



PUBLIC ATTITUDES TO
BREASTFEEDING:
FINDINGS FROM THE ARK SURVEYS

Paula Devine, Martina McKnight and Christopher Coughlan

January 2021

www.ark.ac.uk

Contents

Introduction	1
Background.....	1
Relevant policy	1
Public attitudes	2
Method.....	3
Northern Ireland Life and Times Survey	3
Young Life and Times Survey	4
Questions	5
Ethical approval.....	5
Findings	6
Experience of breastfeeding.....	6
Perception of prevalence of breastfeeding in Northern Ireland.....	7
Theme 1: Attitudes towards external influences impacting breastfeeding.....	8
Role of government	8
Health professionals.....	9
Initiatives and incentives.....	10
Employers	11
Schools.....	12
Partners.....	13
General society	13
Key messages.....	14
Theme 2. Individuals Emotional Reactions to Breastfeeding	15
Key messages.....	16
Theme 3. Health and Breastfeeding	18
Health and convenience of formula feeding and breastfeeding: ARK surveys	18
Health and convenience of formula feeding and breastfeeding: ARK and HSNi data	19
Knowledge of health benefits	20
Key messages.....	21
Conclusion	22
References.....	23
Appendix A: NILT questionnaire	25
Appendix B: YLT questionnaire.....	30
Appendix C: Health benefits of breastfeeding	34

Tables

Table 1: Demographic characteristics of NILT respondents	4
Table 2: Demographic characteristics of YLT respondents.....	5
Table 3: Women should only breastfeed their babies at home or in private.....	13
Table 4: Emotional responses to breastfeeding.....	15
Table 5: What do you first think when you see a woman breastfeeding her baby?.....	16
Table 6: Health and convenience of breast milk and formula.....	19
Table 7: Health outcomes of breastfeeding and bottle feeding	21

Figures

Figure 1: How respondents were fed as a baby.....	6
Figure 2: There should be a law to protect women who want to breastfeed in public	8
Figure 3: Health professionals place too much importance on whether a baby is fed using breast milk or infant formula milk	10
Figure 4: Learning about breastfeeding in post-primary and primary schools.....	12
Figure 5: Breastfed babies get fewer ear, chest and stomach infection	34
Figure 6: Bottle-fed babies are more likely to be admitted to hospital with diarrhoea and vomiting.....	34
Figure 7: Breastfeeding help protect children from childhood cancers.....	35
Figure 8: Breastfeeding helps increase babies intelligence	35
Figure 9: Bottle-fed babies at increased risk of sudden infant death (cot-death)	36
Figure 10: Breastfeeding reduces the risk of breast cancer in women.....	36
Figure 11: Breastfeeding reduce the risk of ovarian cancer in women.....	37

The questions on breastfeeding in the 2019 Northern Ireland Life & Times and Young Life & Times surveys were funded by Public Health Agency Research and Development.

Introduction

This report explores the perceptions, knowledge and behaviours of adults and sixteen year olds in Northern Ireland in relation to breastfeeding. In particular, the analysis is based on data from the 2019 Northern Ireland Life and Times and 2019 Young Life and Times surveys, both of which are annual public attitudes surveys undertaken by ARK. The report also draws upon data from earlier surveys.

The findings have crosscutting policy relevance and fit within a broad public health framework. Importantly, the project fulfils a key aim of the *Breastfeeding – A Great Start. A strategy for Northern Ireland 2013-2023* (DHSSPS, 2013) which highlights the need to commission local research whose findings can be used to shape and adapt services.

Background

Evidence of the wide-ranging benefits of breastfeeding to children, mothers and society is extensive (Rollins et al., 2016), and, as such, the promotion and extension of breastfeeding is, directly and indirectly, a feature of a number of government policies and strategies. However, a range of geographical, cultural, societal and personal norms and values and structural factors inhibit or encourage mothers to initiate and/or sustain breastfeeding.

Extensive research highlights the importance of breastfeeding as the biologically natural way to provide infants with appropriate nutrition and weight gain; as a means of protecting infants from many communicable and non-communicable diseases, including respiratory infections, diarrhoea, and allergic rhinitis; and as supporting child health and development (Purdy et al, 2017; Victora et al., 2016). World Health Organization (WHO) and UNICEF guidelines (2003), which have been adopted by the Department of Health in Northern Ireland, stipulate that infants should be exclusively breastfed for the first six months of their life to achieve growth, develop and health. Furthermore, breastfeeding is associated with reduced risk of breast cancer for mothers who have breastfed (Victora et al., 2016). However, while mothers may be well aware of these wide ranging values of breastfeeding, their decisions to engage, or not, are shaped by a plethora of emotional, structural and social norms and dynamics (Smyth, 2012).

The United Kingdom has one of the lowest rates of breastfeeding worldwide (PHA, 2018a). Data from the Northern Ireland Child Health System (CHS) show that in 2017/18 48.11% of infants were receiving some breast milk (total or partial feeding) at the time of discharge from hospital. Rates of breastfeeding vary by maternal and social characteristics; for example, 24.92% of infants born to mothers under 20 were breastfed at discharge, compared to 57.57% of infants to mothers aged 40 and over. The proportion breastfeeding was markedly lower in more deprived areas: 33% of mothers from most deprived areas were breastfeeding at discharge compared to 64.8% of mothers from the least deprived areas. However, this may be partly due to the higher proportion of younger mothers in more deprived areas (PHA, 2018a).

Relevant policy

The aim of the *Breastfeeding – A Great Start. A strategy for Northern Ireland 2013-2023* (referred to as the Strategy in this report) is to improve the health and well-being of mothers and babies in Northern Ireland through breastfeeding, and outlines the strategic direction to protect, promote, support and normalise breastfeeding in Northern Ireland until 2023. The stated target is that by 2025, 70% of all infants are breastfed at one week after birth and 40%

of all infants are breastfed at six months. The Strategy sets out four strategic outcomes and associated actions, of which three are especially relevant to the NILT and YLT surveys.

- 1: Supportive environments for breastfeeding exist throughout Northern Ireland.
- 3: High quality information systems in place that underpin the development of policy and programmes, and which support Strategy delivery. Of particular relevance is the action *Regularly review research information, support and commission local research, and adapt services in light of research findings*.
- 4: An informed and supportive public. Of particular relevance is the action *Develop and deliver programmes which promote breastfeeding and facilitate change in attitudes and culture around breastfeeding*.

As outlined in the *Mid-Term Review of the Breastfeeding Strategy* (PHA, 2018b), breastfeeding is explicitly relevant to a range of other policies relating to the health of children and women, including:

Making Life Better - a whole system strategic framework for public health (DHSSPS, 2014a), with particular relevance to the following thematic areas:

- 1: Giving every child the best start, Outcome 2: Healthy and confident children and young people to include implementation of the Breastfeeding Strategy including support programmes for those least likely to breastfeed.
- 3: Empowering healthy living, especially Outcome 7: Improved health and reduction in harm – Develop and implement strategies, action plans and targeted programmes to increase breastfeeding rates.
- 6: Developing collaboration, especially the requirement to consider and implement legislative change to support public health including promotion and support of breastfeeding under the outcome of ‘A Strategic Approach to Public Health’.

A Fitter Future for All: Framework for Preventing and Addressing Overweight and Obesity in Northern Ireland (DHSSPS, 2012a) commits to implementing the Breastfeeding Strategy

The *Northern Ireland Programme for Government (PfG) Framework 2016-2021*, especially Outcome 4 (we enjoy long, healthy, active lives) and Outcome 14 (we give our children and young people the best start in life) (Northern Ireland Executive, 2016a)

Other strategies relevant to breastfeeding and this proposed research include:

- *A Strategy for Maternity Care in Northern Ireland 2012-2018* (DHSSPS, 2012a),
- *Health and Wellbeing 2026 – Delivering Together*, Department of Health (2016)
- *A Healthier Future: A Twenty Year Vision for Health and Wellbeing in Northern Ireland 2005-2025*, DHSSPS (2005).
- *Child Poverty Strategy*, Northern Ireland Executive (2016b)
- *Children and Young People’s Strategy 2017-2027 Consultation Document*, Department of Education (DE)
- *Supporting the best start in life’ Infant Mental Health Framework and Action Plan 2015 – 2018*, Public Health Agency (2016)
- *A Strategy for Social Work in Northern Ireland 2012-2022*, DHSSPS (2012b)

Public attitudes

Public support for breastfeeding is essential for providing a positive environment (see Outcome 4 of the Strategy), and so continual assessment of public opinion is important. In their paper on the social determinants of breastfeeding, Rollins et al. (2016) highlight the

significance of social and cultural attitudes, as well as market factors in shaping the structural context for breastfeeding. Pertinent issues include negative reactions from others when breastfeeding in public; the practices and experience of female relatives of breastfeeding; while for those in paid employment the attitudes of employers and colleagues, access to work-time breaks and on-site rooms are important structural factors.

Public attitudes to breastfeeding have previously been explored using the Health Survey for Northern Ireland in 2012/13, 2014/15, and 2017/18. Two questions were also included in the 2016 Young Persons' Behaviour and Attitudes Survey (YPBAS) of 11-16 year olds. Whilst top-line figures were published for these surveys (Corrigan and Scarlett, 2018; NISRA, nd), comprehensive analysis is not available. Communication with relevant departments suggests that these questions will not be run again until 2023 – the end of the Strategy period. This delay would appear to be at odds with Outcome 3 of the Strategy, which stresses the importance of regular recording and analysis of public attitudes to assess the progress of the Strategy, and to target regional education and policy activities.

Method

In order to continue the time series of attitudinal data, questions were fielded within two long running annual attitudes surveys in 2019: the Northern Ireland Life and Times (NILT) and Young Life and Times (YLT) surveys. Both surveys are an integral part of ARK, an established and respected social policy resource that is run jointly by Queen's University Belfast and Ulster University (www.ark.ac.uk). Data and findings from NILT and YLT are made publicly available, contribute to social and policy debates and are widely used by government, local councils, and other policy makers to inform and monitor attitudes and policy in Northern Ireland.

The NILT and YLT questionnaires comprise 4 or 5 modules, with each module focusing on a specific theme, and funded by an external organisation, agency or funding body. The range of modules varies between the surveys, and across years in order to reflect current policy debates. Both surveys also include a comprehensive background section recording socio-economic and demographic information (including age, sex, family circumstances, religious and political identity, and socio-economic status) which allows for comprehensive statistical analysis.

