

Original Article

## Breastfeeding Among Somali Mother's Living in Finland Under Salutogenic Approach

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### Abstract

**Background:** Breastfeeding is important to both mother and child. However, adapting to a new culture decreases initiation of breastfeeding and also breastfeeding duration.

**Objective:** Examine Somali women's perceptions towards breastfeeding using a salutogenic approach.

**Design and Method:** A qualitative methodological approach is used for a single focus-group and two personal interview sessions. Snowball sampling was used to recruit the informants. Data were analysed using deductive content analysis. The interviews were conducted during May–August of 2012.

**Results:** The sample of 7 Somali women ages 20-32 had a total of 11 children, all born in Finland. Somali mothers are motivated to breastfeed due to their religious and cultural beliefs. The most important source of information about breastfeeding for a new mother is the knowledge of her own mother and other elderly female relatives. Health professionals can support and complement that cultural information. It is the wish of Somali mothers to have a traditional postpartum period, as dictated in their tradition, but that is rarely possible in Finland. Because of these challenges, the breastfeeding period usually ends prematurely – indeed earlier than what the mothers had planned for or wanted.

**Key Conclusions:** It is important to recognize the key factors that are affecting Somali mothers' breastfeeding, such as the changed position of the husband in the family's life, and exploit the general resistance resources of Somali mothers during the breastfeeding counselling. To advocate exclusive breastfeeding, it becomes important to discuss the possibilities for creating a balance between exclusive breastfeeding, daily routines, and breastfeeding in public. Using breastfeeding promotion interventions targeted toward Somali parents, as well as increasing the cultural competence of Finnish maternity care should, therefore, be strongly considered.

**Keywords:** Breastfeeding, immigrant, Somali, salutogenesis, qualitative research, focus group

## Introduction

Breastfeeding supports the normal growth and development of an infant in a very optimal way. Moreover, it has positive effects that support the health of the child as well as that of the mother. (EU Project on promotion of breastfeeding in Europe 2008) Due to this understanding, the World Health Organization (WHO) suggests exclusive breastfeeding for the first six months, and afterwards breastfeeding in combination with solid food until the child is two years of age at a minimum. The Baby Friendly Hospital Initiative (BFHI) is a global effort to implement further positive practices that will enhance breastfeeding (WHO 2003).

All Nordic countries have relatively high breastfeeding rates. In Finland, the rate of exclusive breastfeeding at one month is 46%, but it decreases to 23% at four months. Percentage of breastfeeding at all at six months varies from 58% in Finland to 80% in Norway (Uusitalo et al. 2012, Hörnell et al. 2013) However, the breastfeeding practices of immigrants in Finland have to date been very little researched.

In the Somali culture, the goal is to breastfeed for two years as prescribed by the Qur'an (2008). However, the duration of breastfeeding by Somali mothers has decreased when they have immigrated to a new country (Ingram et al. 2008). Having a traditional postpartum period of 40 days is usually not possible in their new homeland. Various breastfeeding issues and the use of supplements are the reasons for this early cessation of breastfeeding (Ingram et al. 2008, Steinman et al. 2009). In Finland, a lack of knowledge about the Somali culture and a lack of language interpreters also affect the attitudes of the healthcare providers (Degni et al. 2013)

The study was done using a salutogenic approach. The salutogenic approach is a life orientation (Lindström & Eriksson 2010) during which a person copes with stress and tumultuous periods of life by tapping into one's personal assets, thus increasing one's sense of coherence (SOC) (Antonovsky 1987, Lindström & Eriksson 2010). For immigrant mothers, the time after pregnancy can be full of challenges and contradictions (Rossiter & Bernard 2000, Lin et al. 2004, Groleau et al. 2006, Chen 2009, Lundberg & Ngoc Thu, 2010) which can affect the mother's SOC concerning breastfeeding (Thomson & Dykes 2011).

