



What shapes future infant feeding choices? The views of young people from three cultural backgrounds

Naira Dar
James Egan

Fiona Edgar
Chris Harkins

Glasgow Centre for Population Health
December 2012

Acknowledgements

The authors would like to extend a sincere thank you to all those who kindly gave up their time to participate in this study exploring the role of cultural factors in shaping the future infant feeding choices of young people.

We would like to thank all the students from the three communities for agreeing to take part in the focus groups, and staff from Glasgow Life and the voluntary sector who supported the recruitment of participants.

The authors would also like to thank other colleagues at the Glasgow Centre for Population Health (GCPH): Carol Frame and Rebecca Lenagh-Snow for providing administrative support; Tomi Ajetunmobi and Bruce Whyte for providing literature review support; Carol Tannahill, Russell Jones and Joe Crossland for their editorial and proof reading comments. Additional comments from Noreen Shields at NHS Greater Glasgow and Clyde were also appreciated.

Finally, we would like to acknowledge the past work of Pauline Craig (formerly of GCPH) who was instrumental in developing an infant feeding proposal, which laid the foundations for taking this project forward.

For further information on this report, please contact:

James Egan
Glasgow Centre for Population Health
House 6
94 Elmbank Street
Glasgow
G2 4DL
Tel: 0141 287 6875
Email: James.Egan2@glasgow.gov.uk
Website: www.gcph.co.uk

Contents

1.	Executive summary	1
2.	Introduction	5
3.	Background	7
4.	Project aims and objectives	11
5.	Approach and method	12
6.	Study limitations	16
7.	Findings	17
8.	Discussion	34
9.	Conclusion	38
	References	39
	Appendix	41

1. Executive summary

Background

This report is based on a qualitative study undertaken by the Glasgow Centre for Population Health (GCPH) between October 2011 and March 2012. The aim of the study was to explore the role of cultural factors in shaping the future infant feeding choices of young students who were not yet parents. Forty three participants were recruited to take part in six focus groups (three female and three male groups) with participants recruited from three different communities across Glasgow city:

- New community (Roma)
- Second and third generation minority ethnic community (Scottish Pakistani)
- Majority ethnic community (Scottish White).

Findings

The three areas explored were awareness of infant feeding choices, future infant feeding preferences and factors that may influence views.

Awareness of infant feeding choices

- There was a noticeable interest to learn more about infant feeding choices with participants reporting that their main sources of information were family, friends, cultural and to a lesser extent the media.
- All participants talked about breastfeeding being a healthy option for the mother and baby with a clear sense that it was important for bonding and was also a “cheap” option. Reported disadvantages tended to involve a focus on the mother, with breastfeeding viewed as being painful and/or uncomfortable.
- Both Roma and Scottish Pakistani participants viewed breastfeeding from birth as the norm whereas the Scottish White groups, particularly females, viewed formula-feeding from birth as a primary option, instead of a “back up”.
- Scottish Pakistani females had differing views as to whether Chilla (a supportive postnatal practice that occurs within a number of south Asian countries and parts of Europe) was still being practised within their communities.
- Overall, females had a broader awareness of different infant feeding choices than males, and across all groups, the infant feeding choice was viewed as being within the domain of women.
- There appeared to be a degree of stigma linked to going against cultural norms within all groups, thus suggesting the important role that the wider community and societal values may play in shaping infant feeding choices.

Future infant feeding choices and preferences

- Both Roma groups expressed a clear, future preference to initiate breastfeeding. However, some females were concerned that breastfeeding could negatively impact on breast appearance and there were reports that some family members were using formula. When discussing future parenting, Roma females described traditional, demarcated gender roles with most males stating a future preference that their child would be breastfed, as it was considered the better option.
- Both Scottish Pakistani groups had a preference to initiate breastfeeding in the future. Although females expressed a desire to breastfeed for as long as possible, it would not be undertaken in shared public spaces – bottles would be used when socialising outside.
- There were some reported slight generational changes among Scottish Pakistani women with some stating that they did not think they would continue breastfeeding for the same duration as their mothers.
- Both Scottish White groups' future choices and preferences were less conclusive. Female choices were equivalent for breastfeeding or formula, with these choices not viewed as being mutually exclusive. Those favouring formula were more adamant in their views that it would be a preferred choice, whereas those with a more ambivalent position stated that their future choice could change. The male discussions revealed a preference for breastfeeding coupled with a view that the mode of infant feeding would be a woman's decision.
- Within some groups, there was a nuanced awareness that breast milk could be expressed to bottle-feed an infant within public spaces.
- Male participants' choices appeared to be shaped by influences such as the role of women within the household (Roma); mother-child bonding (Scottish Pakistani); and, the benefits for the child and the women's right to choose (Scottish White).

Reported factors that may influence infant feeding views

- Reported key factors that may influence infant feeding views included class and socioeconomic position, attitudes and experience of witnessing breastfeeding in public, body image and sexuality.
- Perceptions of others' choices reflected a strong focus on class and socioeconomic position. From the perspective of Scottish White participants, those who choose to breastfeed lived in the "west end" (an affluent area in Glasgow), or were "confident" women but also "gypsies" and "hippies". In contrast, both Roma and Pakistani groups stated that "posh" people or "celebrities" would bottle-feed their infants.
- There was a noticeable lack of awareness vis-à-vis the legislative changes that support breastfeeding in public spaces. This topic provoked strong, negative reactions among all groups with the exception of the Roma groups,

which viewed it as the norm. Negative reactions to breastfeeding in public ranged from feeling uncomfortable to more intense descriptions, such as the act being described as “indecent” and “inappropriate“. However, further discussions revealed that if more people breastfed in public, then the groups’ reactions would not be as negative due to breastfeeding being perceived as the norm.

- Both Roma and Scottish White females discussed the impact of breastfeeding on breast shape with discussion focussed on whether it could enhance or impair breast appearance.
- A distinct finding to emerge across all focus groups was how future infant feeding choices could be shaped and bound within a wider context. Scottish Pakistani females reported the importance of negotiating the move from private to public space. Scottish White females’ future choices were linked to dietary/alcohol restrictions, notions of parental independence and access to family support. In contrast, breastfeeding was viewed as being a more convenient choice for Roma women within the context of having to feed a hungry baby.

Study limitations

- Because of the small project scale, a degree of caution was required, particularly in relation to making claims about cultural changes across the three communities. Moreover, the use of translators to address language barriers between participants and researchers presented some methodological challenges.

Discussion

- Both Roma groups’ responses appear to reflect the traditional cultural values and behaviours of their community. However, some insights do suggest that a degree of Western/Scottish influence may be apparent: for example, the reported use of formula products among some families and female body image concerns about breastfeeding.
- Although the attitudes and preferences expressed by the Scottish Pakistani groups were closer to those of the Scottish White groups, than the Roma views, they remained culturally quite distinct. There also appeared to be some suggestions of shifts within the Scottish Pakistani community between generations.
- The Scottish White respondents’ infant feeding aspirations to choose breastfeeding were linked to socioeconomic status. When discussing formula-feeding, both groups described it as the norm, convenient and safe, thus reinforcing past findings.
- Personal observation of breastfeeding has been reported elsewhere as being a more productive approach to encouraging the behaviour than attempts to transfer knowledge through traditional public health messages. In this regard,

specific challenges exist, such as a limited experience of witnessing breastfeeding in public and conflicting male responses towards it.

- With other studies identifying male partners as having a role to play in shaping infant feeding choice, there may be scope to work with men to address practical infant feeding issues and problems generated by the wider sociocultural issues of masculinity and sexuality. However, this approach would need to consider the importance of personal observation and specific cultural factors. There may also be value in building upon current responses to increase awareness of the legislative changes among young people.
- Other possible responses could involve providing specific advice and information to young people whose first language is not English and addressing the needs of young women from minority ethnic groups with limited support networks.

Conclusion

- The city of Glasgow is the most ethnically diverse local authority area in Scotland. Whether this diversity will lead to a more breastfeeding-friendly culture or whether new communities, like the Roma, will acquire some of the dominant values and preferences identified in this study remains to be seen.
- With infant feeding decisions often shaped by cultural factors and experiences within family and social networks, the impact of attempts to influence individuals' decision-making processes at the antenatal stage will be limited. However, an enhanced understanding of cultural influences within an increasingly diverse city, together with a focus on wider societal and cultural interventions, could help support future attempts to increase the proportion of women who breastfeed their newborn children.

2. Introduction

The drivers of health-related behaviours are complex and interwoven. Evidence suggests that the decision-making process facing women, new mothers and families in relation to breastfeeding can be especially nuanced^a. Despite convincing evidence as to the benefits to infants, the numbers of children who are breastfed remains suboptimal in many European countries¹. Although the number of newborns who are breastfed in Scotland has increased from 55% in 2000 to 74% in 2010², it is lower than many of our European neighbours. Breastfeeding in Scotland is also characterised by sharp decreases within the first few weeks of initiation and shorter periods of duration overall.

A range of responses have been developed to improve the proportion of children who are breastfed across Scotland, including legislative changes making it an offence to prevent a person in charge of a child under the age of two years from feeding milk to that child in public. In addition, performance targets have been introduced to ensure NHS Boards increase the proportion of newborn children being exclusively breastfed at 6-8 weeks. Other work includes a national drive to provide additional local resources to supplement maternal, infant and child nutrition in disadvantaged areas.

Despite these responses, a new Scottish Government national framework to improve maternal and infant nutrition notes in areas or groups where low breastfeeding rates have been evidenced, there has been little improvement recorded over the last decade. Furthermore, the framework recognises that the influences on breastfeeding rates are interwoven and multidimensional and that efforts to improve them cannot be achieved by approaching breastfeeding as a singular issue³. Endorsing a more comprehensive approach to health and wellbeing, the framework recognises the important role that cultural and family influences may play in breastfeeding initiation.

