

Examining changes in knowledge and attitudes towards breastfeeding in Northern Ireland 1999–2004



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Introduction

In June 2004 the Northern Ireland Statistics and Research Agency (NISRA) was commissioned by the Department of Health, Social Services and Public Safety (DHSSPS) to carry out a follow up survey to explore further the issues emerging from a survey on knowledge, attitudes and perceptions of breastfeeding carried out in 1999.¹ The fieldwork period ran from 1 June to 2 July 2004. This was after the first year of the Health Promotion Agency for Northern Ireland's (HPA) public information campaign on breastfeeding.²

Although the two surveys (1999 and 2004) are not directly comparable, this report aims to look at patterns among the data and compare the 1999 pattern with that of 2004 to describe any changes that have occurred in behaviour or attitude. The surveys examined:

- current knowledge about the health benefits of breastfeeding;
- public attitudes to, and social acceptability of breastfeeding;
- the prevalence of breastfeeding in Northern Ireland and the influence of age, education, employment status and socioeconomic group on breastfeeding rates;
- factors that influence a woman's infant feeding decision;
- the best time for providing information to potential mothers about breastfeeding.

Methodology

The 1999 survey of the general public took place between January and February and involved face-to-face interviews in respondents' own homes. The 1999 Register of Electors was used as the sampling frame. The sample (a probability based random sample) included men and women aged 18 and over and was representative of the Northern Ireland population. An additional sample of 15 to 18 year olds was included. In total 999 interviews were completed. Interviews were conducted using Computer Assisted Personal Interviewing.

For the 2004 survey a sample of 2,200 addresses was drawn from the Valuation and Lands Agency list of addresses. The complete list of private addresses was stratified into three regions – Belfast, east Northern Ireland and west Northern Ireland, and a random sample was drawn from each stratum in order to reflect the characteristics of those areas. The Valuation and Lands Agency's list provides a good sampling frame of addresses, but contains no details about the characteristics of households in terms of number of members. Interviewers were instructed to call at each address issued in their assignments and then list all members of the household who were eligible for inclusion in the sample, ie all persons aged 16 years and above. One person (the 'selected respondent') was chosen to complete the questionnaire. From the original sample a total of 1,279 interviews were achieved.

Achieved sample

Although the sampling methodology may not have been the same for both surveys, the achieved samples are relatively similar in terms of the key population characteristics such as sex, age and social class.

Results

Prevalence of breastfeeding

While the breastfeeding incidence is not directly comparable between the two surveys we can still compare the pattern among age group, and other sociodemographic characteristics. When the research was carried out in 1999, the proportion of mothers who said that they had ever breastfed was 44%, with 56% reporting that they had never done so. Table 1 below presents the results for 2004 which would indicate a small increase in 2004 to 48% of mothers reporting that they had ever breastfed.

Table 1: Prevalence of breastfeeding by key social characteristics

	1999 survey		Sig. (p)	2004 survey	
	Had breastfed	Had never breastfed		Had breastfed	Had never breastfed
	%	%		%	%
All mothers	44	56		48	52
Age group			*		
18–29 years (16–29 for 2004 survey)	35	65		40	60
30–44 years	46	54		56	44
45–59 years	37	63		38	62
60 years and over	55	45		50	50
Educational attainment level			***		
A levels or equivalent and higher level qualifications	65	35		65	35
Any other secondary level qualifications	44	56		45	55
No qualifications	37	63		38	62
Socioeconomic group			**		
ABC1	52	48		55	45
C2DE	34	56		41	59
Base (n)	165	205		234	249

In both years there was a significant difference between age groups and the likelihood of having breastfed. However, a difference in the pattern has emerged in 2004 and the difference between the age groups is statistically stronger ($p < 0.001$).

In 1999 older mothers (60 years and over) were significantly more likely to report that they had ever breastfed (55%), while in 2004 it was the 30 to 44 year old age group who were more likely to report that they had breastfed. The increase from 46% in 1999, to 56% in 2004 suggests a substantial increase in the breastfeeding rate for this 30-44 year old age group.

An increase is also indicated among mothers in the 18–29 age group. In 1999 this age group had the lowest incidence of breastfeeding (35%). The 2004 survey shows an increase to 40%. This now makes the 45–59 year old group the age group with the lowest rate.

In 2004, as in 1999, those of a higher level of educational attainment were significantly more likely to report having breastfed some or all of their children. In both 1999 and 2004 those in the ABC1 socioeconomic group were significantly more likely to report having breastfed. Mothers in the C2DE socioeconomic group were less likely to report having breastfed any children, however, between the two years there was an overall increase in the prevalence of breastfeeding among this group, from 34% in 1999 to 41% in 2004.

Public knowledge and attitudes

All respondents were asked which they thought was better for babies, breastfeeding or bottlefeeding, or if they thought there was no difference. Table 2 below presents the results.

The results showed little change in the attitudes of women. In both surveys almost two thirds of women were of the opinion that breastfeeding is better for babies. For male respondents there was a substantial increase from 45% in 1999 to 56% in 2004 in those believing breastfeeding to be better for babies.