General resistance resources (GRRs) are the fundamental factor that leads to the development of a SOC. GRRs are those internal or external factors that can efficiently help decrease stress (Antonovsky 1987, Eriksson 2005, Lindström & Eriksson 2010). GRR's like cultural background, information, and support from family and friends are important for the immigrant mother to be able to breastfeed (Rossiter & Bernard 2000, Lin et al. 2004, Celi et al. 2005, Groleau et al. 2006, Kelly et al. 2006, Harley et al. 2007, Chen 2009, Lundberg & Ngoc Thu 2010). Mothers indeed deem the information, the guidance, and the support for breastfeeding that they receive from healthcare professionals important (Lin et al. 2004, Celi et al. 2005). The absence of a common language, different cultural practices, and different values can prove to be an obstacle to breastfeeding (Rossiter & Bernard 2000, Loïselle et al. 2001, Lyberg et al. 2012). Adapting to a new culture also decreases the both the initiation of breastfeeding and breastfeeding duration (Celi et al. 2005, Gibson-Davis & Brooks-Gunn, 2006, Kelly et al. 2006, Singh et al. 2006, Harley et al. 2007, Koronsky et al. 2007, Kimbro et al. 2008, Sherbrune-Hawkins et al. 2008, Sandy et al. 2009).

Any person with a strong SOC understands the challenges in a situation, believes that he/she has sufficient resources, perceives the situation as meaningful, and is willing to face its challenges (Antonovsky 1987, Eriksson 2005, Eriksson & Lindström 2010). SOC may also develop during a person's lifetime (Nilsson et al. 2010) and it can be further improved by interventions (Forsberg et al. 2010, Kähönen et al. 2012). In the breastfeeding research, a mother's sense of coherence is linked to the kinds of choices she makes concerning breastfeeding (Thomson & Dykes, 2011).

This study examines Somali women's perceptions toward breastfeeding, discovers what motivates Somali mothers in Finland to breastfeed, what they know about breastfeeding, what their experiences of breastfeeding in Finland and Somalia have been, and identify the GRRs of mothers.

The number of foreigners in Finland during the period of the current research was 289,000 or about 5% of the whole Finnish population. Of these 15,789 speak Somali as their native language. In the metropolitan area where the

research was conducted, that number was 11,739. (OSF 2014).

## Methods

The data in this study were gathered using focus-group interviews with semi-structured questions (Krueger & Casey 2008). Information was first gathered during a single group interview. After that interchange, the information gained from the group interview was examined more closely in two personal interviews. The interview protocol for the group interview was also tested before the actual interview.

## Recruitment

Snowball sampling, where the objective is to find a person who knows about the topic the researcher is studying and who can also help the researcher find other informants (Grove et al. 2009) was used for recruiting the informants for this study. The data collection was conducted in the metropolitan area in Finland, where 76% of Somalis living in Finland currently reside. The inclusion criteria for informants were the following: Somali mother with one or more children and the youngest under two years old. In total, seven mothers who matched these criteria were willing to participate in the group interview.

## Data Collection

The group interview was conducted in May of 2012. In September of 2012, two participants from the group interview were then interviewed individually. The duration of both group and the individual interviews was about 45 minutes. Interviews were recorded and transcribed.

The interviewees were asked to talk about breastfeeding in the Somali culture. Thereafter, the interview followed a natural order in line with the interview framework. The interviewer took notes to develop additional questions. The individual interviews were based on the analysis made on the group interview. The objectives of the private interviews were to confirm the plausibility of the earlier interpretation and also pose additional questions to individuals.

## Data Analysis

The data were analysed using deductive content analysis. The salutogenic approach was the guiding theory for the effort. The analysis frame was formed in accordance with the three central components of SOC (Antonovsky 1987, Grove et al. 2009).

## Ethics

Ethics approval was granted by the healthcare services of the municipality where the data were collected. Before the interviews started, the informants were informed of their voluntary participation in the research, the purpose of the research, the publication plan, the confidentiality established, the protection of anonymity, and the ability of any participant to withdraw at any stage. Afterwards, the participants signed their consent. (Finnish Advisory Board on Research Integrity, 2012).

