Title

Exploring Barriers to Breastfeeding among Chinese Mothers Living in Madrid, Spain

Running Title

Barriers to breastfeeding among Chinese mothers Madrid
ABSTRACT

In Spain, immigrant women have high rates for initiating breastfeeding. In contrast, the case of immigrant Chinese mothers stands out, due to the low rate. In China, breastfeeding has historically been the cultural norm. An ethnographic study was conducted to explore aspects related to the low rate of breastfeeding. Field observations and informal interviews were conducted in 2 hospitals and a primary care center. Semi-structured interviews were performed with Chinese mothers and health workers. Among Spanish health workers, there is a belief that Chinese women do not breastfeed due to cultural reasons. The rapid return to work and the popular phenomenon of sending babies back to China for grandparents to raise constitute barriers for breastfeeding. Although in China breastfeeding is common practice, in Madrid the prioritization of productivity over reproduction and the existence of the so-called “satellite babies” and transnational maternity make the establishment and maintenance of breastfeeding difficult.

Key words: Breastfeeding, Emigrants and Immigrants, China, Stereotyping.
Background

The World Health Organization recommends exclusive breastfeeding for the first six months of age (1). The benefits of breastfeeding are widely described in the scientific literature. According to the recent UpToDate systematic review (2), breastfeeding is proved to provide direct benefits to mothers and babies both in the short and long term. Among the most relevant short term benefits are the prevention of acute infectious processes such as gastrointestinal and respiratory diseases (3, 4). Among the long term benefits are improvements in the child’s neurological development, both on a cognitive level (5, 6), as well as for the development of linguistic skills (7) and is associated with a decreased risk of chronic diseases such as asthma (8).

Spain is a country that has received a great influx of immigrants, especially since the year 2000; with immigrants currently representing 13% of the total population. In the last five years, between 20 and 25% of registered births in Spain were from families where one of the parents was a foreigner. Currently, there are almost two hundred thousand Chinese nationals living in Spain, representing 0.4% of the total population (9).

Regarding breastfeeding in Spain, immigrant women have high rates for initiating breastfeeding (10, 11, 12, 13) representing an average of approximately 90%, which is above the Spanish average of 80% (14).

In stark contrast to the above data, the case of immigrant Chinese mothers living in Spain stands out, due to the low rate of those who initiate breastfeeding, reportedly only reaching 48.3%, which has been related to erroneous concepts and negative attitudes towards breastfeeding (14).
In the People’s Republic of China, breastfeeding has historically been the cultural norm (15). In the decade of 1970 and 1980, the rates decreased, to then increase once again until the beginning of the 21st century, with reported percentages of over 90% in many regions (16, 17), including the region of Zhejiang (17) in southeast China, which is where most of the Chinese come from who are currently living in Spain (18).

An analysis of the countries where Chinese communities tend to settle reveals variable rates of breastfeeding. For example, in Canada, these rates are low, estimated to be between 25-47% at hospital discharge (19), despite breastfeeding being favorably perceived (20). In Ireland, Chinese women also display favorable attitudes towards breastfeeding (21). In Australia, a decade ago, the breastfeeding rates among Chinese women were lower than those of the remainder immigrant groups (22), however, a recent study cites a percentage of 94%, which is even higher than that of China, estimated at 86% (23).

Seeing as the rates of breastfeeding in China are comparable to those of Spain, and in view of the differences regarding breastfeeding rates among Chinese mothers who immigrate to countries such as Spain, Canada and Australia, there is clearly a need to further explore the situation of Chinese mothers giving birth to children in Spain.

Aims

To explore aspects related to the low rate of breastfeeding among Chinese mothers in the Community of Madrid (Spain).
Methods

Design and Sample.

A qualitative study was performed using focused ethnography (24) as part of a larger study on immigrant children based on 32 visits made to ethnographic field sites, constituting 154 hours of non-participant observation and 24 interviews. The data collected from the larger study helped to frame the present findings regarding the Chinese issues and provided insight on the specific barriers faced by this group compared to other immigrant groups studied.

