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'You likes your way, we got our own way': Gypsies and Travellers' views on infant feeding and health professional support

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Abstract

Background Gypsies and Travellers are known to have poor health status and access to health services, even in comparison with other ethnic minority groups. People from this stigmatized ethnic group are rarely consulted about their health needs or health service provision. Optimal infant feeding in the first year of life has the potential to improve lifelong health.

Objective The aim of this study was to explore mothers and grandmothers' views on feeding in the first year of life, including the support provided by health professionals.

Methods Semi-structured interviews were conducted with a purposively selected sample of 22 mothers and grandmothers of English Gypsy, Irish Traveller and Romanian Roma ethnicity between November 2011 and February 2012 in a city in south-west England.

Results Few women perceived themselves as requiring help from health professionals in infant feeding, as acceptable and accessible support was available from within their own communities. Roma mothers described a tradition of breast-feeding and appropriately timed weaning, while English Gypsies and Irish Travellers customarily practised less healthy infant feeding. When mothers requested support, health service provision was often found inadequate.

Conclusion Exploring the views of Gypsies and Travellers is important to gain insight into the provision of health services for this marginalized ethnic group. This study has implications for policy and the practice of health professionals, in indicating the customary feeding behaviours of some Gypsy and Travellers, and highlighting areas meriting culturally sensitive health promotion.

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Introduction

Gypsies and Travellers are recognized as one of the most disadvantaged minority groups in the United Kingdom and globally. Research into the health needs of this group is an emerging field, and Gypsies and Travellers could justly be described as an 'invisible minority'[1] in being rarely captured in health statistics, unassertive of their health needs and with few champions.[2,3] In the United Kingdom, Gypsies and Travellers are known to have poorer health status and a higher risk of mortality than socio-economically matched comparison groups[4] and to experience health inequalities which are greater than could be expected simply from socio-economic disadvantage or from belonging to a minority ethnic group.[5] Gypsies and Travellers access to health services is also known to be poor.[6,7] In several European countries, Roma people have been shown to have poorer health than other ethnic groups and poorer access to health services,[8–10] and a recent literature review identified a higher prevalence of both communicable and non-communicable disease in the Roma community with significantly shorter life expectancies than national averages.[11] Gypsies and Travellers share a history of persecution and rejection by mainstream society, which continues today.[12–15]

The umbrella term 'Gypsies and Travellers' covers a diversity of people, including continental Roma, English and Welsh Gypsies and Irish and Scottish Travellers.[3] In the 2001, UK census 'Gypsy or Irish Traveller' was included as an ethnic category for the first time. Gypsies have a shared common history, language and oral literature[4] and share with Travellers beliefs about the centrality of the family as a social structure, nomadism and ideals of purity which influence hygiene in daily life and behaviour towards the opposite sex.[13,16] A component of the Gypsy–Traveller identity is a strong awareness of the differences between Gypsy culture and that of the majority population,[17,18] which has been described as contributing to Gypsies' and Travellers' ability to maintain a unique identity as 'internal-outsiders' within often hostile host populations.[16] Some community values such as taking a pride in resilience and resourcefulness, particularly in children, and setting a higher value on lived experience above learning from books diverge from those of the settled community.[13] The common use of the word 'gauje' or 'gorgio' to describe non-Gypsies emphasizes the status of Gypsy–Travellers as 'a race apart' who share defined cultural characteristics which define and confirm their unique identity.[18]

Given the poor health outcomes experienced by Gypsies and Travellers, it is important to explore their views on the services they receive from health providers and to establish their primary health needs. It has been noted that Roma women are often overlooked in health research due to dual discrimination, both ethnic and gender, within and outside the community,[19] and there is currently little qualitative research exploring women's views on maternal and child health and the health services provided. The UK Healthy Child Progamme[20] stipulates that mothers should be visited antenatally to support infant feeding and that postnatal visits should promote breast-feeding, with introduction of solids foods at around 6 months, as recommended by the World Health Organization.[21] Encouraging engagement with children's preventive health services has been recognized as the starting place for reducing health inequalities among Gypsies and Travellers, particularly in the area of nutrition.[11] How a baby is fed in the first year of life has an impact upon health in the long and short term.[21–23] Breast-fed babies are less likely to experience morbidity in the first year of life[24] and to have a reduced risk of diabetes, hypertension and obesity in later life.[25] Health benefits for mothers who breast-feed include a reduced risk of breast and ovarian cancer and type 2 diabetes.[24]

