

Supporting breastfeeding among Asian mothers in New Zealand

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Introduction

- Breastfeeding as a cultural activity.
- Breastfeeding and ethnicity.
- Enablers and barriers to breastfeeding.
- Breastfeeding and policy in NZ.
- Overview of study.
- Study findings and implications.

Importance of breastfeeding

- Positively contributes to nutrition, health and wellbeing for babies, mothers and families.
- Babies: Increases resistance to illness, increases cognitive development, decreases risk of a range of conditions.
- Mothers: Protection from post-partum haemorrhage, ovarian and breast cancer, depression.

Breastfeeding and culture: Who is the teacher?

- More than physiological.
- A learned activity.
- A dynamic interaction within a complex set of social, cultural and experiential factors.



(Nat B/F Advisory committee, 2007)

Breastfeeding in NZ

- Rates at birth consistent with OECD.
- Low rates at 6 weeks especially among Maori, Pacific and Asian communities.



Exclusive and full breastfeeding at six weeks

	Maori	Pacific	Asian	Other
2003	62	62	49	71
2004	60	59	55	71
2005	58	58	58	71
2006	59	57	55	70

Exclusive and full breastfeeding at three months

	Maori	Pacific	Asian	Other
2003	46	49	49	59
2004	47	49	51	60
2005	45	48	52	60
2006	45	48	53	60

Exclusive and full breastfeeding at six months

	Maori	Pacific	Asian	Other
2003	16	19	20	26
2004	18	20	22	27
2005	18	19	23	28
2006	17	19	25	29

Breastfeeding and the New Zealand Health Strategy



- Improving nutrition
- Reducing obesity
- Reducing the incidence and impact of cancer, diabetes and CVD.

HEHA aims to

- Increase rates and duration of breastfeeding
- Improve infant nutrition and lifelong health
- Reduce inequalities in breastfeeding rates and health
- Address the needs of the priority groups for HEHA:
- Maori, Pacific peoples, children, young people and their whanau, lower socio-economic groups, other population groups

Key messages about breast feeding

- Is normal and natural.
- Is important for well being.
- Requires support of partners, whanau and partner.
- Is a learned skill which has common problems and solutions.
- (Quigley and Watts)

Enablers

- Knowledge.
- Practical help with B/F.
- Attitude.
- Household help and support (partner, friends).
- Role modelling.
- Supportive work and educational settings.



Barriers

- Lack of awareness of problems and solutions.
- Lack of appropriate help.
- Pain, exhaustion
- Supplementation, Early introduction of solids.
- Specific groups have more/intense barriers eg teenagers, ethnic.
- Clashes between traditional and current practice.
- Employment.
- Negative attitudes of family, general public.



Migrant mothers and breastfeeding

- Migrants rely on personal and collective trans-national resources.
- Strategies in countries of origin influence treatment decisions and health related actions in the new country.
- Duration of full breastfeeding shorter among migrants.
 - convenience
 - perceptions of impaired quality of milk
 - breast milk insufficiency
 - economic reasons (return to work)
 - decrease in social support
 - desire to conform to the perceived cultural norm of the new country
 - complementary foods introduced earlier

Breastfeeding and culture

- Low breastfeeding rates among immigrant groups compared to local-born.
- Breastfeeding strongly ritualised and influenced by culture even in the context of a new socio-geographical space.
- Elements that sustain breastfeeding are lost in migration.

Profile of migrant women

- 23% of New Zealand women born overseas, mainly in the UK and Ireland, Asia and Pacific Islands.
- Asian community has highest proportion of women (54%).
- Mainly in the working age group of 15-64 years.
- Dramatic demographic changes period between 1991 and 2001:
 - Women from Republic of Korea increased 23 times from 408 to 9,354;
 - Women from China quadrupled from 4,620 to 20,457;
 - Women from South Asia doubled.

The study

- Migrants from South Africa, United Kingdom, United States of America, Iraq, Palestine, Korea, Chinese and India.
- Ethics approval from AUT University and Plunket Ethics Committees.
- Recruitment through Plunket staff.
- Informed consent obtained from all participants and consent forms were translated.

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Postpartum

- Information needs about infant care.
- Infant feeding.
- Lack of family support.
- Loneliness and isolation.
- Developing self-reliance.
- Religious and cultural needs: food and privacy.
- Lack of privacy.
- Praise for Plunket.

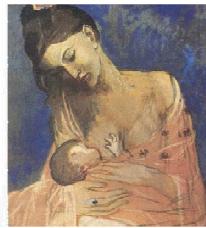


Take home themes

- Lack of advice and support, and negative attitudes of health professionals in relation to infant feeding, especially when it came to bottle-feeding.
- Information issues, being isolated with no one to help, lack of support for cultural needs and the emphasis on breastfeeding at the expense of other options.

Issues

- Inconsistency of advice.
- Lack of information about bottle-feeding and when to introduce solid food.
- Pressure to breastfeed in the absence of support.



