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Perceived facilitating and hindering factors to exclusive breastfeeding among Latin American immigrant women living in Colmenar Viejo (Community of Madrid, Spain)

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Abstract

The way in which an infant is breastfed by a migrant woman reflects her bio-psycho-social circumstances and her process of cultural transformation and adaptation to the host country. Exploring facilitating and hindering factors to exclusive breastfeeding (EBF) of immigrant mothers in Spain is essential for the development of guidelines that protect EBF. The aim of this qualitative study is to explore the factors perceived as facilitating or hindering EBF during the first six months of the baby's life by Latin American women living in Colmenar Viejo, a city in the Community of Madrid (Spain). We carried out in-depth semi-structured face-to-face interviews between December 2018 and February 2019 with 11 Latin American mothers who were recruited through key informants and snowball sampling. We audio-recorded the interviews, transcribed them, and performed content analysis to examine the data. EBF was facilitated by the mother and her family having information about its benefits, lower economic expenses, family and healthcare system support, certain popular and spiritual beliefs, and the mother's acculturation process in Spanish society. The hindering factors identified were the perception of EBF as a sacrifice, incompatible with working life, with unsightly and painful consequences for the mother, insufficient to nourish the baby and ineffective after some months, poorly supported by the broader social environment and the healthcare system. EBF was restricted by certain popular beliefs, associated with a stigma if abandoned, and linked to less economically favored social classes. Some of these hindering or facilitating factors are similar to those present in the original Latin American society or the receiving Spanish society. EBF is a complex process, with satisfactory and suffering stages, regulated by beliefs and experiences. EBF must be promoted intersectorally by governmental, health and societal actors considering the biological, psychological, social, and cultural characteristics of the mother and her community.

KEYWORDS

acculturation, breastfeeding, child welfare, hispanic Americans, maternal welfare, migrants

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1 | INTRODUCTION

The World Health Organization (WHO) has extensively described exclusive breastfeeding (EBF) as the best way to feed the infant (WHO, 2019). EBF means that the baby is only fed with breast milk. EBF happens when no other foods or drinks, not even water, are given to the infant, except for medicines, vitamins, or mineral supplements (WHO, 2020). WHO recommends the beginning of EBF within the first hour after birth and its continuation on demand during the first six months of the baby's life. WHO also describes three other ways of breastfeeding (BF): predominant (PreBF), partial breastfeeding (ParBF), or complementary (ComBF), the latter being recommended up to two years (WHO, 2002).

Scientific literature has widely reported the numerous biopsychosocial benefits of EBF for the infant, mother, family, and community (UNICEF, 2018). The percentage of children on the planet who received EBF for six months seems to have increased in recent years: 32% in 1996, 34% in 2000–2006, 36%–37% in 2006 (WHO & UNICEF, 2015), and 40% in 2018 (UNICEF, 2020). Currently, it is estimated that 42% of children are fed in this way (UNICEF, 2020).

Exploring perceived facilitating and hindering factors to EBF among Latin American immigrants within the current social reality in Spain is important for the development of evidence-based, cross-sectoral, and culturally sensitive interventions that promote EBF. Our study aims to become one more step in the path set by the WHO, which sets the goal of at least half of the children born in 2025, and 70% of the children born in 2030, receiving EBF for six months (WHO & UNICEF, 2019).

1.1 | BF and cultural plurality

It is estimated that 23% of European babies (28% in Spain, Bosi et al., 2016); 25% in the Community of Madrid, Ramiro-González et al., 2018), receive EBF for six months. In Latin America, 38% of babies are fed this way (30% in Paraguay, 40% in Ecuador, 66% in Peru, for example; UNICEF, 2019). These variations have to do with biological, psychological, social, educational, labor, economic, cultural, and religious factors that determine the beliefs and rituals that help define how the newborn is fed in different geographical areas (Tomori et al., 2018). Among other phenomena, these percentages are affected by migratory movements, which condition the lifestyle, patterns, and perceptions of health-illness and access and use of the health systems of both the migrant and the recipient population. Exploring the experiences of immigrant women who are users of the Spanish National Public Health System (*Sistema Nacional de Salud*, SNS) and raise their children in Spanish territory can help us establish a framework for action. This would be a critical step to fight for the consolidation of a more democratic and equitable health system.

What is known about this topic

- The way in which immigrant mothers breastfeed is heavily related to cultural factors and acculturation processes.
- Latin American immigrants living in Spain may face gender, economic, social, cultural, labor, and health barriers while breastfeeding.