Northern Ireland Life and Times Survey

Founded in 1998, NILT is an annual survey which records the attitudes, values and beliefs of adults aged 18 years or older in Northern Ireland to a wide range of social policy issues (www.ark.ac.uk/nilt). Fieldwork is contracted to an external fieldwork agency, and in 2019, the contract was held by Ipsos MORI. The survey uses a simple random sample selected from a database of addresses – the Postal Address file. The surveys are completed in the respondents' home and on first contact, interviewers select one adult aged 18 years or over at random for interview at each address using the 'next birthday' method. Face-to-face interviews are carried out using computer assisted personal interviewing (CAPI), as well as a short self-completion questionnaire which respondents complete on a tablet or on paper. The breastfeeding questions were part of the CAPI module. All participants are informed that participation is voluntary, that they can opt out of answering questions that they do not want to respond to, and that they can stop the interview at any time.

In 2019, fieldwork took place between 10 September 2019 and 6 February 2020. 1,203 people participated in the survey, with a response rate of 56%. Respondents lived across

Northern Ireland. Table 1 shows the sex, age and income level distribution of the respondents.

Table 1: Demographic characteristics of NILT respondents

	%
<i>Sex</i>	
Female	53
Male	47
<i>Age group</i>	
18-24	12
25-34	17
35-44	14
45-54	15
55-64	16
65+	27
<i>Self-reported income level</i>	
High income	8
Middle income	43
Low income	32
Don't know	17

Young Life and Times Survey

The YLT survey is an annual survey conducted among 16-year olds in Northern Ireland (www.ark.ac.uk/ylt). The survey sample is provided by HMRC directly to the YLT team: and comprises all young people on the Child Benefit Register who celebrated their 16th birthday in January, February or March of the survey year. Permission for YLT to access the Child Benefit Register was granted after a statutory instrument and explanatory memorandum was approved by Parliament in Westminster in 2004. Data security and confidentiality are subject to a Memorandum of Understanding and a Service Level Agreement between HMRC and ARK. In order to maintain confidentiality, the mailing of material to potential respondents is sub-contracted to a third-party mailing agency.

Fieldwork took place between 1 December 2019 and 15 February 2020. 1,130 16 year olds participated in the survey, representing a response rate of 23%. Respondents were able to complete the questionnaire online (54%) or on paper (46%). Incentives were given to the first 100 online respondents (£10 shopping voucher each). There was also a prize draw to the total value of £500 to incentivise completion. YLT respondents lived across Northern Ireland. Table 2 shows the sex and self-reported family financial background of respondents.

For all NILT and YLT survey data, the datasets, tables of results broken down by key social variables (age, sex, religious grouping), questionnaires and full technical notes are available on the survey websites. The datasets are also deposited with the UK Data Archive (<https://www.data-archive.ac.uk/>).

Table 2: Demographic characteristics of YLT respondents

	%
Sex	
Female	59
Male	40
Transgender or other	<1
Self-reported family financial background	
Not at all well off	4
Not very well off	11
Average	50
Well off	27
Very well off	3
I don't know	5

Questions

The questions relating to breastfeeding focused on the awareness, knowledge, and attitudes among the public. NILT included 50 question items (see Appendix A), whilst YLT included 25 question items (see Appendix B). These Appendices also include the frequency of responses for each question. Specific topics include the lived experiences of breastfeeding by mothers (as this is likely to influence attitudes, and vice versa); the role of partners; the level of support and comfort felt by the public towards breastfeeding in public places; attitudes towards initiatives to support and encourage breastfeeding in general, and the role of government and employers in facilitating or encouraging breastfeeding. Questions asked in earlier waves of Health Survey Northern Ireland (HSNI) and YPBAS were also included in order to explore if or how attitudes changed over time. However, in some instances, comparability is limited due to differences between the response options offered in the ARK and Health Surveys. In addition, a change in weighting methodology used by Health Survey means that the results of the 2017-18 HSNI are not directly comparable with earlier HSNI data, and as such, earlier HSNI data are not referenced in this report. The HSNI figures used in this report were obtained directly from the Department of Health using the revised weight and as such may differ slightly from figures previously published.

This report focuses on three main themes emerging from the NILT and YLT data: attitudes towards external influences impacting breastfeeding, individuals' emotional reactions to breastfeeding, and attitudes to the link between health and breastfeeding. Responses are explored in relation to gender, socio-economic status and income, and experience of breastfeeding. Findings, primarily from NILT and YLT, as well as from previous surveys, are compared. It is important to consider that NILT is a general social attitudes survey, and so respondents may feel less concern about giving socially desirable responses than may be experienced when completing the earlier health-focused surveys. The age range of respondents also differs between the surveys: 16+ for HSNI, 18+ for NILT and 16 for YLT.

Ethical approval

The NILT and YLT surveys are anonymous and ethical approval for the surveys was obtained from the School Research Ethics Committee for the School of Social Sciences, Education and Social Work at Queen's University Belfast.

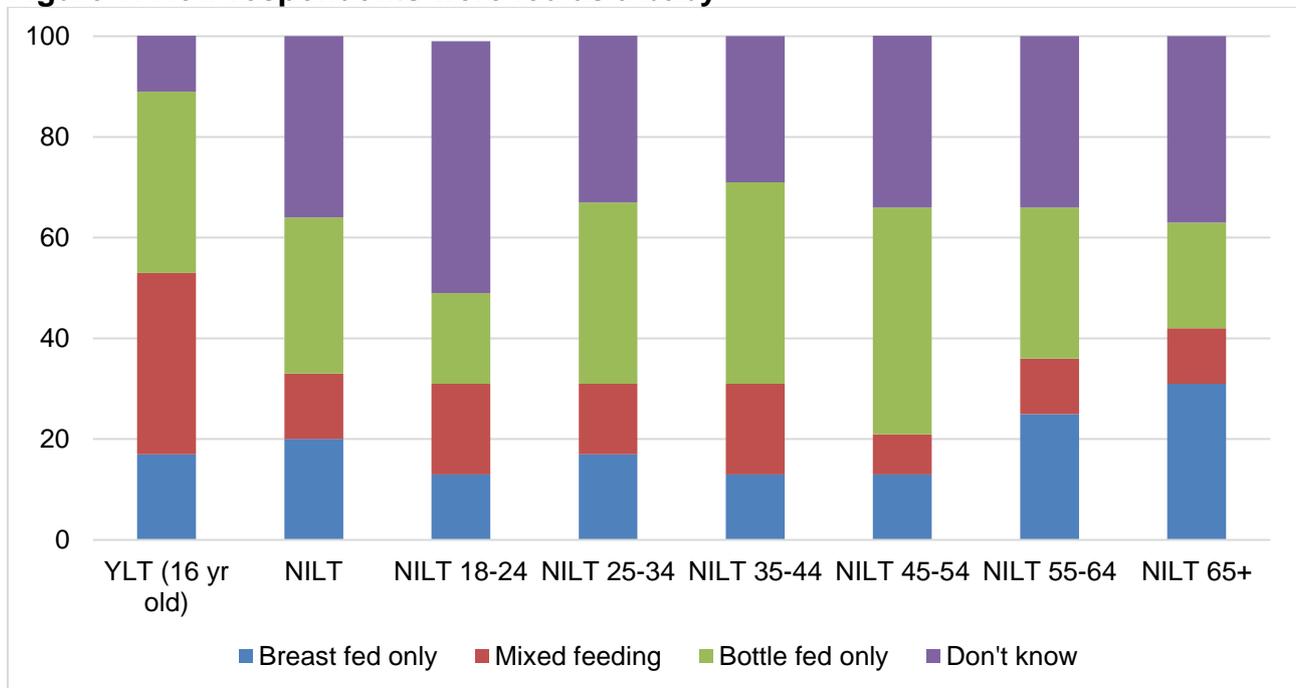
Findings

Experience of breastfeeding

One third of NILT respondents reported that they were breastfed as a baby: 20% were breastfed only, while a further 13% were breastfed and bottle fed. This means that around one third of respondents were breastfed at some point. While 31% were bottle fed only, 36% of NILT respondents did not know how they were fed when they were a baby. Figure 1 shows that responses vary by age. For example, 45% of those aged 45-54 were bottle fed only, compared with 18% of those aged 18-24. However, 25% of those aged 55-64 were breastfed only, compared with 13% of respondents aged 45-54%. Notably, one third of respondents did not know how they were fed, including one half of those aged 18-24.

One half of the 16 year olds taking part in YLT had been breastfed (17% breastfed only, and 36% with mixed feeding), and 35% were bottle fed only. Only 12% did not know how they had been fed as a baby.

Figure 1: How respondents were fed as a baby



Source: 2019 NILT and 2019 YLT

Just over one half of NILT respondents (53%) said that some of their children were breastfed at least once, including 40% who said that all of them were. In contrast, 43% said that none of them were. Rates of breastfeeding were highest among 25-54 year olds, where approximately one half said that all of their children were breastfed. (Only a small number of 18-24 year olds had children, and so breastfeeding rates cannot be calculated). Breastfeeding also varied according to income level: 66% of respondents in the high income group had breastfed all their children at least once, compared with 40% in the middle and low income groups. This reflects the pattern identified within the Child Health System data (PHA, 2018a).

