



5-2017

Keeping Them Close: A Qualitative Examination of Mothers' Perceptions, Motivations, and Experiences with Babywearing

Hayley Brooke Moran

University of Tennessee, Knoxville, drh929@vols.utk.edu

Recommended Citation

Moran, Hayley Brooke, "Keeping Them Close: A Qualitative Examination of Mothers' Perceptions, Motivations, and Experiences with Babywearing." Master's Thesis, University of Tennessee, 2017.
https://trace.tennessee.edu/utk_gradthes/4767

This Thesis is brought to you for free and open access by the Graduate School at Trace: Tennessee Research and Creative Exchange. It has been accepted for inclusion in Masters Theses by an authorized administrator of Trace: Tennessee Research and Creative Exchange. For more information, please contact trace@utk.edu.

To the Graduate Council:

I am submitting herewith a thesis written by Hayley Brooke Moran entitled "Keeping Them Close: A Qualitative Examination of Mothers' Perceptions, Motivations, and Experiences with Babywearing." I have examined the final electronic copy of this thesis for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Master of Science, with a major in Child and Family Studies.

Hillary N. Fouts, Major Professor

We have read this thesis and recommend its acceptance:

Heather Wallace, Julia Jaekel

Accepted for the Council:

Dixie L. Thompson

Vice Provost and Dean of the Graduate School

(Original signatures are on file with official student records.)

**Keeping Them Close: A Qualitative Examination of Mothers' Perceptions, Motivations,
and Experiences with Babywearing**

A Thesis Presented for the
Master of Science
Degree
The University of Tennessee, Knoxville

Hayley Brooke Moran
May 2017

Copyright © 2017 by Hayley Brooke Moran
All rights reserved.

Dedication

To women and mothers everywhere
trying to “get stuff done.”

Abstract

As American mothers' responsibilities and lifestyles evolve, parents adapt by changing their parenting practices to meet the needs of their families. Many mothers in the U.S. have begun carrying their infants on their bodies, a practice referred to in the U.S. as "babywearing." The present study is one of the first studies to explore the practice of babywearing in the US and how babywearing intersects with a mother's relationship with her infant and her family. Although there has been research examining the connection between babywearing and technology (Russell, 2014; Lupton, 2012), the purpose of the present study is to examine what influences a mother's choice to babywear, perceptions surrounding the practice of babywearing, and what resources support or help mothers learning to babywear.

Sixteen mothers of infants under 24 months were interviewed using a semi-structured interview. Additionally, a post interview survey was used to gather demographic data. The interview included open ended questions to identify how mothers perceived babywearing prior to pregnancy, why they decided to wear their infant, how they learned the practice of babywearing, perceived benefits to babywearing, barriers to the practice, and community support.

Since very little is known about babywearing, grounded theory was used to guide the research. NVivo 11 was used to analyze the data in order to identify themes that were central to babywearing, to identify the different sources of influence that motivated mothers' babywearing decisions, and to explore connections between themes and influences. Themes that were found in the interviews were organized into the following areas: parenting (natural vs non-identifying parent), learning (initial impressions, the learning process, online support & Babywearing International), motivation (tool, status, health & development, benefits, and maternal identity & consumer culture), barriers & challenges of babywearing (cost, education, stigma, negative

experiences), and coinciding parenting practices. Results indicate that for many mothers, babywearing was a tool that served many purposes including infant comfort, a mother's ability to use both hands, a source of bonding, and to promote infant development. The internet, specifically Facebook, was a central theme around babywearing that included first exposure, learning the practice, and community support.

Table of Contents

Chapter I: Introduction.....	1
Chapter II: Methods.....	6
Chapter III: Results.....	10
Chapter IV: Discussion.....	28
References.....	38
Appendices.....	41
Vita.....	48

Chapter I: Introduction

As American mothers' responsibilities and lifestyles evolve, they also change or adopt practices to meet the needs of their circumstances. Many mothers in the U.S. have begun carrying their infants on their bodies, a practice referred to in the U.S. as "babywearing." The present article provides one of the first studies exploring the practice of babywearing in the US and how babywearing intersects with a mother's relationship with her infant and family. Although there has been research examining the connection between babywearing and technology (Russell, 2014; Lupton, 2012) the purpose of the present study is to examine what influences mothers' decisions to babywear, perceptions surrounding the practice of babywearing, and what resources support or help mothers learning to babywear.

Since the 1960's, "babywearing" has become a popular American parenting practice, particularly among mothers (Russell, 2014). Babywearing in the U.S. has been defined as "the culturally borrowed practice of carrying an infant on the body using a sling or cloth carrier" (Russell, 2014, p. 2). In the U.S., babywearing appears to be a rapidly growing trend, with mothers establishing babywearing communities such as online support groups or face to face groups for learning and teaching. Even though babywearing has become a trend and appears to be increasing in popularity, there has been very little research on what motivates mothers to wear their infants, where mothers obtain information on how to babywear, and why this practice is becoming more popular. There have been many studies demonstrating the benefits of early body contact and infant touch for both maternal sensitivity and infant development (Anisfeld and Lipper, 1983; Bigelow, Bergman, and McDonald, 2010; Feldman et al., 2002; Feldman and Eidelman, 2003). However, although there are documented benefits to body carrying and adverse consequences for infants who are frequently kept in structured seats or chairs (Abbott and

Bartlett, 2001; Littlefield, Kelly, Reiff, and Pomatto, 2003), it is unclear whether mothers are aware of these implications and if knowledge of these implications influence decisions to babywear. Furthermore, there has been a recent shift in modes of parental support, with mothers increasingly looking online for parenting information (Madge & O'Connor, 2006; Plantin & Daneback, 2009) but little is known about the role of the internet in babywearing information, help, and support.

Although there are few studies on infant carrying in the United States (Russell, 2014; Anisfeld, Casper, and Nozyce, and Cunningham, 1990), it is well documented that carrying infants on the body is pervasive among many cultural groups in Sub-Saharan Africa (Lockard, Daley, & Gunderson, 1979; Lozoff & Brittenham, 1979; Hewlett, 1993), Central and South America (Eakin, Lauriault, & Boonstra, 1986; Ayres, 1973; Conklin & Morgan, 1996) and many parts of Asia (Ohnuki-Tierney, 1974; Lupton, 2012, Wu, Huang, & Wang, 2016). In a cross-cultural study comparing infant care practices between hunter-gatherers, other non-industrial groups, and the United States, Lozoff and Brittenham (1979) found that infants in hunter-gatherer groups were either carried or held 100% of the time, compared to only being held or carried 56% of the time in other nonindustrial societies; notably, the United States had the lowest rate (25%) of infants being held or carried. However, although the rates for infant holding and carry have been found to be low in the U.S., rates may be increasing as babywearing becomes more popular.

For several decades, scholars have noted that parents learn parenting practices from their own parents (for review see Conger, Belsky, & Capaldi, 2009). However, one's parents might not be the only source of information for parents. In Northern California, it was revealed that new mothers were not asking their own mothers for information regarding babywearing (Russell,

2014). Even though some mothers admitted that they themselves were carried as children in the 1980s in heavily structured backpacks or soft structured buckle carriers, the carriers currently on the market have changed considerably in style and variety, making information from older generations less relevant. Russell (2014) also found that the responses that mothers received about babywearing from their family varied. For example, some mothers reported that their extended family did not accept babywearing as a “proper” childcare practice. However, other mothers reported their family members were supportive of the practice and some mothers reported that their extended families just needed convincing. In a UK study that primarily focused on the online trading of babywearing wraps, Djohari (2015) interviewed 15 mothers to identify where mothers found information on babywearing and their overall experience with the practice. The narratives of the mothers illustrated babywearing as an expression of personal identity, a tool to help balance responsibilities, and as a way to keep their infants close and safe. The interviews also revealed that most mothers were recruited or referred via online groups for babywearing, more specifically wrapping information and advice. Despite Russell’s (2014) rich ethnographic study and Djorhari’s (2015) exploration of second-hand online babywearing markets, no other study has explored contemporary babywearing in the US and little is known about what influences the decision to practice babywearing.

Although mothers have typically found parental support within their network of family, friends, and neighbors, especially physically close family networks, some parents are now looking at other sources such as online communities (Hudson et al. 2009; Porter & Ispa 2009). For example, Madge and O’Connor (2006) conducted an online survey of parents in Britain and found that 71% of parents reported that using the internet was a key method of receiving information on parenting. Participants also ranked the internet as more important than their own

mothers (69%) when it came to parenting information. When asked why parents search online, parents reported to search for knowledge, support, convenience, and range of audience, respectively. The internet may play a larger role than parents' mothers due to an increased reliance on the internet for information in the US, increased availability and convenience of using search engines on devices such as smartphones and tablets, and health care systems integrating online portals, websites, and texting in order to spread parenting information and advice (Walker, Im, & Vaughan, 2012). According to a 2013 US Census report (File & Ryan, 2014) on internet usage, 74.4% of Americans reported using the internet compared to just 18% in 1997. Additionally, it was found that 63.6% reported having a handheld computer (smartphone or tablet) with the largest percentage of that group being between the ages of 18-34. Age range is important to note since ages 18-34 is the range in which many American women are seeking advice on pregnancy and young children.

