



Public attitudes to Breastfeeding in Northern Ireland

Sinclair, M., Mc Cullough, J., Slater, P. F., & Black, R. (2021). *Public attitudes to Breastfeeding in Northern Ireland*. Access Research Knowledge.

[Link to publication record in Ulster University Research Portal](#)

Publication Status:

Published (in print/issue): 01/02/2021

Document Version

Publisher's PDF, also known as Version of record

General rights

Copyright for the publications made accessible via Ulster University's Research Portal is retained by the author(s) and / or other copyright owners and it is a condition of accessing these publications that users recognise and abide by the legal requirements associated with these rights.

Take down policy

The Research Portal is Ulster University's institutional repository that provides access to Ulster's research outputs. Every effort has been made to ensure that content in the Research Portal does not infringe any person's rights, or applicable UK laws. If you discover content in the Research Portal that you believe breaches copyright or violates any law, please contact pure-support@ulster.ac.uk.



Research Update

Public attitudes to Breastfeeding in Northern Ireland

Marlene Sinclair, Julie McCullough, Rachel Black and Paul Slater

The World Health Organization (WHO) and UNICEF recommend exclusive breastfeeding for the first six months of life, with continued breastfeeding for up to two years or longer. Data from the Northern Ireland Maternity System show that in 2019, on discharge from hospital 38 per cent of babies were breastfed, 12 per cent received a combination of breast milk and formula while 50 per cent received infant formula. This was based on a sample of 22,040 live births. The rates of any breastfeeding have been increasing since 2017, from 47 per cent up to 50 per cent in 2019.

In an effort to improve breastfeeding rates, *Breastfeeding—A Great Start, A Strategy for Northern Ireland 2013-2023* (DHSSPS, 2013) was launched. The vision for the strategy is that *Breastfeeding is the social and biological norm, and mothers will be supported to give their babies a good start in life.* In addition, Sinclair et al. (2018) recommend increasing the understanding of the general public, partners, grandparents and teachers about breastfeeding so that it becomes normalised.

In 2019, the *Northern Ireland Life and Times (NILT) survey* asked 1,203 people living in Northern Ireland (NI) about their knowledge and attitudes towards breastfeeding. The percentage of respondent's agreement for each question was reported. In addition, the survey data were analysed to look for concepts relating to breastfeeding. Eight concepts were identified:

- Attitudes to breastfeeding
- Knowledge of the health benefits of breastfeeding
- Views on infant feeding methods

- Relational issues on breastfeeding
- External influences on breastfeeding
- Breastfeeding and the impact on partners
- Attitudes to breastfeeding in public
- Employment and breastfeeding

Experience of breastfeeding

Approximately one third of respondents had received some breastmilk as a baby, although 36 per cent did not know how they were fed. Of those who had children, 41 per cent said all their children were breastfed at least once and 12 per cent said some of their children had been breastfed. Those respondents who had gained a higher level of education (degree and above) or who placed themselves in a higher income bracket were more likely to have breastfed their children at least once. Age, marital status and living in an urban or rural location had no impact on whether a respondent's child had ever been breastfed. However, these characteristics may have changed in the time since the respondents had their children.

Attitudes to breastfeeding

In general, respondents were positive towards breastfeeding with younger participants and those with higher

qualifications having more positive attitudes. However, **Table 1** shows that there is a downward trend in these positive views when compared with the findings from the NI Health Surveys in 2014/15 and 2017/18.

Knowledge of health benefits

Breast milk cannot be seen purely as a method of nourishment. It is dynamic, living and changes throughout the day in response to the infant's immunological and nutritional needs (Al-Shehri et al., 2015). This is particularly important during the Coronavirus pandemic, as antibodies have been found in the breast milk of COVID-19 positive mothers which may provide some protection to infants (Gao et al., 2020). The Public Health Agency (PHA), UNICEF and WHO all recommend mothers with suspected or confirmed COVID-19 are encouraged and supported to breastfeed. In addition, breastfeeding can not only increase protection from many childhood illnesses such as ear infections, chest infections and leukaemia but it can also reduce the risk of sudden infant death syndrome. For the mother, breastfeeding can reduce the risk of breast and ovarian cancer and may reduce stress and depression when breastfeeding is going well (Brown et al., 2016; Victora et al., 2016).

