

# Roma, Gypsies, Travellers and infant feeding

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## Introduction

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## Rationale

It is well recognised that Gypsies and Travellers experience high health inequalities and make poor use of preventive health services (Parry et al 2007). Feeding in infancy has an impact upon health in childhood and as an adult, and contributes to health inequalities (DH 2004).

*'Lack of breastfeeding – and especially lack of exclusive breastfeeding during the first half-year of life – are important risk factors for infant and childhood morbidity and mortality that are only compounded by inappropriate complementary feeding. The life-long impact includes poor school performance, reduced productivity, and impaired intellectual and social development.'*

(p. vi, WHO 2003)

The UK has one of the lowest rates of breastfeeding worldwide, and it is known that those least likely to breastfeed are women from disadvantaged groups, particularly young white women (Dyson et al 2006). Very little is known about the infant feeding practices of Gypsies and Travellers.

## Who are Gypsies and Travellers?

A decision was made by the English Court of Appeal in 1989 that Gypsies are an ethnic group by virtue of their shared common history and culture, oral literature and practices of a religious nature (van Cleemput & Parry 2001); subsequently Gypsies

and Travellers were included as an ethnic group for the first time in the UK 2011 census. The umbrella phrase 'Gypsies and Travellers' covers a range of groups including English, Welsh and Scottish Gypsies, Irish Travellers, New Age Travellers, Boat People and Show People, as well as Roma people from a variety of European countries (van Cleemput 2010). Despite the manifest differences between these groups health data is collected for 'Gypsies and Travellers' as a whole, and this is how they are generally referred to in policy documents and academic literature (Brown 2010). In this report, as with other authors, the terms 'Gypsy', 'Traveller' and 'Gypsy-Traveller' are used as generic terms, but with reference to context (Cemlyn 2008); where a statement relates only to one group this is made clear.

Clébert (1963) describes the study of Gypsies as having begun in the 15<sup>th</sup> century when such Travellers first appeared in Europe. Gypsies in England were then believed to have originated from Egypt (Bancroft 2005) but linguistic evidence points to an Indian origin, as Romany speech is derived from a Sanskrit dialect (Liégeois 2007). English Gypsies still continue to use Romany words in their every day speech, demonstrating the enduring links between Gypsies around the world; however the idea of a Romani 'race' has long been challenged by anthropologists, historians and sociologists (Kovats 2004). In the 20<sup>th</sup> century the concept of a common ethnic identity shared by Roma and Gypsy-Traveller groups has been fostered by international activists who see this common identity as supporting their fight for political rights, and as a way of presenting a united response to persecution (Bancroft 2005). Kiddle (1999) highlights the difference between this new approach and Gypsies' traditional ways of avoiding confrontation, namely, '*keeping a low profile and surviving on an individual family basis*' (p130).

The decision to include Gypsies and Travellers together as a category in the 2011 UK Census was preceded by debate about whether they should be listed as separate ethnic groups (Lords Hansard 2004). Gypsies are considered to be members of an ancient diaspora from India, but it is thought that traditional Travellers are from a predominantly indigenous European background (Cemlyn 2008), and are a group who have emerged at times of social and economic upheaval from sedentary society; historically such times have included the Highland clearances, Napoleonic wars and Irish potato famine (Bancroft 2005). In the UK today Gypsies and Travellers tend to be 'lumped together' in daily life as well as academic writing, for instance being allocated places on shared caravan sites, even though in countries such as the USA the groups are viewed as separate (Quarmby 2012). There are distinct cultural as well as linguistic differences between the two groups, and until recently cultural taboos prevented the two groups mixing, for instance in marriage.

Gypsies in continental Europe are commonly referred to as 'Roma', a new name which Kovats (2004) describes as a politically driven replacement for the generic term 'Gypsy'. 'Gypsy' is now only in common usage in the UK as elsewhere it is a pejorative term; in Europe it was hoped by changing the name that longstanding hostility against Gypsies would be reduced. Bancroft (2005) considers this re-naming creates an artificial division between the Gypsies of continental Europe and other Gypsy-Travellers, which does not aid the concept of a common cause. Numbers of European Roma are estimated at about 10 million, living mainly in the Balkans and central and Eastern Europe; however this is considered to be a likely underestimate

as there are strong disincentives for individuals to identify themselves as Roma (Liégeois 2007). Conditions for Roma people are frequently very poor due to socio-economic deprivation exacerbated by violent xenophobia, and since 1984 the European Union has recommended that member states should develop programmes to improve the situation of Gypsies without damaging their cultural values (Liégeois 2007).

Part of the shared history of Gypsies and Travellers is experiencing oppression and rejection by mainstream society. There is a long history of anti-Gypsy feeling in Europe, with repeated attempts to excise them from society or forcibly integrate them<sup>1</sup>. Twentieth century Europe has continued to be a dangerous place for Gypsies (Bancroft 2005). Belatedly in 1982 Germany acknowledged that there had been a Holocaust of Gypsies under the Nazi regime, with up to 1.5 million people of Romany heritage exterminated. Hancock (2005) surmises that almost the entire Roma population was killed in Croatia, Estonia, Lithuania, Luxembourg, and the Netherlands. Post-war acts of genocide against Gypsies have been carried out in other European states. Roma women were sterilised without consent in Sweden until the 1970s and in Czechoslovakia until the 1980s (Bancroft 2005). In Finland, Spain and Switzerland children were systematically removed from Gypsy families to be placed in alternative care; in Switzerland this practice continued until 1973 (Liégeois 2007). It has been suggested that in England children were taken from Gypsy families by social workers in the 1950s primarily on the grounds of removing them from a deviant lifestyle (Okely 1997). Modern attempts to banish Gypsies from European States include repatriation of the Roma by Germany in 1992 and 1993 (Liégeois 2007), and most recently France offered Roma people living in illegal camps 300 francs to return to Romania (BBC news 2010).

One way to attempt to integrate Gypsies into society is by restricting their ability to travel. Nomadism has been part of the Gypsy way of life for millennia. Traditionally Gypsies would travel between settled communities performing itinerant work, such as metal working and seasonal farm labour, a practice which continued until relatively recently in Ireland and in many Eastern European countries (MacLaughlin 1998, Liégeois 2007). Throughout history nomadism has been an established part of life for many groups (e.g. pilgrims travelling to foreign shrines, shepherds moving around pastures or to fairs, the progresses of kings and queens) but is increasingly seen as a threat to settled society (McLaughlin 1998). Under post-war communism many Gypsies were forced to settle, and when communist regimes fell Gypsies were then excluded from the labour market leading to extreme poverty (Bancroft 2005). Since the 1960s there have been waves of Gypsy migration from Yugoslavia, Romania and Czechoslovakia in response to socio-economic deprivation and persecution (Liégeois 2007). In the UK Gypsies and Travellers have not been subject to forced settlement, but legal changes have meant that finding a place in which to stay has become increasingly difficult<sup>2</sup>. Sites provided by the local authority are frequently in places where other people would not choose to live, for instance by

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<sup>1</sup> Examples of attempted excision from society include long banishments from several countries including England, and sanctioned atrocities such as 'Gypsy Hunts' in which Gypsies could be killed as 'free game' in Switzerland, Holland, and Germany up to the mid-19<sup>th</sup> century (McLaughlin 1998).

<sup>2</sup> *'[In Britain] traditional stopping places have been eroded, and a local authority duty to provide sites after 1968 was widely disregarded or ineffective against public opposition. In 1994 it was abolished and powers increased to evict and criminalize unauthorized camping.'* (Cemlyn 2008, p158).

motorways, near tips and sewage works, and with few basic amenities (Bancroft 2005, Cemlyn 2008).

Bancroft (2005) describes Gypsies as 'internal outsiders' or 'aliens', and argues that increasing bureaucracy in the modern era has led to further marginalisation of Travellers. McLaughlin (1998) suggests that the increasing separation of rich from poor within society, in terms of housing, schools and workplace, contributes to mutually exclusive communities with heightened fear and mistrust of people with whom one does not have regular contact. He suggests that Gypsy Travellers are increasingly seen as 'a race apart' from the general population, with a lifestyle linked to chaos and disorder. Others authors agree, with Cemlyn (2008) suggesting that Gypsies and Travellers are commonly portrayed as a group whose way of life is in opposition to dominant societal norms, while Bancroft (2005) identifies increased hostility towards Gypsies in England linked to widespread intolerance of their way of life. The Irish Traveller Movement in Britain (News, October 2<sup>nd</sup>, 2102) have highlighted the links between negative media presentation (such as the recent Dale Farm reporting) and subsequent attacks on Gypsies and Travellers, citing the United Nations Human Rights Committee, the UN Committee on the Elimination of all forms of racial discrimination and the European Commission against Racial Intolerance, as all acknowledging negative media coverage of the UK's Irish Travellers and Gypsies. Public attitudes towards the Gypsy and Traveller community have been described as 'the last bastion of racism' (Coxhead 2007).