What this paper adds

- Some factors that facilitate EBF among Latin American mothers living in Colmenar Viejo are similar to those described in the Spanish population (information on benefits, lower expenses, family and healthcare system support) and others are specific (acculturation).
- Some factors that hinder EBF among Latin American mothers living in Colmenar Viejo are similar to those described in the Spanish population (perception of EBF as sacrificed, unsightly, painful, insufficient, and poorly supported). Other hindering factors may be intensified (labor barriers) and others are specific (cultural barriers).

1.2 | Immigration in the geographical context of the study

At the beginning of the 21st century, Spain became a recipient of Latin American immigrants who, like most of the women who were interviewed in this study, decided to come for economic reasons. The economic crisis that began in 2008 caused profound changes in migration dynamics. The total percentage of Latin American immigrants in Spanish territory decreased. Family reunification increased in Spanish territory and, therefore, so did the arrival of migrant women and children (Cerruti & Maguid, 2016). This phenomenon was also present in the biographies of the mothers who were interviewed.

Colmenar Viejo is a municipality of 183 km² and 49,500 inhabitants, located in the northern area of the Community of Madrid, Spain. 12% of Colmenar Viejo residents are immigrants, being this percentage similar to the immigration rate that we can find in the Community of Madrid (13%) or Spain (12%). 4.5% of this municipality's population comes from Latin America (mainly Ecuador, Peru, and Paraguay) (Madrid Institute of Statistics, 2019). People like those who are part of our population sample face certain difficulties due to their condition as women, mothers, and migrants. They often encounter economic, social, cultural, language, labor, and health barriers (greater risk of suffering lack of support, recommendations, and guidelines for the lactation process) associated with these roles (Bas-Sarmiento et al., 2015; Otero, 2012; Valiente-Izquierdo, 2016).

1.3 | Liminality and immigration

Immigrants, especially those who have low socio-economic status, may experience a phenomenon known as liminality, which refers to the feeling of lack of belonging to both the culture of the country of origin and to that of the host country (Pangas et al., 2019). Norms and habits of the original culture do not often match those of the recipient country and the clash between the two may generate stress, loss of cultural identity, and mental health issues (Baird & Reed, 2015).

Ultimately, through different processes (integration, assimilation, separation, marginalization), the migrant may experience the so-called acculturation process, which consists of losing part of the previous cultural norms and internalize—to a greater or lesser extent—those of the new host country (Berry, 2003; Turner, 1967). The concept of acculturation has been especially problematized in Latin American scientific literature, which proposes the use of a broader term, transculturation (Ortiz, 2002). This term has been used to explain the transmutations and emergence of cultural phenomena derived from interaction and ambivalent dynamics of power in migratory contexts (Marotta, 2014; Millington, 2007).

The way in which a newborn is fed by a woman who must face motherhood in a new country reflects this process of cultural adaptation and transformation (Joseph et al., 2019; Rodríguez & Tapia, 2019). Feeding can also be conditioned by conflicts between the previous and new cultures or by certain barriers to developing previous cultural practices in the new social space (Groleau et al., 2006).

This study is justified by the absence of previous studies exploring the BF experiences of Latin American immigrant women in Spain and the information presented above in relation to the processes of lactation, migration, gender, and liminality. We found empirical qualitative and quantitative studies, as well as systematic and narrative reviews that explore the factors that facilitate and hinder EBF in non-migrant Latin American and Spanish populations, and Latin American immigrant populations residing in countries other than Spain. The data presented in these papers will be discussed in relation to the results of our study.

1.4 | Study objectives

Our main objective is to explore the factors that facilitate and hinder the development of EBF during the first six months of the baby's life by immigrant Latin American women living in Colmenar Viejo.

2 | METHODS

2.1 | Study design

This is a qualitative ethnographic exploratory study based on data collected through semi-structured interviews with Latin American

women living in Colmenar Viejo. This methodological approach is suitable for discovering and examining holistically and in-depth subjective experiences, beliefs, and first-person narratives related to infant feeding in this specific socio-cultural group.

Guided semi-structured interviews allowed the mother's free and spontaneous expression to favor the emergence of themes (Kagan et al., 2014). The interviewer (EB, first author) was an undergraduate Nursing student at the Universidad Autónoma de Madrid with theoretical and practical training in qualitative research. The preparation for the interviews was supervised by an academic tutor (LO, second author) with extensive experience in the field. After each interview, the first author prepared brief ethnographic accounts based on field notes with contextual information on environmental circumstances and verbal and non-verbal communication before, during, and after the interview. These accounts, the transcripts and coding, were shared and checked by the second author. An extended version of the study was also reviewed by a peer debriefer during the Nursing graduation dissertation defense process.

