Breastfeeding, wage-work and social exclusion
Missing Milk: an exploration of migrant mothers’ experiences of breastfeeding in the UK

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Plan:

• Who are migrants?
• What is known about migrants and breastfeeding?
• Three empirical studies
• Explore the concept of ‘missing milk’
Who are migrants?

- ONS definition- born abroad, in UK for over one year
- In 2014- 1 in 8 (13%) of the usual resident population of the UK were born abroad
  - 1 in 12 (8%) of the usual resident population of the UK had non-British nationality
  - India is the most common non-UK country of birth
  - Polish is the most common non-British nationality
- In context (% immigrants)- UAE 83%, Andorra 56%, Jordan 39%, Switzerland 28%, Canada 20%, Austria 15%
- ⅓ babies born to mothers born abroad (ONS 2014)
What is known about migrants, health & BF?

• Diversity of migrants- country of origin, ethnicity, socio-economic circs, religion, legal status & length of residence- has implications for health status/needs & access to healthcare (Jayaweera and Quigley 2010)

• Poorer outcomes overall for non-UK born individuals compared to the UK population- but these vary according to migration histories and experience in the country

• Changes in some health behaviours of migrants over time (e.g. smoking, breastfeeding, high fat diet)

• Hawkins et al (2008)- for every 5 years spent in UK 5% less likely to breastfeed for at least 4 months
What is known about migrants and BF?

Acculturation
Schmied et al (2012) meta-ethnographic synthesis-clash between individual beliefs and practices and dominant practices in country of origin

Structural factors
• Hunt et al (2004) presumptions about ethnic groups, failure to define what come from/going to
• Structural factors, e.g. low income, poor housing, demanding and unregulated work, lack of information about accessing healthcare, sometimes cultural insensitivity
Missing Milk- what do we know already?

- Infant feeding behaviours change in the UK
- Mothers coming from cultures/countries with high incidence of breastfeeding begin to adopt practices common in the host population
- Adopting behaviours of less advantaged
- Babies missing out on breast milk
- Adds to health inequalities
Three empirical studies


2. Condon L & Salmon D (2014) ‘*You likes your way, we got our own way*’: Gypsy and Travellers’ views on infant feeding and health professional support. *Health Expectations*

1. Telephone survey- BME group (n=26) compared with White group (n=23)

2. 5 focus groups (Pakistani, Bangladeshi, Somali, African-Caribbean) (n= 26)

Telephone survey- all BME mothers more likely to breastfeed (from 8 weeks statistically significant)- NB, by 16 weeks 90% of White group and 69% BME group giving solids

Focus groups- breastfeeding is common, ‘breast is best’, good diet & rest or ‘not enough milk’, some weaning traditions lost

“They want Asian women to breastfeed, but if you breastfeed in public they might say- look at her she does it anywhere”.

Pakistani mother
Condon L & Salmon D (2014) ‘You likes your way, we got our own way’: Gypsy and Travellers’ views on infant feeding and health professional support. Health Expectations

- Semi-structured interviews with a purposively selected sample of 22 mothers and grandmothers of English Gypsy, Irish Traveller and Romanian Roma ethnicity between November 2011 and February 2012
- Roma mothers were all recent migrants (EU accession countries)
- All experience social exclusion, disadvantage, poor health outcomes
<table>
<thead>
<tr>
<th></th>
<th>Participants</th>
<th>Venue</th>
<th>Education</th>
<th>Average no. children</th>
<th>Average age at 1st pregnancy</th>
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<tbody>
<tr>
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<td>Church x 5, House x 5, Cafe x 1</td>
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<td>Site x 4 House x 2</td>
<td>No qualification x 6</td>
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<tr>
<td>English gypsies</td>
<td>n = 5</td>
<td>Mothers x 3 G’mothers x 2</td>
<td>Site x 5</td>
<td>No qualification x 4 NVQ x 1</td>
<td>3</td>
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Social exclusion

• “...a shorthand label for what can happen when individuals or areas suffer from a combination of linked problems such as unemployment, poor skills, low incomes, poor housing, high crime environments, bad health and family breakdown.” (SEU 1997)

• Experiencing social disadvantage and relegated to fringes of society

• Denied access to rights (housing, employment, health care)

• Deviate from the perceived norms of the population

• NB Gypsies and Travellers ‘last bastion of racism’
Findings: attitudes to breastfeeding

"It is better to breastfeed because it is healthier."
Roma 2, mother

"Mother’s milk is better. We don’t give the bottle, you just put the breast in his mouth and that’s it, you don’t bother with making it."
Roma 6, mother

"We raise them with the breast."
Roma 10, grandmother

"Some bottle feed their babies and they have other occupations like selling newspapers or doing something to get money…I just stay at home and take care of the children and my husband goes and works…I’d rather stay at home'."
Roma 1, mother
I saw…other women how they were doing it, married women, and I observed them and I just knew how to do it. (translated)

Roma 1, mother

My mum showed him my breasts and she was showing this is how you do it… Then you take it out and you…pat him and when you feed him you put him like this. (translated)

Roma 4, mother
Changes to breastfeeding in UK

*It has changed. We were giving just breast and now these ones got civilised they give them bottles.*

Roma 10, grandmother (NB leading to problems)

*In Romania I didn’t have the possibility to buy all the things I needed to bottle feed, so that’s why I breast fed.* Roma 7, grandmother

*The poor ones, the ones that don’t have the money to buy powder milk and bottles, then yes they would breast feed outside the house but the rich ones wouldn’t.* Roma 9, mother
Changes to introduction of solid foods

• Grandmothers described a tradition in Romania of breast-feeding until around 2 years, with solid foods, such as polenta, pork and nettle soup, being introduced at around 5–6 months

• *In Romania I did not have enough money for baby food; I had to feed the same food as everyone else.*

• Roma 11, mother

Move to commercially manufactured baby foods, as early as 4 weeks
Study of migrant parents 2014-2015

- Five focus groups, mothers and fathers
- Romanian, Roma, Polish, Somali, Pakistani
R: In Romania even if you want to bottle-feed your children you don’t have money to buy it, so you have to breastfeed even if you want to or not, but here you do have two options, you can breastfeed and you can bottle feed as well because you can afford this.

I: And what do people think is better for the baby?

R: Oh, it is mother’s milk, but then don’t you want to go to work?

R: You have to leave your child and go to work

R: In my opinion the problems on this earth will never finish
Implications

• Widening health inequalities
• Ethnicity and migration contributes to infant feeding behaviours
• Healthy Child Programme- support from health professionals
• Cultural sensitivity
• Keeping customs (but which ones…)
• Consider target driven culture (?)
• Focus on antenatal/postnatal assessment (?)
• Research to identify best ways to support migrant mothers
Conclusion: Missing Milk

- Babies are getting less milk in the UK
  - not necessarily less initiation of breastfeeding
  - additional formula, early weaning onto less nutritious foods
- Mothers experiencing ‘not enough milk’, problems
- Regret- babies (?), mothers, fathers, families, professionals, society
- Related to highly complex mix of work, social exclusion, social norms
Any questions?

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References


