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Published PDF deposited in Coventry University's Repository

Original citation:
Gut, K, Evans, A, Magee, P, york, N & Woodcock, A 2022, Factors effecting the mobility of breastfeeding mums in public spaces. in M Chiara Leva, A Ababio-Donkor, A Thimnu & W Saleh (eds), Proceedings of the Travel Demand Management TDM Symposium 2021: Gender and Equality in Transport. Proceedings of the Travel Demand Management (TDM) Symposium, no. 11, Technological University Dublin, pp. 150-159, 10th International Symposium on Travel Demand Management jointly with TInnGO and DIAMOND final conference, 17/11/21. https://doi.org/https://arrow.tudublin.ie/schfsehbk/11, https://doi.org/10.21427/yewc-rq34

DOI 10.21427/yewc-rq34
ISSN 2811-5341

Publisher: Technological University Dublin

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16:05-16:25 Presentation 36: Thursday, 18th November 2021

Factors effecting the mobility of breastfeeding mums in public spaces

K. Gut, A. Evans, P. Magee, N. York, A. Woodcock

Coventry University, UK

Abstract

This study explores barriers to mobility and freedom of mums who would like to breastfeed in the public domain. Desk based and ethnographic interviews have been used to extend and discuss conceptual design provocations through an analysis of the relationships between breastfeeding behaviours, acculturation, embodiment, and social identities. This has implications for practice, policy and design. Future designs should recognise and address the complex needs of mothers, especially marginalised mothers, who are more likely to disappear from public spaces in order to avoid breastfeeding in public. As such their mobility, health and wellbeing, and that of their children may be effected at a time when they need additional support and consideration.

Introduction

The UK has some of the lowest breastfeeding duration rates in the industrialised world. In the 2010 UK Infant Feeding Survey, 81% of mothers in the UK initiated breastfeeding, but only 34% and 0.5% were breastfeeding at 6 and 12 months respectively. The prevalence of breastfeeding is particularly low among very young mothers and disadvantaged socio-economic groups, potentially widening existing health inequalities and contributing further to the cycle of deprivation (Brown, 2019). Yet, very little is known about women`s breastfeeding experiences outside their homes (Spencer, 2008). Some argue (Boyer, 2012) that despite campaigning for positive attitudes toward breastfeeding, mothers in the UK are still marginalised and censored in the public sphere, what has significant impact on mobility of breastfeeding mothers and their overall health and wellbeing (Yantzi et al., 2007; Ahmed et al., 2008). Lack of support for public breastfeeding may prevent women from breastfeeding in public may limit or even prevent them from taking recreational and shopping trips and participating in social life. Thus, the main aim of the research was to investigate infrastructural and environmental, as well as social and cultural, barriers to breastfeeding in the public and in public transportation. Its aims are three-folded. Firstly, to identify experiences, attitudes and beliefs related to breastfeeding in public across different populations. Secondly, to understand barriers to breastfeeding in public and travelling with infants. Thirdly, to identify needs for products or designs solutions in public areas and transport that would encourage breastfeeding.

Background

A number of different factors have been associated with breastfeeding cessation. Biological factors are very often presented by the literature as the primary reason for ending breastfeeding (Binns and Scott, 2002; Bolling et al., 2006; Morrison et al., 2019). Alongside biological barriers, social factors and environmental factors also contribute to breastfeeding cessation such as: mother`s return to work (Walburg et al., 2010; Dagher et al., 2016; Mangrio et al., 2017), family history and prior exposure to breastfeeding (Emmott et al., 2020). Another determinant of breastfeeding behaviour are demographic characteristics such as: socio-economic background, age, education, marital status and ethnicity. It has been established that among variables influencing early cessation are: younger age of mother, lower level of education and lower household income (Burdette, 2013; Brown, 2019). In the