The parental decision to breastfeed or use formula milk is profoundly influenced by cultural norms⁴. Observation of friends successfully breastfeeding has been shown to be a more powerful influence on breastfeeding initiation than theoretical knowledge transferred through traditional public health messages⁵. Other evidence suggests that the timing of the intervention is vital with impact at the antenatal stage shown to be limited, as women tend to have made their infant feeding decision before even becoming pregnant^{6,7}.

Recognising the importance of the wider cultural and family influences in shaping decision-making before pregnancy, this qualitative study seeks to enhance understanding of the role that cultural factors can play in shaping the infant feeding choice of students i.e. potential parents. Six focus groups were undertaken with male

^a Breastfeeding has been described by the World Health Organisation (WHO) as the 'normal way of providing infants with nutrients for healthy growth and development'.

and female students from different ethnic backgrounds (White Scottish, Roma and Scottish Pakistani) across Glasgow city. The three key exploratory themes were:

1. Participants' awareness of infant feeding
2. Identifying future infant feeding preferences
3. Factors that may influence their views.

3. Background

Culture and ethnicity

There are a range of social and cultural influences that can impact on infant feeding decision-making. They include past infant feeding experiences; access and quality of information; knowledge and understanding about breastfeeding; environmental factors, such as welcoming public places; the need to return to education or work; body image and the sexualisation of women's bodies through the media; and, beliefs among partners and families⁸⁻¹⁴.

Ethnicity is another important factor associated with infant feeding choice. In the USA, lower breastfeeding rates were observed in African-American and Hispanic women compared to 'white' women after adjusting for age, maternal age and level of education¹⁵. In contrast, a greater likelihood of breastfeeding was observed amongst minority ethnic groups in UK, particularly mothers of Asian origin, compared to the 'white' population^{16,17}. With mothers of Pakistani origin reporting breastfeeding rates of 75%¹⁸, findings from the UK Millennium Cohort, investigating the influence of ethnicity on breastfeeding practices, found that white women were less likely than other ethnic groups to initiate and continue breastfeeding even after adjustment for socioeconomic circumstances¹⁹. This was particularly noticeable amongst younger women¹⁶.

Among new migrant mothers, breastfeeding patterns may be influenced by 'acculturation'²⁰. Acculturation to Western values and ways of life has been linked to reduced breastfeeding. Reported reasons include moving from extended to smaller families, switching from a rural to urban life, availability of infant formula and maternal employment¹⁵. However, acculturation can also operate in other directions with minority ethnic groups positively influencing breastfeeding practices of the host culture. The UK Millennium Cohort study found that the ethnicity of a woman's partner and living in areas with high minority ethnic populations were two factors which had a positive influence on the breastfeeding practices of 'white' mothers¹⁹. They also found that 'non-white' mothers with a 'white' partner were more likely to initiate breastfeed when compared with 'non-white' mothers with a 'non-white' partner. However, this relationship was not significant after adjustment for academic qualifications and socioeconomic status and was only marginally significant for breastfeeding duration. Others have also suggested that areas with higher 'non-white' ethnic density may exert a 'protective effect' on local health behaviour due to shared cultural characteristics, social networks and social capital²¹.

Women – infant feeding choice, knowledge and experience

Evidence suggests that women who expressed an intention to breastfeed were more likely to initiate and continue breastfeeding for longer compared to those who were indifferent, undecided or who planned to bottle-feed²². The earlier the decision was made, the greater the likelihood and duration of breastfeeding¹⁵ with first-time mothers more likely to intend to breastfeed²².

Knowledge of the benefits of breastfeeding is another important factor in the decision-making process. Findings from the Infant Feeding Survey confirmed that 80% of surveyed mothers had knowledge of the health benefits of breastfeeding². However, in a study looking at the infant feeding attitudes of expectant parents, Shaker *et al.* (2004)²³ found no difference in breastfeeding knowledge between mothers who chose to breastfeed and those who chose to bottle-feed.

Although mothers who reported feeling more confident and less anxious were more likely to initiate breastfeeding and continue for longer¹⁵, in less supportive environments, breastfeeding mothers may require additional resources to succeed, such as the need for privacy, links to supportive networks and helpful health professionals and prior experience/knowledge^{17,23}. Moreover, women who may not have witnessed a child suckling would have had no model or support network to validate their breastfeeding experience²⁴.

Teenagers' moral norms may also exert an influence on their intention to formula-feed or breastfeed. A study examining the influences on infant feeding intention among pregnant teenagers expecting their first baby in deprived urban areas in England identified moral norms as the strongest predictor of their intention to formula-feed or breastfeed¹⁷. The perception that breastfeeding would be embarrassing was also rated as a significantly important influence. Moral norms, sexualising of the breast, and self-esteem were important areas of concern linked to breastfeeding in public. Breastfeeding, particularly in public, was viewed as a morally inappropriate behaviour by most of these teenagers, with formula-feeding being perceived as the appropriate behaviour¹⁷.

Partners – infant feeding choice, knowledge and experience

The perceived infant feeding choice of a partner may impact on the decision making process. An Australian study showed that women who perceived their partners to prefer breastfeeding were more likely to initiate it than those who perceived their partners to prefer bottle-feeding or to be ambivalent about how the infant was fed²⁵. Women who felt their partners preferred bottle-feeding or were ambivalent about the feeding method, were more likely to have stopped breastfeeding at any time, compared with women whose partners were viewed as preferring breastfeeding. The association between paternal attitudes and breastfeeding initiation and duration was independent of other factors such as maternal age and level of education.

Strong paternal approval of breastfeeding has been associated with a much higher incidence of breastfeeding, compared with when the father was indifferent to feeding choice²⁶. An American study examining Black, Hispanic and White fathers' attitudes towards breastfeeding during the first session of their childbirth education classes at private hospitals noted that those fathers reporting that their partner was planning to exclusively breastfeed were more likely to believe it was better for the baby, help with bonding and protect the infant from disease²⁷. Conversely, those reporting that their partner was planning to exclusively formula-feed were more likely to think

breastfeeding was “bad” for breasts, made them “ugly” and interfered with sex. Both groups of fathers also stated that breastfeeding was not acceptable in public (higher in the formula-feeding group). However, a later American study suggested that men’s attitudes were changing, as fewer thought that breastfeeding was either unacceptable in public (29%) or embarrassing (34%).²⁸

A UK study investigating cultural values in relation to infant feeding practices among low-income British White men (expectant or potential fathers) living in Leeds and Glasgow identified across all groups emerging themes related to sexuality, embarrassment, and social conduct²⁹. Breastfeeding was perceived as natural but problematic, with formula-feeding mainly considered as convenient and safe. Those men without direct experience of breastfeeding assumed that it involved excessive public exposure and attracted unwanted male attention. The authors noted that underpinning these fears were strong cultural associations between breasts and sexuality and anxieties concerning appropriate gender roles. In some communities, the lack of witnessing breastfeeding may lead to fears – that it may attract predatory male attention – remaining unchallenged. The authors conclude that education with men should not only address practical infant feeding issues but also provide advice on tackling problems generated by wider sociocultural issues of sexuality and masculinity²⁹.

Women and their partners – infant feeding choice, knowledge and experience

An attitudinal survey was undertaken to compare both parents of breastfed infants with both parents of formula-fed infants²³. The authors recruited pregnant women and their partners attending three maternity clinics in Scotland. They found that both fathers of breastfed and formula-fed infants were more likely to disapprove of women breastfeeding in public compared with their partners. A similar Canadian qualitative study also examined the attitudes towards breastfeeding in public places among a sample of university-educated men and women aged 18-23 without children³⁰. Although uniformly stating a desire that their future children were breastfed, 31 out of 47 participants also expressed restrictive attitudes toward exposure of the breast, for example, “should use washrooms”, “okay, if discreet” and breastfeeding infants in restaurants.

Role of the media

Although there is little evidence exploring the role of the media in shaping cultural values relating to breastfeeding, a content analysis of British media portrayals of bottle-feeding and breastfeeding was undertaken. The study found that breastfeeding was typically portrayed as difficult, funny, or embarrassing and that it was also associated with particular types of women, such as middle-class “earth mothers”³¹. In contrast, formula-feeding was mainly associated with “ordinary” and “normal” families, was represented as being problem-free, and feeding by bottle presented as offering a positive opportunity for fatherly involvement.

Policy context

In Scotland, efforts to improve maternal and infant nutrition are reflected in a range of policies, legislation and programmes designed to give children the best possible start and recognise the broader context of improving dietary health and wellbeing across the whole population. Broad aims to ensure that health outcomes are maximised and health inequalities are reduced are reflected in Equally Well: Report of the Ministerial Task Force on Health Inequalities, Achieving our Potential: A Framework to Tackle Poverty and Income Equality in Scotland, the Early Years Framework and the recent Child Poverty Strategy for Scotland. Specific responses relating to improving maternal and infant nutrition include:

- The Better Health, Better Care Action Plan which outlined the HEAT performance management system and set NHS Boards a target to increase the proportion of new born children exclusively breastfed at 6-8 weeks.
- The Breastfeeding etc (Scotland) Act 2005 which makes it an offence to prevent or stop a person in charge of a child under the age of two years, who is otherwise permitted to be in a public place, from feeding milk to that child.
- The Healthy Eating, Active Living action plan which prioritised making £19 million available to NHS Boards (2008-2011) to improve the nutrition of women of childbearing age, pregnant women and children under five in disadvantaged areas.
- The promotion of the WHO/UNICEF Baby Friendly Initiative which outlines standards of good practice for maternity/community services.
- The national framework to improve Maternal and Infant Nutrition which aims to ensure that all parents receive full information they can understand on infant feeding to enable them to make an informed choice; and that women receive the support they need to initiate and continue breastfeeding for as long as they wish.