Perception of prevalence of breastfeeding in Northern Ireland

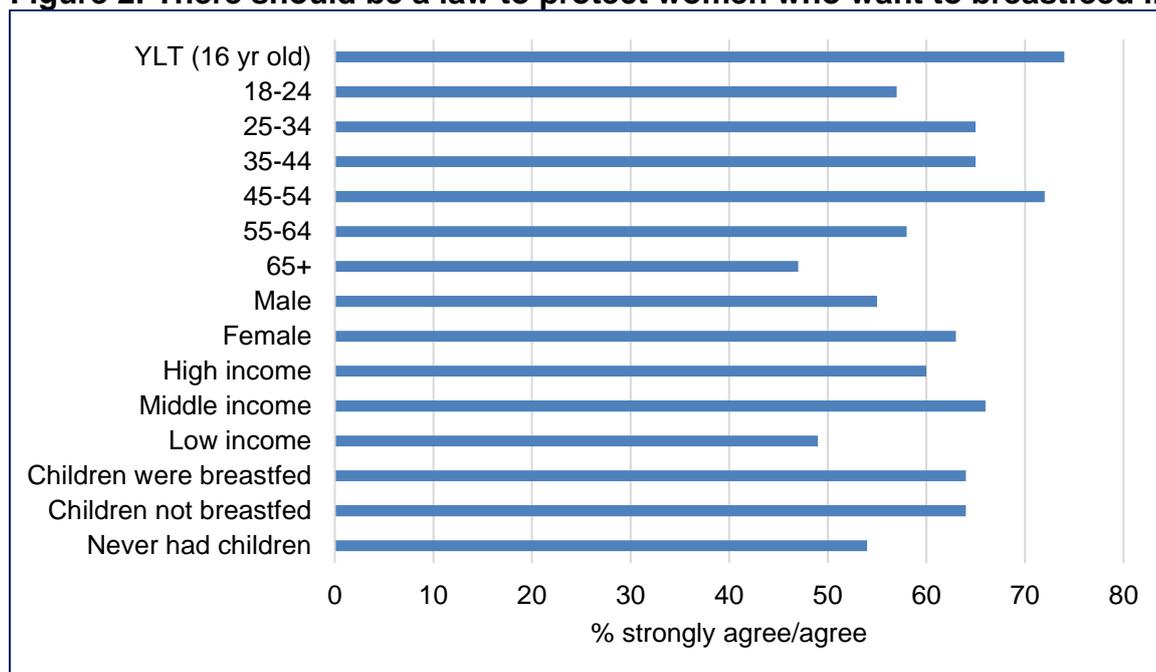
When asked if most mums in Northern Ireland breastfeed their babies, at least four out of ten NILT (43%) and YLT (46%) respondents did not know. If these responses are excluded, the data show that 24% of NILT respondents agree with this statement, and 46% disagree. A higher proportion of YLT respondents agree (36%), and 24% disagree.

Theme 1: Attitudes towards external influences impacting breastfeeding

Role of government

There was support for a law in Northern Ireland to protect women who want to breastfeed in public: 60% of the NILT survey respondents agreed or strongly agreed with this statement, compared with a higher proportion (74%) of YLT respondents. Among NILT respondents, the highest level of support was among 45-54 year olds (72%) and the lowest (47%) was among those aged 65 years or over - see Figure 2. Women were more likely than men to support such a law (63% and 55% respectively), as were those who considered themselves to have a high (60%) or middle (66%) income compared with those on low income (49%). There was little difference in attitude between those who had breastfed at least one of their children (64%) and those who had not breastfed their children (64%). However, respondents who had never had children were less likely to support a law in Northern Ireland to protect women who want to breastfeed in public (54%), although this figure is still a majority. Among YLT respondents, 85% of females supported the idea of such a law, compared with 58% of males, and there was no statistically significant variation according to family financial background.

Figure 2: There should be a law to protect women who want to breastfeed in public



Source: 2019 NILT and 2019 YLT

Seven in ten respondents to the 2017/18 Health Survey Northern Ireland (HSNI) thought that there should be a law to protect women who want to breastfeed in public. However, within the HSNI questionnaire, respondents were not given the option to say 'Don't know' to this question. In order to make a comparison with the 2019 NILT survey, the 8% of respondents who said that they did not know how to answer the question should be excluded. Thus, 64% of respondents agreed with this statement.

Despite support for a law to support mothers who breastfeed in public, similar proportions of respondents supported the statement *The government should not interfere in whether a baby is breastfed or not*, and agreement was higher among YLT (71%) than among NILT respondents (59%). Among both NILT and YLT respondents, females were more likely than males to feel that the government should not interfere in this issue, while males were more likely to say that they did not know.

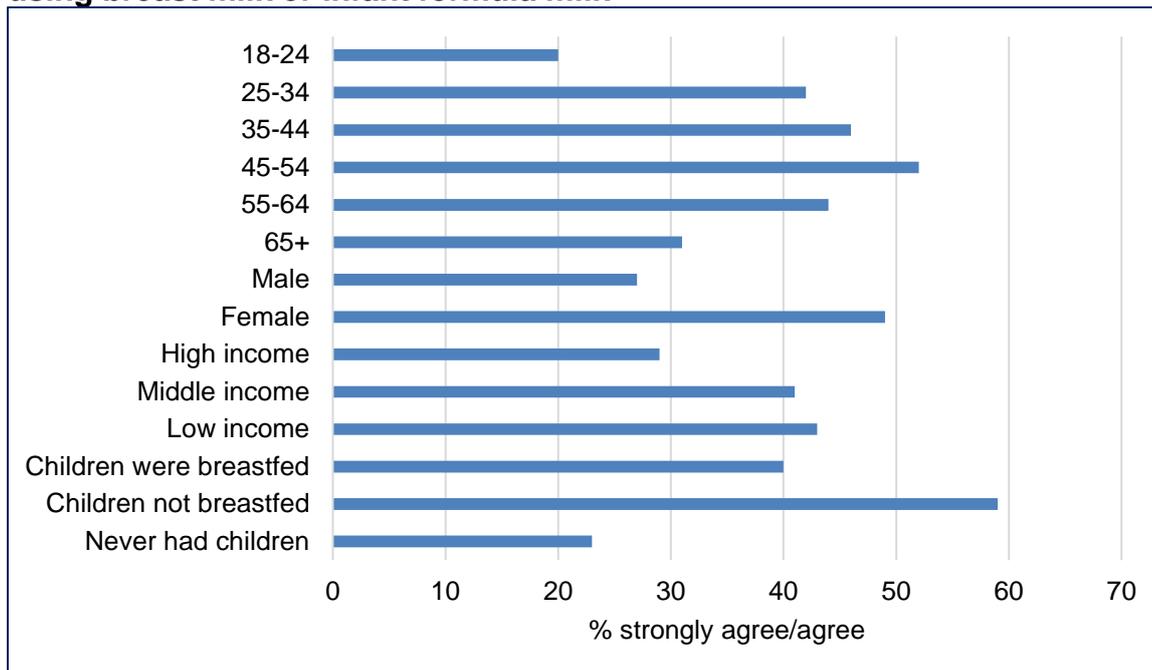
Health professionals

Around four in ten respondents (39%) agreed or strongly agreed that health professionals place too much importance on whether a baby is fed using breast milk or infant formula milk. However, one quarter (25%) of respondents did not know how to answer the question. Agreement to this questions varied by age, with those aged 45-54 years being the most likely to agree (52%). However, while 20% of the 18-24 year olds agreed, nearly one half (46%) did not know how to answer the question.

Figure 3 shows that females were more likely than males to show agreement to this question (49% and 27%) respectively. However, one third of males (33%) did not know how to answer the question, which is twice the proportion of females saying this (17%). Support was higher among respondents in the middle and low income groups (41% and 43% respectively) compared to those with a high income (29%).

There were differences in the level of support according to experiences of breastfeeding. Respondents whose children had not been breastfed were most likely to agree with this statement (59%), compared with those whose children had been breastfed (40%). However, less than one quarter of respondents who had never had children agreed with the statement (23%), nearly twice the proportion (42%) who did not know.

Figure 3: Health professionals place too much importance on whether a baby is fed using breast milk or infant formula milk



Source: 2019 NILT

Initiatives and incentives

The aims of the breastfeeding strategy include protecting, promoting, supporting and normalising breastfeeding. There are many ways to approach this, including limiting advertisements of infant formula milk, and restricting the use of vouchers given to parents on low income to buy formula. More positive approaches include offering incentives to encourage breastfeeding.

There was little support for *limiting advertising from baby milk companies on TV, radio and in magazines* – only 11% of respondents agreed or strong agreed with this, while 55% disagreed/strongly disagreed. Disagreement was particularly high among those aged 35 to 64 years (at least 60% disagreed). Females were more likely to disagree than males (60% and 50% respectively), and those in middle or high income were more likely to disagree than those in low income. However, 24% of those in the low income group said that they did not know how to answer the question. Two thirds of respondents whose children had not been breastfed disagreed with the statement (70%), compared with 52% of those whose children had been breastfed. While the level of disagreement was lower among those who had never had children (52%), a higher proportion did not know how to answer the question (27%).

There was also little agreement that *the government should stop helping parents on low income to buy formula using vouchers*: only 9% agreed or strongly agreed, while 64% disagreed or strongly disagreed. Levels of disagreement vary by age, ranging from 49% of those aged 18-24 years, to 74% of those aged 45-54. Females were more likely to disagree than males (71% compared with 57%), although there were no statistical differences according to income level. Respondents who had not breastfed their children were more likely to disagree with this statement compared with those who had breastfed their children and those who had never had children (78%, 62% and 58% respectively).

Among NILT respondents, there was no evidence that respondents welcomed the idea that *women should be offered an incentive such as shopping vouchers to encourage them to breastfeed*: less than on quarter (23% agreed or strongly agreed), whilst 46% disagreed or strongly disagreed. Nearly six out of ten of respondents aged 45-54 years disagreed (59%) compared with 26% of those aged 18-24 years. Females are more likely to disagree than males (52% and 38% respectively). Respondents with low incomes were more likely to disagree than those in high or middle incomes (37%, 53% and 53% respectively). Those respondents who had never had children showed lower levels of disagreement with the idea of offering an incentive to breastfeed, compared with those whose children had been breastfed and those whose children had not been breastfed (36%, 46% and 58% respectively). Importantly, it was not that lower levels of disagreement means that there is a higher level of support; instead, there was an increase in the proportion of respondents not knowing how to answer the question.

The same question was asked in the Young Life and Times survey, and a similar proportion agreed or strongly agreed with the statement (24%). However, a lower proportion disagreed (37%), while a higher proportion neither agreed nor disagreed (28%). Females were more likely to agree with this initiative compared with males (27% and 20% respectively). While there was some variation according to family financial background, this was not statistically significant.

Employers

The role of employers is important in supporting and facilitating mothers with breastfeeding. Two thirds of NILT respondents agreed or strongly agreed that *employers should provide a place and time for breastfeeding mothers to express milk*. This view was particularly strong amongst respondents aged 45-54 years (75%), and lowest among the oldest age group (53%). However, the latter age group was most likely to say that they did not know (28%). Females were more likely to agree with this statement compared with males (69% and 60% respectively), as were those in the high or middle income groups compared with those with low incomes (71%, 70% and 56% respectively). While 59% of respondents who had never had children agreed, 30% said that they did not know how to answer the question. Support was stronger among those whose children had been breastfed (72%), compared with those whose children had not been breastfed (66%).

