University of Regina

A Call to Action on Strategies to Dismantle Breastfeeding Barriers Among Vulnerable Population of Mothers Affected by Disasters and Displacement

Presenter
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Land Acknowledgement

I am a South Asian settler on Treaty 4, the land of the Cree, Saulteaux, Dakota, Nakota, Lakota, and the homeland of the Métis Nation

I appreciate the privilege I have been given to live, study, work and raise my family on this land. I am mindful of broken covenants and strive to make this right, with the land and with each other.

Disclosures

I acknowledge that there is no actual or potential conflict of interest

Objectives

By the end of this session, audience will be able to:

1) share challenges encountered by vulnerable group of mothers affected by disaster and displacement in the global context.

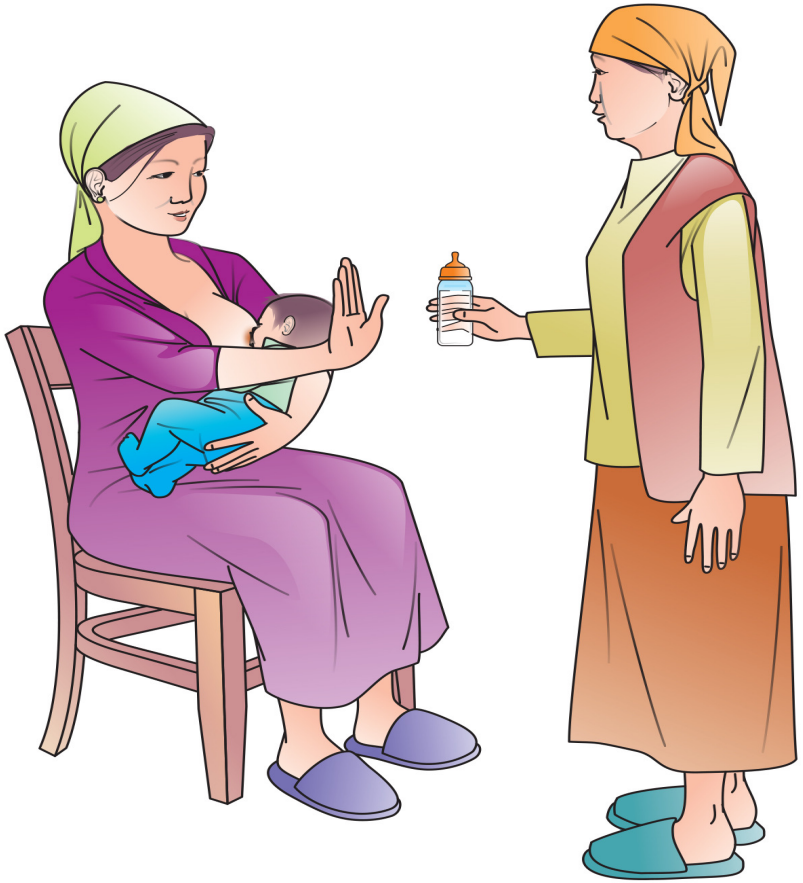
2) identify ways to dismantle breastfeeding barriers encountered by the vulnerable group of mothers in the global and Canadian context

Early Years Are Vital for Infants' Growth and Development

Benefits of Breastfeeding

- Safe, clean and contains antibodies
- Essential for infants' brain development
- Promotes infants' growth
- Establishes maternal-child bond
- Analgesic properties
- Prevents obesity