Recent research has examined Facebook use in regards to the transition to parenthood. Bartholomew et al. (2012) explored the frequency of Facebook use in new parents and found that mothers in particular reported an increase in Facebook use including signing in to Facebook and posting pictures of their child for friends to see. The authors suggested that parents may be using Facebook as a way to increase social capital by forming weak-tie networks through online friends. Although it is apparent that parents are using the internet for parenting support and to gain information about parenting, the extent to which online information and support influence babywearing practices, in particular, is unknown.

Conceptual Framework

This study is guided by social cognitive theory (Bandura, 1997) which emphasizes the combined effect of a person's environment, cognition, and behavior in order to understand what

influences motivations, learning, and perceptions. This framework has not been previously applied to babywearing, but has been used to examine other parenting practices (Dumpka et al. 2010; Eastin & Sharma, 2015). Based on Bandura's model, we assumed that a mother's choice to babywear is likely influenced by her environmental context (e.g., exposure to information on babywearing, peer group membership, and financial circumstances), her parenting beliefs, and her parenting behaviors (e.g., infant feeding and sleeping practices); these factors relate to those identified in Bandura's triadic reciprocity model (Bandura, 1997). These assumptions guided questions that were asked, as mothers were given opportunities to talk about environmental influences, personal beliefs, and personal practices. This model is useful in examining babywearing perceptions and behavior because it takes into account how a mother's environment, parenting beliefs, and behaviors interact with each other. These three factors and their interactions have the potential to either reinforce her choice (e.g., members of her peer group babywear and she is expected to as well) or deter a mother from the practice (e.g., her parenting belief may be that too much holding will spoil the child). Thus, in analysis and interpretation the intersections between beliefs, environmental circumstances, and behaviors are considered.

The purpose of this study is to examine motivations and benefits to babywearing, methods of learning, and barriers and/or challenges of babywearing among mothers in a mid-sized Southeastern city in the US. The research questions that guided this study are as follows:

RQ1: What are the motivations or benefits of babywearing for mothers?

RQ2: How do mothers find information on babywearing and learn the practice?

RQ3: What do mothers identify as perceived barriers and negative experiences with babywearing?

Chapter II: Methods

Institutional review board (IRB) approval was obtained from the University of Tennessee- Knoxville before the research was conducted. Qualitative interviews were used to explore babywearing motivations, learning, and perceptions. During the year prior to data collection, the PI joined several Facebook parenting groups including the local Babywearing International chapter due to her interest in the population. Babywearing International (BWI) is a non-profit organization with a mission “to promote babywearing as a universally accepted practice, with benefits for both child and caregiver, through education and support” (Babywearing International, n.d.). BWI offers free babywearing support both online and by hosting in person monthly meetings. Additionally, most BWI chapters have a lending library where community members can “check out” a carrier for up to one month.

The PI visited BWI Facebook groups daily to observe postings and interactions and the design of this study was guided by these informal observations and her experiences interacting with members of the babywearing community. By observing this community, the PI became aware of how these online communities interacted, what struggles mothers may have with babywearing, and what were controversial topics in relation to babywearing. These observations informed the interview questions, demographic survey, and how mothers’ experience related to Bandura’s triadic reciprocity model. For example, there were many discussions about the cost of carriers and how that is a barrier for some mothers. Therefore, the PI asked mothers to identify barriers to examine if this was consistent with the online discussions.

Participants

Mothers who had a child under 24 months, practiced babywearing, spoke English, and lived in or near the mid-size Southeastern city were invited to participate in this study.

Participants were recruited using a flyer posted to local Facebook mom groups, local Babywearing International (BWI) meetings, and a local WIC office. Most of the mothers indicated that they had learned about the study via Facebook. Recruitment began in August 2016 and concluded in November 2016 when saturation was reached. To ensure eligibility, screening questions asked about the age of the focal child, how often the mother wore her child, and if the mother lived within 30 miles of the Southeastern city center. Mothers who wore their child at least one time in the last month were considered “babywearing” mothers and were eligible for the study.

The final sample included 16 mothers who participated in a semi-structural interview averaging 31 minutes. Recruitment ended after 16 participants due to a re-occurrence of common themes in each interview. Mothers ranged from age 21 to 43 (average of 31.5, SD 5.37). Twelve mothers identified as White, 2 as Asian American, 1 as Bi-Racial, and 1 as Hispanic. All but one participant was classified as middle to upper class. The majority of participants reported their annual gross household earnings as \$68,000+ (n = 9). Six participants reported household earnings between \$46,000 – \$56,000 annually and one participant reported less than \$25,000. Appendix 1 illustrates mothers’ number of children, infant age, marital status, and education level.

Procedures

The interviews took place at a public space of the mother’s choice, usually a coffee shop, park, or their work. Mothers were asked to sign a consent form agreeing to participate in an interview, be voice recorded, and to fill out a short demographic survey. The primary researcher conducted all of the interviews. The interview consisted of open ended questions that allowed mothers to describe how they initially learned about babywearing, what influenced their choice

to babywearing, if they perceived babywearing to be beneficial, and barriers or challenges to the babywearing practice. Additional follow up questions were sometimes asked to clarify or delve deeper into a participant's response. The voice recordings were transcribed verbatim in Microsoft Word for initial coding and later uploaded into NVivo 11 for analysis.

Analysis

Considering there is very little known about babywearing in the U.S. in general, grounded theory guided the analysis of the interview data (Creswell, 2013; Strauss and Corbin, 1990, 1998). Grounded theory was a logical framework for creating a heuristic model related to why mothers babywear, how they obtain information on babywearing, support that they receive related to babywearing, and potentially how themes from the interviews are situated in larger cultural and societal patterns. Grounded theory was a useful approach to this research since it allowed the researchers to create and connect themes based on not just the transcriptions of the interviews, but also with field notes and demographic data. This was particularly useful for the theme of identity, as mothers listed group membership(s) in the post interview survey. In the first stage of analysis, open coding was used by the primary researcher to create themes, categories, and subcategories of participant's responses. In the second stage, axial coding was used to explore what themes were central to babywearing, to identify the different sources of influence that motivate mothers' babywearing decisions, and to explore connections between themes and influences.

Trustworthiness

In order to ensure trustworthiness, steps were taken to reduce bias during data collection and analysis. Prior to data collection, the PI enrolled in a graduate level qualitative research course that spent a considerable amount of time addressing the issue of biases and subjectivity in

research. This course helped the PI understand the lens in which she views motherhood and to identify what personal biases could influence the data collection and analysis. The PI conducted a pilot interview and then reflected on her subjectivity prior to IRB approved data collection. During and directly after the interviews, notes were taken that reflected perceived participant feelings, important details on settings, emerging themes, and assumptions. Other audit trails (Ryan-Nicholls & Will, 2009) included participant transcripts and paper surveys participants completed after the interview. Prior to, during, and after data collection, the primary researcher had weekly meetings with a second researcher to read over transcripts, and discuss ideas about emerging themes, potential biases, and saturation. Although the PI is not a currently a mother and has limited direct experience with babywearing, the PI does identify as someone who practices and approves of a more “natural” or “crunchy” lifestyle. Therefore, there were many discussions surrounding this and how to always be conscious of personal belief systems while working on this study.

Chapter III: Results

Findings that emerged from the interviews were organized into the following themes and subthemes: parenting identity (natural vs non-identifying parent), learning (initial impressions, the learning process, online support & Babywearing International), motivation (tool, status, health & development, benefits, and maternal identity & consumer culture), barriers & challenges of babywearing (cost, education, stigma, negative experiences), and coinciding parenting practices. Themes and sub-themes are described next.

Parenting Identity

Although not asked in the interview, some mothers self-identified as “crunchy,” a “natural parent,” or an “attachment parent.” Some mothers did not describe themselves this way in the interview, but did describe membership in “natural” or “attachment” online parenting groups in the demographic survey. Interestingly, some mothers also self-disclosed that while they practice babywearing, they strongly distanced themselves from being labeled as a “crunchy mom” and did not agree with or practice other natural parenting practices such as cloth diapering and/or co-sleeping. This is important to note as a mother’s identity (natural parent vs non-identifying parent) may play a part in their motivations to babywear and experiences with babywearing. The clear pattern of self-identification in the sample led us to consider differences and similarities between mothers who identified as a “natural” parent and mothers who did not identify this way (i.e., a “non-identifying” parent). Thus, the identity theme transects several of the other themes. Ten mothers identified as natural mothers and six mothers did not necessarily identify this way. To be considered “natural” a mother either explicitly identified this way by calling herself “natural” or “crunchy” or a mother disclosed membership to various natural

parenting groups. Quotations from mothers are labeled either “natural mother” or “non-identifying mother” to differentiate between responses.

Learning

Initial impressions.

