyond six weeks post-partum.
- Offer post-natal breastfeeding classes, where mothers can learn breastfeeding techniques and overcome breastfeeding challenges as they go through the breastfeeding experience.
- Ensure that all low-income breastfeeding mothers have access to an affordable breast pump.

D. Provide Emergency and Affordable Infant Formula

- Offer provision and delivery of emergency formula from a central location in quantities that last more than 1 day, and are available to all families, not just those receiving social assistance.
- Investigate cooperative bulk buying for infant formula.

E. Social Policy

- Build sustainable community partnerships.
- Consider the well-being of parents and infants.
- Increase income for families, specifically minimum wage and SAP or other government transfer programs, to keep pace with the cost of living.
- Provide a nutrition supplement (monetary) to SAP recipients with infant and toddler children. At a minimum, expand the nutritional supplements that are currently available to breastfeeding mothers to include formula feeding mothers as well.
- Decrease social worker case-loads.
- Continue support for Saskatoon's subsidized bus pass.
- Investigate the feasibility of local phone availability for all households.

Conclusion

Communities must enable all members to achieve health and well-being. *Exploring Infant Nutrition and Moving Toward Solutions* clearly presents the voices of those closest to the challenges of infant nutrition. It is now the responsibility of community and government partners to carry the messages of these voices to holistic, comprehensive and long-term action. In doing so, the vision for healthy, well-fed babies can become a reality.

PART I - BACKGROUND

Food is a basic and important component of a healthy, happy community; it is a reflection of culture, community values and personal sustenance; it gives people comfort, nutrition and the opportunity to build family and friendships. However, many people do not have an opportunity to experience the enjoyment, culture and health benefits of personally acceptable and nutritious food. These people are not able to meet their food needs without compromising other basic needs. In a world that produces enough food to feed every child, woman and man, there are over 800 million people who do not have enough food to eat (Agriculture and Agri-Food Canada, 2003).

Food security exists when all people, at all times, have physical and economic access to a sufficient, safe, nutritious and sustainable food supply to meet their dietary needs and food preferences for an active and healthy life (Agriculture and Agri-Food Canada, 2003). This definition encompasses a variety of components influencing food security: the ability to feed the family, regularity in providing food, conditions of access to food, sufficient and balanced meals, freedom of choice and capacity to assume social responsibility (Hamelin, Beaudry & Habicht, 2002). Food security means more than food for survival; it represents meeting needs for self-respect and social well-being (Hamelin, Beaudry & Habicht, 2002). It means accessing food in a dignified and personally acceptable way.

Anyone who does not adequately fit such conditions is food insecure. Those who are food insecure may lack continuity and access to food; they may hold feelings of alienation and disconnection from society (Hamelin, Beaudry & Habicht, 2002). Personal and familial losses in food insecurity may result in alternate forms of food acquisition and management (including the use of food banks, emergency outlets, skipping meals), hunger and physical impairment and psychological suffering (including feelings of constraint and loss of dignity) (Hamelin, Beaudry & Habicht, 2002). These manifestations can be particularly harmful during critical and vulnerable stages early in life (Cook, 2002; Séguin, Xu, Potvin, Zunzunegui & Frohlich, 2003).

Nutrition received during infancy affects growth, development and health throughout childhood and adulthood. Infants less than 36 months of age who are exposed to food insecurity have greater risks of poor health status, including health problems that require hospitalisation (Cook, Frank et al, 2004; Seguin et al, 2003). Impaired growth and health disparities can have both immediate and long term negative effects on a child's health and functioning. Impairment and disparity may challenge the child's ability to learn and potential for future achievement and increase risk for development of chronic disease later in life (American Dietetic Association, 2003). They may further affect behaviour, attitude, life choices and lifelong advantage (National Institute of Child Health and Human Development Early Childcare Research Network, 2005). Thus, it is important to identify adequate feeding practices and support families in accessing and providing good nutrition for their infants in order to both increase overall quality-of-life and decrease the social costs of early malnourishment.

Current infant feeding practices encourage exclusive breastfeeding until an infant is 6 months of age (Health Canada, 2005). At this time, complementary foods may be introduced to meet an infant's increasing nutritional needs. Infant formula is both a nutritionally and socially acceptable substitute for breast milk for mothers who cannot, should not or do not choose to breastfeed for any other personal reason (Marion Nestle, 2006).

Families face many challenges when feeding infants. Social norms and supports, life circumstances, work and school commitments, convenience and personal beliefs each affect a family's ability to appropriately nourish its infants (Guttman & Simmerman, 2000). These challenges may lead to poor diets for breastfeeding mothers as well as inappropriate or insufficient infant formulas and complementary foods. Identifying these challenges and understanding how the community can enhance food security and community capacity will help to ensure that all babies are fed in ways that support good health and development.



There are few community-based studies which have assessed infant food security and infant feeding challenges and barriers, particularly among lower-income populations, in Saskatoon. Recent evaluations of child poverty and hunger suggest that this issue compromises the health and well-being of our children. In 2003, the incidence of child poverty in Saskatchewan was 18.3 per cent (40,000 children), higher than the national poverty rate of 17.6 per cent (Report Card on Child Poverty in Saskatchewan, 2005). Children identified as Aboriginal or in

families headed by female lone-parents have higher poverty rates than other demographics (Report Card on Child Poverty in Saskatchewan, 2005). The 2001 Census of Canada data indicates that 50 per cent of Saskatchewan children identified as Aboriginal lived in poverty. Data from 2002 shows that 65.1 per cent of Saskatchewan children living in poverty were from female lone-parent families (Report Card on Child Poverty in Saskatchewan, 2005). The persistence of poverty is reflected in increasing demands for emergency food, particularly in urban centres. Children remain the largest group of food bank clients in Saskatoon, with over 5,000 using the food bank in 2005 (Hunger Count, 2005).

Our study seeks to assess the issue of infant nutrition in Saskatoon. Specifically, the study aims to: (a) address the current situation regarding access to all forms of infant nourishment, (b) understand whether any challenges regarding access to infant nutrition exist, (c) determine the current use and effectiveness of programs and services related to infant nutrition in Saskatoon and (d) identify what can be done to improve food security for all infants in Saskatoon. An infant in this study is defined as a child twelve months of age and under. A vision of a food secure community has guided the study, with the intent of creating a community where all babies are fed in ways that support good health and well-being.

PART II - METHODS

CHEP Good Food Inc. and the Department of Community Resources, Government of Saskatchewan partnered in this study. The study protocol, methodology and documents were approved by the Behavioural Research Ethics Board at the University of Saskatchewan.

Research Team

The researchers were guided by a unique advisory committee. This advisory committee consisted of an academic advisor, a representative from the Department of Community Resources, a supervisor from CHEP Good Food Inc. and a student volunteer. The committee further involved participation from three mothers who lived in Saskatoon's core neighbourhoods, each having children less than 5 years of age. In addition to offering insight during committee meetings and reflections, the mothers accompanied the researchers to many focus groups and stakeholder interviews.

The mothers were able to relate to parents living in Saskatoon's core neighbourhoods and were familiar with recent experiences of feeding infants in Saskatoon. Throughout the experience, the mothers were able to develop many research related skills. They were able to see the development of a study from beginning, to data analysis, to publication. They participated in data collection, review and analysis. The mothers further developed speaking and public presentation skills as they were invited to discuss the project at events organized by CHEP Good Food Inc.

Subjects

A total of 97 participants took part in the study. There were 81 focus group participants comprising 9 focus groups, and 16 stakeholders comprising 9 stakeholder interview groups. Individual focus groups ranged in number from 3 to 18 participants, while individual stakeholder interview groups ranged in number from 1 to 5 participants.

Ten community organisations were identified by the researchers for possible focus group participants. These organisations fit the following criteria: (1) the organisation worked or was affiliated with families of infants (where infant is defined as a child under twelve months of age); (2) the organization had an existing group of families or parents who either met regularly or had a regular connection to the community organization; and (3) the organization was open to participants of low incomes. Due to time constraints, the researchers selected pre-existing groups and organisations for their potential to be representative of low-income families.

The researchers contacted community organizations through a letter of intent and a telephone call, which explained the study and invited participation in the focus groups. The leaders of these organizations contacted the researchers to accept the invitation to participate and arrange focus group meetings. Organization leaders arranged the participation of their members. The researchers did not have direct contact with individual focus group participants prior to the focus group meetings.

Key stakeholders were invited to participate in the study based on their role in the community and their familiarity with infant nutrition, low-income families and related infant nutrition services. The following criteria were used to invite and select stakeholder participation: (1) stakeholders have had a relationship with an organisation or agency that works with nutritionally at-risk populations (e.g. infants), low income families and/or food security issues; and/or (2) stakeholders have a good understanding of infant nutrition issues and services in Saskatoon. Potential stakeholders were contacted by the researchers through a phone call and letter of intent, explaining the study and inviting participation in the interviews. Letters were followed up with a telephone call and interviews were booked with those willing to participate.