To summarise, the literature on the cultural and family factors that influence attitudes towards infant feeding before pregnancy is developing apace. However, the reviewed literature identified some issues that make studies challenging to compare and findings difficult to generalise. These include differences in the reporting of wider influences on infant feeding, different policy contexts, and the complexity of the literature, which covers disparate samples of sociodemographic compositions, different stages of intervention and study types.

This project sought to further understanding of the influences shaping the infant feeding decision-making process before pregnancy among a young and ethnically diverse group of young people in Glasgow city. This work may support services to take cognisance of these potential wider influences and strengthen attempts to improve the numbers of newborn children breastfed in the future, and increase the length of time they are breastfed for.

4. Project aims and objectives

The project aim was to explore the role of acculturation in influencing young people's choices and attitudes around infant feeding by comparing the views of young people from three different communities in Glasgow:

- New community (Roma)
- Second and third generation minority ethnic community (Scottish Pakistani)
- Majority ethnic community (Scottish White).

For clarity, the communities are hereafter referred to as Roma, Scottish Pakistani and Scottish White.

The three key objectives were to:

- Explore young people's levels of awareness relating to infant feeding choices
- Explore what their infant feeding preferences might be for the future
- Identify factors that may influence their infant feeding views.

5. Approach and method

As the project sought to explore awareness and views, a qualitative approach was required. This involved collecting and analysing data from six focus groups recruited between October 2011 and March 2012. Two focus groups (one male and one female) were conducted with each of the three selected communities. The number of participants per focus group ranged from four to eleven with an average of seven per group. A total of 43 young people participated in the project. There were 11 Roma, 12 Scottish Pakistani and 20 Scottish White participants – please see Table 1 for further information.

To ensure a focus on the potential influences of acculturation, the inclusion criteria were designed to ensure that all participants had other characteristics in common. The participant criteria were:

- Between 16-24 years of age
- Student
- Not yet a parent.

All participants were aged from 16 to 24 with the exception of one Scottish White male participant who was in his thirties. The choice to look specifically at young people who were not yet parents was shaped by the current literature, which suggests that infant feeding preferences have already been formed before people come into contact with antenatal services.

Table 1. Focus groups composition.

Group	Gender	Group size	Access Route	Required Interpreter
Roma	Male	6	Glasgow Life*	Yes
	Female	5	Glasgow Life	Yes
Scottish Pakistani	Male	8	Voluntary Organisation / Glasgow Life	No
	Female	4	Voluntary Organisation / Snowballing	No
Scottish White	Male	11	Snowballing / Glasgow Life	No
	Female	9	Voluntary Organisation / Leafleting	No

* Glasgow Life is the operating name of Culture and Sport Glasgow which carries out citywide activities that include Arts, Communities, Libraries and Sport services.

A purposive sampling approach was used to recruit participants to ensure they matched the inclusion criteria across the three selected communities, with participants identified and recruited through community groups, advertising through colleges and universities and the use of snowballing techniques^b. (Table 1 outlines the access route for each group.)

In adopting this approach, the GCPH team did not always have direct contact with participants before undertaking the focus groups. Some staff from the above organisations were already working with focus group participants and facilitated some of the initial arrangements. During the two Roma focus groups, staff also acted as interpreters throughout, which was essential as some participants had a limited command of English.

Focus group format

The focus groups were semi-structured – following a similar format but being flexible enough for participants to discuss other issues that they considered important. The purpose of the groups was to investigate levels of awareness, views and preferences for the future in relation to infant feeding. Given that the target sample participants were not parents, it was envisaged that infant feeding might be a new discussion topic. To support engagement with the topic and to stimulate discussion, the groups were designed to be more interactive than a more traditional focus group approach. Various images of parenting and infant feeding were displayed at the start of each focus group (see Table 2).

Table 2. Summary of images shown to focus group participants.

	Image number and description		
Breastfeeding: home and public spaces	1. Mother breastfeeding (location unidentifiable)	2. and 3. Mother breastfeeding outside a café – with and without a shawl	4. and 5. Mother breastfeeding at home
Bottle-feeding: fathers and ‘celebrity fatherhood’	6. Father bottle-feeding a baby	7. Father wearing a suit bottle-feeding a baby	8. David Beckham holding his newborn baby
Bottle-feeding: baby and siblings	9. and 10. Baby self-feeding from a bottle (location unidentifiable)		11. A young boy bottle-feeding his sibling at home

^b Snowballing is a sampling technique where existing participants recruit future participants among their acquaintances.

Focus group participants were invited to place different coloured stickers to identify images in the following categories:

- Objective 1 (red sticker) – pictures that represented participants' awareness of baby feeding. Namely, things that were familiar to them and/or that they had witnessed within their families/communities etc.
- Objective 2 (yellow sticker) – pictures that participants did not feel were appropriate, such as factors that they thought made particular images inappropriate when compared to images they felt were okay.
- Objective 3 (green sticker) – pictures that represented what participants would like for their future.

All group participants were given red, yellow and green stickers and informed that they could use as many, or few, as they wished. This was then followed by a fuller discussion with all focus group participants invited to elaborate more on particular images in an attempt to gain understanding of decision-making processes around their different views.

It should be noted that this exercise was primarily designed to initiate discussion with participants who were advised that they could use as many or as few stickers as they wished. It is also worth noting that those images that rated highly did not necessarily translate into the most popular choice within each group. However, subsequent group discussions that followed on from this the exercise meant that preferences could be explored further within each group.

Two GCPH staff were present at each focus group with one facilitating discussion and the other taking notes on key points and observations. All group discussions were audio recorded and transcribed with the GCPH staff meeting afterwards to reflect on group dynamics, and share initial thoughts and field notes, which were then recorded.

Data analysis

Both GCPH staff undertook data analysis and independently coded transcripts and recorded emerging themes and points of interest. This ensured a degree of consistency during analysis. In an attempt to focus on the process of acculturation, all focus group transcripts were analysed separately to examine views, beliefs and predictions of the cultural groupings. Thematic analysis was employed to identify and explore themes within the data³². The results from the colour sticker exercise were recorded and collated so that comparisons could be made between cultural groupings and between males and females. Further analysis involved grouping data to identify other themes, with a focus on similarities as well as differences across the

cultural groupings. Thus, the analysis sought to consider whether acculturation might be shaping participants' views and choices around infant feeding.

Ethics

Ethical advice was sought from the West of Scotland Research Ethics Service based within NHS Greater Glasgow and Clyde. It was advised that this work would not require review under the terms of the Governance Arrangements for Research Ethics Committees (REC) in the UK because participants were not patients, relatives, carers of patients; nor NHS staff nor medical students.

Before undertaking each focus group, participants were provided with an information sheet which detailed the study aims and what would be required if they participated. Each participant completed and signed a consent form which was collected by the GCPH team. In some groups, a translator/interpreter worked with participants to ensure that they fully understood what was involved and had the opportunity to ask questions. Each participant received a £20 gift card which could be used at specific retailers and was only redeemable to buy clothes or household goods. (See appendix for more details on the topic guide and participants' information sheet.)

6. Study limitations

Due to the small scale of the project and the relatively small sample size, a degree of caution is required, particularly in relation to making claims about cultural changes across the three communities. For example, the Scottish Pakistani female group only comprised of four participants. However, with an in-depth focus on exploring young peoples' views and attitudes towards infant feeding options, an added methodological strength was the comparative nature of the project.

The image task was designed to encourage discussion and to reveal attitudes towards different images of infant feeding. Although the process worked well across all groups, it is worth noting that there may be a gender bias in some of the images used. Namely, there were no images of women bottle-feeding. Moreover, the bottle-feeding images may have assumed that the bottles contained formula-feed instead of expressed breast milk.

Using translators to bridge language barriers between participants and researchers can present methodological challenges³³. For instance, this study did not pilot focus group questions in the first language of all participants. There is also the possibility that some meaning was lost in translation.

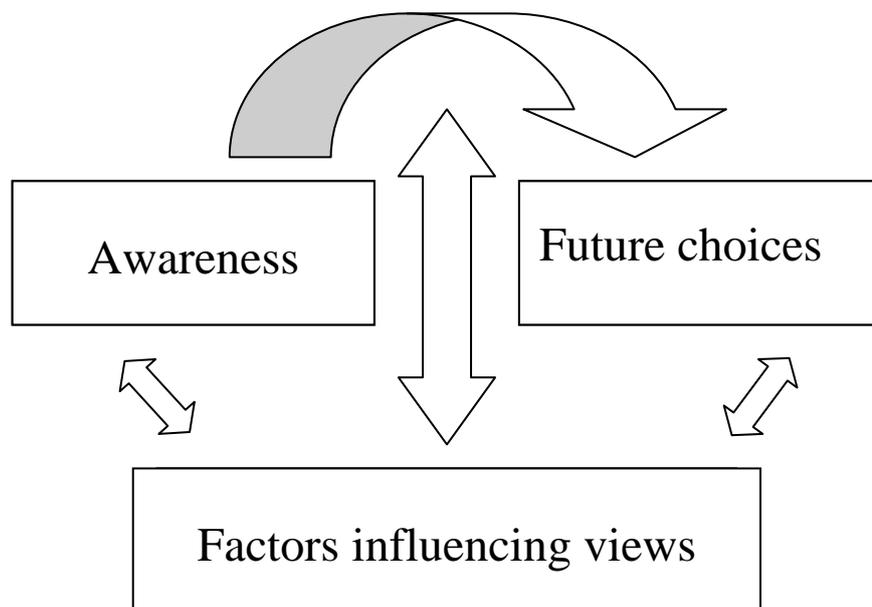
7. Findings

This section provides an overview of the findings from the focus groups. It addresses each of the three research questions in turn:

- Participants' awareness in relation to infant feeding choices
- Choices/preferences for the future
- Factors that influence infant feeding views/choices.

