



# Qualitative Study Exploring Hispanic/Latina Mothers' Emotional, Cultural, and Structural Experiences Influencing Retention in WIC

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## Abstract

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) plays a vital role in promoting nutritional well-being among low-income families in the U.S. While the program has demonstrated positive health outcomes, participation rates have been steadily declining. This study explores how Hispanic/Latina mothers decide to continue or discontinue WIC participation, focusing on their cultural, structural, and emotional experiences within the program. Responses to open-ended online survey questions from 636 Hispanic/Latina mothers who were clients of WIC in any category and at least 18 years old in Northern New Jersey were analyzed using grounded theory methodology. Of 570 usable responses, 563 addressed reasons for continued WIC participation, and 465 addressed reasons for discontinuation. Six motivators for continued participation emerged: gratitude for financial relief and overall benefits, food access, health and nutrition benefits, parenting education, emotional support, and service accessibility. Four primary reasons for discontinuation were ineligibility, relocation, access issues, and dissatisfaction with services. Notably, many participants expressed a desire to remain in the program, even when asked to provide reasons for discontinuation. Findings underscore WIC's multifaceted role, extending beyond food assistance to emotional and cultural support. Streamlining re-enrollment, leveraging technology, and expanding culturally sensitive outreach may improve retention. This study offers key insights into strategies for sustaining WIC engagement among Hispanic/Latina families and supporting maternal and child health.

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## Introduction

Implemented by the United States Department of Agriculture (USDA), the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) in the U.S. is designed to improve nutrition and health behaviors among low-income pregnant, breastfeeding, and postpartum women, as well as children under five years old who are at nutritional risk. Researchers from various studies have reported positive health outcomes for WIC participants, including reduced premature births and improved birth outcomes [1-3]. While WIC has successfully reduced food insecurity and improved public health outcomes, maintaining consistent participation remains a significant challenge [1,4].

Despite the well-known positive impact of WIC participation on health and welfare, along with multiple efforts by various agencies to increase program enrollment and retention [1], the coverage rate has been continuously declining [5]. Premature dropout from nutrition programs like WIC is concerning, as individuals who leave early

tend to experience worse health outcomes compared to those who complete the necessary education and follow-up [6,7].

The WIC non-participation rates are slightly increasing [8]. A report showed that in 2021, 51.2% of those eligible to participate in the program enrolled in WIC, which is lower than 54% in 2016 [9]. The non-participation rate increased from 46% in 2016 to 49% in 2021, with higher non-participation rates among those enrolled in Medicaid (64%) and SNAP (54%) [5]. Researchers observed that the common pattern of program termination was when participants transitioned from the infant category to child [10]. According to USDA data in 2021 [5,11], WIC coverage rate for infants was 78%, which dropped to 64.3% for 1-year-olds and continued to decline to 24.7% for 4-year-olds. In 2021, WIC participation rates by race were highest for Hispanic/Latina individuals (58.1%), though this has decreased from previous years when participation rates exceeded 60%. The State of New Jersey, with one of the top 10 highest WIC eligibility rates across the states, ranks 30th in overall coverage (about 30th in 2021). Coverage rates for infants

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and pregnant women were slightly lower, while those for older children and postpartum women were slightly higher than the national averages. Specifically, Hispanic/Latina families in New Jersey have slightly higher coverage rates (58.4%) compared to the state average (50.5%).

The WIC program plays a crucial role in enhancing participant well-being. However, with a decreasing participation rate among eligible individuals, there is a need to improve services for sustainable participation. Many studies have examined reasons for WIC discontinuation [3,12-14] yet little research has focused on why participants continue to our knowledge. To provide more comprehensive insights into boosting participation and retention rates, it is important to identify the factors that contribute to both the continuation and discontinuation of WIC enrollment. In this study, we specifically focus on Hispanic/Latina mothers to explore why WIC participants join and leave the program from a culturally sensitive perspective.

## Methods

### Study Design and Recruitment

This study was conducted in northern New Jersey, U.S., during July and August of 2023. Participants were required to be clients of WIC in any category and at least 18 years old. A WIC clinic located in a county with the second-highest Hispanic/Latina population in New Jersey (40.4%) was selected for the study (state average: 21.6%) [15].

Clients at this WIC clinic were invited to participate in an open-ended online survey via the clinic's communication channels, such as Facebook and text messages. Recruitment flyers with a QR code linking to the survey were also posted inside the clinic. Interested participants accessed the survey through the provided link or QR code, which directed them to an online informed consent form. Clicking "Next" on the consent page indicated their agreement to participate.

Surveys and recruitment materials were available in both English and Spanish, allowing participants to select their preferred language [12]. To maintain anonymity, participants entered their contact information for a raffle on a separate page after completing the survey. Only those who fully completed the survey were eligible for a raffle offering a \$30 gift card. Ten winners were randomly selected at the end of data collection. This study was approved by the institutional review board.

### Participants

From the total of 636 Hispanic/Latina mothers, we identified 570 usable surveys, with a mean age of 30.02 years ( $SD = 9.179$ ). Race or ethnicity was self-reported by the online survey participants from a list including Black/African American, Asian, Hispanic/Latina, White/European American, Native American, multi-racial, or other. The researcher should defer to the community's preference in situations where multiple descriptors could be used, such as Latino/a/x rather than Hispanic; African American rather than Black, or by tribal or native names. Most mothers were registered with infant and child category (95.2%,  $n = 543$ ), and about 46% of them were single mothers ( $n = 262$ ). About 60% of mothers had attained a high school diploma, GED, or some college education ( $n = 344$ ), and a significant proportion were unemployed (64.4%,  $n = 367$ ). See Table 1.