In order to explore respondent's knowledge of the health benefits of breast milk for mother and infant, respondents were asked if they

Table 1: Attitudes to breastfeeding

	% strongly agree/agree		
	NI Health Survey 2014/15 (N=4144)	NI Health Survey 2017/18 (N=3355)	NILT 2019 (N=1203)
Breastfeeding is normal	92	92	89
Breastfeeding is embarrassing	13	12	15
Breastfeeding is offensive	4	2	6
Breastfeeding is distasteful	4	4	7

agreed with a series of statements. **Figure 1** shows that a minority of respondents were aware of these health benefits, ranging from 39 per cent strongly agreeing/agreeing that breastfed babies get fewer ear, chest and stomach infections, to only 14

families is of greater importance than the milk they receive.

Reassuringly, 58 per cent of NILT respondents strongly agreed/agreed that breast milk is healthier than formula for babies with more women

more positive views towards bottle feeding than men, and there was no significant difference between views on the convenience of breastfeeding compared with bottle feeding.

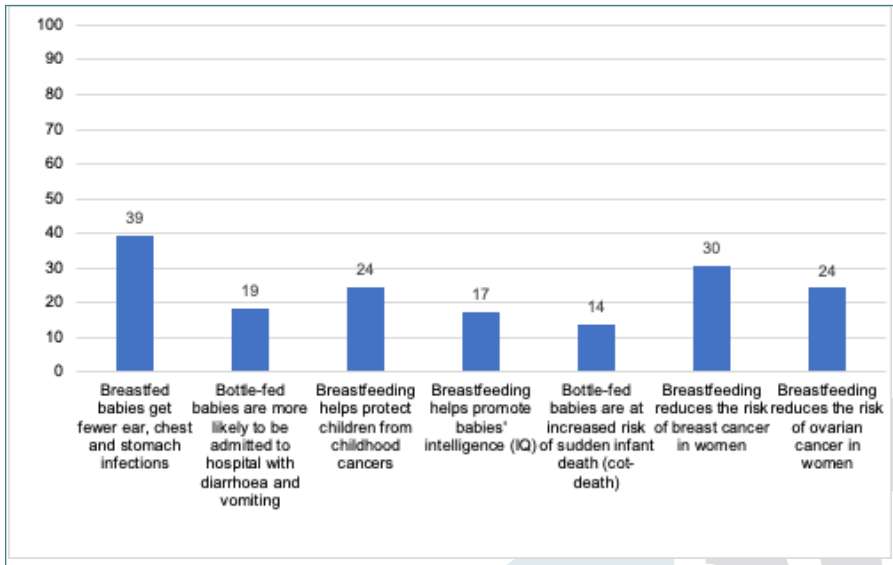
Relational issues

Over a third of respondents (36%) felt the decision on how to feed a baby should be made by the mother and her partner, while 68 per cent felt that this decision should be made by the mother only, with males and females agreeing similarly with this statement. Women continue to be the main carers for their children and 60 per cent of people surveyed thought that *Bottle feeding with formula milk makes it easier for a mother as all the pressure isn't on her*; 15 per cent strongly disagreed/disagreed and 25 per cent didn't know.

External influences

External influences on breastfeeding are wide ranging and include interactions with Health Care Professionals (HCP), government legislation, or commercial businesses by way of advertising and marketing. Four out of ten NILT respondents (39%) strongly agreed/agreed with the statement *Health professionals place too much importance on whether a baby is fed using breast milk or infant formula milk*, suggesting that that some parents feel HCPs are too focused on influencing infant feeding choices.

Figure 1: Knowledge about the health benefits of breastfeeding for mother and baby (%strongly agree/agree)



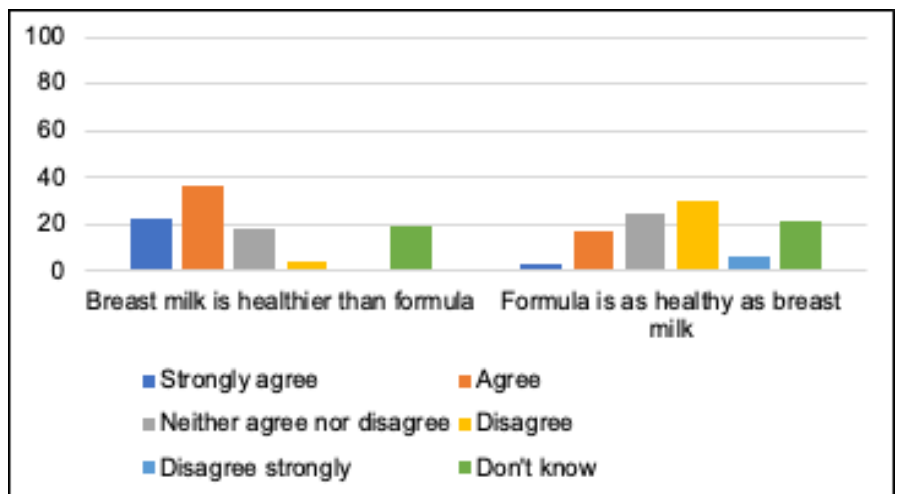
per cent who were aware that bottle-fed babies are at increased risk of cot death. Females and those who had a child that had been breastfed had more knowledge about these benefits. There was a high proportion of respondents who said that they did not know how to answer these questions (47% - 63%). This suggests a clear lack of knowledge about breastfeeding within the population: therefore, more education is required to meet the goals of the breastfeeding strategy.