Data Collection

Semi-structured focus groups and stakeholder interviews took place over a seven week period in July and August, 2006. Focus groups and interviews lasted between one hour and one and a half hours. The questions asked during the focus groups and stakeholder interviews were developed in consultation with the study's advisory committee. Participants discussed perspectives and experiences regarding three general topic areas: (1) infant feeding practices, including barriers and challenges in feeding infants; (2) programs and services used by parents and caregivers to assist with infant feeding; and (3) recommendations and suggestions for improving infant nutrition practices and services in Saskatoon. Participants were free not to answer questions they did not feel comfortable answering.

Following the focus group discussions, participants filled out a voluntary demographic profile questionnaire. This demographic questionnaire was developed by the researchers and pre-tested and revised by the study's advisory committee. The demographic profile generated data on age, educational status, primary income sources, marital status, household size and age range of the focus group participants. Stakeholders were not asked to complete a demographic profile.

All interviews were tape recorded and transcribed with participants' permission. Following transcription, participants were given the opportunity to review the transcripts and were invited to make changes or additional comments if desired. Additional interview and focus group notes were recorded by a note taker throughout each interview. These notes were used to clarify and enhance transcript data.

Data Analysis

Both the focus groups and stakeholder interviews were analysed using thematic analysis. The researchers analysed focus groups and stakeholder interviews separately using transcripts and interview notes. Each transcript was reviewed multiple times to categorise major themes from the focus groups and interviews. Transcripts were reviewed until no new themes emerged.

PART III - RESULTS

I. FOCUS GROUP RESULTS

A. Focus Group – Demographic Profile

79 out of 81 focus group participants completed our demographic questionnaire, a response rate of 98%. The majority of respondents were between ages 15 and 34 and 52% were of First Nations descent. Most respondents were married (34%) or living common-law (19%), but a large proportion were single (46%). Table 1 presents the demographic characteristics of our respondents according to age, ethnicity, education and marital status.

Table 1: Demographic Characteristics

Characteristic	Total (n=79)	Total %
Respondent's Age		
Under 15	0	0
15-19	12	15
20-24	29	37
25-29	15	19
30-34	14	18
35-39	7	9
40 and over	2	2
Ethnicity		
First Nations	41	52
Métis	8	10
Visible Minority	4	5
Other	25	32
No response	1	1
Education		
Less than grade 12	34	43
High school diploma	17	21
Some postsecondary	7	9
Postsecondary degree/diploma	14	18
Graduate degree	6	8
No response	1	1
Marital Status		
Married	27	34
Single	36	46
Divorced	0	0
Common-law	15	19
Separated	1	1
Widowed	0	0

Table 2: Income Status

Characteristic	Total (n=79)	Total %
Source of Household Income		
SAP	40	50
EI	5	6
Employed/waged	12	15
Family members	13	16
Student loans	10	12
Other	1	1
No response	1	1
Other Income		
Disability	1	1
Pension	0	0
None	3	4
Child tax benefit	66	84
Other	9	11

Government transfer payments represented the main source of household income for our respondents, with 68% of respondents receiving Social Assistance (SAP), Employment Insurance (EI) or student loan assistance (Table 2). SAP was a primary source of income for 50% of respondents. Child Tax Benefit payments were noted as an additional source of income for 84% of respondents. As outlined in table 3, most respondents had another child at home in addition to their infant or toddler.

Table 3: Household Characteristics

Characteristic	Total (n=79)	Total %
Number in household		
1-3	23	29
4-6	50	63
7-12	4	5
No response	2	3
Number of Generations in Household		
1	2	3
2	61	77
3	9	11
4	5	6
No response	2	3
Adults > 18 years		
1	25	32
2	41	52
3	7	9
4	5	6
No response	2	3
Youth 13-17		
0	68	86
1	9	11
2	2	3
Children 5-12		
0	43	54
1	23	29
2	12	15
3	0	0
4	0	0
5	1	1
Toddlers 2-4		
0	34	43
1	32	41
2	12	15
3	1	1
Infants 0-23 months		
0	26	33
1	46	58
2	6	8
3	1	1

B. Focus Group – Interview Themes

Focus group themes relate to three main question areas: infant feeding practices, barriers and challenges associated with infant feeding in Saskatoon, and recommendations to improve nutrition for all infants in Saskatoon.

a. Infant feeding practices

Breastfeeding Introduction and Cessation

15% of focus group participants reported formula-feeding their infants from the time of birth, while 4% used a combination of formula feeding and breastfeeding. Of those participants who initiated exclusive breastfeeding at birth, 26% discontinued breastfeeding and initiated formula feeding within 4 months. 10% of participants breastfed for 6 months and an additional 10% of participants breastfed for 9 months. 37% of participants breastfed for a time greater than 9 months. When combined, a total of 63% participants did not breastfeed at all or stopped breastfeeding within 9 months of their infant's birth. Table 4 presents a summary of feeding choices represented by our focus group participants.

Table 4: Feeding Choices – Focus Group Participants

Characteristic	Total (n=79)	Total %
Formula Feeding		
Birth onward	12	15%
Combined Formula + Breastfeeding		
Birth Onward	3	4%
Breastfeeding		
Birth – 4 months	21	26%
Birth – 6 months	7	8%
Birth – 9 months	8	10%
> 9 months	30	37%

These statistics confirm respondent views, namely that the greatest need for breastfeeding support is within the early months of infancy. It is significant that more than one half of the mothers in our study who initially breast-fed switched to formula feeding between birth and six to nine months.

Choosing Breastfeeding or Formula Feeding

“[I decided not to breastfeed] ‘cause I was really young and I was going to school and I was alone and I just... I thought it was too much to do. I thought it would be easier just for day care.” (Respondent)

Numerous barriers and influences affected the feeding choices of the focus group participants. As described by the participants, these included knowledge and experience of breastfeeding, pressure from family and friends, the expense and hassle of formula feeding, perceived health benefits of breastfeeding, returning to school or work, the need for others to feed the infant and perceived sleep improvement for babies on formula. Other influences were perceived adequacy of breastmilk, the

mother's health (especially when mother and infant were separated in the hospital following childbirth) and latching difficulties.

b. Barriers and challenges associated with infant feeding in Saskatoon

The barriers parents faced were multi-faceted, complex and diverse. The barriers enumerated by respondents fall into three primary categories: financial, health and health care, and programming – though many appeared reluctant to speak negatively of their poverty or of the health of their children.

Financial

The most common financial impediment identified by participants was transportation. Lack of telephone services, which complicated arranging a bus or taxi trip, compounded this difficulty. Participants felt that the cost of bus and taxicab fare, the inconvenience of transporting numerous children on a bus, and the distance to amenities were all significant barriers to transportation.

“I have a couple of younger children besides my baby and ... when I go somewhere I have to plan it. I stay at home a lot with my baby. It's just hard for me to get places with them.” (Respondent)

“The only struggle I really had with her is being able to get to a grocery store with two other children with my stroller in the middle of winter and just all that lovely stuff that being below the poverty line goes with...” (Respondent)

Some respondents noted that initiatives such as the *Good Food Box* did not help to alleviate transportation barriers. Picking up the *Good Food Box* was as difficult as making a trip to the grocery store. A few also noted that they would prefer to buy their own groceries, as they did not get to choose what foods would be in the *Good Food Box*. However, they enjoyed getting foods such as bananas and other fruits.

The expense of feeding was also identified as a substantial financial obstacle. This includes formula, processed baby foods, and produce. It also includes groceries in general and the sources of iron, calcium and other nutrients essential to good health.

“Formula is very expensive; I don't even know how I was able to do it... Like our whole Child Tax went to that. It didn't leave anything for clothing or whatever.” (Respondent)

Many respondents noted that housing and other living costs made spending adequately on nutrition difficult. Other supplies, such as blenders for making baby food and breast pumps, were also mentioned as expensive.

Health of the Family

Breastfeeding difficulties, health of baby and parent, and health care accounted for the majority of early breastfeeding cessations. Many participants found breastfeeding to be painful, difficult or impossible because of problems with latching, thrush, mastitis, sore nipples, blockages, and anaemia. Some participants also had problems

breastfeeding infants with tied-tongues and cleft palates. Insufficient or inferior breast milk was a frequent problem as well; underweight infants, dried-up breast milk, lack of breast milk, or milk not rich enough, often led mothers to switch to formula feeding. Whether this lack of nutritious milk was a real or simply perceived problem is not clear, however, the fact that it encouraged a switch to formula indicates that the health of the mother and her resulting worries about the inadequacy of the milk her body produces, is a factor in her infant feeding decision and further emphasizes the point that food security for infants must begin with food security for the entire family.

Some participants noted that their own health had significant impact on breastfeeding. For example, those with diabetes or malnourishment were either unable to breastfeed or uncomfortable with breastfeeding.

Quality of health services was also seen as central to sustainable breastfeeding. Many participants were under the impression that nurses were too “pushy” in advocating *breastfeeding*, while others stated that doctors advocated switching to *formula feeding* too quickly after a patient encounters a breastfeeding problem. Participants frequently noted that despite advocating breastfeeding, nurses did not provide reliable assistance with breastfeeding and offered conflicting advice. Furthermore, some respondents found they could not breastfeed after being separated from their infants in the hospital. A few noted that their infants were fed formula by nursing staff, despite the mother’s request to exclusively breastfeed.

