

EXPERIENCES OF UKRAINIAN MOTHERS WITH BREASTFEEDING IN THE CZECH REPUBLIC

Michaela Abrmanová *, Iva Brabcová, Martin Červený, Valérie Tóthová

University of South Bohemia in České Budějovice, Faculty of Health and Social Sciences, Institute of Nursing, Midwifery and Emergency Care, České Budějovice, Czech Republic

Submitted: 2023-11-06

Accepted: 2023-12-07

Published online: 2023-12-31

Abstract

Introduction: Breastfeeding is considered an essential component of children's nutrition and healthy development. This study examines cultural differences in breastfeeding attitudes among mothers of Ukrainian origin who are currently living in the Czech Republic due to the war in Ukraine.

Goal: To explore cultural differences in breastfeeding attitudes among mothers of Ukrainian origin living in the Czech Republic, and to identify the need for culturally sensitive nursing care.

Methods: A qualitative analysis was conducted through in-depth interviews with Ukrainian mothers to understand how Ukrainian cultural norms, personal beliefs, and social expectations may influence breastfeeding.

Results: The findings highlight significant variation in breastfeeding attitudes that are underpinned by Ukrainian cultural norms, suggesting the need for adequate breastfeeding support in all culturally diverse communities.

Conclusion: These findings are essential for developing targeted nursing interventions and breastfeeding support programs that respect and respond to the specifics of Ukrainian culture.

Keywords: Breastfeeding; Child; Multicultural care; Nursing interventions; Ukrainian ethnicity

INTRODUCTION

Breastfeeding is one of the oldest and most natural forms of nutrition. In the modern world, it remains the subject of debate, research, and promotes discussion over cultural differences (Britton, 2017). Although the scientific community recognises breast milk as the gold standard of nutrition for newborns, including preterm infants (Walker, 2010), cultural attitudes toward breastfeeding may differ in different parts of the world. These attitudes are often rooted in historical, religious, and social traditions and can influence a mother's decision to breastfeed. Breast-

feeding offers several beneficial properties for infants, including providing important nutrients, immunological protection, and developmental support (Dieterich et al., 2013). Although the benefits of breastfeeding have been scientifically proven, some cultures may have different opinions and beliefs about it. With the growing number of multicultural communities and globalisation, it is now essential to understand the cultural nuances associated with breastfeeding. A better understanding of this issue can help health professionals provide holistic and sensitive care (Zamanzadeh et al., 2015). This study seeks to answer questions about cultural attitudes

towards breastfeeding. It contributes to the literature by expanding our understanding of how the culture may influence attitudes towards breastfeeding in different ethnic and social groups.

In motherhood, breastfeeding is one of the most discussed topics, connecting the universality of the biological process with the cultural context (Meyer and de Oliveira, 2003). In the Czech Republic, as in many other parts of the world, breastfeeding is perceived and practised differently, depending on cultural, social, and historical factors. In the second half of the 20th century, during industrial and social development, the Czech Republic began to favour the artificial feeding of children. This trend was partly motivated by the growing influence of the medical community and the commercialisation of baby food (Vacušková and Velemínský, 2009). However, with time and greater scientific information about the benefits of breastfeeding for the health of both children and mothers, society began to support and promote the natural form of feeding again.

As a country in the heart of Europe, the Czech Republic became home to many immigrants who brought diverse cultural traditions and practices. This diversity can also be seen in attitudes towards breastfeeding. While some cultures consider breastfeeding a natural and expected part of motherhood, others prefer artificial alternatives for religious reasons, personal beliefs, or due to social pressures (Cook et al., 2001). The role of community is crucial for many immigrant women. In their original cultures, they often heed the advice and opinions of loved ones, family, and the wider community. These views can influence their decisions about whether to breastfeed their baby, for how long and how to do it. It is essential for health professionals in the Czech Republic to have an understanding and knowledge of various cultural attitudes and traditions influencing breastfeeding decisions. Thus, multicultural nursing becomes crucial in providing support and guidance to mothers from different ethnic and cultural groups. Only through understanding and respect for diversity can breastfeeding be effectively promoted, and appropriate assistance be provided to mothers, regardless of their cultural background (Finigan, 2003). In conclusion, although breastfeeding is a natural

biological process, it is strongly influenced by the cultural context. To effectively support breastfeeding in a multicultural society such as the Czech Republic, it is necessary to understand these cultural differences more deeply and work to create a supportive environment for mothers.