To ensure clarity, this section focuses on responding to each question separately. However, it became clear early in the study that the three questions were inextricably linked. This interconnectedness is outlined in Figure 1 below. The discussion which follows this section explores the relationships further by developing links between the three research questions in order to examine the role of culture and acculturation in shaping young people's views around infant feeding choices.

Figure 1. Data analysis – links between data.



Awareness of infant feeding choices

This section sets out the benefits and disadvantages of breastfeeding and formula-feeding, as identified by participants. It then focuses on awareness of infant feeding choices by cultural grouping – initially exploring Roma focus groups followed by Scottish Pakistani and Scottish White groups. However, before exploring specific group responses, it is worth noting that at the beginning of each focus group there was often a sense that infant feeding was perhaps not a familiar or particularly easy

topic for discussion among participants. Nevertheless, within all groups, participants displayed some form of knowledge about infant feeding choices and were aware of both breastfeeding and formula-feeding (hereafter referred to as formula). Their main sources of information were family, friends, cultural and to a lesser extent the media with some cultural and gendered differences identified in relation to their awareness of the range of infant feeding choices.

Breastfeeding: benefits and disadvantages

Across all focus groups participants talked about breastfeeding as being a healthy option for both mother and baby. Some groups articulated specific and detailed reasons for this with others talking more generally about it being a “better” option. Participants in the Scottish Pakistani and Scottish White groups, in particular, talked about breast milk containing nutrients and maternal antibodies that helped establish and maintain a strong immune system for the baby. There was also a clear sense that it was important for bonding between mother and baby and therefore helped develop the relationship and foster emotional wellbeing. Another key advantage discussed across all groups was that breastfeeding represented a “cheap” option because no cost was involved. It was also viewed as a more straightforward feeding choice because the process involved was easier and quicker than preparing formula.

Disadvantages associated with breastfeeding were identified across all groups, except the Roma male participants, with the physical and emotional implications for the mother being emphasised. Participants talked about this feeding option as a particularly intense experience for the mother with breastfeeding being potentially painful and/or uncomfortable. Another disadvantage related to the effect it may have on the shape and appearance of the breast: some male and female participants expressed concern that it could lead to “saggy” breasts. A perceived drawback for both mother and baby was that it could become difficult to wean babies off the breast, which could have lasting implications.

Formula-feeding: benefits and disadvantages

There was some overlap between the advantages expressed for formula and breastfeeding, with formula also viewed as a “healthy” option for babies. However, there was a core group, primarily among Scottish White females, that would only ever consider formula-feeding, while others were interested in breastfeeding as an option. A described formula advantage involved the option of having time out, thus allowing someone else to look after the baby. Among some Scottish White males it was described as a quick option within the context of a fast paced lifestyle were both parents might be working.

For Roma participants, formula was viewed as a “back up” if there was an issue with breastfeeding from birth (such as a medical reason or other circumstances meaning that an alternative to breastfeeding was required). Otherwise, it would be introduced at a later stage once the baby no longer required breast milk, with one person stating a timescale of 11 months. Similarly, both Scottish Pakistani groups referred to

breastfeeding as being the first option and formula as a follow up or of use if they were going outside the home.

The Roma and Scottish Pakistani groups regarded formula as a healthy aid to help babies put on weight and strengthen their bones. However, both Scottish Pakistani groups also highlighted distinct advantages of formula-feeding in its own right. Namely, that it would allow other family members to be involved in feeding. Male participants emphasised that it could allow fathers to have a more “hands-on” role. Both Scottish White groups and the Scottish Pakistani female participants described formula-feeding as an “easier” option than breastfeeding with bottles a more convenient option to take to social gatherings such as weddings or parties.

Reported formula disadvantages among the Roma and Scottish Pakistani groups were that it was a labour intensive routine, with others wondering if you “can get germs” (Scottish White women) and that it was “chemical... not natural” (Scottish White men) and could be unsafe if not prepared or stored safely.

Roma groups: awareness of infant feeding choices

Both Roma groups (male and female) were aware of breastfeeding in the home as well as within the wider family and community networks. They identified breastfeeding as ‘natural’ and ‘good’ and were comfortable with it, having observed it occurring within public spaces. Their focus was more on the baby’s needs instead of the setting in which the feeding took place. For example, when asked if there was any setting where breastfeeding would not be appropriate, the only response was “in a disco” because it might be too loud and uncomfortable for the baby. As one Roma female participant reasoned:

“The baby is hungry, what can you do?”

The female Roma participants talked about the availability of formula in Slovakia and the Czech Republic, commenting:

“We have everything. In Slovakia, or in Czech Republic, there used to be just one make but there are many others now. They don’t call it formula milk; they just call it by the brand name.”

There was also a sense that awareness of formula-feeding was perhaps increasing, with both Roma groups talking about their mothers and aunts having used it. For example, a male participant referring to his 11 month old sibling mentioned that:

“I’ve got [formula milk] in my house.”

Overall, in their experiences, the emphasis was primarily on initiating breastfeeding from birth with formula introduced later on or used as a “back up” in instances where breastfeeding was not physically possible.

It is also worth noting that the term breastfeeding was not easily translated into the languages of origin among the Roma male participants, and also the Scottish Pakistani male participants. It was often translated as “mother’s milk” thus framing the act and concept of breastfeeding away from the women’s body towards the role of the mother and her relationship with the child.

Scottish Pakistani groups: awareness of infant feeding choices

The Scottish Pakistani groups shared with the Roma a focus on breastfeeding from birth. As one female highlighted:

“I think a lot of people that I’ve been around have been breastfeeding because apparently it’s better to do that.”

Both Scottish Pakistani groups agreed that breastfeeding was “more natural” and “provides a better link for mother and baby”. The male group talked about breastfeeding as “intimate” and “private” and highlighted the importance of the mother and baby having bonding time. The female group also discussed this and related it to the specific cultural practice of Chilla, a postnatal practice that occurs within a number of south Asian countries and parts of Europe, such as Greece. The practice of Chilla lasts for 40 days and involves the mother abdicating household duties to allow her to recover from childbirth and to spend quality time bonding with the baby. During this period, breastfeeding is supported with new mothers following a specific diet to aid recovery and being offered massage.

Within the Scottish Pakistani female group, which was second or third generation, there were different beliefs about whether Chilla was still practised. One female did not think that it was still practised; however two other group members stated that it was commonplace within their family and community networks. Further discussion revealed that half of the group came from a family structure that included an extended support network (describing Chilla as a continuing tradition). The other two group members were sisters from a more self-contained nuclear family unit. These differences suggest that variations can exist within cultural groupings in relation to young people’s awareness of infant feeding.

The Roma and Scottish Pakistani groups expressed very different cultural attitudes towards breastfeeding in public. Neither the Scottish Pakistani male or female groups were familiar, or indeed comfortable, with the idea of breastfeeding in public. One female described her reaction to seeing a woman breastfeeding in an airport:

“She was just sitting right next to me and I was like, ‘Oh my god! Don’t do what I think you’re going to do. And she just took it out and started breastfeeding her kid. He was hungry but then again in public it isn’t really right.”

There was a clear view among both Scottish Pakistani groups that, in their experiences, to breastfeed in public would be considered inappropriate. For male

participants breastfeeding was about the mother-child bond and should therefore be a private matter instead of a public act. Both groups highlighted that when breastfeeding in the house, women tended to be covered:

- #1: *“Even here, if they come up or whatever and there’s a lot of women in the house they’ll have a*
- #2: *a chadar (a shawl)*
- #1: *they’ll be covered. You don’t usually see them.”*

The above quote from the female group member implies that the focus was on only women being present when breastfeeding occurred. Both groups concurred that, with or without a shawl, men would not be in the same room during feeding.

Both Scottish Pakistani groups were knowledgeable about formula-feeding, as one of the boys stated, “You don’t have to breastfeed.” In particular, the females were familiar with a range of different brands. To avoid breastfeeding in public, formula was the preferred option when attending social gatherings, such as a party or a wedding. However, it was also highlighted that breast milk could be expressed and put into a bottle as well, to feed the baby when outside the home environment.

The Scottish Pakistani and Roma groups both viewed formula as a “back up” option for women experiencing pain or difficulty breastfeeding. However, the Scottish Pakistani groups focussed on initiating breastfeeding from birth with formula viewed as a response to other factors, such as being out in public or difficulty in initiating breastfeeding rather than as a primary infant feeding choice in its own right.

The Scottish Pakistani female group discussed whether a woman’s diet could be harmful to the baby. As a group member commented: “You would need to know the ins and outs of it.” There was also group concern about where they could receive information and guidance, if it was not passed on and supported through family networks.

Scottish White groups: awareness of infant feeding choices

Like the Roma and Scottish Pakistani groups, the Scottish White groups were both aware of breastfeeding and formula-feeding. However, for the Scottish White groups, formula represented a more convenient, culturally accepted option from birth rather than simply a “back up” to be introduced when breastfeeding was not possible.

“It saves a lot of time; you just whip out a bottle don’t you. You can get a hundred bottles ready.”

“No one breastfeeds in my family. It’s always been bottles.”

“I heard that people don’t breastfeed because no one does it and then it makes them feel they shouldn’t either.”

