

BREASTFEEDING IN THE GYPSY, ROMA AND TRAVELLER COMMUNITY

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I am half Romani on my mother's side. My mother's extended family currently numbers at around 400 people, and when I was growing up we all lived a stone's throw from one another, on the same estate in the North West of England.

The Gypsy, Roma and Travelling community in the UK face enormous health inequalities compared to the general population, including lower life expectancy, and

increased rates of infant and maternal mortality (Communities and Local Government Report, 2012).

After I trained with the ABM, I became interested in breastfeeding within the Gypsy, Roma and Traveller community. Breastfeeding is not something I grew up with. I was the first person in my family to have breastfed since my grandmother, and she was the only

woman of her generation to breastfeed. Consequently, I gave birth to my first child having never seen another woman breastfeed, and having no-one around me who knew anything about breastfeeding. This obviously created challenges in my breastfeeding journey.

My difficult experience sparked my interest in finding out if my situation was common in the wider Gypsy, Roma and Traveller Community, and if so what could be done to improve things for Gypsy, Roma and Traveller mothers who want to breastfeed.

The first important thing to be aware of is that the Gypsy, Roma and Traveller community in the UK is made up of several different cultures and ethnicities. The largest of these groups are the Romani, which is made up of English and Welsh Gypsies and European Roma communities. There are also Irish and Scottish Travellers, Travelling Entertainers (fairground, and circus workers), Boat Dwellers and New Age Travellers. The term 'Gypsy' is something that needs to be used carefully. While English and Welsh Romani communities are generally happy with the term 'Gypsy' and use it to self-identify, to many European Roma communities it is a racial slur, and it would be deeply inappropriate to use it to describe them.

While many people talk about Gypsies, Roma and Travellers as if they were a single, homogenous group, cultural practices can vary widely between the different groups, and within these different groups from one community to another. Infant feeding culture is no exception.

So, what are breastfeeding rates like in the Gypsy, Roma and Traveller community? Unfortunately, the only data we have comes from several small-scale studies. What these studies show is that breastfeeding rates are extremely low among English and Welsh Gypsies, and Scottish and Irish Travellers, with one study finding a breastfeeding initiation rate of 3%, with none continuing to six weeks (Pinkey 2011). Formula feeding is very much the cultural norm among English and Welsh Gypsies and Scottish and Irish Travellers.

However, breastfeeding rates are much higher among European Roma communities, where breastfeeding is the cultural norm, with some mothers going as far as to describe the practice of breastfeeding as being an integral part of their cultural identity as Roma mothers (Condon, 2015).

How did our breastfeeding rates fall so low? Well, I think it's safe to assume that our breastfeeding rates

plummeted around the same time as formula feeding become normalized among the British working class in the middle of the 20th century.

Certainly, within my own community, bottle feeding (which may have been national dried milk, or condensed milk) was seen as a status symbol, at the time something the better off women did.

Breastfeeding was something for 'hedgecrawlers' (vagrants).

This cultural shift from breastfeeding to bottle feeding persists today.

Gypsy, Roma and Traveller communities tend to be fiercely protective of their cultural practices. This is not surprising, given that history is filled with attempts to eradicate Gypsy, Roma and Traveller culture completely. So, when something becomes an accepted cultural practice it can be very difficult to change that. This is further compounded by the fact that Gypsy, Roma and Travellers tend to live in very close extended family units. So even when a mother wants to breastfeed there can be enormous direct, and indirect pressure, from her community to formula feed. Some mothers come home from the hospital to find that bottles, formula and sterilizers have already been bought for them. This is generally done with good intentions. Among many English and Welsh Gypsy, and Irish and Scottish Traveller communities it is simply

accepted and expected that the family and community will help new parents. And while this village mentality has many advantages, one of the disadvantages is, that because bottle feeding is so prevalent, one of the ways people want and expect to help is by feeding the baby so mum can rest.

An additional problem faced by Irish Travellers is the increased incidence of galactosemia. Galactosemia is a genetic condition where the baby is deficient in the enzyme needed to digest galactose. Galactose is one of the two sugars that make up lactose. It's important to remember that unlike in Cows Milk Protein Allergy, where the mother can remove cow's milk protein from her diet by cutting out dairy, lactose is a naturally occurring sugar in breast milk, and there is no way to remove it. The treatment for galactosemia is a galactose free diet, if it goes untreated it can cause liver damage, bleeding, cataracts, and can be fatal. In the general population of Ireland, the incidence of galactosemia is approximately 1 in 36,000, among the Irish Traveller population it is 1 in 450.

