Influence of a Migration Background on the Implementation of Breastfeeding and Premature Weaning

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Current studies on breastfeeding behavior that adequately consider migration aspects are not available from Germany, but a number of research questions can be answered on the basis of results from a larger prospective DFG-funded study. Data was collected in three maternity hospitals in Berlin. All women were interviewed before (return rate 89.6%) and after (96.9%) the birth and a partial cohort was interviewed 6 months post partum (81%). In the regression model adjusted for numerous influencing factors, women with a migrant background had greater odds of breastfeeding than women without a migrant background (2nd and 3rd generation aOR 2.07, 95% CI, 1.43–3.00, and 1st-generation migrants aOR 1.30, 95% CI 1.01–1.67). In addition, the strongest predictors of breastfeeding were previous breastfeeding experience (aOR 10.35, 95% CI, 7.33–14.61), breastfeeding start at the maternity hospital after birth (aOR 7.55, 95% CI, 5.88–9.69), and a steady partnership (aOR 1.85, 95% CI, 1.28–2.67). On the other hand, smoking during pregnancy (aOR 0.60, 95% CI, 0.47–0.77), a lower level of education (no secondary education) (aOR 0.62, 95% CI, 0.41–0.92), prematurity of the child (early prematurity aOR 0.40, 95% CI, 0.29–0.55), Caesarean section delivery (aOR 0.38, 95% CI 0.30–0.47), and multiparity reduced the odds of starting breastfeeding.

Cox’s regression analysis examined the probability of breastfeeding within six months, depending on the impact of social and migration-specific factors. In the adjusted model, ultimately no effect of the migration status could be determined. However, lower levels of education, lower monthly net incomes (<900 euros), Caesarean section and smoking during pregnancy increased the odds of weaning.

An advantage for women with a migrant background, according to our results, was noted only in a woman’s decision to start breastfeeding at all after giving birth (‘breastfeeding beginning’). Here, in addition to breastfeeding experience, breastfeeding onset at the maternity clinic, and a steady partnership, a migration background is a positive predictor.

Because women both in the overall study cohort and within the migrant cohort benefited directly from breastfeeding instruction at the maternity clinic and were more likely to start breastfeeding, adapted positive intervention is possible.

In our view, in particular the highly significant influence of a low level of education on early weaning irrespective of migrant background demonstrates the important role of social determinants in health. It also serves as a caution against systematically overestimating the importance of a migration background.

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