### Online Survey Instruments

The survey collected demographic data, including age,

**Table 1.** Demographic Characteristics of Hispanic/Latina WIC Participants in New Jersey from Open-Ended Online Surveys on Program Retention Behavior ( $n = 570$ )

		Mean	SD
Age (years)		30.0	9.2
		Frequency	%
Duration of WIC enrollment in NJ	Less than 1 year	210	36.8
	1 year or more	359	63.0
	Missing	1	0.2
WIC participation category (multiple choices)	Pregnant women	202	35.4
	Infant	227	39.8
	Children	316	55.4
Breastfeeding	Exclusively Breast-feeding	114	20.0
	Partial Breastfeeding	116	20.4
	No Breastfeeding	49	8.6
	Missing	291	51.1
Education	Less than High School	117	20.5
	High School or GED	218	38.2
	Some College, No Degree	126	22.1
	College Graduate Degree	81	14.2
	Post-graduate Degree	21	3.7
	Missing	7	1.2
Employment	Full-time (30 + hours per week)	74	13.0
	Part-time (1- 30 hours per week)	128	22.5
	Unemployed	367	64.4
	Missing	1	0.2
Living Situations	Living alone	23	4.0
	Living alone with children	239	41.9
	Living with partner and children	244	42.8
	Living with partner, children, and other family members	61	10.7
	Missing	3	0.5

race, duration of WIC participation, education level, and living status. Open-ended questions, designed in Qualtrics, asked participants to list the top 3-4 reasons for continuing or discontinuing WIC participation. This approach was used to elicit salient beliefs, focusing only on the first few reasons provided.

### Data Analysis

A rigorous translation and back-translation process ensured the accuracy and cultural relevance of qualitative data [16].

Responses in Spanish were translated into English and back-translated into Spanish by a bilingual research team member familiar with cultural nuances. Final translations were reviewed by the entire research team to confirm conceptual equivalence.

The analysis followed the grounded theory methodology [17,18]. Open coding was used to identify emerging concepts in the data, which were color-coded and categorized. Axial coding was then applied to explore connections between categories and identify recurring themes, such as financial support, eligibility requirements, and accessibility. Finally, selective coding was used to integrate these themes into a coherent narrative, providing insights into factors influencing WIC participation and non-participation among Hispanic/Latina mothers.

### Trustworthiness

Trustworthiness, which ensures findings accurately represent participants' experiences, was enhanced through triangulation. Multiple data sources, including three qualitative investigators [19,20], literature reviews, and theoretical frameworks, were used to validate the findings [21,22]. The iterative analysis process further ensured the validity, reliability, and cultural fidelity of the data, offering a nuanced understanding of barriers and facilitators to WIC participation.

### Results

There are several subthemes under the reasons for continuation and discontinuation of WIC. First, a total of 563 Hispanic/Latina mothers responded to at least one reason for staying in WIC. Six main themes emerged from the responses regarding reasons for staying in WIC. Hispanic/Latina mothers typically remained in the WIC program for various benefits, including financial benefits, nutritional and health benefits, food-related benefits, continuing education for themselves and their families' basic needs, emotional support, and accessibility to services. A total of 465 Hispanic/Latina mothers explained at least one reason for leaving WIC. Despite the question was about reasons for program termination, many mothers reported a strong desire to stay. Other reasons included ineligibility due to children's age and income qualifications, changes in residency, accessibility challenges, and dissatisfaction with service. Each mother was asked to list the top 3-4 things that came to mind when answering the reasons for continuation or discontinuation of WIC participation, resulting in several concepts across multiple themes per question being potentially mentioned by the same respondent. Therefore, it is noted that the total number of stated concepts is inconsistent with the

**Table 2.** Reasons for Continued WIC Participation among Hispanic/Latina mothers in New Jersey (n=563)

Themes	Subthemes	Example Quotes
Gratitude for WIC's Benefits in Times of Need: "It is a great relief for our family." (n=249)	Crucial Lifeline for single mothers and low-income families (n=180)	<p>"Since the income we have at home is very low and the help that WIC gives us is a blessing for us."</p> <p>"Because I am not working and do not have a good economy. Until the age of my daughter is suitable for the program that they are offering us."</p> <p>"I need it because it helps me a lot in my family I am of very low resources."</p> <p>"Because it is a help for low-income people."</p> <p>"Because I need it, my job is not enough."</p> <p>"The lack of a good economy in these times, my unemployment and my expenses are more than income."</p> <p>"I take all the help I can with my kids milk and food. Since I only work part-time it's hard to pay bills and on time of that food prices keeping increasing."</p> <p>"It is a help due to my lack of income since I care and love my baby."</p> <p>"I am a low-income immigrant. It is important for my baby who will be born soon."</p> <p>"It also saves me some money as a single mom."</p> <p>"Help me because I got a newborn and I'm a single mother."</p> <p>"It is an essential help for me and my daughter."</p>
	Financial stability (n=69)	<p>"Because of the help they give me with milk, bones, etc. I can save money to buy clothes or shoes for my children or other things they need."</p> <p>"Because the benefits are good and my son also needs it a lot."</p> <p>"My daughter turns 5 in August so I have no option to stay, although I am dying to continue since it is a valuable help for me in these moments when everything has risen a lot in value."</p> <p>"It allows us to save money that we can use in other expenses of my son or the house."</p> <p>"My first reason for joining the program will be because it is a very good help in my home."</p> <p>"The reason for me staying on the WIC program is because it's extremely helpful to get all these foods for my baby without me having to worry about if I have enough money or not for all of my groceries."</p> <p>"Help my pocket financially."</p> <p>"It helps us a lot because of the high cost of living with the food they provide us."</p>