In the United Kingdom, infant feeding behaviour is strongly related to socio-economic class and ethnicity, with highly educated professional women most likely to breast-feed among the White community, but mothers from non-White ethnic minority groups more likely to breast-feed than the general population.[22]

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Despite exclusive breast-feeding for 6 months being advised, only 34% of babies in the United Kingdom are breast-fed at all at 6 months of age and only 1% exclusively.[22] A small quantitative study of Gypsies' and Travellers' feeding practices in one primary care trust in England, suggested very low breast-feeding rates, with only 3% estimated to have initiated breast-feeding and none continuing to 6–8 weeks (data based on health visitors' reports); however, a survey of 20 Gypsy–Traveller women suggested a rate of 15% who had ever breast-fed.[26] Breast-feeding rates were found to be slightly above average among Roma mothers in Serbia[27], but no difference was identified between the duration of breast-feeding for Czech and Roma children (a median duration of 3 months breast-feeding in both groups).[28] No studies have looked at weaning practices among Gypsies and Travellers, although these are recognized as being important in relation to continuation of breast-feeding,[22] and to later eating habits which have an impact upon risk of obesity and cardiac disease.[29,30] The aim of this study was to explore the views of Gypsy–Traveller mothers and grandmothers on infant feeding and health service provision.

Methods

Research design

A qualitative approach was taken to provide rich data in this under explored area. Semi-structured interviews were conducted with a purposive sample of mothers and grandmothers from English Gypsy, Irish Traveller and Romanian Roma communities between November 2011 and February 2012. Grandmothers were included as they are considered to have an influence upon mothers' infant feeding choices.[31] The sample size was designed to facilitate in depth exploration of the subject and allowed the comparison of the views of Roma mothers and grandmothers with their English Gypsy and Irish Traveller counterparts.

The study took place in Bristol, England.

Participants

Twenty-two mothers and grandmothers were recruited, half from the Roma community, and half from English Gypsy and Irish Traveller backgrounds (see Table 1 for demographic details). Inclusion criteria were as follows:

1. Mothers of Roma, English Gypsy or Irish Traveller ethnicity with a child aged 3 years or under
2. Grandmothers of Roma, English Gypsy or Irish Traveller ethnicity with one or more grandchildren

Recruitment was carried out by a researcher (LC), following introductions by local authority and voluntary workers who were either members of, or well-known to, the community. These workers initially identified potential participants, and the researcher checked inclusion criteria at interview, including the participant's own self-definition of ethnicity. One interviewee was excluded at interview as she did not agree that her ethnicity was Irish Traveller, despite the link worker having identified her as such. Participants were interviewed in their homes or in a community setting, including a church. Travelling participants were interviewed in their homes on both privately owned and council caravan sites. The sample size was achieved with consideration to Ritchie *et al*.'s view that further data collection would lead to diminishing returns in terms of new insights and ideas gained.[32]

Ethics

Ethical consent was granted by a university ethics committee (application number HSC/11/09/89). Participant information sheets were used to introduce the study to potential participants. All were given directly to study participants by a link worker who could explain the content; the researcher visited a few days later in the company of a link worker to offer an interview. Prior to interview, the researcher read the information sheet with each participant and

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Table 1 Demographic details of participants

	Romanian Roma	Irish Travellers	English Gypsies
Total number of respondents	11	6	5
Average number of children	4.5 (range 2–7)	3.1 (range 1–6)	3.0 (range 1–5)
Average age at birth of first child	17 years (range 15–24 years)	19 years (range 17–23 years)	22 years (range 20–26 years)
Number of mothers	9	3	3
Average age of mothers at interview	27 years	22 years	26 years
Number of grandmothers	2	3	2
Average age of grandmothers at interview	43 years	49 years	55 years
Any educational qualifications	0	0	1 (1 × NVQ)
Housed	11	1	0
Travelling	0	5	5
Consented to audiotaping of interview	7/11	1/6	4/5