More than a few mothers stated that their physical and mental health had been impacted by their baby. Those who breastfed found it exhausting and time-consuming and had difficulty keeping themselves- and other members of their family- adequately nourished

“... My kids were [getting what they needed to eat]. Meanwhile, like I’m porking on the pounds, ‘cause a bag of chips is only a buck! A bottle of pop is only a buck! A Slurpee is only two dollars. That’s what I comforted with, I comforted with the junk food because it was cheaper for me, so I could get my kids a little more healthier food to eat.” (Respondent)

The time and effort needed to breastfeed, especially for an extended period of time, led many to feel stressed, and to desire time and distance from feeding. Those who formula-fed found similar effects, as the expense of formula often consumed the food budget for the rest of the family.

Access to Services

According to respondents, difficulty accessing services accounts for the majority of programming-related barriers. This was largely due to limited awareness of programs available (several did not know, for instance, that they could learn how to make baby food, access a lactation consultant, buy a box of produce, or see a nurse in their home), a perceived unavailability of lactation consultants, and the time commitment of the many who returned to work or school early in their infants’ lives. Many participants noted their schedules conflicted with the times that programs are offered and that they were not always eligible for programs that would have provided crucial support.

“When I went back to school, a lot of those programs they are not available for me. I wasn’t on Assistance anymore, I was on a Student Loan, but that gave me \$100 less than when I was on Assistance. And those programs aren’t available. Like I couldn’t miss school to go to the Food Bank ... and now that I’m not doing anything, all of sudden it’s like, these people are willing to help me and these people are willing to help me. Like, okay where were you when I really needed your help and I was in school and I was struggling and trying to do something better?”
(Respondent)

A majority received a list of services with telephone numbers in hospital after their delivery, but a substantial proportion of these found that the numbers had been disconnected. Further, most found the information provided in hospital so voluminous as to be overwhelming or intimidating (stating, for example, “I come home with a bag full of stuff, and I’m so exhausted, I just can’t go through it all.”).

Various respondents expressed frustration with *Saskatoon Food Bank*, because they felt the attitude of staff was humiliating and/or the quality and availability of formula was not reliable. Those working, studying, underage or requiring childcare were also frustrated; they felt government services did not adequately compensate them. They also noted difficulty in breastfeeding while in school and accessing breast pumps. Further, lack of access to child care made filling their obligations or making time for themselves strenuous.

Other

A number of other barriers were mentioned that defy categorisation. Chief among these are the difficulties surrounding formula feeding. Many had trouble finding a variety that their infant would like, that did not lead to gastrointestinal upset, or that would satisfy special dietary needs such as lactose intolerance. Also, those that did settle on a satisfactory brand often found it not readily available - for example, it is not on hand at the Food Bank, corner store or drug store. This circumstance often contributed to increased transportation costs, so that respondents could buy formula at a specific outlet. Breastfeeding mothers, on the other hand, sometimes testified to being uncomfortable with nursing in public because of “old people staring” or a lack of adequate or comfortable seating.

c. Recommendations to improve infant nutrition in Saskatoon

Provision of Infant Formula

Difficulty locating a source for emergency formula was an underlying concern of focus group respondents. With few resources available, and limitations around them (such as SAP deductions or unusable varieties), many mothers were left scrambling to find accessible infant food. These families emphasized the value of providing a consistent variety of formula, as many infants cannot tolerate certain kinds (or suffer gastrointestinal upset because of them). Respondents suggested a reliable, accessible source, without the restrictions of SAP deductions and the necessity of receiving SAP in order to be eligible (as at the *Salvation Army*).

“ ... we had to pawn our VCR, just so we could [feed the baby]. And the sad thing about it was [my partner] was getting paid that Monday, we just totally ran out of formula... that really hurt me that time, like I cried about that because they wouldn't give my baby any formula because we weren't on Assistance. And we were low-income, we weren't making any more than someone on Assistance.” (Respondent)

Breastfeeding Support

A general consensus emerged from the focus group sessions expressing the need for better breastfeeding education for doctors and nurses. Many respondents were highly concerned about breastfeeding support and the advice available to mothers in the hospital. These concerns arose from most participants' agreement that the breastfeeding advice of hospital staff was often inconsistent and inadequate, and that the conflicting advice tended to contribute to feelings of confusion and frustration. Furthermore, a comfortable place to breastfeed in mothers' hospital rooms would improve their willingness to continue breastfeeding.

Several respondents reported difficulty accessing the advice of lactation consultants, who are only available at specific times in the maternity ward and keep busy schedules. Many mothers suggested that maternity ward staff would benefit from attending breastfeeding courses (such as those offered by Public Health), or becoming certified lactation consultants. A few pointed out that the updating sessions and courses for doctors and nurses are likely expensive, which may discourage them from accessing continuing education. Still, respondents felt very strongly about the value of continuing education for maternity ward staff. However, a complementary suggestion that lactation consultants be available on call or after hours, or that more of them become employed in Saskatoon, might mitigate the need for the retraining of doctors and nurses.

“I just wish that there was a consistent message between all of the different levels of help and I know it's unrealistic to expect all those nurses on maternity to be lactation consultants but I felt, too, a lot of them take the time to shove the baby on your breast so it looked like a good latch externally but didn't check the internally stuff and didn't explain how to check that yourself... It felt like there wasn't enough time taken to make sure that we got it right, right from the beginning.” (Respondent)

Because of the large proportion of respondents facing breastfeeding difficulties in the first one to two months of breastfeeding, some respondents recommended a postnatal breastfeeding course. Those who faced mastitis, anaemia, blockages, thrush and so on, tended to switch to formula-feeding due to their pain and discomfort within the first few weeks. These respondents created the vast majority of mothers who began breastfeeding from birth and switched to formula-feeding by four months of age.

Lack of awareness of the *Breastfeeding Centre (BFC)* and *La Leche League (LLL)* programs exacerbated this problem. Many mothers suggested that the bag of pamphlets and promotional materials given to new mothers in hospital was daunting and overwhelming. They often stated they had not read the materials and were

unaware of services they might have accessed. Some respondents also felt that breastfeeding support offered through the *BFC* and *LLL* was isolated from west-side core neighbourhoods, where most of our respondents resided. A more localised, visible and accessible support program for west-side residents was endorsed by our respondents.

Support for Services

Nearly all respondents stressed a need for increased visibility of all programs. Many only learned during our sessions of groups such as *Healthy Mother Healthy Baby (HMHB)* and *CHEP*. In general, few were using many of the existing services, even though they were identified for participation because they were involved with a particular service. There was a tendency to participate in one or two programs while being unaware of the availability of a variety of other programs.

“I think the programs should be more out there, more listed. Like, they are not listed in the phone book or anything like that. And they should be listed like in a certain area; just like with the counselling and the youth help lines, they should be listed for help with babies and that.” (Respondent)

Saskatoon’s services and programs could increase their promotion and advertising, as several respondents suggested that billboard advertising, community posters and television and radio ads would be effective ways to reach potential participants. Many respondents stated street outreach was the most effective way to provide information and education. For example, some suggested setting up booths or “fundraisers” on 20th Street West, or at public events such as the *Children’s Festival*, would help people become aware of existing services.

Respondents also persistently advocated for expansion of existing services and resources. Many noted that some programs are limited by geographic area and length of eligibility. For example, participants noted that *Kids First* is only available to families living within Saskatoon’s core neighbourhoods, and that *Food For Thought* and *HMHB* are only available to mothers with infants less than 6 months of age and prenatal mothers, respectively. In fact, several stated that their infants and families would benefit from continuing participation in the programs. Enhancement of these services would prevent premature or forced “graduation” from programs early in their infants’ lives.

Some respondents further stated that they were unable to participate in programs because of the time of day that programs are offered. They stressed that evening or weekend programs would be more accessible to them, especially if they are working or in school.

A phone-in “help line” would help those struggling with literacy and knowledge of programming to access helpful services. They could be directed to, and given updated information on, programs specifically helpful to individual mothers and fathers, since respondents frequently complained of out-of-date brochures or handouts. The usefulness of a help line was even voiced by respondents who lacked telephones at home.

“I think they should try to get their Parent’s Helpline back on. ‘Cause I needed a lot of help in the last couple of months and there was nobody to phone and my family wasn’t home; there was nobody to talk to. And I couldn’t go anywhere with my kids.” (Respondent)

A consolidated resource listing all available infant-related resources in Saskatoon was also suggested. This would eliminate the “bagful” of materials given out in-hospital at the time of an infant’s birth. Some respondents had seen a similar manual in other cities that is funded by advertising from local baby boutiques. Such a guidebook would allow new mothers to locate the services best for them and to eliminate the existing, pervasive unawareness of the supports that are already out there:

“The one thing that I wish, there would have been a sheet of paper with all of the resources on it, because I felt like it was really piecemeal. You go to the pre-natal classes and you find about the breastfeeding classes and then... find out about the baby food making classes.” (Respondent)

The benefits of a drop-in centre were often voiced by respondents. A common desire for a location where children can play and parents can gather emerged in our focus groups. Parenting or other classes might be offered (as at the *Saskatoon Tribal Council Family Support Centre*), children could interact safely, and perhaps most importantly, parents could find an opportunity to network for friends and support—a quality they consistently valued.