Food Benefits: "WIC helps me a lot to feed my family." (n=216)		<p>"WIC has helped my family immensely. As a first time mother I truly underestimated the amount of food a small baby can go through."</p> <p>"Food stamps is not enough for my 3 children and I as my kids getting bigger they eat more. WIC provides extra groceries for an extended period of time."</p> <p>"It helps me pay for milk and eggs without taking from my food stamps, very important."</p> <p>"Most likely due to the formula provided for my child and the benefits of receiving fruits and veggies."</p> <p>"It helps a lot in the purchase of products since now everything is very expensive."</p> <p>"It gives me financial relief knowing that I can count on a list of safe basic foods for my little daughter."</p> <p>"WIC helps me a lot to feed my family since in these times everything is very expensive!"</p> <p>"For the help in feeding my daughter"</p> <p>"I have two children, and that would help me a lot to solve the hunger."</p> <p>"It helps me a lot financially and is necessary for feeding my children."</p> <p>"Being able to feed my son."</p> <p>"I have 2 3-month-old babies. It helps me a lot with feeding them."</p> <p>"Help getting some food on the table."</p> <p>"I need your support to be able to feed my son."</p>
Healthy Development: "It helps with the healthy growth of my baby." (n=228)	<p>Access to healthy food (n=162)</p> <p>Nutrition education (n=48)</p>	<p>"The main reason it's because financially I'm not in the place I wish to be. And this a big help for my kids to get the nutrients they need."</p> <p>"Help financially as it helps me buy healthy things for my family."</p> <p>"Healthy foods and my child's health"</p> <p>"The food you provide is very good. I like the program because it helps you improve your children's nutrition."</p> <p>"Provides nutritious food and essentials for my daughter"</p> <p>"Obtaining balanced meals for my child"</p> <p>"Because it helps my daughter's diet. Because there I can control the nutritious foods that contribute to my baby's health."</p> <p>"In my opinion the reasons are: my son and I can eat in a very healthy way and at the same time I am very grateful for being in this program."</p> <p>"First of all it's an amazing programs that helps out many families. They have nutritional assistance to help you eat better and stay healthy."</p> <p>"They are extremely healthy foods I love them."</p> <p>"Because it helps me to eat a balanced diet."</p> <p>"Because it teaches me how to eat. Because it gives me the opportunity to feed my son healthily."</p> <p>"Because it helps me a lot with my diet and because the nutrition and lactation talks I receive are important."</p> <p>"It helps me with my diet. I learn more about health."</p> <p>"It is a very good and important program. Provides nutritional information."</p> <p>"A better diet for my baby and my family for a better knowledge of nutrition"</p> <p>"I would stay because of the nutritional information I receive."</p> <p>"Information about nutrition. And make the right choice on food"</p> <p>"Nutritional information with ideas to introduce better foods to my child"</p> <p>"And the advice they also give about nutrition"</p>
	Health check (n=18)	<p>"They weigh me, and they check my hemoglobin."</p> <p>"The help of a nutritionist for his development"</p> <p>"Help with checks is very important."</p> <p>"Nutritional follow-up"</p> <p>"It is important for my baby. Because they check her weight and how her growth is going."</p> <p>"It is very important to stay for the development of my daughter since there they advise me on her development."</p> <p>"It is necessary for my baby. For the nutritional checkup of my baby."</p> <p>"The first reason why I will stay in the WIC program is because they are always on the lookout for my son's appointments."</p> <p>"It helps with the healthy growth of my baby."</p>

Parenting Information: "It gives me appropriate education for my motherhood." (n=36)		<p>"Apart from monetary and food aid, his classes, his guidance and everything that goes with it during the pregnancy, it helped me a lot, especially in terms of breastfeeding, it is a very complete program that helps us."</p> <p>"It gives me appropriate education for my motherhood. They help me with my questions regarding the pregnancy."</p> <p>"They provide me with classes that help me to be a better mother and carry out this process in a better way to breastfeed better."</p> <p>"I need your advice as a new mother. The WIC economy supports me with food and your advice."</p> <p>"For my lactation of my baby. To learn more about good nutrition. what WIC teaches."</p> <p>"To continue my breastfeeding journey for my newborn and have it as easy as possible."</p> <p>"The orientations offered on breastfeeding, nutrition and others... For me, those are very important."</p> <p>"They help me a lot They gave me a lot of help in breastfeeding."</p> <p>"The guide of help is wonderful. The help for the baby's it's good."</p>
Emotional Support: "It is a help for me as a mother." (n=48)	Positive motherhood (n=5)	<p>"It is very beneficial for my children and has many healthy options. It helps my job as a parent to provide for my children."</p> <p>"Food is truly important for the livelihood of my family."</p> <p>"I need the food. Easy to pay. Make me happy."</p> <p>"Improve quality of life."</p>
	Positive staff interactions (n=43)	<p>"The people are very friendly there, they always give good service. Day by day I appreciate what they have done for me and my baby, the WIC has been part of my family since my pregnancy. Blessings to all."</p> <p>"When I call to change a product they are very kind And because I have never felt discrimination."</p> <p>"Great emotional support"</p> <p>"They make conversations with WIC staff feel more congenial."</p> <p>"For the patience that each of the people who work there offers us."</p> <p>"Because the staff listens and understands me when I call the offices."</p> <p>"I can trust that they will support me in any circumstance with my baby."</p> <p>"Because they have been my support and guide since day 0."</p> <p>"Good attention"</p> <p>"They are responsible. They are respectful."</p> <p>"They are always very friendly."</p>
Accessibility: "It's so easy to be on the program." (n=20)		<p>"Also very easy to have over-the-phone appointments."</p> <p>"and it has become so easy with eWIC and the app."</p> <p>"I find the app really helpful and makes things so much easier."</p> <p>"it is easy to keep appointments and schedule"</p> <p>"It is very easy to use the card."</p> <p>"The office is close to me."</p> <p>"It's close to my house."</p> <p>"They offer me a variety of options to meet the needs of my children."</p> <p>"For the ease of obtaining them and for the variety of products."</p> <p>"The flexibility that I have when buying my complementary foods."</p> <p>"There is a wide variety of products that I can choose from."</p>