Dangers of Formula Milk



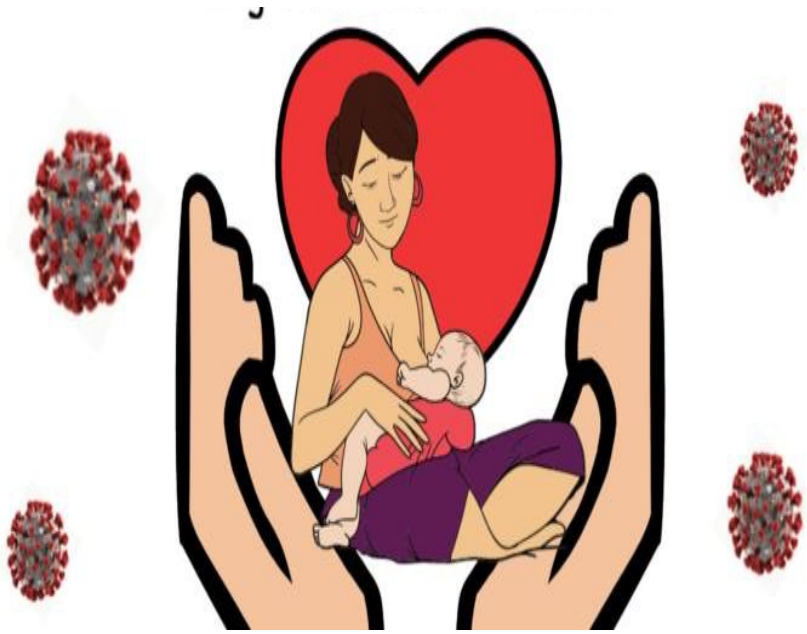
- Increase Expenses
- Risk of contamination
- Risk of infections
- Allergies and intolerances
- Dental issues
- Obesity

WHO Guideline Around Use of Breastmilk

World Health Organization Recommends:

- **Breastfeeding initiation within the first hour of birth**
- **Birth to 6 months:** Exclusive breastfeeding for 6 months (no water, no juices, no solids or honey)
- Breastfeeding on demand
- Continuation of mother's milk up to **2 years and beyond**

Breastfeeding during Pandemic



The World Health Organization recommends breastfeeding mothers to continue to breastfeed during the COVID-19 pandemic as the benefits overweigh the risks.

Breastfeeding and Vulnerable Population

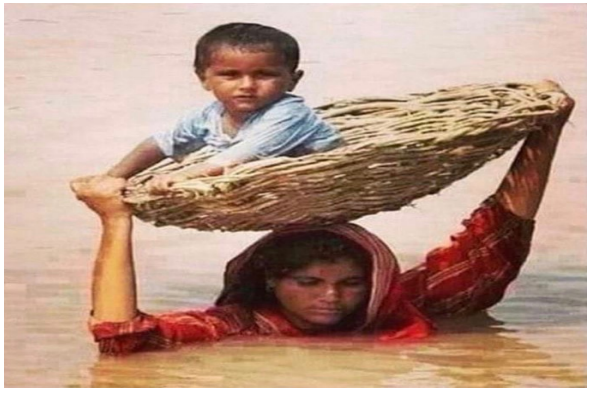
Breastfeeding during Emergencies

Globally, each year **deaths of 760,000 children** under the age of 5 is reported during disasters due to consumption of unsafe water and water-borne diseases **(World Health Organization, 2016)**

Breastfeeding during Emergencies

Promotion, protection and support of **breastfeeding** is essential to prevent malnutrition related mortalities among infants during disasters **(Carothers & Gribble, 2014; United Nations Children's Fund, 2010)**

Sub-optimal breastfeeding practices and subsequent rise in infant mortality is reported during disasters and displacement **(Branca & Schultink, 2016)**



Infant Mortality During Emergencies

My Fieldwork in the Setting of Disaster Relief Camp
(Chitral, Pakistan)

My Fieldwork in the Setting of Disaster Relief Camp
(Chitral, Pakistan)

Critical Ethnography in the Disaster Relief Camps in Pakistan

Funders

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GLOBAL NURSING EXCELLENCE

Canada

Collaborator

Aga Khan Agency for Habitat

Breastfeeding and Internal Displacement in Rural Pakistan (Hirani et al., 2023)

POWER, CONTROL AND SOCIAL EXPLOITATION

- Infrastructure lacks safe water, sanitation and facilities to clean utensils

- Gender-based violence
- Widespread and unscreened distribution of formula milk
- Inequitable distribution of humanitarian aid

- Lack of privacy
- Compromised nutritional status
- Myths about breastfeeding

Vulnerability of Newcomer, Immigrant & Refugee Mothers

Immigrant and Refugee mothers often experience **trauma, family separation, forced migration** from one country to another, and **social disconnection** in a new country

(Nithianandan et al., 2016; Hirani & Richter, 2019)

This vulnerability often has a negative **impact on immigrant and refugee mothers' well-being and breastfeeding practices,** related to social, emotional, psychological and physical stressors.