Charles Duff, in his translator's forward to Clébert (1963), pays tribute to Gypsies' enduring ability to maintain their cultural identity in the face of hostility:

*'For century after century, often in extremely dangerous circumstances... they have maintained a consistent struggle for their freedom- based on a desire to live their own lives in their own way' (p. v).*

Many authors consider that Gypsy-Travellers have resisted eradication throughout history by maintaining an internal social structure which has ensured survival (Liégeois 2007). Within Gypsy communities the concept of a Gypsy identity based upon traditional culture and values is highly valued and a source of pride, and all Gypsies and Travellers can be seen as united by an enduring set of core values. Liégeois (2007) identifies these values as based upon the centrality of the family as a social structure, nomadism, flexible work and concepts of purity which influence practices such as food preparation, cleanliness, and behaviour towards the opposite sex. Conversely ways of living prized by the non-Gypsy population such as salaried work and long periods in education are not placed at a high premium within the community, and indeed run counter to some of the above values. Bringing up children is viewed as highly important and one of the primary functions of the family and of the community as a whole. Children are raised to have mutually respectful relationships with adults and to achieve an early independence and resourcefulness (Liégeois 2007).

It is clear that the Gypsy identity is based upon different values and aspirations from the majority population. Hawes & Perez (1996) suggest that an important part of a separate Gypsy identity is the maintenance of a strong awareness of the differences between Gypsy culture and that of the majority population. A common word used

within the culture for non-Gypsies is 'gorgio' or gauje', which Bancroft (2005) likens to the Mexican use of 'gringo' or the Jewish 'gentile'. 'Gauje' does not just mean 'settled' (Gypsies and Travellers retain their cultural identity as even when housed) but holds connotations of otherness and being an outsider. Kiddle (1999) makes the point that it is impossible to see Traveller culture in isolation from non-Traveller culture, as both are defined by each other:

*'Travellers are conscious of the power relations with the 'host' society, their identity is bound up as much in what they are not as what they are, in what they reject as well as what they choose' (Kiddle 1999).*

Gypsies and Travellers continue to abide by common rules for living, which contribute to their sense of belonging to a group. Although many Travellers now live in houses, a tradition of travelling to meet up with other members of the community remains (Cemlyn 2008). Gypsies and Travellers visit fairs which are the remnant of medieval fairs which took place in England, and also meet together for large extended family occasions, such as weddings and funerals. Everything about non-Gypsy society confirms what is unique about Gypsy society, and this strengthens cohesion and a sense of group membership (Liégeois 2007). Gypsy identity is not selected or discarded for individual events but is lived on a daily basis and governs significant aspects of daily life.

## Literature Review

Prior to the late 20<sup>th</sup> century there was little research on the health status of Gypsies and Travellers. Since 2000 a team led by Glenys Parry and Patrice van Cleemput at Sheffield University has produced ground breaking epidemiological research which uses validated quantitative measures to demonstrate that Gypsies and Travellers in the UK have poorer health status and a higher risk of mortality than even socio-economically matched comparison groups (van Cleemput & Parry 2001, Parry et al 2007). Parry et al (2007) conclude that the health inequalities experienced by Gypsies and Travellers are greater than could be expected simply from socio-economic disadvantage or from belonging to a minority ethnic group. As a direct consequence of this growing body of evidence Gypsies and Travellers were included in the Pacesetters programme set up by the last Labour Government, which sought to create partnerships between local communities who experience health inequalities, the NHS and the Department of Health. The overall aim of the programme was to deliver equality and diversity improvements and innovations which reduce inequalities. Improving the health status of Gypsies and Travellers was one of four core issues identified as a national priority (DH 2008)

Recent health policy under both New Labour and the Coalition government has focused on reducing health inequalities. It is recognised that psycho-social factors have a profound effect upon health (Wilkinson and Marmot 2003). Being lower down on the social gradient increases premature mortality and morbidity, stress adds to the risk of premature death, social exclusion and discrimination increase morbidity, as does being unemployed, having poor access to transport and lacking access to healthy food. In common with many other marginalised ethnic minority and migrant groups, Gypsies and Travellers are known to have low social status, to experience high stress and social exclusion and to have high rates of unemployment,



(MacLachlan 2006). In addition Gypsies and Travellers often exist in social and economic contexts that are stressful and threatening which contributes to an adverse impact upon health (MacLachlan 2006). Offsetting positives are the close knit nature of the community, contributing to social capital; however levels of trust towards the general population are low, and Travellers fear poor treatment by health and other services due to discrimination (Kelleher et al 2011).

There is a rapidly growing body of research looking into the health of the Roma people, who are recognised as a group highly discriminated against across the European Union. A recent literature review (Parekh & Rose 2011) suggested that there is a higher prevalence of communicable and non-communicable disease within the community, linked to significantly shorter life expectancies than national averages. They conclude that '*the Roma are stuck in a vicious cycle spinning on an axis of discrimination*' (p141), and suggest that interventions should begin with the lives of children, particularly in the area of nutrition. In exploring the health inequalities experienced by Roma people, Földes & Covaci (2011) note how Roma women are often overlooked in health research due to dual discrimination (ethnic and gender) within and outside the community. As in the UK, continental Gypsies have been shown to have worse health than other ethnic groups; a study of immigrants in Italy showed the risk of cardiovascular disease for the Roma to be higher than for Senegalese, Moroccans, Tunisians and Pakistanis (Gualdi-Russo et al 2009). In Serbia Roma women were found to experience the greatest burden of poor self-reported health (Janevic et al 2012), and in Albania, Bulgaria and Macedonia, Roma women lacked equitable access to sexual and reproductive health services, despite being one of the most vulnerable groups in society (Colombini et al 2012). Fésüs et al (2012) conclude that in order to reduce health inequalities for the Roma, not only health policy, but also education, economic, labour market, housing and territorial policies need to be addressed.

There is a large amount of British and American research relating to breastfeeding among disadvantaged groups, particularly young white mothers (Hoddinott & Pill 1999, Dykes et al 2003, Wambach et al 2004, Dyson et al 2010), but little exploration of the feeding behaviours of Gypsies and Travellers. Anecdotal evidence from health professionals both locally and nationally (Dion 2008) suggests that Gypsies and Travellers' infant feeding practices diverge widely from the recommendations of national policy, but no national statistics exist on feeding practices within this group. A recent paper by Pinkney (2012) examined the early infant feeding practices of Gypsy and Traveller women in Cheshire, and their attitudes to breast and formula feeding. Acknowledging the small size of the sample (n=75), it was suggested that breastfeeding rates were very low, with 3% initiating breastfeeding and none continuing to 6-8 weeks. However, a questionnaire completed by mothers suggested that their attitudes were neutral rather than negative towards breastfeeding (Pinkney 2012). The five yearly UK Infant Feeding Survey does not include Gypsies and Travellers as an ethnic group, but suggests that mothers with low socio-economic status are among the least likely to breastfeed (Bolling 2007).

Early results from the 2010 Infant Feeding Survey show a breastfeeding initiation rate of 81% across the UK, with older, more highly educated mothers, who are in managerial or professional occupations, being most likely to breastfeed (Health and Social Care Information Centre 2011). Previous surveys have shown that mothers

from any non-white ethnic group (Asian, Black, Chinese and others) are more likely to breastfeed than white mothers (2005 and 2000). In 2005 only 25 per cent of UK mothers were giving any breast milk to their baby at six months of age, and less than one per cent of mothers were still exclusively breastfeeding; older mothers from managerial and professional occupations were least likely to introduce formula milk before six months (Bolling et al 2007). Solid foods were introduced by over half of all mothers by four months in 2005<sup>3</sup>, with mothers of a lower social class with low educational levels introducing solids foods earliest. Mothers who introduced solid foods earlier were more likely to give commercially prepared foods, while babies who were weaned later were more likely to have home-prepared foods (Bolling 2005). Thus there are great differences in Infant feeding practices between different socio-economic and ethnic groups in the UK, which represents a major health inequality.

The importance of breastfeeding to the health of the infant is well recognised. Babies who are breastfed are less likely to suffer morbidity and mortality in the first year of life (WHO 2003). Two recent high quality reviews have shown that breastfeeding has long term benefits for health, in developed as well as developing countries. Children who have been breastfed are less likely to be obese, have lower blood pressure and cholesterol, and a lower risk of type-2 diabetes (Horta 2007). Ip et al (2007) found that breastfed babies experience less gastroenteritis, ear infections, chest infections, asthma, obesity, diabetes (types 1 and 2) and childhood leukaemia, while mothers who breastfeed have a reduced risk of type-2 diabetes, breast and ovarian cancer. The World Health Organisation currently recommends exclusive breastfeeding for 6 months, and continued breastfeeding to two years and beyond (WHO 2003), with the Department of Health advising breastfeeding to one year and beyond (DH 2009). Weaning onto nutritious home-prepared foods (e.g. meat, fish, vegetables and fruit) is currently recommended to start at six months (NICE 2008) to ensure the baby derives the maximum benefit from breastfeeding (Becker et al 2011) and to reduce the health risks associated with early weaning (Wright et al 2004, Wilson et al 1998).

Given the strong evidence for the benefits of breastfeeding for mother and child, there has been much focus in UK health policy on promoting breastfeeding and identifying evidence-based interventions to increase breastfeeding rates. In 1999 the Infant Feeding Initiative was launched in England with the aim of reducing inequalities in early nutrition, and from 1999 to 2002 nearly £3m was spent on funding projects designed to increase the incidence and duration of breastfeeding, especially amongst disadvantaged groups. Under the last Labour government targets were set for Primary Care Trusts to increase breastfeeding initiation rates by 2 percentage points per year, and all health organisations collect data on the initiation and continuation of breastfeeding (Bolling 2007). Dyson et al (2006) cites as evidence-based the following actions: implementing the UNICEF Baby Friendly Initiative routinely, providing one-to-one health professional and peer support for mothers, beginning support in the ante-natal period and continuing support throughout the baby's first year, not timing or restricting feeds and targeting low income women for additional support.