“I didn’t have anyone to talk to... So, other than my Kids First worker and my Kids First counsellor, there is a lot of times, I feel like I have no one else to talk to. Sometimes, I think it would be a good idea to kind of buddy up some moms.” (Respondent)

“...One thing that would be very, very helpful for us, if there was some kind of low or almost no-cost daycare system near shopping centres. ‘Cause it’s extremely difficult shopping with kids and not having them throw things in the cart that don’t go. If say, there was, in the mall, there was a drop-in cost two or three dollars an hour... it would give us the little bit of time we require.” (Respondent)

Other services respondents felt would be helpful included child care spaces, a clothing trade-in depot, and a central grocery store—preferably offering delivery or transportation. *CHEP’s* Good Food Box, furthermore, could improve nutrition for many respondents if it provided delivery, more choice, or a greater selection of infant-related products (formula, diapers, infant cereal and so on).

“I live by Giant Tiger and they don’t carry a lot, a very large variety of fruits and vegetables. So, I have to go to Superstore as well. And usually, and we try to only have to go once a month because it’s about \$10 to get back home by cab and that’s two and a half jugs of milk or three boxes of cereal for our son.” (Respondent)

Social Policy

Most respondents had few suggestions of a wider political context. The need to increase *Social Assistance* payments, however, was consistently voiced. Participants felt their basic needs were not being met, and independence was not being enabled, through *SAP*. Frustration with the *TEA* (*Transitional Employment Allowance*) often arose in our sessions, particularly from those who were placed on this program despite having infants and young children to care for. These respondents noted the *TEA* program did not support basic needs, particularly when a family required care and assistance. Those exiting *SAP* in favour of continuing their education also encountered significant financial strain:

“As soon as I went back out there to go do something, then all of a sudden, all the help that they were giving me was taken away, they were like, ‘oh you are going to be on a Student Loan; we can’t help you.’ I almost quit school because I didn’t have a Student Loan, I didn’t have a way to pay my rent, I had no money to buy groceries, I didn’t have a way to get to school, I didn’t have a way to pay my daughter’s child care. But, they aren’t willing to help me, because well, I’m in school, I’m not their problem anymore.” (Respondent)

The clawing-back of Child Support was also regretted by many respondents. One mother explained:

“ [The father of] my ten-year-old has only ever given me \$160 since he was born and Social Services told me, ‘You have to take him for Child Support.’ But, they don’t tell you, ‘Once you take him for Child Support, we take the money from you.’ So, like I’ve been raising my son on my own all these years and they want to take, and the judge is awarding me \$516 because [the father] makes so much money and Social Services wants to take that away from me. I have to sign the cheques over to them.” (Respondent)

Discounts on nutritious foods for low-income families were also suggested. Many participants remarked they would like to consume more foods such as fruits and vegetables, but do not because they are not readily available or affordable in the core neighbourhoods. A few described a card they could carry that would help them purchase needs such as groceries at a more affordable price, which would be used similarly to a student discount card. Respondents also commented that the new bus pass available to low-income people would be well-received—though it may be worthwhile to note that many, a few weeks before the introduction of the discount, were unaware of it.

“I think if everyone is so concerned about youth crime and how everything seems to be going downhill as youth and to remember that youth starts as babies. And to help the mother feel empowered and give a good household, it would totally help the baby grow up better.” (Respondent)

II. STAKEHOLDER RESULTS

Stakeholder themes relate to three main question areas: perception of infant feeding practices in Saskatoon, barriers and challenges associated with infant feeding in Saskatoon, and recommendations to improve nutrition for all infants in Saskatoon.

a. Perception of infant feeding practices in Saskatoon

Stakeholders discussed breastfeeding practices, reasons to stop breastfeeding or to choose formula feeding and common feeding practices of Saskatoon families.

Breastfeeding Practices

Breastfeeding was identified by stakeholders as the ideal choice for feeding infants in relation to both health benefits for mother and baby and the financial benefits related to avoiding the expense of infant formula. It was the opinion of stakeholders that breastfeeding should always be advocated as a first choice; however, it was stated that in cases where breastfeeding is not possible, formula feeding should be supported as the best choice for optimising infant nutrition.

“Formula is so expensive and we are advocates of breastfeeding and whenever possible we encourage that ... many of the mothers, if they’re living in a violent relationship for example, their partners may not allow them to breastfeed their babies. If there are issues of sexual abuse ... that just may not be something that those mothers really want to look at ...”
(Stakeholder)

Stakeholders found that breastfeeding has increased in the past few years, particularly breastfeeding initiation rates. They asserted that the majority of mothers breastfed for at least a short time, approximately three to four months. In general, stakeholders felt that more educated or socio-economically advantaged people tended to breastfeed for a longer period of time than less educated, lower income and more vulnerable people.

Choosing Breastfeeding or Formula Feeding

Sustainability of breastfeeding was identified as a common issue for both lower income and middle to upper income mothers. Stakeholders recognised that many mothers stop breastfeeding between one to four months due to many complex factors.

Factors that influence a mother’s decision to stop breastfeeding, according to stakeholders, included convenience, history of past physical and emotional abuse, misinformation and myths about breastfeeding, lack of support for breastfeeding, return to work or school, addictions, discomfort with breastfeeding by both the mother and/or her partner, and sexuality and body consciousness. Stakeholders felt that many mothers stop breastfeeding in order to allow others to care for their infant and to decrease their feelings of being “tied down.” Another common reason to stop breastfeeding was the mother’s perception that she did not have enough milk. Stakeholders asserted that much misinformation about breastfeeding begins with generational influences from the new mother’s own mother and grandmother.

Differing perceptions as to adequate nutrition between mothers and health care providers was identified by stakeholders as a source of breastfeeding misinformation. It was also noted that medical doctors are quick to suggest formula feeding to mothers who are experiencing breastfeeding challenges.

“When problems arise we see sometimes not so much the Public Health Nurses or sort of other allied health professionals, but certainly we see the doctors I think sometimes rather than looking at the root cause of the problem with the breastfeeding, just sort of saying that you need to supplement your baby because of whatever reason ... we know that when women start supplementing their babies they start down a slippery slope with problems with supplies and all kinds of other issues.” (Stakeholder)

Formula Feeding

Lack of formula was consistently identified as an issue for those families choosing to formula feed. Stakeholders stated that access to formula for low-income families is an ongoing problem. They acknowledged that families put infants on solids and alternate milks earlier than the ideal in order to save money. Stakeholders also identified that dilution of milks and formula and use of alternate liquids, such as Kool-Aid, and Coffee Mate and water, does occur in our community. Families are using the *Food Bank, Salvation Army* and *Friendship Inn* for assistance in feeding adults, children and infants. Formula acquired from these sources was not consistent, according to stakeholders which presented a challenge for families whose infants only tolerated one type of formula.

b. Barriers and challenges associated with infant feeding in Saskatoon

Five main themes emerged in the stakeholders’ accounts of barriers and challenges associated with infant feeding in Saskatoon. These were: poverty, access to services, financial considerations, skills, and mother’s health and nutritional status. Other barriers and challenges were receptivity to information and child care.

Poverty

Poverty was identified by stakeholders as the greatest barrier influencing infant feeding. It was viewed as a cause of social isolation which prevents people, particularly women, from feeling a sense of belonging in a community. Stakeholders recognise that impoverished people are marginalised and scrutinised and feel like they have no control over their lives. The blame and judgment placed on impoverished people only fuels increased social isolation, guilt and perceptions of hopelessness.

“People live their lives in utter hopelessness where they are accustomed to not having anything and not having any control over the circumstances or the parameters of their life. Even when there [are] situations where they might be able to influence what’s happening to them, their perception is that they have no control.” (Stakeholder)

Stakeholders also identified the unacceptable living conditions evident during home visits as a consequence of poverty. These living conditions, including lack of refrigeration and proper cooking equipment and utensils, limit the amount and type of food that a family is able to store and prepare.

“Many of our mothers that we work with are dealing with so many other issues as well. Certainly poverty is a huge one. Substance abuse, alcohol abuse, violence in relationships. It certainly goes beyond even the food piece; all of those issues make that nutrition piece that much more difficult to access ...” (Stakeholder)

In addition to poor living conditions and inadequate storage and preparation facilities, stakeholders acknowledged the effect that food costs and the costs of raising infants have on family nutrition. It was noted families struggling to put nutritious food on the table would have great difficulty providing nutritious foods for their infants. This is especially a concern for families who formula feed their infants.

“If you take a family that’s living in poverty and unable to provide nutritious food for themselves or their families and when you tack on the 120 or 150 dollars a month the formula costs, it automatically puts that family in even more of a financial crisis.” (Stakeholder)

Lack of choice was identified as a significant problem relating to poverty and nutrition. Stakeholders felt that choosing less nutritious foods is not a reflection of people’s personal choice or want. Rather, it is influenced by both the distance that the person has to carry food from store to their home and the cost of food. Food costs for more nutritious foods are often considerably more than those of less nutritious foods. There is also no grocery store in Saskatoon’s core neighbourhood, which stakeholders felt was a limitation to food and nutrition choices, as corner stores offer convenience foods which are less nutritious and more expensive than comparable items at large grocery outlets. Because of this, stakeholders found that more people, particularly those in Saskatoon’s core neighbourhoods, are accessing the *Salvation Army, Food Bank* and *Friendship Inn* to provide basic food needs.