than men thinking this (**Figure 2**). A minority (20%) of respondents felt that formula is as healthy as breast milk and this was higher among women than men. While the majority of respondents strongly agreed/agreed that breastfeeding is good for baby (87%), this number has fallen since the 2014/15 NI Health Survey (90%) and is now on the increase since the 2017/18 survey (86%). Notably, women had

Views on infant feeding methods

One half of NILT respondents (51%) felt that *long term it doesn't really matter if a baby is fed with breast milk or infant formula milk*. Survey responses to the statement *It's not the type of milk that you feed a baby with that matters, but how you care for your baby* ranged from 63 per cent strongly agreeing/agreeing, 14 per cent neither agreeing nor disagreeing to 13 per cent disagreeing/strongly disagreeing. This suggests that how babies are cared for within individual

Figure 2: Attitudes to infant feeding



In Northern Ireland, pregnant women and families with children under the age of four years who are on a low income receive ‘Healthy Start’ vouchers. These can be used to purchase cow’s milk, fresh or frozen fruit and vegetables and infant formula. When asked whether *The government should stop helping parents on low income to buy formula using vouchers*, 64 per cent disagreed/strongly agreed, with men being less favourable to the government subsidising formula. However, only 22 per cent felt that women who are breastfeeding should also get shopping vouchers as an incentive to encourage them to breastfeed and 46 per cent disagreed/strongly disagreed.

International Code and Resolution and UK law make it illegal to advertise or promote infant formula for use from birth to six months so that it cannot ‘imply or create a belief that bottle-feeding is equivalent or superior to breastfeeding’ (Baby Milk Action). However, only 10 per cent of NILT respondents strongly agreed/agreed that *We should limit advertising from baby milk companies on TV, radio and in magazines*, while 55 per cent disagreed/strongly disagreed and 34 per cent either didn’t know (18%) or neither agreed nor disagreed (16%). More women (63%) than men (55%) supported the statement that *The government should not interfere in whether a baby is breastfed or not*.

Impact on partners

A minority of respondents (16%) felt that when a mum is breastfeeding her baby, her partner would be less likely to be involved in their child’s care. A similar proportion (16%) felt that breastfeeding means that it would be more difficult for partners to bond with the baby and they could feel left out. Urban residents and those who had breastfed felt that breastfeeding would have less of an impact on partners’ involvement and bonding.

Breastfeeding in public

Table 2 shows there was a lack of

support that *Women should only breastfeed their babies at home or in private*, with higher age groups being more likely to have this view. In Northern Ireland, women who choose to breastfeed in public are protected by sex discrimination law whereby they cannot be treated unfairly. The ‘Breastfeeding Welcome Here’ scheme allows businesses to identify that they are happy for women to breastfeed their children on their premises.

While there is support for mothers to breastfeed in public, support for a law has fallen since 2014/15 with people aged 65 years or over most likely to disagree/strongly disagree (30%). Three quarters of NILT respondents (77%) felt that *People should support mums who breastfeed in public*, with those in the 65+ age group being almost three times more likely to disagree/strongly disagree. There was also strong support (77%) that *Mums should feel free to breastfeed their babies in public* and similarly the 65+age group was least likely to support this view. Both these response rates have fallen since 2017/18 suggesting a decrease in positive views towards breastfeeding in public. It is important to note that the population samples for the NI Health Survey are not directly comparable to the NILT survey.

Employment and breastfeeding

Legislation on the responsibilities of employers to provide the necessary facilities and time for women who are breastfeeding and/or need to express milk are detailed in the Workplace (Health, Safety and Welfare) Regulations (NI) 1993. They stipulate that employers should support these women at work, including the provision of a suitable place and time to do this. There was general support among NILT respondents (65%) that *Employers should provide a place and time for breastfeeding mothers to express milk*, although 21 per cent didn’t know. Conversely, 60 per cent did not support the statement *It is not the role of employers to facilitate breastfeeding*, and 23 per cent did not know.

