

3.3-O1**Socio-economic determinants of breastfeeding uptake and duration intention among women with and without migration background. Results from the BaBi birth cohort study in Bielefeld, Germany**

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Background:

Disparities in breastfeeding practices have been observed between migrants and majority populations in many countries. We compared breastfeeding practices among women with and without a migration background in Bielefeld, Germany, using data from a birth cohort.

Methods:

In 2013-16, we conducted 967 standardised interviews with women aged over 18 during pregnancy or shortly after birth, collecting data on breastfeeding uptake and duration intention, as well as on socio-economic and migration background. Bivariate and multivariate analyses were performed, adjusting for clinical factors (e.g. age, parity, birthweight).

Results:

Breastfeeding uptake was more common among women with a migration background than among non-immigrants (88.9% vs. 83%, $p < 0.05$). It was particularly high among 2nd and 3rd generation women (92%). Women with a migration background tended to intend to breastfeed longer than non-immigrants (6.2% vs 7.6% between 6 months and one year and 0.67% vs. 2.53% beyond one year). When controlling for clinical and socio-economic characteristics, only a statistically significant correlation between breastfeeding uptake and the opinion of the mother and of the partner with regard to breastfeeding remained, with a negative opinion decreasing the chances of uptake (OR 0.5; CI 0.25-0.79 and OR 0.2; CI 0.12-0.36, respectively). Mothers and partners of women with migration background were more likely to strongly support breastfeeding than those of non-immigrants. Duration intention was positively associated with having a migration background (1.98; CI 1.10-3.55) and negatively associated with income, with higher income decreasing likelihood of breastfeeding beyond 6 months (OR 0.6; CI 0.44-0.94).

Conclusions:

This study found differences in breastfeeding uptake and duration intention among women with and without a migration background. This calls for public health actions targeting different socio-economic groups if one wants to come closer to the WHO recommended breastfeeding rates. Initiatives that are inclusive of the mother and the partner of the expectant women are also worth considering.