



# Lack of Awareness

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We and our family may not be aware what the recommended infant feeding, care, and dental hygiene practices are. Lack of awareness and knowledge about the recommended feeding and care practices means we are unable to practice them.

Examples of lack of awareness which influence infant feeding, care, and dental hygiene include:

- Lack of awareness on recommended feeding.
- Lack of awareness on recommended play and activity (age-appropriate play, how much children should be active).
- Lack of awareness on recommended (by health services) good weight, height and growth and how those can affect lifelong health.
- Lack of awareness how diet builds and affects lifelong health.
- Lack of awareness on recommended dental health and dental hygiene practices.
- Lack of awareness how feeding and care practices we think are okay, may lead to fussy eating or prevent infants from practicing good eating.

**B A R R I E R**





# Attitudes, Values and Norms (feeding)

Community norms, values and attitudes can shape the way we feed our children. Those can prevent us from applying the recommended feeding practices. Even if we don't agree with them, we can feel pressure to follow them.

Examples of social norms, values and attitudes which influence how we feed children:

- Importance of 'filling the belly' or feeling that 'other children are eating more than my child', which can lead to over feeding.
- Eating dinner late as a family all together, which can mean infants or children eat more snacks or eat two evening meals.
- Sharing our plate of food together with members of the family (direct and when extended family visits), which may have food not suitable for infants, or may involve extended family hand feeding infants and not enabling responsive or infant led feeding.
- Common traditional first foods introduced to infants, such as at Mukhe Bhaat (South Asian Weaning ceremony) meaning we be conflicting with recommended practices (e.g. early introduction of sugary foods).
- Advice we may receive from family members, and feeling we should follow out of respect, can be conflicting with advice from health professionals.

**B A R R I E R**





# Attitudes, Values and Norms (caring)

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Community norms, values and attitudes can shape the way we care for our children. Those can prevent us from applying the recommended infant feeding, care, and dental hygiene practices. Even if we don't always agree with those norms and values, we can feel pressured to follow them.

Examples of social norms, values and attitudes which influence caring for children:

- Partaking in active play and exercise activities as women being seen as inappropriate.
- Our cultural norms and values can influence our interest in physical activity and play.
- Family and extended family often share their advice on children, which may be different to recommended practices (for example, due to generational or cultural differences). Wanting to show respect to family members we may implement their advice, even if we know it may not be a recommended practice.

**B A R R I E R**





# Infant Health Challenges

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Infants can experience mental or physical health challenges that affect their lives in the medium or long term. This can directly affect carers their ability to practice recommended infant feeding, care, and dental hygiene with them. Such health challenges can compound the experience of other barriers you will discuss with your group but can also create unique challenges. This card focuses on those unique challenges.

Examples of how infant health challenges can pose unique challenges to infant feeding, care and dental hygiene practices

- Infants may have different or special feeding and care needs.
- It can make feeding and care more challenging.

**B A R R I E R**





# Carer Health Challenges

Carers can experience mental or physical health challenges that affect their lives in the medium or long term. This can directly affect their ability to implement recommended feeding and care practices. They can compound the experience of other barriers you will discuss with your group but it can also create unique challenges. This card focuses on those unique challenges.

Examples of how carer health challenges can influence infant feeding and care include:

- Carers with illness or disability affecting their physicality may be less physically able to implement recommended practices, such as fresh home-made meals, active play, dental hygiene.
- Carers experiencing broad mental health challenges, such as anxiety, stress, depression, may also be less able to implement the practices. These mental health challenges can be directly related to the role of mother / carer, for example:
  - It is common for women to experience mental health challenges during or after pregnancy, which can present as feeling down, tearful, depressed or anxious. Sometimes this feeling can go away after a few weeks but it can persist much longer.
  - Caring for a disabled child, a child that is a fussy eater, worrying about child's development can be stressful.
- Women can also experience mental health challenges that are unrelated to their role as mother / carer, and that equally can affect their ability to implement the recommended practices.

**B A R R I E R**





# Availability of Space and Resources Within the Home

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It can be difficult to find or utilise appropriate spaces and resources to implement the recommended infant feeding, care, and dental hygiene practices with our infants and children within the home.