NVQ, National Vocational Qualification (a UK occupational qualification).

completed a consent form, thus ensuring that participants were able to 'opt out' if they wished at this stage. All written materials were translated into Romanian for Roma participants and also read through at interview by an interpreter. Consent was requested for audiotaping and use of anonymized quotations, in addition to participation. To preserve anonymity, quotations are presented below using the chronological number of the interview.

Data collection

Questions were based upon a topic guide developed in collaboration with the steering committee, which included local experts in infant feeding and nutrition in addition to two members of Gypsy–Traveller ethnicity. The topic guide was focused on personal experience of milk and solid feeding, as well as perceived family and community views of infant feeding. Only one Roma participant spoke English, so interviews with the Roma were conducted in Romanian, with professional interpreters providing concurrent translation. For all Roma participants, Romanian was a second language; no Romany-speaking interpreters existed in Bristol. Liamputtong[33] suggests that in cross-cultural research, interpreters are best considered as joint researchers, as in facilitating communication through translation, they play a part in shaping the data collected. Both interpreters who took part in the project were well-known to the community and often acted as interpreters in health and educational settings.

Permission was requested to audiotape the interview. Where participants agreed to audiotaping, interviews were subsequently transcribed. For the remainder, the interviewer (LC) documented responses contemporaneously by hand. No participants objected to notes being taken, but some interviewees felt that 'no Traveller' would allow their voice to be recorded. A sample of audiotaped interviews with Roma participants was checked for validity of translation by an independent Romanian interpreter; all were confirmed to be accurate.

Data analysis

Data were coded using NVivo 9 as part of data analysis using a framework approach by which data are classified and organized according to key themes and concepts.[34] Members of the steering group contributed to the preliminary identification of codes from iterative reading of transcripts and contemporaneous notes and

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reached agreement on emergent categories. Following coding of all transcripts, LC and DS identified dominant themes and developed a conceptual framework from an interpretation of the data set as a whole. The framework approach allowed movement from raw data to abstraction in the analytical process, without losing the 'voice' of participants.[35]

Results

Three dominant themes were identified as influencing infant feeding behaviour, which were common to all participants and related to the culture of their community. These themes were as follows: the centrality of the family, beliefs and traditions related to culture, and a travelling lifestyle. A fourth cross-cutting theme was identified as interaction with health professionals; this was interwoven with the themes relating to Gypsy and Traveller culture throughout. It was apparent that at many points, interactions with health professionals led to some conflict with beliefs and attitudes prevalent in the community, and these conflicts are brought out in the account below.

Centrality of the family

Participants agreed that the family plays a large part in influencing infant feeding choices. Large families are commonplace among Gypsies and Travellers, and there is an expectation that older children help care for younger siblings. As a result, women considered that they had pre-existing knowledge and skills when they became parents. Few participants described themselves as requiring professional support in caring for children irrespective of age or number of children:

> The Travelling community are reared up with children. I've always looked after children. I had younger sisters and always watched them.
>
> Irish Traveller 6, mother

> 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

Young motherhood increased participants' view of themselves as being highly experienced in all aspects of child care. Compared with the experiential knowledge that was easily available within the family, the advice of health professionals was often set at a low value by mothers and grandmothers.

> 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

> 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 3 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

Contact with health services was described as less common in the past ('Early on they didn't want anything to do with Travellers, now it's more accepted.' Irish Traveller 5, grandmother), but English Gypsies and Irish Travellers now expected contact with midwifery and health visiting services. Roma women were sometimes unclear about difference in roles, referring to professionals generically as being 'from the doctor's'. All described a minimal service with little routine contact beyond the immediate post-natal period. Mothers took a pride in being capable mothers and

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did not see themselves as requiring extensive contact with health professionals.