Young Life and Times

The 2019 *Young Life and Times (YLT) survey* also asked young people aged 16 years about their views on breastfeeding, and responses were generally positive. Just over one half (53%) stated that they had received breastmilk as a baby, and a majority (69%) said that, when they became parents, they also would want their baby to be fed some breastmilk. When asked whether young people should learn about breastfeeding in secondary school, 72 per cent were in favour of breastfeeding education

Table 2: Responses to questions on breastfeeding in public in NI

	% strongly agree/agree		
	NI Health Survey 2014/15 (N=4144)	NI Health Survey 2017/18 (N=3355)	NILT 2019 (N=1203)
Women should only breastfeed their babies at home or in private	12	Not reported	14
There should be a law in Northern Ireland to protect women who want to breastfeed in public	71	Not reported	59
People should support mums who breastfeed in public	Not reported	84	77
Mums should feel free to breastfeed their babies in public	Not reported	82	77

for both boys and girls. Marginally more females than males (77% and 63% respectively) had this opinion. However, only 27 per cent of YLT respondents thought that the topic of breastfeeding should be taught in primary school. Over half (54%) of the young people taking part in YLT said they had never had a discussion on breastfeeding in school, although 14 per cent could not remember if this had happened or not.

Conclusion

Overall, people in Northern Ireland are positive and supportive of breastfeeding and breastfeeding

mums. However, the underlying factors on how a woman chooses to feed her baby are complex. The downward trends in some attitudes since previous NI Health Surveys must be viewed in the context of the larger sample sizes. Issues with the transference of knowledge and early education on health benefits and support systems need to be addressed. This analysis of breastfeeding attitudes and knowledge in Northern Ireland will enable HCPs, policy makers and researchers to develop and share appropriate knowledge with identified target groups. Further work is needed to develop and share

usable, helpful and understandable messages to all groups to enable women and their families to make informed feeding decisions and to normalise breastfeeding within the community. The support among YLT respondents for breastfeeding education suggests that short, tailored, infant feeding educational programmes in secondary schools (e.g. within Learning for Life and Work or Childcare or Science) would pay longer term dividends in normalising breastfeeding and enhancing the health of the population.

Key points

- NILT respondents demonstrated a lack of knowledge about the benefits of breastfeeding.
- Women and those who had breastfed any children had more knowledge of the health benefits of breastfeeding.
- A small proportion of respondents felt that breastfeeding was offensive or distasteful.
- Twice as many women as men agreed that formula is as healthy as breast milk.
- Younger participants, those with higher qualifications and those living in urban areas had more positive attitudes towards breastfeeding in general and in particular towards breastfeeding in public.

References

- **Al-Shehri S. S. et al.** (2015) 'Breastmilk-saliva interactions boost innate immunity by regulating the oral microbiome in early infancy', *PLoS ONE*, 10(9), pp. 1–19
- **Baby Milk Action** *Guide to UK formula marketing rules – promotion to the public (advertising)* <http://www.babymilkaction.org/ukrules-pt2a>
- **Brown A. et al.** (2016) 'Understanding the relationship between breastfeeding and postnatal depression: The role of pain and physical difficulties', *Journal of Advanced Nursing*, 72(2), pp. 273–282
- **DHSSPS** (2013) *Breastfeeding - A Great Start, A Strategy for Northern Ireland 2013-2023*
- **Gao X. et al.** (2020) 'Clinical and immunologic features among COVID-19-affected mother-infant pairs: antibodies to SARS-CoV-2 detected in breast milk', *New Microbes and New Infections*, 37
- **Sinclair M. et al.** (2018) 'Interventions to increase the initiation of breastfeeding: a systematic review of studies conducted in the UK and Ireland', *Evidence Based Midwifery* 16(4), pp. 112-119

Authors

- **Marlene Sinclair** is Professor of Midwifery Research and Head of the Maternal, Fetal and Infant Research Centre in the Institute of Nursing and Health Research at Ulster University (UU).
- **Julie McCullough** is a Research Associate in the Maternal, Fetal and Infant Research Centre at UU.
- **Rachel Black** is a PhD Researcher in the Maternal, Fetal and Infant Research Centre at UU.
- **Paul Slater** is a Lecturer in Statistics in the School of Nursing in the Institute of Nursing and Health Research at UU.

In collaboration with Queen's University Belfast and Ulster University



The questions on breastfeeding were funded by Public Health Agency Research and Development.