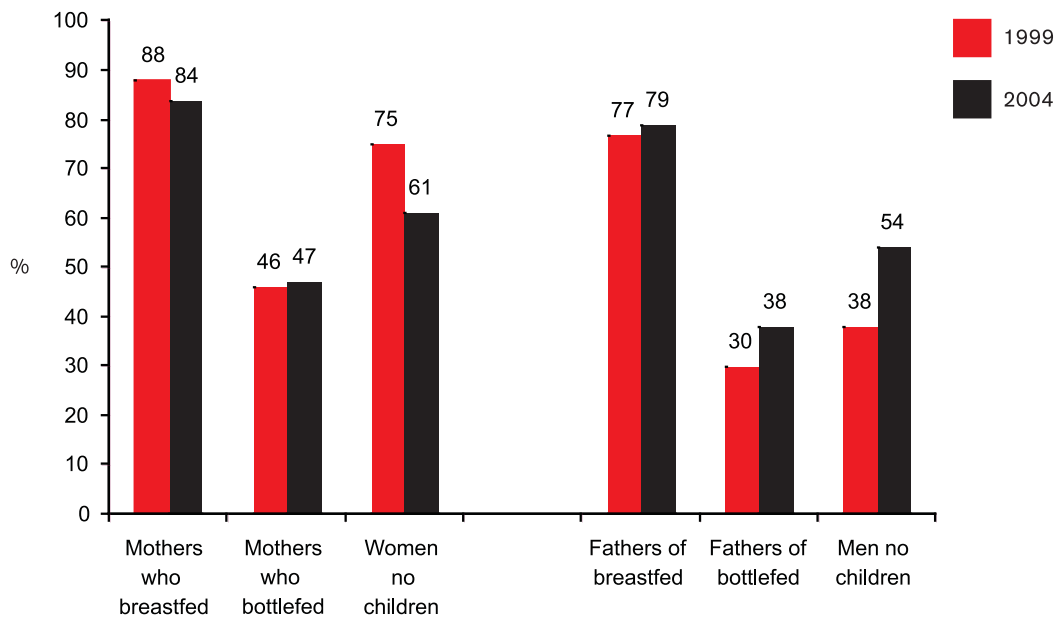
Table 2: Which is better for babies – breastfeeding or bottlefeeding?

	Breastfeeding better		Bottlefeeding better		Base	
	%		%		(n)	
	1999	2004	1999	2004	1999	2004
All	57	60	2	4	999	1279
All women	65	64	2	4	549	678
Mothers who had breastfed	88	84	1	<0.5		
Mothers who had never breastfed	46	47	4	6		
Women with no children (16–45)	75	61	2	6		
All men	45	56	3	3	450	601
Fathers of children who were breastfed	77	79	3	1		
Fathers of children who were not breastfed	30	38	6	8		
Men with no children	38	54	1	1		

From Figure 1 it can be seen that the greatest increase in the percentage of respondents who believed that breastfeeding is better for babies, between the 1999 and 2004 surveys, was among males with no children (increasing by 16 percentage points). There was also an increase in the percentage of fathers of children who were bottlefed, who believed that breastfeeding is better for babies (an increase of 8 percentage points).

For mothers and fathers of children who were breastfed, opinion that breastfeeding is best for baby remained high between the two surveys, although a slight decrease was observed among the mothers of breastfed children, and a more substantial decrease among females who had no children.

Figure 1: Percentage agreeing that breastfeeding is better for babies



Base (all): 1999 (n) = 999 2004 (n) = 1279

Awareness of the general health benefits of breastfeeding

From Table 2 it can be seen that in both 1999 and 2004 there was a general consensus among respondents that breastfeeding is better for babies. Indeed in 1999 respondents were initially asked if they thought there were 'any' health benefits to babies from breastfeeding. Almost 8 out of 10 (79%) agreed that 'yes' there were health benefits from breastfeeding.

More specific questions were asked in both surveys around the general and specific benefits of breastfeeding to gauge how well informed the general public was.

A series of statements on the benefits of breastfeeding was read to respondents and they were asked to indicate how strongly they agreed or disagreed with each statement. Respondents were asked to agree or disagree with the following statements:

- breastfeeding even for a short time is beneficial;
- the benefits of breastfeeding are greater the longer a woman breastfeeds;
- breastfeeding provides health benefits to mothers.

Table 3 presents figures for those who strongly agreed or agreed with each statement in 1999 and 2004.

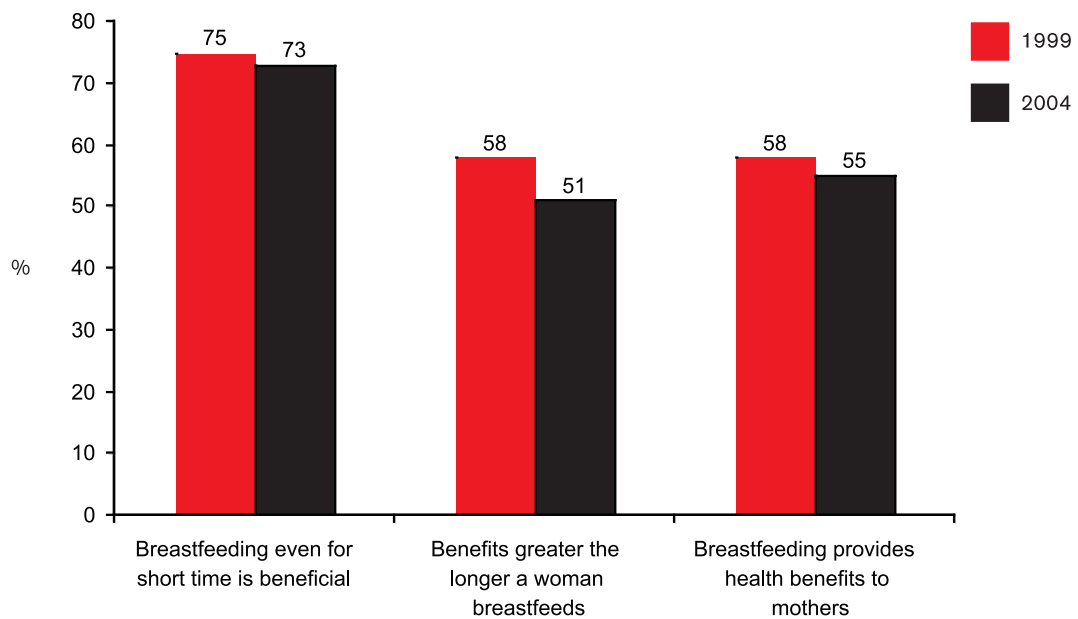
Table 3: Agreement with the general health benefits of breastfeeding