## Findings

### *The study informants*

The informants were 7 Somali mothers from the metropolitan area, ages 23-32 with a total of 11 children. The majority of the informants were housewives. Their education level was similar to or was actual education from a comprehensive school. Their pregnancies were normal with the exception of one person. Nearly all of the children were supplemented with a breastmilk substitute during their stay in the hospital. Seven babies were partially breastfed and one was fully breastfed after discharge. One baby was exclusively breastfed for the first six months. Two children had not been breastfed after the initial attempts were made. The duration of the breastfeeding varied from 3 months to 19 months. The average duration of the breastfeeding was 7.8 months. (see Table 1.)

### *Findings relative to SOC*

The findings of the study were divided into three categories. First, the two main factors that motivate breastfeeding in Somali culture are described. The next category addresses the importance of the informant's mother as the main source of breastfeeding information. The third category of the findings describes how breastfeeding practices have changed since the Somali informants moved to Finland.

### *Motivating Factors Leading to Breastfeeding (Meaningfulness)*

The informants recognised two motivating factors for breastfeeding: Instructions in the Qur'an and the health of the child. All informants attempted to complete the two-year breastfeeding period as instructed in the Qur'an. If this effort did not work out, however, their attempt was not considered a failure, as everything happens in life

according to God's Will, and humans have to accept this fact (see Fig. 1.)

In the Somali culture it is believed that a mother's milk is beneficial to the child's health. Although there are challenges to breastfeeding, the thought of them encouraged the informants. A mother's milk is thought to protect a child from a multitude of diseases. The informants expressed the belief that efficient breastfeeding worked like medicine did in acute situations.

### **Information on Breastfeeding (Comprehensibility)**

The informants acquired most of their breastfeeding information from the female members of their families. The most important source of information was their own mothers. The breastfeeding information acquired from healthcare staff was divided into information acquired at the maternity and health child clinics, and the information acquired from the hospital.

### **Somali Culture Breastfeeding Information**

Older women, due to their life experiences, can give information to other women who become mothers. This information was communicated orally. Phone calls are widely used and also made abroad, because communication is seen as essential to get important breastfeeding

information from the Somali culture.

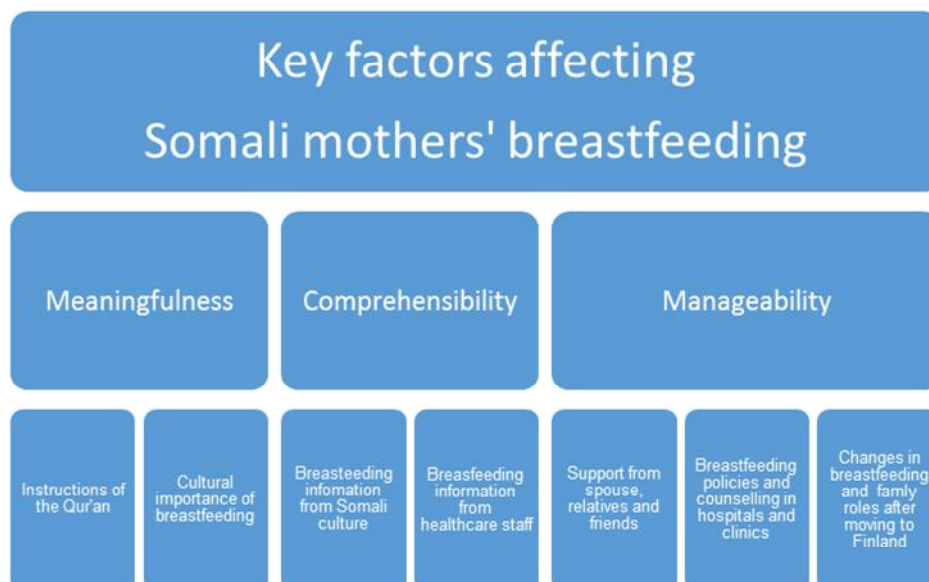
Mothers and older women encouraged these informants to breastfeed by telling them that breastfeeding is beneficial for the child and also prevents illnesses. They were told the duration for how long a child should be breastfed and were advised to be patient during their initiation of breastfeeding. Before the milk comes in, mothers should give their infant, in addition to breastfeeding, water that contains either sugar or honey.