“Some of them don’t have a lot of choice over what they’re feeding. They’re having to rely on the Food Bank for example; they don’t have a choice as to what’s put into that basket; some families are just thankful that they’re able to eat and that they have something to feed their children.” (Stakeholder)

Stakeholders also noted the misperceptions of other professionals in Saskatoon regarding the depth of poverty in Saskatoon. Stakeholders believed that health care professionals need to adopt more empathy toward the challenges that poverty creates for many members of our community.

“[An academic] made the statement that ultimately everybody gets to choose what they put in their mouth. And I object so vividly to that kind of blanket statement ... I stood with a little girl and her two kids who didn't ultimately have a choice what she put in her mouth. It was mitigated by what she could carry two miles with two little kids in the middle of winter so don't be telling me that they choose—it's not a choice.” (Stakeholder)

Access to Services

Stakeholders acknowledged access to services as a large barrier to providing good nutrition to infants. Transportation was identified by each stakeholder as a large issue in accessing services. Some services, such as the *Breastfeeding Centre* and grocery stores, were not easily accessible to families. Other services, such as *Food For Thought*, *Healthy Mother Healthy Baby* and *Kids First* were noted as excellent services by stakeholders. However, these services need to expand to meet needs of clients outside their current service areas. Public Health services were also identified as important, but stakeholders felt that the geographic areas health nurses are responsible for are too large. This limits the outreach and familiarity that nurses are able to provide, and creates accessibility issues.

Other issues identified as barriers to accessing services were telephone access, social isolation and having no reliable source of emergency formula in Saskatoon. Families without telephone access are unable to contact services or make appointments with agencies and doctors. Social isolation increases feelings of guilt and blame in lower-income people and limits their ability to access services. The stakeholders also recognised that there was no reliable source of emergency formula in Saskatoon, and felt this was a definite need that must be addressed.

Financial

Financial barriers were also recognised by stakeholders, who felt that Social Assistance cheques did not provide enough money to meet basic needs. Stakeholders indicated that lower-income or impoverished people often have many other commitments and financial responsibilities- including rent and utilities- that take precedence over nutrition. The cost of healthy foods for breastfeeding mothers and infant formula is often redirected to provide for other basic needs.

Even with the federal Child Tax Benefit, families struggle to meet financial needs. Stakeholders see this money being used toward safer housing and basic necessities such as furniture. The Social Assistance Program and Transitional Employment Assistance were also viewed as barriers: these adult-based programs are not supporting basic needs. Stakeholders suggested that these programs need to be indexed to current costs of living in order to support people in meeting their basic needs and transitioning to independence.

“I think that giving people the dignity of having enough support financially and being able to make [their] own decisions of how [they] spend that is a really good starting point and making sure those [Social Assistance rates] increase.” (Stakeholder)

“There are still several issues that need to be addressed on a social policy front. ... they’ve got to find a way to support people who don’t qualify for the bus pass, the cheaper pass; they have to deal with the National Child Benefit; they have got to allow people that are working to keep more of what they earning ..., otherwise [they] are no better off [working than they were on assistance].” (Stakeholder)

Skills

Skills were also a barrier seen by stakeholders. Generational de-skilling is a prevailing issue that is impacting the ability of families to make nutritious choices, prepare foods and understand infant feeding guidelines. Older generations are not passing on food preparation knowledge or breastfeeding support. Stakeholders felt that misperceptions and misinformation passed through the generations is influencing mothers to choose formula feeding more quickly, rather than work through breastfeeding difficulties. Low literacy and education is also contributing to de-skilling. Literacy impacts correct preparation of formula and the ability to prepare meals.

Mother’s Health and Nutrition

The stakeholders identified the mothers’ health and nutritional status as a key barrier in providing adequate nutrition to infants. A child’s health is related to the mother’s health during both the pre-natal and post-natal periods. If a mother’s nutrition was adequate and supported, she would be better able to provide good nutrition to the infant and other children in the family.

“You need to have mom and dad healthy too, not only for the strength but for the nutrition ...” (Stakeholder)

“... If the mother is using alcohol or substances and she is nutritionally sound, her baby is going to be far better off than if she wasn’t eating healthy. I don’t think that we can downplay the importance of nutrition and the importance of accessibility and security for these women.” (Stakeholder)

Stakeholders also emphasised the mother’s desire to provide adequate nutrition for her infant, observing that mothers often compromise their own nutrition in favour of providing nutrition to both their infants and other children.

“... the whole business around moms feeling guilty that they can’t provide to their children so then the mothers end up going hungry or not eating enough, so that their children can have what little that they do have.” (Stakeholder)

Other

Other barriers impacting infant nutrition that were identified are reception to information in less affluent areas and access to child care. Stakeholders noted people in less affluent areas of Saskatoon were less receptive to available health and nutrition information. Child care—a must for those returning to work or school—was also seen as a barrier, since it was not easily accessible and affordable for their clientele.

c. Recommendations to improve infant nutrition in Saskatoon

There were four main themes arising from the stakeholders' discussion of recommendations to improve infant nutrition in Saskatoon: provision of infant formula, increased breastfeeding support, greater support for services, and action on social policies.

Stakeholders identified infancy and childhood as a critical time for encouraging lifelong health and contribution to society. They stated the creation of a food secure environment for infants would in turn improve health care costs and productivity later in life. Infant nutrition is a critical issue in poverty and community. Any solutions to addressing infant nutrition should approach low-income families with dignity and respect.

“One of the outcomes of families living in poverty is that children are not getting the nutrients they need, and that we all know that brain development continues after the birth of a child and if that child isn't getting the nutrients that it needs, then we are compromising the future of that child. We have an obligation as a society. If we're really sincere in wanting the best outcome for all our children in this province we need to tackle family poverty and child nutrition.” (Stakeholder)

Breastfeeding Support

It was unequivocally stated that breastfeeding should be promoted and advocated as the first choice for infant feeding whenever possible. Many stakeholders acknowledged the *Baby Friendly Initiative* as a positive step toward educating people about breastfeeding in our community. Stakeholders identified many means of improving the support for breastfeeding in all Saskatoon neighbourhoods.

Public advocacy and awareness of breastfeeding, interviewees advocated, should be shared with the general public, including young children and teens. Some felt advocacy and awareness would help breastfeeding become accepted as a natural choice for feeding infants.

Stakeholders felt that adequate support is one of the most influential components of encouraging and establishing breastfeeding. In particular, family support was noted as a way to promote breastfeeding.

“They need to have people that believe in their abilities and who are able to support them through the initial struggles that are very common.” (Stakeholder)

Stakeholders also encouraged health regions to increase in-hospital support. This support must come from doctors, nursing staff and lactation consultants. These professionals must advocate breastfeeding and encourage mothers to work through difficulties before recommending formula supplementation. More time needs to be available in the hospital to share information on community supports that assist breastfeeding. The short time that post-natal mothers spend in the hospital after giving birth is critical for ensuing successful breastfeeding, and some low-income mothers may not feel that it is acceptable to ask for help

“Access to help with breastfeeding is really important to these girls and a lot of them don’t have the vaguest sense in that there’s help out there for breastfeeding and that it’s acceptable to get help ...” (Stakeholder)

Breastfeeding support provided by Public Health Services should continue until 5 or 6 weeks post-natal, interviewees stated. Currently, mothers receive breastfeeding support one or two days and one or two weeks after giving birth. Stakeholders felt that many problems and concerns with breastfeeding occur up to 5 or 6 weeks after birth. At this time, many mothers discontinue breastfeeding. Stakeholders felt that mothers would be more confident to breastfeed if they had more support during this time.

Stakeholders also identified the mother’s own nutrition as a critical part of providing nutritious food for infants and children. A breastfeeding mother must have adequate nutrition in order to support a nursing infant. Stakeholders noted that many low-income mothers will compromise their own nutrition in order to feed their families and children. Supporting the accessibility of good food to mothers and low-income families is necessary to ensure that mothers are nutritiously fed and able to support breastfeeding infants.

Another suggestion offered by stakeholders was the establishment of a human milk bank. Some stakeholders felt this option would provide the best possible infant nourishment for mothers who cannot breastfeed.

Provision of Infant Formula

Although stakeholders acknowledged the need to support and advocate breastfeeding, they also supported provision of infant formula. They stated that the current practice for providing emergency formula in Saskatoon was inadequate, and needs to be centralised and for emergency purposes only.

“It would be nice if there was one central place [where] food security could be established for infants because they can’t speak for themselves.” (Stakeholder)

Barriers, such as transportation and finances, need to be addressed to make infant formula more accessible and affordable to low-income families. In cases where a mother cannot or chooses not to breastfeed, stakeholders felt infants should not be denied the second best type of infant nutrition.

“In the cases where a mother cannot breastfeed, have some type of support set up so that baby can access formula, the same kind of formula.” (Stakeholder)

Suggestions from stakeholders for improving emergency formula in Saskatoon included having a centralised phone number or centre for emergency formula. Another would see doctors write a prescription for emergency formula, similar to obtaining a prescription for medication. One stakeholder suggested that bulk buying may be a more cost effective way to purchase and provide formula to low-income families.

Another stakeholder felt formula should be delivered directly to homes on a weekly basis to alleviate transportation and isolation barriers. Even if a payment was taken out of the SAP cheque, it was suggested mothers should have the option to have formula delivered directly to the home.