	Breastfeeding even for a short time is beneficial		The benefits of breastfeeding are greater the longer a woman breastfeeds		Breastfeeding provides health benefits to mothers		Base	
	%		%		%		(n)	
	1999	2004	1999	2004	1999	2004	1999	2004
All	65	69	48	48	49	49	999	1279
All women	75	73	58	51	58	55	549	678
All men	52	65	36	45	38	43	450	601

Across all respondents agreement that the benefits of breastfeeding are greater the longer a women breastfeeds, and that breastfeeding provides health benefits to mothers remained constant between the two surveys at 48% and 49% respectively. Agreement by all respondents that breastfeeding even for a short time is beneficial appears to increase slightly in 2004 (rose by 4 percentage points to 69%; although this could be due to differences in sampling methodology). However, changes have occurred between the genders.

For women, (see Figure 2), agreement that the benefits of breastfeeding are greater the longer a woman breastfeeds fell by 7 percentage points, to 51% in 2004. The two and three percentage point differences (between 1999 and 2004) in agreement that breastfeeding even for a short time is beneficial and that breastfeeding provides health benefits to mothers could be attributed to the differences in the sample for the two surveys.

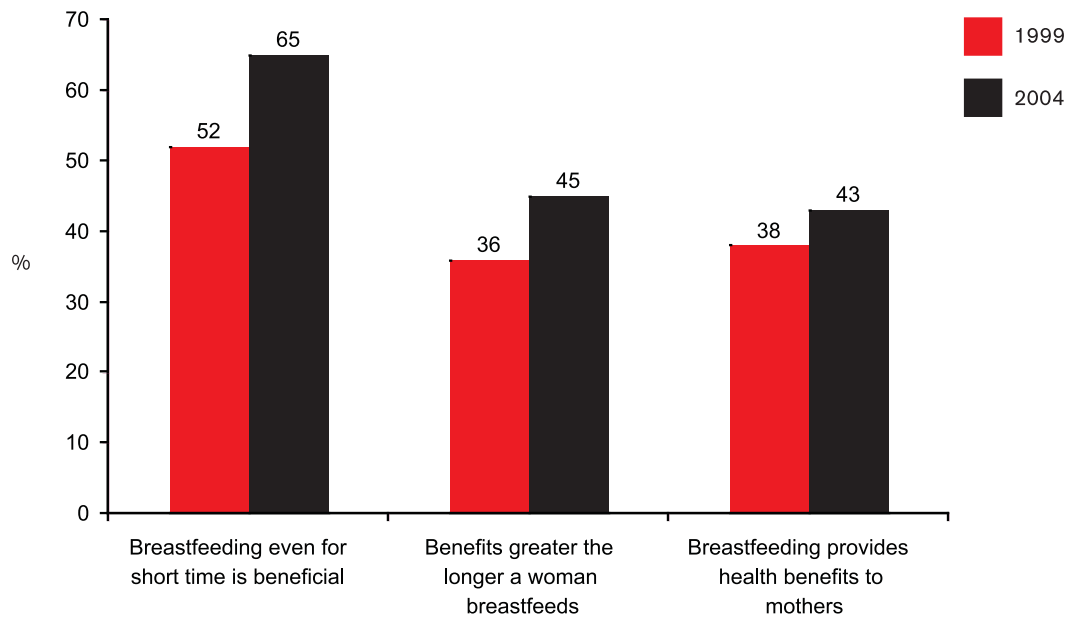
Figure 2: Agreement among ‘all women’ of the benefits of breastfeeding



Base (all women): 1999 (n) = 549 2004 (n) = 678

While there is little change in women’s response to these statements there are signs of improvement among men. As Figure 3 illustrates, agreement by males across all three statements about the benefits of breastfeeding increased between 1999 and 2004. In 1999 just over half of men (52%) agreed that breastfeeding even for a short time is beneficial. This figure rose to almost two thirds (65%) in 2004. Additionally in 2004, 45% and 43% of males respectively, were in agreement that the benefits of breastfeeding are greater the longer a woman breastfeeds and that breastfeeding provides health benefits to mothers (compared to 36% and 38% in 1999).

Figure 3: Agreement among 'all men' of the benefits of breastfeeding



Base (all men): 1999 (n) = 450 2004 (n) = 601

It is interesting to note at this point that the HPA's breastfeeding publicity campaign, though comprehensive, could not, for obvious reasons, incorporate all of the benefits of breastfeeding in a single campaign. The above statements, which are more general in nature, were not specifically mentioned in the campaign. The campaign focused more on the specific health benefits to both mother and baby from breastfeeding. In the following paragraphs we shall see if knowledge of the specific health benefits associated with breastfeeding increased, decreased or remained the same between 1999 and 2004.