Tension between traditional practice and new practices: Rooming in vs rest

- Postpartum rest crucial for physical and emotional wellbeing.
- Mechanism to promote early and continuous contact for mother and baby and enhance attachment and breastfeeding.
- Identified as a major concern by migrant women in NZ and Australia.
- Did not like the practice and felt it did not meet cultural needs.

A vacuum of knowledge

- I didn't even know how to care for her after delivering baby. No knowledge. Had to cook and clean and do everything after delivering baby; had no one to help. Breastfeeding was hard; received no help. Got sore bones and joints. No Korean-appropriate services available, so often missed out altogether on information and the right kind of help. (Korean participant)

Feeding the stranger

- The baby is a small, strange creature, who you are now responsible for. How are you going to feed him, or know when he's hungry? If he cried, how would you know what is wrong with him? You feel as if he's an outsider, not someone who was inside of you. But with time, you feel ... you learn. You're its mother; when it cries, you know what is wrong. You may not believe it now, but you feel the child speaks to you. You're the mother. (Arab Muslim participant)

Being fully informed

- I'd like to say is that encouraging breastfeeding is good but I would've liked some information on formula as well. The baby was hungry but I couldn't give [him/her] any milk. They said that they give formula only once. There was no information. In three months' time, I had to go back to my work so I asked them what kind of formula was best, and they replied that it was illegal they recommend one and that I should just choose something at a supermarket. (Korean participant).

Biting on towels..

- Here, the midwife talks about breastfeeding as something much greater than what I've known. So it's a bit pressurising. Breastfeeding ... my breasts wouldn't produce any but the baby keeps sucking so it hurts and bleeds. Apparently, you have to persevere. The midwife came for once a day only, but I had many questions. There wasn't anyone else I could ask about breastfeeding. I searched the internet and it seems many young mothers in Korea breastfeed their babies, and in some cases, biting on towels to ease the pain. This was some comfort to me. Only breastfeeding and no formula milk is called 'WanMo' which gave me hope. (Korean participant)

Alignment rather than assimilation

- We need more information. Iron deficiency for example. We don't know what to feed our babies for this. And solid feeding too. We don't know how to begin solid feeding with Korean food. The information is only on Kiwi way of feeding. (Korean participant).

The importance of information

- UK study among Pakistani Diaspora and resident Pakistani found mothers in UK received more information but mothers in Pakistan more confident.
- Mothers found health professionals critical and patronising rather than supportive. Conflicting advice given by relatives and health professionals, and consumer choice of baby foods in shops.
- In Pakistan primary information and advice obtained from other mothers in family, rather than from health professionals.

Implications

- Need for information.
- Education of health professionals.
- Help women network.

Type of information

- Best to give information in booklet or audio tape form in English and own language- reinforce information and keep for reference.
- Demonstrations and group discussions at clinics useful, as they provided an opportunity to discuss feeding problems, share experiences with other mothers and gain further information.
- Verbal information relies on understanding and memory.

Promoting breastfeeding in Asian mothers

- Health professionals need continuing education about:
 - Lactation management
 - Infant feeding and nutrition
 - Different commercial foods available for infants.



Help women network

- A good support network assists in breastfeeding maintenance and good mental health postpartum.
- Home visiting provides an opportunity to offer support and education, providing networks, information, validation, a constant presence and supporting competence.
- Development of volunteer paraprofessional workers:
 - provide culturally appropriate home visiting interventions.
 - Linguistic and cultural support.
 - Affirm effective cultural practices and rituals.
 - Assist to access community resources.

Links well with National breastfeeding campaign

- Increase tangible support to aid mothers to breastfeed (eg, practical help with latching, assistance from family with household or childcare tasks).
- Increase emotional support to aid mothers to breastfeed.
- Increase informational support to aid mothers to breastfeed.

Types of support

- Tangible
 - Relief from chores, care and work.
- Emotional
 - Support that enhances motivation and confidence.
- Informational
 - Information and active and passive learning opportunities.

Interventions

- Prenatal
 - Developing positive attitudes and knowledge.
- Immediate postnatal (0-4 days)
 - Initiation, recovery from birth.
- Medium postnatal (4 days-8 weeks)
 - Establishment, transition, learning, good self-care, problem solving, poor sleep, mastitis, pain, engorgement, transfer from LMC to Well Child.
- Long postnatal (8 weeks-six months)
 - Routine established, challenged by need to socialise/return to work, perception of alternatives.

Tools

- Influence policy, practice, legislation.
- Environment.
- Community Development and engagement.
- Awareness raising and advocacy.
- Health education and training
- Mass communication.
- Management, planning.
- Social marketing.
- Facilitation and network.

Lessons from Maori and PI

- Importance of clinical and community leadership.
- Early engagement of stakeholders.
- Involvement of ethnic communities in campaign planning and development.
- Use of existing community networks.
- Recognition of motivators and emotional drivers.
- Use of culturally specific and appropriate sites and processes.

Conclusion

- Range of strategies that support women, partners, families and communities required.