We asked mothers to think of their initial impressions of babywearing before they began engaging in the practice. There was variation in responses ranging from mothers strongly admiring the practice to some mothers having a very negative impression of the practice calling it “dumb” or “absurd.” However, the most common word used to describe the first time a mother saw someone babywearing was “cozy.” Describing babywearing in terms of coziness with their infant was only apparent in natural mothers.

*Natural Mother: “It just looked so **cozy**... And why would you not want an easier way to hold your baby?”*

*Natural Mother: “And it just seemed so just like, **cozy** to like carry your babies around. And like ‘this is great’ so that, I think that’s where it kinda like, took off from.”*

*Natural Mother: “So about, maybe 4 years ago I guess that was? Um, it was probably just one of the moms and it just looked like a really great **cozy** experience with baby”*

Additionally, Babywearing was often described as a natural or “native” practice. Rarely did a mother credit babywearing with a specific cultural group, however, most claimed the practice as something that was “traditional,” “native,” or “biological.” Interestingly, although many acknowledged that babywearing was a culturally borrowed practice, no mother referenced actually learning the practice cross-culturally, but through other American mothers or American products.

Mothers were typically initially exposed to babywearing in a public setting or online. Often times during the interview a mother would speak about a very specific first memory of her

babywearing exposure, whether it was seeing a person babywearing at church, a grocery store, or even a concert.

Natural Mother: "I know exactly when I saw someone babywearing. We were at a concert in Chicago, like out in a park and there was a woman, I think she was wearing a stretchy wrap. And she was nursing her baby in it, and it was so discreet. I had never seen anybody, she was like hands free baby's eating, she's at this concert having fun and I was like, that was like the moment for me where I was like, you know, parenting doesn't have to be hard. Parenting doesn't have to keep you confined to your house. And the baby was little. The woman was clearly still living her life. Being a parent, meeting her baby's needs, baby is not, ya know baby is with mom biologically where it should be. Being fed, probably sleeping, and mom is enjoying this concert. And I was like, that is amazing. That is how I want to parent."

Other mothers described how they had not considered babywearing while in their pregnancy until they created an online registry and a babywearing carrier was suggested. While some mothers reported that a carrier was a "must have" item on their registry, others added it to their list without much thought. The reference to registries was mentioned by both natural and non-identifying mothers.

Natural Mother: "I think the first time it was on my radar was when I was setting up baby registries. When I was pregnant I was setting up online lists of like, 'here are some things that first time moms should register for.' And I think I saw baby carriers on there. That was like the first time I really, I don't know., I guess I kinda new Native people, ya know, carried but that was the first time I saw like a contemporary babywearing apparatus, was probably while I was registering."

Natural Mother: "I remember seeing the Moby. I do remember seeing that really specifically because I remember registering for the Moby and being like 'that's the one I want.' And um, and being really um intentional to my mother like 'don't forget the Moby!'"

Non-identifying Mother: "Ads on the internet. And like baby, um, registry suggestions."

The learning process.

While a few mothers referenced that their own mother had practiced babywearing with them or their siblings as young children, none reported they learned how to babywear from their

mother. There were no apparent differences between non-identifying and natural mothers in terms of how they learned about babywearing.

Natural Mother: “Yeah. Yeah. And (partner) parents, um, wore her and her brother. And so they, they always talk about how they never had a stroller and it was so nice because they would see their friends like struggling with a big, chunky stroller and they uh, and they just never had to worry about that ‘cuz they had like a backpack style like you know Bjorn back in the 80’s or whatever that carrier was (laughs). So they just had that. And so I kinda, I always knew that I wanted to do that because they made it sound so much easier than a stroller”

Non-identifying Mother: “I am quite a bit older than my brother and sister of 12 and 15 years and my mom had one of those Snuggli carriers um, that I don’t think she wore very often but I think that was my first exposure”

Sometimes other family members’ experience with babywearing, mainly sisters, is how a participant was exposed to or became interested in babywearing.

Non-identifying Mother “Um, well I can’t really remember the first time [I saw someone babywearing] but one of the reasons I was interested in babywearing when I had [infant] was because my sister wore my nephew all the time”

Natural Mother “I didn’t register for one because my sister in law had told me that she was going to give me one. I didn’t realize that she was babywearing her son who is 2 years older than she is. So she had told me, I was trying to decide which one I was gonna register for and she had told me that she was gonna get me one so I didn’t register for one.”

Online support & Babywearing International (BWI).

For many mothers, learning to babywear was a long and ongoing process. Many described the learning curve as steep (described later in barriers & challenges) and often referred to resources in which they found help. The local Babywearing International (BWI) chapter was a source of help both by hosting face to face meetings and offering online support in the form of a Facebook group and YouTube channel where leaders created videos of carrying techniques. BWI was described as an important resource by mothers of both parenting identities.

Natural Mother: “We found the Babywearing International Chapter and OH MY GOSH there is so much information and they are super helpful women that will teach you what carrier is right for you and what’s comfortable for baby, what’s correct for baby because obviously some things aren’t safe that we probably did with our first children.”

Non-identifying Mother “But Facebook, like the Facebook group Babywearing International was the initial like, really good resource”

Natural Mother “But, as far as babywearing is concerned, and safe babywearing is concerned, the in person meetings are where its at. Because that demonstration, that hands on demonstration of “here let me hold your baby while you put this carrier on and then I can help you adjust it to make it fit and make you comfortable in it” that—you can’t do that online.”

In addition to the Babywearing International page, mothers also found help and support through carrier specific Facebook groups (e.g., Tula Love), Youtube videos, and by using Google.

Non-identifying Mother: “[learning to use the carrier] And I think I watched a Youtube video.”

Natural Mother “Mostly the internet. I just googled all kinds of stuff. I wanted an Ergo ‘cuz it was one of the first carriers I ever saw so I got an Ergo and I just googled and Youtube’d and looked at all kinds of stuff (laughing) to figure out what I wanna try and I got all the stuff the, ya know starter kit, the moby and the ergo”

Motivations and Benefits

Babywearing as a tool.

Mothers discussed various reasons for why they chose to babywear and the benefits of engaging in the practice. There was variation in motivations and benefits depending on how a mother identified as a parent. Natural parents tended to describe more infant-focused motivation, while some non-identifying parents discussed how babywearing worked as more of a tool to satisfy family needs rather than to specifically promote infant development.

Non-identifying Mother: “And, that’s the only way dinner got cooked, the dog got walked, that’s the only way a lot of things happened the first 5 months of his life.”

Non-identifying Mother: "It's like the happy place for your baby, and you can get dinner made, you know whatever you need to do. Like you can REALLY get it done"

Natural Mother: "Just, I mean I think it helps with baby's development um, and their cognitive development, studies have shown that babies do better when they're close and when they're against our skin."

Natural Mother: "And if anything, its made him more independent. I can set him down in a crowd of people and he's absolutely fine instead of screaming and crying and wanting to be picked up."

On several occasions, mothers referenced their carrier as a tool to comfort their infant when they were sick, fussy, or needing to sleep. This was evident in both non-identifying and natural parents.

Non-identifying Mother: "He ended up in the hospital earlier this year, we were there for about, a week, and just like, just being able to comfort him when he was sick, it was really nice, it was something else. I didn't have any of my carriers with me so I made one out of a blanket."

Non-identifying Mother: "Unless like, unless we are at the end of our rope and I'm like I don't know why you're cranky, I have never, no, but I have to fix dinner. And I will put him in a carrier whether they scream or whether they're happy with it. Because I feel like, I'm trying."

Natural Mother: "He pretty much lives in the carrier (laughs) We had our first non-family member babysitter last night and I was like 'you're gonna wanna know how to use this buckle carrier because when he gets upset he's gonna wanna sleep in there' and he did. He took his nap in the carrier."

Mothers frequently discussed having a demanding lifestyle and the need to have their hands free. Mothers seemed especially motivated to babywear when they had more than one child. For several mothers, regardless of identity status, there was an emphasis on meeting every child's needs equally, rather than prioritizing one child over another.

Non-identifying Mother: "I could wear her and she would snuggle up and I would still have my hands free to grab (sibling) when needed. Or to talk to him or play with him in the cart, wherever he was. But I didn't feel like I was ignoring her"

Natural Mother: “Um, and it makes it easier when you have other children too, being able to give everybody attention and it not just seem like the smallest one that needs the most attention”

Natural Mother: “Yeah. It’s just amazing how big of a difference that it’s made for us. Especially now with two kids. Because, the whole like first 6 months of (infant’s) life he was pretty much up in a carrier because (sibling) had a really hard time adjusting and it was easy for me to care for both of my children.”

Social status.

Interestingly, there was a difference in how a mother perceived *her* reason for babywearing when compared to other mothers’ motivations. Many mothers associated their personal experience with babywearing in relation to themselves or their infant. However, they associated motivations for other moms to babywear with social status, trendiness, or convenience. This was seen in both non-identifying and natural mothers. When mothers mentioned babywearing as a trend instead of an intentional parenting practice, it became apparent that they were conceptualizing the practice in terms of status, but for other mothers instead of themselves. No mother in the sample referenced popularity or trendiness as a reason why they babywore, but this was mentioned several times when talking about other mothers. This was especially prevalent in natural mothers who seemed to imply that non-identifying mothers who babywore were less legitimate babywearers than they considered themselves to be because they had a parenting philosophy to justify the practice with.