2.2 | Participants

The study participants were Latin American women (a) with at least one child older than six months and under six years of age, (b) living in Colmenar Viejo during the first six months of the baby's life, and (c) with no health condition that precludes BF. Initially, we aimed to include mothers with babies around 6–12 months old. However, we extended this age range up to six years old because 11 mothers with babies under one year old refused to participate due to incompatibilities with family care. All participants managed to recall and describe in detail the infant feeding experiences of their children under six years of age. We recruited participants no matter whether they had carried out BF or not. We identified participants through three key informants, previously known to the first author for being part of her close social environment, who are part of the Colmenar Viejo Latin American community. Later, we used snowball sampling by asking the mothers to share their interview experiences with other mothers in the community and provide them with our contact details.

We recruited 11 women, mostly Ecuadorian economic migrants, with a medium level of education (only one of them had completed tertiary studies) and history of temporary, precarious, and low-skilled jobs (see Table 1). All of them used the SNS during pregnancy, childbirth, and lactation. All participants were mothers before the age of 30 and had between one and three children. These women fed the 16 participating children with breast milk. However, only five of them received EBF for six months (see Table 2). The sufficiency of the sample size was evaluated during a preliminary data analysis parallel to the development of interviews. After the first 10 interviews, we observed a significant information redundancy and we considered that saturation on the key issues of this exploratory study was reached (Vasileiou et al., 2018).

TABLE 1 Socioeconomic characteristics of the participants

Mother's pseudonym	Age	No. children	Years in Spain	Nationality	Causes of migration	Education	Main job
María	20	1	12	Colombia	Family reunification	High school	Domestic cleaning
Rosa	24	3	10	Ecuador	Economic + family reunification	High school	Waitress
Ana	25	2	11	Ecuador	Economic	Technical Diploma	Domestic cleaning
Carmen	27	1	12	Ecuador	Economic + family reunification	University (ongoing)	Telemarketer
Blanca	28	1	7	Ecuador	Economic	University (unfinished)	Cashier
Ramona	29	1	9	Paraguay	Economic	High school (unfinished)	Domestic cleaning
Andrea	31	2	6	Ecuador	Family reunification	High school	Domestic cleaning
Luz	33	2	14	Peru	Economic + family reunification	University (unfinished)	Secretary
Nicole	34	3	8	Venezuela	Economic	University	Architect
Isabel	35	2	5	Peru	Economic + family reunification	Technical Diploma	Esthetician
Mónica	48	3	12	Ecuador	Economic	High school (unfinished)	Cashier

2.3 | Qualitative interviews

We conducted the in-depth semi-structured face-to-face interviews in the interviewee's preferred location (private space inside her house ($n = 6$) or a cafeteria ($n = 5$)) between December 2018 and February 2019 in Colmenar Viejo and Tres Cantos (Community of Madrid, Spain).

The interviews had three sections. First, the mother introduced herself (Main question: Could you tell me about yourself—age, nationality, civil status, job, why and when did you come to Spain?). Second, infant feeding experience was explored (Main questions: Could you tell me about each of your children—pregnancy, delivery, age, sex? How were they fed from birth to the sixth month of life and why? What was your civil status and occupation in that period?). Third, perceived facilitating or hindering factors to EBF during those six months were discussed (Main questions: What do you think made it difficult/easier for you to exclusively breastfeed?).

We carried out ten interviews, each lasting 60 min on average. All interviews were individual except one, where two participants (Mónica and Carmen) were interviewed together. Another participant (Ana) was accompanied by her husband. Interviews were audio-recorded and later transcribed.

2.4 | Data analysis

Data were subjected to content analysis in order to identify the elements that facilitated or hindered the development of EBF. Data analysis was carried out by EB and was initially deductive (two previous code families: factors that facilitate EBF and factors that hinder EBF) and subsequently inductive, linked to the grounded theory

(Noble & Mitchell, 2016). In the transcripts of the interviews, the meaning units related to the study objectives were identified and then synthesized into condensed meaning units. We assigned codes to these units, having finally 18 categories. These were grouped into the previous two families. All these processes were managed using Microsoft Word and ATLAS.ti for Windows.

