



## ORIGINAL RESEARCH – QUALITATIVE

## Breastfeeding among Somali mothers living in Norway: Attitudes, practices and challenges



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## ABSTRACT

**Background:** Data from previous studies indicate a short duration of breastfeeding, especially exclusive breastfeeding, among infants of immigrant mothers living in Norway and other Western countries. Norway has a long tradition of supporting breastfeeding.

**Aim:** To explore infant feeding practices among Somali-born mothers in Norway, and the ways in which they navigate among different information sources.

**Methods:** Qualitative in-depth interviews and focus groups were carried out with mothers of children 6, 12 and 24 months of age. Women were recruited by a multi-recruitment strategy. Twenty-one mothers participated in interviews and twenty-two in five focus groups. The analysis was guided by Grounded Theory.

**Findings:** The mothers had positive attitudes to breastfeeding, but were unfamiliar with the concept of exclusive breastfeeding. Early introduction of water and infant formula was a common practice that interfered with exclusive breastfeeding. The mothers experienced challenges of dealing with conflicting recommendations and expectations regarding infant feeding. They navigated among different sources of information, taking into consideration traditional values, experiences and habits from living in Norway, and research-based knowledge. Their prioritization of the different information sources varied with different life situations, children's age, and the extent to which the mothers trusted the information sources.

**Discussion and conclusions:** Despite the strong focus on breastfeeding in Norway, Somali-born mothers encounter obstacles in their breastfeeding practices. These may be due to lack of information about exclusive breastfeeding and to the conflicting information they received. Breastfeeding practices may be enhanced by promoting culturally sensitive communication, and relations of trust at health-care centers.

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## Summary of relevance:

**Issue**

- Europe is experiencing a large influx of refugees from developing countries. It is important that health care personnel are well equipped to give appropriate advice to population groups of different cultural backgrounds.

**What is Already Known**

- Research findings indicate that immigration may lead to shorter duration of breastfeeding. Studies from Norway have shown a shorter duration of exclusive breastfeeding among Somali mothers, compared to Norwegian mothers.

**What this Paper Adds**

- The present study contributes to a better understanding of the challenges that Somali immigrant mothers face regarding breastfeeding and how they experience and adapt to the advice they receive on this issue.

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## 1. Introduction

### 1.1. Background and problem issue

Appropriate infant feeding practices are of fundamental importance for the growth, development and health of infants and young children, as well as for preventing obesity and chronic disease later in life.<sup>1</sup> According to international recommendations, infants should be exclusively breastfed for the first six months of life.<sup>2</sup> Exclusive breastfeeding is defined as “no other foods or drinks than breast milk”. From the age of six months, infants require additional foods together with breast milk in order to ensure their energy and nutrient needs.<sup>3</sup>

Women's breastfeeding practices are affected by their cultural and social environment, as well as by support from the health care system.<sup>4</sup> Immigrant mothers may encounter specific challenges in breastfeeding.<sup>5,6</sup> Sub-optimal breastfeeding practices have been described for mothers migrating from regions with high breastfeeding rates to countries where formula feeding is commonly used. This has been observed among South Asians migrating to the UK and Hispanics migrating to the USA.<sup>7</sup> Such changes have been explained by the process of acculturation, for example the extent to which people from one culture adapt to or accommodate their behavior to their perceptions of the norm of a second culture.<sup>8</sup> When this process is related to food habits, it is known as dietary acculturation.<sup>9</sup> This is a multidimensional, complex and dynamic process, which is affected by a multitude of factors, such as cultural identity, resources, food availability and affordability.<sup>10,11</sup>

Most of the research on infant feeding among immigrant mothers has been carried out in countries where breastfeeding rates are relatively low, such as the UK and the USA. Norway is an interesting country in this regard, since it has a long tradition of supporting breastfeeding.<sup>12</sup> The prevalence of breastfeeding in Norway is relatively high compared to many other Western countries. In the most recent survey from 2006/07, the prevalence of exclusive breastfeeding was 92% of one-week-old infants, and 65% of three-month-old infants. An additional 24% of the mothers were partially breastfeeding their three-month-old infants.<sup>13</sup>