Awareness of specific health benefits of breastfeeding

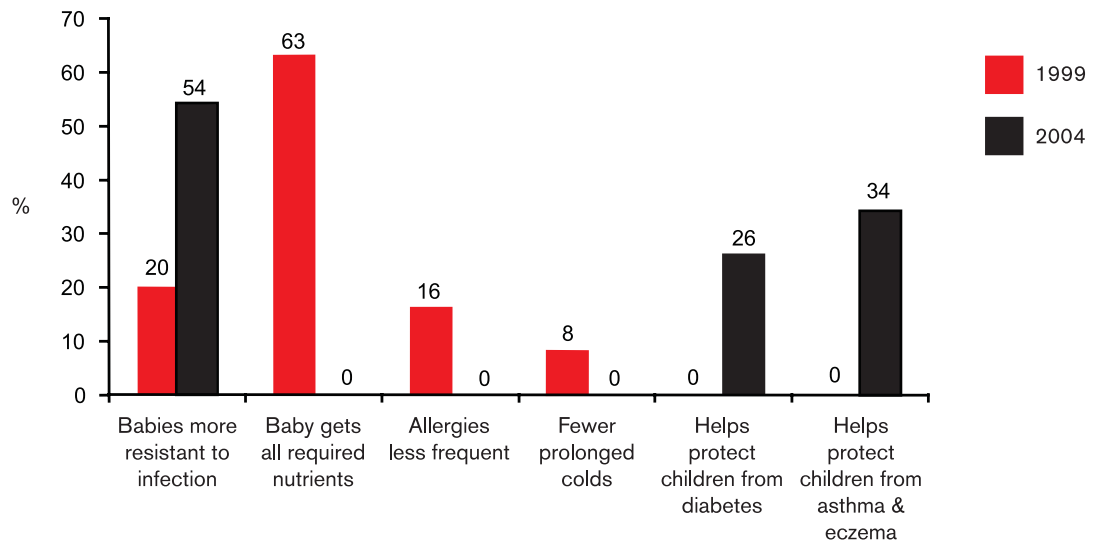
In both the 1999 and the 2004 surveys, respondents were asked some questions on the specific health benefits of breastfeeding, eg did they agree that breastfed babies were more resistant to infection?

Respondents in 1999 were then asked to agree or disagree with the following statements:

- breastfeeding helps baby get all the required nutrients;
- allergies are less frequent in breastfed babies;
- breastfed babies suffer fewer prolonged colds.

In 2004 the emphasis was on whether or not the respondents agreed that breastfeeding helps protect children from diabetes, asthma and eczema.

Figure 4: Agreement among respondents of the specific health benefits of breastfeeding



Base (all): 1999 (n) = 999 2004 (n) = 1279

**Please note '0' indicates that the respondents were not asked about this health benefit in that year's survey.*

In both years, respondents were asked if they agreed that breastfed babies were more resistant to infection. Figure 4 suggests there has been a substantial increase (from 20% to 54%) in the number of respondents who agree with this statement.

In 1999, just under two thirds of all respondents (63%) agreed that breastfeeding ensures baby gets all the required nutrients. Figure 4 shows that in 1999 other than the benefit of baby getting all the required nutrients, there was a lower level of agreement with the specific health benefits of breastfeeding (allergies less frequent (16%), fewer prolonged colds (8%)) compared to those with which respondents were prompted in 2004 (helps protect from diabetes (26%), asthma and eczema (34%)).

Tables 4a and 4b present this data for mothers who have breastfed, mothers who have never breastfed and females of childbearing age with no children.

Table 4a: Female agreement of the specific health benefits of breastfeeding to babies (1999)

	Baby gets all required nutrients	Breastfed babies are more resistant to infection	Allergies less frequent in breastfed babies	Fewer prolonged colds in breastfed babies	Death rates are lower among breastfed babies
	%	%	%	%	%
All women* (Base (n) = 549)	64	27	18	9	4
Mothers who had breastfed	77	40	28	12	5
Mothers who had never breastfed	54	17	11	4	0
Women with no children (16–45)	63	28	14	9	5

**All women includes non-mothers over 45 and others who did not answer these questions.*

Table 4b: Female agreement of the specific health benefits of breastfeeding to babies (2004)

	Breastfed babies are more resistant to infection	Breastfeeding helps protect children from asthma and eczema	Breastfeeding helps protect children from diabetes
	%	%	%
All women* (Base (n) = 678)	55	38	27
Mothers who had breastfed	77	52	41
Mothers who had never breastfed	36	30	16
Women with no children (16–45)	57	32	22