*\*Note: The total number of stated concepts is inconsistent with the total number of Hispanic/Latina mothers who answered the question (n=563), as each respondent could mention multiple concepts across several themes.*

total number of Hispanic/Latina mothers who answered each question (n=563 and n=465, respectively). The details of our findings, along with example quotes, are presented in Tables 2 and 3.

### Reasons for Continued Participation (n=563)

#### Gratitude: "It is a great relief for our family." (n=249)

For many Hispanic/Latina mothers, WIC serves as a crucial lifeline, particularly for low-income families with multiple children and single mothers facing unstable employment (n=180). While WIC's primary goal is to provide direct support for daily food supplies, mothers often express deep gratitude for

the additional financial stability and relief it brings to their lives (n=69). These mothers explicitly share how WIC enables them to care for their families during challenging times by providing access to additional resources that support their basic needs.

#### Food benefits: "WIC helps me a lot to feed my family." (n=216)

WIC provides nutrient-rich foods like milk, whole grains, fruits, and vegetables, helping mothers meet dietary guidelines and ensuring food stability for growing children and postpartum mothers. The program's ability to alleviate financial burdens associated with food insecurity is a cornerstone of its appeal.

Healthy development: "It helps with the healthy growth of my baby." (n=228). An additional appeal of WIC is its focus

**Table 3.** Reasons for Discontinued WIC Participation among Hispanic/Latina mothers in New Jersey (n=465)

Themes	Subthemes	Example Quotes
Strong Will to Stay: "I have no reason to quit." (n=207)	No reason to leave (n=91)	<p>"No reason"</p> <p>"For now I have no reason."</p> <p>"I have no reason to leave it, everything was very good."</p> <p>"I have no reason- why I am very satisfied with the care they give me."</p> <p>"I'm not sure. I hope I can stay with the WIC program."</p> <p>"I don't have any reason. I'm so happy with this program."</p> <p>"I would have no reason to leave the WIC program."</p>
	Wouldn't/don't want to/can't leave (n=48)	<p>"I will never leave it."</p> <p>"I would not stop participating in the WIC program if it was for me. I need the WIC card for my kid."</p> <p>"The truth is that I would not like to stop participating in the WIC program because it is a great help."</p> <p>"I don't think will leave the WIC program. Since it helps me a lot, especially in these times when everything is very expensive."</p> <p>"At the moment I would not leave it. My baby is 2 years old. I do not work and it is an important part of the home."</p> <p>"None, I do not intend to leave the program."</p> <p>"For my part, I would not stop participating in the program because I am very comfortable in it."</p> <p>"I don't want to leave the program because it helps me a lot."</p> <p>"I'm not going to leave WIC as long as I'm allowed."</p> <p>"I would not like to stop participating. I need it."</p> <p>"I could not stop participating."</p>
	Only leave if forcefully removed (n=68)	<p>"The only way I would stop is if they tell me I don't qualify anymore."</p> <p>"I would not want to stop participating in the WIC program. If I stop participating it would be because they won't let me participate."</p> <p>"No. I would stop participating at least you tell me that I am no longer qualified, but I am very. Happy with your help"</p> <p>"For not being approved."</p> <p>"The only reason I wouldn't participate is if the same program doesn't allow me to continue."</p> <p>"Because I no longer qualify but at least I would always keep active because it is an important benefit for my family since my financial resources are low."</p> <p>"It would be because I am no longer eligible."</p> <p>"Because my time in the program is over."</p> <p>"Because they take away my benefits."</p> <p>"Because I don't get benefits anymore oh maybe because I don't qualify anymore"</p>
Ineligibility: "Because my income changes" or "The age of the child." (n=191)	Age out (n=118)	<p>"That my daughter turns 5 years old, so she can no longer continue in the program because it is the maximum age to participate in wic"</p> <p>"Because you take me out when my children have the legal age"</p> <p>"The baby reaches the age that he no longer needs WIC. Probably my card will be suspended. The card is blocked"</p> <p>"My kid [is] not qualifying for it due to their age limit"</p> <p>"The reason I would be leaving would be because my child would no longer qualify for services"</p> <p>"Because my son would no longer be old enough to continue receiving WIC"</p> <p>"The age of the child."</p> <p>"My son is over 5 years; the only reason would be because my daughter turns 5 years old."</p> <p>"The reason to stop will be because my kids out-aged the program; not being pregnant."</p>
	Financial stability (n=45)	<p>"I would stop participating if I won the lottery."</p> <p>"That I do not qualify for my income."</p> <p>"Because my income changes."</p>