Following on from that question, six out of ten respondents disagreed or strongly disagreed with the statement that *it is not the role of employers to facilitate breastfeeding*. Only 18% supported this view. Respondents aged 55-64 years had high levels of disagreement (63%) and high levels of agreement (21%), alongside the lowest levels of not knowing how to respond (16%). Females were more likely than males to disagree (63% and 55% respectively) and less likely to say that they don't know how to respond (17% and 29% respectively). Disagreement was highest among those with high incomes (65%) compared with those with middle (63%) or low incomes (53%). However, those with low incomes were most likely to say that they don't know (26%). Interestingly, respondents whose children had been breastfed were most likely to agree (21%) that it is not the role of employers to facilitate breastfeeding, and also disagree (64%). Those whose children were not breastfed and those with no children were more likely to say that they don't know how to respond (22% and 31% respectively).

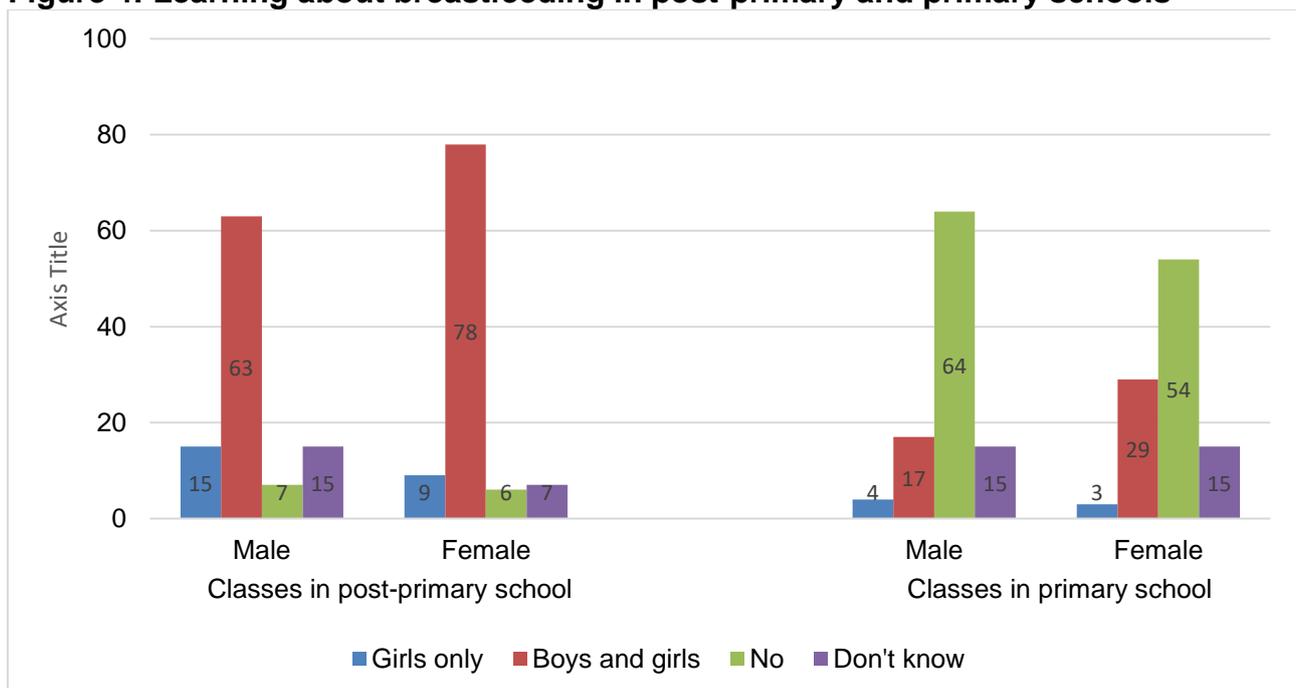
Schools

The Young Life and Times survey of 16 year olds included three questions exploring attitudes and experiences of learning about breastfeeding in school. The majority (83%) of YLT respondents supported the idea that young people should learn about breastfeeding in post-primary school, comprising 12% who thought that this should be for girls only, and 72% who felt that this was appropriate for all pupils. Only 6% did not think that young people in post-primary school should learn about breastfeeding, and 10% did not know.

There was less support for learning about breastfeeding in primary school: 24% thought that this was appropriate for both girls and boys, and 4% thought only girls should learn about breastfeeding. A majority (57%) did not support this, and 15% did not know.

Figure 4 indicates that the views of males and females varied. In particular, females were more supportive of girls and boys learning about breastfeeding in post-primary and primary schools. Attitudes towards the inclusion of breastfeeding in the curriculum of post-primary schools did not vary according to the type of school that the respondents attended. However, those attending planned integrated schools were more supportive of learning about breastfeeding in primary school (40%) compared to those attending grammar or secondary school (29% and 24% respectively).

Figure 4: Learning about breastfeeding in post-primary and primary schools



Source: 2019 YLT

Approximately one third of respondents said that breastfeeding had been discussed in some of their classes at school; 54% said that they breastfeeding had not been discussed in class at school, while 14% did not remember. Those who had discussed breastfeeding at school were more supportive of both boys and girls learning about breastfeeding at post-primary level compared with those who had not discussed breastfeeding in class (83% and 68% respectively). A similar pattern is evident in relation to primary schools (30% and 22% respectively).

Partners

The experience of partners was explored in both surveys. There was little support for the statement that *Breastfeeding means that the partner can feel left out*: only one in five respondents agreed, whilst 54% disagreed and 27% did not know how to respond. Respondents placing themselves in the higher income category were most likely to disagree (66%) compared with those within the middle (60%) and low (52%) income groups. Reflecting the previous pattern of responses, males (36%), the youngest (53%) and the oldest respondents (32%) were most likely to not know how to respond. In contrast, only one in ten respondents aged 45-54 years were unsure, and a similar proportion was evident among those whose children had been breastfed.

A slight majority (56%) of respondents felt that *breastfeeding makes it difficult for the partner to bond with the baby*, and only 16% supported this view, although 28% did not know how to respond. Disagreement was lowest among 18-24 year olds (38%), although a 54% of this age group were unsure of their response. In contrast, two thirds (67%) of 45-54 year olds disagreed with this statement, and only 14% did not know how to respond. Seven out of ten respondents (72%) whose children had been breastfed disagreed with this view, compared with 59% of those whose children had not been breastfed and 40% of those who had never had children.

Overall, the attitudes of YLT respondents to this issue were similar to NILT respondents: 14% agreed, 56% disagreed and 30% did not know. As with NILT, the proportion of males not knowing how to respond was twice that of females (42% and 21% respectively). Those young people who had discussed breastfeeding in classes were more likely to agree with the statement (24%) compared with those who had not discussed this in class (10%).

The majority of NILT respondents (62%) agreed that *Just because a baby is breastfed doesn't mean that the partner is less involved in the baby's care*, with 16% disagreeing and 22% unsure. As before, males (31%), 18-24 year olds (39%) and those aged 65 years or more (26%) were more likely than other groups to be unsure how to answer this question. Support for this statement was highest among those respondents whose children had been breastfed (78%) compared with those whose children had not been breastfed (60%) or those who had never had children (49%).

General society

Table 3 indicates that there was little sense among NILT or YLT respondents that women should only breastfeed their babies at home or in private: seven out of ten respondents to each survey disagreed with this view, and few respondents were unsure how to answer this question. The responses are similar to those of respondents to the 2017/18 HSNi.

However, some differences in response are evident. For example, among NILT respondents, 27% of the oldest age group (65 years or over) thought this, compared with 4% of those aged 18-24 years. Among YLT respondents, males were more likely to support this view than females (14% and 7% respectively).

Table 3: Women should only breastfeed their babies at home or in private

	Agree strongly/ agree	Neither agree nor disagree	Disagree/ disagree strongly	Don't know
NILT 2019	14	11	72	4
YLT 2019	10	16	71	3
HSNI 2017/18	10	17	71	2

Key messages

Data from both ARK surveys (NILT and YLT) indicate some support for a law to protect women who want to breastfeed, although this is higher among YLT (74%) respondents compared to those taking part in NILT (60%). However, respondents were less in favour of policy initiatives to facilitate breastfeeding (such as limiting advertising of baby milk companies, restricting the use of vouchers to buy formula, or introducing vouchers to encourage breastfeeding). Nevertheless, the role of employers in facilitating mothers with breastfeeding was seen as important. YLT respondents felt that young people should learn about breastfeeding in post-primary school, but not in primary school. There was no sense that breastfeeding has an adverse impact on partners' ability to bond with a baby, or that partners are less involved or can feel left out.

Attitudes varied according to experience related to breastfeeding. Thus, those whose children had been breastfed, or who had discussed breastfeeding in school had more 'breastfeeding-friendly' views. However, males, 18-24 year olds, those aged 65 years or more, and those without children were the groups most unsure of how to respond.

Theme 2. Individuals' Emotional Reactions to Breastfeeding

NILT and YLT respondents were asked about a set of five emotional responses to breastfeeding which had previously been included in 2017/18 Health Survey Northern Ireland (HSNI) – see Table 4.

The majority of NILT respondents had positive reactions to breastfeeding, with 90% thinking that it is normal, and 87% thinking that it is good for baby. Only 6% thought it offensive, with a similar proportion saying it is distasteful. Twice that proportion (14%) think that it is embarrassing. Of particular note is that respondents had strong opinions to these questions. Less than 2% said that they did not know how to respond to this set of questions, while less than one in ten said that they neither agreed nor disagreed.

Responses of males and females were similar, although females more likely than males to feel that breastfeeding was normal (92% and 86% respectively) or good for baby (90% and 84% respectively). However, differences according to age were more evident. Those in the oldest age group (65 years or more) were most likely to report the most negative reactions to breastfeeding: embarrassing (25%), offensive (12%) or distasteful (13%). In contrast, those in the youngest age group (18-24 years) were least likely to feel that breastfeeding was embarrassing or offensive (6% and 2% respectively). A very low proportion of this group felt that breastfeeding was distasteful (3%), although 14% neither agreed nor disagreed. While most respondents of all ages felt that breastfeeding was normal, this was lowest among the oldest age group (83%) and highest among those aged 35-54 years (94%). In addition, there was agreement across all age groups that breastfeeding is good for baby.

The responses of those placing themselves in the low income group were more negative than those in high or middle income. For example, 21% of the low income group felt that breastfeeding is embarrassing, compared with 11% in the other groups. 84% of those in the low income group felt that breastfeeding is normal, compared with 94% of those of middle income and 90% of those of high income.

There was some difference according to breastfeeding experience. Unexpectedly, those whose children had been breastfed were most likely to feel that breastfeeding is normal (92%) compared with those whose children had not been breastfed (89%) or those who had never had children (86%). A similar pattern is evident in relation to breastfeeding being good for baby. However, responses were similar in relation to feeling that breastfeeding is embarrassing, offensive or distasteful.