Participants.

For the present study, intermittent field observations and informal interviews with 8 Chinese mothers and 11 health workers took place between September 2011 and February 2013 in the departments of obstetrics, pediatrics, the pediatric emergency units and neonatal intensive care units of two hospitals (between 250 and 410 beds) and in the consultations of pediatrics and pediatric nursing of a primary health care center. The latter was located in the Madrid neighborhood with the highest concentration of Chinese residents in the region at the time of study. The participants were selected by the researcher among those present in the hospitals and the health care center on the observation days, according to their availability and willingness to participate in the study. In the case of the Chinese mothers, we recruited people with children born in Spain. In the case of the health workers, we recruited people with experience working with Chinese women. The inability to understand or express themselves in Spanish constituted an exclusion criteria for the recruitment of Chinese mothers.
In addition, 2 semi-structured interviews were performed with Chinese mothers on June 5, 2013 and 15 semi-structured interviews were conducted with Spanish health workers (13 nurses), between October 2011 and May 2012. The Chinese mothers were selected by the staff of the Health Care Center among the women who attended the clinic, according to the inclusion and exclusion criteria. Afterwards, the same staff arranged a meeting between the researcher and the Chinese mother. The characteristics of the Chinese mothers interviewed are displayed in table 1.

Inclusion criteria:

- Mothers of a Chinese origin and with at least one child born in Spain receiving health care regularly at the center where the research was based.
- Acceptance of participating in the research project.

Exclusion criteria:

- Inability to understand or express themselves in Spanish.

The health workers were selected by the researcher among the staff at the hospitals and the health care center in which the research took place. Specifically, health workers with experience dealing with Chinese mothers were sought. The characteristics of the health workers are described in table 2.

Data collection.

During the observation periods, the investigator assumed the role of researcher, observing the situations and conversations that arose in the clinical context and
performing informal non-recorded interviews with health workers and mothers. The informal interviews were performed by the main researcher within the units and examination rooms where the participants were present both at the hospitals and at the health care center.

The semi-structured interviews were conducted in-person by the main researcher with the purpose of obtaining in-depth information on certain aspects that arose during the observation periods and the informal conversations that took place during these. Furthermore, the semi-structured interviews of the Chinese mothers were used to discuss some of the issues that were raised by the nurses in their interviews. The interviews were audio recorded and fully transcribed upon completion. These interviews were performed in a room within the hospitals and the health care center as arranged by the staff. Each interview lasted for approximately 30 minutes. The semi-structured interviews were based on an interview guide comprising themes related with childcare, and including breastfeeding and immigration, based on the bibliography and aspects raised during the observations and informal interviews that took place at the field sites. The interview was then developed based on the participants’ responses and the emerging themes.

Data triangulation was performed by comparing and combining data from both the fieldwork techniques (observation and interview) until the point of saturation was met (25).
Analysis.

Data were analyzed according to the constant comparative method using open coding and axial coding processes (26).

Ethical considerations: the Ethical Committee of Clinical Research of a hospital in Madrid approved the study. Informed consent was obtained from all individual participants included in the study. Written informed consent was requested for the interviews with health workers and verbal informed consent for the interviews with mothers and during the observations at the hospitals and primary health care center, prior to these being performed. A pseudonym was assigned to each subject to ensure confidentiality. The interview participants were all given a transcription of their interview for review and acceptance prior to data analysis. Of these, only one participant made a correction to the interview transcription.

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Results

Three metacategories emerged from the qualitative analysis. A selection of extracts from the interviews and observation periods are transcribed throughout the next section (note: these are written in broken English to reflect the broken Spanish used in the original interviews).

Family Structure and Transnational Maternity.
This category refers to differences found in the family and social structures of immigrant families compared to Spanish families. In the case of immigrants, usually not all family members resided in Spain, which contributed to the existence of so-called "satellite children". This refers to the cases of children born in Spain but who are sent to China to be cared for by and raised by their grandparents, and who eventually return to Spain after some time. This phenomenon was often highlighted by both the nurses and Chinese mothers participating in this study:

“second [her second son] cannot [take care of him] and so leave him there [in China], for her to take care of him [the grandmother]” (Li, Mother).