(Aakre et al., 2016; Takai et al., 2019)

Challenging Transition of Immigrant & Refugee Mothers

Immigrant and Refugee mothers arriving in a new country often present with:

- language difficulties
- Inadequate health insurance coverage
- Lack of access to healthcare services
- Inadequate breastfeeding supports

(Hirani & Richter, 2019; Joseph, Liamputtong, & Brodribb, 2019)

Immigrant & Refugee Families in Canada

Immigrant & Refugee Families in Saskatchewan, Canada

- Saskatchewan has a noticeable increase in immigrant and refugee families with young children

(Government of Saskatchewan, 2021; Ministry of the Economy Government of Saskatchewan, 2016). (Saskatchewan Status of Women's Office, 2016)

Immigrant & Refugee Families in Saskatchewan, Canada

Most of the immigrant and refugee families migrating to this province in Canada are from **Asia, South Asia, Africa, Europe, Middle East, Afghanistan, Eritrea, Ethiopia, Myanmar, Rwanda, Somalia, and Sudan**

(Saskatchewan Status of Women's Office, 2016)

Saskatchewan and Healthcare of Immigrant & Refugee Mothers

Saskatchewan has noticeable increase in immigrant & refugee population with young children **(Ministry of Immigration and Career Training, 2019)**

Saskatchewan has **only one healthcare facility with baby-friendly status** and has **limited number** of health care facilities providing **services to the immigrant and refugee mothers** with young children

Knowledge Gaps

There are a **significant gaps** in knowledge surrounding breastfeeding facilitators and barriers to breastfeeding practices of immigrant and refugee mothers accessing and utilizing healthcare services in Saskatchewan.

It is essential to explore the experiences of the vulnerable group of immigrant and refugee mothers to ***better respond to their challenges and initiate need-based interventions***

Aim of the Study

To explore the barriers affecting breastfeeding practices of immigrant and refugee mothers accessing and utilizing healthcare settings in Saskatchewan, Canada

Critical Ethnography Study Design

Challenges and Constraints

Breastfeeding experiences of Immigrant and Refugee mothers accessing and utilizing healthcare services in Saskatchewan, Canada

Methodology

Setting: Saskatchewan, Canada

Data collection methods: In-depth Interviews, observation and document analysis

Sample: In-depth interviews with 30 immigrant and 27 refugee mothers having children aged 1 day to 24 months

Funding and Collaborators

Research Funding

Collaborators

Findings
Psychosocial Barriers

Psychosocial Barriers

Lack of social support

Sociocultural constraints

Economic challenges

Findings
Psychosocial Barriers

Psychosocial Barriers

"As a an immigrant we always miss our family to be around us to emotionally support us. For me I was tired psychologically more than physically. I needed psychological support so much".

Findings
Healthcare Barriers

Healthcare Barriers

Lack of access

No transportation

Lack of healthcare support

Poor quality mother-baby care in hospital

Hospital violation of breastfeeding guidelines

Lack of interpretation services

Findings
Healthcare Barriers

Healthcare Barriers

"Some nurses were very welcoming, but others were not very friendly, and they would be unhappy if I asked them questions. Sometimes I used to take my elder daughter with me because her English is better than mine. One nurse refused to answer my daughter's question and told my daughter it is not your business to know, I have told your mother the situation and if she didn't understand it, it is not my problem As a migrant mother, I suffered at the beginning. I was so sad and embarrassed"

Findings
Healthcare Barriers

Healthcare Barriers

Lack of encouragement

Inadequate knowledge of healthcare professionals

Lack of access to breastfeeding counselling

No privacy to breastfeed in healthcare settings

Findings
Healthcare Barriers

Healthcare Barriers

Lack of follow-up and insufficient community-based healthcare services

Racism in healthcare setting

Lack of cultural sensitivity

Inadequate food and absence of culturally appropriate food in hospital

Findings
Healthcare Barriers

Healthcare Barriers

"I couldn't eat the food that was provided in the hospital…the food wasn't halal. At the beginning they asked me to write my dietary restrictions. I told them, I do not eat pork…no meat or chicken for me. They didn't offer halal food. My husband or my friends bought me food. I only ate the breakfast in hospital"