Table 4: Emotional responses to breastfeeding

<i>Breastfeeding is ...</i>	% agree or strongly agree		
	HSNI 2017/18	NILT 2019	YLT 2019
a) Embarrassing	12	14	7
b) Offensive	2	6	1
c) Normal	90	89	92
d) Distasteful	3	6	2
e) Good for baby	84	87	87

Table 4 shows that overall, YLT respondents had slightly more positive reactions to breastfeeding than NILT responses, matching the pattern seen among the different age groups identified among NILT respondents.

While there was little difference in the emotional reactions to breastfeeding between males and females taking part in NILT, this was not the case among YLT participants. For example, 95% of females disagreed that breastfeeding is offensive, compared with 85% of males. 93% of females felt that breastfeeding is good for baby, compared with 79% of males.

Overall, responses to this set of questions did not vary according to the type of school that respondents attended. One exception is that 72% of those attending a secondary school disagreed that breastfeeding is distasteful, compared with 85% of those attending grammar or integrated schools. However, it is not that secondary school students agreed with this statement; instead, they were more likely to neither agree nor disagree, or not know how to answer the question.

There was no difference in response according to family financial background. Interestingly, there was little difference in the emotional reactions depending on whether or not breastfeeding had been discussed in class. The exception was that 94% of those who had discussed breastfeeding in class thought that breastfeeding was good for baby, compared with 84% of those who had not discussed breastfeeding in class.

When asked what they first think when they see a woman breastfeeding her baby, the majority of YLT respondents were very positive. Two thirds of respondents said that think it is just a normal part of life, and a further 13% think it is a nice thing for a mum and baby. However, 5% feel uncomfortable, while 12% of YLT respondents had never seen anyone breastfeeding. Males were more likely than females to feel uncomfortable (8% and 3% respectively), to never have seen anyone breastfeeding (20% and 6%) respectively), or to say that they don't know (7% and 2% respectively).

Table 5 shows that compared to data from the 2016 Young Persons' Behaviour and Attitudes Survey, YLT responses are more positive.

Table 5: What do you first think when you see a woman breastfeeding her baby?

	%	
	YPBAS 2016	YLT 2019
I feel uncomfortable	16	5
I think it is a nice thing for a mum and baby	9	13
I think it is just a normal part of life	50	67
I have never seen anyone breastfeeding	16	12
Don't know.	9	4

Key messages

Overall, the emotional reactions of NILT respondents were positive. Most felt that breastfeeding was normal, and good for baby. Few respondents thought that breastfeeding was offensive and distasteful, although a slightly higher proportion (14%) think it is embarrassing. The proportion of respondents not knowing how to respond was low.

Differences were evident according to age, with those in the oldest age group reporting more negative reactions. This was also the case for those placing themselves in the low income group. YLT respondents were also positive about breastfeeding.

Theme 3. Health and Breastfeeding

As noted, a number of studies have highlighted the benefits of breastfeeding to both mothers and babies. To explore respondents' knowledge of these associated benefits a number of questions were included in the NILT and YLT surveys. These questions mirrored those included in earlier waves of Health Survey Northern Ireland (2012-13; 2014-15; 2017-18). However, comparability is limited due to differences between the response options offered in the ARK and Health Surveys, and a change in weighting methodology in the Health Survey 2017-18.

Health and convenience of formula feeding and breastfeeding: ARK surveys

Four questions sought to explore attitudes to the convenience and health value of feeding with breast milk or formula. Four in ten NILT respondents felt that feeding with formula was more convenient than breastfeeding, with females (44%) being more likely to say this than males (36%). This view was lowest in those aged 18-24 years (28%) and highest in those aged 45-54 years (47%). Respondents in mid and low income (40% and 44% respectively) were more likely to agree than those with high incomes (28%). Around 41% of respondents whose children had been breastfed felt that formula was more convenient compared to 53% of those who had not breastfed and 30% of those who did not have children.

Slightly lower proportions of respondents, YLT 37% and NILT 35%, felt that breastfeeding was more convenient. Gender differences were evident in the responses of NILT respondents, with females (40%) more likely than males (30%) to agree. This view was lowest among the youngest age group (18%) and strongest amongst those aged 35-44 years (45%). Around four in ten NILT respondents with high and mid incomes felt breastfeeding was more convenient compared to three in ten of those with low incomes. Just over one half (52%) of respondents whose children had been breastfed felt breastfeeding was more convenient compared to around three in ten (31%) of those who had not breastfed any of their children and one quarter of respondents with no children.

Overall, 58% of NILT respondents felt that breast milk was healthier than formula, a view that was stronger among females (63%) than males (53%). It was highest amongst those aged 35-54 years (68%) and lowest in those aged 18-24 years (41%). Respondents with low incomes (53%) were most likely to hold this view in comparison to those in the high and mid brackets (66% and 62% respectively). Eight in ten respondents whose children had been breastfed felt this compared to 53% of those whose children had not been breastfed and 43% of those without children. While 5% of respondents who had breastfed selected said they did not know, for those whose children had not been breastfed or who did not have children the figures were 16% and 33% respectively.

Only one in five NILT and one quarter of YLT respondents agreed that formula was as healthy as breast milk. While in both surveys females were more likely to express this view than males, this was particularly evident amongst NILT respondents (26% and 13% respectively). This view was lowest in those aged 18-24 years (13%), and, at around one quarter, highest for respondents aged 45-64 years. Those with low incomes (25%) were more likely to agree than those with mid or high incomes (17%). Those respondents whose children had been breastfed were less likely to agree (17%) than those whose children had not been breastfed and those without children (37% and 9% respectively). While 8% of respondents who had breastfed selected said they did not know, for those whose children had not been breastfed or who did not have children the figures were 19% and 34% respectively.

Across these four questions, NILT respondents without children were much more likely than others to select the don't know option, with approximately one third of respondents selecting this option. Selecting the don't know option was also higher among the youngest (18-24) and oldest (65+) NILT respondents, compared with other age groups. In NILT and YLT, males were more likely than females to say that they did not know how to answer the questions.

When YLT respondents were asked to select the healthiest method of feeding a 3 month old baby breastfeeding only was most popular (28%), followed by a mix of breastfeeding and bottle feeding (23%). Only 5% chose bottle feeding only. 18% of respondents suggested solid foods in conjunction with breastfeeding (6%), bottle feeding (5%) or with breastfeeding and bottle feeding (7%). However, around one quarter of respondents did not know, including 38% of males and 18% of females.

This question had previously been included in the 2016 Young Persons' Behaviour and Attitudes Survey, for which the modal response was breast and bottle feeding (33%), followed by breastfeeding only (21%). The YLT responses indicate that this pattern has been reversed.

Health and convenience of formula feeding and breastfeeding: ARK and HSNi data

In relation the comparative health value and convenience of breast milk and formula, Table 6 provides results from the ARK surveys and earlier Health Surveys. Direct comparability is limited, as for these questions NILT respondents were offered the response options 'Neither agree nor disagree' and 'Don't know', YLT respondents were offered 'Don't know', while HSNi respondents were offered 'Neither agree nor disagree'. However, to facilitate some level of comparison the NILT figures provided in Table 6 have been recalculated to exclude those who responded 'Don't know'.

The proportion of respondents (approximately one quarter) in both the health and ARK surveys who agreed that formula was as healthy for an infant as breast milk has remained relatively stable. In comparison to the 2017/18 Health Survey (60%) the findings from NILT (72%) indicate a growing appreciation that breast milk is healthier than formula. While again relatively stable, the proportion of respondents who felt that breastfeeding was more convenient is at its highest amongst NILT respondents (44%) and lowest amongst YLT respondents (37%).

Table 6: Health and convenience of breast milk and formula

	% strongly agree/agree		
	HSNI 2017/18	NILT 2019	YLT 2019
Formula feeding is as healthy for an infant as breast milk	22	25	24
Breast milk is healthier than formula for babies	60	72	n/a
Formula feeding is more convenient than breastfeeding	35	50	n/a
Breastfeeding is more convenient than formula feeding	39	44	37

Knowledge of health benefits

To assess respondents' knowledge of the health benefits to mother and baby associated with breastfeeding, a range of statements, mirroring those asked previously in the Health Surveys, were included in NILT (7 questions) and YLT (3 questions). Appendix C provides details of those who strongly agreed/agreed to each statement. It presents overall findings for YLT, while NILT responses are detailed by gender; socio-economic status; age group; and whether respondents children, if they had any, were breastfed or not.

The findings from both ARK surveys indicate that female respondents are more knowledgeable (i.e. strongly agree/agree with statements) of the associated health benefits than males, albeit, that irrespective of statement, this proportion was never a majority. What is also evident is the high proportion of respondents, particularly males, in both surveys selecting 'don't know'. Respondents with higher incomes or those who had breastfed their children were most likely to be aware of the associated benefits to mothers and babies of breastfeeding.

Drawing on ARK surveys and the three Northern Ireland Health Surveys, Table 7 details those respondents who selected strongly agree/agree and 'don't know' to the statements provided. For the majority of questions the findings from the ARK surveys are similar to those recorded in the most recent 2017-18 Health Survey. NILT and YLT respondents (39%) were less likely to feel that breastfed babies got fewer ear chest stomach infections, or that breastfeeding helped promote babies' IQ (17% and 24% respectively) than respondents to the 2017-18 Health Survey (47% and 29% respectively). On the other hand, findings from NILT (24%) could be seen to indicate a growing awareness of the benefits of breastfeeding in relation to the risk of ovarian cancer in comparison to the most recent Health Survey (19%). Matching the pattern identified in the ARK studies, male respondents to the HSNI were more likely than female respondents to say that they didn't know how to respond.

Table 7: Health outcomes of breastfeeding and bottle feeding

	%					
	HSNI 2017/18		NILT 2019		YLT 2019	
	Strongly agree/ Agree	Don't know	Strongly agree/ Agree	Don't know	Strongly agree/ Agree	Don't know
Breastfed babies get fewer ear, chest and stomach infections	47	44	39	47	39	56
Bottle-fed babies are more likely to be admitted to hospital with diarrhoea and vomiting	20	54	18	55	n/a	n/a
Breastfeeding helps protect children from childhood cancers	26	61	24	61	n/a	n/a
Breastfeeding helps promote babies' intelligence (IQ)	29	54	17	56	24	54
Bottle-fed babies are at increased risk of sudden infant death (cot-death)	11	62	14	59	n/a	n/a
Breastfeeding reduces the risk of breast cancer in women	28	59	30	57	28	66
Breastfeeding reduces the risk of ovarian cancer in women	19	68	24	63	n/a	n/a

Key messages

The NILT data indicate an appreciation that breast milk is healthier than formula. However, what needs to be explored is how respondents understand the term 'convenient'. For example, 60% of respondents agreed with the statement that *Bottle feeding with formula milk makes it easier for a mother as all the pressure isn't on her*. The role of employers in facilitating breastfeeding is also relevant here.