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<sup>3</sup> In 2000 that the World Health Organisation revised its guidance on the duration of breastfeeding and raised the recommended age for introduction of solids from four to six months (Bolling et al 2007).

Despite these measures UK breastfeeding rates remain low in comparison with other European countries. For instance the 1998 Norwegian Infant Nutrition Survey showed that only 1% of Norwegian babies had never been breastfed, and 80% of babies are still breastfed at six months (Lande et al 2003). Many authors relate the low rates of breastfeeding continuation in the UK to social norms (both as observed by mothers in their local communities and promulgated by the media) which predicate bottle feeding as the normal way to feed a baby (Henderson et al 2000, Foss & Southwell 2006). In the UK breastfeeding is often seen as the preserve of affluent women, even something celebrities do, and it is more usual for the average woman to bottle feed. Feeding outside the home is a barrier to breastfeeding for many mothers, particularly young white mothers (Mahon-Daly & Andrews 2002, Pain et al 2007, Condon et al 2011). Hoddinott et al (2012) have recently suggested that both health professional and maternal ideals about breastfeeding (e.g. it will be prioritised above all other activities in the first six months) conflict with a shared realism which acknowledges that families prize above all a contented mother and baby, that not all health professionals have the desire or ability to support breastfeeding and that it can appear counter-intuitive to delay solids. Additionally while interventions such as peer support can work well in some circumstances (Hoddinott 2006) in others, particularly where health professionals have poor intra-professional relationships and are not motivated to support the proposed change, even 'evidence-based' interventions fail (Hoddinott et al 2007, 2009).

Poor health outcomes and high health inequalities among Gypsies and Travellers suggest that infant feeding in the first year of life is an important area for further study. The original intention was to carry out a mixed methods study within which existing health service data would be used to establish breastfeeding rates and age of weaning for Gypsy and Traveller babies. However, this proved not possible, as data linking infant feeding practices to ethnicity is not currently routinely collected by local Trusts, and what data exists does not include Gypsies and Travellers as a separate ethnic group. The decision was therefore taken to explore Gypsies and Travellers' infant feeding practices and attitudes and beliefs about infant feeding, solely by qualitative means.

## **Aims and Objectives**

### **Aim**

To explore infant feeding within the Gypsy and Traveller community in the first year of life.

### **Objectives**

1. To explore the reported infant feeding behaviours of English Gypsy, Irish Traveller and Romanian-speaking Roma mothers and grandmothers
2. To explore the attitudes and beliefs of English Gypsy, Irish Traveller and Romanian-speaking Roma grandmothers towards infant feeding in the first year of life
3. To make comparisons between the behaviour, attitudes and beliefs of English Gypsy, Irish Traveller and Romanian-speaking Roma groups concerning infant feeding



## Methodology

A qualitative approach was taken in order to explore in depth the views of mothers and grandmothers from Roma, English Gypsy and Irish Traveller ethnic backgrounds. These groups were chosen because they are well represented in Bristol and are differentiated within the overall Gypsy-Traveller identity. There was no intention of recruiting a 'representative' sample as this is not a relevant concept for qualitative research. It is recognised that other groups could also be included (e.g. Czechoslovakian speaking Roma, Show People, Boat People) and therefore this research is limited in only reflecting the views of some people identified as gypsies and travellers. As the groups reflect diversity, this study affords the possibility of comparison (Barbour 2008).

The sample size of a total of 30 interviews (ten interviews with mothers and grandmothers from each of the three target communities) was designed to be feasible within the time scale and financial resources of the project, and to yield sufficient data to explore the subject in depth. Ritchie et al (2003) emphasise the need for small samples in qualitative research in order to ensure in depth analysis of the data, while recognising that when more than one sample are included within a study for reasons of comparison, that this will increase the sample size overall. Mothers were recruited with children aged three years or younger in order to ensure that feeding experience was relatively recent and grandmothers were included as they are known to have an influence upon how babies are fed (Ingram & Johnson 2004, Ingram et al 2003). A small financial incentive was offered for participation.

Recruitment was carried out by link workers who were familiar with the three Gypsy-Traveller groups and worked among them on a regular basis. Link workers identified potential participants and introduced them to the researcher who then explained the consent procedure. An information sheet was circulated in advance of the project by link workers to ensure that potential participants understood the project sufficiently to make an informed choice about participation. Non-English speaking Roma were offered the information sheet translated into Romanian and interpreters were available to answer questions about the project. The researcher was accompanied by a link worker or interpreter for at least part of all interviews. Consent was sought for participation, audio recording, and use of direct quotations in the final report and subsequent publications. All written materials were submitted to the University of the West of England ethics committee who found no ethical objections to this project. Confidentiality and anonymity was addressed in the information leaflet (see appendix 1) which was discussed with the participant prior to the interview taking place.

English Gypsy and Irish Traveller link workers advised that interviews would be more acceptable than focus groups, as participants could be reticent about discussing private matters in front of peers. The use of semi-structured interviews allowed ideas introduced by participants to be pursued, which allowed the discussion to be shaped by the responses of interviewees, not necessarily following a path which had been previously anticipated by the researcher (Mason 2002). Aronson Fontes (2008) stresses the importance of conducting interviews within a multicultural framework which recognizes that people are individuals as well members of another culture, and warns against viewing participants as if they are 'exotic or stereotypical' (p4). Interviews were carried out in settings familiar to Gypsies and Travellers, for instance a community setting or interviewees' homes in order to promote a relaxed

discussion. Where participants did not wish interviews to be recorded notes were taken contemporaneously by the researcher.

Roma participants were interviewed in Romanian, a language with which they were all familiar. The researcher asked questions in English which were then translated into Romanian and the answers translated back. No Romani speaking interpreters are available in Bristol which meant that the first language of Roma participants could not be used. The Romanian interpreters were known to participants as they commonly interpreted for health and other appointments within the community. Although qualitative research does not aim for external validity, internal validity (the certainty that the data represent the views of participants) is very important; this is particularly so in cross-cultural research where interpreters are required (Ovretveit 1998). In order to check the veracity of the data a sample of audio recordings were checked against transcripts by a third Romanian speaking interpreter, and deemed to be an accurate translation.

In the case of the Roma groups there were barriers to overcome before the research started. When the link worker introduced the project at a Church meeting and showed some of the men the information leaflet, one influential man within the community said to the group no one should take part as the research would not be good for the Roma. However, the effect of this public statement upon the community as whole was unknown and it did not appear to affect recruitment and participation. When men were present at an interview they commonly asked questions about the purpose of the research. One interviewee brought with her both her partner and his English speaking Roma friend, who the interpreter believed had accompanied the mother to check what was being said. At the start of this interview the father said in English that he would die if his children were taken away, and appeared to be establishing that the interview was not linked to any child protection procedures. In another interview the interviewee misunderstood the Romanian word for 'research' and momentarily appeared to believe that we (researcher, interpreter and link worker) had come with a search warrant, before being reassured by the interpreter that this was not the case. Given this level of fear it was surprising that women consented to participate. One woman volunteered that she had come out of 'respect'. The interpreter pointed out that the Roma community in Bristol are very respectful to the link worker, who has done much voluntary work with mothers and children.

## **Findings**

Interviews took place between November 2011 and February 2012. In total 22 participants met the inclusion criteria of being a mother/grandmother of a child aged three years or younger and self-identifying as a Gypsy or Traveller. 15 participants were mothers and 7 grandmothers. Mothers were aged between 16 and 40 years (median 23 years) and grandmothers aged between 32 and 62 (median 50 years). Details of participants are shown in Table 1 below.

**Table 1: details of participants**

	<b>Participants</b>	<b>Venue</b>	<b>Education</b>	<b>Interview taped?</b>
<b>Romanian Roma</b>				
n = 11	Mothers x 9 Grandmothers x2	Church x 5 House x 5 Cafe x 1	No qualifications x 11	7 audiotaped
<b>Irish Travellers</b>				
n = 6	Mothers x 3 Grandmothers x 3	Site* x 4 House x 2	No qualifications x 6	0 audiotaped
<b>English Gypsies</b>				
n = 5	Mothers x 3 Grandmothers x2	Site* x 5	No qualifications x 4 NVQ x 1	4 audiotaped

\* Here Site refers to a Gypsy and Traveller site, private or council run, with either trailers, in which participants lived, or trailers plus a small permanent structure containing a kitchen and bathroom.

It will be noted that numbers of interviews varied between groups. This was because these were the potential participants that link workers were able to suggest to the researcher in the designated areas, who were then asked for consent by the researcher. At this consent stage one English Gypsy grandmother declined to take part, and one mother agreed but never found time to be interviewed. Several Roma mothers consented to take part but then did not attend for interview; in this case link workers concluded that research was conflicting with work at home or paid work. Two interviews took place which were subsequently omitted from the data set as one mother's child did not meet the age criteria for the study, and one mother did not agree that her ethnicity was Gypsy-Traveller, even though the link worker considered her as such. An extra Roma interview was included at the request of link workers as they felt the mother had useful information.

A range of people were present during interviews, and it was rarely a conversation between solely the researcher and interviewee. Link workers were present for varying amounts of the interview, and would sometimes take part in the conversation. For all but one Roma interview an interpreter was required. Frequently children were present, ranging from tiny babies to teenagers; these could be the mother's own children or members of the extended family. Sometimes the partner was present and occasionally unrelated other people. If friends and relatives passed

through the room, they would sometimes would join in with conversation and add their comments. One man abruptly challenged when we were discussing weaning foods given in Romania, asking what was the purpose of this question, but appeared to be content with the explanation that the study was about infant feeding. Several Roma interviews took place on St Nicholas Day in early December, when there was a party atmosphere and many visitors who listened to the interview and occasionally joined in. One Irish Traveller relative commented that she did not feel that it was right to talk about personal subjects like breastfeeding in front of a man, who in this case was the father of the baby.

