Author's response to reviews

Title: Contradictions and conflict: A meta-ethnographic study of migrant women’s experiences of breastfeeding in a new country

Authors:

Virginia A Schmied Prof (v.schmied@uws.edu.au)
Hannah Olley Ms (17195443@student.uws.edu.au)
Elaine Burns Dr (e.burns@uws.edu.au)
Margaret Duff Dr (m.duff@uws.edu.au)
Cindy-Lee E Dennis Prof (cindylee.dennis@utoronto.ca)
Hannah G Dahlen A/Prof (h.dahlen@uws.edu.au)

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Dear Editor,

Re: Contradictions and conflict: A meta-ethnographic study of migrant women’s experiences of breastfeeding in a new country

We thank the reviewers for their constructive comments on this paper. Below we outline our response to each of the reviewers

Reviewer 1

Major Compulsory Revisions

1. Ensure that Groleau’s study is properly cited in the text as Groleau et al.

Response: We have addressed this and have addressed similar omissions with other authors such as Choudhry and Wallace etc.

2. I am concerned about the inclusion of the article by Condon et al. The article looks at minorities (more than immigrants). I have not read the article and would like to understand why the authors included the article in their analysis. Are these minorities who are immigrants as well? If so then in Table 2 there needs to be some mention of that.

Response: We agree this may be confusing and have corrected this in the table. The study by Condon included both groups, migrants now living in a high income country as well as minority ethnic women born in the host country. Two other studies also included minority ethnic women born in the host country as well as migrants. We have clarified this in the methods section in inclusion criteria on page 9:
Papers that included both migrant women and those born in the host country, including women from minority ethnic groups, were retained as long as the authors had identified the source of the data they reported. Studies were limited to those published in English between January 2000 and May 2012.

3. I would recommend that the authors identify the host countries in the same way they identify the immigrant groups in the paper.

Response: Thank you we have addressed this as suggested by the reviewer.

4. In the discussion of the results it would be useful for the authors to be consistent in the format they present the study being discussed. In some cases the author, the migrant group and the host country are mentioned. In others only the author is mentioned. The former format is useful for the reader and should be followed throughout the paper.

Response: Thank you we have addressed this.

5. The authors need to be consistent in their use of Latino or Hispanic. I am sure the articles are not consistent, but it is better to use Latino than Hispanic.

Response: Thank you we have addressed this by using Latino.

6. I think the paper would benefit if there is at some point in either the introduction or conclusion a clear statement that the migrant experience is not universal. The article gives the impression that the authors feel that migrants are all the same and that they are not differentiated by class, education, etc. So in the conclusion instead of saying that “migrant women experience numerous challenges to breastfeeding” say something like in the studies being considered in this paper it seems that migrant women experience numerous challenges to breastfeeding.

Response: Thank you we have addressed this as requested.

7. Minor editing is required –

Response: We have gone carefully through the paper and hope we have addressed all minor editing.

Reviewer 2

1. The paper is well written and very readable in spite of many typographical and grammatical errors and inconsistencies which need to be corrected before publication.
Response: We have worked carefully through the paper and have corrected all typographical errors and have addressed grammatical issues although we recognise that there will be different styles and will take further guidance from reviewers or editors.

2. The search period for articles is stated as 2000 -May 2012. It would be more accurate to state it as Jan 2000-May 2012.

Response: We have addressed this as requested.

3. The pages are not numbered so it is hard to comment but in the Search Strategy section there is an asterisk on the word 'ethnic' in the first paragraph which is not followed through anywhere.

Response: The asterisk was there to denote ethnic and ethnicity in our search – we have removed and added the word ethnicity to the search terms.

4. The reason for doing this particular meta-ethnographic synthesis is not made explicit. Please include, in the introduction, a clearer statement (or possibly a research question) about why this particular meta-ethnography was necessary and what it was set up to achieve. You do state that you wish to increase health professionals’ knowledge but there are no suggestions about how this might be achieved. If this was your sole purpose, then it needs to be carried through more strongly to the discussion and conclusion.

Response: We have added the following to clarify the purpose and the Aim of the meta-ethnography has been elaborated on:

'Well designed qualitative research describing both the similarities and diversity of migrant and refugee women’s beliefs and practices around breastfeeding can inform health service policy and practice and challenge common assumptions and stereotypes. In the last decade, there has been an increase in published qualitative studies exploring the beliefs and practices of migrant women in relation to breastfeeding and infant feeding decisions. This provides an opportunity to synthesise comparable studies in order to gain a broader understanding of the experience of breastfeeding in a new country, and identify ways in which support provided to migrant and refugee women can be improved'.

Aim

The aim of this meta-ethnographic study was to explore migrant and refugee women’s experiences and practices related to breastfeeding in a new country with a view to informing health care policy and practice.