Findings also suggest that knowledge of the health benefits associated with breastfeeding is limited. As such, methods of disseminating these benefits to the general public may need to be reviewed. Such dissemination, while not limited to, could, perhaps, be more strategically targeted at schools as only 32% of YLT respondents said they had ever discussed breastfeeding in school.

Conclusion

The findings from the NILT and YLT 2019 surveys reinforce the importance of collecting targeted and local research, and of the necessity of capturing the perspectives of both adults and teenagers on important social issues. Indeed, as the discussion above highlighted age is a meaningful lens in exploring attitudes to breastfeeding as differences were evident not only among adults and teenagers but within adults from different age cohorts.

Unsurprisingly, perhaps, perspectives were coloured by the exposure of respondents to breastfeeding as there were differences, in knowledge and perceptions, between those who had breastfed their children, those who had not done so and those respondents who did not have children.

A concerning finding, which reinforces HSNi data, is the continued high levels of respondents answering 'don't know'. Undoubtedly, if respondents are saying that they do not know, it draws attention to the need for greater clarity and focus in how information about breastfeeding is being disseminated, in particular to males, and to young people within the classroom.

However, while not disputing the validity of the 'don't know' response, consideration might be given to future survey design or qualitative follow-up methods, which might help to illuminate or disentangle these data. Reinforcing previous research, this report has highlighted how age, gender, socio-economic status and experience of breastfeeding are all influential determinants in attitudes to and perceptions of breastfeeding and awareness of the associated health benefits to mothers and babies.

References

Corrigan, Deirdre and Scarlett, Mary (2018) *Health Survey(NI). First Results 2017/18*, Belfast: Department of Health Information Analysis Directorate

Department of Education (2017) *Children and Young People’s Strategy 2017-2027 Consultation Document*, Bangor: Department of Education

Department of Health, Social Services and Public Safety [DHSSPS] (2005) *A Healthier Future: A Twenty Year Vision for Health and Wellbeing in Northern Ireland 2005-2025*, Belfast: DHSSPS

DHSSPS (2012a) *Strategy for Maternity Care in Northern Ireland 2012-2018*, Belfast: DHSSPS

DHSSPS (2012b) *A Strategy for Social Work in Northern Ireland 2012-2022*, Belfast: DHSSPS

DHSSPS (2013) *Breastfeeding – A Great Start. A strategy for Northern Ireland 2013-2023*, Belfast: DHSSPS

DHSSPS (2014) *Making Life Better - a whole system strategic framework for public health*, Belfast: DHSSPS

Department of Health (2016) *Health and Wellbeing 2026 – Delivering Together*, Belfast: Department of Health

Northern Ireland Executive (2016a) *Programme for Government Consultation Document*, Belfast: Northern Ireland Executive

Northern Ireland Executive (2016b) *Child Poverty Strategy*, Belfast: Northern Ireland Executive

Northern Ireland Statistics and Research Agency [NISRA] (nd) *Young Persons’ Behaviour & Attitudes Survey 2016. Top-Line Results (Weighted by Year Group, gender and Religion)*, Belfast: NISRA

Public Health Agency (2016) *Supporting the best start in life’ Infant Mental Health Framework and Action Plan 2015 – 2018*, Belfast: Public Health Agency

Public Health Agency (2018a) *Breastfeeding in Northern Ireland, Health Intelligence, September 2018*, Belfast: Public Health Agency

Public Health Agency (2018b) *Breastfeeding - A Great Start. A Strategy for NI 2013-2023 Mid-term Review, May 2018*, Belfast: Public Health Agency

Purdy, J. McAvoy, H. Cotter, N. (2017) *Breastfeeding on the island of Ireland*, Dublin: Institute of Public Health in Ireland

Rollins, N.C. et al. (2016) ‘Why invest, and what it will take to improve breastfeeding practices?’, *Lancet*, 387:491-504

Smyth, L. (2012) 'The Social Politics of Breastfeeding: Norms, Situations and Policy Implications' *Ethics and Social Welfare*, 6: 182-194

Victora, C.G. et al. (2016) 'Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect', *Lancet*, 387:475-90

WHO and UNICEF. (2003) Global Strategy for Infant and Young Child Feeding. Geneva: World Health organization [WHO]

Appendix A: NILT questionnaire

The next set of questions are about how babies are fed.

UFEDBABY

E1 Do you know how you were fed when you were a baby?

	%
Yes, I was bottle fed only	31
Yes, I was breastfed only	20
Yes, I was breastfed and bottle fed	13
Don't know	36

YRCBFED

E2 Were any of your children breastfed at least once?

	%
Yes, all of them were	40
Yes, some of them were	13
No, none of them were	43
Other answer (write in)	<1
Don't know	4
I have never had any children (excluded from analysis)	

Now I would like to ask you some questions about your views on breastfeeding.

E3 How much do you agree or disagree with the following statements about the benefits associated with breastfeeding?

	%				
	Agree strongly	Agree	Disagree	Disagree strongly	Don't know
<i>BENBF1</i> a) Breastfed babies get fewer ear, chest and stomach infections	8	32	8	6	47
<i>BENBF2</i> b) Bottle-fed babies are more likely to be admitted to hospital with diarrhoea and vomiting	2	17	17	10	55
<i>BENBF3</i> c) Breastfeeding helps protect children from childhood cancers	4	20	9	6	61
<i>BENBF4</i> d) Breastfeeding helps promote babies' intelligence (IQ)	4	13	14	13	56
<i>BENBF5</i> e) Bottle-fed babies are at increased risk of sudden infant death (cot-death)	2	12	17	10	59
<i>BENBF6</i> f) Breastfeeding reduces the risk of breast cancer in women	5	25	7	5	57
<i>BENBF7</i> g) Breastfeeding reduces the risk of ovarian cancer in women	5	20	8	5	63

E4 The following statements are things some people have said about breastfeeding. How much do you agree or disagree with each one?

	%					
	Agree strongly	Agree	Neither agree nor disagree	Disagree	Disagree strongly	Don't Know
<i>BFPRIV</i> a) Women should only breastfeed their babies at home or in private	3	11	11	38	34	4
<i>BFLAWNI</i> b) There should be a law in Northern Ireland to protect women who want to breastfeed in public	30	29	14	15	5	8
<i>BFPUBLIC</i> c) Mums should feel free to breastfeed their babies in public	40	38	10	7	2	4
<i>BFSUPPRT</i> d) People should support mums who breastfeed in public	40	36	11	6	2	4
<i>BFMOST</i> e) Most mums in Northern Ireland breastfeed their babies	<1	13	18	19	8	43

E5 How much do you agree or disagree with the following statements about how babies are fed?

	%					
	Agree strongly	Agree	Neither agree nor disagree	Disagree	Disagree strongly	Don't know
<i>FORMCONV</i> a) Formula feeding is more convenient than breastfeeding	9	31	18	18	5	20
<i>FORMHLTH</i> b) Formula is as healthy for an infant as breast milk	3	17	24	30	6	21
<i>BFCONV</i> c) Breastfeeding is more convenient than formula feeding	10	25	22	20	2	21
<i>BFHLTH</i> d) Breast milk is healthier than formula for babies	22	36	18	4	1	19

E6 How much do you agree or disagree with the following statements about breastfeeding? Breastfeeding is ...

	%					
	Agree strongly	Agree	Neither agree nor disagree	Disagree	Disagree strongly	Don't know
<i>BFEMBARR</i> a) Embarrassing	5	10	8	39	37	2
<i>BFOFFEN</i> b) Offensive	1	5	9	38	45	2
<i>BFNORMAL</i> c) Normal	49	40	7	1	<1	2
<i>BFDSTFUL</i> d) Distasteful	1	5	8	42	42	2
<i>BFGOODB</i> e) Good for baby	53	34	8	1	<1	4

E7 How much do you agree or disagree with the following statements about how babies are fed?

	%					
	Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree	Don't know
<i>LTNOMAT</i> a) Long term it doesn't really matter if a baby is fed with breast milk or infant formula milk	16	36	15	16	5	13
<i>HPROFIMP</i> b) Health professionals place too much importance on whether a baby is fed using breast milk or infant formula milk	12	27	17	14	5	25
<i>FEEDCARE</i> d) It's not the type of milk that you feed a baby with that matters, but how you care for your baby	23	40	14	10	3	10
<i>MOSTBF</i> e) Most people I know would prefer for their baby to be fed with breast milk rather than infant formula milk	4	24	19	15	7	32
<i>MOSTFORM</i> f) Most people I know would prefer for their baby to be bottle fed with infant formula milk	3	17	22	22	3	33

The policy in Northern Ireland aims to protect, promote, support and normalise breastfeeding. There are different approaches to encourage mothers to breastfeed.

E8 How much do you agree or disagree with the following statements?

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know
<i>BFPOLB</i> We should limit advertising from baby milk companies on TV, radio and in magazines	1	9	16	33	22	18
<i>BFPOLC</i> Women should be offered an incentive, such as shopping vouchers, to encourage them to breastfeed	4	18	16	23	23	16
<i>BFPOLD</i> The government should stop helping parents on low income to buy formula using vouchers	1	7	17	30	34	10
<i>BFPOLE</i> The government should not interfere in whether a baby is breastfed or not	19	40	20	9	2	10

E9 How much do you agree or disagree with the following statements?

	Agree strongly	Agree	Disagree	Disagree strongly	Don't know
<i>PRESSMUM</i> Bottle feeding with formula milk makes it easier for a mother as all the pressure isn't on her	14	46	11	4	25
<i>PARTBOND</i> Breastfeeding makes it difficult for the partner to bond with the baby	1	15	30	26	28
<i>PARTINV</i> Just because a baby is breastfed doesn't mean that the partner is less involved in the baby's care	18	44	11	5	22
<i>PARTLEFT</i> Breastfeeding means that the partner can feel left out	1	19	29	25	27
<i>EMPBF</i> Employers should provide a place and time for breastfeeding mothers to express milk	20	45	9	5	21
<i>NOEMPBF</i> It is not the role of employers to facilitate breastfeeding	4	14	27	33	23
<i>DECBFMUM</i> The decision on how to feed a baby should be made by the mother only	28	40	14	9	9
<i>DECBF2</i> h) The decision on how to feed a baby should be made by the mother and her partner	8	28	28	23	13

Appendix B: YLT questionnaire

The next set of questions is about how babies are fed.