Findings
Environmental Barriers

Environmental Barriers

The COVID-19 pandemic

Climate and geopolitical factors (cold weather, winter, exposure to war and displacement)

Findings
Environmental Barriers

Non-Acceptability of Breastfeeding in Public

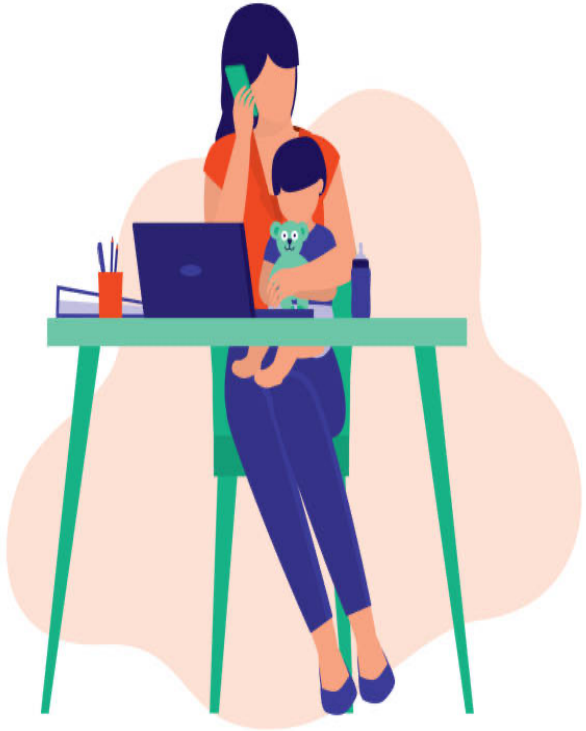
No privacy to breastfeed (Lack of Breastfeeding rooms)

Recommended normalization of breastfeeding in all public places

- Hospitals
- Workplace
- Airports
- Restaurants
- Public parks
- Public transportation

Findings
Workplace Barriers

Workplace Barriers



Financial instability

Lack of support from employers and colleagues

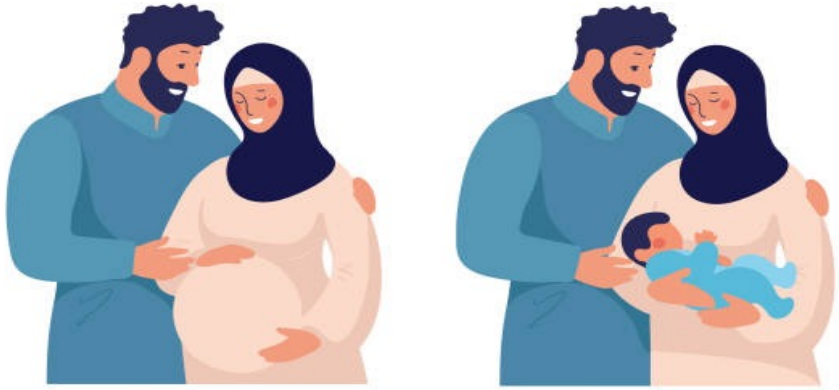
No private space to breastfeed

Lack of flexibility

No time to breastfeed

Recommendations

It is essential to involve **immigrant and refugee mothers and their family member as a partner in designing innovative and need-based programs** that can promote, protect and support breastfeeding practices of of refugee mothers



Recommendations

Breastfeeding practices of immigrant, newcomer, and refugee mothers can be promoted through **healthcare support**, **culturally appropriate services**, **interpretation services** in healthcare settings**, implementation of BFI**, hospital and community-based **breastfeeding campaigns**, and **follow-up services**.