To keep their milk volume good, the informants were instructed to focus on the child's needs. Using bottle-feeding was not encouraged because supplementing with the bottle made the baby apprehensive towards the breast. The importance of sufficient rest and a proper diet for the mother was also stressed.

### **Health Professional Breastfeeding Information**

The informants received information on breastfeeding during pregnancy, birth, and the postpartum period. Informants who did not speak Finnish well did mention that they received breastfeeding information only when a translator was made available to them.

At both the hospital and the clinic, exclusive breastfeeding was recommended.



**Fig. 1 Somali women's perceptions towards breastfeeding under a salutogenic approach**

The mothers were told about the healthiness of breast milk. At the hospital, they were informed about immediate skin to skin (STS) contact after birth, breastfeeding on demand, and rooming in with their babies.

Information on different breastfeeding positions and breastfeeding-related tools was given the mothers at the hospital. After discharge, the informants received information from a public-health nurse about the sufficient amount of breast milk needed, any sickness of the baby and breastfeeding.

Some informants felt that the information given by the clinic was redundant, because they had already acquired the information they needed from their Somali mothers and other older women.

### ***Success of Breastfeeding in Practice (Manageability)***

Manageability is defined by one's own actions and emotional states, the actions of the spouse, relatives and friends, and the hospital and clinic's policies. The informants described cultural practices related to the postpartum period as well as the possibility of following those practices in Finland. They spoke about the changes to the family-centred helping model that were brought about by their moving to Finland, especially in the case of the changed role of the spouse.

### ***Hospital Policies and Breastfeeding Counselling***

Birthing style, the actions of the midwives, and the mothers' own wishes affected breastfeeding implementation. In uncomplicated vaginal deliveries, STS was used. All the informants did not want immediate STS after giving birth, because they were exhausted and in pain.

The informants received individual breastfeeding counselling at the maternity hospital. The amount of tangible help given to the informants, however, varied. Friends and in some cases the informants' mothers helped in taking care of the baby in the hospital. Some informants had their spouses with them in the family room. The mothers felt exhausted after giving birth and wished for help. The first days of breastfeeding were associated with pain and discomfort for many of the informants.

### ***Clinic Policies and Breastfeeding Counselling***

At the clinic, the informants were advised on any of their breastfeeding-related questions, and

exclusive breastfeeding was promulgated. Written material was given in Finnish.

The informants felt that having counselling material in Somali would be better than just having a Finnish version. The home visit after birth and the breastfeeding counselling received during that visit were also important to the informants.

**Table 1. Sociodemographic and maternity related information**

Underlying Variables	n
<b>Age</b>	
20-25	4
26-30	1
> 30	2
<b>Length of stay in Finland</b>	
< 5 years	2
6-10 years	2
11-15 years	2
16-20 years	1
<b>Education</b>	
Finnish language course	1
Elementary	4
Secondary	2
<b>Marital status</b>	
Married	6
Divorced	1
<b>Number of children</b>	
1-2	6
3-4	1
<b>Pregnancy</b>	
Frequent	10
Infrequent	1
<b>Birth</b>	
Normal vaginal birth	5
Infrequent vaginal birth	2
Caesarean section	4
<b>Supplementing in the hospital</b>	
No supplement	1
Supplement from medical reason	6
Supplement from other reason	4
<b>Breastfeeding after discharge</b>	
Exclusive breastfeeding for 6 months	2
Partial breastfeeding	8
No breastfeeding	2

### ***Spouse, Family, and Friends as Supporters of Breastfeeding***

The support of the spouse, family, and friends in breastfeeding was regarded as significant. That

support was described differently according to whether the informants spoke about the practices in Somalia or practices in Finland.