2.5 | Ethics approval and informed consent

We obtained ethical approval from the Ethics Committee of the Faculty of Medicine at the Autonomous University of Madrid. Before each interview, the interviewer introduced herself as a Spanish Nursing student, living in a nearby town (Tres Cantos). We then read aloud the written informed consent, resolved any doubts, asked the participant to sign it, and provided her with a copy of the document. Participants' names were replaced by pseudonyms.

3 | RESULTS

The study results are presented in two sections. The first section focuses on the factors that facilitated EBF, which we classified into seven themes: (1) information, (2) health benefits for the baby and the mother, (3) family support, (4) healthcare system support, (5) reinforcing popular and spiritual beliefs, (6) economic benefits, and (7) acculturation process. The second section presents the factors that hinder EBF, which are divided into 11 key themes: (1) sacrifices, (2) incompatibility with working life, (3) worse physical appearance, (4) insufficiency, (5) pain, (6) poor social support, (7) family barriers, (8) healthcare system barriers, (9) stigma, (10) beliefs about the end of BF, and (11) beliefs related to economic issues.

TABLE 2 Profile of mothers and children

Mother's pseudo- nym	Mother's situation during the first six months of the baby's life			Child older than six months and under six years of age			Previous BF experience	Feeding strategy during the first six months of the baby's life
	Age	Civil status	Occupation	Type of delivery	Sex	Current age		
María	16	Married	High school student	Vaginal	♂	3 years, 6 months	No	0–1st month: ParBF 1st–6th month: No BF
Rosa	19	Married (1st partner)	Unemployed	Cesarean	♀	5 years, 2 months	No	0–6th month: ParBF
	22	Civil union (2nd partner)	0–4th month: Unemployed, housekeeper 4th–6th month: Waitress	Cesarean	♂	1 years, 6 months	Yes	0–4th month: PredB 4th–6th month: ComBF
	24		Unemployed, housekeeper	Cesarean	♀	6 months	Yes	EBF
Ana	21	Married	0–5th month: Unemployed, housekeeper 5th–6th month: Domestic cleaning	Vaginal	♀	3 years, 5 months	No	0–5th month: EBF 5th–6th month: ParBF
	24		Unemployed, housekeeper	Cesarean	♀	11 months	Yes	EBF
Carmen	26	Married	0–1st month: Unemployed, student 4th–6th month: Telemarketer, student	Vaginal	♂	7 months	No	0–4th month: EBF 4th–6th month: ParBF
Blanca	27	0–5th month: Married 5th–6th month: Divorced	0–3rd month: Unemployed, housekeeper 4th–5th month: Caregiver 6th month: Cashier	Vaginal	♂	7 months	No	0–3rd month: ParBF 4th–6th month: ComBF
Ramona	25	Single	0–3rd month: Unemployed 3rd–4th month: Waitress 5th–6th month: Domestic cleaning	Vaginal	♂	4 years, 4 months	No	0–3rd month: ParBF 4th–6th month: ComBF
Andrea	27	Married	0–4th month: Parental leave 4th–6th month: Domestic cleaning	Vaginal	♂	4 years, 1 months	Yes. One experience 12 years ago in Ecuador. ParBF was carried out for three months	0–3rd month: EBF 4th–6th month: No BF
Luz	29	Married	Parental leave + holiday leave	Vaginal	♀	3 years, 10 months	No	EBF
	31		Parental leave + holiday leave	Vaginal	♂	2 years, 1 months	Yes	EBF
Nicole	29	Married	Postgraduate student	Vaginal	♂	5 years, 4 months	Yes. One experience seven years ago in Venezuela. EBF, ParBF and ComBF were carried out during first six months	0–1st month: EBF 2nd–4th month: ParBF 4th–6th month: ComBF
	32		0–4th month: Parental leave 4th–6th month: Architect	Vaginal	♀	2 years, 7 months	Yes	0–4th month: EBF 4th–6th month: ComBF

(Continues)

TABLE 2 (Continued)

Mother's pseudo-nym	Mother's situation during the first six months of the baby's life			Child older than six months and under six years of age			Previous BF experience	Feeding strategy during the first six months of the baby's life
	Age	Civil status	Occupation	Type of delivery	Sex	Current age		
Isabel	34	Married	Parental leave + holiday leave	Vaginal	♀	1 years, 3 months	Yes. One experience five years ago in Peru. EBF and ComBF were carried out during first six months	EBF
Mónica	44	Single	0–4th month: Unemployed, housekeeper 5th–6th month: Waitress	Cesarean	♂	4 years, 3 months	Yes. Two experiences 27 and 16 years ago in Ecuador. ParBF and ComBF were carried out during first six months	0–4th month: EBF 5th–6th month: ParBF