Besides the transnational maternity phenomenon, in order to compensate for the lack of family support, Chinese women tended to rely on social support networks among compatriots. In the case of the Chinese community, these networks are typically self-sufficient and hermetic, as explained by Francisca, a social worker:

“We have rarely intervened with the Chinese population as they, well, you know, they keep among themselves, they have their own associations, their own groups, and they support each other” (Francisca, Social Worker).

Sometimes, this type of support is based on a remunerated arrangement, as indicated by Jing, one of the Chinese mothers:

Researcher: “And was it someone you paid to go to your house? Was it a worker?”
Jing: “Yes, yes. [It would have been] Better [if] my parents came, you know? But they can’t, that’s why (...) that’s why I must ask other people to take care of us” (Jing, Mother).

Chinese Stereotypes.

Nurses displayed a tendency for classifying and labeling people of a Chinese origin as immigrants, based on their names, racial characteristics and the language they spoke. Among the stereotypes found, there was a belief that Chinese women preferred artificial milk, as reflected in the following dialogue:

Luisa: “they don’t breastfeed them”.

Lorena: “of course, they don’t really support breastfeeding, it’s always artificial milk, you may find one or two, but that is very, very rare”.

Luisa: “I always remember the first birth that I attended, I asked if she was going to breastfeed and everyone looked at me [she laughs]”.

Lorena: “as if you had said something strange” (Luisa and Lorena, Nurses).

The behaviors associated with these groups are attributed to “their culture”, as explained by an assistant nurse:

“Chinese women, seeing as they have their own culture, well... the Chinese tend to use bottles more than... because of their culture, than to breastfeed” (Lara, Assistant nurse).

Barriers to Breastfeeding.
This category covers barriers to breastfeeding that were specifically identified by nurses and mothers.

There were nurses who pinpointed difficulties related to the socioeconomic situation of the Chinese mothers, which represented a barrier for breastfeeding:

“...on the other hand, it is their work culture, many times you have a mother who has just had her child and she has to work” (Lucrecia, Nurse).

“Our idea, our vision is that, seeing as they start to work almost immediately after the birth, they have to feed the babies but they can’t, they don’t have time to breastfeed” (Fuencisla, Nurse).

Similarly, the existence of “satellite babies”, where the grandparents act as carers for their grandchildren to help the mothers while they work, constitutes a barrier to breastfeeding, as related by a nurse:

“...they have a son and when a certain amount of time passes, they have to send him to China because they have nobody to take care of him. That is why the grandmothers take care of them” (Lucrecia, Nurse).

These nurses’ opinions were contrasted with the Chinese mothers. One mother commented that she didn’t breastfeed her son due to work commitments. She said that she knew that breastfeeding was better but that she had to do it that way in order to work. Her mother in law, in China, told her she was “silly” for not breastfeeding. Other mothers shared similar experiences:
“But I couldn’t any more, I have to work, and you know, with all the people, all day shop, with children [it’s] awful, and so I have stopped” (Li, Mother).

“I cannot take care [of] her [of her daughter], you know? [I] Must work and make money, so I can’t” (Jing, Mother).

Discussion

The low rate of breastfeeding among Chinese women in Spain is often associated with stereotyped beliefs regarding Chinese culture (14). However, the research literature shows that the Chinese culture is in fact supportive of breastfeeding (15, 16, 17).