Despite a positive breastfeeding environment in Norway, data from previous studies indicate a short duration of breastfeeding, especially exclusive breastfeeding, among infants of immigrant parents.<sup>14</sup> Results from the quantitative part of the present project, showed that only 54% of the infants of Somali mothers were exclusively breastfed two weeks after birth, and 21% at age three months.<sup>15</sup> There is need for more qualitative studies describing immigrant mothers' perceptions and experiences and the ways in which these may influence infant feeding practices.<sup>5,6,15</sup>

The aim of the present study is to generate knowledge about the infant feeding practices of Somali-born mothers living in Norway and to get a better understanding of how they experience and adapt to the advice they receive on this issue. The study has especially focused on how the mothers understand the concept of exclusive breastfeeding, and it has also explored factors leading to the early introduction of infant formula and the ways in which the mothers managed to navigate among different information sources regarding infant feeding.

Somali mothers were chosen because little is known about their attitudes and behavior regarding breastfeeding. The Somalis have come to Norway and other European countries, as refugees or as part of family reunion from the late 1980s and onwards, because of the civil war in Somalia. According to most indicators of living standards, Somalis are the refugee group with the poorest ratings.<sup>16</sup> Their total household income is low compared to other immigrant groups. Chronic unemployment, poor housing and problems in accessing mainstream social and educational services have been described for Somalis in Norway, as well as in other European countries.<sup>16</sup>

## 2. Participants and methods

### 2.1. Study design and ethical considerations

The study was carried out from October 2012 to March 2015 in Oslo and nearby counties in Norway. Qualitative in-depth interviews were conducted with twenty-one Somali mothers, when their youngest child reached the ages of six and twelve months. In addition, focus-group discussions were conducted with twenty-two mothers of two-year-old children. The study was approved by the Regional Committee for Medical and Health Research Ethics (May 22, 2012; REK 2012/957) and carried out in accordance with the Declaration of Helsinki. Before each interview, participants signed an informed consent. The mothers received an incentive of 30 USD for their participation in each interview.

### 2.2. Recruitment and characteristics of participants

The mothers were recruited with a multi-recruitment strategy, through health clinics, Red Cross women's cafés and the Norwegian population registry, and by means of snowball sampling. The inclusion criteria were: the mothers should originate from Somalia, live in Oslo or nearby counties, and have a six-(±two)-month-old infant born in Norway. Fifteen mothers were recruited for the first interview when the infant was six months of age. Nine of these agreed to participate in the interview at age twelve months. Six additional mothers with twelve-month-old infants were recruited to replace the mothers who did not participate in the follow-up. Five focus groups with a total of 22 participants met to discuss infant feeding when their children were approximately 24 months of age. Five of the mothers who participated in the in-depth interviews also participated in focus-group discussions.

All of the mothers were Muslim, and most of them came to Norway as children. The age of the mothers ranged from 21 to 40 years, and most of them were married. The majority of the mothers were multiparous, and some had experienced childbirth in both Somalia and Norway. Mothers with different education levels were represented in the interviews and in the focus groups. The mothers who were employed and/or studying before the last child was born were on maternity leave at the time of the first interview.

### 2.3. Data collection

Data was collected through audio-recorded, semi-structured interviews with the help of interview guides. The interview guides were tested in two pilot interviews. Socio-demographic information was collected from each participating mother. The interviews at six months were primarily focused on the mothers' experiences with breastfeeding and complementary feeding, whereas the interviews at twelve months added a focus on the introduction of family food. Prolonged interviews were conducted with the six mothers who were additionally recruited at twelve months. These interviews also included questions from the first interview guide. The guides were flexible and covered a broad range of topics such as the mothers' knowledge, perception and understanding of the infants' feeding, potential challenges, experiences from the health clinic and advice given by family and others. They also allowed for additional questions on emerging themes to be asked during the interviews in order to confirm and clarify some of the mothers' responses and to confirm information obtained from previous interviews.

The interviews were conducted by four of the authors (LT, CN, JL MMdP), who were public health nutritionists or sociologists. Mothers who were not fluent in Norwegian were offered the use of an interpreter in their mother tongue. Before the data collection,

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