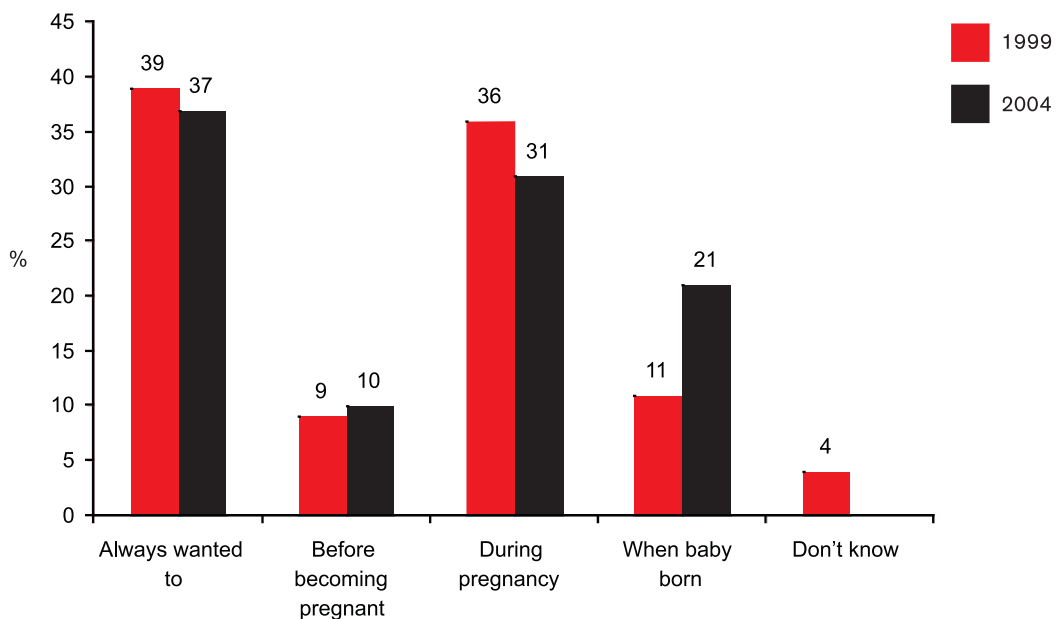
*All women includes non-mothers over 45 and others who did not answer these questions.

From Tables 4a and 4b it can be seen that in both years, as expected, mothers who have breastfed have a higher awareness of the specific health benefits of breastfeeding compared to all respondents, mothers who have never breastfed or females of childbearing age with no children. The lowest awareness of the specific health benefits of breastfeeding in both years is among mothers who have never breastfed. Later in this report, we will look at the sources of information on breastfeeding, which may help us understand why reported awareness of the specific benefits of breastfeeding has remained consistently low among non-breastfeeding mothers in both years.

Timing of decision to breastfeed or bottlefeed – 1999 and 2004

All mothers were asked at what stage they decided to either breastfeed or bottlefeed their child. Figure 5a below presents the findings for those mothers who breastfed their children. There is very little difference between the two surveys and the timing of a mother’s decision to breastfeed her child. In both 1999 and 2004 the most popular responses to this question were ‘always wanted to breastfeed’ (39% and 37%) or ‘decided to breastfeed during pregnancy’ (36% and 31%).

Figure 5a: When mothers who breastfed decided to breastfeed their child – 1999 and 2004

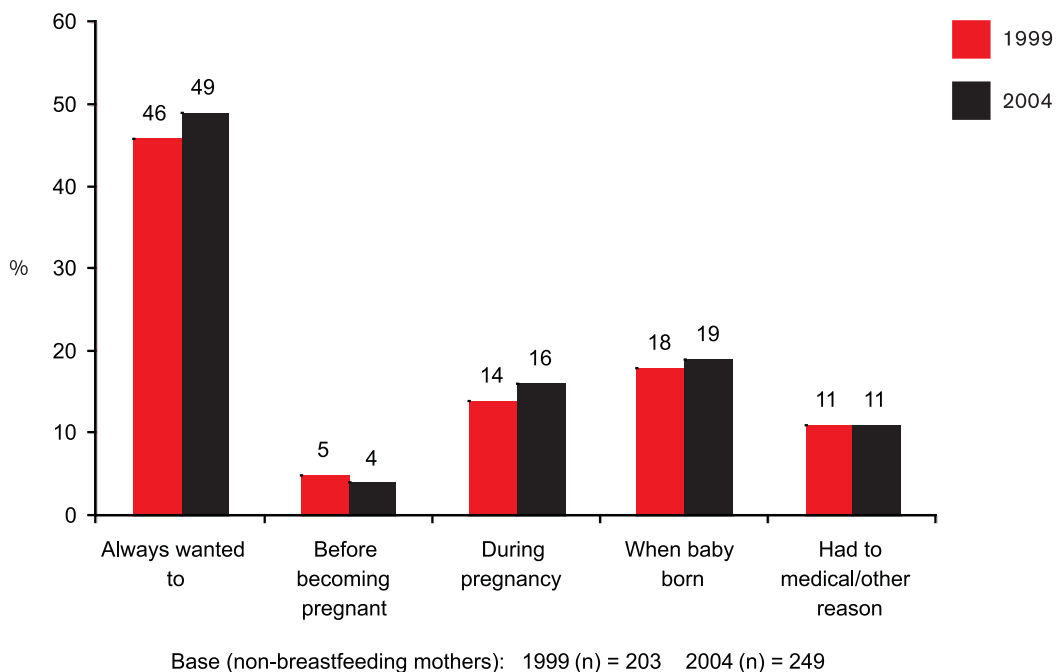


Base (breastfeeding mothers): 1999 (n) = 162 2004 (n) = 249

The greatest difference between the two years on the timing of the decision to breastfeed was an increase in those breastfeeding mothers who decided to do so 'when the baby was born'. This delayed decision to breastfeed increased from 11% in 1999 to 21% in 2004. Since 1999 there has been an increase in the number of maternity units in Northern Ireland participating in the UNICEF UK Baby Friendly Initiative. This has meant significant changes to provision of infant feeding support. In particular the practice of asking mothers to state feeding intention during pregnancy is no longer encouraged as it is now recommended that the option to choose breastfeeding is kept open until the baby is born. This change may have contributed to the 10% increase in the numbers delaying decision making until the baby is born.

All non-breastfeeding mothers were asked a similar question based on the timing of their decision to bottlefeed and the results are presented in Figure 5b below. Again the findings for the two years are very similar with the majority of non-breastfeeding mothers (just under half in both 1999 and 2004) stating that they 'always wanted to bottlefeed' (46% and 49% respectively).