## Analysis

A framework approach was taken to analysing the data (Spencer et al 2003). NVIVO computer assisted qualitative data software (CAQDAS) was used to sort data and apply preliminary codes. Initial codes were centred firmly round infant feeding, for instance, references to breast and bottle feeding, age of weaning, type of solids introduced. Similarities and contrasts were noted between the three Gypsy-Traveller groups, however it was apparent that the most dominant influence upon infant feeding behaviour as a whole was the concept of the Gypsy-Traveller identity and how this is lived on a daily basis. A conceptual framework was then developed which was centred on aspects of the Gypsy and Traveller identity and how this identity impacts upon infant feeding. Four dominant themes were identified which are:

- The family
- Gypsy and Traveller customs
- Travelling
- Relationships with the gauje

These themes are all related to the characteristic values associated with Gypsy and Traveller identity, in other words, what is most highly prized within the culture, and perceived as distinct from the values of the majority population. Although not all the groups would express their differences as cultural<sup>4</sup> all these themes span across all the three groups. While differences exist in milk feeding and weaning behaviours in the first year of life between groups, which are brought out in the account below, these themes signify common ground between the three groups, relating to values which are important to all of them. Additional cross cutting themes, which also influenced infant feeding practices, are:

- Sociability
- Experience
- Independence.

These cross cutting themes will be woven into the account below, which is presented under headings of the four domain themes.

All data have been anonymised, and no real names used in any presentation of the findings. Participants gave consent for direct quotations to be used and care has

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<sup>4</sup> The Roma do not refer to themselves as Roma and it became apparent during this research, for instance during the feedback event, that some Roma people question initiatives which exclude other ethnic groups.

been taken in presenting the findings that no details have been included which could identify individuals.

## 1 The family

Two closely connected areas will be addressed under this heading; these are how children are brought up within the family and the centrality of the maternal role. The family is at the centre of Gypsy and Traveller communities, and many interviewees gave a sense of how much they valued family life. Respondents conveyed great enjoyment and appreciation of family relationships, with gratitude to parents and joy in having children.

*My mother and father are the best in the world, they give whatever is needed, I have a great husband. We put [our child] before anything in the world.*  
Irish Traveller 6, mother

Within the family children were seen as precious, and childhood itself as a time to be enjoyed to the full by the whole family.

*You know it's lovely in the summer travelling round with lots of Travellers and, you know, hurry up and clean up, sit out on the grass watch all the children running around and playing and that.*  
English Gypsy 1, grandmother

Many respondents described large families as the norm in Gypsy-Traveller communities. Large families mean that everyone has a role in caring for children, and older children quickly gain experience of looking after younger brothers and sisters, particularly girls. The skills of caring for babies and children were learnt in childhood, and then when women had their own children they were already prepared for the maternal role and competent to provide exactly what the baby needed.

*There are so many of them. I put them around the table, on the chairs, but some stay on my lap as well. My husband helps as well. So some are on his lap and some are at the table.*  
Roma 7, mother



Some participants considered that the involvement of children in work within the family is one of the strengths of the Traveller community. In this way children play an important part of in the life of the community, and gain helpful and important experience for later life.

*And that's in every travelling community, every one of the children helps out ...and that's the way it goes...and it's a brilliant way because, no disrespect, in settled communities you wouldn't get that.*

Irish Traveller 1, grandmother

Within the family, in Roma, English Gypsy and Irish Traveller communities, the roles of the sexes are clearly defined. These generally conform to traditional gender roles, with men working outside the home and women involved in housework and care of children. However, there were differences in individual families as well as between communities. In all communities respondents spoke of husbands who were prepared to give a baby a bottle, but some English Gypsies and Irish Travellers felt it was not the man's role to change a nappy<sup>5</sup>. One Irish Traveller grandmother suggested that things are now changing and men have become more involved in assisting their partner.

*What I think is better today, men helps women more. I don't know if other men help their wives more but for instance [my son-in-law] will bathe his children, while my husband would do it if I was ill or if I went into hospital.*

English Gypsy 3, grandmother

Of the Romanian Roma participants, who had recently migrated to England, most showed a keenness to maintaining this gender-dictated division of labour, and no inclination to abandon the traditional female role.

*Well [if] he [the father] is changing him; he is putting him to bed; he is feeding him... well what can we do? If I'm at home all day, what do I do?*

Roma 6, mother

*It's better to breast feed...because I don't have to go anywhere, I stay at home. And it's easier for me to breast feed.*

Roma 8, mother

In deciding how to feed babies, outside influences such as health professionals, played a part in giving information and advice, but most commonly mothers were influenced by the common ways of feeding babies in their own community, and what they had observed other women doing, particularly their own mother. In the case of bottle feeding some already had practical experience of making up and giving bottles, as they had helped with the care of younger siblings and other babies. Similarly, when introducing solid foods, family practices were influential, and grandmothers could take a lead role in dictating which foods babies were given to eat and when. In adult life mothers often lived in close proximity to their own mothers

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<sup>5</sup> 'Not for a man to do.' (English Gypsy 4, mother)

or mothers in law, and invariably close to other members of their own community, whether on a caravan site or living in a house.

### **Learning about infant feeding from one's own mother**

*Well I did see my mum breast feeding her babies and I did learn from her and it took me a while until I got used to it.*

Roma 8, mother

*Because my mother breastfed I just thought, oh you know, I thought it was the motherly thing to do and I thought well, if it's better for the baby, then obviously I'll try it, and it worked for me.*

English Gypsy 1, grandmother

*No one didn't need to tell me how to make up bottles, I knew how to do that and how to change nappies. You put water in and a sterilising tablet, it's easy. I make up bottles when I need them- I don't want to give rotten milk, only fresh milk. You makes a bottle from scratch in the night. I already knowed this because my mum and sister had babies.*

English Gypsy 4, mother

*When [my baby] was first born, my mum used to take over. He started solids at 5- 6 months, homemade soups made of vegetables. I learned me how to cook when I had [baby]. I'm a good cook. I had to learn what my mother gave him so [baby] wouldn't get mixed up.*

Irish Traveller 2, mother

For Roma mothers breastfeeding was no mystery as they had observed members of their community breastfeeding their babies throughout their lives. New mothers were helped by own mother or mother-in-law or other Roma women, and if problems were encountered there was always someone with knowledge and experience who could help.

*I saw...other women how they were doing it. Married women and I observed them and I just knew how to do it.*

Roma 1, mother

*My mum showed him my breasts and she was showing this is how you do it... Then you take it out and you....pat him and when you feed him you put him like this.*

Roma 4, mother

*My mother and mother-in-law helped me with my first child until I knew what to do.*

Roma 7, grandmother

The practical help available to support a mother in infant feeding varied according to expertise within the community. While Roma mothers described receiving expert

breastfeeding help from others, when English Gypsies and Irish Travellers initiated breastfeeding the extended family were rarely able to assist if difficulties were encountered. In this case mothers had to fall back on health professionals who did not provide the reliable support that mothers generally enjoyed from their own community.

*Breastfeeding went wrong. My baby was 2 weeks early and he didn't have a good grip. The midwife didn't come when I came home from the hospital and the health visitor didn't come until the week later. I didn't know what to do; I wasn't shown...he wouldn't take it.*

Irish Traveller 2, mother

Whereas all Roma interviewees had breastfed at least one baby successfully, this was uncommon in the English Gypsy and Irish Traveller communities. Only two interviewees, both grandmothers, had managed to breastfeed a baby for a sustained period. In the English Gypsy and Irish Traveller communities there was much traditional wisdom about formula milk, even about which brands were best for baby, which was often handed down within the family.

*In hospital you give the baby a bottle three hourly, SMA gold. At the time my children were born SMA was in the bottles provided by the hospital. SMA is creamy and nice. It's nice for the child; it's a good bottle. My two daughters did the same thing. They were all right. SMA was what they were reared on.*

Irish Traveller 3, grandmother

## 2 Customs and traditions

In this section the influence of customs and traditions upon infant feeding will be explored. Traditions commonly related to such areas as cleanliness, privacy and behaviour towards the opposite sex, and all these had a powerful impact upon infant feeding. In this section milk feeding will be addressed, then feeding of solids foods. In both areas there were different feeding traditions between the three groups. In general there was a strong sense of traditions being important to all communities, and an important part of what makes up a Gypsy identity.

*Me meself, I likes me own way of life, I've been brought up as a Romany Gypsy and that's the way I wants me boys to be brought up to be truthful. I'm not racist against outsiders, but what we calls like gaujes or house people like yourself...you likes your way, we got our own way.*

English Gypsy 5, mother

### Milk feeding

Among the Roma there was a very strong infant feeding tradition of breastfeeding. Interviewees generally believed that it was good for the baby to breastfeed, and also for the mother. Many commented that breastfeeding is just what Roma women do, and a sense was conveyed of breastfeeding being quite a simple activity. The quotations below demonstrate the widespread support for breastfeeding, and also the variety of reasons why it was considered better. These usually centred on health

benefits, ease and cost, although one mother did give a reason for breastfeeding as being its contraceptive effects (*'I have enough babies'* Roma 1).