Recommendations

Use of **social media, helplines and telehealth** is recommended to provide **need-based breastfeeding counselling** to immigrant and refugee mothers in their **preferred language**

Recommendations

Partnerships and collaborative efforts by interdisciplinary professionals, governmental and non-governmental organization are recommended to extend social support, facilitate resilience-building, promote health, and build the capacity of the immigrant and refugee mothers with young children

Publication

International Journal of
Environmental Research and Public Health

MDPI

Article

Barriers Affecting Breastfeeding Practices of Refugee Mothers: A Critical Ethnography in Saskatchewan, Canada

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Abstract: Refugee mothers are vulnerable to cultural stereotyping and socioeconomic hardships when they migrate to a new country. This vulnerability often has a negative impact on refugee mothers' breastfeeding practices. Saskatchewan is one of the growing provinces in Canada that has a noticeable increase in refugee population with young children and limited availability of healthcare settings with baby-friendly status. Considering existing gaps in knowledge, this critical ethnographic study aimed to explore barriers that impede the breastfeeding practices of refugee mothers in Saskatchewan. After seeking ethics approval, data were collected using multiple methods, including in-depth interviews undertaken with 27 refugee mothers with young children of age range 1 day to 24 months, a review of media communications and field observations of community-based services/facilities available to refugee mothers. Findings suggest that psychosocial barriers, healthcare barriers, environmental barriers, and maternal and child health-related barriers impede the breastfeeding practices of refugee mothers in Saskatchewan. Breastfeeding practices of refugee mothers can be promoted through healthcare support, culturally appropriate services, interpretation services in healthcare settings, implementation of baby-friendly initiatives, hospital and community-based breastfeeding campaigns, and follow-up services. Collaborative efforts by healthcare settings, healthcare providers, policymakers, public health agencies, service providers, and governments are essential to support the breastfeeding practices of refugee mothers.

Keywords: breastfeeding; barriers; Canada; refugee; mothers; health; environment; support; critical ethnography

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Publication

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Baby-friendly initiatives to promote, protect and support breastfeeding practices of immigrant mothers: A qualitative study in Saskatchewan, Canada

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Publication

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Single-Method Research Article

Impact of COVID-19 on Women Who Are Refugees and Mothering: A Critical Ethnographic Study

Shela Akbar Ali Hirani and Joan Wagner

Abstract

Refugee women often experience trauma and social disconnection in a new country and are at risk of experiencing reduced physical, mental, and emotional well-being. Globally, COVID-19 has affected the health and well-being of the population at large. This critical ethnographic study aimed to explore the effects of COVID-19 on women who are refugees and mothering in Saskatchewan, Canada. In-depth interviews were undertaken with 27 women who are refugees and mothering young children aged 2 years and under. This study suggests that during COVID-19, refugee women are at high risk of experiencing add-on stressors due to isolation, difficulty in accessing health care, COVID-19-related restrictions in hospitals, limited follow-up care, limited social support, financial difficulties, and compromised nutrition. During COVID-19, collaborative efforts by nurses, other health-care professionals, and governmental and non-governmental organizations are essential to provide need-based mental health support, skills-building programs, nutritional counseling, and follow-up care to this vulnerable group.

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Hirani, Shela Akbar Ali, PhD, IBCLC, RN | Ahmadi, Reihaneh, MSc

Clinical Lactation Vol 13 Issue 3, DOI: 10.1891/CL-2022-0003

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Clinical Lactation DOI: 10.1891/CL-2022-0011

The content of this article is only available as a PDF.

Clinical Lactation
Early View

Publication

Maternal and Child Health During Forced Displacement

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Key words
Challenges, children, disaster response, displacement, emergency medicine, health, mothers, terrorism, vulnerabilities

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Abstract

Purpose: To discuss the effects of forced displacement on maternal and child health, highlight the major pitfalls in delivering humanitarian services to this vulnerable group, and underscore the need for multilayered interventions to improve health, protect rights, and reduce vulnerabilities during forced displacements.

Methods: A comprehensive literature search was undertaken from databases including Medline, the Cumulative Index to Nursing and Allied Health Literature (CINAHL), EBSCOhost, Google Scholar, Scopus, and ProQuest. No restrictions were placed on geographical region, type, and year of publication. The key words used were displacement, children, women, health, challenges, disaster response, emergency medicine, terrorism, maladjustment, morbidity, disaster response, cultural sensitivity, and interventions.

Conclusions: Forced displacement negatively affects maternal and child health. The key challenges during forced displacement include food insecurity, lack of shelter, unavailability of clean water and sanitation, poor infrastructure of healthcare services, unavailability of birth attendants and healthcare professionals to manage medical emergencies, inaccessibility to

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Thank You & Questions