Because of the increased risk of galactosemia babies born to Irish Traveller mothers who deliver in the Republic of Ireland are offered a blood screening shortly after birth. The guidance from the Irish Health

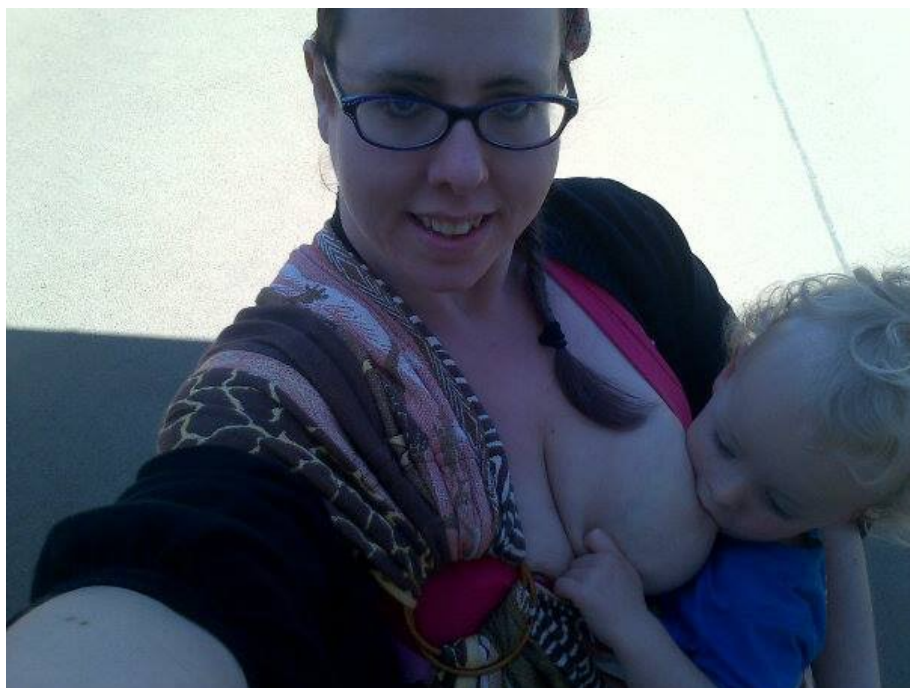
Service Executive is that until the results of the screening come back the baby should not breastfeed, but should instead be given a soy based formula. If the mother wishes to breastfeed she should express her milk until the test results are back. Theoretically this test result should be back within 6 hours. In reality though, some mother can be left waiting several days, and may have been discharged by the time the results come back, and end up never getting the results (UCD, School of Public Health and population Science). How this message is received by Irish Traveller mothers is that they are not allowed to breastfeed their baby, and should they attempt to do so they are putting their child at risk.

While this practice, to my knowledge, only exists in the Republic of Ireland, and not in the UK, it can still indirectly impact Irish Travellers mothers who ordinarily reside in the UK, because they may have family or friends who deliver in the Republic of Ireland, and the message that breastfeeding is potentially harmful spreads throughout the community.

Despite all this there are Gypsy and Traveller mothers who breastfeed. However, those who breastfeed can face additional challenges. There is the strong cultural bias towards

formula feeding that I mentioned earlier. As a result of this cultural bias, there is an element of self-fulfilling prophecy. Because it is expected that Gypsy and Traveller mothers will not breastfeed, sometimes health care professionals don't talk to expectant mothers about the benefits of breastfeeding, or pass on information about breastfeeding support services. Let me be abundantly clear here: that is not a reasonable assumption to make. Gypsy and Traveller mothers, like all other mothers, have the right to make an informed choice on how they feed their baby. Small scale studies have found in interviews that Gypsy and Traveller mothers who choose to breastfeed cite the health benefits as a reason for doing so (Condon 2015). It is these mothers from a culture where breastfeeding is so rare that need support the most. Not to be written off before they've even begun.

One challenge Gypsy and Traveller mother's face is that within their communities there can be strong negative reactions to breastfeeding in public. The mothers that do breastfeed get around this in a number of ways. Some choose only to breastfeed for a short time. Sometimes only while they're in hospital, some for a few days after they return home, and then stopping, because it becomes too difficult to continue breastfeeding in



private. It's important to remember that these short breastfeeding journey are still valid ones, and these mothers still benefit from support. If a mother only plans to breastfeed for a few days, does so, and is supported; if she isn't in pain, and finds it a positive experience, then she will, in turn, pass that positive experience onto her peers, and to her own children. It is my view, that these short journeys are the baby steps towards improving attitudes towards breastfeeding, and eventually improving breastfeeding rates.

Other mothers breastfeed for longer, and may use covers when in

public, or in front of men. Some mothers make it known that they will be breastfeeding in their own homes, so if people come to visit they need to accept that. Attitudes towards breastfeeding in public are, generally, more tolerant among European Roma communities, with mothers breastfeeding babies and toddlers quite openly.

Lack of support; I think we're all familiar with this as a reason why mother's struggle to breastfeed, and certainly this applies to Gypsy, Traveller and (to a lesser extent) European Roma mothers too, and they can face additional obstacles in accessing support.

