Threats to the Tradition and Practices of Breastfeeding in Refugees Following Resettlement in Tarrant County

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Background

Multiple studies have found that exclusive breastfeeding is optimal in reducing all-cause and infection-related infant mortality.[1] In refugee populations that relocate to the United States, exclusive breastfeeding is initially a standard practice that may be influenced by Western culture, social systems, and health care systems.[2] However, minimal research has been conducted to study these difficulties among recently arrived populations of refugees, such as the Bhutanese and Karen. Figure 1 highlights the source countries that this study will focus on in order to contribute to the overall literature.

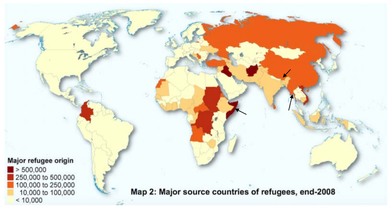

Figure 1: Major source countries of refugees (UNHCR 2008 Global Trends)

Objective

The purpose of this study is to identify major factors that threaten to disrupt breastfeeding practices in recently arrived populations of refugees following resettlement in Tarrant County. Possible solutions are offered in the context of the socio-ecological model.

Methods

Data for this study comes from previously collected focus group transcripts. Secondary data analysis was used from 5 focus groups from the Bhutanese, Karen, and Somali community. Thematic analysis was used to identify significant themes in the transcripts relating to the subject of the study in the following steps:

1. Reading of the text
2. Coding the data
3. Theme identification
4. Consolidating themes and information
5. Identification of three primary threats to breastfeeding practices

Results

Influence of Health Care Providers

"They come and pump my breast every two hours, but I don't have enough breastmilk, it doesn't produce well. The doctor didn't know what to do so they give me powdered milk."

"Since I have to go to checkup I saw a doctor but could not say anything about this since I was hesitated to ask, and also doctor didn't tell me anything as well."

"I feel here the doctors don't ask or suggest women's to breast feed their child. If they do than the women's here would breast feed their child."

Perception of U.S. Breastfeeding Practices

"One thing is no one stops you from breastfeeding your child back in Thailand but it's a big problem here. I can't do it in the public or I have to hide in some place to do this. It's difficult for us."

"It's not good to breastfeed when people are around you. I have seen most of the foreigners do not breastfeed in public, also they don't carry their child around with them. They use powdered milk. I have seen a lot of this and so I feel awkward breastfeeding when I go to the hospital. I just let him stay hungry, but sometimes I pretend going to restroom to change the diaper and breastfeed him instead."

"I have seen that women here usually feel shy to breastfeed their child in front of other people."

Interference of Work Duties or Financial Issues

"It was not easy to get powdered milk for their child when they were there because of monetary issues, but here they can give anytime they want to. Here we have everything available for our child."

"Like some people recover from delivery and they want to work, and if they got a job they leave their child with the family members who feed the child powdered milk."

"For example, my cousin doesn't have time to breast-feed her baby due to her working time so her baby also always has to be bottle-fed."

Limitations

Experiences may differ by refugee groups, and although these focus group participants are not representative of all refugees in Tarrant County, we were able to achieve saturation of themes among three distinct groups, suggesting that the findings are representative of the refugee experience. In addition, this study only has access to refugees that have relocated to Tarrant County. This may limit the study's generalizability, but the themes have matched the existing literature very closely.

Conclusions

The study supported the idea that recent refugee populations still face the same conflicts that have been consistently lowering the rates of exclusive breastfeeding following resettlement in the United States. Other smaller themes that emerged included the perception of inadequate milk production and a lack of education on the benefits of breastfeeding. These themes show that many threats are at a societal/community level on a socio-ecological model (Figure 2).

Figure 2: Socio-ecological model (Centers for Disease Control and Prevention)

Refugees are at a significant disadvantage of losing breastfeeding practices following resettlement and adjusting to a new culture in the U.S. Cultural competence and consideration should be incorporated into the education of health care workers in order to promote breastfeeding, and when possible, remove threats to this positive maternal behavior.

References

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