UK, young white mothers from low income households are at the highest risk of stopping breastfeeding or not breastfeeding at all (McAndrew et al., 2012).
There is no research looking into particular groups of minorities nor relationships between their mothering practices and infant-feeding practices in the UK. More importantly, there is very little narrative from migrant women about changes in breastfeeding practices after transition to a new country (Kimbro, 2008; Choudhry&Wallace, 2012; Gibson-Davis et al., 2005).
There is a growing body of literature, which seeks to understand barriers to breastfeeding by exploring the perspectives of breastfeeding mothers (Afoakwah et al., 2013; Nelson 2006). Despite the existing literature, a number of researchers have argued that insufficient attention has been paid to the experience of breastfeeding (Spencer, 2008; Mozingo et al., 2000), particularly in a social context (Leeming et al, 2013). While breastfeeding in the public has received some attention it is still unclear how this translates into the lived experience of mothers, particularly mothers from different ethnic backgrounds. Consequently, there is very little research focusing on mothers from diverse urban communities representing ethnic minorities and marginalised groups whose voices are absent from current discourse. Thus, a more holistic approach is needed to acknowledge co-existence of multiple experiences including those not embedded in dominant culture. Understanding more about the obstacles women have to face in built environment may help to reduce the gap in breastfeeding rates between different demographic groups.

Methodology

A theoretical framework for this study draws on an intersectional approach that acknowledges overlapping social identities that historically were associated with discrimination and exclusion (Crenshaw, 1991). This approach goes beyond `identities` theory` and recognizes how the interplay of different characteristics such as gender, race, age, sexual orientation, disability and geographical location can interact at multiple levels and exacerbate existing power relations leading to oppression and exclusion (Crenshaw, 1991; McCall, 2005; Murphy et al., 2009, Collins & Bilge, 2016). Consequently, an intersectional approach can provide a conceptual framework for research on social justice and distribution of resources via public services (Bauer, 2014). By facilitating an in-depth holistic view on human experience, the intersectional framework became common lenses for research on public health inequalities (Bowleg, 2012). The need for intersectionality has been also recognised in research on mobility, transport poverty and urban well-being (Alam et al., 2019).

Method

A qualitative mixed method design has been adopted. The data discussed comprises of:
Visual analysis of over 100 images from Instagram. The data discussed here come from two hashtags on Instagram, #breastfeedingjourney (140,368 posts) and #breastfeedingmoms (64,191 posts).
Thematic analysis of stories from Mumsnet Forum. Forum was searched for instances of threads containing: `breastfeeding`, `public`. The first 100 stories were used.
In-depth interviews with 8 breastfeeding women from Birmingham, Coventry and London, and 3 interviews with community-based practitioners working for registered nationwide charities in the UK promoting natural breastfeeding.

Interviewing new mothers was to explore lived experiences of breastfeeding in the public areas. Interviewing practitioners facilitated two goals: to understand support service provision that is available to breastfeeding mothers, and to identify patterns in struggles and barriers experienced by new mothers in built environment or transport. All interviews were carried out over the phone or

online due to the global Covid19 pandemic. The majority of Mother Participants were non-British white, first-generation migrants. There was one British participant. The majority of interviewees were Polish origin and although they spoke English, they chose to share their stories in native language.
All of the Mothers-Participants had recent experiences of breastfeeding in urban spaces in the UK. For each account, contextual factors were considered including socio-economic background. This was allowed due to Demographic Questionnaires that were given to participants after each interview.

Intense moment of intimacy between mother and child

The data discussed here come from two hashtags on Instagram, #breastfeedingjourney (140,368 posts) and #breastfeedingmoms (64,191 posts). The images have been collected alongside the texts discussed below. They are fairly similar in style, often featuring a selfie with the child feeding. They demonstrate a range of locations, e.g. parks, in homes, but are often less 'busy' (i.e. there are few taken in urban-looking spaces, shops or restaurants – although it's difficult to say how much location could be determined by Covid regulations). The majority of women in the images are white, with a few exceptions. The hashtag #breastfeedingmoms is more popular than #breastfeedingmums, which is why this hashtag was followed. This may lead to a more American sample, however there are also a number of captions here that are not in English, or where English and another language have been used.
For many of the women posting images to #breastfeedingjourney and #breastfeedingmoms on Instagram, the practice of breastfeeding was presented as an intense moment of intimacy between mother and child. For example:

Extract 1

"…I love that I am still his safe place. When he needs an emotional reset, nursing him ends up being the break I need, too..."

Extract 2

"…Some things never change .. look at [Anon's] position! It's always like that! she still always falls asleep hugging my boob and listening to my heart beat!"