		<p>“Get a better job. Get a better salary.”</p> <p>“I had a partner who would help out.”</p> <p>“Maybe my economy improves.”</p> <p>“I have enough money; Grocery down the prices; WIC program will be very difficult to apply”</p> <p>“Very high income or missed appointments”</p> <p>“Have more economic solvency.”</p> <p>“Make enough income; better money; I am financially stable.”</p> <p>“Immigration plus economic stability plus for those who need.”</p>
	Their needs are met (n=28)	<p>“If I stopped participating, it's because I wouldn't need it anymore.”</p> <p>“If I would not need it.”</p> <p>“My first reason will be because I think I wouldn't need it if I decided not to take the WIC.”</p> <p>“Don't use the benefits or take them and not take advantage of them.”</p> <p>“For having the necessary resources; for the possibility that other people take advantage of the program.”</p> <p>“I would stop participating if I don't need it so that other people can benefit, because if I don't need it, why would I want it where there are many people in need.”</p> <p>“My son will be over 1 year old; I would give the opportunity to other babies who need it.”</p> <p>“Qualification and don't need it.”</p>
Residency: “I moved out of state and don't know how to apply.” (n=43)	Move out of state/country (n=37)	<p>“I moved out of state and don't know how to apply.”</p> <p>“The reason would be that I change state and obviously having a WIC card I have to be living in the State in which they gave me the card and also if I am complying with the WIC card policies.”</p> <p>“Travel; Change of residence.”</p> <p>“1-move state 2- to apply in another state.”</p> <p>“Because I changed my country; Because I'm not eligible.”</p> <p>“I move out of the country; I'm not qualified for assistance.”</p> <p>“Because I might move out of state and because the children do not meet the age requirement.”</p> <p>“Change housing; Change state.”</p> <p>“If it would affect me in the residence or I would go to my country.”</p> <p>“Go live in another state.”</p>
	Immigration and documentation (n=6)	<p>“That affects my family in the future or my little one.”</p> <p>“Fear that my immigration status will be harmed in the future.”</p> <p>“Because my legal process stops me. Because they give me a bad time. Because they no longer offer me help.”</p> <p>“That it affects my daughters in the future, or affects my husband's documents.”</p> <p>“When I have my papers and it pays to work, I would not use it because there are other people who are going to need it more than me.”</p> <p>“Rude staff, maltreatment, conflicts + Immigration.”</p> <p>“Immigration plus economic stability plus for those who need.”</p>
Inaccessibility: "Hard to apply and [the] office is not close." (n=67)	Limited options (n=35)	<p>“The child's milk option has been restricted, eliminating the choice of different ounces.”</p> <p>“Not all stores that accept WIC offer all my benefits, forcing me to visit multiple locations.”</p> <p>“The products provided are not of good nutritional quality or easy to obtain.”</p> <p>“The program changes mean it may not provide what my baby needs.”</p> <p>“The list of eligible foods is too limited and could be expanded.”</p> <p>“The increasing cost of living is not matched by an increase in my benefits.”</p> <p>“There is a lack of flexibility in approved brands and product selections.”</p> <p>“Only let me pick certain brands and not the brands I really want; not enough variety; if the products do not meet my needs; if it is difficult to get the specific products.”</p> <p>“The lack of essential products and that there are products that I do not consume.”</p> <p>“Hard to find WIC store items”</p>

		“Second, if I don't see places to claim it nearby and it would be difficult for me to go and claim the WIC.”
Physical and administrative barriers (n=32)		<p>“Can't make it to in person appointment or no longer need the WIC help”</p> <p>“Not having time for appointments, if it is difficult to get the specific products”</p> <p>“If I stop it's because I couldn't make it to the appointments”</p> <p>“Inconvenience with appointments. If they remove me”</p> <p>“Long wait hours.”</p> <p>“It would have to be the qualifying process. A lot of people need WIC and don't qualify over technicalities.”</p> <p>“Hard to apply and office is not close.”</p> <p>“Because I do not have the documents they need.”</p> <p>“If there is no WIC program nearby Or if they ask for many documents.”</p> <p>“Not qualified + difficult to visit to [the] office.”</p> <p>“Store - difficult to access to get food.”</p> <p>“I don't have WIC stores near my house.”</p> <p>“Store is far away.”</p>
Dissatisfaction: “Bad customer service or a lack of respect towards me and my family.” (n=21)		<p>“The attention, people are very rude when attending in person.”</p> <p>“Bad customer service or a lack of respect towards me and my family.”</p> <p>“Rude service dealing with them or asking for too much.”</p> <p>“If they treated me badly or if I had problems with any documentation.”</p> <p>“It may be due to a behavior that I didn't like from any of them.”</p> <p>“Maybe for feeling uncomfortable.”</p> <p>“Due to poor service and difficulty buying.”</p> <p>“Due to lack of attention and not having good information.”</p> <p>“I would give it up if the treatment were terrible, appointments were hard, or the stores in my community won't accept WIC checks.”</p> <p>“If it were the case of receiving any mistreatment by the staff or if the food provided was unhealthy.”</p>

\*Note: The total number of stated concepts is inconsistent with the total number of Hispanic/Latina mothers who answered the question (n=465), as each respondent could mention multiple concepts across several themes.

on improving the nutritional and health status of mothers and children, providing peace of mind. Hispanic/Latina mothers report that access to healthy food (n=162) and nutrition education (n=48) enhances well-being. WIC's emphasis on preventative healthcare, including guidance and checkups (n=18), helps reduce the risks of developmental delays and chronic illnesses in children.

#### **Parenting information: “It gives me appropriate education for my motherhood.” (n=36)**

The WIC program provides comprehensive support to mothers, offering financial and food assistance, as well as additional resources, such as educational classes and guidance, which are crucial during pregnancy and breastfeeding. Hispanic/Latina mothers express their gratitude that WIC offers a holistic approach to maternal and child health care.