Definitions

In 2001, Leininger defined culture as “the learned, shared, and transmitted values, beliefs, norms, and ways of life of a particular individual or group that influence their thinking, decisions, actions, and settled ways of living”. Kleiman (2006) and Rittle (2015) defined additional terms to improve nurses’ understanding of how culture affects the nurse-client relationship:

- *Cultural awareness* is the recognition that diverse individuals live and thrive in a cultural context that is inherited, experiential, and specific to their groups.
- *Cultural sensitivity* is the belief that attention to the cultural contexts in which clients thrive promotes beneficial outcomes in nursing care and influences what care is provided and how that care is delivered and received.
- *Cultural competence* includes awareness, sensitivity, and knowledge of individuals’ cultural affiliations, and the skills to integrate this knowledge into delivering nursing care.

Care for mothers and children in crisis

In the context of the conflict in Ukraine and its effects on the most vulnerable part of the population, mothers and children, UNICEF and the Global Nutrition Cluster (2022) and partners issued a statement – an urgent call to protect, promote, and support the nutrition of infants and young children. The situation requires an immediate and coordinated multidisciplinary response that can help millions of Ukrainians facing a humanitarian crisis. Children who are not breastfed face an increased risk of mortality and disease, as conditions for the safe reconstitution of infant formula are lacking in conflict areas. Global recommendations support early initiation of breastfeeding, its exclusivity in the first six months of a child’s life, and continuation for two years or more. Nursing interventions should include supporting breastfeeding mothers, meeting

the nutritional needs of non-breastfed infants, and protecting against formula-associated risks. It is important to respect Ukrainian legislation regarding spreading artificial breast milk substitutes while ensuring continuity of access to fresh and nutritious food for children and families. Pregnant and lactating women should have priority access to food and necessities. Mothers should be enabled to travel out of the war zone with minimal discomfort. Finally, it is necessary to identify and prioritise the needs of infants, children, and mothers at the highest risk (UNICEF Italia, 2022). This article highlights the urgency and importance of a multidisciplinary approach to nutrition in crises and calls for broad collaboration between different humanitarian aid advocates to ensure maternal and child nutrition protection and promotion in times of crisis.

MATERIALS AND METHODS

As part of our qualitative research, we focused on a detailed study of and Ukrainian women's experiences and attitudes in the Czech Republic regarding breastfeeding and sharing breast milk. We approached eight women of Ukrainian origin. This included four mothers at the Physiological Newborn Station, the Neonatology Department of Nemocnice České Budějovice, a. s. This enabled us to get the patients' perspective. Other participants were contacted through social media, especially on platforms focused on mothers and children, where topics related to breastfeeding and child nutrition are often discussed. This combination of approaches gave us a comprehensive view of the issue from different angles. It enabled a deeper understanding of the cultural and individual aspects of breastfeeding among Ukrainian mothers in the Czech Republic. The crucial criteria for participation in our research were their personal experience with breastfeeding and a full-term, healthy, and well-developed child born in the Czech Republic.

For data collection, we used semi-structured interviews based on a carefully prepared set of questions. They were online interviews, *i.e.*, via video calls or social media. We emphasised the participants' privacy so they could feel free to share their views and

experiences. Due to the sensitivity of the topic and personal data, the anonymity of all participants was ensured. We processed information so that it was impossible to identify specific persons. The names used in this article have been intentionally changed to preserve anonymity. Before the interview, the participants received information about how their data would be used and we sought their consent to participate in the research. Our qualitative research focused on the attitudes and experiences of Ukrainian women in the Czech Republic regarding breastfeeding and sharing breast milk. We proceeded to conduct interviews with mothers who had just given birth. These interviews were conducted in Czech and English, and we were ready to use online language translations to overcome any language barriers. This approach enabled smooth and effective communication with participants from different language backgrounds. The participants in our research were women who had recently given birth. Specifically, they had given birth 1–6 weeks before, *i.e.*, they were in puerperium. This time frame was chosen to record their new experiences and attitudes towards motherhood and breastfeeding. All these women had a vaginal birth, which is important information as the mode of delivery can have a significant impact on the breastfeeding experience and overall view of motherhood.