In extract 1 and 2 and across the data, the breastfeeding moment represents a reciprocal bodily and emotional experience. In extract 1, the "emotional reset" is prompted by the child, allowing the nursing mother to also take time out. While in extract 2, the body is reciprocated – the sleeping child imagined to be falling asleep to the mother's heartbeat. For many women, this deep intimacy was connected to a sense of this intimacy being unique, for example:

Extract 3

"…There are days where I have enjoyed these special slow moments together, being able to be the only person who can care for [Anon] in this way and enjoy those long gazes when he looks up at you…"

As above, this connection was facilitated by a bodily interaction. In all the extracts discussed above, there is a temporal aspect to the intimacy being experienced, since the breastfeeding experience is either presented as an ongoing return, in the word 'still' (extracts 1 and 2), or where the women highlight "days" and the slowness of time.

Negotiating a space. Not leaving it.

Data collected on Mumsnet Forum shows public breastfeeding as a problematic, yet unavoidable practice. It appears that women were aware of ambiguous attitudes in society toward breastfeeding in public. They also wanted to protect an intense moment of intimacy between mother and child. Therefore, they were often adapting different strategies to manage it discretely or to cover themselves. In many cases, covering or shielding was the only option as there was no designated space for parents with little children. Many threads provided a list of recommendation on how to combine appropriate clothing with a shielding scarf or blanket. Like in following comments, it is all about shielding private sphere from the public.

`Yes to taking Dh [dear husband] or a friend, it is nice to tuck yourself in a corner and stick someone`s large back between you and the room. […] Things that gave me confidence were taking someone with me as a human shield.`[A9]

Shielding and covering theme was the most prevalent. Using covers, scarfs, bags or any other method of shielding women were trying to combat negative attitudes toward breastfeeding in public and negotiate own place in urban environment. It was more about adapting of `what is` in the urban space rather than avoiding or leaving it. It was very often translated into search for the quiet corner or quiet, resting sites:

`I gave up in the end, but the few times I did feed her in public I did try and find a quiet corner.` [A11]

These practices were evidencing negotiating space within both: built urban environment and cultural construct of female body understood via gender scripts as sexual entity. Consequently, leaving the space was not a solution to the problem. In many threads women complained that going to a separate room or car is not only not accessible at all-time but also not practical if they are out with other children, family or friends.

Normalising instead of stigmatising

The majority of interviewed mums reported that they found breastfeeding outside the home challenging, specifically, in the first few weeks after birth. Moreover, comments from the migrant mothers showed acculturative practices affected their nurturing and mothering. In other words, all mothers who had had experience of breastfeeding in their country of origin and then in the UK reported they changed their behaviour and tried to adjust to the dominant culture.
This is illustrated in quote from Senait, Eritrean refugee mother of five:

In our country it`s normal, even in busy places, you can have a lot of strangers around and still breastfeed but in this country you can`t, you need to cover or something like that. You cannot feel relaxed if you have people around you they will look and make you feel ashamed. So I always prefer to give him bottle when I`m outside… so yes, if I have to go outside I try to feed him with bottle; for instance if you are on the bus you can`t breastfeed, you have to be all the time cover; my baby boy is just one week old and I`m all the time home but soon I`ll start going out and I need to plan feedings with bottles [Senait]

Senait after arrival to the UK completely changed her breastfeeding practices outside her home. She was a mother of three at the time and pregnant with her fourth child. She stopped breastfeeding in

public and would prepare bottles with expressed milk every time she went out. Senait was certain this time she will continue expressing her milk before going out.

Interviews with practitioners working with breastfeeding mothers confirmed that more vulnerable mothers were hard to reach. Interviewees pointed at different factors contributing to vulnerabilities: socio-economic background, living in deprived areas, ethnicity. English language seemed to be a barrier in accessing professional support. Normalising breastfeeding, creating friendly supportive environment were frequently mentioned. However, it emerged that efforts to normalise breastfeeding in urban settings can turn to stigmatising:

Physical environment is one of the barriers; look at the geography of offices, they moved to large glass open spaces, where you share your desk, very few people have private offices now […] We worked in one big organisation in London to improve breastfeeding opportunities for their employees; if you are a new parent going back to work physical space is challenging. Sometimes you can use meeting rooms but they have glass walls too; something like a breastfeeding pod obviously feels like a solution but it`s sending a very strong message, it says that breastfeeding is not to be seen by others and I don`t think it helps to change the culture around us; I think it`s inevitable that pod will exist and parents if they feel uncomfortable may use it; but it`s not a long term solution; its` perpetuating that feeling that breastfeeding must be private. [Gemma]

This stance was echoed in other interviews with practitioners pointing out that creating inclusive, supportive environment for women with babies does not require sophisticated architectural solutions and can be incorporated into existing urban landscape. It appeared most mothers would be happy with safe, dignified space to sit down that would not necessarily isolate them from surroundings and make them feel excluded from urban space.