> The health visitor came once or twice and saw I could get along, now she doesn't come. *Translated*
>
> Roma 3, mother

Health professionals were described by all groups as relying on written materials to give health promotion information, despite low literacy levels. Although none of the Roma interviewees read English, most mentioned having been given leaflets. Several non-Roma participants also could not read health promotion materials:

> 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. *Translated*
>
> Roma 8, 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

These contacts often served to highlight the differences between Travelling people and the settled community. Many participants had little contact with people outside their community and were aware only of their own infant feeding norms. English Gypsy and Irish Traveller participants frequently expressed pride in their culture, and where there was opposition between family traditions and health professional advice, a common response was to reaffirm the positives about the community 'way'. One mother commented to the researcher:

> Me meself, I like me own way of life, I've been brought up as a Romany Gypsy and that's the way I want me boys to be brought up to be truthful. I'm not racialist against outsiders, but what we call like 'gaujes' or house people like yourself...you likes your way, we got our own way.
>
> English Gypsy 5, mother

Few demands were made on health services by Gypsy and Traveller mothers at the time of pregnancy and birth, and most health professionals were described as offering little beyond the minimum routine service.

Beliefs and traditions

All participants were well schooled in the norms of their community's feeding behaviours. Roma mothers described breast-feeding as the usual method of feeding, which babies much enjoyed. While the overriding reason given for preferring breast-feeding was its 'healthiness', very few specific health benefits of breast-feeding were cited. Participants placed more emphasis on ease and the fact it was common practice:

> It is better to breastfeed because it is healthier. *Translated*
>
> Roma 2, 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. *Translated*
>
> Roma 6, 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. *Translated*
>
> Roma 8, mother

> We raise them with the breast. *Translated*
>
> Roma 10, grandmother

When a mother had a baby in the Roma community, help with breast-feeding was available from within the extended family. Mothers

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could learn by watching others breast-feed, and some described being explicitly taught how to breast-feed by their own 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. *Translated*

Roma 4, mother

By contrast, English Gypsies and Irish Travellers described a predominantly bottle-feeding culture. As with the Roma, feeding behaviours prevalent within the community were passed on to the next generation, but in this case, community knowledge was of how to prepare and store bottles of formula milk, and which brand to choose. Some harmful practices continued among English Gypsies and Irish Travellers including adding foods such as rusks in the bottle at an early age which was justified as being a customary practice and as having been recommended by health professionals in the past. Some of the younger mothers were aware that adding solid foods to bottles was no longer advised, citing the immaturity of the baby's digestive system as a reason to delay the introduction of solid foods. Both Irish Traveller and English Gypsy mothers continued with puréed foods beyond the recommended date (even up to 18 months), due to a fear that the baby would choke if offered finger foods. To avoid this, two mothers offered food which they had pre-chewed, a practice which was described as being a traditional custom among Gypsies.

Some Irish Traveller and English Gypsy mothers wished to try breast-feeding, primarily because they were aware of the health benefits.

> 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

> There are more natural things in your own breast milk than are ever in formula...breast milk has more vitamins and stuff that they can't put in SMA... I saw some Traveller girls who would dare to breastfeed and I wanted to try.

Irish Traveller 2, mother

Although most interviewees knew of a relative or friend who had breast-fed, choosing to initiate breast-feeding carried a sense of breaking a taboo. Breast-feeding was frequently described as not being part of the Gypsy or Traveller tradition, instead being something that 'gauje' women would do. Breast-feeding conflicted with ideals of female behaviour, such as covering the body at all times, particularly in the presence of the opposite sex. Many mothers considered that breast-feeding could only be carried out alone in a private place, not even in the presence of other women.

> Breastfeeding is something that I would not do. I'd never do it, no one in my family would...You can't pull out a boob in front of a man, it would a bit embarrassing like... Some Travelling women do it, in the trailer.

Irish Traveller 6, mother

One mother stated that because men did not understand the health benefits of breast milk, they preferred women to bottle-feed.