Our methodology involved careful interview planning and structuring to obtain the most detailed and relevant information. We placed great emphasis on ethics and the protection of personal data. All data was processed with the utmost care to ensure the anonymity of the participants and protect their privacy. This approach supported the ethical integrity of our research and helped to create an environment of trust and openness – which is essential for eliciting honest and in-depth responses. Our research provided valuable information about the experiences and attitudes of Ukrainian mothers in the Czech Republic. This information has been enriched by the context of their individual experiences and cultural background. These findings contribute to a deeper understanding of breastfeeding and breast milk sharing in a multicultural environment. They can be used for further research and practical application in the field of health care and maternity support.

Data analysis

The interview data were subsequently analysed using qualitative pencil–paper content analysis. Major topics and patterns were identified and explored in the context of cultural and social differences in different ethnic groups. This research brings a deeper understanding of the cultural and social aspects of breastfeeding and can serve as a basis for further studies in nursing, especially in multicultural nursing care. For qualitative research on the experiences of Ukrainian mothers with breastfeeding and newborn care in the Czech Republic, we set the following three research questions:

1. What cultural differences in the perception and practice of breastfeeding exist among mothers of Ukrainian origin living in the Czech Republic, and what are their needs regarding culturally sensitive nursing care?
2. How do language barriers affect the ability to obtain information about breastfeeding and newborn care?
3. What cultural differences in customs and attitudes towards newborn care do Ukrainian mothers perceive in the Czech Republic?

Data analysis from qualitative research that studied the experiences of Ukrainian mothers with breastfeeding and newborn care in the Czech Republic was conducted using the traditional pencil-and-paper method. It involved careful reading of interview transcripts, recording key points, and identifying recurring topics. This approach allowed for a deep study of the textual data. It required detailed manual work, which contributed to greater accuracy and understanding of nuances in communication between mothers and health professionals. During the analysis, we identified the main topics. This analysis provides valuable insights into the specific needs of Ukrainian mothers and offers a basis for developing multicultural nursing care strategies sensitive to their cultural background and language abilities. The goal is to improve communication and information delivery, improving care for mothers and their children.

RESULTS

Although breastfeeding is universally considered essential for healthy infant development, our study revealed several cultural differences that significantly impact mothers' breastfeeding decisions. We studied the experiences of eight mothers from Ukraine. Each had a unique approach to breastfeeding. Their approach often reflected the traditions and values of their original cultures. In the context of the Czech health system and society, many of them encountered challenges and opportunities to find support and understanding. In this area, multicultural nursing has played a crucial role in overcoming difficulties and adapting to the new environment, allowing mothers to combine their traditional practices with modern care methods. This approach supports the children's and their mothers' health, and the integration and mutual understanding between different cultures in the Czech Republic.

All respondents currently live in the Czech Republic. The interviews provided us with valuable insight into the complexity and depth of cultural attitudes and practices associated with breastfeeding.