### ***Somalia***

The informants said that in Somalia a woman who has given birth is helped a lot. Kinwomen or a hired helper helps the new mother during the 40-day postpartum period. According to the informants, this works well. It is thus possible for the mother during her postpartum period to focus only on breastfeeding and recovery.

### ***Finland***

The informants felt that a mother who gives birth in Finland receives less concrete help and support from kin and friends, but the spouse is more frequently giving aid to the new mother. Women want to help each other, but lending help is usually not possible due to the rush of everyday life in Finland. Kin who are living in the same locality do not necessarily share the same close bond as they do in the traditional Somali culture back in Somalia.

If a mother who had given birth did have a kin or friend helping at home, she was considered lucky because she could then have the traditional postpartum period. This circumstance was considered ideal.

The informants also hoped that it would be possible to get the same kind of tangible help in Finland as well

### ***Change in Breastfeeding and Change in Roles***

#### ***Change in Breastfeeding***

It is very rare for a mother to use breast milk substitutes or bottles in Somalia. The mother breastfeeds a child all the time there. At initiation of breastfeeding, the baby is fed sweetened water. Any additional food is given via a cup or spoon.

In Finland, mothers feel more stress derived from a lack of rest, and this stress can cause a deficit in the amount of milk they have. Supplements are used and given via bottle, in addition to breastfeeding. Breastfeeding usually ends sooner than what the mother wishes. In the beginning, supplementation is given instead of the sweetened water.

For most of the informants, the use of supplements continued for various reasons. Breastfeeding was often regarded as time consuming and using supplements helped with

that issue. According to the informants, breastfeeding is not possible in public because of the religion, so giving supplements permits the feeding of the baby outside of the home.

### ***Changed Roles***

Men's role in their families changed after they moved to Finland. In the Somali culture taking part in childbirth, housework, or taking care of children are not traditionally part of a man's tasks. In Finland, Somali fathers have started to participate in the childbirths. According to the informants, this change is the most important reason why men have started to take a greater role in housework and childcare. The informants in this study felt that this change was very important.

A mother can feel lonely if the help from the spouse or other relatives is meagre and the mother is not fluent in Finnish. In Finland, mothers have to take care of their children and the house after being discharged. The informants said that due to this challenge, they were often exhausted and lonely, which also caused depression.

In particular, fathers who are not working or studying have adopted the role of the kinwomen in the family. During the postpartum period, they take care of the house and the older children, as well as cook and feed the baby supplements. Also, help available from society eases the participation of the father, since fathers can take paternity leave.

### ***Methodological Considerations***

This study has strengths even though the sample used for the research was small. Because there is little to no research on this theme in Finland, healthcare professionals involved in maternity care lack enough information for cultural competence. While acknowledging the limitations of this research, it was still possible to precisely examine Somali women's perceptions towards breastfeeding in Finland.

To support the validity of the findings, two of the informants in the group interview were further interviewed individually. In the group interview, the more fluent Finnish speakers adopted a stronger role, while those informants who spoke just a little Finnish were able to add to their answers.

Those informants who were most fluent in using Finnish were chosen to participate in the

individual interviews. Individual interviews gave the interviewee a better chance to bring out and discuss any personal issues.

Informants were also asked to evaluate the soundness of the initial analysis based on the material gathered from the group interview. It is important here to take into consideration that Somali mothers as a group in Finland are very heterogeneous.

## **Discussion**

Since GRRs were essential for the development of SOC in this research, we attempted to identify the mothers' GRRs that helped them cope with the stressful situations related to breastfeeding (Antonovsky 1987, Eriksson 2005, Lindström & Eriksson 2010).

Factors arising from religion and culture motivated the Somali mothers to breastfeed, created the foundation for their decision to breastfeed, and worked as motivating factors to make them decide to do so. Religion (Gibson-Davis & Brooks-Gunn, 2006; Lin et. al 2004) and the country of origin (Celi et. al 2005; Harley et. al 2007; Kelly et. al 2006; Rossiter & Bernard, 2000) were also factors, based on the previous research. Both factors affected a mother's decision to breastfeed.