Many stakeholders stressed that although emergency formula was a common need for low-income families, provision did not address long term food insecurity for infants.

“It’s just sort of troubleshooting over and over again because it may solve that immediate problem for them and they may get some for that day or they may get some for a couple of days, but we don’t have the ability to be able to follow people for long-term.” (Stakeholder)

Support for Services

Stakeholders identified many community resources and services in Saskatoon that have successfully supported women and infants. These services include *Food for Thought*, *Healthy Mother Healthy Baby*, *CHEP Good Food Inc.*, Public Health Services and *Kids First*. Stakeholders identified these services as successful in addressing infant nutrition and food security issues in Saskatoon, but suggested that they are not currently meeting increasing demands. Existing community resources need to expand their services, increase the length of time that women are able to participate and increase the geographic areas that they serve.

“You have those people who are very able to access resources as needed and they will make their needs ... but then there’s that other group of people. They’re operating at a level of so much struggle that they may not reach out to some of those resources because they’re just trying to make it through the day ...” (Stakeholder)

Stakeholders saw that better access to services would decrease barriers to providing good nutrition for infants. Many resources are not accessible to women due to transportation, isolation and awareness barriers. Interviewees believed that increased promotion of community resources is necessary to ensure that all community members understand where and how to access helpful resources. They also suggested that existing organizations need to offer satellite services throughout Saskatoon’s core neighbourhoods to reach a wider population.

Funding is a limiting factor in the expansion of community resources. Stakeholders suggested that existing services must form partnerships in order to meet increasing demands. Partnerships would help create consistency among services, decrease service overlap and increase capacity for addressing food security in Saskatoon.

Stakeholders also recommended increased support for building skills in such areas as food preparation, food storage and appropriate feeding practices. Many stakeholders felt that women need to be empowered through knowledge and education.

“We see lots of moms going back to school and that’s really heartening for us because we really do believe that therein lies the solution. Because [that’s] when you realise that you can do something different with your life and that you can have a job and an identity and have the self-esteem that comes with looking after yourself and looking after your children.”
(Stakeholder)

Some stakeholders suggested that a Mother’s Centre or Community Centre for Mothers be created to facilitate skill building. Such a centre could also facilitate peer-to-peer support among mothers and offer health care and child care services. One stakeholder mused that the centre could offer a community garden, sewing classes and cooking classes.

“... an actual women’s centre where they would meet with other women, where they would learn life skills; they would also have that interaction that would reduce isolation that comes with poverty too ...” (Stakeholder)

Other suggestions to improve infant nutrition in Saskatoon were to offer good food as a routine part of social assistance and to deliver food directly to homes. Stakeholders felt that the Good Food Box could be a routine option of the social assistance program, delivered directly to homes each month. This would decrease barriers to transportation for many low-income people. One stakeholder felt that a community capacity approach to food provision could build a stronger sense of community and decrease isolation for some low-income families. The stakeholder suggested that mothers who volunteer with the Good Food Box may be rewarded with a Good Food Box.

Social Policy

Stakeholders acknowledged that the solution to ensuring adequate nutrition for all infants in Saskatoon lies in long-term social policy development. They felt that although short-term assistance for low-income families is necessary, a long-term solution must be developed. Social policy needs to be modeled at a provincial level, while inequities need to be addressed within Saskatoon. Policy makers and governments need to look at nutrition and prevention of long term disease as a part of social policy. Stakeholders identified that the community needs to transform social policy around food and people’s right to access healthy food. Many commented that charity models of food security do not build a strong sense of community or solve the root causes of food insecurity. Stakeholders observed that community capacity approaches to food security (e.g. community resource centres) are most beneficial to addressing food security and poverty.

“The charity model continues to foster that dependence model that is not something that really nurtures self-esteem and self-efficacy. I think people want to feel proud of who they are and what they are able to provide their family ...” (Stakeholder)

Stakeholders believed direct provision of money to low-income people is not the answer to alleviating poverty or improving infant nutrition. Many felt that community programs that educate and empower participants are the best investments in our community. These programs foster knowledge, independence and basic skills.

“[Improvements come] by focusing more on policies and programs that will create healthy families, and healthy families will then raise healthy children who will then make healthy choices and become more productive.” (Stakeholder)

Stakeholders also felt the Social Assistance Program needs to be amended and indexed to the cost of living, observing that SAP needs to give people the dignity of having enough financial support and being able to make decisions on their own. Suggestions to improve SAP included offering a guaranteed annual income in line with the poverty line. One stakeholder also recommended discontinuing the Transitional Employment Allowance program’s call-in centre as it difficult to use.



PART IV - DISCUSSION

Our results suggest that infant food security is a definite concern in Saskatoon, where families are facing many challenges to successful breastfeeding practices and access to infant formula. Our participants suggest that location, transportation and social isolation are limiting families' access to resources and support for feeding their infants. Many focus group respondents noted that they had little family support for raising their children. Furthermore, social programming and assistance are not enabling families to achieve either financial independence or food security. Community programming, and its visibility and accessibility, must all be increased to support infant and family food security.

Although breastfeeding has increased over the past few years, with approximately 90% of Canadian mothers initiating breastfeeding, sustainability remains an issue. Mothers continue to be influenced by generational de-skilling and lack of support from family and medical care staff. The first four months of breastfeeding seem to be the most difficult to sustain, confirmed by 25.6% of our respondents who discontinued breastfeeding within this time period. Many families are turning to formula within the first few months of birth to supplement their child's feeding or to overcome breastfeeding challenges such as breast pain and poor milk production.

These results are similar to those of other studies, which indicate that breastfeeding sustainability is a challenge for mothers (Heineg et al, 2006; Guttman & Simmerman, 2006). Other researchers have also found that many mothers turn to formula due to uncertainty of milk supply, lack of support, latch problems, poor breastfeeding knowledge and the perceived convenience of formula (Heineg et al, 2006; Guttman & Simmerman, 2006). They have also found that breastfeeding may be more successful and sustainable with continued support in the months following birth. Such support would increase education and knowledge of proper breastfeeding practices and help mothers to overcome breastfeeding difficulties (Chamberlain et al, 2006; Heineg et al, 2006). Increased support would promote a sustainable and accessible form of infant food security.



practices, particularly in hospital maternity wards. Such lack of support is inconsistent

Use of infant formula is still prevalent in our community. Many of our focus group participants saw formula feeding as the only solution to their breastfeeding challenges. Our stakeholders noted that many mothers turn to formula feeding because of minor challenges that might successfully be resolved with support and guidance. Other challenges found to influence a mother's choice to breastfeed or formula feed include past physical abuse, addictions, family and health care support and knowledge of feeding practices. Focus group respondents and stakeholders noted a lack of consistent health care support for breastfeeding

with the City's *Baby Friendly Initiative*, which supports breastfeeding initiation, education and environments within Saskatoon's health care centres. Even when addiction or severe malnutrition of the mother, requires its use, formula feeding presents serious financial difficulties for families.

Emergency formula is often not accessible to families because they do not fit criteria for provision. Furthermore, mothers and families struggle to provide foods for their households—expanding food security concerns to other children and adults. This study corroborates the findings of previous research indicating that mothers often sacrifice their own nutrition for the sake of others in the family, and experience increased feelings of shame and powerlessness over their situation (Hamelin & Beaudry, 2002). Such feelings may lead families to purchase less expensive and less nutritious foods or acquire foods through emergency means to offset hunger (Hamelin & Beaudry, 2002). For low-income families, breastfeeding may be more accessible and affordable than formula feeding. However, the choice to formula feed an infant must not be discounted, and families must be appropriately supported to correctly prepare and use formula.

Our results support action to address infant food security in Saskatoon both at community programming and social policy levels. Recent studies in show alarming effects of poverty on health and well-being (Lemstra, Neudorf & Opondo, 2006). Community programming and social policy are strong actions that alleviate the constraints of poverty by addressing its immediate causes and effects. Programs and resources that address poverty by enabling women and families to gain independence, build confidence and acquire foods in safe, respectful and affordable ways are most successful in supporting a healthy population and reversing the spiral of poverty.

Many services addressing infant and family food security already exist in Saskatoon. However, these services may not be meeting the full range of community needs. Our research indicates a need expand locations, programming times, funding and general accessibility to low-income families. Future development of services will need to look at the feasibility of mother support centres, increased and consistent breastfeeding training for health care professionals under the *Baby Friendly Initiative*, and more affordable and accessible infant formula distribution.



Long-term solutions for infant nutrition in Saskatoon must address the root causes of food insecurity. These causes include social, financial and environmental constraints that limit access to, and affordability of, appropriate feeding practices. The community must empower new parents with knowledge and independence; it must increase physical and economic access to resources, decrease financial disparity and broaden the capacity of community programming to meet expanding clientele needs. With these solutions, a food secure community can prevail and support all community members in achieving good health and well-being.

PART V - RECOMMENDATIONS

Our results indicate that in order to improve infant nutrition in Saskatoon we must: expand services, expand programming opportunities, support breastfeeding, provide emergency formula and improve social policy. These recommendations are based on the voices of people closest to infant food security in Saskatoon.