UFEDBABY

52. Do you know how you were fed when you were a baby?

(Please tick ONE box only)

	%
Yes, I was bottle fed only	36
Yes, I was breastfed only	17
Yes, I was breastfed and bottle fed	36
I don't know	12

YRCBFED

53. If you are a parent, was your child breastfed at least once?

(Please tick ONE box only)

	n
Yes	44
No	15
I don't know	28
Other (please write in)	2
I am not a parent	979

BFFUT

54. If you were to have a child in the future, what way would you prefer the baby to be fed when it is born?

(Please tick ONE box only)

	%
I would prefer the baby to be breastfed only	21
I would prefer the baby to be bottle fed only	11
I would prefer the baby to be both breastfed and bottle fed	48
I don't know	20

BFDEC

55. If you were deciding how to feed your baby, who would have the *most* influence on that decision?

(Please tick ONE box only)

	%
It would be my decision only	16
My partner	12
It would be a joint decision between me and my partner	47
My family	3
My friends	<1
Midwives/health professionals	17
Other (please write in)	1
I don't know	4

*BFHEALTH***56. What do you think is the healthiest way to feed a 3 month old baby?***(Please tick ONE box only)*

	%
Breastfeeding only	28
Bottle feeding only	5
Breast and bottle feeding	24
Breastfeeding and some solid foods	6
Bottle feeding and some solid foods	5
Breast and bottle feeding and some solid foods	7
I don't know	26

*BFTHINK***57. What do you *first* think when you see a woman breastfeeding her baby?***(Please tick ONE box only)*

	%
I feel uncomfortable	5
I think it is a nice thing for a mum and baby	13
I think it is just a normal part of life	67
I have never seen anyone breastfeeding	12
I don't know	4

58. The following statements are things some people have said about breastfeeding. How much do you agree or disagree with each one?

	%					
	Agree strongly	Agree	Neither agree nor disagree	Disagree	Disagree strongly	Don't know
<i>BFPRIV</i> Women should only breastfeed their babies at home or in private	2	7	16	29	42	4
<i>BFLAWNI</i> There should be a law in Northern Ireland to protect women who want to breastfeed in public	41	33	16	4	2	4
<i>BFPUBLIC</i> Mums should feel free to breastfeed their babies in public	49	32	11	4	<1	4
<i>BFMOST</i> Most mums in Northern Ireland breastfeed their babies	2	17	22	12	1	46

59. How much do you agree or disagree with the following statements about breastfeeding? Breastfeeding is ... (Tick ONE box on EACH line)

	%					
	Agree strongly	Agree	Neither agree nor disagree	Disagree	Disagree strongly	Don't know
<i>BFEMBARR</i> Embarrassing	1	6	16	30	40	7
<i>BFOFFEN</i> Offensive	<1	1	6	27	64	3
<i>BFNORM</i> Normal	61	32	4	<1	<1	2
<i>bfdstful</i> Distasteful	<1	1	9	27	53	9
<i>BFGOODB</i> Good for baby	58	29	5	<1	<1	8

60. How much do you agree or disagree with the following statements?

(Tick ONE box on EACH line)

	%				
	Agree strongly	Agree	Disagree	Disagree strongly	Don't know
<i>BENBF1</i> Breastfed babies get fewer ear, chest and stomach infections.	14	25	4	2	56
<i>BTFHLTH</i> Bottle feeding with formula is as healthy as breast milk	5	20	28	6	43
<i>BENBF4</i> Breastfeeding helps increase babies' intelligence (IQ)	9	15	16	6	54
<i>PRESSMUM</i> Bottle feeding with formula milk makes it easier for a mother as all the pressure isn't on her	14	52	7	1	26
<i>BFCONV</i> Breastfeeding is more convenient than bottle feeding	9	29	23	4	36
<i>BENBF6</i> Breastfeeding reduces the risk of breast cancer in women	11	16	5	2	66
<i>PARTBOND</i> Breastfeeding makes it difficult for the partner to bond with the baby	2	12	38	18	30

The policy in Northern Ireland aims to protect, promote, support and normalise breastfeeding. There are different approaches to encourage mothers to breastfeed.

61. How much do you agree or disagree with the following statements?

(Tick ONE box on EACH line)

	%					
	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know
<i>BFPOLC</i> Women should be offered an incentive, such as shopping vouchers, to encourage them to breastfeed	7	17	28	24	13	12
<i>BFPOLE</i> The government should not interfere in whether a baby is breastfed or not	35	36	15	6	2	7

BFSECSCH

62. Do you think that young people should learn about breastfeeding in post-primary (secondary-level) school? (Please tick ONE box only)

	%
Yes, for girls only	12
Yes, for girls and boys	72
No	6
I don't know	10

BFPRIM

63. Do you think that children should learn about breastfeeding in primary school? (Please tick ONE box only)

	%
Yes, for girls only	4
Yes, for girls and boys	24
No	57
I don't know	15

BFDISCLS

64. Has breastfeeding ever been discussed in any of your classes at school? (Please tick ONE box only)

	%
Yes	32
No	54
I can't remember	14

Appendix C: Health benefits of breastfeeding

Source: 2019 NILT and 2019 YLT

Figure 5: Breastfed babies get fewer ear, chest and stomach infection

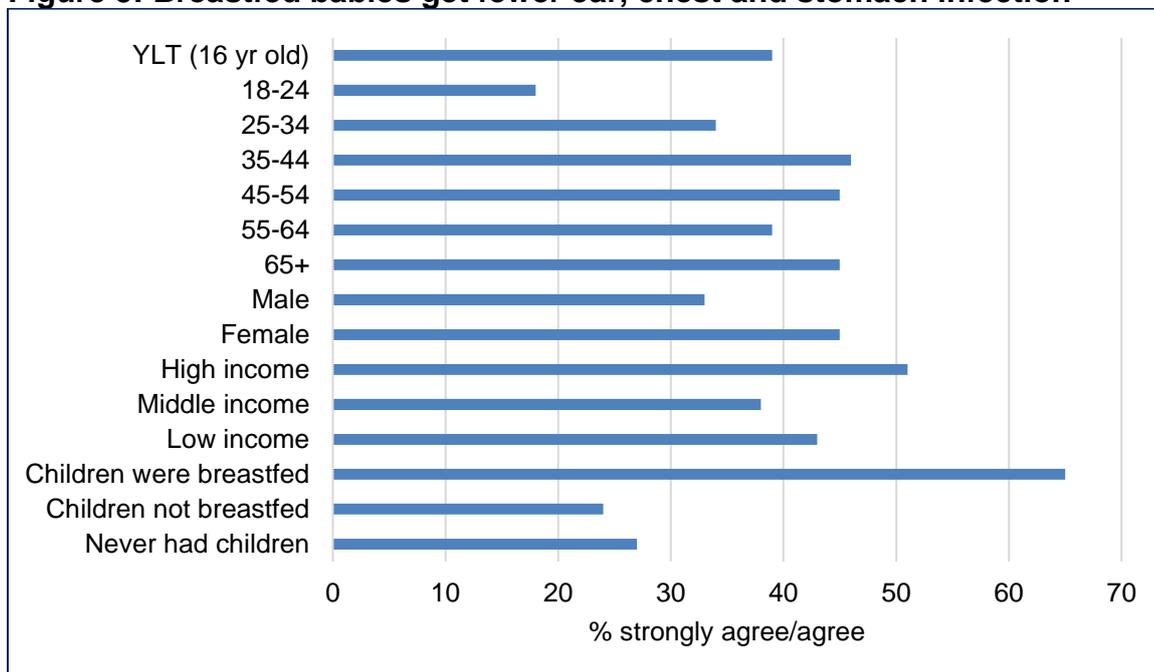


Figure 6: Bottle-fed babies are more likely to be admitted to hospital with diarrhoea and vomiting