> 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

The one instance where Irish Traveller and English Gypsy interviewees described themselves as actively seeking help from midwives and health visitors was in initiating and continuing breast-feeding. Advice was then sought from professionals because no skilled help was available from within their communities. While messages about the health benefits of breast-feeding were successfully assimilated, post-natal support for breast-feeding was described as insufficient, with professionals failing to grasp the extent of cultural taboos which made breast-feeding as a dangerously immodest act.

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A mother, who had bottle fed in hospital due to fear of being observed by visitors, received only telephone advice ('just carry on trying') from her midwife when she subsequently asked for help in attempting to breast-feed her baby at home. This parsimonious support offered by health professionals contrasted unfavourably with the support which was always available from within the family and community.

Two grandmothers had successfully breast-fed for a prolonged period with support from health professionals. A warm, trusting relationship which had developed over time appeared a prerequisite for successfully supporting a mother to breast-feed.

> 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…. She was very supportive. She prompted me into it, coaxed me into it.
>
> Irish Traveller 5, grandmother

Names of helpful and respected health professionals were known throughout the community even if they worked in another city. Participants considered that being informed about Gypsy–Traveller culture was an important characteristic of the respected health professional.

Travelling

Travelling was cited as a key factor in dictating feeding choices. Migration from Romania had led to some major changes in infant feeding practices. Grandmothers described a tradition in Romania of breast-feeding until around 2 years, with solid foods, such as polenta, pork and nettle soup, being introduced at around 5–6 months. However, once in the United Kingdom, some mothers started giving formula feeds, even though this had led to some problems with milk supply, babies refusing the breast and subsequent constipation. Commercially manufactured baby foods were given in place of solid family foods, sometimes as early as 4 weeks of age. Different reasons were ascribed to this change in infant feeding behaviour. One view was that migration led to mothers wanting to be 'more civilized' and thinking 'it is better to give the bottle' (Roma 10, grandmother). Several mothers stated that in the United Kingdom, they could afford to bottle-feed and give commercially made baby foods, and therefore did so. There was no evidence of awareness that a very high standard of infant nutrition was being replaced with a less healthy diet.

> 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. *Translated*
>
> 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

When asked about any potential long-term health benefits of breast-feeding for babies or mothers, no participant was aware of any impact on lifelong health. Two Roma women responded to this question by quoting a Gypsy proverb, 'How will a man live if he does not eat?' which places emphasis upon the importance of food to avoid starvation rather than seeking additional health benefits.

For Roma women, economic opportunities played a part in dictating infant feeding patterns. Some introduced formula feeds in order to be able to do housework, shop or work outside the home, as other family members could bottle-feed. Others clung to the traditional maternal role of which breast-feeding was seen as a part, in order to have freedom from paid labour.

> 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'd rather stay at home, rather than going and selling newspapers. *Translated*

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Roma 1, mother

For English Gypsy and Irish Traveller, interviewees travelling could lead to disrupted contacts with health professionals due to moving between sites. For mothers who wanted to breast-feed, the lack of space in a caravan proved a problem. Breast-feeding while living in a caravan placed a responsibility on the mother to avoid the risk of offending others. The sociability of travelling life contributed to the difficulties of finding an acceptable place to breast-feed, and for some shortened the duration of breast-feeding.

> I did try with the last one and I did it for a couple of months. If was difficult because I had no privacy... I didn't have a problem with breast-feeding but it was very hard living in a caravan with people in and out... I didn't mind giving up.

Irish Traveller 5, grandmother

Discussion

This qualitative study presents the views of Gypsy and Traveller mothers and grandmothers in an under explored area. Its strength lies in giving voice to women from a marginalized group to comment on the health services provided for them and to indicate in which aspects of infant feeding culturally sensitive health promotion could be developed. There are indications from this study that cultural beliefs about infant feeding between UK Gypsy–Travellers are not identical, and a wider range of views may have emerged from a larger sample. Limitations of the study include the use of Romanian, rather than Roma interpreters, which could reduce the ability of participants to express themselves, and the use of interpreters who had on-going contact with families in all aspects of their lives. However, this study adds to research which suggests that infant feeding in the United Kingdom is influenced by ethnicity and culture[36–38] and indicates that a common Gypsy–Traveller identity influences infant feeding practices. Shared aspects of Gypsy life, such as observing defined gender roles, having large families and living within a close community[13,16], influence how mothers feed their babies.