A. Expand Services

There is great need to further invest in Saskatoon's community programs and resources. Programs such as *Food For Thought*, *Healthy Mother Healthy Baby* and *Kids First* are successful in building skills, education and confidence in mothers with young children. These resources are held in high esteem by program participants and community stakeholders, who believe they enable women to become empowered and independent. *Food For Thought* and *Healthy Mother Healthy Baby* create opportunities for mothers to learn how to prepare foods and support a healthy, food secure family. Crucially, they also help mothers break isolation barriers. *Kids First* works with families to nurture the parent-child relationship while providing opportunities for families to live happy, healthy lives, and often provides vital transportation services.

Many community service providers are limited by their resources, location and scope. For example, *Food For Thought* is offered to prenatal and postnatal mothers up to 6 months after their child's birth. *Healthy Mother Healthy Baby* is offered only to prenatal mothers. *Kids First* is offered only to families residing in Saskatoon's core neighbourhoods. In order to effectively meet demands in Saskatoon, investments must be made to expand existing community services. Such investments must include:

- ◆ ***Reducing the restrictions to participation in community programs.*** For example, expand participation in *Healthy Mother Healthy Baby* to include post-natal mothers, and increase flexibility in program hours for *Food For Thought*, offering sessions in evenings and on weekends to accommodate working and studying mothers. The staff at both programs have expressed interest in expanding services. Increased funding would allow these programs to meet the diverse and increasing needs of clientele.
- ◆ ***Offering programs such as Food For Thought in partnership with high school life-skills/life transitions classes.*** Such classes enable students to learn practical skills relating to parenting. A *Food for Thought* (i.e. peer leader) model may be offered as an extension of the classes during after-school or evening hours. Such a program would help young parents learn practical skills for feeding their families and offer health care support and education in a safe, social and comfortable environment. Partnerships further strengthen the awareness of, and participation in, community building ventures.

- ◆ ***Offering satellite extensions of programs outside of Saskatoon's core neighbourhoods.*** For example, offer *Kids First* services to other areas of Saskatoon's west side, such as Fairhaven. Many low-income families are moving to these neighbourhoods to offset safety concerns associated with the core, but no longer benefit from access to *Kids First* and other core neighbourhood resources such as the *Saskatoon Food Bank* and *Friendship Inn*. In order to be accessible, programs must bring services to people. Schools may be an appropriate and accessible venue to house satellite locations. Programs that may consider satellite locations include community kitchens, which could make convenient use of school kitchens.
- ◆ ***Decreasing the geographic area that Public Health Nurses service.*** Currently, Public Health Nurses cover large areas of service and are often responsible for offering services in two separate districts. These large districts do not allow nurses to form strong relationships—crucial to breaking down the helplessness and isolation many of their clients experience—within the district communities. They are often limited by the amount of time they have to dedicate to mothers, infants and children. Both nurses and clients would benefit from smaller geographic areas and/or an increased nursing staff. Nurses would have more time to follow-up with clients and form lasting relationships that foster support and encouragement for breastfeeding, immunizations and other health and development concerns.
- ◆ ***Continuing support for CHEP's Good Food Box and supporting initiatives such as home delivery service.*** The Good Food Box has the ability to decrease the transportation barriers experienced by many low-income families. While introducing affordable and nutritious foods and alleviating the hardships associated with the lack of grocery stores in Saskatoon's core neighbourhoods. Many of our respondents noted that it was difficult to purchase nutritious, affordable foods that were easily accessible. The Good Food Box would greatly benefit low-income families by offering a free home delivery service with purchase of a Good Food Box.
- ◆ ***Offering Good Food Box or other food-based certificates in honour of volunteer time at community organizations.*** The Good Food Box welcomes many volunteers every two weeks to assist with packing food boxes for distribution. As a token of appreciation, volunteers benefit from a nutritious lunch meal. Some volunteers may benefit by receiving a Good Food Box as an honorarium for their time. Other community programs may consider offering certificates for a Good Food Box as an honorarium for volunteer time. Such an initiative may improve access to food and introduce people to a more affordable food option. Programs may also consider offering milk coupons or meat coupons to individuals who volunteer their time for community services.

- ◆ ***Investigating the feasibility and funding for specialty Good Food Boxes.*** One specialty box may be a ‘Baby Good Food Box,’ which would include items such as diapers and formula (by request). Other food items that could be offered include bananas, avocados, sweet potatoes and carrots. Recipes and directions for preparing baby foods could be included. Such a box would make baby items more accessible to families who have difficulty with transportation and access to stores.
- ◆ ***Investigating the feasibility of offering the Good Food Box as a monthly deduction from Social Assistance Program cheques.*** In Regina, families on Social Assistance have an option to access the Good Food Box. The cost of the box is deducted from their monthly assistance. Saskatoon may consider the success of this program and support implementation here.
- ◆ ***Expanding the choices offered during Saskatoon Food Bank Drives.*** Often, items donated to the *Food Bank* are not of high nutritional value or are pre-packaged products. Grocery stores and community members involved in *Food Bank* drives may consider offering food coupons. In addition to food baskets, community members would have the opportunity to purchase food coupons for milk, meat, produce or a Good Food Box. This initiative would support the dignity of choice allow families an opportunity to receive food items of high nutritional quality.

As poverty rates and health disparities increase, community programs have the ability to share knowledge in a trusted environment. Investing in our community programs means developing resources that are accessible, affordable and available to all members. Creating opportune investments for infants, children and caregivers strengthens the future health and well-being of the entire community, promotes independence and decreases both acute and long-term social costs.

B. Expand Programming Opportunities

Existing services and resources would be enhanced by new community programming and partnerships. These opportunities have the potential to expand community capacity-building, complement existing programs, and empower women and families to learn skills, decrease isolation and build independence.

- ◆ ***Creation of a ‘Mother’s Centre,’ which could be centered in Saskatoon’s core neighbourhoods.*** A feasible location for a ‘Mother’s Centre’ may be *Station 20 West*. This drop-in centre may offer co-operative child care, health care services (e.g. immunizations), community gardening (which is already taking place adjacent to the site of *Station 20 West*) and mother-to-mother support. It could be a place where mothers could share space with others, build friendships and develop skills such as cooking and sewing. The centre may house a community kitchen and have weekly guests, such as a lactation consultant, nurse educator or community liaison. Guests could provide services, answer questions and refer women to resources in the community.

- ♦ ***Creation of affordable child care spaces in Saskatoon's core neighbourhoods.*** It is often difficult for families to find caregivers, even to go to the grocery store or run errands. Although many argue that the Child Tax Benefit provides funding for child care, low-income families often use this money for basic needs, such as clothing or utilities, that are not affordable under basic allowances or lower incomes. Therefore, it is not realistic for low-income families to use the Child Tax Benefit for child care costs. Subsidized child care spaces must be created in our community to benefit families and to provide learning and developmental opportunities for children.
- ♦ ***Establishment of a grocery store in Saskatoon's core neighbourhoods.*** Currently, Saskatoon's core neighbourhoods do not have a grocery store. Families must travel to distant locations to access a variety of nutritious foods at more affordable prices than convenience stores can offer. Many families are unable to travel to grocery stores due to transportation barriers, and therefore pay higher prices to buy food at convenience stores. This food desert exacerbates food security concerns. An incentive is currently underway to address this food desert. The *Good Food Junction* proposes to fill the need for a grocery store in Saskatoon's core and is to be located at *Station 20 West*. It intends to secure investment for its fixtures and inventory, but its space will be leased from *Station 20 West*. Therefore, support for *Station 20 West* is crucial to its development.
- ♦ ***Creation of a parents' phone-in help line.*** Such a line may be offered through the *United Way* phone line, to be opened in 2008. This phone line may be a feasible way for parents to learn about community programs and be referred to appropriate resources to assist them with their parenting needs. Many parents note that services and resources are difficult to access because phone numbers have been disconnected or changed. A phone line would be a reliable way to connect to services in Saskatoon, providing timely and accurate connections to community resources. We also propose that the phone line be an outlet to access emergency formula, discussed further in section (d) "Emergency and affordable infant formula".
- ♦ ***Development of a consolidated resource manual for all services related to infant nutrition in Saskatoon.*** Many families feel that it is difficult to find out about community and health care services in Saskatoon. While the incredible parent directory contains most resources that parents would access it is organized by subject instead of by what the programs offer and may be difficult to navigate if looking for a specific service (such as baby food making workshops or emergency formula provision). Information packages received during the post-natal hospital stay are often overwhelming for parents, and contact information can be outdated. A consolidated list of resources would be a concise, accessible and consistent way to learn about and connect to services one needs for one's infant. An on-line version of this resource manual may also be a solution for maintaining current and updated information that can be accessed by families.

C. Support Breastfeeding

It is well-documented that breastfeeding is the most supported, advocated and appropriate form of infant nourishment. In addition to nutritional benefits, breastfeeding may help to alleviate food and formula costs during a child's first two years of life. Contrary to misconceptions, breastfeeding can be successful for almost any mother with the appropriate guidance and encouragement. For low-income families, breastfeeding provides a more accessible and affordable form of nutrition than formula feeding. As such, it is important to create a network of strong, consistent supports to advocate and encourage breastfeeding in our community.