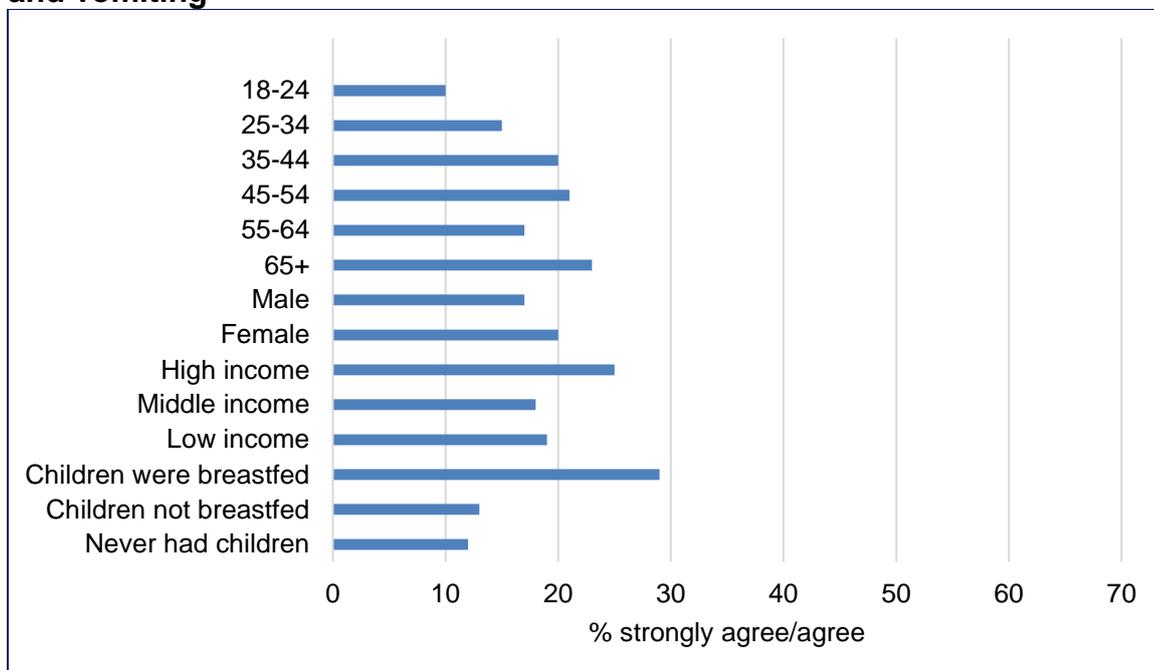


Figure 7: Breastfeeding help protect children from childhood cancers

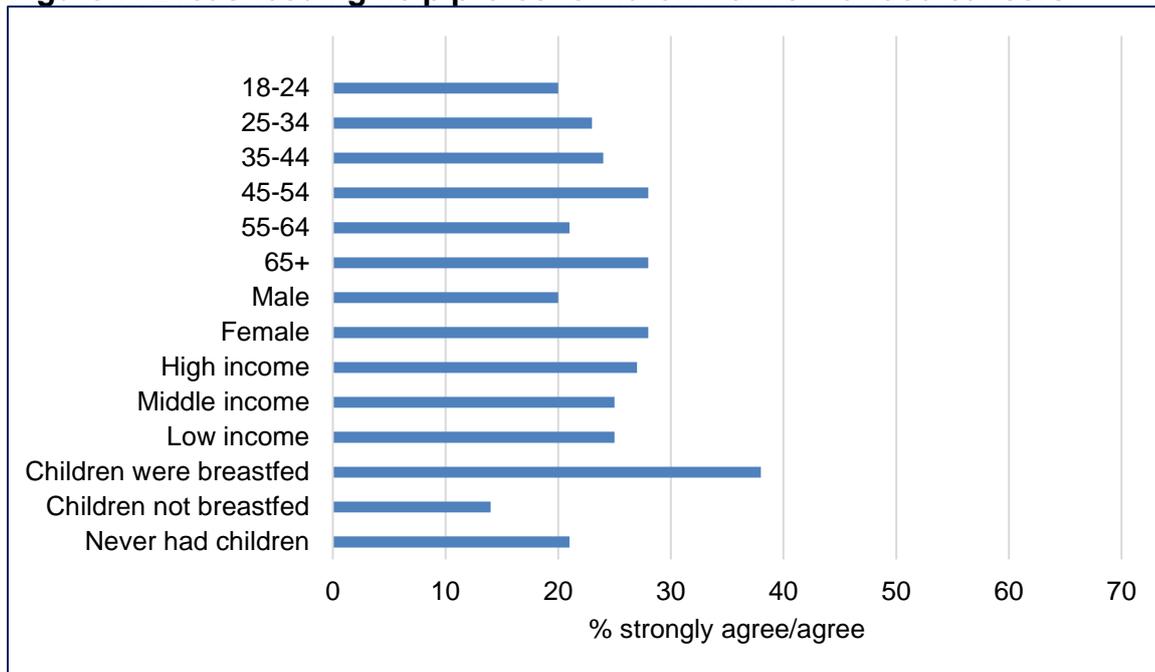


Figure 8: Breastfeeding helps increase babies intelligence

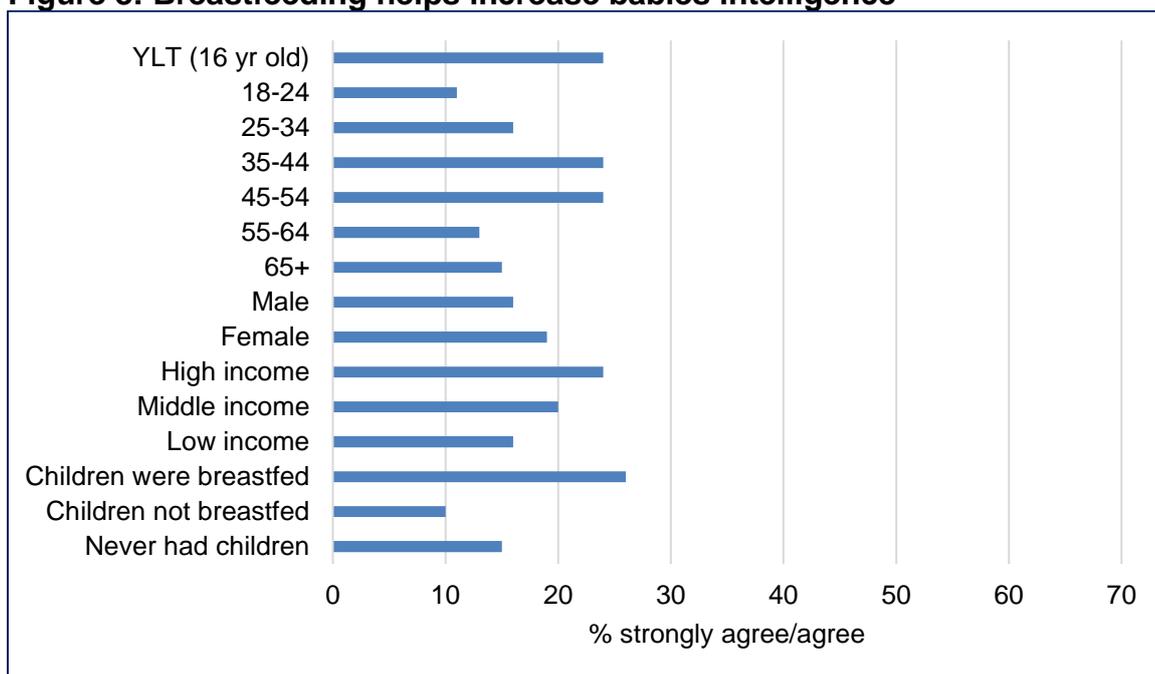


Figure 9: Bottle-fed babies at increased risk of sudden infant death (cot-death)

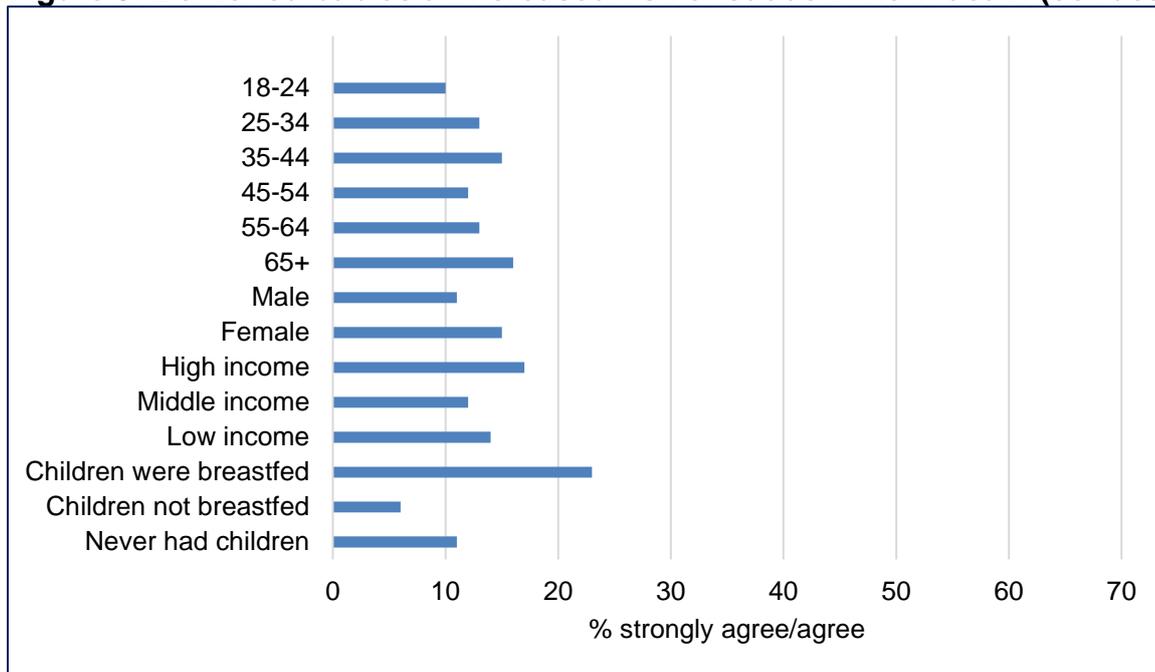


Figure 10: Breastfeeding reduces the risk of breast cancer in women

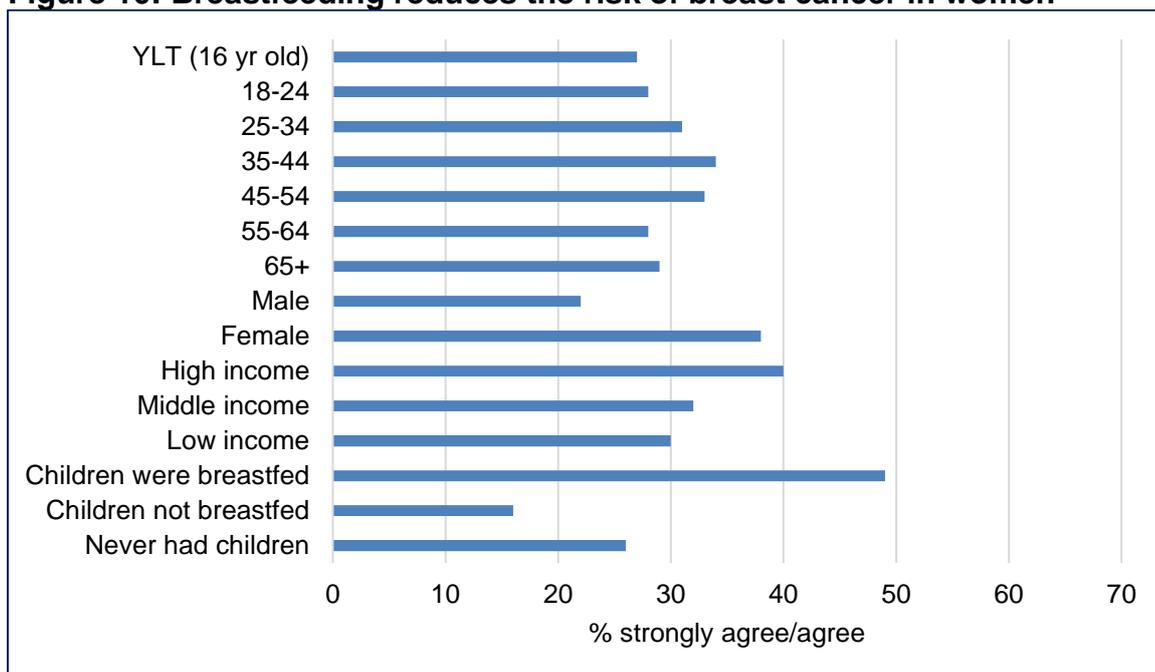


Figure 11: Breastfeeding reduce the risk of ovarian cancer in women