Oksana, a young mother of three from the Kharkiv region, shared her perspective on breastfeeding with us: *"In our country, breastfeeding is considered a symbol of motherhood. But in recent years, I've noticed a certain trend among my friends that they rarely breastfeed their children and don't want to. They give them milk in a bottle because it's more convenient. I can't speak for everyone, but I believe that every mother has her reasons."* Kateryna, who lives in a multigenerational family, is the central pillar of her family. She spends her days caring for her children, the household, and elderly family members. When she gave birth to her youngest child, she was determined to breastfeed. At the hospital, the lactation consultant helped her with the first steps of breastfeeding, and everything seemed to be going in the right direction. She had enough breast milk, and the baby was happy. However, the situation changed after returning to the hectic environment at home, stress, and demanding daily duties. Kateryna stopped breastfeeding after a

few days. When we asked her for the reasons, she was reluctant to share details. *"It's complicated,"* she said quietly, *"every mother knows what's best for her and her child."* Her words reflected deep personal feelings and decisions she didn't want to discuss any further. However, she told us that even if mothers decide not to breastfeed, they value breast milk and its importance. Her experience is a reminder of how decisions about breastfeeding are often complex and can be influenced by many factors, including cultural and personal circumstances.

Originally from the Ukrainian capital city of Kyiv, Olga describes breastfeeding as a deeply rooted tradition in Ukrainian culture. She grew up believing that breast milk is indispensable for a child, thanks to her mother's advice. However, after moving to the Czech Republic, she felt pressure from the surrounding society and faced different opinions on breastfeeding. Still, Olga tries to follow what she believes is best for her child.

Natalia shared her experiences with breastfeeding in the Czech Republic. In Ukraine, she had strong family support and was familiar with traditional postpartum practices. After arriving in the Czech Republic, she encountered other approaches to caring for newborns. Nevertheless, Natalia actively seeks information and support to provide the best possible care for her child.

This qualitative research among Ukrainian mothers living in the Czech Republic shows that the language barrier is a big problem for them. Oksana described her struggles with not understanding important information in Czech. Jana shared her frustration with visits from a paediatric nurse in the ward who did not understand her. Therefore, she could not properly communicate and express his child's needs. Another respondent described her experience with postpartum care: *"I expected support and advice on how to breastfeed my newborn son, but the communication with the nurses was very challenging. When I tried to explain what I needed, it seemed like we didn't quite understand each other. Breastfeeding was new and very challenging for me. When I needed help, I didn't feel confident because we didn't understand each other very well."* Another respondent also mentioned difficulties with communication. *"Unfortunately, I don't speak Czech or Eng-*

lish, only Ukrainian. When I tried to explain that I had breast pain and that I didn't know how to properly put the baby to the breast, the nurse looked confused. In the end, however, we always used a translator."

All respondents agreed that Google Translate is generally a good thing. Marina smiled: *"I used the translator on my mobile phone, and it was a great help. In the end, the nurse and I understood each other. Although it took a while for us to find the right words and understand each other, I received all the necessary advice and support during breastfeeding. It's great to have such options. Maybe it would be nice to use them more in hospitals."*

Interviews with Ukrainian mothers show they face several difficulties. The language barrier is a major problem. When a mother does not understand Czech, she may miss important medical or nursing information, have problems communicating her needs to staff, and not understand instructions regarding breastfeeding and caring for the child. Talking to other mothers, we saw how difficult it is when people don't really understand. Respondent Kateryna told me how difficult it is for her without the knowledge of the Czech language. *"I thought I'd get everything sorted out here quickly, but how am I supposed to get things done when I don't really understand a word? Fortunately, I can speak English well and I use Google. Without it, I would be lost in the Czech Republic."* Another respondent, Iryna, remembered home: *"My grandmother always helped me at home, but here... Here it's just me and everything is different. After giving birth, I needed breastfeeding advice, but it's very difficult without my family and grandmother."* Another respondent said: *"I know there are breastfeeding counselling centres here but how can I find someone who speaks Ukrainian? And what if I get there and they don't help me because they don't understand us?"* This concern was shared by Natalia, who added: *"I feel lost in the health system here. Where to start? I don't know where to go, how to deal with the insurance company and the authorities."*

All eight Ukrainian mothers in our group made great efforts to actively breastfeed their newborns. The respondents actively looked for information about breastfeeding, despite language barriers and the new environment. Although they tried to use the available re-

sources, they reported a lack of materials in a language they understood. Leaflets and materials for caring for newborns in the maternity ward were often only in Czech or English, which was an obstacle (Table 1).