Figure 5b: When non-breastfeeding mothers decided to bottlefeed their child – 1999 and 2004



What is interesting to note from Figure 5b is that around two thirds of non-breastfeeding mothers in both surveys, (65% in 1999 and 69% in 2004), had made their decision not to breastfeed prior to the birth of their baby. This reinforces the need to raise awareness among all expectant mothers about the health benefits of breastfeeding, and effectively provide information about this to them during pregnancy.

Sources of information on breastfeeding

Mothers who were surveyed were asked about where or from whom they had received any information on breastfeeding. In 1999 this was asked in a prompted format; respondents were provided with a list of possible sources and asked to select those from which they had received information on breastfeeding. In 2004 the format was an open type question with no pre-specified list; respondents were simply asked to list all those sources from which they had received information. Therefore responses between the surveys cannot be compared. The key sources respondents identified in each survey are presented in Tables 5a and 5b below.

Table 5a: Key sources of information on breastfeeding – 1999

	Breastfeeding mothers	Non-breastfeeding mothers
	%	%
Midwifery staff	36	16
Antenatal/parentcraft classes	28	26
GP	14	7
Health visitor	14	6
Mother/mother-in-law	12	1
Hospital doctors	10	10
Did not receive any	-	31
Base (n) = 365	162	203

Table 5a indicates that both groups of mothers reported a fairly low level of information received. Non-breastfeeding mothers reported receiving a consistently lower amount of information on breastfeeding than mothers who breastfeed, across all potential key sources of such information. Only 16% of non-breastfeeding mothers had received information from midwifery staff compared to 36% of those who had breastfed. One per cent had received information from their mother/mother-in-law compared to 12% for women who had breastfed. Furthermore in 1999, 31% of non-breastfeeding mothers reported that they did not receive information on breastfeeding from any sources.

Results for 2004 (Table 5b) show some improvement. It appears that more women have received more information on breastfeeding and from a wider variety of sources. However, it is still evident that non-breastfeeding mothers are reporting having received less information on breastfeeding. It is encouraging that the percentage receiving no information at all has reduced. Just under a quarter of non-breastfeeding mothers said they received no information in 2004 compared to almost a third (31%) in 1999.

These results show the need to encourage all professional groups who have contact with pregnant women, to engage in effective discussions with them on infant feeding choices. They also indicate a need to encourage awareness about breastfeeding via other routes such as magazines and TV advertising.

Table 5b: Key sources of information on breastfeeding – 2004

	Breastfeeding mothers	Non-breastfeeding mothers
	%	%
Hospital (maternity)	52	39
GP clinic	35	18
Midwifery staff	32	9
Health visitors	21	11
Doctors	20	11
TV advertising	18	15
Magazines	17	12
Mother/Mother-in-law	11	3
Never saw or received information on breastfeeding	9	24
Base (n) = 483	234	249

Earlier it was observed that around half of non-breastfeeding mothers (51% in 1999 and 53% in 2004) reported that they decided not to breastfeed before pregnancy and almost three quarters prior to the birth of their child (65% in 1999 and 69% in 2004). It would be interesting to explore if the lower receipt of information on breastfeeding, particularly from key health professionals, could be attributed to this early decision not to breastfeed, which would in turn account for the lower awareness of the specific health benefits of breastfeeding among non-breastfeeding mothers. It is suggested that an approach which affords the opportunity for all pregnant women to reconsider a decision to bottlefeed is important. To achieve this, all pregnant women should routinely be provided with a one-to-one discussion on the importance of breastfeeding to health, so that they can make a fully-informed choice and have the opportunity to change their decision.

Respondents were also asked when, if ever, they feel is the best time to give potential mothers information on breastfeeding. Tables 6a and 6b present the findings for female respondents for both surveys.

Table 6a: Best time to give information on breastfeeding –1999

	All women*	Breastfeeding mothers	Non-breastfeeding mothers	Women aged 16–45 with no children
	%	%	%	%
Early in pregnancy	38	41	36	44
Antenatal classes	32	29	37	24
School	16	16	14	25
Don't know	8	4	9	3
Late in pregnancy	4	7	3	2
At birth	1	1	1	-
Base (n)	549	162	203	112

*All women includes non-mothers over 45 and others who did not answer this question.

Table 6b: Best time to give information on breastfeeding – 2004

	All women*	Breastfeeding mothers	Non-breastfeeding mothers	Women aged 16–45 with no children
	%	%	%	%
Early in pregnancy	57	60	59	59
Antenatal classes	33	39	33	22
School	18	23	12	25
Late in pregnancy	13	15	9	19
At birth	8	8	8	8
Don't know	4	1	3	6
Base (n)	678	234	249	142

*All women includes non-mothers over 45 and others who did not answer this question.

From Tables 6a and 6b we can see that in general, among female respondents support is greatest in both 1999 and 2004 for receiving information on breastfeeding 'early in pregnancy', followed by in 'antenatal classes', and then in 'school'. The lowest support, in both years, is for the provision of breastfeeding information either 'late in pregnancy' or 'at birth'.