Examples how it can affect play and feeding include...

## **Play activities and toys:**

- Lack of available or appropriate and safe space within the home to play with the child; overcrowding within the home.
- Lack of appropriate toys, which can also lead to children having interest in virtual activities, such as video games, TV, mobiles.

## **Feeding:**

- Lack of space to store fresh produce and ingredients, nor to plan, prepare and cook meals and may resort to more convenient, often less healthy meals (including fast foods).
- Limited space to store and display diverse foods for infants to become familiar with, and learn about fruit and vegetables.
- Our home space can also mean we don't feel we can encourage 'messy feeding' to practice recommended baby-led weaning, for example if we have to share the space with other family members.

**B A R R I E R**





# Availability of Space and Resources Outside the Home

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It can be difficult to find or utilise appropriate spaces and resources to implement the recommended infant feeding, care, and dental hygiene practices with our infants and children outside the home.

Examples how it can affect play and feeding include...

## **Play activities:**

- Lack of accessible and safe play activities and areas for infants outside the home.
- Fears of racism and related concerns over safety in public areas like parks and streets.

## **Feeding:**

- There may be limited safe spaces to feed infants and young children (including breastfeeding) or we may not know where they are.
- Restaurants may not have high-chairs and other adjustments to help us feed the child safely.

**B A R R I E R**





# Cost of Food and Play Activities

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Financial and resource constraints can affect our ability to apply the recommended infant feeding, care, and dental hygiene .

Examples how it can affect the implementation of practice include:

## **Food:**

- Lack of affordable fruit, vegetables and other healthy ingredients in our local area.
- Cost of typically unhealthy fast-foods and take-aways being sometimes lower than the cost of healthy ingredients.

## **Play activities and toys:**

- High travel and/or entry costs to leisure areas such as swimming pools, leisure centres and child play services.
- High cost of buying children's toys, especially when budgets are tight.

**B A R R I E R**





# Accessibility of Support from Health Professionals

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Sometimes it can feel like we cannot access information and support from health professionals, which can be important in enabling us to implement the infant feeding, care, and dental hygiene practices.

Examples of the lack of accessibility of health professionals support include:

- Language barriers.
- Limited time of health professionals to address queries and concerns.

**B A R R I E R**





# Quality of Support from Health Professionals

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Sometimes it can feel like we do not get enough or appropriate information and support from health professionals which can be important in enabling us to implement the infant feeding, care, and dental hygiene practices.

Examples of the lack of quality of health professionals support include:

- Changing or conflicting advice from professionals leading to confusion.
- Culturally insensitive or inappropriate advice.
- Professionals not recommending other potential helpful and appropriate services.
- Unengaging methods used to share information, e.g. long body of text to read.

**B A R R I E R**





# Lack of Social Support

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Lack of social support can affect our ability to practice the recommended feeding, caring and dental health behaviours.

This may be due to the expectation of the wife / mother being responsible for caring for family members and household chores while often also working and / or studying. When it is seen as the common practice our relations may not consider the burden it places on the carer and that it can affect the feeding and care of the child.

Examples of lack of social support:

- Lack of practical support: Having many responsibilities at home, with extended family, in the community, at work / education without practical support from others, resulting in less time for appropriate feeding and care of our child(ren).
- Lack of emotional support: Feeling overwhelmed, anxious, stressed about our responsibilities, affecting our ability to employ the recommended practices.

**B A R R I E R**







# Fast Food and Unhealthy Food Sources

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The fast-food environment in Tower Hamlets, Newham and Waltham Forest promotes and provides many opportunities for us to purchase unhealthy food, or for our children to purchase unhealthy food themselves. Wide-spread availability of fast food and unhealthy food choices can play a role in the level of implementing the recommended practices.

Examples of how policies on fast foods and unhealthy food sources can affect our implementation of recommended practices:

- Fast food outlets and unhealthy ready made meals are wide spread and easily available in our neighbourhoods, often accompanied by a lot of advertising.
- Manufacturers target mothers and infants with ‘hungrier babies’ formula.
- Sometimes health professional guidelines for infant feeding conflict with advertising for infant feeding products and this can bring us more confusion.

**B A R R I E R**