There was evidence of some outdated advice acquired from friends and family among Scottish White female participants when discussing how to prepare bottles. Participants talked about the convenience of being able to make up multiple bottles in advance which could be used as and when required. It was suggested (by the facilitator) that this was no longer the recommended practice for preparing bottles^c. Nonetheless, the young women were clear that it was common practice within their networks.

#1 "I know hundreds of folk that just make them up

#2 My cousin does that

#3 Everybody does that

#4 My pal's got a baby and she just makes the bottles up and puts them in her bag."

Although their general awareness seemed to reflect more awareness of formula, both Scottish White groups talked about members of their families and communities breastfeeding. There was also a greater variety of awareness and experience, when compared with the minority ethnic groups, which focused on initiating breastfeeding at birth. In other words, there was a lack of shared assumptions in relation to infant feeding among the Scottish White groups which was not evident in the other groups. However, breastfeeding was identified as a natural thing and better for the child, as captured in this comment from a Scottish White male:

"I assume that if a mam (mother) gives birth to a wean (child) that it would be better for the kid and I think it is more natural than an artificial substance."

In both Scottish White groups there were mixed views towards breastfeeding in public. Some had observed women breastfeeding in public, on holiday, or at the dentist's waiting room and reported being relaxed about it. However, others reported feeling more uncomfortable, with one participant comparing breastfeeding in public to an indecent act, or someone physically exposing themselves in public.

There was awareness, particularly among male participants, that breast milk could be expressed to bottle-feed when away from home. One female participant highlighted that there were public notices that welcomed breastfeeding in her college, which came as a surprise to some focus group members. Although most participants acquired their information about infant feeding from family, friends and the media, like the other focus groups there was also a noticeable lack of awareness that breastfeeding in public was actually supported in law.

^c The WHO (2007) guidelines advise preparing a fresh feed each time one is needed, and to consume immediately to prevent bacterial growth. If preparing in advance, then feeds should be prepared in individual bottles, cooled quickly and placed in the refrigerator (no higher than 5°C) with any refrigerated feed not used within 24 hours thrown away.

Participants in both Scottish White groups also articulated the health advantages associated with breastfeeding. In contrast to other groups, however, some male participants were sceptical of the evidence base:

“But does it really make a difference when they’re 20 or 30 years old?”

Reinforcing this scepticism, extreme scenarios from television programmes were cited, such as men breastfeeding or children becoming “addicted” to breastfeeding. These exaggerated views may lend further weight to endorsing formula-feeding as the norm and suggest limited experience of witnessing day-to-day examples of breastfeeding.

Among the female participants there was noticeable curiosity reflected in their questioning of the researchers on a range of infant feeding themes. This didactic situation might be partially explained by the focus group occurring within a college classroom. Nevertheless, there was an interest in learning more about the topic and an eagerness to find out more. Illustrative examples included whether only the biological mother could exclusively breastfeed their baby and if eating spicy food and drinking alcohol could impact on the quality of the breast milk.

Responses to the visual images

The use of the visual images of breastfeeding and bottle-feeding was useful in providing a degree of insight into participants’ awareness of infant feeding choices. As mentioned previously, images covered breastfeeding (at home and in shared public spaces), bottle-feeding (baby, father and sibling) and ‘celebrity fatherhood’.

Among the three male focus groups, the image that scored most highly in terms of awareness was of a woman breastfeeding at home. For the Scottish White male group this was perhaps surprising given that some of their discussions focussed more on bottle-feeding as a cultural norm. However, participants in this group seemed to hold a diverse range of views and ideas around breastfeeding. And although there was a vocal participant – distinctly opposed to breastfeeding and dominating much of the early discussion – a number of other group participants were comfortable with, and aware of, breastfeeding as well as formula-feeding.

It was also noticeable that Roma male participants viewed breastfeeding in public as the norm and did not appear to have any social concerns. They described female household members (mothers, grandmothers, aunts) as being responsible for infant feeding choices rather than male members of the family:

“A woman has more experience... that’s what I saw in my house.”

Across the three female groups scoring was more nuanced with formula identified as a “back up” at different times.

The Roma female group indicated an awareness of a range of infant feeding options, including breastfeeding, and were the only group to identify with the image of a woman breastfeeding in public as being reflective of their wider experiences. Their awareness of babies being bottle-fed suggested that they had a particular awareness of a range of feeding choices. Although a few participants mentioned that it could be “embarrassing sometimes” when breastfeeding, especially if men were around, it would not prevent them from doing it.

The Scottish Pakistani female group most frequently scored two images of breastfeeding at home with two images of babies being bottle-fed the next most commonly scored. In contrast, Scottish White females primarily identified with the image of a father in a suit bottle-feeding and the image of the celebrity football player, David Beckham.

The image of the father in a suit bottle-feeding scored relatively highly with Scottish Pakistani and Roma women, which was interesting in terms of an awareness of men being involved in the feeding process, as well as women breastfeeding. This may suggest that young people across cultures have an awareness of different infant feeding choices, although their discussions focussed on one method as the primary feeding choice.

To summarise, among some groups there was noticeable interest in learning more about infant feeding choices. The Roma and Scottish Pakistani participants primarily discussed breastfeeding from birth as being the norm. In contrast, the Scottish White groups, and especially the females, focussed on formula-feeding from birth as a primary feeding option, rather than a “back up”. Some outdated methods in preparing formula bottles were identified.

Overall, the female participants had a broader awareness than the males of different infant feeding choices, and across the sample participants talked about infant feeding choice being primarily within the domain of women. There also appeared to be a degree of stigma linked to going against cultural norms within all groups, thus suggesting the important role that wider community and societal values may have on infant feeding choice.

Future infant feeding choices and preferences

Participants were invited to discuss their future infant feeding choices and preferences. What did they think they would want if they had a baby in the future? This proved insightful not only in terms of their anticipated infant feeding choices, but also in terms of wider aspirations about what they would hope for themselves and their children. Generally, their preferences were in line with their awareness, which suggests the role of culture was important in shaping infant feeding views and choices. However, as will be demonstrated, some participants talked about adapting these norms to fit in more with their lifestyles, which raises interesting questions around acculturation. At the same time, some female participants felt that infant

feeding choice was something they would give more consideration to in the future. In comparison, for some of the male participants there was a sense that, ultimately, such decisions would be made by the mother.

Among study participants a range of preferences were identified after birth. They included:

- Exclusive breastfeeding
- Exclusive formula-feeding
- Breastfeeding but bottle-feeding when in public
- Formula-feeding only if unable to breastfeed.

Table 3. Current preferences/predictions for infant feeding choices.

Group	Gender	Current preferences/predictions for the future
Roma	Male	Majority would prefer partners to breastfeed. One was unsure and one preferred bottle-feeding. Sense that baby might prefer one to the other.
	Female	Focus on initiating breastfeeding from birth. Possible to express breast milk and put it into a bottle. Sense that some might not breastfeed for as long as recommended.
Scottish Pakistani	Male	All have a preference for breastfeeding from birth. Not sure how long – from two weeks to one month. They would like to play a part by bottle-feeding.
	Female	Focus on breastfeeding in the future. Would want the father to be involved as well. Breastfeed for as long as possible, but not in public settings. Can express breast milk for bottle-feed. Sense that they might breastfeed for around 8-9 months, instead of the recommended two years.
Scottish White	Male	More varied. Most had a preference for breastfeeding. Most were against the idea of breastfeeding in public – use formula/express milk. Sense that it's more the woman's choice.
	Female	Very varied – evenly split between breastfeeding and bottle-feeding. Some think formula-feeding is 'better'. Others would at least want to try breastfeeding but don't feel strongly either way. Opposed to breastfeeding in public settings.

Roma groups: future choices and preferences

Both Roma groups expressed a clear cultural preference to initiate breastfeeding, which was reflected in their discussions and the visual image task – the image of the women breastfeeding at home scored highly. However, there was some expressed female concern that breastfeeding could negatively impact on breast appearance with one participant stating that she did not plan to breastfeed for the entire two years, as recommended. As the translator explained:

“She says the bottles are good. You don’t need to breastfeed for the whole time.”

There was slight female concern that combining breastfeeding and formula-feeding might lead to gastric upset for the baby. One participant also noted that breast milk could be expressed and put into the bottle instead of formula.

During group discussions the female group members referred to aspects of the traditional male breadwinner model^d having an influence on choice. Through the translator, it was stated that girls know how to look after a baby from a young age as different generations of women, including grandmothers, talk to them about it, so they know more about parenting with mothers being with the children all the time and fathers working.

The majority of Roma male participants stated that their future preference was for their child to be breastfed, as it was considered the better option for the child. Also reinforcing the breadwinner model, their choice was shaped by the role of different generations of women, including grandmothers, involved in supporting new mothers in the early months.

Scottish Pakistani groups: future choices and preferences

Although the Scottish Pakistani groups had a preference to initiate breastfeeding in the future, there were some female reservations about how long they would breastfeed for and concerns about breastfeeding in public. There was also a strong preference in both groups that future fathers were involved in bottle-feeding. For the female group, involving future fathers in bottle-feeding was closely followed by the image of a woman breastfeeding at home. Like the Roma females, there was also a sense that they would not necessarily continue breastfeeding for the recommended two year period.

Although one Scottish Pakistani female participant expressed a desire to breastfeed for as long as possible, it would not be undertaken in shared public spaces. Others agreed that their feeding choice would be context dependent, with bottles used when

^d The breadwinner model is often characterised by the male providing the family’s instrumental needs (e.g. shelter and other material needs) with the housewife providing for the expressive family needs e.g. affective and emotional needs as well as socialisation.

out at a party or a wedding. Although acknowledging that her mother had breastfed for two years, one participant was not sure that she would maintain breastfeeding for that length of time, which possibly suggests a slight shift when compared with her mother's generations.