Non-identifying Mother: “Like I have a personal friend, and she’s like, she’s got perfect mom image and everything’s organic. And I feel like she babywears more just because it’s cool right now.”

Natural Mother: “I have a good friend who I would kinda put in that category [“suburban”] and I adore her I think she’s really sweet but I don’t think she fully understands the concept of like why I would do it verses why she does it. I think for her it’s ease, it can be convenient. She has another ones who’s a little bit younger than my oldest and so her kids are much closer in age and I think for her she likes the convenience of being able to run after that preschooler while she has the baby strapped

to her. And I don't know if she really knows all about ya know the reasons why um an attachment parenting and things like that, why it's so heavily leaned upon in that community."

Infant health & development.

Another sub-theme identified with mothers' motivations was infant health and development. Some mothers believed that the carrier helped their infant sleep more, provided the most comfortable body position for their infant, and even supported their digestion. Mothers referenced issues such as infant independence, learning to walk, and infants being at eye level. Babywearing was thought of as a something that promoted independence in infants and also helped them learn to walk at an earlier age. Some mothers mentioned that they valued their infant being high up so they could see and interact with them more than if they were in a stroller. This was most often referenced by natural mothers.

Natural Mother: "And it's very calming. And it's, easy on their bellies. Like he's, he was pretty gassy. He had a few weeks where he was really gassy, where his digestive system is just now developing, it helps to put him in here when he's fussy."

Natural Mother: "I think its developmentally better for them. All my babies have been early walkers which is the opposite of what people think. People think oh your babies are going to be attached to you. My babies ALL walked early they are all super independent. And I think its because they knew that they always had that home base. Ya know. Um, they're very social and I think because they're up. I notice that a lot, when my babies are in their carrier, people tend to make eye contact and talk to them way more than when I push them in a stroller."

Natural Mother: "... control their own heat, it helps being close to the mom to be able to regulate their heat and it also regulates their heart rate and their breathing, especially for babies that have issues with that."

There was also an emphasis on infant safety and how the carrier was a way to keep their infant safe from strangers or germs. Babywearing seemed to provide mothers with an overall

peace of mind that the infant was physically safe because he or she was attached to the mother's body. This was a sub-theme present in interviews of non-identifying and natural parents.

Non-identifying Mother: "Well definitely for me, the safety of my other children has been huge. Um, just being able to keep up with them."

Natural Mother: "I like being able to see my baby when they're small. I know where they're at and know that they're sleeping peacefully and they're safe and that nobody, no strangers can just come up to them and just like touch 'em."

Non-identifying Mother: "If you decide to wear your baby, strangers are less likely to invade your space to touch the baby. And I thought, 'ooooh yeah, germs'"

Natural Mother: "And it was to keep all of the kids close. Like, we can tandem wear my two kids and I know that they are not going anywhere—not in a gorilla pen (laugh)"

Benefits of babywearing.

One sub-theme related to motivation was the benefit of bonding between mother and baby. Mothers attributed greater bonding to babywearing and were motivated to babywear because they thought it would increase bonding. One mother even attributed the bond and close contact to decreased risk for postpartum depression. Some referred to skin to skin contact while babywearing, which they thought promoted bonding. Bonding was mentioned by both non-identifying and natural mothers.

Natural Mother: "And I've also read that it helps with post partum depression. I don't know if that's true or not but having that... Skin to skin? Yeah, that bonding that releases the oxytocin."

Non-identifying Mother: "The bond is just the biggest thing to me. For me it's a whole different world."

Natural Mother: "Uhhh, good skin to skin contact with her all the time and so that I could get things done"

Non-identifying Mother: "Um, I do think there is some bonding that happens but then again like I said earlier I think that CAN happen in other ways. Like I don't think that babywearing is the only way that you can physically touch and hold and bond with your child."

Using the carrier as a way to bond was especially important to two mothers who expressed difficulty with breastfeeding and one mother who was experiencing guilt related to the competing demand of working and being a mom.

Non-identifying Mother: “So that’s when I really, like I didn’t realize how powerful and how important my carrier was until then because I was like I still need to bond with him, I know you can still bond with bottle feeding but I was like, I ya know, you lost something important about breastfeeding.”

Natural Mother: “The only thing, I wasn’t able to nurse so, that’s like the only crunchy mom thing that I haven’t gotten to do and it’s a little bit heartbreaking but I feel like I get that closeness from wearing so it’s kinda a good substitute”

Non-identifying Mother: And um, I think that I value it so much in terms of allowing me to just, for us to just be connected even when we’re apart for so many hours of the day. And now it feels less than a big deal to be apart so long because they’re sorta far beyond that 4th trimester, like those first three months after birth when they’re just so dependent. Like both my kids are really independent and so at the time though when they were younger, and they do just NEED mom more, it made it...I think those were the two things that helped me balance those feelings of like guilt as a professional mom trying to pursue my goals and my dreams but at the same time pour into them what they needed from me. I think between the two, breastfeeding and babywearing I put at the very top of the things that I valued most in their early time with us.

Maternal identity & consumer culture.

Interestingly, there was considerable variation in mothers’ engagement with babywearing. For example, some mothers wore their babies exclusively for functionality, while some mothers described babywearing as a personal indulgence, and some reported enjoyment in the self-expression that carriers or wraps provided them. All sixteen participants referred to themselves as “babywearers,” however, it became apparent that the meaning behind this identification varied across mothers. For example, many mothers referenced being involved in various buy / sell / trade (BST) groups online and were engaged daily in the babywearing community by the acquisition of different carriers or conversations about carriers. Others described their level of involvement exclusively through their membership to BWI by stating

how often they frequented the Facebook page, went to face-to-face meetings, or even volunteered for the organization.

Some mothers specifically described their relationship with babywearing as a hobby, referencing the personal enjoyment obtained by purchasing or collecting new carriers or the fulfillment of being involved in the Babywearing International organization. For many mothers babywearing was not only practical, but a form of self-expression, a potential fashion statement, and appeared to help them retain a valued identity in the transition to parenthood. Only natural mothers described babywearing as a hobby.

Natural Mother: "I think a big thing about parenting is that you tend to lose yourself, lose your identity in your kids sometimes. And babywearing was a way for me that I still could like, keep that part of my identity that like kinda (talks to kids) I could still be fashionable and I could buy these beautiful pieces of cloth to wrap my baby in and take care of my baby and still feel like myself so it was a thing that was also for me because though all the carriers I have are no necessary, like I always think of it like people have collections of shoes, purses, um, and for me it was I was collecting these beautiful pieces of fabric to wear my babies in that made, it was a personal indulgence too...as well as taking care of my kid. It was a way to kinda feel like I'm doing something for myself too. It was a treat and honestly the way that the babywearing community is, um, like once I started learning about BSTing online, it was almost kinda like a guiltless retail therapy too because I could like BST carriers and get new things like oh this new shiny thing, but I didn't spend money on it because I sold something else for it."

Natural Mother: "Cuz at first it was just like, 'Oh I like babywearing for the function of it' and now it's become like a hobby and I love it and I'm collecting all the different carriers and for different comfort levels and just to have nicer carriers."

In addition to babywearing playing a role in a mother's personal identity, many mothers talked about how babywearing had enabled them mobility and independence beyond what a stroller could provide. This perceived independence was greatly valued. When asked who benefits more from babywearing: mother or child, some would choose the mother because of that independence. This was mentioned by both natural and non-identifying mothers.

Non-identifying Mother: "It's independence, even when I've gone to the island, I've gone to Dollywood, all those places, it's just a whole different world. We just went to the Aquarium on Monday, its awesome. Like I don't have to be telling people to move or try to maneuver my stroller or keeping my eye on it. Like he's there, I know where he's at, I know what I need to do, its not a hassle.... there is so much more that I can do just me and (infant)."

Natural Mother: "Being able to, ya know, go on hikes and go to the pool, and go grocery shopping and things like that, it makes it a lot...if I didn't have [a carrier] and had to use a stroller or carseat, I probably would skip out on a lot of things."

When asked to tell a positive story about wearing her baby, one mother proudly boasted about being able to take her son to the store as a newborn instead of being stuck at home.

Natural Parent: "Um, actually when my 5 year old was born, we had him at the store at three days old. And we went shopping...Because we needed groceries...And we had so many compliments from people at the store for having, you know, having a baby out..."

Two moms described how being involved in the babywearing community gave them a sense of purpose and fulfillment as they were transitioning to motherhood or as a way to find balance as a mother. The idea of babywearing providing a sense of purpose was only reported by natural mothers.