3.1 | Factors that facilitate EBF

3.1.1 | Information

Factors that hinder EBF may be fought by these mothers with truthful information and consequent empowerment, awareness, and greater decision-making capacity. Previous unsatisfactory experiences during pregnancy, childbirth, or BF are frequent in mothers who have actively sought information about BF, mainly in their social environment, the SNS and the Internet. Greater knowledge about EBF, and often also higher education, is related to greater contact with health services, greater ability to overcome scenarios that make EBF difficult or stressful, and greater time extension of EBF. It is also related to the use of specific terminologies like “EBF” or the will to choose complementary feeding methods. For example:

I know very well the reasons why I must breastfeed and therefore I have not thought of quitting. [...] For complementary feeding [...] I like the Baby Led Weaning method.

(Carmen, 31/01/2019)

3.1.2 | Health benefits for the baby and the mother

A longer time extension of EBF always is associated with a greater awareness of its benefits. Mothers point out that the main benefits for the baby are the strengthening of the immune system and better intellectual development. Another important perceived benefit for the baby is the establishment of a healthy weight, which is often mistaken for weight above the adequate one. Weight loss and, to a lesser extent, benefits during the postpartum and protection against breast cancer are identified as the main benefits for the mother. The creation of affective bonds is the main mutual benefit pointed out by the mothers:

With breastfeeding the child is healthy, does not get sick, is more attached to me and on top of that you lose weight.

(Isabel, 11/02/2019)

3.1.3 | Family support

Family is described as a broad and cohesive social network, a great source of physical and psychological support during lactation, in person and/or telematically from the country of origin. Awareness of the maintenance of EBF for six months and involvement of the family—especially, her mother and partner, who in our sample always have the same nationality as the interviewee—is key for the mother to be successful in BF:

My mom and husband have been my support. Without them I would have stopped breastfeeding.

They remind me that it is important, that it is the best for me and for the baby.

(Isabel, 11/02/2019)

3.1.4 | Healthcare system support

All mothers have received recommendations from SNS health professionals to develop EBF for six months. A minority of mothers have doubts about how long EBF should be maintained and whether water can be given during this time. Hospital doctors and nurses are identified as important figures to successfully develop EBF during immediate postpartum. The midwife and pediatrician are described as a great source of information and motivation during the first six months. Health education seems more effective when there is a single reference figure in relation to BF, usually the midwife, and when the health professional is kind, close, empathetic, and attentive:

Breastfeeding was in danger of being lost during the first days. The baby was not latching on well. [...] Then the midwife took the baby, told me "Do like this". And the baby latched on. [...] She was a wonderful midwife. Kind, lovely, approachable. She explained everything to you. We were always with her.

(Luz, 13/12/2018)

The lack of interest and time, as well as the prevailing conception that the health center is a place for healing and not for health promotion, justify that most mothers did not attend the lactation education sessions offered in Colmenar Viejo. The three women who routinely attended these meetings describe them as an excellent informational and community support resource for EBF development.

3.1.5 | Reinforcing popular and spiritual beliefs

Spiritual and popular beliefs, such as the fact that certain types of food, rituals, and moods promote breastmilk production, are frequently associated with the development of EBF. Andrea, Ana, Carmen, and Nicole, who identified themselves as Christian and who practiced EBF while possible, associate EBF with the way in which God wants the human being to be fed.

Breast milk already has everything. It is as everything has always been, as we have been created.

(Luz, 13/12/2018)

3.1.6 | Economic benefits

The lower expense involved in EBF compared to formula milk is indicated as an advantage.

So, if I had another child, I think I would breastfeed him. Also, because it is less expense. You do not have to be buying, buying, a jar of milk, another jar. It is for health, but it is also money.

(María, 05/02/2019)

3.1.7 | Acculturation process

In these mothers, we found a more or less conscious desire for cultural communion in relation to EBF between the Spanish and the previous Latin American culture. The greater the number of children and the length of stay in Spain, the more evident it seems this process of cultural adaptation or transformation. Interaction with the new social space and its health resources seems to cause the loss of some previous cultural elements related to BF (i.e., giving drinks based on coffee, barley (*máchica*), green anise, starch, or oatmeal (*coladas*) during the first six months of the baby's life). It is detected an approach to the parameters recommended by the WHO with a consequent increase in EBF time. We can appreciate this fact in Table 2 and the following testimony:

With the first [son], the lack of experience, age, family influenced a lot. People and also the doctor there [Venezuela] told me "Exclusive breastfeeding four months, feed him every three hours, forget about 'on demand'". Here they told me that breastfeeding on demand, exclusive for six months. So, with the second [son], I already breastfed on demand. With the third [daughter] I did exclusive breastfeeding for more time.