### **Roma mothers' views on the benefits of breastfeeding**

*It's better for their health and most of my children preferred to be breastfed than bottle fed.*

Roma 1, mother

*It is better to breastfeed because it is healthier. It seems to me healthier and the doctor says so as well.*

Roma 2, mother

*I think breast, I think it's better. Mother's milk is stronger and healthier milk.*

Roma 4, mother

*Mother's milk is better. We don't give the bottle, you just put the breast in his mouth and that's it. You don't bother with making it.*

Roma 6, mother

*It is better to breast feed, breast is better for the baby than bottle.*

Roma 7, mother

*Well it's easier because you don't have to spend the money on powder milk and bottles and all that stuff. You just give breast to the baby. And it's not just about the money; it's just that I find it better.*

Roma 8, mother

*It is better to give the breast. I only raised them with the breast. I didn't give them....any of them bottle.*

Roma 10, grandmother

*Breastfeeding is best. When you breastfeed kids you have a connection with the baby, you can feel the connection. It's different- I don't know how to spell it out. It's one of the nicest things a baby can have.*

Roma 11, mother

Some respondents from the English Gypsy and Irish Traveller communities also believed breastfeeding had superior benefits to bottle feeding, and this was often the motivation to start breastfeeding.

*I tried it because people say it is good for kids, so I thought my child could try it.*

English Gypsy 4, mother

*There are more natural things in your own breast milk than are ever in formula. SMA says it is the nearest thing to breast milk but breast milk has*

*more vitamins and stuff that they can't put in SMA. If I had the choice I would have breastfed because it is a better way of feeding a baby.*

Irish Traveller 2, mother

*They said it was better for the baby, and so because they said that, I thought, go on then, I'll try it.*

English Gypsy 2, mother

For mothers who did wish to try breastfeeding this could be problematic because in some ways breastfeeding was seen as challenging the customs of the community; it usually differed from what other family members had done, it was behaviour often linked to gauje women, and most importantly it conflicted with taboos about privacy and women's behaviour in public.

*Irish Travellers usually give the bottle... Irish Travellers have never done breastfeeding. Our grandmothers would have done it, but on their own, not in front of husbands. My daughters would have felt ashamed.*

Irish Traveller 3, grandmother

For some breastfeeding almost seemed to contain implications of sexual impropriety, or brazen behaviour unbecoming to a Travelling woman.

*In my family we don't do that. You can't pull out a boob in front of a man, it would a bit embarrassing like...I saw people before with their boob hanging out. Travelling women are not supposed to do that, it's not right in front of a man. Some Travelling women do it, in the trailer, not in front of men. I've seen other women pull a boob out on a train, with different strangers looking at their boob. It's private, so put the blinds down in the trailer. You could do it in front of husband but not another travelling man.*

Irish Traveller 6, mother

*To be truthful I ain't never known a Gypsy to breast feed...apart from me sister... 'Cos we couldn't go now and breast feed if me brother was stood there, or me husband or me uncle. 'Cos they... I don't think they'd bother to come round... We could not do that because I don't know what they'd do. They'd probably stand there with their mouth open, gobsmacked or if not, they'd probably say. What are you doing? So...it would be really running up and down this site, going bollock naked wouldn't it?*

English Gypsy 5, mother

There was much fear of the male gaze, and concern that men would perceive a breastfeeding mother as not fitting in with traditional ideas about Gypsy-Traveller women's behaviour. One Irish Traveller stated that because men did not appreciate the health benefits of breast milk, they did not understand why mothers might choose to breastfeed.

*Most Traveller men are old fashioned in their ways and strict about how women behave. These men think that giving the bottle is exactly the same without a woman exposing herself.*

Irish Traveller 2, mother



Some mothers did break with tradition and try breastfeeding but if a mother wanted to breastfeed this had to be balanced against the possibility of embarrassment. Conflict arose when mothers felt they had to overcome instincts of modesty. Those who did succeed in breastfeeding often used strategies such as breastfeeding in the home but bottle feeding outside the home. When outside the home a bottle was usually introduced, using either expressed breast milk or formula.

*I wanted to breastfeed because I saw [my friend] who I saw felt comfortable breastfeeding, and some other Travelling girls who have no shame because breastfeeding is natural. Some girls wouldn't dare but these did breastfeed and it made me want to try. There were just a couple that would dare.*

Irish Traveller 2, mother

No mother in any of the three communities thought there was a link between breastfeeding and long term health. Several thought breastfeeding helped early development, such as making 'strong bones', but none mentioned any tangible health benefits in later life such as reduced risk of heart disease, cancer or diabetes. The questions provoked a variety of responses, including the fatalism which has been noted by other researchers. Several Roma women referred to a traditional Roma saying which was translated as '*if a man does not eat, how does he live?*'. This appeared to focus on the need for calories rather than any thought of the nutritional benefits of certain foods.

*Normally I think it's the same with bottle or breast feeding...There is no difference.*

Roma 5, mother

### **Introducing solid foods**

Mothers generally said that they were influenced in the timing of introduction of solids by what family or friends suggested. Much weight was placed on the baby's perceived readiness to take solids rather than upon any specific age. Among Irish Travellers and English Gypsies the earliest food to be given was sometimes rusk added to the feeding bottle. There was a suggestion that this had previously been recommended by health professionals, and kept alive as a tradition within the Gypsy Traveller community, though some were aware this was no longer recommended.

*You know when they're hungry and the milk is doing them no good. You can put a rusk in the bottle and that makes the milk stronger. At 6 weeks you can put a little rusk in the bottle, once a day. You wouldn't do it if they were fine with the milk, only if they were constantly hungry.*

Irish Traveller 5, grandmother

*You give a bit of rusk in a bottle and build up from that.*

Irish Traveller 4, mother

*It's not healthy for a child to have all stuff like that in their bottles is it? ...because they have only got tiny lungs and things like that...I know somebody that's done it... at 10 weeks old, either putting rice in their bottle or Farley's biscuits.*

English Gypsy 2, mother

*Oster milk I think it was...[he was] three months but I found he kept bringing it up, so a doctor we was underneath, she said try him on cow's milk and a quarter of Farley rusk in his bottle, and from that time he never threw any milk up... she was an old doctor all the Travelling people used to go to her.*

English Gypsy 3, grandmother

A difficulty encountered in interviews was that when a question was asked about introduction of 'solid foods' interviewees did not include soft foods such as rusks or puréed food in jars in their reply. Whereas in health professional parlance introduction of solid foods, or weaning, consists of introducing any food other than milk, this was the not understanding among all groups. With Roma participants, part of the confusion may have been linked to the interpreting process, where the translation of 'solid food' may have suggested I meant family foods, but English Gypsies and Irish Travellers were also prone to consider introducing soft foods as an extension of milk feeding rather than the introduction of solids. Therefore, when asking about the introduction of solids, a variety of responses were given.

*What age did he start solids?...Around about three and a half months...the milk was not filling him and he was already on 'hungry baby' the fullest milk he can get and he do also have Farley's rusks as well, in between. I puts it in the baby milk, or puts it in a bowl and feeds it to him on a spoon.*

English Gypsy 5, mother

*I started introducing solid food when the children were around six months and a half old. And I introduced them to mashed potatoes, baby food in the jar, soup.*

Roma 9, mother

*With this one...he's eating everything and anything. He's eating since he was one month old...The first time he was one month. That was a puree... Mashed potato and jar, just one spoon to try, at one month.*

Roma 5, mother

*You start solids at 6-8 weeks, perhaps with yoghurt. Not much, you just give them a taste of the food. My daughters do the same. You give them a little bit of custard on a teaspoon...You can also give baby dinners, bought ones. At one year they can start with food like bacon and boiled cabbage. I make my own food but we have takeaways occasionally. At 2-3 years they can have a little bit of McDonalds.*

Irish Traveller 3, grandmother

All groups were likely to delay the introduction of true solids (i.e. non puréed) foods beyond the six months currently advocated. Instead there could be a host of intermediate steps of moving away from solely milk feeding and towards weaning. Commercially prepared puréed baby foods were used by all groups, and appeared to be seen as the usual form of early weaning food. A minority felt that babies should omit this stage and move into family foods which were seen as healthy and better for the baby.

*Personally Travellers wouldn't give kids food out of a jar...they would like make a pot of stew and give them some of that, anything theirself has eaten, maybe soup, maybe the juice from cabbage...cabbage water with maybe dry bread, so everything they're giving the kid is healthy, you know there's no fat really in that, it's only full of iron.*

Irish Traveller 1, grandmother

Many English Gypsies spoke of giving soft foods and delaying the introduction of family foods because of fear of choking. A common belief among some was that children need to have teeth before they can have solid foods. Stories were handed down among the community about children who had choked in the past, even in other countries. By contrast no Roma mother mentioned risk of choking as a reason for delaying solid foods.

*'Before about one and a half years you give mashed up food. You can't give ordinary food before that. We can digest and swallow, but their throat is so small, so it needs to be mashed. You need to watch them feeding, if you turn your head for two seconds the child could choke.'*

Irish Traveller 6, mother

*'[My child] never had her first tooth until she was 17 months old so I would have to make sure the food was small and give her to it because she never had no tooth...so before that everything was mashed like ... if I give her chips I would bite small little bits and give it to her.'*

English Gypsy 2, mother

### 3 Travelling

It was apparent from the interviews that travelling has been important in the past and remains an important part of Gypsy-Traveller life. For this section the findings for English Gypsies and Irish Travellers are presented separately from Roma respondents as they have had a very different experience of travelling. The Roma are settled in houses in UK, but had migrated from Romania and still travelled back there for occasional visits. By contrast English Gypsies and Irish Travellers still had a tradition of travelling in the UK. Many were living in caravans and many still travelled around the UK, in both cases this had an effect upon infant feeding.