Another respondent said: *“I tried to breastfeed my newborn baby and actively*

searched for information about breastfeeding, but it was difficult when all the instructions were only in Czech or English. I missed information in Ukrainian. I wish there were better resources for Ukrainian mothers, such as leaflets and instructional videos in our language.”

Table 1 – Summary results

Breastfeeding – Active search for information on breastfeeding and childcare, lack of materials in the Ukrainian language.
Language barrier – Interviews with Ukrainian mothers in Czech hospitals show that they face difficulties. The language barrier is a problem. When a mother does not understand Czech, she may miss important medical or nursing recommendations, have problems communicating her needs to the staff, and not understand instructions regarding breastfeeding and childcare.
Possible cultural differences – Ukrainian mothers may be used to different practices in the care of newborns and may feel misunderstood if these practices do not match local practices.
Lack of family support – The support that is taken for granted at home may be missing. Without the presence of a family or community that speaks the same language, it can be difficult for mothers to find encouragement and practical help.
Access to information – In some cases, Ukrainian mothers may have difficulty accessing breastfeeding support services or lactation counselling.
Ignorance of the healthcare system in the Czech Republic – Understanding a local healthcare system can be difficult for foreign mothers. Ukrainian mothers may not be informed about all services related to breastfeeding and newborn care.

Research focused on the experiences of Ukrainian mothers with breastfeeding in the Czech Republic revealed several crucial challenges and provided valuable insight into their daily lives. We found that these mothers actively search for information about breastfeeding and childcare. However, they often encounter difficulties caused by the lack of available materials in the Ukrainian language. These barriers can be frustrating and complicate the breastfeeding and childcare process. One of the biggest problems Ukrainian mothers face is the language barrier. They often encounter difficulties communicating with staff in Czech hospitals because they do not understand Czech. This can lead to situations where important medical recommendations are not fully understood, or mothers have problems expressing their needs and opinions. This barrier also makes it difficult to understand breastfeeding and childcare instructions, which can affect their ability to provide optimal care for their children. Cultural differences in newborn care can cause difficulties. Ukrainian mothers are often used to different practices and traditions, which may differ from local practices in the Czech

Republic. This difference can lead to feelings of misunderstanding and isolation because their attitudes and habits do not match those common in their new environment.

Another significant challenge is the absence of support from family and loved ones, which is taken for granted in Ukraine. In the Czech Republic, mothers often find themselves in a situation where they lack encouragement and practical help from their family or community who speak the same language, which can make it difficult for them to adapt to new conditions. Access to breastfeeding and newborn care information and services is another problem Ukrainian mothers often mention. In some cases, they may have difficulty accessing services such as lactation counselling. Ignorance of the healthcare system in the Czech Republic can be another complicating factor for Ukrainian mothers. It is common for them not to be fully informed about all available breastfeeding and newborn care services and support, which can lead to additional challenges in their daily lives.

The results of this research point to the complex and diverse challenges faced by Ukrainian mothers breastfeeding in the Czech

Republic. They emphasise the need for more support, better access to information and services, and a better understanding of their specific needs and cultural differences.

DISCUSSION

This research dealt with newborn care and the maternal experience of Ukrainian women living in the Czech Republic. Since the opening of the Czech borders, a multicultural approach in healthcare has become increasingly relevant. As Edmond (2001) suggests, if we want to move nursing to a higher and better level, it is necessary to change the paradigm of the profession and the expectations of our clients. The influx of immigrants is a phenomenon that is supported by experience and quantitative data from the Czech Statistical Office (2023). It collects information on foreigners who have chosen the Czech Republic as a permanent or long-term residence. They look for employment, start businesses, etc. Some came mainly because of the war in Ukraine, or because of the unsatisfactory economic situation in their homeland.