(Nicole, 13/02/2019)

3.2 | Factors that hinder EBF

3.2.1 | Sacrifices

BF is described as a complex process, associated with intense emotions of well-being and suffering. Mothers report that it involves great sacrifice and constant dedication, especially during postpartum. They feel that it means abandoning leisure activities and work, domestic, and family responsibilities. Three mothers explicitly describe BF as "*sacrificada*." All of them have felt stress at some point while developing BF because of what is perceived as a great dependency on the baby. In these situations, the suspension of BF is experienced as a relief:

I ended it up [EBF after the 5th month], if I am honest, for freedom. Breastfeeding limits you, ties you up a lot.

(Ana, 25/01/2019)

3.2.2 | Incompatibility with working life

Only mothers who could not find employment or enjoyed maternity and lactation leave and vacations managed to develop EBF for six months. Economic vulnerability, the need for work and a salary, as well as the end of maternity or lactation leave 16–18 weeks after delivery have been the main reasons for replacing EBF or PreBF by forms of baby feeding in which breast milk is absent or less present. We can appreciate this fact in Table 2 and the following testimony:

First four months I breastfed. [...] Then I had to start working and they [mother, mother-in-law] gave her [infant] cereal porridge, fruits, vegetables...

(Rosa, 25/01/2019)

It is perceived that this phenomenon is less frequent in Latin America, where mothers report that it is more common to give up working life after motherhood. The need for a labor reform that allows the fulfillment of the WHO recommendations is repeatedly mentioned.

3.2.3 | Worse physical appearance

The association between BF and subsequent greater flaccidity of the breasts is frequently exposed as a drawback, more or less explicitly.

We all think about that at some point, here and there [Paraguay]. If you breastfeed your boobs are going to become saggy.

(Ramona, 01/02/2019)

3.2.4 | Insufficiency

Breast milk is often considered insufficient to satiate the baby's hunger. This belief justified the introduction of formula milk in the diet of five children. We also identified that mothers believe that when the baby is older than 3–8 months, BF is no longer beneficial compared to formula milk:

My girl was a big eater and just breastfeeding is not enough [...] The first three months this milk [breast-milk] will be good for the baby. Continuing later is like it does not have any more effect. That milk is not worth anymore. It gives nothing to her.

(Andrea, 19/01/2019)

3.2.5 | Pain

BF is linked, especially in younger mothers and during the first feedings, with physical pain (nipple sores, breast engorgement). It is also

related to feelings of disgust or discomfort associated with the baby's contact with an intimate body area:

I had a lot of milk coming out, but I wanted to stop [after the first few days] because it hurt a lot. [...] I also felt so ugly that he [infant] was sucking me there... [...] It was a nice thing, but I felt a little disgusted.

(María, 05/02/2019)

3.2.6 | Poor social support

It is pointed out that in Latin America BF is a more frequent, natural, and socially visible event, highly linked to pregnancy and child-rearing, something "almost obligatory." They feel that in Spanish society BF is less frequent, something optional, that must be hidden and should not be done in public:

In Latin America, breastfeeding anywhere is natural. Here it seems not. Here some women are usually scolded for breastfeeding in public.

(Carmen, 31/01/2019)

3.2.7 | Family barriers

Family can be a barrier to EBF, reinforcing the traditions and beliefs of the native country, which may not coincide with the feeding patterns promoted by the SNS. Maintaining EBF for six months without providing water or other foods is considered unnatural and insufficient by many families. Some mothers decide to end EBF or PreBF due to family pressure. Additionally, mothers who are aware of the benefit of maintaining EBF for six months must frequently fight against family pressure to introduce other foods than breast milk:

The 2-3-month-old baby in Ecuador is already eating [...]. Here I made six months of breast milk only. The pediatrician told me 'Don't give her anything else. With breast milk she is already drinking her water, she already has everything'. But during the summer they [relatives] always told me 'Poor baby girl. Give her some water, give her juice'. [...] I felt terrible sometimes. It was a constant fight.

