REFUGEE WOMEN'S BREASTFEEDING PRACTICES AND EXPERIENCES FOLLOWING RESETTLEMENT IN TARRANT COUNTY

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INTRODUCTION

- Exclusive breastfeeding for the first 6 months of age ensures that infants obtain adequate nutrients needed to support healthy growth and development.[1]
- Limited studies suggest that refugee women who resettle in high-income countries such as Canada, Australia, and the United States encounter various factors that influence their infant feeding practices. Reported barriers to exclusive breastfeeding among refugee women include:
  - language difficulties
  - lack of social support
  - inadequate follow up care
  - interruption of traditional postpartum practices
  - return to work
  - conflict between individual and dominant infant feeding practices in the country of resettlement.[3 6 7 8]
- In 2013, the Centers for Disease Control and Prevention (CDC) issued recommendations for appropriate maternity care, professional education and support in encouraging successful breastfeeding practices.[2]
- Breastfeeding practices of refugee women in Tarrant County has not been adequately studied. Anecdotal information suggests breastfeeding declines following resettlement. To ensure culturally appropriate professional healthcare education, support, and maternity care for refugee women in Tarrant County, it is important to first assess and understand the population's infant feeding experiences, practices and key influences.

METHODS

- **Recruitment:** 31 refugee women between the ages of 18 and 50, who had given birth to at least one live infant, participated in one of 5 focus groups. Eligible Building Bridges program participants, and other refugee community members were recruited for this study. Tarrant county refugee populations who participated in the study include the Karen, Somali and Bhutanese.

METHODS

- **Demographic surveys:** A demographic survey gathered information such as participant's age, ethnicity, education, insurance status, length of time in the United States, information about children, pregnancy and breastfeeding experience and intentions.
- **Focus Groups:** 5 focus groups were held, lasting about 1-2 hours each, with an average number of 5 refugee women participating in each group. Bilingual research personnel conducted focus groups in their respective language using a semi-structured interview guide exploring infant feeding practices, experiences, sources of information, etc. The group discussions were audio-recorded, translated and transcribed.
- **Data Analysis:** Qualitative data analysis included intensive reading of the text and group discussion of full transcripts, followed by coding, displaying, reducing and interpreting information. The responses to the brief demographic survey were compiled and entered into an excel database. Descriptive statistics were then complied to assess the characteristics/demographics of the study population.

RESULTS

Demographics
N=31

Average age	32 years old
Age range	23-47 years
Education: high school or less	100%
Have source of insurance or discounted health program	77%
Currently employed: Part or full time	13%
Currently married	87%
Average number of pregnancies	3.3
Average number of children	2.8
Have ever breastfed at least 1 child	94%

RESULTS

Focus group results revealed key factors influencing breastfeeding practices and experiences of the refugee women in Tarrant county. These include: knowledge about breastfeeding benefits, family and cultural community support, beliefs and observations regarding American breastfeeding practices and breast milk production/adequacy.

Knowledge of benefits
- "I believe that breastfeeding is healthy for both the mother and the baby…I have heard breastfeeding reduces mother's risk of cancer…"
- "A mother should breastfeed her child as there will be more immunity power in the mother's milk."
- "It (breastfeeding) instills love and bond between the baby and its mother."

Family and community support
- "Most of the grandmoms' fed their baby breastmilk and so when it comes to their daughters, they want them to breastfeed too."
- "The elders in our village say that babies who were fed breastmilk can feel their parents' love."
- "…even my neighbors encourage me to breastfeed."

U.S. breastfeeding practices
- "It's not good to breastfeed when people are around you. I have seen most of the foreigners do not breastfeed in public."
- "…no one stops you from breastfeeding your child back in Thailand, but here it's a big problem. I can't do it in the public or I have to hide…"
- "I have seen that women here usually feel shy to breastfeed their child in front of other people."

Breast milk production/ adequacy
- "...I planned that I will breastfeed but due to inadequate breastmilk my child lacked…I have to give powdered milk instead."
- "When you have small breast you can't breastfeed your children well."
- "We don't breastfeed our baby because we don't have enough milk."

CONCLUSION

Study results suggest multiple influences on infant feeding practices of refugee women following resettlement in the U.S. Based on these findings, health provider and community education affirming their positive breastfeeding practices, lactation support, education on the effect of formula and breastfeeding on milk production, and policies that support public breastfeeding should be considered. A culturally and linguistically multi-level approach to providing education, lactation consultations and support services for refugee women is necessary to protect their positive breastfeeding practices. Findings from this study have implications for healthcare providers, lactation consultants, resettlement agencies, public health professionals and others who serve refugee women.

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