This study has highlighted that common aspects of the Gypsy–Traveller identity affect feeding differently in different groups, a finding which has important implications for policy and practice in health promotion. In the Roma community, close family contact fostered sharing of expertise in breast-feeding. Studies of other ethnic groups have shown that migrant mothers who interact least with the host community are most likely to retain traditional feeding habits.[38,39] Romanian Roma mothers exhibited a strong sense of community and could describe traditional feeding behaviours but took a pragmatic approach to changing these, particularly if infant feeding needed to fit in with the demands of paid and unpaid work. The economic necessity to return to work soon after delivery has been previously identified as a factor reducing migrant women's ability to breast-feed.[40] Roma women described limited involvement with health professionals and seemed unaware of the potential cost to infant and maternal health in switching to formula feeding and early weaning. Ceasing to practice traditional infant feeding behaviours, which are superior to the usual feeding practices of the UK settled population, poses an increased risk to child and maternal health. As Roma children are known to have a higher prevalence of health risk factors,[41] it is important to recognize where new risks are posed to child and maternal health.

In this study, English Gypsies and Irish Travellers exhibited a strong awareness of their political and cultural identity and commonly described their behaviour as characteristic of their community and unlike that of the 'gauje' or non-Gypsies. Shared infant feeding practices may play a part in maintaining family traditions and values, hence contributing to the community cohesion and resilience which can combat the effects of social disadvantage and racism.[42] Gypsies and Travellers have been noted to define their identity as much by what is rejected as by what is chosen,[18] and in this

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study, the identification of practices, such as breast-feeding, as something that 'a Gypsy would not do' demonstrates this. Mothers who moved away from their community tradition by choosing to 'try' breast-feeding because of the health benefits were taking a highly radical step. As demonstrated in other studies, developing a relationship with a trusted health professional appeared to be a key factor in facilitating breast-feeding, particularly for mothers who face exceptional barriers.[43,44] In a community, where family support is ubiquitously present, it is vital that health professionals offer a responsive and accessible service. To this end, guidelines have previously been developed to assist health professionals in working effectively with Gypsies and Travellers.[45] Despite these, this study has highlighted again the futility of promoting the health benefits of breast-feeding in the ante-natal period while failing to provide an adequate service post-natally.[46]

The disadvantage experienced by Gypsies and Travellers is exemplified by the demographic details of participants (Table 1), which showed that participants had larger than average families, younger age of maternity and low educational achievement in comparison with the majority UK population; all these factors increase disadvantage and reduce life chances.[47] Given the emphasis on providing health promotion and support to the most disadvantaged in the Healthy Child Programme, it is remarkable that mothers in this study described receiving very little targeted support from health professionals. The frequency with which health professionals were reported as giving health education leaflets to women who did not read English suggests that cultural competency is undeveloped and not prioritized by practitioners.[48] McFadden *et al.* suggest that current provision of community breast-feeding support may be inappropriate and inaccessible to some women from minority ethnic backgrounds,[49] and this study lends corroboration to this view. The effects of social disadvantage, exclusion and racism compound the difficulties faced by Gypsy–Travellers in adopting and maintaining the most beneficial infant feeding behaviours.

Conclusion

It is important to explore the views of Gypsies and Travellers in order to gain insight into their health needs and to address the extreme health inequalities they experience. This study has implications for policy and the practice of health professionals, both in indicating the customary feeding behaviours of some Gypsy and Traveller groups, and in suggesting how culturally sensitive support could facilitate optimal infant feeding practices. In a culture which prizes children, improving health outcomes by ensuring the best infant feeding is a potentially powerful health promotion message.

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Conflict of interest

There are no conflict of interests for either author.

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