Natural Mothers: "I went from working full time to being at home and I felt a need to continue to be productive, um, and so it definitely allowed me to feel a little more like myself in the early days instead of being like, 'I can't get up cuz I have to sit on the couch with this tiny baby' ya know I can't go to the store because I can't juggle a baby and a car seat and a cart and groceries. It definitely let me be a little bit more, myself. And at this point it's just been fun. I mean it's still very practical, but as I've gotten into wrapping and different things like that its become a hobby too. And being involved in the group is giving me more of a, filling a void from having a job. Ya know. It's, I'm volunteering, it gives me not just something to do and something to work on, um, but ya know if I do go back to work, if I'm, it's something I can put on a resume, its definitely helped filling a void as I was transitioning from being a professional to being a stay at home mom."

Natural Mothers: "So it was a really fun way to make friends and also for me it was a way for me to feel some sort of like I was doing something other than lightning bugs and making peanut butter and jelly sandwiches all day like I was helping my community and I was supporting other moms and at the end of the day I was just like I've done a lot. I've done plenty. Ya know 4 years of the volunteering in the community I felt like I had done enough."

While some mothers found the consumer aspect of babywearing to be fun or fulfilling, other moms pushed back on the idea of babywearing as “trendy” and found it to be either detrimental to family finances or a barrier for mothers with lower socio-economic circumstances. Both types of mothers mentioned babywearing being trendy.

Non-identifying Mother: “I think the more I look at organic trends and oils and all these things, I think people are just following trends and what they really should do is stop and figure out what’s right for them and their family. Because there are some things, buying 5 carriers may not be what your family financially can do. And so maybe having A carrier and A stroller is what’s practical for you. Um, instead of doing what you feel pressured to do because of society.”

Natural Mother: “Yeah, it definitely feels like there are people who are really into it. I don’t even know what group I would fall into. I have gotten into it and I have several different types and sizes and things, but there’s definitely the people who are buying really high end and have huge stashes and collect. There is a particular brand that she likes that makes Lord of the Rings and Harry Potter themed wraps and she has like 8 of them. And its, ya know, good for her. If I had a bunch of expendable income that’s probably what I would buy too. But, if that’s all that a new mom sees is a mom with 6 different Tulas or wraps or... its like a very specific clique. If all you have is the thing you got from Wal-Mart, you might not feel like you belong which is sad because, and BWI does a good job, they have a wide range in their library, price points, and we discourage stash shots on the Facebook group and things like that”

Perceived Barriers and Negative Experiences

Cost.

The most common barrier mentioned during interviewing was the associated cost of babywearing. Mothers described that babywearing can be an expensive practice with carriers ranging from \$50 to \$500. While BWI offers a lending library where mothers could “check out” a carrier, they could only check out if they had paid a yearly membership fee. Many mothers acknowledged that cheaper carriers existed but were uncomfortable for mother and baby. Cost was commonly mentioned by both natural and non-identifying mothers.

Natural Mother: “[Carriers] can be expensive. So unless you know how to make one, or get one really, like from someone or otherwise they’re pretty expensive.”

Non-identifying Mother: "I think one would be the cost. I think from the research I did, the ones that are gonna last you longest, as far as the child's size, the child's abilities, um, and even then just in materials are the more expensive ones."

Natural Mother: "And so I do feel like for a lot of moms its hard to get your hands on something that's really good and really comfortable for them without breaking the bank....So for the mom that doesn't have a huge budget to spend on babywearing, I feel like theres kinda a barrier. Unless they join a group like BWI and just rent their carriers but you can't do that forever 'cuz you only get the carrier for 30 days."

Non-identifying Mother: "You know I think sometimes the cost can be a barrier for people. I think the more comfortable the carrier the higher the price tag and I think that um you know you see the \$25-\$20 dollar one that you can buy at like Ross or TJ Maxx and you put it on and might be okay for 5-10 minutes but if you need to wear your baby for like 45 minutes to like clean the floors, that's just gonna hurt your body."

Education.

Another barrier discussed was education on babywearing. Mothers reported that babywearing was not easy to learn, especially in terms of comfort or positioning. While involved now, some mothers were unaware of online communities or local groups dedicated to babywearing support when they first started out so they assumed other mothers were also unaware of these resources. Many mothers described frustration with the paper or video directions that came with the carrier and almost all mothers discussed how they had done "research" on carrying tips or techniques in order to feel comfortable using the carrier.

Natural Mother: "But really I remember being that first time mom and getting that wrap and being like, 'what do I do with it?' This was a little instruction booklet but it was useless. What in the world. And when you meet people they are like "oh there is a babywearing group? Do you have meetings where you can get hands on support? And videos online where I can learn? That is, I think, the hardest thing is that there is not more exposure to that"

Natural Mother: "Um, there is a learning curve. Um, especially with the wraps, trying to get them adjusted. And, even with the backpack style carriers, making sure that everything's in the proper place to position them correctly"

Non-identifying Mother: "Well it's complicated"

Stigma.

As discussed earlier in relation to consumer culture, mothers in this sample often referenced a stigma attached to owning a cheaper carrier (defined by mothers as under \$100, and/or a non-name brand carrier). Every mother agreed that babywearing has become more popular in the last 5 years, and with the increased popularity a few mothers noted that babywearing had become more expensive and less accessible to those without the financial means to invest in a quality carrier.

Natural Mother: "I do feel like because babywearing has become so popular and all these exclusive carriers are coming out and all these companies are realizing that people want to buy their product, babywearing has gotten more expensive... two and a half years ago when (toddler) was little, I was able to get all kinds of stuff and I got several carriers used from local moms, at just really great prices. And now they jack those prices way up 'cuz they know that people will pay it. So for the mom that doesn't have a huge budget to spend on babywearing, I feel like there's kinda a barrier."

There were a few instances in which participants defined what it meant to be a "real" babywearer or implied that there were "types" of people who babywear, meaning that babywearing could be seen as a symbol that represented a particular parenting style or lifestyle. Natural mothers were more likely to mention these differences.

Natural Mother: "Um, there are some you know lower cost options and its not prohibited but I think it can be seen that way because there's a lot of people who, you know collector who make it look very, you have to have a certain number of things or you know 'oh I spent \$500 on this one thing' and it can be very, make it seem very prohibited. It doesn't have to be, there's a struggle in presenting it that does not seem, um, prohibitive. I have a friend whose, who just had a baby who needs to go back to work but isn't able to and so, ya know, she really wants to wear and there are options out there for her, but she doesn't feel like a real babywearer because she just has the cheap thing that she found at the second hand baby store"

Natural Mother: "This is a brand that a girl in California built and she's made like, a whole blog and she's like really cutsie and has kind of marketed herself towards those, those people who normally wouldn't think about babywearing, but, um, since they're cute wraps, and then maybe they'll do it. And so, uh, then my sister started doing it with her"

third, with this brand. And I've seen friends who get pregnant who are not the type to do like the babywearing or anything like that and they'll register for this brand."

Negative experiences.

Overall, mothers reported mostly positive experiences with babywearing. When asked to tell a story of a time when something negative happened while babywearing, stories included dropping the infant, becoming overheated, invasion of personal space by stranger, or negative comments made by strangers in public or by friends. However, some moms had nothing negative to report and described their experience as 100% positive. There were no major differences in types of stories between natural and non-identifying mothers.

Non-identifying Mother: "Ahh, I was at a Fall Festival, and my son was, 3 months old. And I probably, I either hadn't tied my Moby right OR he has just been in a really long time and we sat down on a hay bale to do a hay ride and when I got up he started slipping through the side and my husband had to catch him as he was on his way being head down to fall on the ground. It scared the ba-Jesus out of me."

Natural Mother: "Ya know, I've gotten a lot of flack for wearing my babies too long from people. Like "oh she's still wearing her toddler"

Natural Mother: "The thing that's hardest is that people want to help me. (laughs) So ill be, especially when I'm back wrapping, that seems to be the time when people really want to help. Like strangers. Like I don't know. And they will come up and be like trying to lift pieces for me and I'm like please don't do that, you're getting into my rhythm and I need you to NOT do this. Or they'll look at my husband like he's a total jerk for not helping."

We often followed this question by asking if they had experienced a negative comment by someone in public but surprisingly very few mothers experienced this. On the contrary, many mothers answered that question either by telling a story about a time where someone complimented them or explained how they were often admired or complimented in public, rather than chastised.

Coinciding Parenting Practices

There were several parenting practices, behaviors, or attitudes that mothers engaged in that coincided with babywearing including tendency to breastfeed, stroller aversion, the use of social media parenting groups, and cloth diapering. All but one participant had breastfed or was currently breastfeeding their child(ren). While participants were not specifically asked about breastfeeding behaviors in relation to babywearing, some mothers explained how babywearing made breastfeeding easier because they could discreetly breastfeed in public in the carrier. Many mothers expressed frustration with strollers related to bulkiness or navigation in busy places like the grocery store or zoo. However, some participants referenced using strollers in certain contexts and felt that strollers “had their place.” For natural mothers only, cloth diapering was a common behavior that coincided with babywearing.