According to the latest statistics, there are currently 325,000 refugees from Ukraine in the Czech Republic (Ministry of the Interior of the Czech Republic, 2023). The number of foreign children born in Czech maternity hospitals is constantly growing. This research highlights the importance of considering economic, social, and cultural factors when approaching the health needs of immigrants. It points to the critical need for healthcare professionals to develop cultural competence to effectively respond to the diverse needs of an increasing number of multicultural patients. It underscores the importance of policy makers and health administrators to recognise and address the unique challenges faced by immigrant populations to ensure equitable access to health services, including maternal and newborn care. This study focuses on the experiences of Ukrainian mothers with breastfeeding and newborn care in the Czech Republic. It revealed a complex mix of cultural, social, and linguistic factors that influence their ability to navigate the new healthcare and social environment.

These results underline the need for a deeper understanding of the multicultural aspects

of nursing and the need to develop the competence of medical personnel (Derose et al., 2007). Breastfeeding is globally recognised as the optimal infant and young children's feeding method (WHO, 2023). However, its practice is strongly influenced by cultural norms and personal beliefs. The experiences of Ukrainian mothers show that, although they are aware of the benefits of breastfeeding, they face many challenges that lead to different decisions and practices. This study emphasises that health professionals should be equipped with knowledge about breastfeeding, and the ability to understand and respect cultural diversities. The language barrier has proven to be one of the biggest obstacles for Ukrainian mothers. Communication with medical and nursing staff, obtaining information, and understanding the guidelines for newborn care are key to successful breastfeeding and early recognition and problem management. The study by Kinoe et al. (2020) agrees with it. The presence of materials only in Czech or English can create another problem. Kinoe et al. (2020) clearly show the need for greater availability of information resources in different languages, including Ukrainian, and the use of technological instruments, such as Google Translate, to overcome language barriers. Cultural differences in customs and approaches to newborn care play a significant role. While some Ukrainian mothers may prefer traditional methods, they may encounter modern practices in the Czech Republic that might seem foreign or incompatible with their own ideas of care. All this can lead to feelings of misunderstanding and isolation.

The absence of family support is another significant problem. In Ukrainian culture, family is often a key source of support for new mothers, both emotionally and practically. In the Czech Republic, Ukrainian mothers can feel isolated without this support network. This makes adapting to new parental roles and solving breastfeeding-related problems difficult (Koropecská, 2019). Finally, there is a big problem with not knowing local resources, services, and rights. This can put Ukrainian mothers at a disadvantage and prevent them from accessing professional help, which is critical, especially when lactation counselling and newborn care are needed. Like the study of Burlak et al. (2014), these findings suggest that it is necessary to focus on multicultural

aspects of healthcare, such as the education of medical personnel and the formation of health policies and services. Improving communication and awareness, increasing cultural competence, and providing support in a language mothers understand are key steps to making health services inclusive and effective for all population groups.

Recommendations for paediatric practice

Multicultural nursing is now an integral part of paediatric practice and general nursing. Providing culturally sensitive care is an ethical obligation and a critical element in achieving optimal patient care outcomes. Adapting these recommendations into practice can significantly contribute to a better understanding when treating patients from different cultures. Providing culturally sensitive care is becoming important in paediatric practice, especially in the context of growing Ukrainian refugee communities. Healthcare professionals must be familiar with the cultural customs, traditions, and expectations that Ukrainian families may bring to the healthcare environment. Healthcare workers should also be equipped with professional informative materials to ensure that Ukrainian mothers fully understand all medical and nursing information and recommendations. This minimises the risks of misunderstanding and allows mothers to be actively involved in decisions about the health and care of their children. Improving access to healthcare for Ukrainian families includes partnering with companies that have experience with working with refugees and migrants, and creating programmes that help families to better navigate the Czech Republic's healthcare system and make full use of available information.

CONCLUSION

Breastfeeding is a key element for the healthy development of children. However, the decision to breastfeed can be influenced by the cultural and social context. Although breastfeeding is generally considered to be the best start for newborns, cultural differences can affect how mothers perceive and choose the practice. Therefore, health professionals must understand these cultural differences and be

equipped with the necessary competence and skills to provide sensitive and holistic care to all mothers, regardless of their cultural background. Educating health professionals about cultural specifics and improving communication using interpretation services or multilingual materials significantly contribute to better care and breastfeeding support for Ukrainian mothers and those of other nationalities. Ultimately, the goal is to support the health and well-being of all children and their families, which is a basic prerequisite for their successful integration into the new social environment.