#### **Emotional support: “It is a help for me as a mother.” (n=48)**

Positive interactions with WIC staff (n=43), through their patience and kindness, enhanced the well-being of both mothers and children. Some Hispanic/Latina mothers specifically shared that WIC's support helped them gain confidence in their mothering roles, leading to a more positive experience of motherhood (n=5). Access to nutritious foods brought celebratory aspects to their lives despite financial challenges. These direct and indirect emotional supports from WIC increased the overall quality of life for these mothers, encouraging their continued participation.

#### **Accessibility: “It's so easy to be on the program.” (n=20)**

Easy and convenient access to WIC service through mobile apps, close distance to offices and stores, and the flexibility to

choose different food options become positive determinants for mothers' continuation of staying in WIC.

#### **Reasons for Discontinued Participation (n=465)**

##### **Strong will to stay: “I have no reason to quit.” (n=207)**

Approximately half of the Hispanic/Latina mothers strongly expressed a desire to remain in WIC, emphasizing its value in their lives. Many stated they wouldn't, couldn't, or didn't want to leave (n=48), or had no reason to leave (n=91). Some mentioned they would only leave if forcefully removed (n=68), highlighting that systemic barriers often hinder their continued enrollment despite their desire to remain in the program.

##### **Ineligibility: “Because my income changes.” or “The age of the child.” (n=191)**

Hispanic/Latina mothers may face ineligibility as their income changes or their children age out of the program, with many mothers concerned about age-based eligibility criteria (n=118). This involuntary termination disrupts sustained participation and leaves families without clear transition options. Conversely, some mothers exit voluntarily when they become financially stable (n=45) or feel their needs are met (n=28).

##### **Residency: “I moved out of state and don't know how to apply.” (n=43)**

Residency requirements further complicate access, particularly for transient or migrant populations. Administrative challenges in transferring WIC benefits across state lines disrupt service continuity for families who move. Families relocating to other states (n=37) may encounter difficulties in meeting documentation requirements for re-

enrollment, hindering their ability to maintain consistent support. For immigrant families (n=6), fear of the negative impacts that service records could have on their future career development and immigration status prevented them from continuing to utilize WIC.

#### **Inaccessibility: "Hard to apply and [the] office is not close." (n=67)**

Difficult access to services remains a significant concern for Hispanic/Latina mothers. Limited options for brands and food choices, like cereals, milk, and meats, as well as restrictions on where to use WIC benefits, make it harder for mothers to meet their families' needs (n=35). Many also report difficulties with physical and administrative barriers, such as inconvenient clinic locations, limited hours, in-person WIC appointments, lack of online options, long wait times, and complicated application and recertification processes, which require extensive documentation (n=32). These access issues jeopardize program retention.

#### **Dissatisfaction: "Bad customer service or a lack of respect towards me and my family." (n=21)**

Finally, some participants said that their negative interactions with staff members, such as rudeness and mistreatment among WIC customer service and office staff, and a lack of information and attention to their needs, may make them quit the program.

### **Discussion**

This study examined the key factors influencing both continued and discontinued participation. More specifically, to better understand what drives retention rates, we surveyed Hispanic/Latina mothers in New Jersey, a group with relatively high participation coverage [23] but limited prior research. The findings underscore the importance of addressing both the practical and emotional aspects of WIC participation. A strong need emerges from our findings to offer more thoughtful and actionable implications for improving retention and service delivery to better meet the evolving needs of WIC participants.

#### **Implications for Continued Participation**

The primary drivers for continued WIC participation are financial relief, nutritional benefits, and knowledgeable staff support. WIC provides essential foods, enabling families to allocate their resources to other necessities, especially as food costs rise. Participants also value WIC staff's guidance in making healthy food choices and monitoring child development.

To maintain high retention rates, as demonstrated in previous research [1,4,12], it is crucial to sustain these key aspects of the program by providing consistent, tailored support through regular communication with nutritionists. Personalized outreach, such as reminders tied to children's developmental milestones, has proven effective [24]. Additionally, establishing consistent feedback mechanisms can help refine the program and address participant concerns.

However, one of the most important findings from this study is that WIC support addresses participants' needs beyond instrumental aid. Notably, we explored why these forms of support contribute to participants' long-term commitment to WIC. A particularly insightful finding is that several Hispanic/Latina mothers explicitly mentioned how WIC helped them feel positive about themselves as mothers. Economic difficulties and cultural challenges, such as single parenting, poverty, or immigration-related cultural differences, often left mothers feeling inadequate as they struggled to provide basic needs like

food and diapers. WIC support helped these mothers build confidence in their parenting abilities and improved their self-esteem as individuals.

Additionally, in Hispanic/Latina cultures, food is a critical medium for living and connecting with others. The lack of food hinders these important aspects of life. Participants expressed gratitude for WIC's support, which allowed them to share and celebrate their lives with loved ones. These psychological and emotional benefits highlight that the WIC program is more than just financial aid, food, and physical health development. Its impact on mental health and emotional well-being can be a powerful motivator for continued participation.

Our findings indicate that WIC has a unique opportunity to enhance women's mental health and promote a positive sense of mothering identity and quality of life. Programs that affirm women's roles as caregivers and provide supportive resources can empower participants and foster long-term engagement. Providing opportunities for participants to connect with their communities and celebrate their cultures can further enhance satisfaction and alleviate daily hardships. Therefore, program administrators can strengthen participation and reduce stigma by implementing community-building efforts and outreach initiatives that emphasize motherhood and cultural celebration.