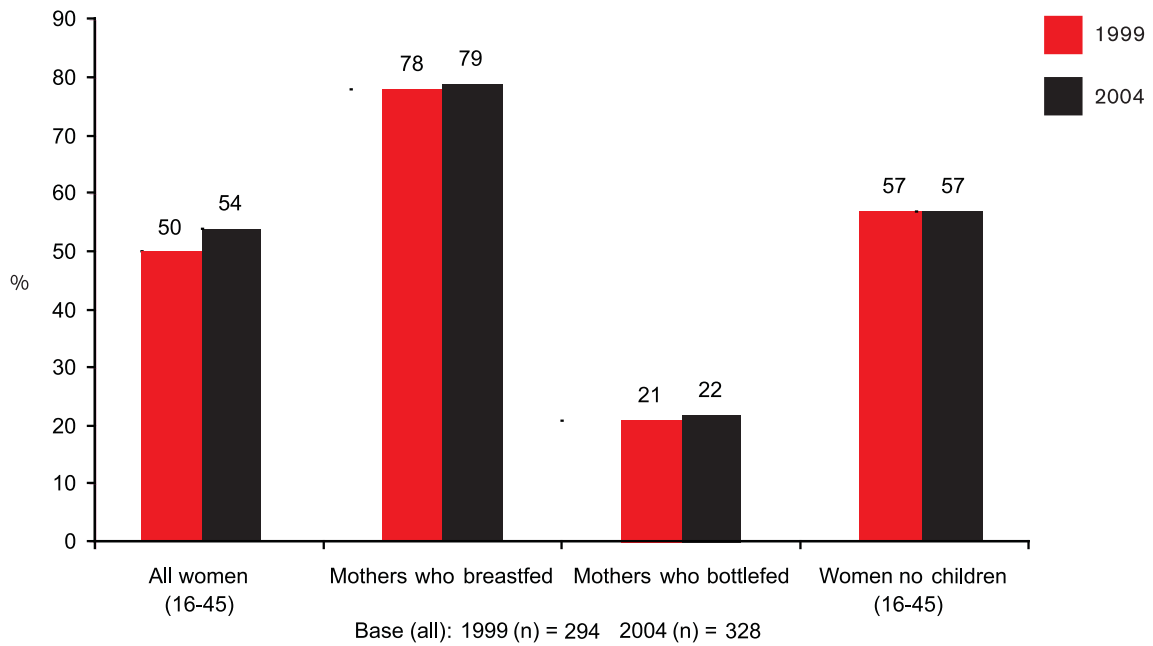
Though this time preference for the receipt of breastfeeding information among females has remained similar in both 1999 and 2004, it can be seen that there is more support for the provision of this information 'early in pregnancy' in 2004. For all women, and mothers who breastfed, support for information at this time increased by 19 percentage points between 1999 and 2004. For non-breastfeeding mothers there was an increase in support of 23 percentage points from 36% in 1999 to 59% in 2004 and support among females of childbearing age with no children rose by 15 percentage points to 59% in 2004.

While results show that antenatal classes are considered by around a third of respondents to be a good time to provide breastfeeding information, it is worth noting that antenatal classes are most often attended by first time parents from higher income groups and that the majority of pregnant women do not attend antenatal classes. Therefore provision of effective breastfeeding information as part of routine antenatal care should be promoted.

Future decision to breastfeed

Female respondents of childbearing age (16–45) were asked: 'If you were planning a baby in the future would you intend to breastfeed?' From Figure 6a it can be seen that between 1999 and 2004 among mothers who have breastfed, bottlefed and females of childbearing age with no children there was very little observed difference in the figures for those who said that 'yes' they would breastfeed if they were planning a baby in the future. As expected, the lowest level of agreement to breastfeeding in the future was among females who have never breastfed their previous children (21% and 22% respectively in 1999 and 2004).

Figure 6a: Yes I would intend to breastfeed if planning a baby in the future

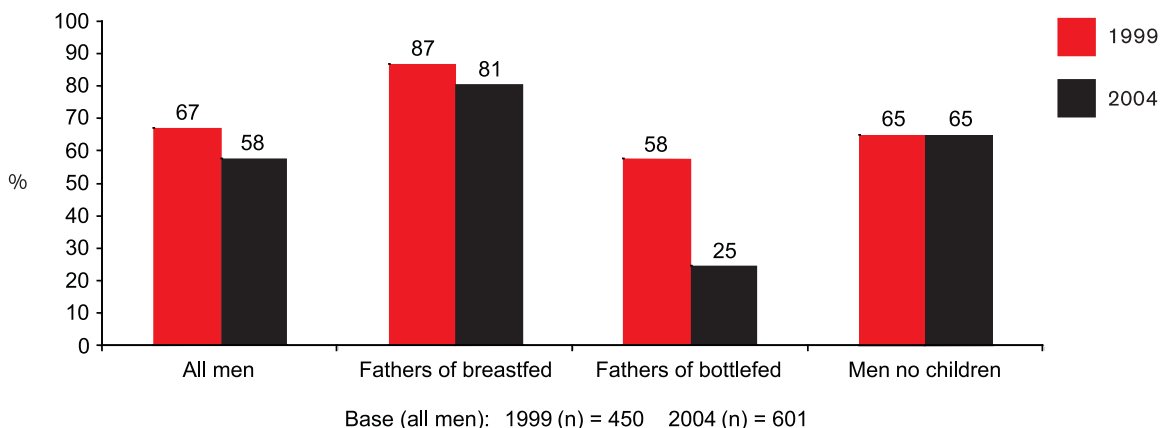


Male respondents were asked: 'If you were planning a baby in the future would you encourage your partner to breastfeed?' Figure 6b shows a reduction among fathers in their support of their partner breastfeeding if planning a baby in the future. Though the vast majority of fathers of breastfed children would support their partner breastfeeding in the future this support appears to have decreased slightly, from 87% in 1999 to 81% in 2004.