### English Gypsies and Irish Travellers

#### Travelling in the UK

*We'd do like peas Bridgwater, strawberries and blackcurrants and plums in Evesham, the Vale of Evesham, and then we would go and pick the hops in Hereford.*

English Gypsy English Gypsy 3, grandmother

*'Well, if I feels like going away I'll hook up and go away... sometimes I gets fed up of just being in the same place, in the*

Living in a caravan was not necessarily a barrier to breastfeeding but finding privacy to feed could be a problem in a community with a tradition of hospitality and frequent contact with extended family and neighbours, which the mother had to negotiate.

*Some Irish Travellers breastfeed. I did try with the last one and I did it for a couple of months. It was difficult because I had no privacy... I didn't have a problem with breastfeeding but it was very hard living in a caravan with people in and out. That puts a lot of people off. When they're little there are not so many people, but when they're older people are in and out more. I didn't mind giving up.*

Irish Traveller 5, grandmother

*We used to move around everywhere. The only trouble with breast feeding, if you are stopping with other people, um you know obviously I wouldn't just get my breast out in front of anybody. Women that I felt comfortable enough with, because they sort of understood, they didn't see it as a sexual thing they saw it as a, you know, feeding their babies, but I would never do it in front of any man or anything and I found it a bit difficult when I went out anywhere, I would have to get into a quiet space.*

English Gypsy 1, grandmother

## **Roma**

All Roma interviewees had migrated from Romania and were living in houses in Bristol. Some travelled back to Romania for holidays but did not see themselves as travelling people. Several had lived in other countries before coming to the UK, for instance Spain, and some spoke and read Spanish. A clear picture was presented that in Romania it was traditional to breastfeed for a prolonged period and, whilst continuing breastfeeding, to wean late straight onto solid foods.

*In Romania we would breast feed until two years old*  
Roma 10 grandmother

*In Romania at that time they grew up with polenta with ...pork, nettle [soup] at five, six months*  
Roma 10, grandmother

Three reasons emerged from interviews as to why this traditional way of feeding (which accords well with the World Health Organisation recommendations) was becoming subject to change in the UK. The first was that in the UK mothers saw themselves as having a choice about whether to breast or bottle feed; if they wished they could buy commercially prepared baby foods rather than just weaning babies onto family foods. In Romania they lacked access to either baby foods or formula milks, so could not make this choice.

*In Romania I didn't have the possibility to buy all the things I needed to bottle feed, so that's why I breast fed*  
Roma 7, grandmother

*In Romania I did not have enough money for baby food; I had to feed the same food as everyone else*  
Roma 11, mother

Secondly, moving from breast to bottle feeding meant that other family members could feed the baby in the mother's absence and so her time could be freed up for other work. This could be work inside or outside the home.

*Until they were three months old I breastfed them and then I switched to bottle feeding. ...I would breast feed until they would grow and when they would be three months old I would switch to bottle feeding...because if I would have to go somewhere I would have to leave the children with my mother-in-law, then I needed to teach them how to be bottle fed as well, so I could do my things, work to solve my problems.*  
Roma 9, mother

*My husband feeds baby with bottle, I prefer to go shopping. If you are breastfeeding you have to take the baby with you all the time.*  
Roma 3, mother

Those mothers who could stay at home, which facilitated breastfeeding, saw themselves as privileged. Some expressed satisfaction that the family's economic circumstances allowed them to stay at home caring for children rather than working outside the home.

*'Some [women] bottle feed their babies and they have other occupations like selling newspapers or doing something to get money. ....I just stay at home and take care of the children and my husband goes and works...I cook, I clean...I bake bread...I stay at home, I'd rather stay at home, rather than going and selling newspapers.'*



Roma 1, mother

Thirdly, there was a suggestion that in the UK breastfeeding was no longer seen as the most acceptable way to feed a baby. This idea emerged particularly when discussing feeding outside the home. In Romania breastfeeding outside the home appeared to be seen as a mark of poverty.

*The poor ones, the ones that don't have the money to buy powder milk and bottles, then yes they would breast feed outside the house but the rich ones wouldn't.*

Roma 9, mother

*It has changed. We wouldn't give...we were giving just breast and now these ones got civilised they give them bottles.*

Roma 10

All Roma interviewees with older children had breastfed in Romania, but many seemed to breastfeed less successfully in the UK. This was generally because formula milk was introduced and then mothers found that babies no longer wished to breastfeed, and their own milk 'dried up'. Some also liked babies to be plump, and this was seen as more likely if formula milk was given in addition to breast milk.

*I breastfed for three to four months, then she didn't want to be breastfed any more. Since I gave birth here I have been giving breast milk and formula milk at the same time. She would prefer to be bottle fed. And then she didn't want to be breastfed at all. She just wanted formula milk and that would make her fuller.*

Roma 7, mother

A few Roma mothers also said that they had not initiated breastfeeding when they gave birth in the UK because they felt their own health was too poor to breastfeed and this would lead to poor quality milk, or breastfeeding might mean that the baby caught an infection from them. Some mothers would introduce formula in order to avoid breastfeeding outside the home. Feeding outside the home was discussed by two mothers in a joint interview; one mother found it acceptable the other didn't. This could be linked to the length of time each mother had been in the UK and the extent to which they had absorbed the customs of the host community.

*I'm not embarrassed because I'm just breast feeding my children, I'm not doing anything wrong, but before I leave the house I make sure that I am naturally breast feeding the babies so they are properly fed and they will take awhile until they get hungry again. Because if I'm on the street I can't actually stop and just rest them down.*

Roma 8, mother

*If I'm staying indoors, if I'm at home then, if I have time, I breastfeed the babies, if I don't I need to leave the house or I cook, then I would be carrying them about but if I would go outside to the park or somewhere else, I would bottle feed the baby because you can't actually breast feed in public.*

*Generally, because I feel ashamed because there are men looking and they could see my breasts and of course I feel embarrassed.*

Roma 9, mother

A switch to bottle feeding allows the mother to fit in better with the host culture, by avoiding stigmatizing activities such as feeding in public, and, at a deeper level, to avoid the stigma of poverty which meant that Roma women had to breastfeed their babies as there was no alternative in their county of origin.

#### **4 Relationships with the gauje**

Gypsies and Travellers often conveyed a sense of consciousness of being an ethnic minority in a population which did not share their beliefs or attitudes. Respondents spoke of having close contact within the family and community, but they rarely spoke of having relationships with peers outside the Gypsy-Traveller community. Often the only time mothers came into contact with non-Travelling women was in hospital when having a baby. There was a general lack of knowledge of how things are done outside the Gypsy-Traveller community, and interviewees would sometimes ask me questions about the baby care habits of the gauje community to check if there was any difference in how Gypsies did things.

One of the main bodies of gauje people who Gypsy-Travellers come into contact with are health professionals who they necessarily encounter in pregnancy and post-natally. English Gypsies and Irish Travellers were generally clear about the job titles of the various health professionals, but Roma women appeared to not understand the difference between health visitors or midwives, and tended to classify them all as people who were based at the Doctor's surgery. This meant there was lack of clarity when asking questions of Roma respondents about their dealings with different health professionals. English Gypsies and Irish Travellers tended to have strong views on what made a good or bad health professionals and what they wanted from midwives and health visitors, but for the Roma health professionals seemed rather peripheral.

*And I have a lot of experience from feeding young babies with my own grandchildren and other Travelling children, young mums particularly I helped. I don't think they need any advice in feeding their children because it's passed on from their own mums and grandmothers.*

Irish Traveller 1, grandmother

There was a suggestion that contact with health professionals was a relatively new phenomena, as in the past some grandmothers had not had much contact with health professionals, sometimes because of travelling. There was also a memory of health professionals having not offered a good service to Gypsies and Travellers in the past.

*I didn't see the midwife with the earlier ones. We were moving around and I couldn't keep contact. There wasn't such a good health service then. Early on*

*they didn't want anything to do with Travellers, now it's more accepted. Because I had children the midwife didn't guide me so much.*  
Irish Traveller 5, grandmother

*I didn't see midwives, health visitors. My daughters see them... Other Travelling women give advice when a woman has her first child.*  
Irish Traveller 3, grandmother

Many interviewees questioned whether they needed advice from health professionals as they already knew so much about bringing up children. It was recognised that services were provided for those who needed help, but where extensive expertise was available within the Travelling community, such services were not seen as necessary.

*But I knew how to bring up children. I was married at 13... When you are small you are with your mum, and she shows you how to do things. If she was going somewhere I would look after my younger brothers.*  
Roma 11, mother

*I'll tell you again, my mum had 10 kids and I helped look after them, I didn't need to learn from scratch, I already knew. Some people don't know, they have to learn from scratch and they need people telling them what to do and what not to do.*  
English Gypsy 4, mother

*And I have a lot of experience from feeding young babies with my own grandchildren and other Travelling children, young mums particularly I helped. I don't think they need any advice in feeding their children because it's passed on from their own mums and grandmothers.*  
Irish Traveller 1, grandmother

In some ways health professionals could seem alien as they seemed different from the Gypsy-Traveller community in attitude and speech, and many barriers to communication existed. Some found the language used by health professionals obscure.