Some Gypsy, Roma and Traveller communities (but certainly not all) can have relatively low levels of literacy. Despite this, written information leaflets are often given to mothers as sources of information and support. Even if the mother has made it known that she can't read them. Some European Roma mothers report that they are given leaflets in English, even if they have said that they cannot speak or read the language (Condon 2015). If a mother cannot read very well, or cannot read in English then giving them leaflets they don't want is not only useless, it also makes those mothers feel excluded, and like they've not been listened to. On the other hand, some mothers are happy to take leaflets, even if they can't read them themselves, because they say that they can ask someone else to read it for them, or if they have phone numbers on them they can be helpful to get in touch with someone they can speak to. It's all about communicating with and listening to the wishes of the individual mother. Something as simple as saying 'Is it OK if I leave these leaflets with you?' can make all the difference.

It can be very difficult for Gypsy, Roma and Traveller mother to access support groups and drop ins. If the community is nomadic, then

obviously, it can be difficult finding drop ins, and services in different towns. However, the majority of the Gypsy and Roma community in the UK are not nomadic, but live either in houses or on a permanent site. For mothers who live on a permanent site one challenge they can have is that sites provided for Gypsies and Travellers are often not located close to local amenities. In some cases, they would have to travel several miles in order to access support.

Drop ins and breastfeeding groups can also be an issue for many mothers in the wider Gypsy and Traveller community because in many communities it is considered taboo to discuss private, intimate matters in a public setting. Finally, there is a very real fear of encountering prejudice and judgement. Breastfeeding groups are generally perceived among Gypsy and Traveller mothers to be the haunt of older, middle class, non-travelling women who may look down on them.

For European Roma mothers this lack of support from outside agencies is less of an issue, because they tend to draw on support from within their own community, from their family, which is generally adequate because breastfeeding is the cultural norm. So, within their

community they often have the knowledge and the means to overcome any problems that arise. For English and Welsh Gypsy, and Scottish and Irish Traveller mothers though this lack of support is a major stumbling block. Gypsy and Traveller mothers tend not to access support from their health visitor or children's centres for general parenting issues, usually relying on support from their family and community. Breastfeeding support, however, is one area where Gypsy and Traveller mothers do try to access outside support, because knowledge of breastfeeding, and breastfeeding support have been lost in their communities. Unfortunately, many are not getting that support, but those who do often speak with great fondness, even decades later, of the people who supported them, and say that they wouldn't have breastfed if it hadn't been for the help and support of a midwife or health visitor who went the extra mile (Condon 2015).

There is a perception that Gypsy, Roma and Traveller mothers will pay more attention to advice and suggestions from people in their community and family over information and suggestions from outside professionals. This is not entirely inaccurate. There is often a strong cultural belief that someone



with lived experience is a better source of information than someone who only has 'book learning'. Therefore, a mother who has delivered and raised several children may be considered a better source of information than a midwife or health visitor. Outside professionals can also be viewed with a mixture of apprehension and suspicion. This is the unfortunate consequence of hundreds of years of Gypsy, Roma and Travellers facing some of the most appalling prejudice and

discrimination that lasted well into the 20th and 21st centuries. For example, 80% of Europe's Roma population were murdered in the Holocaust but this wasn't acknowledged until 1982 (Hancock 2005); and the practice of forcibly sterilizing Roma mothers was wide spread throughout Europe until the mid 1970's with the last known, case of a Roma woman being sterilized without her knowledge or consent happening in 2007, in the Czech Republic (Matache, 2017). So there is still a lot of work to be done in building bridges with Gypsy and Traveller communities. However, it's important to continue to provide Gypsy, Roma and Traveller mothers with information. While it may not initially seem like the information is getting through, and is starting to affect change. As I mentioned previously the Gypsy and Traveller mothers that do breastfeed cite the health benefits as their reason for doing so; and the practice of adding foodstuffs to bottles that was once particularly common in some Gypsy and Traveller communities is becoming less common among younger mothers as they've been made aware of the dangers associated with it (Condon 2015).

Gypsy, Roma and Traveller mother are just as capable as any other mothers of listening, and understanding information that is

given to them in an appropriate way. They know, far better, than anyone outside their community, what sort of challenges they will face, and what sort of help and support they will need. The key to supporting Gypsy, Roma and Traveller mothers is to listen to them, to treat them with respect, and not to make judgements or assumptions about what they want or need.

References

Communities and Local Government Report, 2012, Progress report by the ministerial working group on tackling inequalities experienced by Gypsies and Travellers
 Condon L, 2015, Roma, Gypsies, Travellers and infant feeding,
 Hancock I, 2005, Romanies and the Holocaust: A Re-evaluation and Overview
 Matache, M, 2017 Coercive and Cruel: Forced Sterilisation of Romani Women
 Pinkey K, 2011 The infant feeding practice of Gypsy and Traveller women in Western Cheshire Primary. Care Trust and their attitudes towards breast and formula feeding
 UCD School of Public Health and Population Science, Breastfeeding is natural, but it's not the norm in Ireland