For the informants, the most important source of breastfeeding information was their own mother.

Instructions from their mothers were on a par with the information they received from the healthcare professionals. As found in the previous research, resting (Chen 2009, Lundberg & Thi Ngoc Thu 2010) and specific food and drink (Groleau et. al 2006, Straub et. al 2008, Chen 2009) were crucial elements during the postpartum period. This information was seen as being linked to the component of comprehensibility. Although the information provided by the healthcare staff was coherent as well as consistent with the information received from those in the Somali culture, the language barrier, as other research has also found (Degni et al. 2013, Rossiter & Bernard 2000, Loiselle et al 2001, Steinman et. al 2010), could make any received information more unclear.

In this study, the stress related to personal, cultural, and social factors (Rossiter & Bernard 2000, Lin et al. 2004, Groleau et. al. 2006, Chen 2009, Lundberg & Ngoc Thu, 2010) was found to affect the breastfeeding management of Somali mothers. Although the mothers received

breastfeeding counselling at the maternity hospital, complications at birth, and difficulties breastfeeding affected their initiation of breastfeeding. During the latter stages of breastfeeding, the informants worried about the amount of breast milk. In previous research, similar challenges that hindered the success of breastfeeding were also highlighted. (Andersson et. al 2004, Steinman et. al 2010.)

Although these mothers were encouraged to breastfeed exclusively, they frequently supplemented via bottle, which made their breastfeeding end sooner than the mothers would have wanted. In the beginning, supplementation was used instead of traditional sweetened water to ensure that the baby received enough nutrition. The worry about sufficient food has also been noted in previous research (Ingram et. al 2008, Steinman et. al 2009). Later, supplement feeding was used because breastfeeding along with other tasks and going outside the house was considered challenging and too time consuming. Breastfeeding in public was affected by religion, which was resolved by using supplements. The effect of religion on where mothers can breastfeed successfully has been discussed by Steinman et al. (2009). In addition to promoting exclusive breastfeeding, it is important during breastfeeding counselling to discuss the partitioning of breastfeeding to address the chores of the day and also breastfeeding outside the home.

Previous research has shown that a significant amount of the support for immigrant mothers comes from female family members (Rossiter & Bernard 2000, Lin et. al 2004, Celi et. al 2005, Chen 2009, Lundberg & Ngoc Thu 2010). After moving to Finland, experiencing the traditional postpartum period is rarely possible. The informants in this study considered the participation of the father very important. If the mother does not receive help from her husband or kinwomen, she is forced to carry all the responsibility by herself, which can affect the mother's SOC and her choices about breastfeeding (Thomson & Dykes 2011). On the other hand, it is important to note that SOC may develop during one's lifetime (Nilsson et al. 2010) and it can be improved by proper interventions (Forsberg et al 2010, Kähönen et al. 2012).

Breastfeeding-promotion interventions targeted at new parents of Somali origin should be

considered. Also, the cultural competence about Somali traditions should be increased for Finnish maternity care.

### Conclusion and Recommendations

In Finland, a multitude of stress factors affect Somali women's SOC for breastfeeding. On the other hand, there are many GRRs there, which can be beneficial for breastfeeding. It is thus important in healthcare in the case of every mother to identify and use these GRRs during breastfeeding counselling.

A busier life and the changes to a less family-centric lifestyle after moving to Finland have decreased the chance for Somali mothers to have the traditional postpartum period. The spouse's role during postpartum has also increased. It is important to notice and support the new role of the father in the family as a positive supporter of breastfeeding by the mother and help the family recognise this new asset.

Somali mothers' most important source of breastfeeding information is their mothers and other older women. Healthcare professionals have an opportunity to support and add to that cultural information. An interpreter should always be available. Using experts with experience and choosing breastfeeding promotion interventions that target Somali parents should also be considered. Cultural competence can also be increased in Finnish maternity care with greater and more focused education.

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