Existing and new designs

Breastfeeding facilitates an intimate relationship between mother and baby. There is some evidence from built environment suggesting that existing designs for breastfeeding mums do not recognise and do not protect the moment of intimacy between mother and her child (Figure 1, 2). Moreover, some of the designs follow `public toilet aesthetics`, which makes impossible to enjoy intimate moment between baby and mother.

Figure 1. An example of existing design following `toilet aesthetics`

Figure 2. An example of existing design

Above solutions exemplify how existing designs rather than helping to integrate breastfeeding into the day-to-day life of the city, set it farther apart. In this sense, they contribute to excluding breastfeeding mothers from public sphere, and keep them out of view.

Nursing spaces both transmit messages about how breastfeeding should occur, as well as shaping how it can and does occur. To consider nursing room as a space to protect the moment of intense intimacy without excluding mother and her child from urban space I would like to refer to a nursing pod design (Figure 3.).

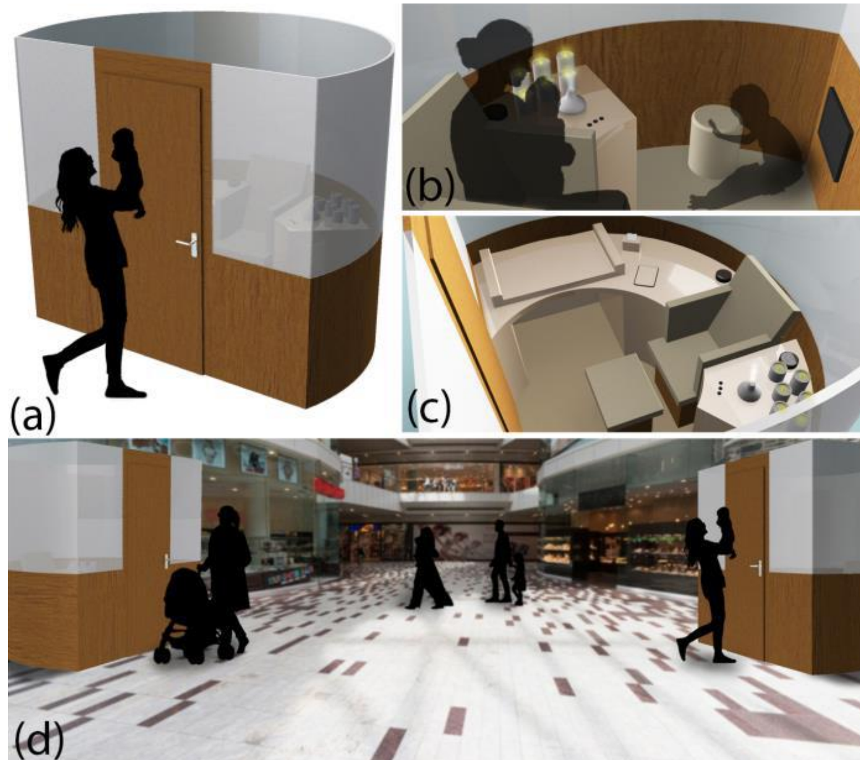

Figure 3. Nursing pod design: exterior with frosted panels/windows (a), interior (b) and (c), and in a public shopping centre location (d).

The pod could offer a private space where women can breastfeed and relax with their small families in public spaces such as in shopping centres, airports, etc., without feeling isolated from their surroundings. The inclusion of music, aromatherapy, and lighting within the design creates an experience that is uniquely comfortable and relaxing, compared to its competitors. This design was developed on the WEMOBILE project , and further developed on the TInnGO project .