The Scottish Pakistani males' preference was for breastfeeding being initiated, as it was better for the child. Unlike the Roma males, their choice emphasised the mother-child bond relationship, which was viewed as "private time" that benefited both. This cultural practice was not questioned by the group and was considered a practice that would continue. There was uncertainty about the length of time that exclusive breastfeeding would take place, but estimated it would be between two weeks and one month. They also wanted to be an involved parent by bottle-feeding the baby after a period of exclusive breastfeeding. However, they were less clear about how long it would be before formula-feeding was introduced.

Scottish White groups: future choices and preferences

In both Scottish White groups, future choices and preferences were less conclusive. In the Scottish White female group the scoring of personal choice was equally high for both breastfeeding and bottle-feeding images. However, it was notable that the choices were not viewed as mutually exclusive, with many participants indicating a future preference for both breastfeeding and bottle-feeding through the focus group images task.

Three female participants' favoured formula over breastfeeding with others stating they would at least want to attempt breastfeeding. Although some would breastfeed in a home setting, they were also averse to undertaking it in a public setting. A female participant stated that providing it was not too painful, she would definitely want to breastfeed her children. Although those females favouring formula were more adamant in their views that it would be their preferred choice, most participants did not feel strongly either way and pointed out that their choices and decisions may well change between now and then. When discussing the role of men, this group talked about them having a helping role, although they did not regard this as the exclusive reason for also choosing bottle-feeding.

Although the Scottish White male group scored the image of a father in a suit bottle-feeding, followed by the image of a baby feeding on a bottle, their group discussion revealed a preference for breastfeeding coupled with the view that the infant feeding choice would be the woman's decision. Some contended that if they felt strongly, then it was their right to have input into the decision. Although, they felt that ultimately it would be the woman's choice because it was her body:

"I would prefer it, if it was better for my child, that she breastfed but if my partner didn't want to do that then obviously I would tell her the benefits of breastfeeding and try and convince her that's the best way. But if she still didn't want to, then that's what you have to be happy with."

The concept of breastfeeding in public created a degree of discomfort; although it was highlighted that milk could be expressed and used in a bottle when out in public:

“I wouldn’t let my partner feed in public though, they could take the bottle or whatever. I mean they could put the breast milk in a bottle and feed the baby.”

In summary, the scoring of visual images of infant feeding across all focus groups revealed salient choices and preferences. Across all groups, the three preferred images were of a father in a suit bottle-feeding, followed by two images of women breastfeeding at home. Across the male focus groups, the images of fathers bottle-feeding were particularly popular, with female participants evenly scoring the images of breastfeeding and bottle-feeding. The exception was the Roma female group which tended to focus on women breastfeeding. There was also an expressed opposition to breastfeeding in shared public spaces among both Scottish White groups and the Scottish Pakistani female group.

Fatherhood and choice

Across all three male focus groups, the majority stated a preference that any future child would be breastfed. Although there were high levels of awareness that breastfeeding was beneficial for mother and child, their choices appeared to have been distinctly shaped by a range of influences such as the:

- role of women within the household roles (Roma)
- mother-child bonding (Scottish Pakistani)
- focus on the potential benefits for the child and the women’s right to choose (Scottish White).

Most males in the ethnic minority groups stated a desire to become involved in feeding the baby once breastfeeding had stopped, and although the Scottish White male group did not comment on this theme during their discussions, they indicated through the visual image task, that they would like to have a role in formula-feeding the baby. Bottle-feeding seemed to provide a clear and visible sign that the father was involved in looking after the baby. This was also highlighted by the female participants. For example, speaking of the father feeding images, a Roma young woman commented:

“He’s showing as well that he loves his own child and he loves his wife and he’s able to look after the child by doing it.”

For most male participants formula-feeding offered a primary way of interacting directly with the baby. When asked if there were other ways for them to interact with the baby, not all males responded although some cited play as a possible route.

Factors that may influence infant feeding views

A range of factors identified in the research literature as having an influence on views about infant feeding also emerged during this study. These factors include:

- Class and socioeconomic position
- Attitudes and experience of witnessing breastfeeding in public
- Body image and sexuality.

Other identified themes also emerged from this study which related to future infant feeding choices and the importance of context.

Class and socioeconomic position

As part of exploring in more depth the factors that may influence views on infant feeding, participants were invited to identify groups likely to formula-feed or breastfeed (see Table 4).

Across all male groups, formula was viewed as something chosen by those with a perceived higher social status: “posh people”, “rich people”, “celebrities” and “business women”. Although the Scottish Pakistani males stated that women with complex social issues – referring to drug users, drinkers and smokers – would use formula-feed, this was qualified by concerns about the impact of these behaviours on breast milk and subsequently on the baby. Within the Scottish White male group, there were polarised views as to who was more likely to breastfeed – ranging from marginalised groups to aspirational parents. With views divided, and formula described as “chemical” and “not natural”, it was also considered the norm and “less frowned upon”.

Both Roma and Scottish Pakistani females thought everyone would breastfeed. And older women were more likely to breastfeed, according to the Roma and Scottish White female groups. Asian women were more likely to breastfeed, according to the Scottish Pakistani female group.

Across all focus groups, the cost of formula was considered an advantage to breastfeeding.

In summary, when asked what kind of people would breastfeed, the groups’ responses appeared polarised and removed from their sense of identity. A strong focus was placed on class and socioeconomic position. For Scottish White participants, the types of people that would breastfeed were people living in the “west end” (a more affluent part of Glasgow city), “confident” women, “gypsies” and “hippies”. Although they referred to groups outside their social networks, and in one sense outside their perceived social norms, when identifying their own parental aspirations, a significant number chose breastfeeding for their children. In contrast, the Roma and Pakistani groups stated that “posh” people or “celebrities” would bottle-feed their infants.

Table 4. Population groups regarded as likely to formula-feed or breastfeed.

Group	Gender	Who would formula-feed?	Who would breastfeed?
Roma	Male	Rich people; everybody	Considered the norm
	Female	Celebrities; rich people	Older
Scottish Pakistani	Male	Posh people, Smokers, drinkers, drug users Women with breast implants Teenagers	Considered the norm
	Female	Everyone	Everyone/Asian
Scottish White	Male	Business women Everyone Stuck up kids! Sister	“Ugly” Gypsies Hippy Confident women Women that want what’s best for their child
	Female	Young mums Everyone	Older Younger Women in their own home “Heavy” (overweight)

Attitudes and experience of witnessing breastfeeding in public

Breastfeeding in public provoked strong, negative reactions across all focus groups except the Roma groups who did not react negatively, instead viewing it as the norm. For both Scottish Pakistani and Scottish White groups the concept of a woman breastfeeding in public was viewed as being at the very least uncomfortable and for some was described as “indecent” and “inappropriate”.

The Scottish White males expressed diverse views, with many discussions focussed on whether the breast or parts of it were exposed. For some Scottish White male participants, the act of breastfeeding was overlooked, as other infant feeding alternatives deemed it as being almost unnecessary. However, overall they did share similar views with the Scottish Pakistani male group.

Within the Scottish Pakistani male group breastfeeding was considered “intimate” and “private time” between mother and child, with others referring to an exposed breast as being viewed by others as a sexual object. One participant commenting on a mother’s right to breastfeed in public commented:

“It doesn’t matter if it’s against the law or not, it’s a matter of if you like it, and I don’t like it...”
(Scottish Pakistani male)

Although at the outset both Scottish Pakistani and Scottish White male groups were mostly opposed to the idea of breastfeeding in public, by the end of group discussions there was agreement that their resistance was influenced by having limited experience of witnessing women breastfeeding in public and was linked to feeling uncomfortable about not knowing how to respond:

“You wouldn’t be allowed to look at that, let’s be honest... Yeah you’d probably get a slap if you did.”
(Scottish Pakistani male)

When discussed in more detail, participants agreed that if more people breastfed in public, breastfeeding would be perceived as the norm, and then their reaction would not be as negative. Similarly, a Scottish White male participant having witnessed someone breastfeeding on holiday did not feel that it was inappropriate or out of the ordinary in that particular context.

In contrast to the above male groups, the Roma male participants’ responses to images of women breastfeeding in public focussed on the child’s wellbeing. For example, commenting on the image of a woman breastfeeding outside a café, discussion centred on the impact of noise on the baby, rather than the act of breastfeeding in public. Moreover, sexualised association with breastfeeding was not evident.

Body image and sexuality

During the female group discussions there were references to the potential impact of breastfeeding on their bodies (physical looks and image) and how these factors may reduce the duration of breastfeeding. Two groups in particular, Roma and Scottish White, discussed the impact of breastfeeding on breast shape with arguments revolving around whether it would enhance or impair the breast appearance. One of the female Roma participants felt that, because of this, “older” women would be more likely to breastfeed:

Translator: “If you’re older you don’t care how you look, you have a husband and a child already so...”

These perceived bodily changes were viewed as having a negative impact on the women’s self image, thus acting as a deterrent to future breastfeeding for young women in particular.