Every participant interviewed had experience not only with social media but with parenting specific online groups. Since most mothers were recruited via online groups, this finding may not have any implications for the relationship between babywearing behavior and engagement in online parenting groups. However, most mothers, especially those identifying as “natural” parents, were very involved in other online parenting communities, and often used these groups as the primary place to ask questions about parenting. However, some mothers mentioned how Facebook parenting groups were overwhelming, frustrating, and described examples of mothers bullying other moms. Three participants described recently “unplugging” from online parenting groups due to the negative influence on their lives. Other moms, while mentioning that social media had its faults, had mostly positive experiences and considered social media to add value and support to their parenting.

Descriptive Model

This study was guided by social cognitive theory (Bandura, 1997), emphasizing the interactions between a mother's environment, cognition, and behavior and how those interactions may influence her motivations, perceptions, and experiences with babywearing. We created a descriptive model (see **Figure 1**) to depict how the themes related to Bandura's triadic reciprocity model and how the themes appeared to interact. This figure shows how there are many factors that can play a part in a mother's decision to babywear and these factors may influence each other. For example, in regards to cognition, a mother's parenting philosophy may influence who she seeks out as her peer group in her environment. Or on the contrary, her peer group can influence her parenting philosophy. Additionally, both environment and cognition together can influence a mother's choice to babywear, or it is possible that a mother has already made the choice to babywear but then changed her parenting philosophy or peer group after she began the practice.

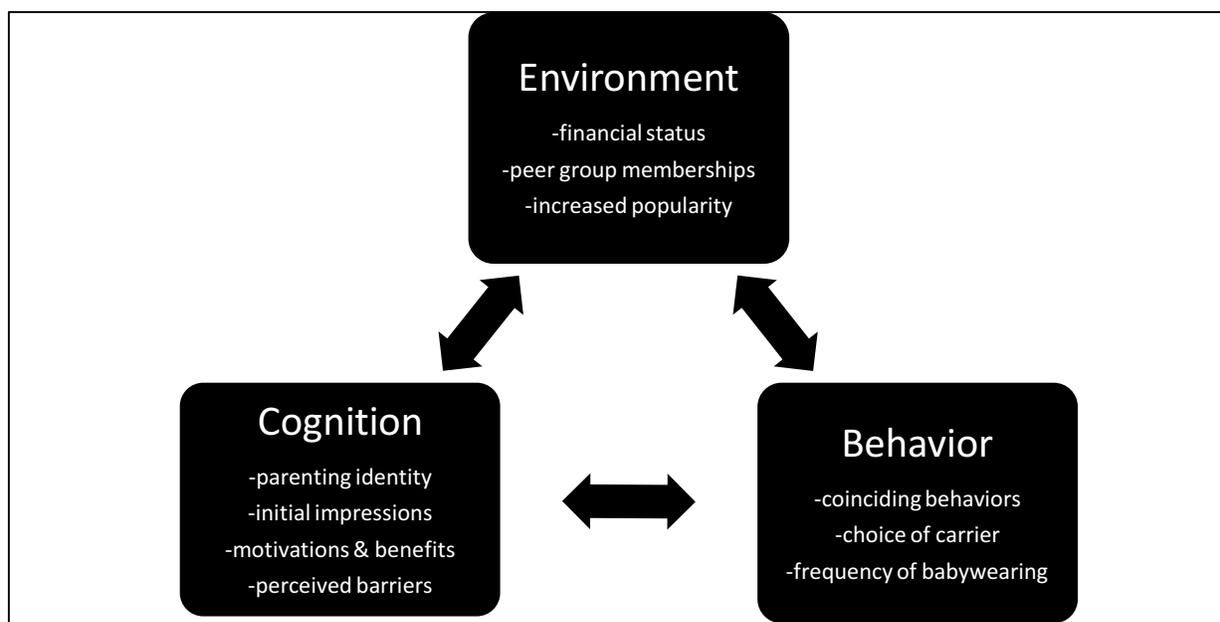


Figure 1 Descriptive Model

Chapter IV: Discussion

Identity

Although parents were not asked if they identified as a more natural or non-identifying parent, these identities were apparent throughout the interviews and seemed to be important to how mothers' identified themselves maternally and how they justified their various parenting practices. For natural mothers, babywearing was seen as a small practice that was a part of a larger parenting philosophy, typically "Attachment Parenting" (Attachment Parenting International, 2015). One of the Attachment Parenting's eight principles is to "use nurturing touch" and it is suggested that mothers babywear or use a body carrier in order to provide that. Considering that these principles focus on the child's emotional, physical, and neurological development, it is not surprising that mothers talked about infant health and development in relation to their babywearing practice as either a motivation or a benefit.

Although, babywearing may be promoted in the attachment parenting community (Attachment Parenting International, 2015), babywearing seems to transect across parents with different philosophies, not just those who ascribe to a "natural" parenting philosophy or lifestyle. Although the practice of babywearing does not appear to be limited to a particular parenting philosophy, we do not know the extent to which socio-economic circumstances and race and ethnicity may play a role in a mother's choice to babywear or access babywearing. Given the rationale for attachment parenting, this philosophy may be more attractive to more educated parents based on the attachment parenting principles. Future research on babywearing focused on socio-economic and racial and ethnic diversity is needed to understand how babywearing intersects with these identities and circumstances. Additionally, the fact that mothers referenced being an "attachment, "natural," or "crunchy" mom so often throughout the interview indicates

just how closely this philosophy defined their identity as a mother. Although some scholars (Schon & Silven, 2007) have focused on what it means to be a natural parent in terms of practice, less research (Guignard, 2015) has focused on how a particular parenting philosophy influences identity. Further research focused on the how identity and parenting practices interact and relate to infant care is needed.

Learning and Support

Considering that babywearing has become more popular over the last decade, it was not surprising that the first memories of babywearing were of seeing someone in public. However, several mothers noted that the first time they considered babywearing was because it was suggested on their baby shower registry. This supports the common response in the interviews that babywearing has increased in popularity and “trendiness.” One mother described how she saw that a carrier was on a list of “things all first time moms should buy” when registering which implies that some mothers may feel that buying a carrier is necessary or essential. Additionally, since many mothers mentioned that carriers are more available in big box stores such as Target or Babies R Us, it is clear that marketing and availability is possibly influencing the increase in popularity.

In terms of babywearing learning and support, mothers referenced the internet far more often than face to face time with a person. While BWI was the most common source of help and information, mothers also commonly referenced using Google (“googling”) and using other Facebook parenting groups, online forums, and Youtube when they had questions. This supports prior research (Bartholomew et al., 2012) that parents are using the internet more often in the transition to parenthood and are using specific Facebook groups for support (Thoren et al, 2013). In addition to help with babywearing, mothers often mentioned how being “plugged in” to these

Facebook groups made them feel more connected to a larger parenting community, either locally (like BWI) or nationally (Tula Love). This is important since the transition to parenting can often be isolating for new parents who may not feel supported or connected to other parents. This information may be helpful for practitioners, who may consider recommending involvement in online parenting groups to ease this transition period and provide new parents a sense of community. However, considering some mothers reported having negative experiences in these groups, future research should focus on the positive and negative outcomes of involvement in such parenting groups.

Motivations

Although there was a difference between natural and non-identifying mothers in terms of their primary motivation to babywear (infant health vs a tool) both types of mothers discussed babywearing as convenient practice and as a way to “get stuff done.” Many mothers mentioned that they felt like they were busier and more involved in their community than their own mothers had been. Babywearing seemed to support mothers going out in public more easily and engaging with the community. This was especially true for mothers who had more than one child, which may indicate how a mother’s needs may change as her family expands. There is a vast body of literature examining maternal and post-partum depression that demonstrates how stress and depression can be detrimental to infant health and ability to parent (Crnic et al., 1984; Feldman et al., 2009). Considering how helpful babywearing was considered to be for the participants, with moms using phrases such as “a whole new world,” “a lifesaver,” and “I don’t know how people parent without it,” physicians and practitioners may consider suggesting babywearing as a way to decrease a mother’s stress, especially if she is reporting a struggle to “keep up” with more than one child or attend to both her children’s needs. In this study, many mothers expressed the desire

to attend to each of their children's needs equally. This may be explained by the focus of preparing an older child for the transition of becoming a sibling in the U.S. (Kramer, 1996). For example, there is an availability of parenting resources relating to sibling transition such as "becoming a sibling" classes for children, and pamphlets with tips for parents for an easy sibling transition.

For both types of parents, babywearing was not only just a way to keep their infant close, but to keep them away from strangers and germs. Mothers often referenced how strollers gave strangers more opportunity to interact or touch their infant without permission which was perceived as a health and safety concern. This fear or suspicion of strangers, especially in terms of touching, may relate to how mothers valued personal space and felt an invasion of privacy or space when touched by a stranger. This is a common cultural value in the U.S., which is widely considered to have an individualistic cultural orientation (for review see Oyserman, Coon, & Kemmelmeier, 2002). The cultural value of personal space may have been exacerbated by the perception of infants as particularly vulnerable to discomfort and germs. When mothers described negative stories of their infants being touched in public, all mothers described the stranger as being an older or elderly female. This may indicate an intergenerational difference in what is considered appropriate with respect to personal space or perhaps a shift in expectations regarding social expectations and rules about interacting with infants in public.