Limitations

One of the main limitations of this study is the small number of female respondents. The small sample does not allow the information to be applied to the entire population of Ukrainian mothers living in the Czech Republic, as it may not be representative of all different socio-economic, age, and cultural groups. Furthermore, the research does not include a deeper analysis of sociocultural factors that may influence breastfeeding and newborn care, such as religious beliefs, traditional customs and practices, or previous experiences with breastfeeding and childcare in family and community contexts.

For a deeper and broader understanding of the topic, extending the study with quantitative methods would be appropriate. This would allow us to obtain a broader sample and provide more robust data for comparison and analysis. An important step for further research would be to include the views of medical personnel and their experiences in providing care to Ukrainian mothers. This could contribute to a better understanding and resolution of potential barriers to healthcare. In qualitative research such as this, data saturation is an essential aspect. Data saturation occurs when further data collection no longer yields new knowledge on the given research topic. This concept is fundamental to qualitative research because it indicates the point at which sufficient depth and complexity of information is achieved to allow a thorough understanding of the studied phenomenon or experience. Unlike quantitative research, where the emphasis is on the statistical representativeness of the results, including a broader population, qualitative research fo-

cuses on a detailed and in-depth understanding of specific cases or situations.

In our case, despite the limited number of participants, we focused on achieving data saturation through careful analysis and interpretation of the obtained information. This process involved revising the data, and identifying patterns, topics, and connections until it was clear that additional data would no longer reveal any new aspects regarding Ukrainian mothers' experiences and attitudes toward breastfeeding. This allowed us to deeply understand our participants' specific experiences and provided valuable insights into the

field – although these conclusions cannot be automatically generalised to the entire population of Ukrainian mothers in the Czech Republic.

Funding

This paper was supported by the Grant Agency of the University of South Bohemia in České Budějovice (project registered as 046/2021/S).

Ethical aspects and conflict of interest

The authors have no conflict of interest to declare.

REFERENCES

1. Britton C (2017). Breastfeeding: A natural phenomenon or a cultural construct? In *The Social Context of Birth* (3rd ed., p. 14). Routledge.
2. Burlaka V, Churakova I, Aavik OA, Goldstein D (2014). Perceived barriers to mental health services: A mixed-method study with Ukrainian college students. *Eur J High Educ* 4(2): 167–183. DOI: 10.1080/21568235.2014.890524.
3. Cook EJ, Powell F, Ali N, Penn-Jones C, Ochieng B, Randhawa G (2021). Improving support for breastfeeding mothers: a qualitative study on the experiences of breastfeeding among mothers who reside in a deprived and culturally diverse community. *Int J Equity Health* 20(1): 92. DOI: 10.1186/s12939-021-01419-0.
4. Czech Statistical Office (2023). Cizinci: Počet cizinců [Foreigners: Number of foreigners]. [online] [cit. 2023-01-22]. Available from: <https://www.czso.cz/csu/cizinci/cizinci-pocet-cizincu> (Czech).
5. Deroose KP, Escarce JJ, Lurie N (2007). Immigrants and health care: Sources of vulnerability. *Health Aff (Millwood)* 26(5): 1258–1268. DOI: 10.1377/hlthaff.26.5.1258.
6. Dieterich CM, Felice JP, O'Sullivan E, Rasmussen KM (2013). Breastfeeding and health outcomes for the mother-infant dyad. *Pediatr Clin North Am* 60(1): 31–48. DOI: 10.1016/j.pcl.2012.09.010.
7. Edmond CB (2001). A new paradigm for practice education. *Nurse Educ Today* 21(4): 251–259. DOI: 10.1054/nedt.2000.0543.
8. Finigan V (2003). Providing breastfeeding support to ethnically diverse groups of mothers. *Prof Nurse* 18(9): 524–528.
9. Global Nutrition Cluster (2022). Ochrana výživy matek a dětí v ukrajinském konfliktu a při uprchlické krizi [Protecting maternal and child nutrition in the Ukrainian conflict and refugee crisis]. [online] [cit. 2023-01-22]. Available from: <https://www.nutritioncluster.net/sites/nutritioncluster.com/files/2022-03/IYCF-E%20Joint%20Statement%20for%20Ukraine%20in%20Czech.pdf> (Czech).
10. Kleiman S (2006). Discovering cultural aspects of nurse-patient relationships. *J Cult Divers* 13(2): 83–86.
11. Koropecová M (2019). Akulturace imigrantek na české kulturní prostředí na příkladu imigrantek z Ukrajiny a arabských zemí [Acculturation of the immigrant women the case of women immigrants from Ukraine and Arab countries] [Rigorous thesis]. Charles University. [online] [cit. 2023-01-22]. Available from: <https://dspace.cuni.cz/handle/20.500.11956/105778> (Czech).
12. Kinoe NM, Fugelseth D, Hanssen I (2020). When a common language is missing: Nurse-mother communication in the NICU. A qualitative study. *J Clin Nurs* 29(13–14): 2221–2230. DOI: 10.1111/jocn.15212.
13. Leininger MM (Ed.) (2001). *Culture Care Diversity and Universality: A Theory of Nursing*. Michigan: Jones and Bartlett Publishers, 432 p.