The results of this study show that the working conditions of Chinese mothers in Spain represent a barrier towards the implementation of breastfeeding. The type of work that these women perform is usually within the catering industry (Chinese restaurants), commerce (shops) and the textile industry (clothing manufacturing) (27) and is characterized by being mainly family businesses (27, 28). Almost 40% of these women are self-employed (29), whereas the remainder perform manual labor for compatriots (30), often without a contract and illegally. Therefore, many mothers have no choice but to immediately return to work, and thus it is easier to bottle feed rather than breastfeed. These findings correlate with the fact that almost 90% of Chinese women in Ireland believed that powdered milk formulas were the best choice for mothers working outside the home (21), or that in Australia, one of the main reasons for interrupted breastfeeding was the need to return to work (31).
The lack of family support for Chinese women in Spain obligates them to send their children to China, to be cared for by the grandparents. It constitutes a barrier for the practice of breastfeeding. These transnational networks (32) serve to support Chinese women, who prioritize productivity over reproduction (28), accepting transnational maternity as the norm. This practice has also been described in other countries with greater migratory traditions, such as Australia (33) and Canada (34), as well as in the United States (35, 36).

**Study limitations.**

One of the limitations of this study is that we did not use a Chinese interpreter for the interviews, as this may have produced more in-depth accounts. Also, despite identifying barriers to breastfeeding, this study does not establish the specific impact of each of these. It is therefore necessary to perform further research in this area in order to deepen our understanding of specific socioeconomic aspects, such as the working conditions and the phenomenon of transnational maternity in Chinese mothers, in order to gather more in-depth knowledge on the relation between these factors and breastfeeding. In this study we focused on the experiences of nurses and Chinese mothers, however future studies may want to explore the beliefs and support offered by other family members (such as fathers, grandparents, etc..) living in Spain as this would provide information from a different perspective.

**New contribution to literature.**

Current societies are heterogeneous since they include immigrant groups from different countries. Breastfeeding is a key public health intervention. Therefore, it is
important to have a proper knowledge of the different factors, both cultural and socioeconomic, that represent barriers to breastfeeding. This study identifies specific socioeconomic barriers to breastfeeding among immigrant Chinese mothers, barriers health workers may be unaware of.

References


3 Fisk CM; Crozier SR; Inskip HM; Godfrey KM; Cooper C; Roberts GC; Robinson SM: Breastfeeding and reported morbidity during infancy: Findings from the Southampton women's survey. Maternal & Child Nutrition 2011; 7(1): 61-70. doi:10.1111/j.1740-8709.2010.00241.x


6 Jedrychowski W; Perera F; Jankowski J; Butscher M; Mroz E; Flak E; Sowa A: Effect of exclusive breastfeeding on the development of children's cognitive

7 Whitehouse AJO; Robinson M; Li J; Oddy WH: Duration of breast feeding and language ability in middle childhood. Paediatric and Perinatal Epidemiology 2011; 25(1): 44-52. doi:10.1111/j.1365-3016.2010.01161.x


11 Oves B; Escartín L; Samper MP; Cuadrón L; Álvarez ML; Lasarte JJ; Rodríguez G: Immigration and factors associated with breastfeeding. CALINA study. Anales de Pediatría (Barc) 2014; 81:32-38.


13 Verdera C; Mayor I; Nadal M; Jovani L; Gutierrezes P; Aguilar C: Lactancia según etnia en un centro de salud. Ágora de Enfermería 2008; 12(2):58-64.

14 Río I; Castelló-Pastor A; Del Val M; Barona C; Jané M; Más R; Rebagliato M; Bolúmar F: Breastfeeding initiation in immigrant and non-immigrant women in Spain. European Journal of Clinical Nutrition 2011; 65(12):1345-1347. doi:10.1038/ejcn.2011.121


24 Boyle JS: Estilos de etnografía. In Morse JM (Ed.): Asuntos críticos en los métodos de investigación cualitativa (pp. 185-214). Medellín: Universidad de Antioquía; 2006


27 Beltrán J; Sáiz A: Comunidades asiáticas en España. Barcelona: CIDOB; 2002


30 Betrisey D: Migración, comercio mayorista chino y etnicidad. Revista CIDOB d'Afers Internacionals 2007; (78):77-95.


Unpublished manuscript; 2007


35 Kwong K; Chung H; Sun L; Chou JC; Taylor A: Factors associated with reverse-migration separation among a cohort of low-income chinese immigrant families in New York City. Social Work in Health Care 2009; 48(3): 348-59. doi: 10.1080/00981380802599174