Social Status and Consumer Culture

Social status was identified both as a motivator and as a barrier (i.e., stigma) to babywearing. Considering that carriers were discussed similarly to clothing (brands, colors, designs) and are worn publicly, it has the potential to be conceptualized similarly to other material fashion items which can serve as a marker of social status (e.g., designer purse or

shoes). Since carriers are very obvious to the public eye by being large structures and often colorful, it is possible that mothers are using particular carriers to confirm or gain social status which may further divide mothers along social class lines. This is especially true for Tulas and Ergos which have fairly large logos on the front of their carriers and are expensive compared to less recognizable brands that are cheaper.

The perceived stigma of not being a “real” babywearer due to not having an expensive carrier may be one of the reasons it was difficult to recruit mothers with lower socio-economic status (SES) for this study. We defined SES as a combination of education, income, and employment status. We had intended to have participants representing both middle to high SES and lower SES and recruited in places (such as WIC) where lower SES mothers may visit. However, only one lower SES mother participated. It is possible that mothers with lower SES are not participating in the practice if they cannot afford a more expensive carrier, or, perhaps they chose not want to participate in this study because they didn’t identify themselves as “real” babywearers even though if they were currently babywearing with a cheaper carrier. Although BWI offers a lending library at a low (\$30 per year) yearly cost where mothers can check out a carrier for a month, mothers with lower SES may not be aware of this service, may not have transportation to get to the meetings, or it is possible some mothers may feel that a stigma is attached to renting a carrier instead of owning it. It is possible that the status and stigmatization of babywearing may change as babywearing continues to become both more accessible and more expensive. As more carriers are made and more mothers are buying carriers, there is increased potential for resale in consignment shops, yard sales, or donations to thrift stores which could give more access to better quality carriers for moms on a budget. However, many mothers in this sample noted that carriers have become more expensive just in the last 5 years, therefore prices

may continue to rise which may make babywearing a more exclusive practice reserved for middle to upper class mothers.

Two mothers spoke in depth about babywearing as a hobby and referenced how certain rare carriers or wraps were especially sought after. Our findings are fairly consistent with research on second hand babywearing markets in the U.K. Djorhari (2015), found that there was a very active second-hand market for wraps with many mothers in pursuit of a “unicorn” carrier, one that was very rare or special for the mother. Like in the U.K., we saw instances of that as a few mothers mentioned special edition wraps or wraps they wanted to “collect” rather than just use. There is also an interesting comparison in how Djorhari (2015) relates English babywearing to identity when compared to our sample. In the English sample, mothers described babywearing in terms showing off a skill rather than asserting status with a certain brand. While mothers in our sample discussed how skill was required to do certain complex carries, there was never mention of this skill being a source of pride or status. Additionally, one mother described that as she struggled with her identity transition of becoming of mother, babywearing “fit her personality more” because she could do more activities and not be “encumbered by baby things.” This relates to both the theme of babywearing as a tool for mothers and also our theme of identity as it shows how babywearing played a role in some mothers’ transition to parenthood. Since a stroller didn’t fit her personality, she depended on babywearing to be a new tool to define herself as a mother. Comparing these two studies highlights how many mothers in the U.S. and the U.K. countries may struggle with their identity when becoming a parent and therefore may seek out practices such as babywearing to ease or find identity balance in the transition.

Figure 1 is a visual depiction of how themes in the interviews related to Bandura’s triadic reciprocity model which is made up of three components: environment, cognition, and

behavior. In terms of environment, a mother's ability and choice to babywear was often influenced by her finances, her peer group membership (such as being in Attachment Parenting groups or having friends that babywear), and also the increasing acceptability of babywearing as a practice in the US. This environment may influence how a mother perceives babywearing, especially in terms of motivation and benefits. For example, a mother who is a member of the Attachment Parenting Movement (environment) may consider this a part of her parenting identity (cognition) and may be more like to babywear more often (behavior) because she thinks it is beneficial for the infant's development (both cognition & environment). A mother's cognition included her parenting identity, her impressions of babywearing before she engaged in the practice, her reasons for babywearing, and barriers. These cognitions potentially influenced a mother's behavior which included participating in other coinciding parenting behaviors (breastfeeding, co-sleeping, cloth diapering), her choice of carrier, and how often she babywore. For example, more non-identifying moms reported wearing much more often in public when they needed both hands free than at home. One mom didn't see the need to babywear at home (behavior) since she didn't consider it to increase bonding (cognition).

Limitations

There are several limitations of this study. First, since most of the participants were recruited online through the BWI Facebook page, there is potential for a selection bias. It is possible that the results may only represent the Babywearing International community, rather than the wider babywearing community. It is unknown if there are differences in mothers who just practice babywearing on their own and mothers who engage in babywearing and babywearing groups/communities. Second, although the study was open to mothers of all socioeconomic statuses, only one (n=1) lower socioeconomic status (SES) mother participated.

Despite that we made many attempts to recruit lower SES mothers by advertising in the local WIC office and online, most mothers (n=15) were middle to upper SES which could have influenced their responses, especially in regards to challenges and barriers to babywearing. It is unknown whether or not babywearing is a predominantly middle class phenomenon or if the practice of babywearing varies by SES or geographic region in the U.S. Another limitation was lack of diversity in racial or ethnic background. Only four (N=4, 25% of the sample) mothers identified as a race other than white. Race is important to address since much research has focused on parenting practices and the differences in practice based on race or ethnicity. For example, it has been noted that African American women are the least likely racial group in the US to breastfeed (CDC, 2015). Future research should explore if the practice of babywearing also varies by race or ethnicity.

Conclusion

Although the sample was relatively homogenous and could be considered small, the interviews were rich with information and provided insight into how mothers learned to babywear, why they practiced babywearing, and what role babywearing played in their overall experience as a mother. Additionally, for some mothers, babywearing appeared to influence their identity as a mother either by providing a mode of self expression, community involvement, or by allowing them to be more mobile. These findings are important as family scholars and practitioners should be aware of newly adopted parenting practices and how they are conceptualized and valued within families.

This study provides valuable insight into how mothers are learning to babywear, why they decide to babywear, and how the practice of babywearing is related to some mothers' identity as a parent. The findings highlight how mothers are seeking out new parenting practices

that increase their independence, relate to their parenting philosophy, and to promote what mothers' consider is healthy for their infants' development. This study adds to the emerging babywearing research (Russell, 2014; Djohari, 2015) that explores babywearing in terms of learning the practice and online trading of carriers. Considering how important the theme of identity was throughout the interviews, future research on babywearing or other aspects of parenting should explore how these identities may affect other identities and how parenting identity may be related to social class.

Implications

Since most of the mothers in the sample were recruited from BWI, mothers seemed to be aware of and involved in different parenting communities, some related to babywearing as well as other parenting practices (breastfeeding support, cloth diapering support, church support, etc.). However, it is possible that there are mothers in the area who are unaware of such support, especially since most participants reported that they only heard about these groups and organizations through word of mouth or "suggested" by Facebook. Since babywearing is a practice that can take some skill and can also be considered unsafe if the infant is not properly adjusted, it is important that babywearing education opportunities are available and promoted by organizations that work with pregnant women or mothers of infants. Although many mothers referred to babywearing as a practice that other cultures engage in, there was no reference to mothers learning from these mothers. Considering that mothers who have immigrated to the US may have been practicing babywearing for much longer and know more techniques, it may be useful for organizations, such as BWI, to connect these mothers to new babywearing mothers to exchange techniques and perhaps provide mutual support.

Two mothers reported negative experiences with babywearing, and in particular, complained that babywearing was banned from the waiting room of their pediatrician's office. Another mother complained that her child's pediatrician had said that her infant may never walk if she didn't stop wearing him. This indicates that babywearing education should not only be available to mothers, but could be useful for physicians as well. It is important to note that the American Academy of Pediatrics (AAP) has no formal policy or position statement on babywearing or carriers outside of carrier recalls. Considering that physicians and parents look to the AAP for guidance on parenting practices, the AAP should consider investigating safe babywearing practices, especially since babywearing is becoming increasingly popular in the US. After some formal guidance by the AAP, it would be beneficial if partnerships could be created to promote a "Babywearing Awareness" campaign in order to promote safe babywearing and connect mothers to local resources.