*Advice and information is good if you can understand it. Half the words people say you have not heard before. You say 'What?' and they look at you again. They use big words, and I don't understand what they mean.*  
English Gypsy 4, mother

Much of the information given by health professionals was in the form of written materials. Some found these useful but for several mothers in all three communities literacy was a problem. None of the Roma women read English; one could read Spanish but was not offered the information in Spanish.

## Accessing written information

*We received leaflets in English. About how to breast feed and what to expect when you're a Mum. But we don't actually know how to read in English.*

Roma 8, mother

*The health visitor and midwife gave me books when the kids were born. I didn't read them, I looked at the pictures. They didn't realise I could not read English; they just gave them to me.*

Roma 11, mother

*My husband...he knows how to read in English and we have many booklets on how to raise a baby and he reads to me because he knows English perfectly. And he is reading them to me and he's telling me.*

Roma 5, mother

*Even if I don't know English well I have the sixteen years old....my boy is helping me... Well he knows a bit. He was...we were laughing as well because he was a bit ashamed to me.*

Roma 4, mother

*I looked at the pictures in the books. My sister-in-law read the pregnancy books to me. It is embarrassing to have a 17 year old reading to you when you are 23. But we had a laugh out of it as well.*

English Gypsy 4, mother

*She gave me some [leaflets], but I can't read, not unless I ask someone to read it, then I find out what's in it. I'd ask whoever was there but not a lot of people read. It's difficult if you need someone to read. I just looked at the pictures, but I didn't often look in the book.*

Irish Traveller 4, mother

Many mothers described having very little contact with health professionals when they had a baby. This could have been because of travelling, but also because mothers saw health professionals as often checking that everything was fine, and then swiftly moving on if no obvious problems were presented at the early contacts when a baby was born. For all groups contact with health professionals could be very minimal. If all was well mothers expected to see very little of midwife and even less of the health visitor. For some it was a mark of pride that health professionals recognised when a mother was coping and therefore didn't need to be seen. All groups saw this as a tribute to experience in looking after children and capability.

*The health visitor visited at home 2-3 times and weighed him. Then she decided to go as my own mother is there, my mother is better than any health visitor.*

Irish Traveller 2, mother

*I went to clinic now and again. In London I saw the health visitor once. We were up and down, up and down, so we never got together- it's just the way it is. She was OK- I only saw her for a few minutes.*

Irish Traveller 4, mother

*I've always kept [my child] fed and well looked after. The health visitor visits now and then, but [my child] is perfect so they don't need to come.*  
Irish Traveller 6, mother

When mothers had problems with infant feeding there was little indication that health professionals were particularly helpful or took the opportunity to target mothers who were seeking to access professional expertise. Two mothers had wanted to breastfeed but experienced difficulties and then given up. Their stories are given below.

One English Gypsy alerted the midwife antenatally that she wanted to mixed feed; she was then told that the onus was on her to seek help post-natally. Whilst in hospital the mother did not breastfeed her baby because of fears of self-exposure and the pressures of sociability (*It's just embarrassing to put the baby on the breast, especially when visitors come to see the baby and stuff*, EG4, mother). When she returned home she found that she could not then establish an adequate milk supply. The mother asked for help from the midwife but again did not get a knowledgeable or helpful response.

*I gave bottle milk when in hospital. I was in for four or five hours, then I came home and tried the breast pump. I tried for a couple of days but then got sick of it because only water coming out. I pumped my breast every time the baby fed. I asked my midwife and she said just keep on trying.*  
English Gypsy 4, mother

An Irish Traveller mother was equally motivated to try breastfeeding but also received poor support from health professionals. After having to actively ask for a visit from the health visitor on returning home from hospital as she had not received one routinely, the mother experienced problems with positioning and attaching.

*When I spoke to someone I had already given a bottle so he wouldn't take it. I spoke to the health visitor and she said still try him, perhaps half breastfeed and half bottle feed, but [baby] then wanted the bottle full stop. How do you go from breastfeeding one minute to the bottle? - It's muddling for the baby.*  
Irish Traveller 2, mother

Thus health professionals were supportive of mixed feeding but did not appear to give enough support to enable it to work. It is not clear whether this was because they did not understand the physiology of breastfeeding (any additional milk given will reduce the amount of breast milk demanded by the baby and hence inhibit the production of milk within the breast) or whether they did not understand the strength of the taboos mothers were negotiating.

A few rare examples of a very good service from midwives and health visitors were given. One striking example was of a Traveller grandmother who has breastfed a baby after bottle-feeding several others. She made clear that it was the quality of this relationship with both the midwife and the health visitor that made the difference.

*I don't know what decided me to breastfeed, perhaps it was the midwife. With the last one I had the best service from the midwife. The health visitor for*



*Travellers used to visit [name of health visitor]. She was very supportive. She prompted me into it, coaxed me into it.*

Irish Traveller 5, grandmother

By the time babies were moving onto solids health professionals were rarely still in contact. Few mothers displayed knowledge of what health professionals advised about weaning, and in any case tended to be sceptical of advice. This was indubitably an area where experience was seen as far transcended knowledge derived from books. Some women were intolerant of changing advice given by health professions, for instance on the timing of weaning.

*I've no idea when health visitors say to introduce baby dinners. I'm making a very bad showing...I think the health visitor advises three months but I would do what I thought, from my experience. Lots of health visitors haven't had a baby; they don't know anything about it, just what they have read.*

Irish Traveller 4, mother

*One minute they say four months and they change it to five or six months you don't know what to do, you don't know what to believe do you?*

English Gypsy 2, mother

*When you're eating yourself you try to feed a baby out of your own plate and if he's ready to take it then you realise.*

Irish Traveller 1, grandmother

## Discussion

This study has illustrated that mothers from Roma, English Gypsy and Irish Traveller communities share a common identity which influences their infant feeding practices. These common aspects of shared identity include having large families and expecting children to participate in the care of younger children, observing defined gender roles and living in close proximity with family, all of which characteristics have been previously noted as key parts of the Gypsy-Traveller identity (Bancroft 2005, Liégeois 2007). However, this study has shown that these shared ways of life can have diverse influences upon infant feeding, given that the different subgroups of Gypsy-Travellers differ widely in their customary infant feeding behaviours. While it is possible to generalise about the customary feeding practices of Roma, English Gypsy and Irish Travellers (all participants could describe customary and traditional feeding behaviours, sometimes irrespective of how they or close family had fed their babies in practice), it is not possible to make statements about infant feeding among Gypsy-Travellers as a whole. In this discussion the distinctions between the different groups will be drawn out, and the implications for health promotion discussed.

Most English Gypsies and Irish Travellers in this study chose to bottle feed and often weaned early. Here, English Gypsies and Irish Travellers behave similarly to other UK mothers of similar socio-economic class, age and educational achievement (Bolling 2007). In her study of Gypsies in Cheshire Pinkney (2012) found low rates of breastfeeding initiation and lower rates of continuation, but this study identified more positive behaviours and attitudes towards breastfeeding, with five of the eleven Irish

Traveller/English Gypsy participants having initiated breastfeeding and two participants describing themselves as breastfeeding up to and beyond eight weeks. By contrast there is a strong tradition of breastfeeding among the Roma, and mothers described extended breastfeeding and late weaning as the norm. These feeding behaviours are more closely allied to non-white mothers living in the UK, and to mothers living in countries where breastfeeding is practised by the majority of the population (Bolling 2007). Despite these practices complying World Health organisation recommendations, no sense was conveyed by Roma mothers that the food given in infancy is a way of ensuring good health; it is simply self-evident that food is important to remain alive, as evidenced by the saying, '*if a man does not eat how does he live?*'.

Irish Travellers and English Gypsies commonly expressed gendered ideas about how women behave in public which meant that mothers were very apprehensive of breastfeeding in front of others, particularly men; this added to the barriers to breastfeeding even in their own home. Ideas about breastfeeding being an activity which it is indecent to perform in public are prevalent among mothers in UK society, particularly among the most vulnerable such as white teenage mothers (Mahon-Daly & Andrews 2002, Pain et al 2007, Condon et al 2011). The communal nature of Gypsy-Traveller life, with strong traditions of hospitality and unvarying sociability, militates against mothers being able to establish breastfeeding easily, especially when mothers are living in a caravan and visitors are frequent. The perception of breastfeeding as an activity which can only be performed in private did not appear to be widespread in the Roma community (and most mothers breastfed unselfconsciously while being interviewed while surrounded by family and friends as well as interviewer and interpreter), although some mothers appeared to be beginning to adopt this attitude.

All three participating Gypsy-Traveller groups were experiencing changes in infant feeding. It appears from the accounts given by English Gypsy and Irish Traveller interviewees that health messages about the benefits of breastfeeding are leading mothers to want to try breastfeeding. Most interviewees from these groups knew of a relative or friend who had breastfed, even though this behaviour might not have been considered positively. Peers from the Gypsy-Traveller community who had breastfed successfully were described by some as powerful role models. This suggests that although bottle-feeding remains the dominant feeding behaviour in Irish Traveller and English Gypsy communities, potential breastfeeding role models exist and can be influential in changing attitudes. Several English Gypsy and Irish Traveller interviewees spoke of a growing interest in eating healthy food within the community, as this was recognised as having health impacts such as reducing the risk of heart disease. However links were not made between infant feeding practices and the subsequent risk of chronic disease. In respect of all three communities it was apparent that mothers had little knowledge of any long-term benefits of breastfeeding (Horta 2007, Ip et al 2007) or understanding that ways of feeding impacts influence life chances and have a life long impact upon health (WHO 2003).