For some within the Scottish White female group, the act of breastfeeding was deemed as being too sexualised regardless of context, whereas for the Scottish Pakistani female group, the act became sexualised only when leaving home:

*“Even if I do see someone do it I’d be like, get a room, that sort of thing.”
(Scottish Pakistani female)*

*“I would be, oh my god, what is she doing...”
(Scottish White female)*

*“People don’t want to see nipples.”
(Scottish White female)*

For both of these groups there was a sense of discomfort and also shock value in the idea of breastfeeding in public. The Scottish Pakistani female group described breastfeeding at home as the norm and something that was supported and common place. However, the act of breastfeeding outside the home was viewed as, and described as, a transgressive act. The image of a woman breastfeeding outside a café was viewed very negatively in all but the Roma groups, although some Roma females felt it could be a bit embarrassing. This illustrates the importance of context and environment as a key determinant in shaping infant feeding options. Interestingly, there was divided opinion among respondents about the image of a woman discreetly breastfeeding in public, with a shawl: some thought it was “better” and afforded a degree of decency with others noting that they would still know what was taking place.

The issue of safety was also raised in relation to breastfeeding a baby under a shawl, with speculation as to whether the shawl could suffocate the baby. The image considered the most inappropriate across all of the groups was of a young boy bottle-feeding a baby. Participants were mindful of the baby’s safety and there was a sense of unease that the baby was not being properly supported.

Infant feeding choices and context

A distinct finding to emerge across all focus groups was how future infant feeding choices can be shaped and bounded within a wider context.

Scottish Pakistani females talked about negotiating the move from private space (breastfeeding) to public space (bottle-feeding). With breastfeeding in public regarded as inappropriate, the option to bottle-feed in public provided an alternative which participants saw as convenient because it would allow them to continue socially interacting outside the home.

For Scottish White females, there was less of a public-private contextual element. The contextual dimension of their future choice related to managing feeding options in a way that restricted the impact infant feeding would have on other aspects of their lives. For example, participants linked breastfeeding to dietary or alcohol restrictions (reasons for not choosing breastfeeding). They also highlighted the convenience of bottle-feeding with a focus on being able to retain a degree of independence as a

new parent. In other words, bottle-feeding meant that support from family members, such as grandmothers, could be accessed (reasons for choosing formula).

These contextual restrictions, such as negotiating public-private spaces or diet, were absent among Roma women. With breastfeeding considered quicker, easier and more convenient than preparing a bottle-feed, the Roma females considered this important within the context of having to feed a hungry baby:

Translator: "She says it's much easier to use the breast because by the time your bottle is ready, it's easier just to take the breast out."

8. Discussion

Across the three communities represented in the focus groups there was no discernible shared view when discussing their future infant feeding preferences. The Scottish White groups' future choices and preferences were less conclusive than those of the other communities, and although breastfeeding appears to be more culturally embedded among the Roma and Scottish Pakistani groups, there were some differences between these two groups, particularly around gender and attitudes towards breastfeeding in public settings.

The findings from this small study raise questions that merit further debate as to whether subtle cultural changes that may shape future infant feeding choices are occurring among young Roma and Scottish Pakistani people.

Are cultural factors shaping future infant feeding choices?

The views of the Roma respondents provided insights into a recently arrived first generation community within Glasgow city. Their responses appear to strongly reflect the traditional cultural values and behaviours of their community. Even so, some insights suggest a degree of Western/Scottish influence is already apparent. For example, the reported use of formula products among some Roma families could be indicative of cultural change within the community (with formula becoming more accepted) or, alternatively, might simply reflect global consumerist influences. Similarly, their views that bottle-feeding was a behaviour chosen by “posh” people or “celebrities” may be partially explained by the concept of *celebrity culture*.

The shared concerns of the Roma and Scottish White women towards breastfeeding and its perceived impact on female body image might be another indication that dominant western values are having some influence on Roma women. These body image concerns were identified in a previous study involving American fathers, which found that those reporting that their partner would exclusively formula-feed were more likely to think breastfeeding was “bad” for breasts and made them “ugly”²⁷. In light of this, we can only speculate as to whether the Roma female body image concerns are reflective of early processes that could be supporting a move away from breastfeeding to formula-feeding.

In sharp contrast, Roma men in this study viewed breastfeeding as being natural, were noticeably untroubled by it occurring in public and used language which conceptualised breastfeeding away from the mother's body towards the mother-child role. Therefore, if subtle cultural changes are occurring among the Roma population, then there may be gendered differences that need to be considered.

The Scottish Pakistani groups involved young people who represented the second or third generation of families who had moved to Scotland. Their views, therefore, might be expected to illustrate a greater degree of similarity to the Scottish White young people, if the process of acculturation is strongly influenced by duration of residence

(and all that goes with that, such as shared schooling, influence of popular culture and media images etc). In general, the attitudes and preferences expressed by the Scottish Pakistani groups were closer to those of the Scottish White groups, than were the Roma views – but they remained culturally quite distinct. There also appeared to be some suggestions of shifts within the Scottish Pakistani community between generations.

A particular example of cultural change identified among some Scottish Pakistani women was found in relation to the traditional practice of Chilla which appears to support breastfeeding. Although some were aware that it was being practised among new mothers, others from more self-contained nuclear family units did not think that it was being practised. The move from extended family networks to more self-contained family units has been identified elsewhere as a cultural factor that can help explain the reduction in breastfeeding among minority ethnic groups¹⁵. However, it was unclear whether these different perspectives on Chilla represent a cultural change among these young women.

Although in previous research, factors such as having a partner with a different minority ethnic identity and living in areas with high minority ethnic populations were reported as having a positive influence on breastfeeding practices among ‘white’ mothers¹⁹, there was no reported evidence in the current project that these factors were shaping the infant feeding choices of Scottish White respondents. Some participants’ aspirations to choose breastfeeding were linked to socioeconomic status and, when discussing formula-feeding, both Scottish White groups described it as the norm, convenient and safe, thus reinforcing other findings²⁹.

Although breastfeeding in public spaces provoked various negative responses in all groups, particularly among males, there were noticeable differences between the more accepting Roma males and the responses of the Scottish Pakistani males. The latter group’s responses resonated with recent findings from a study that explored young British white men’s perceptions of infant feeding²⁹. This study also identified themes relating to sexuality, embarrassment, and social conduct as influences on breastfeeding in public. Although it could be argued that the Scottish Pakistani males’ responses reflect the prevailing (Glasgow/Scottish) majority cultural view, there may be a more nuanced picture within the Scottish Pakistani community as the focus group respondents also reported that men would not be in the same room as women when breastfeeding took place within the home. This suggests other cultural factors relating to gender roles may be important inside the home. Furthermore, the clear view of Scottish Pakistani women that bottle-feeding is a convenient and more socially acceptable option when planning to socialise outside the home may be shaped by some of the views of Scottish Pakistani men (as summarised above).

What other factors are shaping future infant feeding choices?

In addition to the cultural factors described above, this research has highlighted some other important influences on breastfeeding perceptions and choice. First, there was a distinct lack of awareness across all groups of legislation relating to breastfeeding in public places. In several comments there appeared to be a sense that breastfeeding in public was something that should be avoided, several of the respondents had never seen it, and there was no recognition that there was legislation to normalise and make breastfeeding easier in public places.

A second related theme is that in all groups, except the Roma, strong negative reactions were expressed to breastfeeding in public, and participants recognised that these were shaped by their limited experience of witnessing it and of feeling uncomfortable and unsure about how to respond. These responses can be seen alongside other work which has shown how moral norms and the sexualisation of body shape can maintain these views¹⁷ and how limited experience of witnessing breastfeeding also drives male concerns about predatory male attention²⁹.

Third, a distinct finding that does not seem to be widely reported elsewhere involved the importance of context in shaping and containing future infant feeding choices. It was noticeable that both Scottish Pakistani and Scottish White women identified contextual restrictions, such as negotiating public-private space or accessing family support, as important factors in shaping their future choices. In contrast, Roma women emphasised breastfeeding as a more convenient choice within the context of having to feed a hungry baby.

In light of these findings, some of the reported challenges (a lack of awareness of legislative changes; negative reactions to breastfeeding in public; male uncertainty about how to respond) may not be fully addressed by current public health responses. Moreover, others have noted that personal observation of breastfeeding may be a more effective approach than attempts to transfer knowledge through traditional public health messages⁵.

With male partners having a role to play in shaping infant feeding choices^{25,26}, additional approaches could be explored to address specific challenges, including the conflicting male responses towards breastfeeding in public. A suggested approach would involve working with men to address practical infant feeding issues and problems generated by the wider sociocultural issues of masculinity and sexuality²⁹. However, this approach may need to take into account the importance of personal observation and specific cultural factors such as the themes of gender and the wider context that were identified among some Scottish Pakistani participants in this study.

To build upon existing national and local health improvement responses, aimed at increasing the future proportion of children who are breastfed, other responses could involve providing specific advice and information to young people, such as the Roma, whose first language is not English. There may also be a need to offer support to

young women from minority ethnic groups that do not have access to traditional kinship support and are living in more self-contained family units with potentially less support available.

9. Conclusion

A degree of caution is required when attempting to draw lessons from this qualitative study about the role of cultural factors in shaping future infant feeding decisions among young people in these three communities. Nevertheless, cultural factors do need to be considered, as Glasgow city has the most ethnically diverse population of all local authority areas across Scotland – and is likely to become more diverse over time.

It remains to be seen whether an increasingly diverse city population supports a move towards a more breastfeeding-friendly culture, or whether we will witness new communities, like the Roma, incrementally acquiring some of the shared values and preferences of the Scottish White groups seen in this study.

With infant feeding decisions often shaped by cultural factors and experiences within family and social networks, any attempts to influence the decision-making process at the antenatal stage will be limited. Therefore, enhancing understanding of the role of cultural factors within an increasingly diverse population could help support attempts to increase the future proportion of children who are breastfed.