#### **Implications for Discontinued Participation**

Despite its benefits, lower retention rates among WIC participants occur due to voluntary or involuntary departures. Involuntary termination often results from aging out, transitioning to a different support program (e.g., SNAP), or gaining financial independence [1,4,25]. As our results indicate, many participants wanted to stay in the program but feared losing eligibility when their youngest child turned five, despite having other young children under 10 needing support. Expanded eligibility criteria and transitional support could mitigate involuntary terminations. A gradual exit program, implemented one year before and two to three years after eligibility ends, could help families maintain stability during this transition. Integrating this with a parenting support program could improve participants' mental health and empower them with higher self-esteem.

Administrative barriers, such as a complex application process, also contribute to program terminations. Families moving between states face difficulties transferring their WIC status and fear losing support. Streamlining enrollment, simplifying interstate transfers, and offering virtual recertification options would help address these challenges. Additionally, Hispanic/Latina mothers expressed concerns about the potential negative impact of WIC participation on their immigration status and career development, aligning with previous research findings [25]. A supportive, informative, and empathetic environment, fostered by well-trained WIC staff, can help participants feel valued, reduce the stigma associated with public assistance, and alleviate fears about its impact on their immigration status.

Participants also cited logistical barriers, including scheduling conflicts, long wait times, and transportation issues, as reasons for voluntary departure. Dissatisfaction with food packages, particularly limited choices and restrictive specifications, contributes to program departure. Food is integral to Hispanic/Latina families, bringing meaning and joy to their lives. Accommodating cultural preferences and offering greater flexibility in food selection could enhance satisfaction [25].

Addressing structural barriers through policy interventions like simplified enrollment, flexible service hours, transportation options, and reduced wait times is essential to improving retention. To sustain high retention rates, as demonstrated in previous research [1,14,25-27] integrating technological advancements like artificial intelligence is encouraged. Artificial Intelligence can enhance efficiency, personalize participant experiences, and address logistical challenges. For instance, one-stop service centers combining WIC services with pediatric care or community resources, along with user-friendly apps, telehealth, virtual appointments, and mobile clinics, can improve accessibility. Exploring online shopping options could further simplify the purchasing process.

## Conclusion

To enhance WIC participation and retention, a holistic approach addressing both practical and emotional needs is essential. Key recommendations include: (1) developing plans for participants facing involuntary eligibility loss, ensuring smooth transitions to alternative support systems; (2) improving infrastructure and service delivery to raise participant satisfaction and address accessibility concerns using technologies; and (3) providing sustainable information, education, and resources that empower women to achieve financial independence and maintain mental health stability.

By addressing these areas, WIC can continue serving as a vital resource for mothers and children, ensuring they have the support needed to thrive. The program's ongoing success will depend on adapting to participants' evolving needs, removing systemic barriers, and fostering long-term engagement through high-quality services.

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## Author Contributions

SL, YB, and AU contributed to the conception and design of the study, data analysis, interpretation of findings, and manuscript preparation. SL and YB share first authorship of this manuscript.

## Clinical Trial Registry or Grant Details

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## Statements and declarations

### Conflict of Interest Disclosure

The authors declare that they have no conflicts of interest.

### Statement on Prior Submission and Presentation

This manuscript is an original work that has not been previously published and is not currently under review or consideration by any other journal. Preliminary findings from this study were presented as a poster at the XXV World Congress of the International Federation for Home Economics (IFHE), held in Galway, Ireland, in June 2024; however, the present manuscript substantially extends that presentation through additional analysis, interpretation, and original written content.