(Ana, 25/01/2019)

3.2.8 | Healthcare system barriers

Mothers perceive as barriers the use of an excessively technical language by the SNS health professionals, a cold and impersonal character and an exaggerated tendency to prescribe formula milk. They detect inconsistencies between different professionals and lack of time, continuity, attention, and opportunities to resolve doubts during healthcare consultation. These circumstances often cause confusion to mothers,

who recognize that in many cases they have not understood or applied the information received in the health services. Most of them admit that they had lied to the health professionals about the feeding strategies they were following, different from those recommended by the SNS. There is an internal conflict in these mothers due to the cultural differences between the country of origin and the host country:

Sometimes you do not know what to do, if to listen to the pediatrician, if to do things as the family wants. In my country [Paraguay], from the beginning, the baby is given a little bit of all meals. But here it is like you cannot give anything other than milk. Although I do not understand that. [...] [At the health center] Many times they asked me, and I said yes to everything. I did not tell them the truth because they treat you in a very cold way. There is no time to ask or explain.

(Ramona, 01/02/2019)

3.2.9 | Stigma

Mothers say they are under great social pressure for the development of EBF, which, far from being a form of motivation, is identified as a source of stress and pressure. Quitting BF implies receiving a more or less explicit social criticism, the development of a stigma for the woman and her child, the consequent fear of being a bad mother. Mónica allows us to observe this criticism in her speech:

Mothers who stop breastfeeding seem selfish to me. They will have their reasons, but I can find no justification if you are healthy... [...] You see the baby is left abandoned. It makes me feel so sorry.

(Mónica, 31/01/2019)

3.2.10 | Beliefs about the end of BF

Four mothers reported that periods of doubt about BF, specific moments of fear, or mood changes can cause the end of the production of breast milk or the baby's desire to receive it.

At this moment I thought my baby was falling to the ground. I ran and grabbed him. He did not fall. But I was so afraid, it [breastmilk production] stopped. Then I asked the doctor for some formula milk.

(Andrea, 19/01/2019)

3.2.11 | Beliefs related to economic issues

EBF is associated, more or less consciously, with families with fewer economic resources. Some participants implied that money can buy better food than breast milk:

I did not want to breastfeed her anymore [after the 3rd month] because there were many other things that I knew were better. We had money here and we did not have to worry about just being able to breastfeed.

(Andrea, 19/01/2019)

4 | DISCUSSION

This study identifies a variety of factors that are key to understand immigrant mothers' practices toward the development of EBF in Colmenar Viejo. Among these are beliefs, experiences, perceptions, and information that mothers have about the difficulties, sacrifices, and physical, social, and psychological benefits of EBF. An important role is also played by conditions such as closeness and role of her sources of social, family, and healthcare support and her cultural, economic, and labor circumstances.

4.1 | Factors that facilitate EBF

Scientific literature suggests that maintaining EBF for six months is facilitated in Latin American and Spanish mothers, either migrants or non-migrants, by the perception of benefits for both mother and child, knowledge about EBF, participation in EBF workshops (Ramiro-González et al., 2018), social, family, and health system support, and lower financial costs (Bassi et al., 2017; Boero, 2017; Díaz-Gómez et al., 2016; Hohl et al., 2016; Ma et al., 2018). There is not always an association between having previous BF experiences or a higher educational level and EBF development (Gallardo, 2015; García, 2019; Linares & Gómez, 2018; Lutter et al., 2011; Oves et al., 2014; Pérez, 1993; Rius et al., 2014; Villar et al., 2018).

4.2 | Factors that hinder EBF

Our results are compatible with those obtained in publications that explore BF experiences of Latin American and Spanish non-migrant mothers, and Latin American immigrant mothers. BF is strongly associated with the process of becoming a mother in Latin America. However, EBF for six months is not a socially widespread practice. Tradition reinforces a long-lasting ComBF, but it mostly rejects BF as an exclusive feeding strategy, promoting the introduction of solid foods when the baby is around three months old (del Toro et al., 2016; Hohl et al., 2016; Swigart et al., 2017). Newborn feeding patterns in Latin America seem to be deeply linked with traditions and the opinions and vertically transmitted experiences of other women in the family (López et al., 2018; McKinney et al., 2016; Román, 2017; Santos & Solís, 2020).

Literature shows that both non-migrant Latin American and Spanish mothers may feel poorly supported by their families or health system and, eventually, detect lack of preparation in health

professionals. They describe EBF as a complex process, especially during postpartum (sometimes satisfactory, sometimes stressful, and uncertain), involving abandonment of responsibilities, with unsightly and painful physical consequences (Bassi et al., 2017; Bigman, 2016; Díaz-Gómez et al., 2016; Gallardo, 2015; Llorente-Pulido et al., 2021; Mateus & Cabrera, 2019; Pereira et al., 2019). Spanish and Latin American mothers living in Spain perceive a stressful social pressure for the maintenance of BF and the difficulty of BF in public spaces (Ausona, 2015; Boero, 2017; Scott et al., 2015).