We have added a section to the conclusion about implications for policy and practice see point 8 below.

5. The methods section, especially the description of how the analysis was done is a bit light. Could you please include some examples of the original
metaphorical statements (and their attached issues) and then examples of how these were synthesised with subsequent papers and then eventually collapsed into your themes?

Response: We have added a more detailed description of the analysis. As explained the majority of the themes in all of the papers were descriptive in nature and only 4 papers included any themes that were more abstract or used metaphorical statements. Because of this our approach to analysis has involved us utilising Schultz’s ideas of first second and third order data – while paying careful attention to the thematic labels provided by the authors we have brought these themes and the original data together in a new way to create a new set of themes. We have added a detailed explanation of this process on page 12.

6. The strength of the paper lies in the identification of areas of importance to migrant women that need further exploration and explanation, something not possible in meta-ethnography. Please include a paragraph about further research that is required to unpack the issues identified in the paper.

Response: Thank you for the useful suggestions here – we have added the following in the conclusion:

'The findings of this meta-ethnographic analysis indicate areas for further research. For example, a greater understanding of the diversity of infant feeding beliefs and how women negotiate practices including the giving of colostrum, adhering or not to traditional postpartum practices and management of early return to work may inform understanding of how migrant women form an identity as a migrant woman who has transitioned to motherhood in a new country. It is also important to study health professionals' attitudes towards migrant women's breastfeeding ability, discomfort about breastfeeding in public, the role of the mother-in-law, and duties to the extended family. In the studies included in this meta-ethnography, few women reported experiences of pain associated with breastfeeding in contrast to many studies where pain is the prime reason for breastfeeding cessation. This warrants further study. The visibility of infant formula in the host countries is concerning and research into the affordability and visibility of infant formula from the perspective of women recently arrived in the host country may help understand the subtle and pervasive influence of socio-cultural expectations and practices'.

7. New information is included in the discussion about health professionals and feeling safe in hospital. This needs to be addressed in the findings first - even if it is mention of the surprising lack of information about this topic.

Response: We have removed this from the discussion.

8. The last sentence of the conclusion is weak. I suggest adding a whole paragraph about what could be done by health professionals (since this is how
you set up this paper) to support migrant women in a new country.

Response: We have added a paragraph related to implications for health professionals

"To support migrant and refugee women to breastfeed, health services need to provide access to culturally appropriate care with adequate interpreting services and health professionals who have had training in cultural competence. Women may benefit from access to a range of health education materials in diverse languages in printed form, in DVDs or online. But this should not be instead of midwives and other professionals being sensitive and taking the time to listen to women’s needs. This meta-ethnographic study indicates that health professionals do not need to convince migrant and refugee women of the importance of breastfeeding there are however, areas where women may need accurate information for example, related to perceptions of insufficient breast milk. Facilitating opportunities for women to receive support from peers has demonstrated success in some studies {Ahmed, 2006; Schlickau, 2005}. Choudhry and Wallace {Choudhry, 2012} also suggest that if migrant women had the opportunity to observe peers from the dominant Anglo culture engaging in breastfeeding, it may help redress the misconceptions that British women do not breastfeed. There may also be value in establishing midwifery continuity of care models for migrant and refugee women to build their confidence in health services. Finally, we emphasise the importance of ongoing education for health professionals to increase awareness of the diversity that exists in breastfeeding beliefs, practices and experiences within and across cultures”.

Reviewer 3

Minor Essential Revisions

1. At the top of page 12 participants are described as ‘migrating from a range of countries’. Central and South America are not countries

Response: Thank you we have removed this and instead used illustrations from the papers where countries are listed.

2. There was no table 1 provided with the manuscript

Response: Thank you we have addressed this tables are now in order

3. The left hand column of table 3 needs editing for consistency i.e. include all years of publication, countries and consistency of use of et al – also it is not clear why it is headed UK. This table is not referred to in the text – is it needed?

Response: – we have kept this table in, edited as requested and have referred to it in the appropriate place at the start of the results see page 14.

4. It is not clear what the last sentence of the middle paragraph of page 26 (regarding excluded studies) means – suggest removing it.
Response: we believe this is an important point and have it kept it in but have rewritten the sentences to clarify in the following way

5. There is a tendency to use first authors’ names only in the text omitting ‘et al’ or a second authors’ name.
Response: we have corrected this throughout the paper

Response: We have included this reference now

7. The second part of the first sentence of the introduction is a generalisation for which I could not find any evidence in the reference provided – suggest authors provide a page number.
Response: We have removed this reference which was inappropriate as it was corporate report of an Australian longitudinal study. We have now added a peer reviewed papers from US Canada and Australia reporting these at 6 months.