It is disconcerting that mothers do not feel supported by their physicians and maternity ward staff in their choice of feeding practice. Health professionals need to consistently follow the *Baby Friendly Initiative* and fully support breastfeeding mother from the time of birth. To do this, the Saskatoon Health Region (SHR) must invest in training and continuing education in areas of proper breastfeeding technique and practice. Specifically, investments to support breastfeeding mothers in the SHR include:

- ♦ ***Requiring maternity ward staff and physicians to acquire continuing education in breastfeeding practices on an annual basis.*** Such continuing education should be offered to staff and physicians free of charge in order to support best practices in health care and eliminate inconsistencies in breastfeeding guidance.
- ♦ ***Increasing the availability and accessibility of certified lactation consultants to post-natal mothers.*** Lactation consultants should be available on-call to mothers soon after birthing to assist with breastfeeding difficulties. Initiatives should also be taken to recruit lactation consultants within the Saskatoon Health Region and encourage staff to achieve lactation consultant certification. This will increase the overall availability of lactation consultants, who our interviewees identified as understaffed and overworked.

Other breastfeeding services, such as those available through Public Health Services and *Healthy & Home* can also offer investments to strengthen breastfeeding practices. These investments include:

- ♦ ***Offering continued breastfeeding support, in the form of home visits, to mothers up to and beyond six weeks post-partum.*** Currently, Public Health Services and *Healthy & Home* offer home visitations within days and up to two weeks after a child's birth. However, many mothers experience difficulties and frustrations which lead them to stop breastfeeding after this time period, especially up to six weeks post-partum. Therefore, continuing home support for breastfeeding may be beneficial in helping mothers succeed in breastfeeding.

- ◆ ***Offering post-natal breastfeeding classes, where mothers can learn breastfeeding techniques and overcome breastfeeding challenges as they go through the breastfeeding experience.*** Many mothers feel overwhelmed with information in the post-natal period and are further overwhelmed with their newborn in the weeks following birth. A post-natal breastfeeding class may enable some mothers to gain confidence in breastfeeding as their challenges occur. A post-natal breastfeeding class may be offered as an extension of Public Health Service's *Baby Food Making Workshops*. The class could be available free of charge to breastfeeding mothers who would like to spend an afternoon with a health professional who could assist in troubleshooting concerns.
- ◆ ***Creating a breastfeeding workshop to enable mothers to share experiences and learn strategies for successful breastfeeding.*** Such classes may be similar in format to CHEP Good Foods Inc. and Public Health's *Baby Food Making Workshops*, which offer support and guidance from a Public Health Nutritionist on current infant feeding guidelines. These two to three hour workshops aim to share relevant and applicable information with new parents in a welcoming environment.

Many mothers also experience challenges to breastfeeding as they return to work or school. Low-income mothers tend to return to work earlier than mothers from higher-income families (Chamberlain et al, 2006). Often, the mother leaves the child with another care-giver, and breastfeeding practices may not continue. To address this issue, the following is recommended:

- ◆ ***All low-income breastfeeding mothers must have access to an affordable breast pump.*** Many of these mothers do not have access to breast pumps due to financial constraints or do not proactively seek breast pumps unless provided (Chamberlain et al, 2006). The West Side Clinic or Public Health Service's *Baby Food Making Workshops* may be appropriate venues through which low-income mothers could access breast pumps free of charge. *CHEP Good Food Inc.* has also expressed interest in providing a breast pump service or trade-in, where mothers could access breast pumps at low or no cost. In addition breast pumps should be available, at no charge, through life skills/life transitions classes at high schools. This would encourage breastfeeding for the teenage population and encourage breastfeeding upon return to school.

D. Provide Emergency and Affordable Infant Formula

The cost of infant formula is a stress to low-income families. If formula is not accessible or affordable, inappropriate forms of infant nourishment are often used, such as cow milk, evaporated milk or juice. These forms of nourishment do not support the healthy growth and development of infants under 1 year of age. No infant should be denied formula, the second best form of infant nourishment. However, many families have limited access to infant formula. Families seek formula from the *Saskatoon Food Bank*, *Friendship Inn* and *Salvation Army*, but often formula received from these venues is not consistent with the infant's tolerated brand or type of formula. This may lead to gastrointestinal discomfort. Furthermore, some venues only allow families on Social Assistance to access emergency formula. Low-income families or the 'working poor' are ineligible to receive emergency formula from such venues. Recommendations to improve access and affordability to infant formulas include:

- ◆ ***Provision and home delivery of emergency formula from a central location in quantities that last more than one day.*** Currently, a few venues in Saskatoon offer emergency formula in limited quantity. Families are not guaranteed specific formula brands, and may be given brands that are not tolerated by their infants. Further, families must arrange their own transportation to pick up the formula. The emergency formula often lasts for only one day of feeding. There is need to provide emergency formula to last for two to four days of feeding in order to alleviate infant hunger, attenuate poor feeding practices and ease financial disparities. Such formula must be provided by a central location to build consistency in emergency formula provision. There must be a variety of formulas available (e.g. lactose free, soy, store brands). The formula should also be delivered to the family's home to address transportation and access barriers. The cost of the emergency formula should not be deducted from Social Assistance payments. We propose that the United Way phone line be a central outlet where families could request emergency formula and arrange home delivery. Based on past history and challenges with emergency formula provision voiced by the *West Side Clinic* and now-defunct *Healthy Start*, there is a need to develop a strategy to track individual access to the emergency formula provision and monitor for overuse.
- ◆ ***Co-operative bulk buying for infant formula.*** *CHEP Good Food Inc.* will consider the feasibility of bulk buying infant formula. This practice may alleviate formula costs and create a more affordable way of accessing formula for low-income families.

E. Improve Social Policy

The well-being of infants needs to be the first priority of our community and governments. Investments in our most vulnerable population must be fiscally sustainable and lead to health and well-being of our children and, by extension, adults. A poor health and nutrition status during infancy is associated with poor immune status, cognitive function and learning ability later in life (Nelson, 2000). Surely, offering a healthy start to infants is an investment in our future success as a community. Some investments that will support healthy infancy include:

- ♦ ***Building sustainable community partnerships.*** Community programs and agencies must partner to strengthen resources and services. Together, these programs can combine knowledge and ideas that build food security and support co-ordinated programming. For example, schools and community kitchen programs may consider partnering to share practical skill-building with high school parents. Further, social and health-based programs must work together to create strategies, solutions and actions to facilitate community development. On a provincial level, the Department of Health and the Department of Community Resources must pool resources and support each other in the achievement of healthy, sustainable communities.
- ♦ ***Considering the well-being of parents as part of a collective family.*** Parents often sacrifice their own health and well-being to support their children and infants. Mothers will often face hunger or malnourishment in order to feed their children, even while they are breastfeeding. Such actions may lead to feelings of guilt, shame and powerlessness. No family should face such realities. A healthy infant begins with a healthy mother. Adequate social supports, including community programming and social assistance, must support the basic physical and psychosocial needs of all members of the family. Social Assistance rates must consider the basic needs that a family requires in order to live a dignified life, and as such, should be indexed to the cost of living and/or inflation
- ♦ ***Clarify client rights under existing programs.*** Many clients are not aware of current rights under programs such as the Social Assistance Program. They are expected to ask for special benefits and responsibly report all needs. However, many of these clients are faced with difficult social, physical and environmental circumstances that limit their capacity to understand program rights. For example, clients do not understand or are not aware that formula costs over \$70.00 per month can be reimbursed. Stakeholders in our study suggested that some low-income clients may feel uncomfortable asking for re-imburements. Therefore DCR needs to clearly communicate their rights. This could be done by sending clients informational inserts with SAP cheques, similar to those inserts that accompany City and SaskTel utility bills. Inserts may explain an aspect of the program (e.g. formula re-imburements) which clients may not be familiar with. Social workers may also wish to spend time with mothers to outline the benefits available to both breastfeeding and formula feeding mothers

- ◆ ***Decrease social worker case-loads.*** Current case loads for social workers are in excess of 80 clients per worker. It is recognized that social workers work to the best of their abilities to attend to clients' needs. However, large case loads limit interaction with clients. Workers are not able to thoroughly determine the needs of their clients; they are limited by time constraints and formally structured meetings. Clients may be more trusting and open with workers if they are able to spend more time in consultations. Social workers may be better equipped to provide direction and referral to helpful community resources if given more opportunity and time with clients. Such direction and referral would give clients better capacity to build independence and well-being.
- ◆ ***Continue support for Saskatoon's subsidized bus pass.*** An overwhelming majority of our study participants identified transportation as a key barrier and challenge, especially for low-income people. The subsidized bus pass, effective October, 2006, is surely a successful and worthwhile initiative in our community. It is an extension of community development benefiting Saskatoon both economically and socially. It is an initiative that should continue to be supported.
- ◆ ***Investigate the feasibility of local phone availability for all households.*** Many families in our community do not have access to a telephone, which limits their ability to contact and access services and resources and places them at risk during times of emergency. It is worthwhile to investigate the feasibility of a basic local phone service, available to all households in the region, free of charge. Such a service is a basic need in our community.

CONCLUSION

We must all take responsibility for the well-being of our youngest community members. No infant seeks to feel hunger and no family seeks to be food insecure. As such, it is our collective responsibility to address the many challenges and barriers that families face when feeding their infants. It is our privilege and obligation to address these challenges and barriers, leading our community toward health and well-being.