Reincorporation to work and the perception that BF is insufficient are among the main reasons found in the literature to explain the abandonment of BF in Spanish mothers living in Spain or Latin American mothers living in North America or Europe (Ahluwalia et al., 2012; Castaldo et al., 2016; Herrero, 2017; Ramiro-González et al., 2018; Rosenthal et al., 2019). Working life of Latin American immigrant women, frequently associated with precarious, temporary and low-skilled jobs, especially hinders a non-stressful healthy family and work conciliation (Gross et al., 2019; Pardo, 2016).

Latin American women living in the United States have mentioned BF as typical in lower-income social classes, and also as less visible, natural, and socially supported in North American society (Ahluwalia et al., 2012). A "Hispanic paradox" is also partially described, which suggests a phenomenon that is not compatible with our results, associating greater acculturation in American society with greater abandonment of EBF (Bigman et al., 2018; Fryer et al., 2018; Tolbert et al., 2008). Some popular beliefs of Latin American immigrant mothers living in Europe, related to the suppression of milk production after a moment of fear or a mood change, "sustos" or "enojos," are also described by Castaldo et al. (2016).

4.3 | Limitations and future research

The interviewed mothers' nationalities correspond to the main Latin American migratory groups in Colmenar Viejo. However, this study is subject to limitations. First, it has been carried out with a limited number of nationalities and this circumstance may restrict the application of our results in a broader setting. Second, two participants were interviewed together, and another participant was interviewed with her husband being present. This presence of a third person can be a source of discursive alteration.

Further studies exploring BF experiences of Latin American women residing in Spain are encouraged to propose evidence-based EBF guidelines adapted to specific cultural circumstances and health needs. These guidelines should aim at facilitating EBF and consolidating community health services as the main source of care for mothers during BF (Sinha et al., 2015). Our study points out the need for health professionals to bio-psycho-social-cultural-spiritually assess the mother and her family. Also, our results highlight the need to develop forms of verbal and non-verbal communication adapted to the mother's circumstances. It is essential to guarantee the availability of adequate consultation time for optimal health education of the family nucleus. It would also be crucial to consolidate a sincere

therapeutic relationship, which includes positive reinforcements and active promotion of EBF. The optimal application of these interventions could well be linked to continuous theoretical-practical training for health professionals, and to the promotion of both health education groups and interprofessional collaboration.

We emphasize the need for economic investment in monitoring systems that strengthen the application of health guidelines and global BF family-friendly policies (Buccini et al., 2018; WHO & UNICEF, 2017). There is a need for the multidisciplinary mobilization of the various social agents involved: governments, health agents, and citizens. This mobilization should happen at a municipal, community, national, and international level to be able to holistically face the barriers to EBF detected in this study.

5 | CONCLUSION

This study reveals that for Latin American mothers living in Colmenar Viejo, EBF is facilitated by the provision of solid information that allows women to be aware of EBF's health benefits for them and their babies. Other perceived facilitating factors are the fact that EBF involves less economic expense, the support from the family and the health system, as well as certain popular and spiritual beliefs and the acculturation process.

Among the factors that hinder EBF are certain popular beliefs, the perception of EBF as a sacrifice, detrimental to physical appearance, insufficient to satiate and nourish the infant, and its incompatibility with work. EBF can be perceived as painful and poorly supported socially, familiarly, and within the healthcare services. EBF is also associated with people with less economic resources and stress due to the social stigma generated by its abandonment.

A global better nutrition strategy should be linked to the development and implementation of holistic, interdisciplinary actions, based on scientific evidence, that promote EBF. Importantly, these strategies must highlight the benefits of breast milk over formula milk (Save the Children, 2018) and combat the hindering factors to EBF within different human communities. Further studies exploring BF experiences in the immigrant population in Spain are needed for the development of health policies that promote family health. It is essential that family health is understood as a biological, psychological, and sociocultural phenomenon within a plural society that aspires to be more inclusive, equitable, and fair.

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CONFLICT OF INTEREST

The authors declare that they have no conflict of interest.

DATA AVAILABILITY STATEMENT

The data are not publicly available due to privacy or ethical restrictions.

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