Conclusions

Despite many other researchers noting the heteronormativity of pregnancy on Instagram and similar social media platforms, the content in relation to breastfeeding primarily focuses on the relationship between mother and child – with little mention of significant others in the texts. Thus, design solutions should protect an intense moment of intimacy between mother and child. Additionally, variation of approaches to breastfeeding in the public space amongst interviewed mothers calls for intersectional lenses in future design concepts. Data shows that more vulnerable migrant mothers need more environmental support to breastfeed in public.

Vulnerable mothers were also more like to feel pressure to shield, cover, leave the space or change everyday mobility behaviours to facilitate breastfeeding.

Future designs should take into account all range of barriers to breastfeeding mum in public spheres, including environmental, infrastructural, cultural, social, organisational, and personal challenges (Figure 4.).

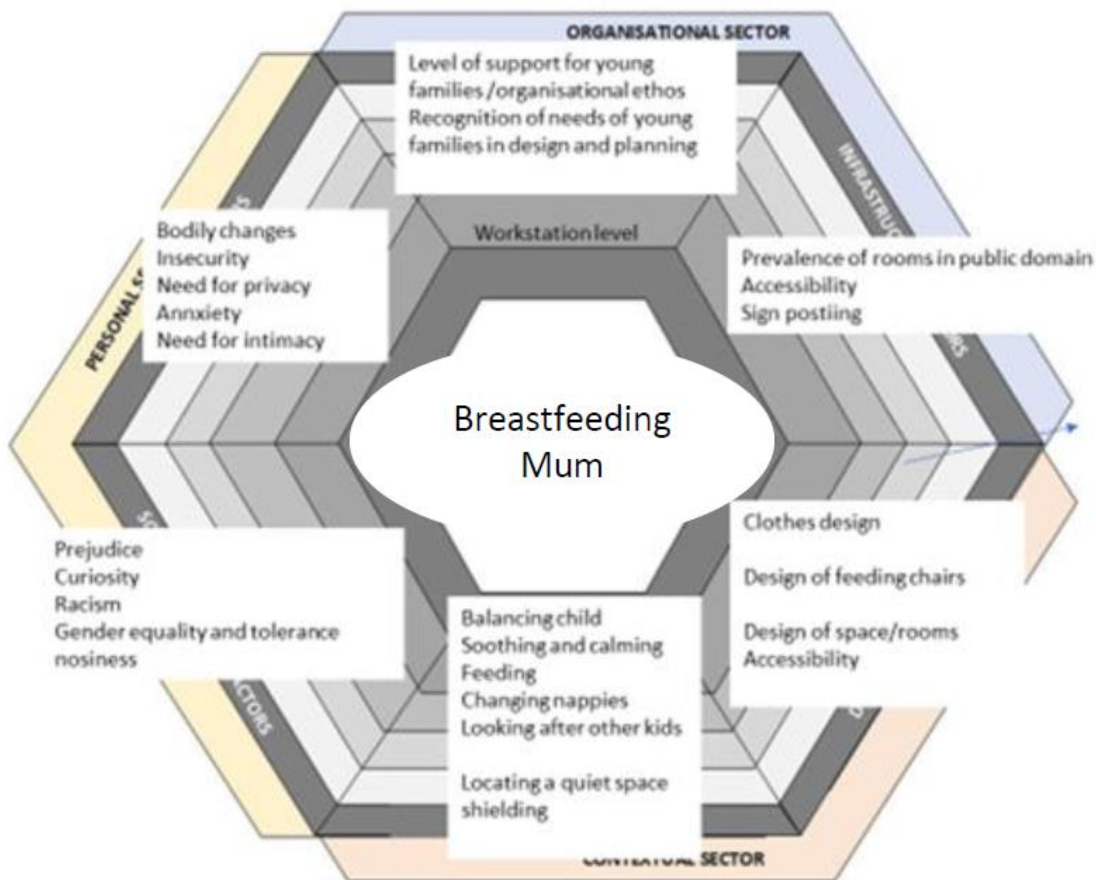

Figure 4. Barriers to breastfeeding mums in public spaces

Designs addressing nurturing mothers or parents should renegotiate the built urban environment to provide support to all demographic groups, whilst taking into consideration the accessibility determined by intersecting social identities and power relations within personal and political dimensions.

Acknowledgements

The work was conducted as part of the EU funded, H2020 TInnGO project, grant number 824349

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