8. The third sentence of the introduction ends ‘particularly in more affluent countries’ but only evidence from UK and US is cited. Further references need to be added of a range of affluent countries or the wording changed.
Response: We had initially used only the US and UK references as this difference in breastfeeding initiation and duration is particularly noticeable in those countries. We have changed the wording and now added references from Italy France and Canada.

9. The third paragraph of the introduction needs references to support the statements.
Response: We have made quite a few changes to this paragraph now to highlight the rational for the study. References included as appropriate.

Major Compulsory Revisions

10. The authors need to define how they are using the term ‘migrant’.
On page 20 it is unclear what the phrase ‘living as migrants’ means.
Response: We have defined migrants on page 9 ...’In this review, the term migrant was defined as women born in low or middle income countries, who had migrated permanently to a high income host country’.

The phrase ‘living as migrants’ has been removed and rephrased.

11. The last sentence of the abstract refers to the material circumstances of women – this is no doubt true but there is no evidence of this in the paper as
currently presented.

Response: We have removed this statement

12. It is unclear from the methods what the inclusion criteria were in terms of countries of origin and host countries. The use of ‘non English speaking background’ as a search term and the limitation to English language publications suggests ‘Western host country’ was limited to English speaking host countries although this is not stated. In the abstract the term ‘more affluent’ is used - was the synthesis limited to women from low and middle income countries migrating to high income countries?

Response: We have clarified this in a number of places in the paper 1/ we now use the terms low idle and high income countries and indicate that papers included in the study reported the experience of women migrating from low or middle income countries to high income countries. We also clarify at the start of the results section on page 14 that we did find papers from high income non English speaking countries however these papers were excluded because they did not focus on breastfeeding but infant feeding in general.

13. The sentence at the end of page 7 suggests that ‘women do not access health services or support for breastfeeding’ suggesting the problem is with women. There is evidence that health services do not provide accessible or appropriate services.

Response: We agree with the reviewer’s comments and this sentence has been modified to reflect the fact that often services are inappropriate for women.

Studies also report that health services and breastfeeding support are not always accessible or culturally appropriate to meet the needs of migrant and refugee women [15, 31, 34, 35]. Recent research by McFadden and colleagues {McFadden, 2012} and Puthussery et al. {Puthussery, 2008} in the UK, indicate that maternity services still often lack cultural sensitivity and health professionals have a tendency to make assumptions about, or stereotype, women from ethnic minorities. McFadden et al particularly emphasised the tendency for health professionals to view ethnic minorities as homogenous groups, rather than diverse individuals, with a variety of cultural practices {McFadden, 2012}.

We have also added more on this point to justify the rational for the study citing the papers provided by reviewer 3.

14. Some of the issues with terminology highlighted above reflect the broader theoretical/conceptual problem of how individuals’ identities (including migration histories) are described and operationalised in research. There are no easy answers but the authors need to critique how the included studies theorised and operationalised the ethnicity of study participants and the significance of this for
the synthesis and interpretation of the findings. Problematic terms include Asian/South Asian in UK studies (and which have different meanings in Australia and US) and Latino/Hispanic in US studies. All these terms are ambiguous in their meaning.

Response: We have attended to this in the following way:

In the limitations we discuss the inappropriate or confusing use of terminology by the original authors of the included papers.

We also noted that there were inconsistencies in the approach and terminology used in the original papers to identify and categorise the ethnicity or cultural background of participants. In some studies, the ethnic background of participants was only identified by country of birth [13, 45]. Alternatively, some researchers asked participants to identify their ethnic or cultural background when completing a demographic questionnaire but it is not clear if these were open ended or pre categorised responses [25]. Two studies [14, 27] explicitly stated that women were asked to self identify their cultural background or ethnicity. Others made no mention of how these details were obtained [30, 43, 50]. Commentators have emphasised the complexity of assigning ethnicity to study participants [33, 41] indicating a preference for the value of self assigned ethnicity, although recognising that this adds a level of complexity to data collection and interpretation. This complexity often results in researchers using inappropriate labels to describe cultural background. For example, the terms Asian and South Asian were used in a number of papers to describe people from the Indian subcontinent, many of whom if asked would vary in how they described their ethnic identity.

15. A related issue to the use of terminology, is the representation of women migrating from one country to another as homogenous groups with static ‘cultural’ or so called ‘traditional’ practices.

Response: We have attended to this in several places in the paper for example in the introduction we emphasise the risk of stereotyping or treated all migrants from a particular a culture as homogenous. In the discussion we again elaborate on this using references suggested by the reviewers to highlight this point.

16. The final sentence of the conclusion needs a proviso related to the diversity of beliefs and experiences within cultural groups and similarities with majority populations in host countries otherwise it is an essentialist statement.

Response: We have attended to this in the paper