Among fathers of non-breastfed children there was a dramatic decrease in their support of their partner breastfeeding in the future, with figures falling from 58% in 1999 to 25% in 2004. This is despite this group showing an increased awareness of the benefits of breastfeeding. It is not known why this decrease has been reported. A possible explanation could be that in the 1999 survey fathers of bottlefed children had not given any serious thought to their partner's breastfeeding. In 2004 a more considered response may have been given because of increased awareness of breastfeeding and in particular the issue of social acceptability of breastfeeding as this had been highlighted in a public information campaign in 2004, in the media and within the healthcare system. Perhaps fathers of bottlefed children had previously merely considered the health benefits but not necessarily their feelings about how they might react if their partner breastfed in front of others or in public.

Also increased awareness about the importance of breastfeeding among parents of bottlefed children could result in defensiveness with parents feeling pressurised to choose breastfeeding in the future. It may be that fathers want to protect their partner from negativity about their child-rearing decisions.

Figure 6b: Yes I would encourage my partner to breastfeed if planning a baby in the future



Discussion

Since 1999 a significant increase in the incidence of breastfeeding in Northern Ireland is evident. This is confirmed by data from the *Infant feeding survey 2005*, which also found an increase of almost 10 percentage points in breastfeeding initiation, from 54% in 2000 to 63% in 2005.³

Public attitudes to breastfeeding, and knowledge about its importance to health, are improving, particularly in relation to breastfed babies being more resistant to infections and less at risk of developing allergies. This is most notable among prospective fathers and has the potential to improve breastfeeding outcomes, as a partner's knowledge and attitude towards breastfeeding is seen as significant in sustaining the decision to breastfeed.⁴

The 2004 survey showed a decline in awareness that the benefits of breastfeeding are greater the longer a woman breastfeeds. This aspect was not highlighted in the HPA's public information campaign. Awareness about the health benefits of breastfeeding in relation to enhanced immunity has increased by 34% from 1999 to 2004. Also one in four respondents was aware that breastfeeding reduces the risk of childhood diabetes and one in three knew that breastfeeding helps to protect children from asthma and eczema. Specific health benefits highlighted in the 2004 multimedia campaign included fewer infections and a reduced incidence of diabetes, asthma and eczema. Mothers who have never breastfed are least likely to be aware of specific health benefits as they are least likely to have been provided with information on breastfeeding.

It appears that 10% more mothers are delaying their infant feeding decision until their baby is born. This is an encouraging step which affords the opportunity for new mothers to reverse a decision to bottlefeed, made while pregnant. Further exploration into the reasons why so many women make the decision during their pregnancy to bottlefeed would help in understanding the barriers that prevent women from choosing breastfeeding.

Mechanisms should be developed within the healthcare system to ensure that all pregnant women are provided with the opportunity to discuss breastfeeding with a health professional. Emphasis should be on enabling informed infant feeding choices.

The survey showed that most breastfeeding information is provided by midwives and in antenatal classes. Notably in 2004 there was an increased level of information provided by health visitors and GPs. This is a positive trend which should continue as recent changes to policy will enable health visitors to provide antenatal visits. However, in both surveys those least likely to receive information are mothers who intend to bottlefeed or who have bottlefed previously.

The majority of women in both surveys felt that early pregnancy was the best time to provide breastfeeding information, followed by antenatal classes.

There appears to have been a downward shift in fathers of bottlefed babies supporting their partners to breastfeed. This may be because of increased awareness of breastfeeding and a father's realisation that breastfeeding may need to occur in the presence of others. However, recent evaluation of the breastfeeding public information campaign has shown that men and women who were exposed to any element of the campaign were more likely than those who had not seen the campaign, to report that they would intend to breastfeed in the future or support their partner to breastfeed in the future.²

Recommendations

Ongoing monitoring of the incidence and duration of breastfeeding should continue to enable examination of trends and effectiveness of interventions. Further research should be undertaken to explore infant feeding decision making and the most effective methods of influencing choice. Further research is also needed to explore what fathers of bottlefed children feel and know about breastfeeding, so that the present unsupportive trend among this group can be reversed.

Interventions could be developed to target prospective mothers and fathers to increase awareness about the importance of breastfeeding to health either via school programmes or public information campaigns. Mass media campaigns should encourage the general public to support mothers who choose to breastfeed.

With regard to health professionals full implementation of the UNICEF UK Baby Friendly Initiative best practice standards throughout the healthcare system would help ensure parents have access to accurate and effective information on breastfeeding.⁵

Interventions such as one-to-one discussion on the specific health benefits and importance of breastfeeding should be implemented as part of routine antenatal care for all women. The emphasis should be on enabling informed decision making.

It is vital that mechanisms should be developed which ensure that women who have not previously breastfed or who have expressed an intention to bottlefeed are given information on breastfeeding and enabled to make a fully informed choice. All health professional groups who care for pregnant women and new families should be encouraged to give information about breastfeeding when they are in contact with these groups. In particular, primary care professionals should be recognised as an important source of breastfeeding information.

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Appendix

Table 1: Comparison of the sample from the 1999 survey with the sample from the NISRA Survey 2004 and the 2001 Census

	1999 survey %	2004 NISRA survey %	2001 census %
Gender			
Female	55	53	52
Male	45	47	48
Age			
16–24	15	14	16
25–34	19	15	19
35–49	27	29	27
50–64	20	23	20
65+	19	19	17
Socioeconomic status			
ABC1	51	52*	47
C2	17	16	21
DE	32	32	32
Base (n)	999	1279	

**Base for calculation of socioeconomic group is 1,210 as unable to classify full-time students (64) or those who failed to provide this information (5).*



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