14. Meyer DE, de Oliveira DL (2003). Breastfeeding policies and the production of motherhood: a historical-cultural approach. *Nurs Inq* 10(11): 11–18. DOI: 10.1046/j.1440-1800.2003.00154.x.
15. Ministry of the Interior of the Czech Republic (2023). V České republice je aktuálně 325 tisíc uprchlíků z Ukrajiny [There are currently 325,000 refugees from Ukraine in the Czech Republic]. [online] [cit. 2023-01-22g. Available from: <https://www.mvcr.cz/clanek/v-ceske-republice-je-aktualne-325-tisic-uprchliku-z-ukrajiny.aspx> (Czech).
16. Rittle C (2015). Multicultural nursing providing better employee care. *Workplace Health Saf*, pp. 532–538. [online] [cit. 2023-01-22]. Available from: <https://journals.sagepub.com/doi/pdf/10.1177/2165079915590503>
17. UNICEF Italia (2022). Protezione dell'alimentazione materna e infantile nel conflitto in Ucraina e in unità di crisi per rifugiati [Protection of maternal and child food in the conflict in Ukraine and in refugee crisis units]. [online] [cit. 2023-01-22]. Available from: <https://www.unicef.it/media/protezione-dell-alimentazione-materna-e-infantile-nel-conflitto-in-ucraina-rifugiati/> (Italy).
18. Vacušková M, Velemínský M (2009). Historie kojenecké výživy od roku 1945 do roku 2008 [History of infant nutrition from 1945 to 2008]. (Thesis). České Budějovice: University of South Bohemia in České Budějovice, Faculty of Health and Social Sciences (Czech).
19. Walker A (2010). Breast milk as the gold standard for protective nutrients. *J Pediatr* 156(2 Suppl.): S3–7. DOI: 10.1016/j.jpeds.2009.11.021.
20. WHO (2023). Breastfeeding. [online] [cit. 2023-01-22g. Available from: https://www.who.int/health-topics/breastfeeding#tab=tab_1
21. Zamanzadeh V, Jasemi M, Valizadeh L, Keogh B, Taleghani F (2015). Effective factors in providing holistic care: a qualitative study. *Indian J Palliat Care* 21(2): 214–224. DOI: 10.4103/0973-1075.156506.

Contact:

Michaela Abrmanová, University of South Bohemia in České Budějovice, Faculty of Health and Social Sciences, Institute of Nursing, Midwifery and Emergency Care, U Výstaviště 26, 370 05 České Budějovice, Czech Republic
Email: abrmanova@zsf.jcu.cz