## References

1. Davis RA, Leavitt HB, Chau M. A Review of Interventions to Increase WIC Enrollment and Participation. *J Community Health*. 2022;47(6):990-1000. doi:10.1007/s10900-022-01131-2
2. National WIC Association. WIC Program Overview and History. National WIC Association. 2023. Accessed October 17, 2023. <https://www.nwica.org/overview-and-history>
3. Whaley SE, Martinez CE, Paolicelli C, Ritchie LD, Weinfield NS. Predictors of WIC Participation Through 2 Years of Age. *Journal of Nutrition Education and Behavior*. 2020;52(7):672-679. doi:10.1016/j.jneb.2019.12.015
4. Barnes C, Halpern-Meekin S, Hoiting J. "I Used to Get WIC . . . But Then I Stopped": How WIC Participants Perceive the Value and Burdens of Maintaining Benefits. *rsf*. 2023;9(5):32-55. doi:10.7758/RSF.2023.9.5.02
5. U.S Department of Agriculture - Food and Nutritional Service. National and State Level Estimates of WIC Eligibility and Program Reach in 2021. February 22, 2024. Accessed March 25, 2024. <https://www.fns.usda.gov/research/wic/eligibility-and-program-reach-estimates-2021>
6. Venkataramani M, Ogunwole SM, Caulfield LE, et al. Maternal, Infant, and Child Health Outcomes Associated With the Special Supplemental Nutrition Program for Women, Infants, and Children. *Ann Intern Med*. 2022;175(10):1411-1422. doi:10.7326/M22-0604
7. Carlson S, Neuberger Z. WIC Works: Addressing the Nutrition and Health Needs of Low-Income Families for More Than Four Decades.; 2021. Accessed February 12, 2025. <https://www.cbpp.org/research/food-assistance/wic-works-addressing-the-nutrition-and-health-needs-of-low-income-families>
8. U.S Department of Agriculture - Food and Nutritional Service. National- and State-Level Estimates of WIC Eligibility and WIC Program Reach in 2021 Final Report, Volume I. USDA. Published online November 2023. <https://fns-prod.azureedge.us/sites/default/files/resource-files/wic-eligibility-report-vol1-2021.pdf>
9. Kessler C, Bryant A, Munkacsy K, Farson K. National- and State-Level Estimates of the U.S. Department of Agriculture Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) Eligibility and WIC Program Reach in 2021.; 2023;3. <https://fns-prod.azureedge.us/sites/default/files/resource-files/wic-eligibility-report-summary-2021.pdf>
10. Henchy G. Making WIC Work Better: Strategies to Reach More Women and Children and Strengthen Benefits Use. Washington, D.C: Food Research & Action Center; 2019. <https://frac.org/wp-content/uploads/Making-WIC-Work-Better-Full-Report.pdf>
11. U.S Department of Agriculture. 2017–2022 Current Population Survey Annual Social and Economic Supplement (CPS ASEC), 2016–2021 Puerto Rico Community Survey (PRCS), WIC administrative data, and WIC Participant and Program Characteristics reports. Published online 2022. <https://www.fns.usda.gov/apps/FinalOnlineGraphics/graphic1.html>
12. Isaacs SE, Shriver L, Haldeman L. Qualitative- Analysis of Maternal Barriers and Perceptions to Participation in a Federal Supplemental Nutrition Program in Rural Appalachian North Carolina. *Journal of Appalachian Health*. 2020;2(4):37-52.
13. Gago CM, Wynne JO, Moore MJ, et al. Caregiver Perspectives on Underutilization of WIC: A Qualitative Study. *Pediatrics*. 2022;149(2):e2021053889. doi:10.1542/peds.2021-053889
14. Woelfel ML, Abusabha R, Pruzek R, Stratton H, Chen SG, Edmunds LS. Barriers to the use of WIC services. *Journal of the American Dietetic Association*. 2004;104(5):736-743. doi:10.1016/j.jada.2004.02.028
15. Bureau UC. New Jersey Population Topped 9 Million in Last Decade. *Census.gov*. Accessed January 16, 2025. <https://www.census.gov>

www.census.gov/library/stories/state-by-state/new-jersey-population-change-between-census-decade.html

- 16. Behling O, S.Law K. Translating Questionnaires and Other Research Instruments: Problems and Solutions. Sage Research Method; 2000. Accessed February 27, 2025. <https://methods.sagepub.com/book/mono/translating-questionnaires-and-other-research-instruments/toc>
- 17. Charmaz K. Constructing Grounded Theory: A Practical Guide through Qualitative Analysis. SAGE; 2006.
- 18. Strauss A, Corbin JM. Basics of Qualitative Research: Techniques and Procedures for Developing Grounded Theory. 2nd ed. SAGE Publications; 1998.
- 19. Uguna A, Bai Y, Lee S. Understanding participation and discontinuation in the U.S. Supplemental Nutrition Program for Women, Infants, and Children (WIC): Insights and implications (abstract). In: XXV World Congress of the International Federation for Home Economics (IFHE). ; 2024. [https://www.ifhe.org/fileadmin/IFHE\\_2024\\_-\\_Abstract\\_Book\\_-\\_FINAL.pdf](https://www.ifhe.org/fileadmin/IFHE_2024_-_Abstract_Book_-_FINAL.pdf)
- 20. Lee S, Bai YK, You SB. Ecological Factors Influencing Breastfeeding Decisions among Korean Immigrant Mothers in America. *J Child Fam Stud.* 2018;27(3):928-943. doi:10.1007/s10826-017-0927-x
- 21. Lincoln YS, Guba EG. Naturalistic Inquiry. SAGE; 1985.
- 22. Creswell JW. Qualitative Inquiry and Research Design: Choosing among Five Approaches. 2nd ed. Sage Publications, Inc; 2007:xvii, 395.
- 23. U.S Department of Agriculture. National WIC Eligibility and Participation by Race and Hispanic/Latino Ethnicity Over Time, 2016–2021. Accessed January 11, 2025. <https://www.fns.usda.gov/apps/FinalOnlineGraphics/graphic3.html>
- 24. Violante A, Oran R, Barrows A, Yates-Berg A. Learning How to Improve Retention in WIC. Results and Insights from Two Experiments with Local Agencies in California.; 2020:28. Accessed February 12, 2025. [https://www.ideas42.org/wp-content/uploads/2020/06/I42-1225\\_CA-WIC-Paper\\_May1-2.pdf?utm\\_source=chatgpt.com](https://www.ideas42.org/wp-content/uploads/2020/06/I42-1225_CA-WIC-Paper_May1-2.pdf?utm_source=chatgpt.com)
- 25. Díaz CRS, Taillie LS, Higgins ICA, et al. A Qualitative Exploration of Spanish-Speaking Latina Women's Experiences Participating in WIC Before and During the COVID-19 Pandemic. *Journal of the Academy of Nutrition and Dietetics.* 2024;124(7):851-863.e5. doi:10.1016/j.jand.2024.03.004
- 26. Frank TL, Jabbari J, Roll S, et al. Connecting the Dots between Barriers to W.I.C. Access and Adult and Child Food Insecurity: A Survey of Missouri Residents. *Nutrients.* 2023;15(11):2496. doi:10.3390/nu15112496
- 27. Ayalasomayajula S, Herrera YM, Frank HE, et al. Leveraging Implementation Science to Identify and Address Facilitators and Barriers to WIC Enrollment, Participation, and Retention. *The Journal of Nutrition.* 2025;0(0). doi:10.1016/j.jnut.2025.01.035