In migrating to the UK it appeared that the Roma were becoming subject to a process of acculturation (Berry 1997) as their group and individual behaviours are changing from those developed in one cultural context to another, namely life in the UK. In the case of infant feeding, it seems that a well established tradition of almost

ideal milk feeding and weaning practices is being changed by exposure to what is customary in the UK in the areas in which the Roma live. The exemplary infant feeding practices practised in Romania were described by several interviewees as a consequence of poverty which meant that breastfeeding and late weaning onto family foods was the only feasible option. Bottle feeding and commercially prepared weaning foods were described as affordable in the UK, and some families made the choice that this was how babies would be fed. These choices were affected by the demands of work, both inside and outside the home, and there was evidence that the extended family played a part in the decision about a woman's work and hence feeding behaviour. Conforming to customary UK infant feeding behaviour may also be a way of 'fitting in' to a new culture, where women have more choice about infant feeding. Unlike the other two groups there was not a sense of Roma mothers wishing to retain traditional customs, simply because they were traditional and characteristic of the Gypsy-Traveller community.

Weaning practices were also not static. Roma mothers and grandmothers described a move from weaning on to family foods at around six months as was customary in Romania, to the increased use of commercially prepared pureed weaning foods at an earlier age. Irish Travellers also described a move away from traditional food which was customarily offered to young children, in this case boiled vegetables and meat, towards commercially prepared food for babies. Some mothers had chosen to delay weaning in the light of health professional messages, but many continued to offer food very early, even giving rusks diluted in the bottle. A factor behind the widespread use of pureed foods throughout and beyond the first year of life, was a fear of choking, which was perceived as very common and invariably life threatening. Current recommendations are to introduce a wide range of solid food at 6 months, as at this age babies need more iron and other nutrients than can be provided by milk alone (Crawley 2006). Where solids are delayed beyond six months it has suggested babies are more likely to become 'fussy eaters' who reject lumpy foods (Northstone et al 2001). No mother appeared to have had received or requested health professional advice on this, but there was a common perception that health professional advice was inconsistent and unrealistic. Hoddinott et al (2011) have highlighted the gaps between realism and idealism in health professional advice and client behaviour, and here it seemed that interviewees were more ready to test out whether the baby would take food by offering some, rather than awaiting a pre-set date advised by the health visitor.

Participants from all groups spoke of some of their services offered by health professionals as being helpful and welcomed. A few examples were given of health professionals successfully engaging with Gypsies and Travellers in promoting optimum feeding practices, but encounters with both midwives and health visitors in the ante and post natal period were frequently characterised as brief and unimportant, sometimes manifesting a lack of understanding between both parties. Where health professionals had succeeded in influencing feeding behaviours this was within an on-going trusting relationship with a health professional, frequently a specialist health worker for Gypsies and Travellers. Interviewees valued health professionals who would listen, treat them with respect, and be open minded and interested in their culture. None of this differs widely from the requirements of any recipient of health services and it is known that having a trusting relationship is important in supporting breastfeeding (Dykes 2003). However, the ability to form a

relationship of trust is particularly important in a community who experience widespread hostility and discrimination, contributing to severe social exclusion (Bancroft 2005, Quarmby 2012).

Health professionals' advice was described as often unhelpful in relation to infant feeding, with a lack of appreciation of issues of equality and diversity. Mothers from English Gypsy and Irish Traveller communities have many barriers to overcome when choosing to breastfeed, as this is not customary within their community, and there is a low level of knowledge and capacity to offer informed assistance within the community. Two mothers who had attempted to breastfeed but experienced problems described poor support from health professionals, including inappropriate advice about mixed feeding. The 2005 Infant Feeding Survey (Bolling 2007) states that a third of breastfeeding mothers experience a problem in the early weeks of breastfeeding, with the highest rate of problems being among mothers who combine breastfeeding with complementary formula feeding. Health professionals appeared to suggest or accept mixed feeding as a solution to the social barriers to breastfeeding, without giving the necessary help to mothers to make it work.

With regard to formula feeding it appeared that health professionals frequently spoke individually to bottle feeding mothers about how to make up a feed correctly, and how to sterilise bottles, which is agreed to be best practice (NICE 2008). A small number of mothers mentioned the health risks of formula feeding but most, including many Roma mothers saw formula milk as a highly acceptable alternative, and did not appear to have received information about any risks of formula feeding from health professionals. Irish Traveller and English Gypsy mothers required little assistance from health professionals as they invariably had previous experience of formula feeding and their families were experts in bottle feeding. However, this meant that old fashioned and harmful practices such as adding solid foods to the bottle at an early age, particularly among Irish Travellers, were continued with many appearing unaware of any adverse health risks. As other studies have shown having a 'settled' baby (i.e. one who sleeps for long periods) is highly prized, and moving the baby onto foods which will promote this, such as formula for hungrier babies or early solids, is common.

Health professionals are perceived as coming from a gauje or outsider background, which inevitably means that they must be ready to learn about the community before they can work effectively. Often what they say is perceived as different- in community where difference easily perceived. This study suggests that many health professionals are not able to bridge this gap, either because of lack of time in hard pressed services, or lack of willingness to engage fully with the community. In place of giving appropriate culturally acceptable advice, it appeared that written information was often given, which in many cases clients were unable to read. Within subgroups. Irish Travellers and English Gypsies had a tendency to highlight how their infant feeding practices differed from what they perceived to be those of the gauje, illustrating how Gypsy culture can often be best defined, by those within and outside the community, as being not that of the majority population (Hawes & Peres 1996, Kiddle 1999).

## Recommendations

This study revealed an urgent need for the infant feeding service offered to Gypsies and Travellers to be improved. Infant feeding has the capacity to make a difference to child and maternal health; a fact of great importance for a community which has poor health outcomes and experiences multiple disadvantages. Despite NICE (2008) stating that breastfeeding should be promoted in the antenatal period this did not appear to take place routinely; the Roma appeared unaware that bottle feeding posed a risk of increased morbidity in the first year of life and beyond, or that breastfeeding had health benefits for the mother, and no community was aware of the evidence-based long term health benefits of breastfeeding. Around the time of birth it did not appear that mothers who came from communities without a tradition of breastfeeding received enough support from health professionals to persist. Health professionals also appeared unaware of the strength of taboos that some mothers from Irish Traveller and English Gypsy communities experienced and how these served to hinder the initiation and reduce the continuation of breastfeeding. Despite the Healthy Child Programme (DH 2004) stating that disadvantaged groups should be targeted in the post-natal period, mothers here described a brief period of contact with services. By the time babies were being weaned no mother was having contact with health services.

This study also provided evidence of opportunities for infant feeding practices to be improved with the Gypsy and Traveller community. Within English Gypsy and Irish Traveller communities, there is an interest in healthy foods, which could be built upon by health professionals when promoting breastfeeding and later weaning. Roma families are being assimilated into the UK and undergoing what Berry (1997, p6) terms a 'complex pattern of continuity and change' as they go about their lives in a new society'. As part of this change the traditional good feeding practices of the Roma are being eroded. the pressures on women to abandon breastfeeding early in order to work, poses a serious threat to baby-led, on demand breastfeeding; as noted by other authors the health status of the Roma is reliant on many structural factors, such as welfare and immigration policies. It is important that health professionals working with the Roma are alert to the health implications of the shift to bottle feeding and early weaning, and communicate effectively to promote and facilitate the retention of traditional feeding practices.

It would be difficult to think of a group who merit more receiving a targeted service than Gypsies and Travellers. Gypsies and Travellers have the poorest health of any minority ethnic group and experience health inequalities worse than their socio-economic position in society would suggest (Parry et al 2007). It is known that infant feeding is the cornerstone of future health and could contribute to reduce both maternal and child morbidity. However, it appears that Gypsy-Travellers are not receiving a targeted service, despite health policy being directed to reducing health inequalities (Nice 2008, DH 2004 ). Older women commented that the service provided by health professionals had improved from a time when Gypsies and Travellers would be virtually ignored, but it was also noted that specialist health visitor roles, which tended to be much appreciated, had disappeared with no suggestion that replacements would be found. This study suggests that health professionals who are well informed about the Gypsy-Traveller way of life, known within the community and can offer continuity of care are crucial at all points in infant feeding journey.



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## **Appendix 1**

### **Dissemination of research to NHS and local authority Public Health groups:**

29<sup>th</sup> May, 2012 presentation to Gypsy and Traveller regional Public Health Group at NHS Somerset, Clevedon

8<sup>th</sup> October, 2012 presentation to NHS Bristol Public Health Directorate

### **Dissemination of research to Gypsy and Traveller communities:**

6<sup>th</sup> July, 2012 feedback event to Gypsy and Traveller community at a local authority site in Bristol, including a play session for children and cookery demonstration on the Playbus

6<sup>th</sup> July, 2012 feedback event to Roma community at a local church, including a play session for children and cookery demonstration by 'All About Food'.

### **Dissemination of research to academic audiences:**

12<sup>th</sup> December 2011, presentation to local research group at Canynge Hall, University of Bristol

10<sup>th</sup> May 2012, presentation to Public Health researchers at University of the West of England, Glenside Campus

30<sup>th</sup> May 2012, presentation to Philosophy Journal Club, at University of the West of England, Glenside Campus

23<sup>rd</sup> August 2012, teaching session on Gypsy and traveller research to SCPHN students

19<sup>th</sup> October 2012, presentation at the SPUR Researchers 2011-12 event at University of the West of England, Frenchay Campus