References

1. Spiby H, McCormick F, Wallace L, Renfrew MJ, D'Souza L, Dyson L. A systematic review of education and evidence-based practice interventions with health professionals and breastfeeding counselors on duration of breastfeeding. *Midwifery* 2009;25(1):50-61.
2. The NHS Information Centre, IFF Research. *Infant Feeding Survey 2010: Early Results Tables*. The Health and Social Care NHS Information Centre; Version 1, 2011.
3. Scottish Government. *Improving Maternal and Infant Nutrition: A Framework for Action*. Edinburgh: Scottish Government; 2011.
4. Dykes F, Flacking R. Encouraging breastfeeding: a relational perspective. *Early Human Development* 2010;86(11):733-736.
5. Hoddinott P, Pill R. A qualitative study of women's view about how health professionals communicate about infant feeding. *Health Expectations* 2000;3(4):224-233.
6. Earle S. Factors affecting the initiation of breastfeeding: implications for breastfeeding promotion. *Health Promotion International* 2002;17(3):205-214.
7. Giles M, Connor S, McClenahan C, Mallett J, Stewart-Knox B, Wright M. Measuring young people's attitudes to breastfeeding using the Theory of Planned Behaviour. *Journal of Public Health* 2007;29(1):17-26.
8. Hoddinott P, Pill R. Qualitative study of decisions about infant feeding among women in East End of London. *British Medical Journal* 1999;318(7175):30-34.
9. Duddridge E. Breastfeeding. The influence of grandparents on infant feeding choice. *British Journal of Midwifery* 2000;8(5):302-304.
10. Rempel LA, Rempel JK. Partner influence on health behaviour decision-making. *Journal of Social and Personal Relationships* 2004;21(1):92-111.
11. Wolfberg AJ, Michels KB, Shields W, O'Campo P, Bronner Y, Bienstock J. Dads as breastfeeding advocates: research from a randomized controlled trial of an educational intervention. *American Journal of Obstetrics and Gynaecology* 2004;191(3):708-712.
12. Dyson L, Renfrew M, McFadden A, McCormick F, Herbert G, Thomas J. *Promotion of breastfeeding initiation and duration. Evidence into practice briefing*. NICE; 2006.
13. Swanson V, Power K, Kaur B, Carter H, Shepherd K. The impact of knowledge and social influences on adolescents' breastfeeding beliefs and intentions. *Public Health Nutrition* 2006;9(3):297-305.
14. Ingram J, Cann K, Peacock J, Potter B. Exploring the barriers to exclusive breastfeeding in black and minority ethnic groups and young mothers in the UK. *Maternal & Child Nutrition* 2008;4(3):171-180.
15. Dennis C. Breastfeeding initiation and duration: A 1990-2000 literature review. *Journal of Obstetric Gynaecologic and Neonatal Nursing* 2002;31(1):12-32.
16. Hawkins SS, Lamb K, Cole TJ, Law C; Millennium Cohort Study Child Health Group. Influence of moving to the UK on maternal health behaviour: a prospective cohort study. *British Medical Journal* 2008;336(7652):1052-1055.

17. Dyson L, Green J, Renfrew M, McMillan B, Woolridge M. Factors influencing the infant feeding decision for socio-economically deprived pregnant teenagers: the moral dimension. *Birth* 2010;37(2):141-149.
18. Bick DE, MacArthur C, Lancashire RJ. What influences the uptake and early cessation of breastfeeding? *Midwifery* 1998;14(4):242-247.
19. Griffiths LJ, Tate AR, Dezateux C. The contribution of parental and community ethnicity to breastfeeding practices: evidence from the millennium cohort study. *International Journal of Epidemiology* 2005;34(6):1378-1386.
20. Smith S. An analysis of Australia's changing context in the breastfeeding mother, motivation and free community education. *Breastfeeding Review* 2007;5(2):21-25.
21. Pickett KE, Shaw RJ, Atkin K, Kiernan KE, Wilkinson RG. Ethnic density effects on maternal and infant health in the Millennium cohort study. *Social Science and Medicine* 2006;69(10):1476-1483.
22. Bolling K, Grant C, Hamlyn B, Thornton A. *Infant Feeding Survey 2005*. The Information Centre, 2007.
23. Shaker I, Scott JA, Reid M. Infant feeding attitudes of expectant parents: breastfeeding and formula feeding, *Journal of Advanced Nursing* 2004;45(3):260-268.
24. Britton C, McCormick FM, Renfrew MJ, Wade A, King SE. Support for breastfeeding mothers. *Cochrane Database of Systemic Reviews* 2007;(1):CD001141.
25. Scott J, Landers M, Hughes R, Binns C. Factors associated with breast feeding at discharge and duration of breast feeding amongst two populations of Australian women. *Journal of Paediatrics and Child Health* 2001;37(3):254-261.
26. Littman H, Medendorp SV, Goldfarb J. The decision to breastfeed. The importance of fathers' approval. *Clinical Pediatrics* 1994;33(4):214-219.
27. Freed GL, Kennard Fraley J, Schanler RJ. Attitudes of Expectant Fathers Regarding Breastfeeding. *Pediatrics* 1992;90(2):224-227.
28. Pollock CA, Bustamente-Forest R, Giarratano G. Men of diverse cultures: knowledge and attitudes about breastfeeding. *Journal of Obstetrics, Gynaecology and Neonatal Nursing* 2002;31(6):673-679.
29. Henderson L, McMillan B, Green JM, Renfrew MJ. Men and Infant Feeding: Perceptions of Embarrassment, Sexuality, and Social Conduct in White Low-Income British Men. *Birth* 2011;38(1):61-70.
30. Spurles K, Babineau J. A Qualitative Study of Attitudes Towards Public Breastfeeding Among Young Canadian Men and Women. *Journal of Human Lactation* 2011;27(2):131-137.
31. Henderson L, Kitzinger J, Green J. Representing infant feeding: Content analysis of British media portrayals of bottle feeding and breast feeding. *British Medical Journal* 2000;321(7270):1196-1198.
32. Braun V, Clarke V. Using thematic analysis in psychology. *Qualitative Research in Psychology* 2006;3(2):77-101.
33. Squires A. Methodological Challenges in Cross-Language Qualitative Research: A Research Review, *International Journal of Nursing Studies* 2009;46(2):277-287.

Appendix

Focus group topic guide and timings

Arrival, introductions and focus group rules	15 minutes
Group Ice Breaker	10 minutes
Open question: What do you think makes a good parent? (Post it notes handed to participants)	10 minutes
Visual Image task	20 minutes
<ul style="list-style-type: none">- Which images reflect your own awareness of baby feeding?- Are there any images that you find inappropriate? Possible rate top three?- How would you feed your baby?	
Discussion Topic guide questions	20 minutes
<ul style="list-style-type: none">• If you were to become a parent what kind of feeding options would you choose for your child and why?• What do you know about breastfeeding?• How do you feel about breastfeeding?• Who do you think is most likely to breastfeed?• Are there any advantages of breastfeeding?• Are there any disadvantages of breastfeeding?• Do you think that breastfeeding would come naturally or something you would seek support for?• What are your views of bottle-feeding a baby?• What kind of people do you think are most likely to breastfeed a baby?	
Open discussion	25 minutes
<ul style="list-style-type: none">• Do you think that you are allowed to breastfeed in public?• Where do you think it is appropriate to breastfeed?• Discuss in groups followed by general discussion	
Summary and final comments	10 minutes



House 6
1st Floor
94 Elmbank Street
Glasgow
G2 4DL
0141 287 6261

Email: Naira.Dar@glasgow.gov.uk

Young people's perception of baby feeding choices

Participant information sheet

Introduction

My name is Naira Dar and I am a Public Health Research Specialist at the Glasgow Centre for Population Health (GCPH). I am interested in gathering the views of young people, who are not yet parents themselves, about baby feeding choices.

I know this might not be a priority for you right now, but that is why we want to talk to you about this subject. I hope to make the discussion interactive and allow you to participate in a fun way. If it is something that you do not have any interest in then feel free to tell me why. As an incentive, all participants will be given shopping vouchers to the value of £20 for participation in each workshop.

What is the study about?

The aim of the research is to find out how culture impacts on the decisions young people make about future infant feeding choices. The study hopes to identify and develop new public health strategies through speaking to and working with young people. We are interested in gender and whether there are any differences between how young men and young women think about, and shape their views on infant feeding choices. We are asking you to take part in this study to help us find out what these differences might be and to use your knowledge and experiences to develop new ideas for health promotion strategies.

What will happen if I agree to take part?

You will be asked to take part in a focus group discussion with other people your age and gender. In the discussion we will ask about your views and perception of infant feeding choices.

Will taking part in the study be kept private?

Yes, we will ensure privacy by keeping the information you give us in a safe place where only the research team can access it. When writing the report, we may use your words in the report but will change anything that might allow people to guess who said it, such as people's names, places etc.

Do I have to take part?

No. Involvement in the workshops is voluntary.

Are there risks or benefits to taking part?

There are no risks in choosing to take part in this study.

How do I complain?

If you have any problems you should let the researchers know in the first instance, to see if there is anything they can do to improve your experience of the research. If this

is unsatisfactory, then there is an established NHS complaints procedure, if you have concerns around your experiences of taking part in this project.

What will happen to the results of the study?

We will write up the findings as a report that will inform health promotion strategies for NHS Greater Glasgow and Clyde.

Who is funding the research?

The research is funded by the Glasgow Centre for Population Health which is funded by the Scottish Government.

What do I do now?

If you would like to take part, then please contact Naira Dar, Research Specialist who is co-ordinating this project by emailing Naira.Dar@glasgow.gov.uk or by telephoning 0141 287 6261.

Can I find out more?

You can find out more about the work we do on the GCPH website (www.gcph.co.uk).

Thank you for reading this – please ask any questions if you need to.



www.gcph.co.uk