References

- Abbott, A., & Bartlett, D. (2001). Infant motor development and equipment use in the home. *Child: Care, Health and Development*, 27(3), 295-306. doi: 10.1046/j.1365-2214.2001.00186.x
- Anisfeld, E., & Lipper. (1983). Early contact, social support, and mother-infant bonding. *Pediatrics*, 72(1), 79-83.
- Ayres, B. (1973). Effects of infant carrying practices on rhythm in music. *Ethos*, 1(4), 387-404. doi: 10.1525/eth.1973.1.4.02a00020
- Bigelow, A. E., Littlejohn, M., Bergman, N., & McDonald, C. (2010). The relation between early mother–infant skin-to-skin contact and later maternal sensitivity in South African mothers of low birth weight infants. *Infant Mental Health Journal*, 31(3), 358-377. doi:10.1002/imhj.20260
- Conklin, B. A., & Morgan, L. M. (1996). Babies, bodies, and the production of personhood in North America and a native Amazonian society. *Ethos*, 24(4), 657-694. doi: 10.1525/eth.1996.24.4.02a00040
- Dumka, L. E., Gonzales, N. A., Wheeler, L. A., & Millsap, R. E. (2010). Parenting self-efficacy and parenting practices over time in Mexican American families. *Journal of Family Psychology*, 24(5), 522.
- Djohari, N. (2016). Trading in unicorns: The role of exchange etiquette in managing the online second-hand sale of sentimental babywearing wraps. *Journal of Material Culture*, 21(3), 297-316. doi: 10.1177/1359183515619455
- Eakin, L., Lauriault, E., & Boonstra, H. (1986). *People of the Ucayali, the Shipibo and Conibo of Peru* (No. 12). Summer Institute of Linguistics.
- Eastin, A., & Sharma, M. (2015). Using social cognitive theory to predict breastfeeding in African-American women. *American Journal of Health Studies*, 30(4).
- Feldman, R., Eidelman, A. Sirota, L. & Weller, A., (2002). Comparison of skin-to-skin (Kangaroo) and traditional care: Parenting outcomes and preterm infant development. *Pediatrics*, 110(1), 16.
- Feldman, R., & Eidelman, A. (2003). Skin-to-skin contact (Kangaroo Care) accelerates autonomic and neurobehavioural maturation in preterm infants. *Developmental Medicine Child Neurology*, 45(4), 274-281. doi: 10.1111/j.1469-8749.2003.tb00343.
- File, T., & Ryan, C. (2014). Computer and Internet use in the United States: 2013. *American Community Survey Reports*.
- Hewlett, B. S. (1993). *Intimate fathers: The nature and context of Aka Pygmy paternal infant care*. University of Michigan Press.
- Hudson, D. B., Campbell-Grossman, C., Keating-Lefler, R., Carraher, S., Gehle, J., & Heusinkvelt, S. (2009). Online support for single, low-income, African American mothers. *MCN: The American Journal of Maternal/Child Nursing*, 34(6), 350-355.

- Littlefield, T. R., Kelly, K. M., Reiff, J. L., & Pomatto, J. K. (2003). Car seats, infant carriers, and swings: their role in deformational plagiocephaly. *JPO: Journal of Prosthetics and Orthotics*, 15(3), 102-106.
- Lockard, J. S., Daley, P. C., & Gunderson, V. M. (1979). Maternal and paternal differences in infant carry: US and African data. *American Naturalist*, 235-246.
- Lozoff, B., & Brittenham, G. (1979). Infant care: cache or carry. *The Journal of Pediatrics*, 95(3), 478-483.
- Lupton, D. A. (2011). 'The best thing for the baby': Mothers' concepts and experiences related to promoting their infants' health and development. *Health, risk & society*, 13(7-8), 637-651.
- Madge, C., & O'Connor, H. (2006). Parenting gone wired: empowerment of new mothers on the internet? *Social & Cultural Geography*, 7(02), 199-220. doi: 10.1080/1464936600600528
- Ohnuki-Tierney, E. (1974). *The Ainu of the northwest coast of southern Sakhalin*. Holt, Rinehart and Winston.
- Plantin, L., & Daneback, K. (2009). Parenthood, information and support on the internet. A literature review of research on parents and professionals online. *BMC Family Practice*, 10(1), 34. doi: 10.1186/1471-2296-10-34
- Porter, N., & Ispa, J. M. (2013). Mothers' online message board questions about parenting infants and toddlers. *Journal of advanced nursing*, 69(3), 559-568.
- Russell, N. (2014). Babywearing in the Age of the Internet. *Journal of Family Issues*, 36(9), 1130-1153. doi: 10.1177/0192513X14533547
- Walker, L. O., Im, E. O., & Vaughan, M. W. (2012). Communication Technologies and Maternal Interest in Health-Promotion Information about Postpartum Weight and Parenting Practices. *Journal of Obstetric, Gynecologic, & Neonatal Nursing*, 41(2), 201-215.
- Wu, C. Y., Huang, H. R., & Wang, M. J. (2016). Baby carriers: a comparison of traditional sling and front-worn, rear-facing harness carriers. *Ergonomics*, 1-7. doi: 10.1080/00140139.2016.1168871

Appendices

Appendix 1 Participant Characteristics

# of Children	n	%
1 child	4	25%
2 children	8	50%
3 children	3	18.8%
4 children	1	6.2%

Infant age		
< 1 year	9*	52%
> 1 year	8	47%
	*one mother had twins	

Marital Status		
Married	15	93.8%
Single	1	6.2%

Education Level		
High School	1	6.2%
Some College	4	25%
Bachelor Degree	6	37.5%
Graduate Degree	5	31.3%

Working Status		
Currently Employed	6	37.5%
Not Currently Employed	10	62.5%

Appendix 2

Interview Guide (I-guide) Babywearing

- 1) *Greet participant and shake her hand / introduce myself*
- 2) *Sit down and ask short ice breaker*
- 3) *Informed consent*

Give participant their copy

- 4) *Turn on audio recording*
- 5) *Begin interview questions*

Intro: Thank you for agreeing to meet with me! I've invited you to participate because you have experience with wearing your baby.

- 1) Can you describe the first time you ever saw someone babywearing?
- 2) Tell me about how you first found out about babywearing?
- 3) After you found out about babywearing, how did you decide that it was something that you wanted to do with your baby?
- 4) After you decided that you wanted to babywear, where did you find resources on how to get started?
- 5) Are you involved with the wider babywearing community of Knoxville? If so, in what ways?
- 6) Do you think babywearing has become more popular over the years?
 - a. Why or how?
- 7) Tell me about your personal experience with baby wearing; what has your overall experience been like?
- 8) What has been your favorite aspect about babywearing?
- 9) Tell me about a time, if ever, when you had a negative experience with babywearing
 - a. Tell me about a time, you had a positive experience while babywearing?
- 10) Do you think there are challenges or barriers to babywearing? If so, what are they?
- 11) Do you think there are benefits to babywearing?
 - a. What are they? Who are they benefitting?
- 12) How often would you say that you wear you infant? a. On a typical day, week, month?

Now, aside from babywearing, I have some general questions about parenting...

13) What is your main source(s) of support as a parent?

14) Do you have any experience with online forums or parenting groups?

a. If yes, please describe your experience.

15) Is there anything else you'd like to tell me that we didn't talk about your experience with babywearing or parenting?

Appendix 3

Demographic Survey: Babywearing

- 1) How long have you been a resident of (CITY)?
- 2) What is your age? _____
- 3) How many children do you have? _____
- 4) What are their ages? _____
- 5) Which of the following best describes your race/ethnicity?
____ African American ____ Asian American ____ Hispanic
____ Native American/Native Hawaiian ____ White (non-Hispanic) ____ Other, please
describe _____
- 6) What is your marital status?
Single ____ Married ____ Divorced ____ Widowed ____ Other (Please specify) ____
- 7) What is your highest level of education?
Grade School ____ Some High School ____ High School Graduate ____ Some
College/Trade School, Technical School ____ College Graduate ____ Post Graduate
Degree ____ Other (Please specify) _____
- 8) Are you currently employed?
YES NO If yes, what is the your occupation? _____
- 9) Is your domestic partner or spouse currently employed?
YES NO If yes, what is their occupation? _____
- 10) How much did your household earn from employers before taxes and other deductions last year?
< 10,000 ____
10,000-21,000 ____
22,000-33,000 ____
34,000-45,000 ____
46,000- 56,000 ____
57,000-67,000 ____
68,000 + ____

11) Please list (if any) online/Facebook parenting groups in which you are a member or in which you follow/like or participate in:

12) How often do you post a question on an online group?

Daily _____

1-3 per week _____

1-3 per month _____

Never _____

13) How often do you comment on an online group?

Daily _____

1-3 per week _____

1-3 per month _____

Never _____

14) How often do you post a photo to an online group?

Daily _____

1-3 per week _____

1-3 per month _____

Never _____

15) Please list (if any) face to face parent support groups you are a member of:

16) Was/is your baby breastfed? Y / N

a. If yes, for how long _____

17) Do you know the gestational week when your child was born?

If yes, what week? _____

18) Was your baby considered premature or “preemie”?

YES or NO

Vita

Hayley B. Moran was born in Nashville, Tennessee to the parents of Robert and Robbie Moran. She received her B.S. degree in Child and Family Studies in May 2015 from the University of Tennessee in Knoxville, Tennessee. In the fall of 2015, she began a graduate program in the Child and Family Studies department working in the Early Experiences Research Center under the advising of Dr. Hillary N. Fouts. She plans to work in a career promoting maternal and child health.